

Preconception/Interconception Care and Education



Preparing
for a
Lifetime
It's Everyone's Responsibility

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

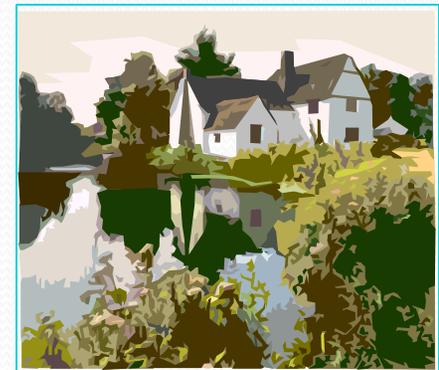
- Examples include low birth weight, preterm delivery < 37 weeks, congenital birth defects....
- Provides opportunity to address new issues like inter-pregnancy spacing

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**

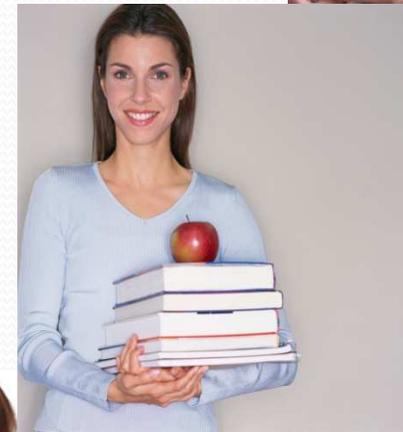
Where Can We Find/Provide It?

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



Providers

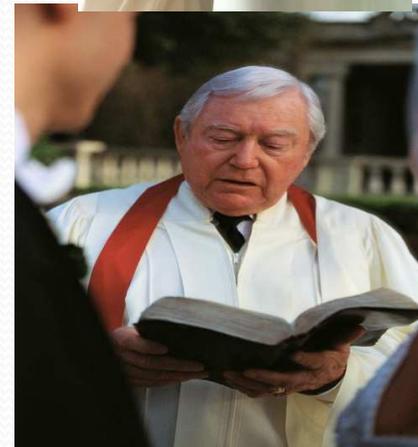
- Obstetricians/Gynecologists
- Family/General Practitioners
- Pediatricians
- Nurse Practitioners/Nurse Midwives
- Nurses
- Mental Health Providers
- Health Educators
- Social Workers
- Nutritionists
- Home Visitation Programs
- Public Health Workers



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Who Else?

- Teachers
- Pastors
- Youth Workers
- After School Programs
- Neighbors
- Friends
- Parents/Grandparents



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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

Source: Oklahoma Vital Statistics 2016



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



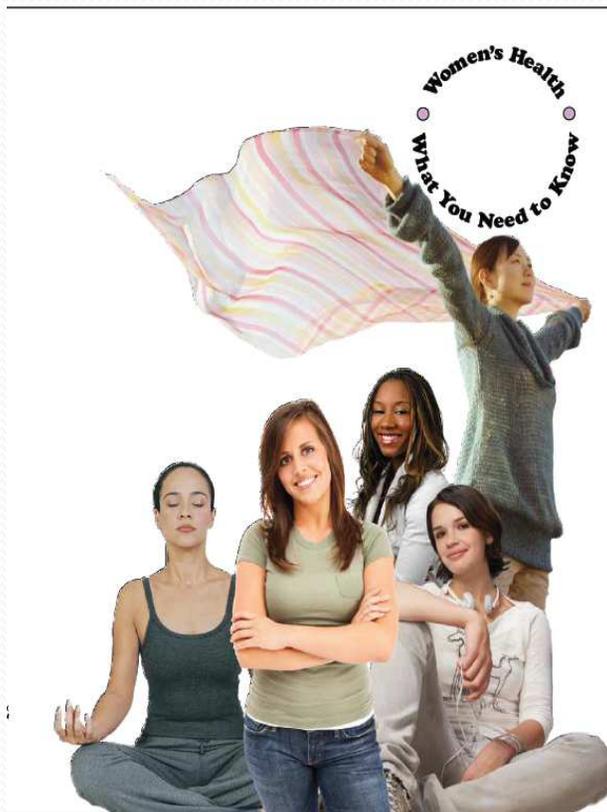
Work Groups

- 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 Checklist

Please take a few minutes to complete this checklist.
(The numbers and colors on the checklist match up with the information on the following pages.)
Then review the following information with your health care provider.

Check all that apply:

- African-American
- Hispanic or Latino
- Asian
- Middle Eastern
- Arab
- Native American
- Alaska Native
- American Indian

FAMILY HISTORY: Do you, your family, or sexual partner have

- 1. High blood pressure
- 2. Cancer
- 3. Diabetes
- 4. Heart disease
- 5. Hypertension or stroke
- 6. Sickle cell disease or trait
- 7. Sickle cell anemia
- 8. Tay-Sachs
- 9. Mental retardation
- 10. A spinal defect (such as spina bifida or neural tube defect)
- 11. A deafity or palate
- 12. Down syndrome or other chromosomal abnormality
- 13. History of miscarriage or having children with a blood relative

LIFESTYLE HISTORY: Do you

- 1. Smoke or use tobacco products or live with someone who does
- 2. Drink any type of alcohol (beer, wine, or liquor)
- 3. Use lead or chemicals at work, in hobbies, or at home
- 4. Plan to get pregnant in the future
- 5. Use or plan to use a method of birth control
- 6. Take any prescription or over-the-counter drugs
- 7. Exercise less than 2 times a week
- 8. Had more than one sexual partner in the last 12 months
- 9. Had sex with a bisexual partner
- 10. Used or presently use street drugs

NUTRITION HISTORY: Do you

- 1. Eat less than three meals some days, or practice fasting (not eating for 24 hours or longer)
- 2. Eat few or no meats, only vegetables, or avoid certain foods, or eat a special diet
- 3. Have more than 3 drinks with caffeine a day (coffee/tea/soda)
- 4. Think you are underweight or overweight
- 5. Vomit more than 3 times a month after eating or use laxatives or water pills for weight loss
- 6. Have you had weight loss surgery (gastric bypass, stomach stapling surgery, or banding surgery)
- 7. Take a multivitamin with folic acid daily
- 8. Eat shark, swordfish, king mackerel, or tilefish
- 9. Need information about breastfeeding a baby

MEDICAL HISTORY: Have you now or ever had

- 1. Epilepsy (seizures or spells)
- 2. Diabetes (gestational diabetes)
- 3. High blood pressure
- 4. Heart disease
- 5. Sexually transmitted diseases (Chlamydia, Gonorrhea, Syphilis, Herpes, Genital Warts, Trichomonas, Bacterial Vaginosis)
- 6. Abnormal pap smear
- 7. Hepatitis B or C
- 8. Acute treatment (Acute care)
- 9. Dental problems or less than 2 dental check-ups per year
- 10. PKU or were you on a special diet in childhood
- 11. Blood clots in the legs or lungs (Deep Vein Thrombosis)
- 12. Rubella (German measles) or Rubella immunization

PSYCHOSOCIAL HISTORY: Do you have

- 1. Any specific fears about being pregnant or having a baby
- 2. Any fears or concerns about how a baby will affect your relationship with your partner
- 3. A child / children who are living with someone else (biological, adoptive parent, foster parent)
- 4. Any questions or concerns about current or past physical, emotional or sexual abuse, or concerns for your safety
- 5. Family or friends you can count on to talk to or help you with problems
- 6. A history of depression
- 7. A history of depression with medical intervention
- 8. Increased stress in the last year (changes in work, home, or marital status, death of a loved one, feelings of being overwhelmed, stressed, depressed, sad, or angry, changes in sleep pattern)

REPRODUCTIVE HISTORY: Have you ever had

- 1. A history of "miscarriage" (spontaneous, induced, or elective)
- 2. History of an abnormal uterus or cervix
- 3. An abortion
- 4. A miscarriage / miscarriages
- 5. Four or more pregnancies
- 6. Less than 12 months between pregnancies
- 7. An infant weighing more than 8 lbs. at birth
- 8. An infant weighing less than 5 lbs. at birth
- 9. A stillbirth
- 10. A baby that died before one year of age
- 11. An infant with a birth defect and/or genetic disorder
- 12. An infant stay in an intensive care nursery
- 13. An age 16 years or less
- 14. An age 34 years or greater

Name: _____

Date: _____

Medical History

Talk with your health care provider if you have any of these concerns.

1. Seizure medication can cause birth defects. You should see your doctor before you stop your method of birth control to make sure you are being the right medication.
2. Birth defects are more common in women who have diabetes. If your doctor tells you during your pregnancy you will help you to keep good control of your blood sugar.
3. Women with high blood pressure before pregnancy are at risk for pre-eclampsia during pregnancy.
4. Heart disease can be a risk to both the mother and the baby. Medications for heart disease may cause birth defects.
5. Women with an untreated STD may not be able to have babies or can pass the disease to her baby.
6. Pap smears can detect early stages of cervical cancer. Have pap tests to ensure early detection and treatment of cervical cancer. Treatment should occur before stopping birth control.
7. Hepatitis B and C are serious diseases of the liver that can be passed to the unborn baby.
8. Accutane (isotretinoin) can cause birth defects of the face and head. You should use a condom and another method of birth control every time you have sex, and do not attempt to get pregnant until you have been off Accutane for at least three months.

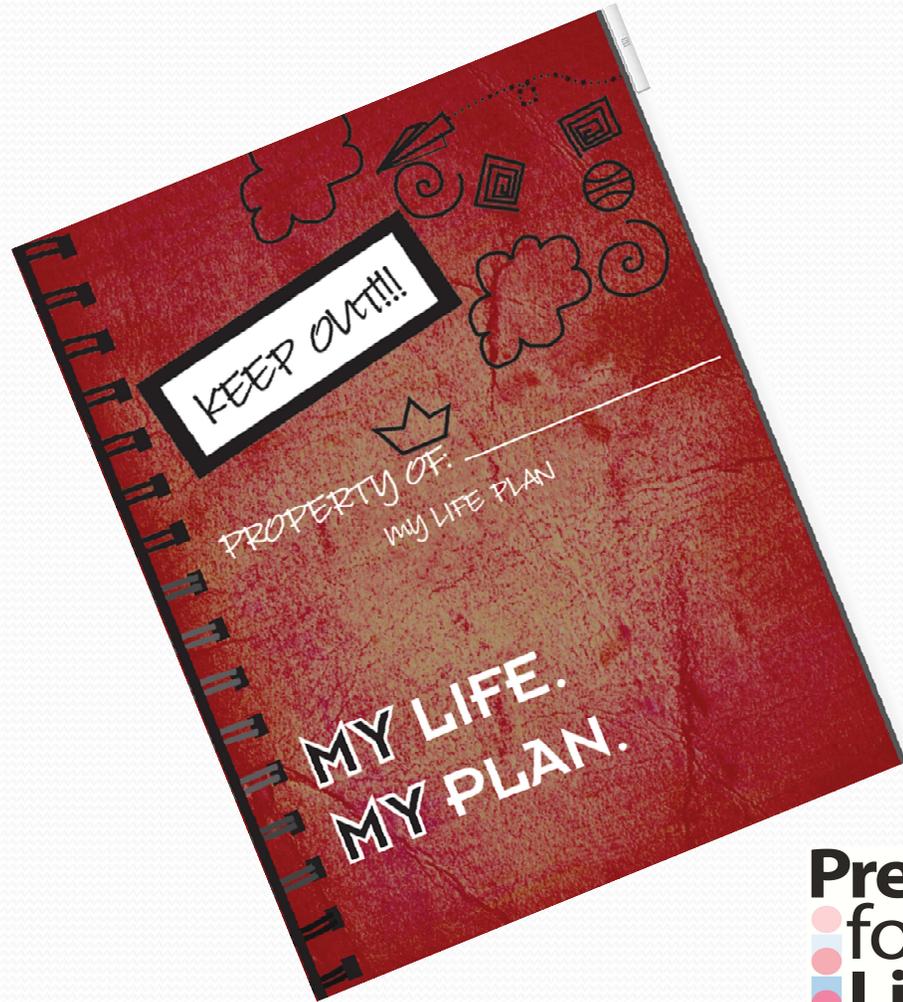
Psychosocial History

Talk with your physician, a social worker, or other mental health professional if you have any of these concerns.

1. Fears and concerns grow from not knowing what to expect from pregnancy or how pregnancy might affect your relationship with your partner. Having questions answered and planning the best time for pregnancy are often helpful in making or maintaining your relationship.
2. Having a baby can be a very exciting experience and can bring a couple closer together. However, having a baby never solves any problems that exist in a marriage and can make existing problems more stressful. Parents need support from each other to be living coping parents.
3. If you have a child who is living with someone else (biological, adoptive parent, foster parent), you may want to talk with a counselor about your feelings for having another pregnancy.
4. One in four women is in an abusive relationship; you are not alone. Abuse can be physical, sexual, verbal, or emotional. Abuse can lead to a low birth weight baby.
5. Having family and friends that you can depend on are important before, during, and after pregnancy. Abuse can increase the risk of an early birth. Making time to take care of yourself, spend time with your partner, and socialize with your friends reduce the risk of a problem birth.
6. Women who are not happy about their pregnancy or think their partner or family is unhappy about the pregnancy are more likely to be depressed. Depression may lead to poor nutrition and problems and low birth weight babies.
7. For women with depression, counseling before becoming pregnant helps pave for a safer pregnancy. Some medications for depression are not safe to take during pregnancy. Talk with your physician about any medications that you are currently taking.
8. Stress is related to problem birth and low birth weight. To reduce stress, take a walk, breathe deeply, take a bubble bath, or talk to a friend.

If you would like more information, please call or visit the Oklahoma Domestic Violence Helpline at 1-800-522-7738, Postpartum Depression Helpline at 1-800-544-APPEE/1-800-544-4779, or visit www.okdvh.org, First Candle, an agency that works to stop SIDS and stillbirth, at 1-800-221-7437 or visit www.firstcandle.org.

Adolescent Reproductive Life Plan



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Men's Health Brochure



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/modules/health/map/county_map.php

For more information, visit: o.health.ok.gov

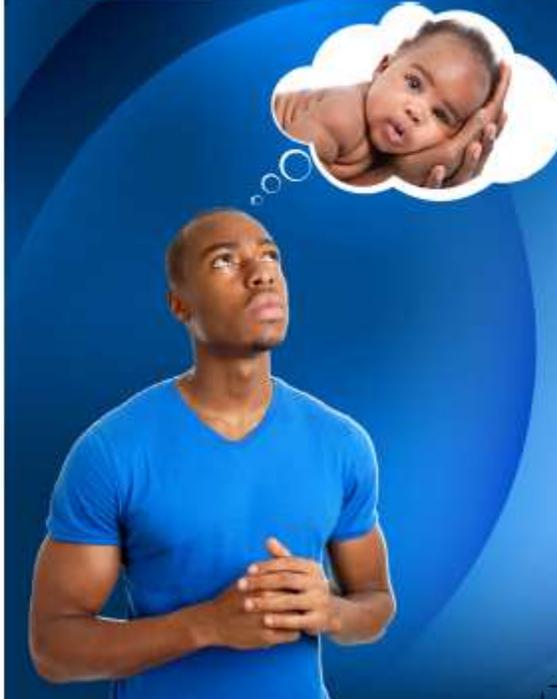


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**Preparing For A Lifetime
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Website at iio.health.ok.gov

The screenshot displays the website's navigation menu on the left, including links for 'Preparing for a Lifetime Homepage', 'Before and Between Pregnancy', 'Know Your Family Health History', 'Live a Healthy Lifestyle', 'Make Healthy Food Choices', 'Get Regular Health Check-ups', 'Emotional Wellness & Social Support', 'Know Your Health and Pregnancy Risks', 'Frequently Asked Questions', 'Partners & Resources', and 'Free Materials & Resources'. The main content area features a breadcrumb trail: 'OSDH Home > Community & Family Health > Improving Infant Outcomes > Before and Between Pregnancy'. The page title is 'Before and Between Pregnancy', with 'email | print' links. The main text asks, 'Do you want to be healthy? Are you pregnant or thinking about starting a family? Do you want to have a baby someday?' and explains that getting healthy before pregnancy increases the chances of a healthy baby. It lists actions to take, such as knowing family history, living a healthy lifestyle, making healthy food choices, getting regular health check-ups, maintaining emotional wellness, and knowing pregnancy risks. A photo shows a woman in a blue shirt cutting lemons on a kitchen counter. The 'Frequently Asked Questions' section addresses 'What should I do if I'm in an abusive relationship?' with the answer: 'Call the Oklahoma Safeline @ 1-800-799-7233 (SAFE) for help.' The 'Related Topics' section includes 'Shape Your Future. Eat Better. Move More. Be Tobacco Free.' and 'Find a family planning clinic Men's health'. The 'What's New...' section lists updates like 'Celebrating National Women's Health Week: Empowering Women to Make Their Health a Priority!', 'Measure Up-being healthy before becoming pregnant PSA-English', 'Text4baby - FREE text messages to help keep you & your baby healthy!', 'Folic Acid Helps Prevent Birth Defects', 'Flu Information for Pregnant Women', and 'Free educational toolkit now online!'. The 'Contact Information' section provides details for the Perinatal and Reproductive Health Division, including the address (1000 N.E. 10th Street, Rm 905, Oklahoma City, OK 73117), phone number (405) 271-4476, and email (Jill Nobles-Botkin, M.S.N., A.P.R.N.-C.N.M., Administrative Program Manager). A search bar is located in the top right corner.



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?

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To learn more, visit our website at iio.health.ok.gov

Improving Infant Outcomes - Oklahoma State Department of Health - Windows Internet Explorer

http://www.ok.gov/health/Child_and_Family_Health/Improving_Infant_Outcomes/index.html

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Improving Infant Outcomes - Oklahoma State Depart...

OSDH Home > Child and Family Health > Improving Infant Outcomes

Preparing for a Lifetime Homepage

History of the Project

For Professionals

For Hospitals

Before and Between Pregnancy

Breastfeeding

Premature Birth

Infections That Affect Pregnancy

Depression After Pregnancy

Smoking and Pregnancy

Safe Sleep For Your Baby

Injury Prevention for Babies

Infant Mortality in Oklahoma

Frequently Asked Questions

Free Materials & Resources

Partners

County Health Departments

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/her 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

Contact Information:
Suzanna D. Dooley, M.S., A.R.N.P., Title V MCH Director
Oklahoma State Department of Health
1000 NE 10th Street, Oklahoma City, OK 73117
(405) 271-4480, email: Suzanna Dooley

Supported by Oklahoma Maternal and Child Health Services Title V Block Grant

Special Announcements
Get FREE messages each week to help you through pregnancy & baby's first year. Text BABY to 511411.

Frequently Asked Questions
Q: Is it safe to get immunizations while I'm pregnant?
A: A mother's immunity is passed along to her baby during pregnancy. Check with your healthcare provider about immunizations or call Oklahoma Immunization Service at 1-800-234-8198 or (405) 271-4073 to learn more.

Interesting Facts
A premature baby is born before the 37th week of completed pregnancy.
A full-term pregnancy lasts more than nine months - about 40 weeks or 280 days.

Related Topics
Oklahoma Tobacco Helpline

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Internet 75%

Resources

- American College of Obstetricians and Gynecologists. The importance of preconception care in the continuum of women's health care. ACOG Committee Opinion No. 313, September 2005, (Reaffirmed 2012)
- 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
- Lu, M. Recommendations for preconception Care, *American Family Physician*, August 1, 2007; Vol. 76, No. 3. Accessed at <http://www.aafp.org/afp/20070801/397.html> 9/2/09
- March of Dimes. Preconception health & healthcare. Accessed March 21, 2013: <http://www.marchofdimes.com/pregnancy/getready.html>
- Oklahoma Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics 2011-2013. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/OK2SHARE> on Sept 2017.