



POSITION statement

Pre- and Interconception Care and Reproductive Life Planning

The purpose of this document is to:

- Educate providers about the importance of pre- and interconception care;
- Promote a continuum of care in the context of a reproductive life plan; and
- Promote pre- and interconception care as a standard of care.

The importance of pre- and interconception health and reproductive life planning cannot be underestimated. A reproductive life plan contextualizes pre- and interconception health in the life plan of a woman, man, and/or couple. Pre- and interconception health are critical because chronic conditions, risk behaviors, and exposures affect the health of women and infants. Changes in knowledge, attitudes, and behaviors related to reproductive health among both men and women need to occur to improve pre- and interconception health.

The Centers for Disease Control and Prevention (CDC) released recommendations to improve preconception health and health care in the United States and to achieve Healthy People 2010 objectives related to these goals. One of the recommendations was that “there should be individual responsibility across the lifespan. Each man, woman, and couple should be encouraged to have a reproductive life plan.” (CDC, 2006) *Healthy People 2020* updates objectives related to these goals. (US DHHS, 2010)

What are Pre- and Interconception Care?

Preconception care is an important component of health care for men and women in their reproductive years. It is an anticipatory process, often facilitated by a care provider, which encourages individuals and couples to seriously consider their decision to become parents. Preconception care also provides an opportunity for women, men, and couples to evaluate their current health status and potential risk factors and learn how they can make healthy choices.

Interconception care, a subset of preconception care, offers healthy mothers the opportunity for wellness promotion, while providing high-risk mothers strategies for risk reduction before their next pregnancy. (Lu, Kotelchuck, Culhane, et al., 2006)

These processes help people examine their desire and readiness for parenthood. Individuals consider their health, age, emotions, support network, finances, and career goals as they decide to become parents, to delay parenthood, or not to become parents.

What a Reproductive Life Plan?

A reproductive life plan represents the intent to or not to reproduce. The reproductive life plan identifies the needs of each individual dependent on his or her stage of life and takes into consideration future intent, timing, and number of pregnancies.

A reproductive life plan should address the entire course of a person’s reproductive capability (Malnory & Johnson, 2011).

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Pre- and Interconception Care and Reproductive Life Planning

What are the Goals of Pre- and Interconception Care and Reproductive Life Planning?

Ultimately, the goal of pre- and interconception care is to improve parents' health before conception (CDC, 2006). Individuals who understand the impact of some behaviors on a pregnancy are better able to plan and prepare for a healthy pregnancy and birth (Moos, 1989). Since approximately 50% of pregnancies are unintended (Finer, 2006), promoting health and healthy lifestyles among all childbearing women and men is necessary to ensure healthy families.

Reproductive life planning provides a context in which pre- and interconception care occur. Pre- and interconception care aim to promote the health of men and women of reproductive age before conception and thereby improve pregnancy-related outcomes. They encompass interventions aimed at identifying and modifying biomedical, behavioral, and social risks to a woman and her partner's health or pregnancy outcome through prevention and management (CDC, 2006).

What is the Value of Pre- and Interconception Care and Reproductive Life Planning?

According to Lu et al. (2006), when a woman's care is concentrated in the prenatal period its effectiveness may be limited since many of the factors contributing to birth outcomes may have their origins prior to conception. It follows, then, that to improve birth outcomes, maternal health requires an approach that addresses a woman's health needs across her lifespan.

Pre- and interconception care can improve health outcomes, reduce health care costs, and reduce pain and suffering. *Healthy People 2010: With Understanding and Improving Health and Objectives for Improving Health* (U.S. Department of Health and Human Services, 2000) speaks to a relationship between preconception care and improved health outcomes such as reducing the maternal mortality rate, reducing the fetal death rate, reducing the number of low birth weight infants, reducing unintended pregnancies, and reducing the negative effects of those unintended pregnancies.

Interventions designed to eliminate risks and support health in childbearing-age women are both feasible and effective, and implementation of these interventions in a pre- or interconception setting can play an important role in improving the health of women and their families. (Floyd, Jack, Cefalo, et al., 2008) For example, Elsinga et al. (2008) found that women who received preconception counseling demonstrated significantly greater knowledge of risk factors and preventive measures which resulted in greater folic acid use before pregnancy and reduced alcohol use during the first three months of pregnancy. Similarly, Dunlop et al. (2008) demonstrated that an interconception intervention for African-American women with previous delivery of a very-low-birthweight (VLBW) infant resulted in fewer pregnancies within 18 months of the initial VLBW delivery.

HISTORY OF PRECONCEPTION RECOMMENDATIONS

1989	1995	2006	2011
In 1989 an Expert Panel, commissioned by the U.S. Public Health Service issued a report, <i>Caring for Our Future: The Content of Prenatal Care</i> (US DHHS, 1989). Because of the correlation between preconception care and improved birth outcomes, the experts recommended that preconception care be an integral part of health care for all women.	The 1995 Institute of Medicine report, <i>The Best Intentions: Unintended Pregnancy and the Well-being of Children and Families</i> calls for a new social norm that emphasizes personal choice and intent and it speaks equally to planning for pregnancy and avoiding unintended pregnancy.	The 2006 CDC Report, <i>Recommendations to Improve Preconception Health and Health Care—United States</i> , provides recommendations to improve both preconception health and preconception health care. The report highlights the necessity of integrating preconception health into existing systems of care and calls for preconception care to be an essential part of primary and preventive care.	The Healthy People 2020 initiative sets the goal of a 10% increase in the proportion of pregnancies that are intended and a 10% decrease in the number of conceptions that occur within 18 months after a woman's previous delivery. (US DHHS, 2010)

Pre- and Interconception Care and Reproductive Life Planning

Components of Pre- and Interconception Care

There are three components to pre- and interconception care: health promotion, risk assessment, and intervention.

Health Promotion—includes information and counseling about contraception, immunizations (hepatitis B, rubella, varicella, Tdap, HPV, and influenza), smoking cessation, alcohol and other drug use, nutrition and weight management, home and workplace hazards, social and emotional support, financial resources, and access to care. It also includes additional education to promote healthy pregnancy.

Risk Assessment—includes a complete health history, a physical examination, and selected laboratory tests. The health history reflects a broad definition of health and includes family, medical (including medication use and chronic conditions), reproductive, and psychosocial (major psychological stressors and screening for depression/anxiety and domestic violence) components.

Treatment/Intervention—includes folic acid/vitamin therapy, alternative medication regimens, contraceptive or infertility treatment, identification of the best medications to minimize fetal risk, and referrals to others for specialty care, such as genetic testing.



ROLE OF WAPC IN PROMOTING PRECONCEPTION HEALTH

The Wisconsin Association for Perinatal Care (WAPC) has a long history of promoting pregnancy planning for the best possible outcomes for the entire family.

1987

WAPC Board creates Preconception Committee, expands to Preconception and Prenatal Care in 1992, and begins a formal consumer and provider educational campaign.

1989 – 90

- The original *Becoming a Parent*[™] materials are released. These materials include a leaflet, booklet, checklist, and information packet.
- *Becoming a Parent*[™] *Teacher's Guide to Preconceptional Decision Making and Risk Assessment* released. This guide provided assistance to teachers who wished to include the topic of preconception health in high school curriculum.
- WAPC spearheads the Preconceptional Care Promotion Project, an intensive educational effort focused on providers, businesses, and consumers.

1995

The provider resource guide to the *Becoming a Parent*[™] *Preconception Checklist* is released.

1996

- *Becoming a Parent*[™]: *Things to Think About* video released
- *Becoming a Parent*[™] leaflet translated into Spanish
- WAPC *Preconceptional Care Position Statement* released with updates in 2007 and 2012

1999

Planning for Pregnancy series debuts. The materials in this series explore the impact of chronic disease on pregnancy and the impact of pregnancy on chronic disease.

2000

The *Becoming a Parent*[™] series is recognized as “Outstanding Public Information Program” for 2000 by the MCH Coalition.

2001

WAPC *Folic Acid Position Statement* released.

2007

WAPC develops *Prescription for a Healthy Future*[™] campaign and materials to promote the integration of preconception health throughout the life course.

2010

WAPC develops *Planning for a Healthy Future: Algorithm for Providers Caring for Women of Childbearing Age* to put into action the life course approach to women's health.

PRECONCEPTION CARE

Opportunities for Pre- and Interconception Care

It is important to consider a range of settings for pre- and interconception care. By continually emphasizing the promotion of a woman's wellness in all encounters, those with an interest in perinatal health have the potential not only to impact her overall pre- and interconception health and well-being, but also her pregnancy and pregnancy outcome (Moos et al., 2008).

Opportunities in Outpatient Settings Acute care appointments

- Alcohol, tobacco, and other drug abuse programs
- Annual examinations
- Any time a pregnancy test is requested
- Diagnosis or follow-up of chronic health problems
- Family planning and sexually transmitted infection (STI) visits
- Formal preconception appointments
- General health examinations for insurance, school, athletics, or employment
- Well child appointments

Opportunities in Hospital Settings

- Any hospital admission for women of reproductive age
- Community education programs
- Emergency department
- Health resource centers
- Neonatal intensive care unit
- Postpartum unit, especially after a high risk pregnancy
- Women's centers

Opportunities in Community Settings

- Educational programs for community groups
- Faith-based education and family support programs
- Public health programs such as all Maternal and Child Health programs, immunization clinics, WIC, home-visiting and family support services, well-child services, and chronic disease programs
- Schools' human growth and development curricula and school-based clinics

Opportunities with Information and Communication Technologies

- Educational programs for community groups
- Electronic health records
- Interactive computer technology/conversational agents (e.g., Virtual Patient Advocate)
- Media health spots
- Professional organization Web sites
- Social media
- Text messaging

Summary

The challenges to care providers are to be aware of the context of pre- and interconception care in a reproductive life plan and to take advantage of every opportunity to incorporate the three components of pre- and interconception care—health promotion, risk assessment, and treatment/ intervention—into health care encounters. Pre- and interconception health is intertwined with the overall health of women and men—it should occur throughout the lifespan and be tailored according to the needs of each person. Through a holistic approach consumers of health care would come to routinely associate the complementary notions of planning and pregnancy. The net result would be intended, desired pregnancies, improved birth outcomes and families prepared to nurture, love, and support their children.

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The Wisconsin Association for Perinatal Care (WAPC) has a history of promoting planning for pregnancy. WAPC was greatly affected by Dr. Thomas A. Leonard who had written (1987) and spoken about the physical and emotional value of planning for pregnancy. Since that time, WAPC engaged in a deliberate effort to promote pre- and interconception care through developing, refining, and distributing materials in the Becoming a Parent™ series.

For additional information about the Becoming a Parent™ materials contact:



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