



Preconception Counseling in California: Women Ages 18-44, 2009-2010

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PURPOSE: To determine a baseline frequency of preconception counseling among California women of reproductive age

Background: Preconception Health is for All Women



Preconception Health refers to a woman's non-pregnant health and is important because maternal and infant outcomes are impacted by the health of the woman over the course of her life.¹ Poor health before pregnancy increases the risk for preterm births, low birth weight babies, major birth defects, pregnancy complications, and deaths of women and infants.²

The goal of preconception health activities is to prevent or treat conditions and behaviors before pregnancy that could pose a health risk to a woman or her infant. Since 85% of women will give birth during their lifetime, preconception health is a central factor in population health.³ Over the past decade, the number of women with prenatal complications or pregnancy-associated mortality has increased because of poor preconception health.^{4,5} Among non-pregnant California women of reproductive age in 2009, 28% were overweight, 22% were obese, 13% were current smokers, 9% had been diagnosed with diabetes, and 63% did not consume folic acid daily.⁶

A primary preconception health strategy is to provide risk assessment and health promotion counseling to all women of reproductive age as part of primary care.

A major provision of the Patient Protection and Affordable Care Act is the annual well-woman preventive care visit that includes preconception and prenatal care with no cost-sharing.⁷

CDC Recommendations for Preconception Clinical Care

The Centers for Disease Control and Prevention recommends that professional guidelines for clinicians who provide the majority of primary care to women should include routine risk assessment through screening.³

Sample of Recommended Areas for Routine Preconception/Well-Woman Screening:

- 1) Reproductive history
- 2) Environmental hazards and toxins
- 3) Medications that are known teratogens
- 4) Nutrition, folic acid intake, and weight management
- 5) Genetic conditions and family history
- 6) Substance use, including tobacco and alcohol
- 7) Chronic diseases (e.g., diabetes, hypertension, and oral health)
- 8) Infectious diseases and vaccinations
- 9) Family planning
- 10) Social and mental health (e.g., depression, social support, safety, and housing)

Methods: California Women's Health Survey

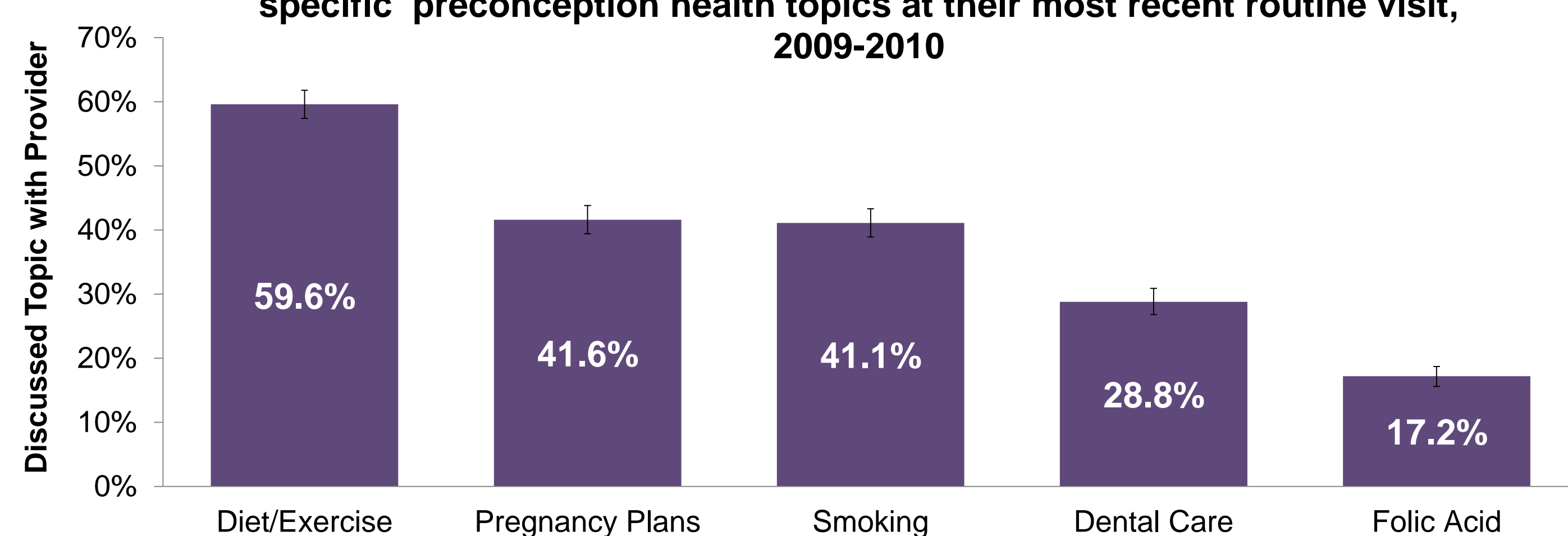
The California Women's Health Survey was established in 1997 to provide information to serve as a catalyst for innovative solutions to sustain and improve the health of California's women. It is an annual, random-digit-dialed telephone survey offered in English, Spanish, and Mandarin, that collects information from a sample of approximately 4,000 women aged 18 years and older. Data are weighted to State of California Department of Finance population numbers to produce statewide estimates.

For this report, data from 2009-2010 were analyzed for the 2,807 non-pregnant women aged 18-44 years who reported a routine visit in the past two years, to determine whether health care providers had talked about the following preconception health topics during their most recent routine visit: diet or exercise, pregnancy plans, smoking, dental care, and folic acid use.

Results: Frequency of Addressing Specific Topics by Health Providers

The preconception health topic reportedly addressed with the most women was diet or exercise. Only 17% of women reported that their provider talked about folic acid use.⁶

Women who reported that their health care provider talked to them about specific preconception health topics at their most recent routine visit, 2009-2010



Every Woman California

Preconception Health Council of California

The Preconception Health Council of California is a statewide forum that establishes goals, objectives and activities to implement the National Select Panel Recommendations on Preconception Care. Preconception health tools for consumers and health professionals can be found on the Council's website: <http://www.everywomanalifornia.org>.

Guidelines for Preconception and Interconception Care

The Preconception Health Council of California Clinical Work Group developed clinical content guidelines for California healthcare providers to counsel women of reproductive age. The guidelines use an "Ask, Advise, Refer" format to provide practical screening and counseling prompts for well-woman visits. Recommendations include guidance on contraceptive options.

Sample Preconception Guidance:

Ask: When was the last time you went to the dentist?
Advise: To brush teeth and floss at least twice per day.
Refer: To see dentist at least once per year.

Counsel: Poor oral health in adults is associated with cardiovascular disease, diabetes, and respiratory diseases, all of which can increase the risk of complications during pregnancy. Children of mothers with poor oral health are more likely to develop dental caries at an early age, which can lead to developmental problems, pain, problems eating and speaking, low self-esteem, and school absenteeism.

Scan the QR code to the right to access the California Guidelines for Preconception and Interconception Care.



Interconception Care Project of California

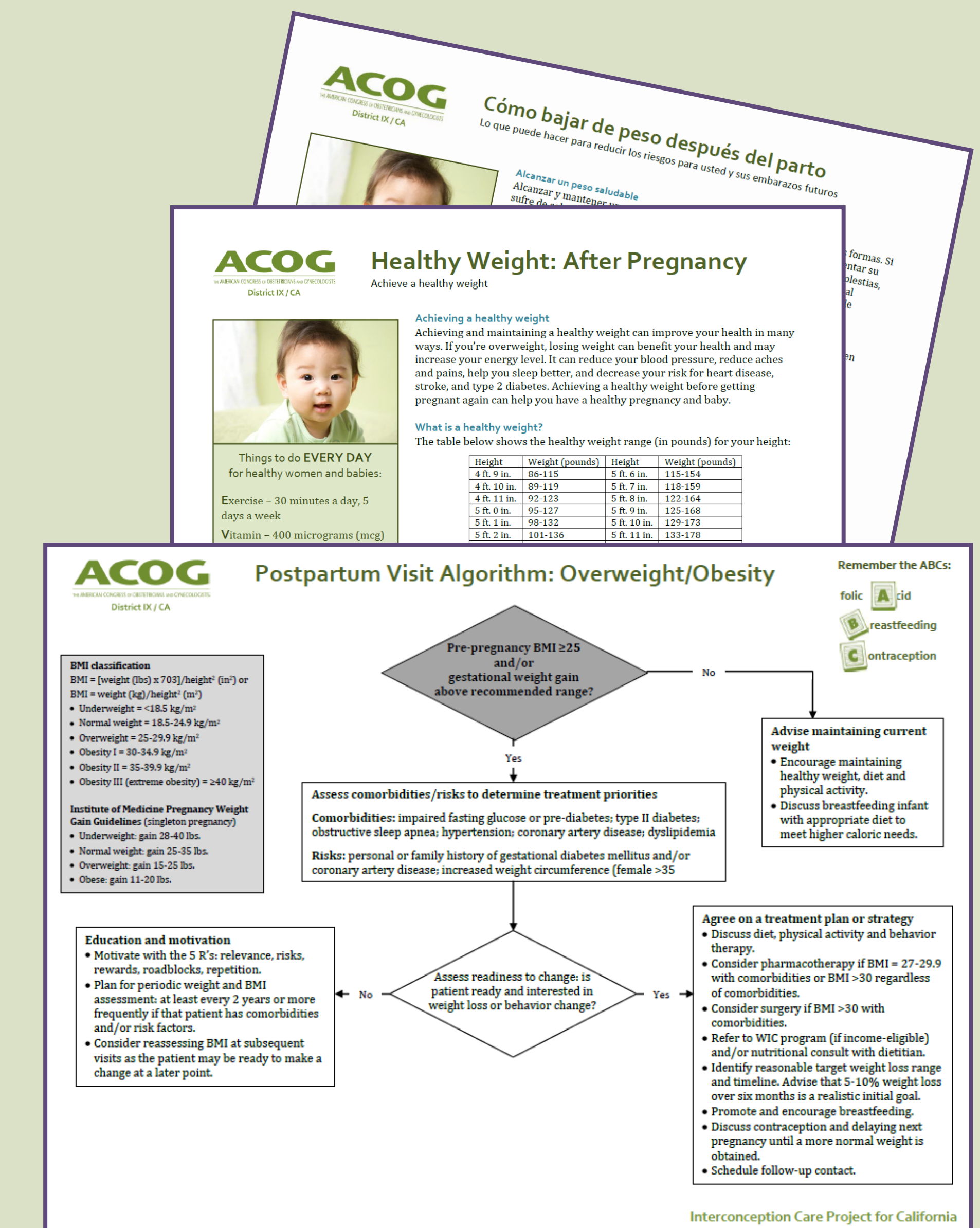
To help guide postpartum risk assessment, management and counseling, the American Congress of Obstetricians and Gynecologists District IX, the March of Dimes, and the Preconception Health Council of California convened a panel of obstetric and health experts to develop evidence-based postpartum clinical management algorithms and companion patient education materials based on the 21 most common pregnancy and delivery complications in California. Patient handouts in English and Spanish offer explanations of the condition, treatment options and self-care strategies to improve the health of the woman, her new baby and any future pregnancies.

Postpartum/Interconception Guidelines Sample Topics:

- Overweight and Obesity
- Tobacco Use
- Gestational Diabetes
- Preterm Birth
- Cesarean Delivery
- Postpartum Depression
- Domestic Violence

All guideline topic sections include a reminder to address folic acid use, breastfeeding, and contraception.

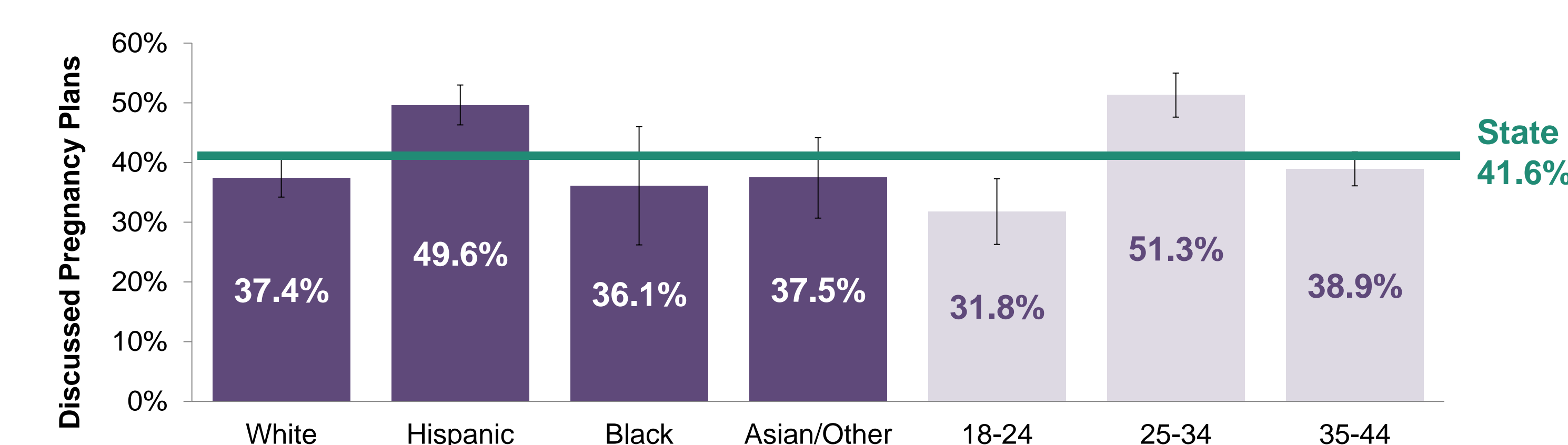
Scan the QR code to the right to access the 21 provider algorithms and patient handouts in English and Spanish.



Results: Preconception Health Counseling Rates are Low

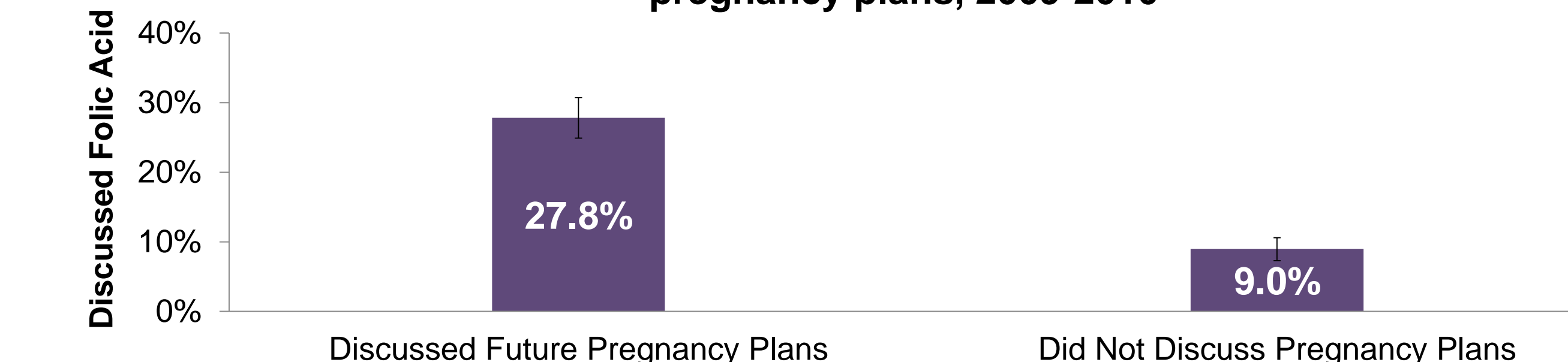
Less than half of the women were asked whether they wanted to become pregnant in the future during their most recent routine healthcare visit.⁶

Women reporting that their provider asked about future pregnancy plans during their most recent routine healthcare visit, by race/ethnicity and age, 2009-2010



Even among women reporting a discussion of pregnancy plans with their provider, most said they did not talk about folic acid; however, providers who did not discuss pregnancy plans were even less likely to talk about folic acid.⁶

Women reporting discussion of folic acid during their most recent routine healthcare visit, stratified by the discussion of future pregnancy plans, 2009-2010



Conclusions

- In 2009-2010, most California women of reproductive age did not recall counseling on preconception health topics during their most recent routine healthcare visit. Only diet and exercise were talked about with the majority of reproductive age women; less than half of women were asked about their future pregnancy plans.
- Providers were more likely to discuss future pregnancy plans with Hispanic women and women ages 25-34.
- To some degree providers are addressing preconception health topics important for women's health. However, the minimal frequency of talking about taking folic acid, even with women talked to about pregnancy plans, suggests that the focus of many providers does not extend to potential pregnancy and childbirth.

Health Implications

- Continued efforts to improve outcomes on preconception health indicators is important in order to improve health of women, mothers and infants.
- Public Health can support implementation of recommended health counseling by targeting both providers (e.g. with care guidelines) and consumers (e.g. www.everywomanalifornia.org).
- Epidemiologic survey tools are essential for monitoring the health of women and for appropriate targeting of intervention efforts.

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