Preconception Health Promotion: From Concept to Implications

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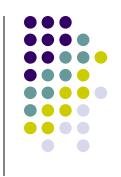
CHE Webinar

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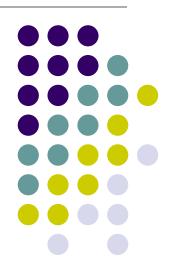
Preconception Health in 10 Minutes?



USA Today Approach—The Headlines and Little More

- What is this thing called "preconception" health care and why is it important?
- When should it be done?
- What is the appropriate content/emphasis?

WHAT is this thing called "preconception health care" and why is it important?



My Current Favorite Definition of Preconception Care



"Any intervention provided to women of childbearing age, regardless of pregnancy status or desire, before pregnancy, to improve health outcomes for women, newborns and children."

Clearly underscores that improving women's health status is a good unto itself and implies that some pregnancies may not be planned!!

Dean, et al., In: Born Too Soon, The Global Action Report on Preterm Birth, 2012





In obstetrics. ...

most outcomes and known contributors to poor outcomes are already present before we ever meet our pregnant patients



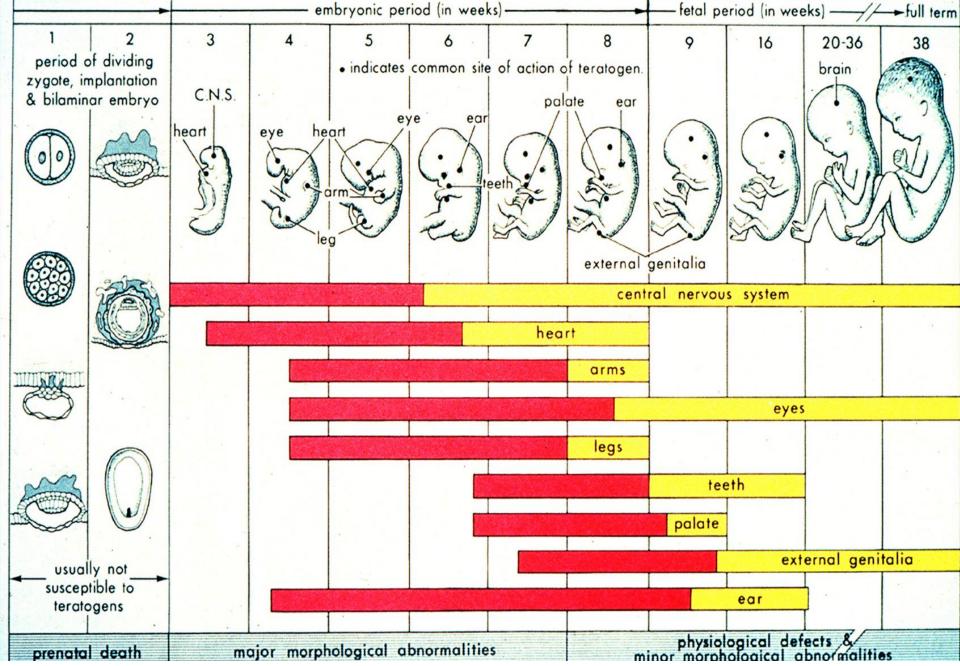


Important Examples

- Intendedness of conception
- Interpregnancy interval
- Maternal weight
- Maternal age
- Abnormal placentation
- Chronic disease control
- Epigenetic influences
- Congenital anomalies
- Timing of entry into prenatal care



(RED DENOTES HIGHLY SENSITIVE PERIODS)



Over time, it has come to be accepted that



Prepregnancy Health Status and Preconception Health Care

provide pathways to



the Primary Prevention of many poor pregnancy outcomes beyond that available through traditional prenatal care.

National Preconception Health and Health Care Initiative formed



- Public-private partnership initiated by CDC to advance preconception health energies and appropriate clinical care for women AND men of childbearing age through:
 - Consumer engagement
 - Public policy supports
 - Clinical care
 - Data and surveillance
 - Research



WHEN should it be done?





- Women's health care in this country (and many others) has evolved into categorical, disjointed services that largely address a woman's current reproductive status rather than her general preventive health needs or her likely life course in the short or long term.
- 49% of pregnancies in US are selfidentified as "unintended". Contrary to popular belief this is not an adolescent problem!



 Over the last decades many projects have been undertaken to break down the silo walls to transform categorical services to a focus on preventive services, including preconception health promotion, for

"Every Woman, Every Time"

WHAT is the appropriate content/emphases?







- Public awareness (social marketing)
- Routine preventive services ("every woman, every time")
- Specialty Care (known high risk factors such as: previous PTB, previous fetal/neonatal death, chronic disease; etc.)

Incorporating Preconception Orientation in "Routine Preventive Services"?



National Preconception Clinical Toolkit

Designed for Primary Care Clinicians so they can "tweak" routine health care for women of reproductive age to provide best prevention relative to pregnancy desires and risks.



Specific Content of Toolkit Builds on Existing Resources

- Preconception Health and Health Care: The Clinical Content of Preconception Care. Jack B, Atrash HK. Guest Editors. AJOG Supplement. 2008;199 (6B):S3A-S395.
- Systematic review of the evidence in support of the clinical content of preconception care
- Reviewed > 80 topics using approach consistent with United States Preventive Services Task Force
- Available at www.beforeandbeyond.com



Preconception Health and Health Care: The Clinical Content of Preconception Care

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www.AJOG.org

Ten Key Components of Toolkit

(chosen because these are all standard components of primary care which also have preconception significance)



- Family Planning and Contraception
- Nutrition
- Infection disease and immunizations
- Chronic disease
- Medication use
- Substance use
- Previous pregnancy outcomes
- Genetic history
- Mental health history
- Interpersonal violence
 - Note: environmental exposures not yet on the list as the PRECONCEPTION data not yet strong—epigenetic research may "seal the deal".

Each Topic Presents Evidence-based Content:



- Organized into these categoriesto present
 - Background
 - Clinical guidance
 - Clinical tools
 - Patient resources
 - References

Toolkit Designed to Underscore Opportunities to Prevent Unintended Pregnancies



- Each visit starts with assessment of woman's (couple's) reproductive life plan
- Specific content is organized to address specific needs of woman who:
 - Desires to become pregnant in next year
 - Ambivalent or at high risk for unintended pregnancy
 - Does not want to become pregnant in next year.

RLP Tools for Providers and Women/Couples available at: cdc.gov/preconception/documents/rlphealthproviders.pdf





Do you plan to have any (more) children at any time in your future? (Open ended and allows branching.)

IF YES:

 How many children would you like to have? (Encourages the person to consider that there is a choice about the number of children one has.)

 How long would you like to wait until you or your partner becomes pregnant? (Encourages the person to vision their

Health care providers can encourage patients (women, men, and couples) to consider a reproductive life plan and educate patients about

THE NATIONAL PRECONCEPTION CURRICULUM AND RESOURCES GUIDE FOR CLINICIANS



Before, Between, & Beyond Pregnancy

CME MODULES

→ MORE CE SOURCES

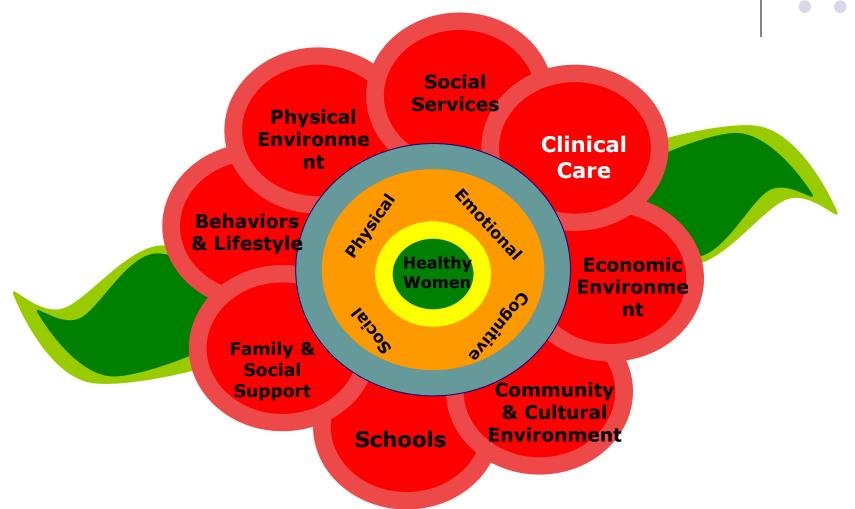
→ BREAKING NEWS

→ FOR NURSES

PRACTICE SUPPORTS → MODEL PROGRAMS → SLIDES FOR GROUPS → KEY ARTICLES AND GUIDANCE

Clinical Care is ONLY one Contributor to Better Health





A New Framework for Prevention Starts Today—with Every Woman, Every Time



