

## [Preconception Wellness and Healthcare: Can We Practice \(and Measure\) What We Preach?](#)

### **NEJM Journal Watch**

[Allison Bryant, MD, MPH](#) reviewing *Frayne DJ et al. Obstet Gynecol 2016 May.*

A CDC-led initiative has generated metrics for assessing preconception health.

Maternal care during pregnancy can yield limited improvement of outcomes that may be more influenced by women's health status at or before the beginning of pregnancy. Attention has therefore turned to improving preconception and interconception health as a means to drive better birth (and, ultimately, population) outcomes; however, lack of consensus about quality of preconception healthcare has challenged progress. Now, a public–private partnership assembled by the CDC has issued a set of nine agreed-upon process and outcome measures of preconception wellness.

Inclusion criteria included evidence to support the association between the metric and maternal and child outcomes, its consideration as a quality metric by major organizations, and its ease of collection. The measures are as follows:

- Pregnancy intention, evaluated at initial prenatal assessment with a validated tool
- Access to care
- Preconception use of multivitamins with folic acid
- Tobacco avoidance
- Absence of uncontrolled depression at first prenatal assessment
- Healthy prepregnancy body-mass index
- Absence of sexually transmitted infections at first prenatal assessment
- Optimal glycemic control
- Avoidance of known teratogens before conception

### **Comment**

The paradigm shift from reliance on *prenatal* care for improving birth outcomes to broadened appreciation for *preconception* care and wellness has been long in coming. Preconception care is facilitated by effective contraception because the latter allows women to determine when they conceive. To assess quality and equity of preconception care, measurable standards are essential — and this panel has selected feasible, meaningful metrics. Still, ultimate responsibility for preconception wellness remains nebulous: For example, who is accountable when high proportions of women in a community enter pregnancy at unhealthy weights? Improving preconception wellness will take a population-level approach. These metrics represent a valuable first step that I hope will be followed by alignment of meaningful incentives to keep the momentum going.

### **Editor Disclosures at Time of Publication**

- Disclosures for Allison Bryant, MD, MPH at time of publication Nothing to disclose

**Citation(s):**

1. Frayne DJ et al. Health care system measures to advance preconception wellness: Consensus recommendations of the Clinical Workgroup of the National Preconception Health and Health Care Initiative. *Obstet Gynecol* 2016 May; 127:863.  
(<http://dx.doi.org/10.1097/AOG.0000000000001379>)

[PubMed abstract \(Free\)](#)

- See more at: [http://www.jwatch.org/na41188/2016/05/03/preconception-wellness-and-healthcare-can-we-practice-and?query=topic\\_pregnancy&jwd=000101657588&jspc=#sthash.Ni3spqT0.dpuf](http://www.jwatch.org/na41188/2016/05/03/preconception-wellness-and-healthcare-can-we-practice-and?query=topic_pregnancy&jwd=000101657588&jspc=#sthash.Ni3spqT0.dpuf)