Preconception/Interconception Care and Education
Who Needs It?

- Every woman of reproductive age capable of becoming pregnant is a candidate – whether or not she intends on becoming pregnant
- Men need to be involved to improve their health and learn how to support their partner
What is Preconception Care?

- Aims to improve birth outcomes by promoting healthy behaviors prior to pregnancy
- More than a single visit to a healthcare provider
- Consists of health education and promotion, screening, and interventions that reduce risk factors that may contribute to poor pregnancy outcomes
What is Interconception Care?

Interconception care is the same as preconception care, delivered after a pregnancy that provides a unique opportunity to address specific risk factors that may have contributed to a poor pregnancy outcome.

- Examples include low birth weight, preterm delivery < 37 weeks, congenital birth defects....
- Provides opportunity to address new issues like inter-pregnancy spacing.
When Can Preconception Care Be Provided?

- Scheduled preconception health visit
- Annual gynecological exam
- Prenatal care visit – may be too late
- Sexually Transmitted Disease visits
- Health fairs
- Home visits

Every Contact with a healthcare provider is an opportunity
Where Can We Find/Provide It?

- Health care facilities
- Homes
- Schools
- Faith-based Organizations
- Workplaces
- Communities
Providers

- Obstetricians/Gynecologists
- Family/General Practitioners
- Pediatricians
- Nurse Practitioners/Nurse Midwives
- Nurses
- Mental Health Providers
- Health Educators
- Social Workers
- Nutritionists
- Home Visitation Programs
- Public Health Workers
Who Else?

- Teachers
- Pastors
- Youth Workers
- After School Programs
- Neighbors
- Friends
- Parents/Grandparents
Why Do We Need It?

- Reduce infant morbidity and mortality
- Reduce maternal morbidity and mortality
- Prenatal care is not enough
- Half of all pregnancies are unintended
Objectives for Preconception/Interconception Health Promotion

- To improve overall health of all women and men
- To increase intendedness of pregnancy
- To promote healthy spacing of pregnancies
- To educate women/partner about risks
- To decrease amenable risk factors
Oklahoma Statistics

- Approximately half of all pregnancies in Oklahoma and the United States are unintended.
- Oklahoma’s infant mortality rate has consistently remained above the national average (7.4/5.9).
- African Americans and Native Americans have a higher infant mortality rate than whites.
- African Americans also have a higher rate of preterm births and low birth weight.
Racial Disparities in Infant Mortality

- Infant Mortality Rate by race 2016
  - Statewide – 7.4
  - Black/African American – 13.9
  - American Indian – 9.7
  - Asian/Pacific Islander – 7.7
  - White – 6.1
  - Hispanic – 7.4

Stats Continued

- Leading causes of infant deaths in Oklahoma
  - Congenital malformations
  - Short gestation and disorders related to low birth weight (LBW)
  - Sudden Infant Death Syndrome (SIDS)
Committee on Gynecologic Practice Clinical Recommendations

- Screen for periodontal (gum disease), urogenital (bladder, kidney, vagina, uterus, testes), and sexually transmitted diseases (STDs)
- Update immunization with HepB, varicella, Tdap, HPV, and influenza
- Assess risk for chromosomal or genetic disorders based on family history, ethnic background, and age
- Assess Body Mass Index (BMI) for healthy weight
- Counsel on possible exposure to toxins and teratogenic agents
- Screen for depression, anxiety, domestic violence & major psychological stressors
- Lab testing for STDs, diabetes, etc.
Promotion Recommendations (CDC 2006/Reviewed 2012)

- Consumer awareness
- Health insurance
- Individual responsibility across the life span
- Interconception care
- Interventions for identified risks
- Monitoring improvements
- Pre-pregnancy check-up
- Preventive health visits
- Public health programs and strategies
- Research
Preparing for a Lifetime, It’s Everyone’s Responsibility

• Launched in September 2009 during Infant Mortality Awareness Month
• Goal:
  • Reducing infant mortality and other adverse birth outcomes in Oklahoma
  • Reducing racial disparities for these poor outcomes
Work Groups

- Data
- Breastfeeding
- Infant Injury Prevention
- Media
- Preconception/Interconception
- Postpartum Depression
- Infant Safe Sleep
- Tobacco
- Prematurity
Preconception/Interconception Work Group

- Evidence shows Preconception/Interconception health care can positively affect pregnancy outcomes
- Resources
  - One page insert for Toolkits
  - Development of Women’s Health Assessment Tool
  - Adolescent Reproductive Life Plan
  - Men’s Health Brochure
  - Website
Women’s Health Assessment

Women’s Health What You Need to Know

Women’s Health Checklist

Medical History

Preventing for a Lifetime
It’s Everyone’s Responsibility
Adolescent Reproductive Life Plan
Are you ready for fatherhood?

☐ Am I ready to become a dad?
☐ Can I afford to support a child?
☐ Do I have patience?
☐ What kind of dad would I be?
☐ Can I handle a child, school and a job at the same time?
☐ Who are my role models?
☐ What skills can I share with and teach to my children?
☐ Am I ready to change my daily routine?
☐ Am I ready to deal with the noise and the confusion and the 24-hour-a-day responsibility?

Creating healthier dads and babies.

This pamphlet provides a brief overview of a healthy start for a man and his future baby.

Talk to your health care provider or contact your local county health department at:
http://www.ok.gov/triton/modulo/health/map/country_map.php

For more information, visit:
https://health.ok.gov

Preparing For A Lifetime
It’s Everyone’s Responsibility

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Website at iio.health.ok.gov
What Men & Women Can Do:

- Know family health history
- Live a healthy lifestyle
- Make healthy food choices
- Get regular health check-ups
- Maintain emotional wellness and social support
- Know health and pregnancy risks
The future depends on what we do in the present

What steps will YOU take?
Preparing for a Lifetime, It’s Everyone’s Responsibility

We all want Oklahoma’s babies to be safe and healthy. Many things can help and everyone can play a role.

Did you know that:
- Being healthy before and between pregnancies improves the chances of having a healthy baby.
- A full-term pregnancy lasts more than nine months (about 40 weeks).
- Breastfeeding helps a baby get the best start in life.
- Getting tested and treated, if needed, for sexually-transmitted diseases promotes a healthy pregnancy and birth.
- Placing a baby on his/hers back to sleep helps reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Secondhand smoke can increase the chances of SIDS.
- Some new mothers need help with depression after childbirth.
- Shaking a baby is never, never okay.

Click on the topics to learn more.

What’s New...

Oklahoma Hospitals Urged to Support Breastfeeding
Support Breastfeeding—It’s Worth It! World Breastfeeding Week is August 1-7, 2011
August is National Immunization Awareness Month
Every Week Counts Collaborative
Preparing for a Lifetime toolkit now online

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Related Topics
Oklahoma Tobacco Helpline
Resources

- Department of Health and Human Services, Centers For Disease Control and Prevention: Recommendation to Improve Preconception Health and Health Care – United States, MMWR, April 21, 2006; Vol. 55/No. RR-6