

# Strengthening Preconception Care in Lower-Income Countries: A Strategy Essential to Meeting MDGs 3, 4, and 5

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## Topics to be presented

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What is preconception care (PCC)?

Why is PCC the weak link in the continuum of care?

What do we know about the benefits of PCC?

Current PCC needs and gaps

How does PCC support the MDGs 3, 4, and 5?

Improving PCC - the role of stakeholders

Next steps - a global PCC network

## What is preconception care?

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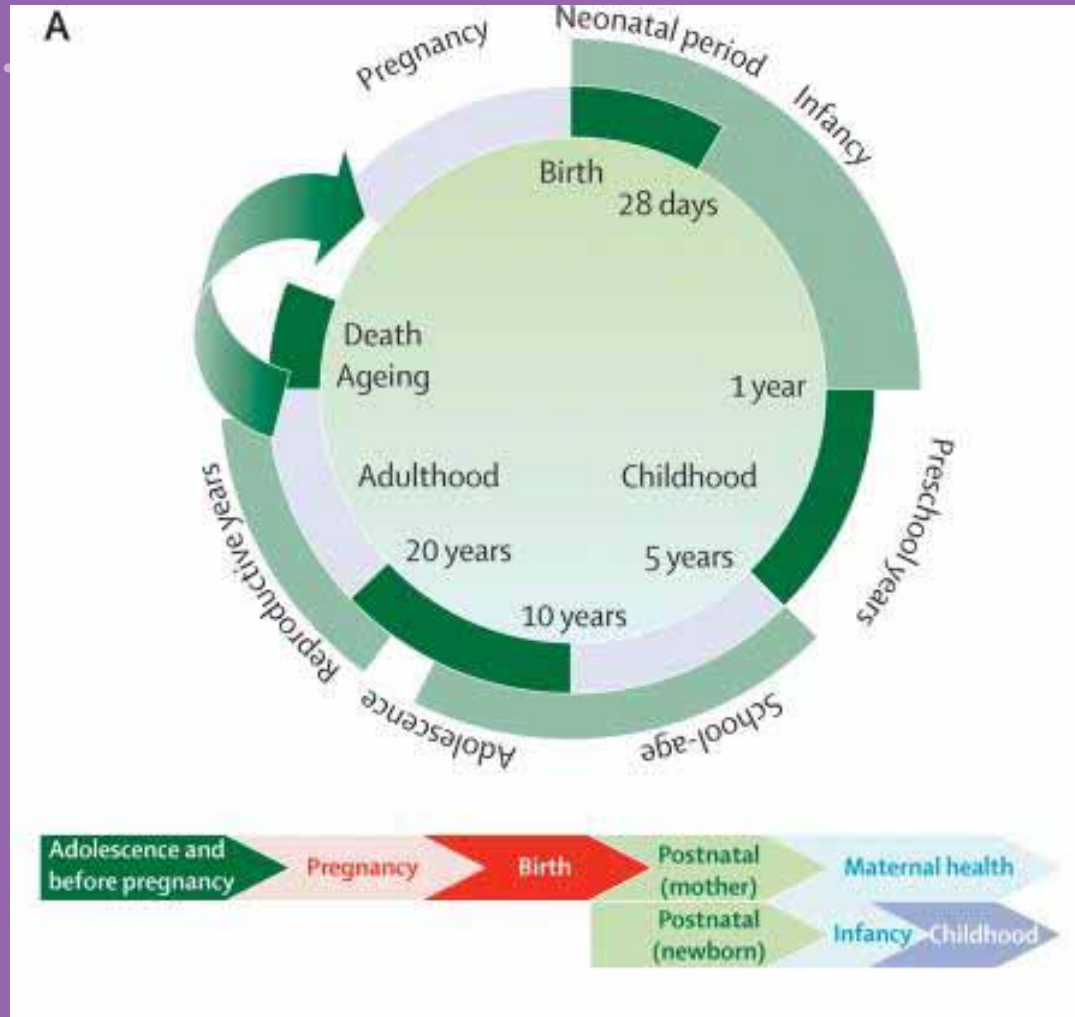
The CDC has defined preconception care as:

*“Interventions that aim to identify and modify biomedical, behavioral and social risks to a woman’s health or pregnancy outcome through prevention and management by emphasizing those factors that must be acted on before conception or early in pregnancy to have maximal impact.”*

Source: Preconception Care. *American Journal of Obstetrics and Gynecology* Supplement 2, December 2008; 199 (6).

# The Lifecycle

Source: The Lancet  
Volume 370, Oct. 13, 2007  
Page 1360



# Evolution of understanding of the lifespan

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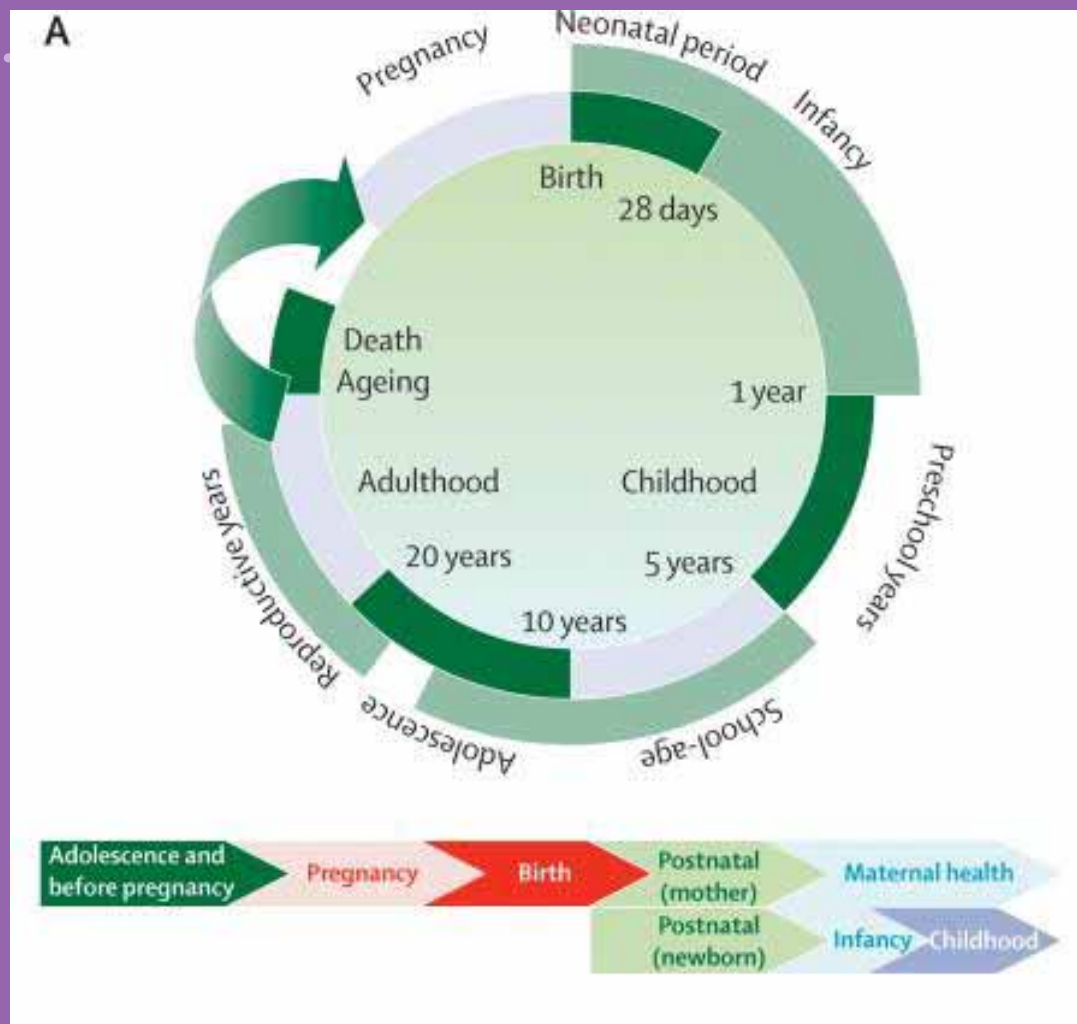
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WMNCH

# The Lifecycle

## The Continuum of WMNCH Care

Source: The Lancet  
 Volume 370, Oct. 13, 2007  
 Page 1360



## Who should receive preconception care?

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PCC should target all women of reproductive age

- During adolescence and before the first pregnancy
- Between pregnancies (interconception care)

*Preconception care links healthy women to healthy pregnancies*

## Preconception care - why is it the weak link in the continuum of care?

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Failure to identify the period between childhood and maturity as having specific health needs

Lack of specific medical training for adolescent health and women's health reflects the health system's traditional focus on disease care rather than prevention

Target populations are often hard to reach

*As a result, there is a lack of substantial scientific evidence and experience to date linking preconception care to reduced MMC risk in developing countries*

## What do we know?

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There is a growing body of evidence that effective PCC can improve WMNC health

- **Nutritional status:** fortification or supplementation of the diet with micronutrients such as iron, iodine and folic acid
- **Preexisting medical conditions:** treatment of conditions such as obesity, diabetes, epilepsy, hypothyroidism and hypertension
- **Infectious diseases:** vaccination against rubella, varicella, hepatitis B and other IDs increasing MNC risk; screening for HIV/AIDS and other sexually transmitted infections
- **Age and parity:** family planning for appropriately timed pregnancies
- **Genetic disorders:** genetic risk assessment and preconception counseling to reduce the risk of birth defects

## What do we know?

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Early prenatal care is sometimes too late to

- contribute to the optimal health of the mother, and
- prevent many adverse birth outcomes, including birth defects

## Current PCC Needs - public health

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Fortification of foods with micronutrients and provision of supplements in a culturally acceptable form to populations not adequately covered by food fortification or in countries in which supplementation is culturally preferable to fortification

Expansion of immunization campaigns to include needed vaccines (e.g. rubella) and to reach 100% of at-risk populations

Implementation of robust health surveillance and monitoring systems

- Current gaps: lack of understanding of how to reach all target populations with needed preventive interventions; weak health surveillance and monitoring systems; lack of funding and policy support

## Current PCC Needs - health services and professional education

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Health Services Needs: strengthening of primary care service delivery to reach all women of reproductive age with basic services; incorporation of cost-effective PCC into routine clinical care

- Gaps: weak health systems; lack of awareness of the importance of PCC and of existing cost-effective interventions; lack of payment mechanisms; lack of policy support

Professional Education Needs: strengthening of professional education in PCC of physicians, obstetricians, gynecologists, pediatricians, nurses and other primary health care providers

- Gaps: lack of awareness of importance; lack of appropriate curricula; lack of commitment to integrate preconception care into professional training

## Current PCC Needs - research

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Investigation into the etiology of poor maternal and birth outcomes and the efficacy of preconception interventions as preventive measures

- Gaps: lack of awareness of the potential impacts of poor preconception health status on maternal and birth outcomes; lack of policy support and funding for research; lack of public health data from which to develop and test hypotheses

## Current PCC Needs - public education

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Promotion of the importance of preconception health in communities (e.g. at places of worship) and to families and women of reproductive age whether or not they are currently considering starting a family; encouraging all women, men and couples to develop a reproductive life plan; raising awareness of availability of PCC services

- Gaps: weak understanding of how to reach target populations with culturally appropriate messages; lack of policy support and funding; lack of media attention

# Preconception health - recommendations in support of the MDGs 3, 4 and 5 in lower-income countries

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## MDG 3 - Promote gender equality and empower women

### - Public health

- ensure optimal health of the female baby, child and adolescent by providing adequate nutrition, controlling infectious disease, providing an environmentally and physically safe environment among other factors
- strengthen perinatal and women's health surveillance

### - Education and training

- encourage young women to develop an individual reproductive life plan to allow them to plan for their education and employment, as well as for their families

### - Health service delivery

- integrate PCC into primary health care
- provide access to PCC services in the communities in which women and their families live

# Preconception health - recommendations in support of the MDGs 3, 4 and 5 in lower-income countries

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## MDG 4 - Reduce child mortality

All of the above, additionally

- **Public health**
  - food fortification, immunization, and other preventive measures
- **Education and training**
  - professional and public - building awareness of the link between healthy women and healthy newborns
  - professional education about best practices (e.g, the need for evaluation/counseling in populations at high risk of genetic conditions; controlling pre-existing maternal conditions that increase risk)
- **Health services delivery**
  - integrate PCC into primary health care
  - provide access to PCC in the communities in which women and their families live

## Preconception health - recommendations in support of the MDGs 3, 4 and 5 in lower-income countries

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### MDG 5 - Improve maternal health

- All of the above

“The best way to have a healthy mum—and, thus, a healthy newborn—is to ensure that the mum goes into her pregnancy as healthy as possible.”

*Professor Arnold Christianson, South Africa, 2001*

## The role of stakeholders

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International health organizations, governments and other policymakers

Expand and strengthen PCC at the primary care level of national health systems

Support public health programs that are integral to PCC such as surveillance, food fortification and immunizations

Fund etiologic research and program evaluation

# The role of stakeholders

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## Researchers

Strengthen PCC and WMNC surveillance

- improve the quality of perinatal health surveillance data
- collaborate internationally to harmonize definitions and research methods/approaches

Conduct population needs assessments to identify gaps and needs in PCC

Conduct research on factors contributing to maternal mortality and adverse pregnancy outcomes to identify PCC interventions that can reduce risk

Evaluate health and economic benefits of the PCC interventions implemented

# The role of stakeholders

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## Professional organizations

Advocate for including education and training on PCC in the curricula of schools of medicine, nursing, dentistry and the allied health professions

Raise awareness among current health professionals of the importance of PCC

Advocate for embedding PCC interventions at the primary care level

Advocate for strengthening women's health care, including service delivery, public health measures and research

# The role of stakeholders

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## Community groups

Advocate and increase demand for improved PCC and women's health services

Hold discussions within the community about the importance of PCC, including development of culturally appropriate reproductive life plans

Raise awareness among community members about the benefits of PCC and the links between good WMNC health and improved educational and economic attainment in life

# The role of stakeholders

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## The Media

Raise awareness of the importance of preconception health to healthy mothers and babies

Raise awareness of the contribution of effective PCC to the economic productivity of women and to their general well-being and that of their families

Raise awareness of the cost-effectiveness and cost savings of PCC

## Next steps - the need for data

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There is a need for research and data on the health benefits and cost-effectiveness of PCC interventions in different settings and populations in the developing world

There is first-rate professional capacity across the developing world that can be engaged and supported in this effort

The definitions, methods and tools used in data collection and evaluation should be harmonized to the fullest extent possible within and across countries

Countries should be networked toward this end

# The benefits of a global PCC network

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improve site-to-site communication and allow partners to share best practices and lessons learned and build on each other's successes (thus reducing the need to re-invent the same wheel over and over again)

enhance consistency in data collection and study methods, thus providing greater opportunity to compare and pool data across network centers

promote the potential for complementary activities, thus providing for more cost-effective use of shared resources

offer the potential for an on-line repository of PCC project materials (eg, questionnaires, curricula) for use by current and future network partners

All of these benefits, combined, can result in greater project visibility and, thus, an enhanced potential to attract national and international attention to and funding for PCC activities

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Thank You!

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谢谢你

Muito  
obrigado!

Muchas  
gracias

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