

WHAT IS PRECONCEPTION CARE?

- Preconception care aims to improve birth outcomes by promoting health of a woman prior to conception, whether it is her first or a subsequent pregnancy. It presents the unique opportunity to improve women's overall health as well as that of tomorrow's children.
- Preconception care is more than a single pre-pregnancy visit; it should take place in an ongoing manner over the course of a woman's lifespan, beginning in early adolescence, before she is able to become pregnant, and continuing through her reproductive years.
- Preconception care consists of health education and promotion, screening, and interventions that reduce biomedical, behavioral, and social risk factors which may affect the health of the woman and future pregnancy outcomes.
- Interconception care is preconception care delivered after a pregnancy that provides a unique opportunity to address specific risk factors that may have contributed to a previous poor pregnancy outcomes.
- Health professionals, including obstetrician/gynecologists, family/general practitioners, pediatricians, and nurses; mental health providers; health educators; nutritionists; home visitors; and public health workers play key roles in the delivery of preconception care.

WHY DO WE NEED PRECONCEPTION CARE?

To reduce infant mortality and morbidity:

- Over the 20th century, the infant mortality rate (IMR) declined significantly. However, in recent years, progress has slowed, and in 2003, IMR increased for the first time.
- Improvements in birth outcomes have not been equally shared by all races/ethnic groups. Nationally, the IMR among black babies (14 deaths per 1000 live births) is more than twice that of whites (5.7 deaths per 1000 live births). Similarly, the preterm birth rate among black mothers is nearly twice that of white mothers.
- Birth defects continue to be a leading cause of infant mortality and morbidity. Some birth defects are caused by exposure to known teratogens prior to or early in pregnancy. Additionally, Folic Acid supplementation has been shown to reduce risk for neural tube defects. Finally, pre-existing chronic disease in the mother may increase the risk for birth defects in her baby. All of these require interventions prior to pregnancy.

To reduce maternal mortality and morbidity and improve women's overall health:

- Maternal mortality decreased by 99 percent in the 20th century. However, black women are over four times as likely to die due to maternal issues as white women.
- Pre-existing infectious, chronic, and mental health conditions may become aggravated during pregnancy and contribute to maternal mortality and morbidity.
- Reducing maternal deaths; maternal morbidity; and chronic and infectious diseases and mental illnesses in women are national health goals as are increasing pregnancy intention and cessation of smoking, alcohol, and other substance use.

Because prenatal care alone is not enough:

- Prenatal care, or care during pregnancy, can improve birth outcomes. Despite broader access to prenatal care and improvements to prenatal care content, the percent of preterm births continues to rise and significant disparities in birth outcomes and maternal mortality and morbidity persist.
- Many interventions to prevent poor pregnancy outcomes are most effective when they are delivered before or during the first few weeks of pregnancy when a woman may not realize she is pregnant. Effective preconception care interventions are critical to improving in maternal and infant health outcomes.

EXAMPLES OF PRECONCEPTION INTERVENTIONS

- Reproductive health education and planning that includes prevention of unwanted or mistimed pregnancy and STIs; preparing for pregnancy mentally, socially, and physically; and birth spacing
- Promotion of healthy nutrition and physical activity starting in adolescence and continuing throughout life
- Folic Acid supplementation during reproductive years
- Prevention of smoking, alcohol use, and substance use among adolescents and women. Cessation of smoking, alcohol use, and substance use prior to pregnancy among women who use these substances.
- Screening for and management of sexually transmitted infections (STIs) and HIV/AIDS prior to pregnancy
- Vaccination against infectious diseases associated with poor birth outcomes (e.g. Rubella) prior to pregnancy
- Management of chronic diseases including diabetes, hypothyroidism, obesity, and Phenylketonuria
- Cessation of prescription medications which are teratogenic prior to pregnancy

OPPORTUNITIES FOR STATE HEALTH AGENCIES

Many opportunities exist for state health agencies to improve birth outcomes and reduce maternal morbidity and mortality. Some strategies states may consider include:

- Offering interventions for identified risks (e.g. a folic acid awareness campaign, smoking/substance cessation programs, screening for chronic or sexually transmitted diseases, etc);
- Targeting women who are high risk for poor pregnancy outcomes (e.g. low income women or women with previous poor birth outcome) for preconception or interconception care;
- Partnering with education agencies to reach adolescents with preconception health education and promotion interventions around pregnancy and STI prevention, nutrition and physical activity, etc;
- Incorporating elements of preconception care into existing public health services and programs (e.g. providing interconception care through WIC or a home visiting program, offering STI screening and assistance with reproductive health planning through Title X programs);
- Exploring methods for delivering preconception care to the uninsured and underinsured (e.g. expanding medical coverage, providing these services through Federally Qualified Health Centers, etc).

RESOURCES

- Centers for Disease Control and Prevention, National Summit on Preconception Care Web Resources http://www.cdc.gov/ncbddd/preconcep_links.htm
- American Academy of Pediatrics, Special Supplement to *Pediatrics* on “Maternal Influences on Child Health: Preconception, Prenatal, and Early Childhood” <http://pediatrics.aappublications.org/content/vol111/issue5/index.shtml#SUPPLS1>
- American Academy of Family Physicians, “Preconception Health Care,” <http://www.aafp.org/afp/20020615/2507.html>
- March of Dimes Preconception Curriculum, http://www.marchofdimes.com/prematurity/5195_5785.asp
- March of Dimes Educational Materials for patients, http://www.marchofdimes.com/prematurity/5194_17561.asp.

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