

# every woman, every time

Executive Summary

Preconception Care:

Every Woman, Every Time

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Note: This full report, including California-specific data, is available online at [www.modimes-ca.org](http://www.modimes-ca.org). (On the home page, click "Programs.") Look for a related paper in the "Maternal and Child Health Journal" in 2001.

## Preconception Care: Why It Is Critical

Over the past 15 years, health professionals have increasingly recognized that a healthy pregnancy outcome is strongly influenced by a woman's health status and history before she becomes pregnant. With more than 60 percent of pregnancies (40 percent of births) in California unintended<sup>1</sup>, preconception care is therefore increasingly recognized as an essential element of primary preventive care for women.

In California, the incidence of low birthweight and that of congenital malformations has remained largely unchanged for nearly 20 years<sup>2</sup> in spite of major improvements in access to prenatal care. These outcomes are often regarded as beyond the control of available preventive measures because of their multiple causes. However, enough risk factors have been identified for each of these outcomes to ensure that cooperation among physicians, patients, and health plans can further prevention efforts significantly. Preconception care is a crucial element to lead this prevention effort.

There are two ideal times to integrate preconception care:

- During a preventive primary care visit
- During a visit that includes a negative pregnancy test.

## What Is Preconception Care?

To determine the clinical need for preconception care and its appropriateness, two types of evidence have been considered: expert opinion and scientific evidence. The research indicates that every routine health care exam for a woman of reproductive age should include the following:

- Counseling about folic acid and prevention of neural tube defects. (California women lag behind the rest of the country in terms of awareness of this issue<sup>3</sup>.)
- Education about risks for diabetes, glycemic control and pregnancy outcome.
- Education to increase awareness of the importance of diet, weight and fitness.
- Education about the importance of compliance with treatment in women with chronic conditions and, when appropriate, obtaining preconceptional genetic counseling.
- Identification of and help for victims of domestic violence/abuse.
- Appropriate screening, prevention and treatment of infectious diseases.

- Education to increase awareness that during the earliest weeks of pregnancy, no level of alcohol and tobacco ingestion is proven safe.

When potential risks are identified, a fundamental role of preconception care is to provide counseling to delay pregnancy until the risks for a poor pregnancy outcome are reduced.

## The Evidence on Effectiveness

The quantitative-effectiveness and cost-effectiveness of preconception care were evaluated using the systematic approach of Cochrane Collaboration, recognized as the most comprehensive source for information on the effectiveness of evidence-based medicine<sup>4</sup>. Two interventions shown to be cost-effective include:

*Folic acid supplementation.* The studies revealed that California, as well as the U.S. as a whole, might achieve a substantial economic benefit by either fortifying cereal grains with folic acid or ensuring that all women of child-bearing age take folic acid supplements.

*Diabetes mellitus.* Preconceptional medical care of diabetic women is cost-effective. For every dollar spent on preconception diabetic care, \$1.86 in savings is expected.

## Conclusion

The need for preconception health care and behavioral risk assessment to be incorporated into California's health care delivery system is confirmed by the high rate of unintended pregnancies and the relatively continuous rates of low birthweight infants and congenital malformations.

## References

- 1 Institute of Medicine, Committee on Unintended Pregnancy. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. National Academy Press, 1995; California Department of Health Services, Maternal and Child Health Section, 1994 Pregnancy Risk and Monitoring System Survey Report. 1997.
- 2 California Department of Health Services: Vital Statistics. Birth Cohort Data, 1976-1998; Birth Defects Monitoring Program. Birth Defects in California, 1983-1990; Birth Defects Monitoring Program. Birth Defects Data for California Counties, 1995.
- 3 CDHS. Office of Women's Health. Results from the 1997 California Women's Health Survey.
- 4 Bero and Rennie, 1995. Cochrane Collaboration. *JAMA* 274:1935-1938.