Preconception Care: Improving the Health Status of Women & Girls to Support Healthy Pregnancy
Home Visiting Conference  August 2016

Bureau of Epidemiology and Population Health
Division of Family & Community Health
Infant Mortality in Michigan is a Public Health Crisis

- 773 Michigan babies died in 2014\(^1\)
- #1 cause of infant mortality is Low Birth Weight/ Prematurity
- Improving the health of women of child bearing age before they conceive is essential to improving birth outcomes.

\(^1\) Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health.
Michigan vs. U.S.
Rates of Infant Mortality 2003-2013

Source: Centers for Disease Control and Prevention, National Center for Health Statistics
MI Resident Live Birth & Death Files, Division for Vital Records & Health Stats
Infant Mortality Race Rates MI 2000-2013

Per 1,000 live births


- American Indian
- African American
- Asian and Pacific Islander
- White
- Total
Infant Mortality Ethnicity Rates MI 2000-2013
Source: Vital Statistics Birth & Linked Infant Death Cohort (2009-2013) Map created by Sue C. Grady, PhD, MPH, MSU
Infant Mortality by Cause, MI 2010

- LBW/Prematurity: 24.2%
- Congenital Defect: 22.5%
- Related to Maternal or Birth Complications: 10.5%
- SIDS: 5.4%
- Accidents: 8.1%
- Respiratory: 6.1%
- Other: 23.1%

Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics
Prepared by: MDCH MCH Epidemiology Unit, 6/28/2012
Infant Mortality in Michigan

• Infant mortality is a critical indicator of the overall health & welfare of all Michiganders

• Top health priority for Governor Snyder

• Convened an Infant Mortality Summit and developed an Action Plan for 2012-2015

• This new Plan for 2016-2019 builds on the efforts and successes of that plan

• Nine key strategies are identified to address this complex issue while addressing health inequities
Michigan’s Infant Mortality Reduction Plan

1. Achieve health equity and eliminate racial and ethnic disparities by addressing social determinants of health
2. Implement a perinatal care system
3. Reduce premature births and low birth weight
4. Support increasing the number of infants who are born healthy and continue to thrive
5. Reduce sleep related infant deaths and disparities
6. Expand home visiting and other support programs to promote healthy women and children
7. **Support better health status of women and girls**
8. Reduce Unintended Pregnancies
9. Promote behavioral health services and programs to support vulnerable women and infants
Reducing Infant Mortality...Life Course Perspective

• “Social Determinants of Health” The circumstances in which people are born, grow up, live, work and age—shape individual behavior & choices that are available for healthy living

• A “Life Course Approach” sees health as a continuum across a person’s life— an interplay of social, economic, environmental & behavioral factors. It fosters a healthy start for mothers and babies & strong thriving families and communities to support health

www.citymatch.org
Strategy 1: Achieve Health Equity and Eliminate Racial/Ethnic Disparities by Addressing Social Determinants of Health

- Practices to Reduce Infant Mortality through Equity (PRIME) Kellogg funded project
  - Goal: To train staff to develop an equity lens and to create a training and practice models that incorporate health equity practices into all our work

- Completed first Native American Pregnancy Risk Assessment Surveillance to understand needs of high risk population and improve services to meet needs of ethnic and cultural environments

- Launched PRIME website to educate communities on health disparities & health equity practices to reduce infant mortality [www.michigan.gov/dchprime](http://www.michigan.gov/dchprime)

- Released first Michigan Health Equity status report to focus on, maternal & child health and influential social factors that affect reductions in infant mortality

- PRIME Health Equity Learning Labs
  - Each Women and Maternal Health Program developed a project incorporating equity in our work
  - Health equity focus in all work going forward
Strategy 2: Implement a perinatal care system that assure safe deliveries and improved care

In 2009 a group was convened to restore a regional perinatal system of care

- Created a report *Perinatal Regionalization: Implications for Michigan* which included 18 recommendations
- Resulted in Perinatal Regionalization as a major strategy in Michigan’s Infant Mortality Reduction Plan

**Perinatal Care System** is defined as a sustainable community integrated health care system of people, institutions and local resources for women and infants that promotes healthy birth outcomes and babies who survive and thrive.

**Perinatal period** is defined as the time beginning before conception and continuing through the first year of life (March of Dimes, TIOP II, 1993).

**Stakeholders in the System:** LHDs, Birth Hospitals, Providers, Health Plans, Community-based organizations, State Depts., Professional Organizations, Universities, Payers, Family Representatives, Advocacy Agencies & MDCH
**Strategy 3:** Reduce Premature births and low birth weight deliveries to improve the opportunity for babies to thrive

- Promote adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation

- Promote adoption of progesterone protocol for high-risk women to prevent preterm birth

- Promote tobacco Cessation including e-cigarettes, among pregnant women to reduce significant health risks to mother and baby.

[Link to more information](https://courses.mihealth.org/PUBLIC/home.html)
Strategy 4: Support Infants who are Born Healthy to Continue to Thrive by Supporting Families and Safe Communities

- Promote involvement of fathers and males
- Identify child abuse & neglect risk and link to services to assure children are safe and protected
- Promote breast feeding initiation and duration and reduce disparities by encouraging all mothers
- Promote family centered medical homes and well child visits including immunizations
- Promote Newborn Screening with follow-up care and linkage to services
- Promote sickle-cell disease treatment during infancy
- Promote infant oral health
Strategy 5: Reduce Sleep Related Infant Deaths and Disparities

- MDHHS staff drafted legislation to raise awareness of safe sleep. The Infant Safe Sleep Act went into effect in August 2014. Requires hospitals to provide safe sleep education to parents after birth and prior to discharge.
- Created media presentations, PSA’s and radio ads to raise awareness about safe sleep.
- Provides infant safe sleep education and resources to community partners serving parents and caregivers includes hospitals, LHDs, WIC, DHS, & CDR teams.
- “Baby Safe Sleep Kits” distributed to new parents at Hutzel, Henry Ford Main & Spectrum hospitals.
- “Safe Sleep Toolkit” distributed to providers, Children’s Trust Fund, LHDs, Early On, local FIMRs, & other service providers.
- Safe Sleep Website provides resources, materials & On-line safe sleep training for child care providers (www.michigan.gov/safesleep)
**Strategy 6: Expand Home Visiting and Other Support Programs to Promote Healthy Women and Children**

Public Act 291 of 2012 required Michigan’s funding for home visiting go to support evidence-based/promising programs. Mandates home visiting programs track and report outcomes. MDHHS produces an annual *Home Visiting Initiative Report* as a result of collaborative efforts across agencies and departments.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is federal funding that provides grants to expand evidence-based home visiting systems. In Michigan MIECHV funding supports expansion of high-quality, evidence-based programs in 11 highest need communities

- Secured federal grants to expand and continue evidence-based programs
- Home visiting models implemented are proven to improve the lives of children and families.
- Serves pregnant women and families with children from birth to age 5
- Focuses on families at risk because social determinate risk factors

Maternal Infant Health Program (MIHP) is the largest prenatal and infant home visiting program in Michigan

- MIHP promotes healthy pregnancies, positive birth outcomes, and healthy infant growth and development
- Focuses on the health and well-being of Medicaid eligible pregnant women and infants
- Recent research has documented improved outcomes, including reduction in low birth weight (LBW) and preterm births*
- Expanded sites, includes 150 providers with 65 in SE MI
- MIHP meets the criteria as an evidence-based home visiting program under PA 291

*JAMA Pediatrics and Journal of Preventive Medicine*
Strategy 6: Support better health status of women and girls

- Obtained teen health grant to offer support services for pregnant and parenting teens in high need communities
- Held first Perinatal Oral Health Conference and developed state level perinatal oral health action plan for preconception, prenatal, and post partum women. -- “tooth fairy” PSA
- Offered tobacco quit line and provider training on prenatal quit smoking interventions
- Preconception health PSAs launched during September and October 2015 statewide on Pandora and radio stations “A Message From Your Future Baby”
  - Encourages well woman care to ensure healthy pregnancies & babies
  - Well woman visits/ preconception and inter-conception health
- Preconception and Postpartum care data collection
- Fetal Alcohol Spectrum Disorders (FASD)
- Alcohol prevention campaign
- Healthy Michigan Plan— increased access to women’s care
Strategy 8: Reduce Unintended Pregnancies

Planned pregnancies good for maternal and family health and birth outcomes.

- Access to effective family planning services and contraceptives
  - Reproductive life plan
  - Healthy birth spacing
  - Intendedness of pregnancy
  - Health education & counseling
  - Preconception health care
    - health status screening
    - folic acid intake
    - referrals for needed care
    - prevention and cessation messages about alcohol, smoking and drug use

- 72,312 people served through Family Planning Program (CY 2015)
- Served 4,288 youth and 701 parents via teen pregnancy prevention programming throughout state and 215 teen parents and partners received case management services (FY 2015)
- MI teen birth rate (21.1 per 1,000 girls age 15-19) down by 11% among (2013-2014)

The national campaign.org state data. Teen Pregnancy Prevention & Parenting Program (MI-APPP)
Supporting the health status of women and girls by promoting preconception and interconception care

Maintaining wellness during the entire life course to infant mortality
What Do We Mean by Preconception and Interconception Health Care?

• Preconception health refers to the health of all women and men before conception, however our focus mainly on women
  – Taking steps to protect future health and the health of a future baby
    • Throughout their reproductive years
    • Whether or not they are planning a pregnancy
  • Interconception health refers to the health of the mother and supporting optimal birth spacing to protect the health of future babies

• Goal of Preconception and Interconception health care is to combine quality medical care, healthy behaviors, strong social support, and safe environments to improve overall health
  • Reducing physical, emotional, mental and oral health risk factors
  • Focusing on health of the mother as well as infant health
  • Supporting optimal birth spacing (18 months)
  • Care is based on the unique needs of each individual
Why is Preconception Health Important?

- Too many babies in the U.S. are born preterm, of low birth weight or with birth defects
- Too many pregnancies in the U.S. are unintended pregnancies and face increased risks of poor pregnancy outcomes
  - Approximately ½ of all pregnancies in the U.S. are unintended
  - Unintended pregnancy is associated with increased risk for mother and baby
  - By the time prenatal care starts, it may be too late to prevent unfavorable pregnancy outcomes
- Improving the health of women of childbearing age, before conception is essential to improving birth outcomes
- Too many women lack preventative health and social services that could improve their health and well-being prior to pregnancy
- Too many women face barriers such as violence, poverty and unsafe environments that impede their well-being
Why is Interconception Health Important?

- Many women who have given birth to preterm or low birth weight babies, or babies with birth defects are at increased risk of having future babies with these pregnancy outcomes.
- Too many women lack health care and social and emotional support following an adverse outcome such as infant death, fetal loss, birth defect, low birth weight or preterm birth.
- Too many women miss post-partum care appointments and lack contraceptive care following pregnancy and remain at risk of an unintended pregnancy or a too closely spaced pregnancy.
- Too many new mothers face barriers such as violence, poverty, and unsafe environments that impede their care and well-being.
- Focusing on the health of mothers between pregnancies is essential to improving future birth outcomes.
Essential elements of Preconception and Interconception Care Services

Preconception Care

• Assure quality health care and optimal health status for all women and men of reproductive age

• Reproductive Life Plan should be part of every health care visit for every woman

• Family planning services are essential preconception care
  – Deciding if and when to become pregnant
  – Deciding what actions need to be taken to increase the chances of a healthy woman, healthy pregnancy and healthy babies
  – Preventing unintended pregnancy

• Referrals for needed support

Interconception Care

• Quality post partum care and follow up is essential to well woman care

• Support for desired spacing and intendedness of subsequent pregnancies

• Home visiting support can be essential to interconception care

• Referrals for needed support
How do we integrate this concept into a routine visit?

Reproductive Life Plan

* Do you have any children?
* Do you want to have (more) children?
* How many (more) children would you like to have and when?

History & Assessment

* Height, Weight and BMI
* Chronic Health issues
* Smoking
* Mental Health issues
* Sexual Health
* Violence
* Substance abuse
* Reproductive Health
* Immunizations
Reproductive Life Plan
Sample Questions for Providers to ask:

• Do you plan to have any (more) children at any time in your future?
  – If yes, ask:
    • How many children would you like to have?
    • How long would you like to wait until you or your partner become pregnant?
    • What family planning method do you plan to use until you or your partner are ready to
      become pregnant?
    • How sure are you that you will be able to use this method without problems?
  – If no, what are you planning to do to prevent becoming pregnant (again)
    • What family planning method will you use to avoid pregnancy?
    • How sure are you that you will be able to use this method without problems?
    • People’s plans change. Is it possible you or your partner could ever decide to become
      pregnant?
  – Is your partner in agreement with you on this?

Adopted from CDC
Preconception Health

- Reproductive life planning
- Sexual health

**Female Medical History**
- Reproductive history
- History of poor birth outcomes
- Environmental exposures
- Hazards and toxins
- Medications that are known teratogens
- Genetic conditions
- Family history

**Male Medical History**
- Medical and surgical history that might impair reproductive health
- Environmental exposures
- Hazards and toxins

- Intimate partner violence
- Alcohol and other drug use
- Tobacco
- Immunizations
- Depression
- Diabetes
Preconception care should begin at least 3 months before you get pregnant. But some women need more time to get their bodies ready for pregnancy. Be sure to discuss the partner’s health too.

- Client age
- Ways to improve overall health such as healthy weight, healthy food choices, being physically active, caring for teeth & gums, reducing stress, quitting smoking, and avoiding alcohol
- How to avoid Illness
- Hazards in your workplace or home that could harm you or baby
- Health problem that run in your or your partner’s family
- Problems you have had with prior pregnancies, like pre-term birth
- Family planning and birth control
- Taking folic acid
- Vaccines and screenings you may need, such as Pap test and checks for sexually transmitted infections (STIs), including HIV
- Managing chronic health problems such as diabetes, high blood pressure, thyroid disease, obesity, depression, eating disorders or asthma
- In view of recent Zika concerns, discussing travel history and/or travel plans for your client and partner
What is ZIKA???

Zika is a virus spread to people primarily through the bite of an infected Aedes species mosquito. People can also get Zika through sex with an infected man, and the virus can also be passed from a pregnant woman to her fetus. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don’t get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. However, Zika virus infection during pregnancy can cause a serious birth defect called microcephaly, as well as other severe fetal brain defects. Once a person has been infected, he or she is likely to be protected from future infections.
Zika Key Messages – population of greatest concern:

- Pregnant women – infection at conception or during the pregnancy
- Women of reproductive age – since 37% of pregnancies are unplanned
Zika Statistics

- Zika Virus Disease Cases Reported to ArboNET*
  - US States and DC: 756
  - US Territories: 1,440

- Pregnant Women with Any Lab Evidence of Zika Virus Infection*
  - US States and DC: 234
  - US Territories: 189

*Source: Pregnancy Registries as of June 9, 2016
Recommendations: Pregnant Women and Their Male Partners

- Applies to couples when the man has traveled to or resides in an area with active Zika virus transmission

- Couples in which a woman is pregnant – use condoms consistently and correctly or abstain from sex for the duration of the pregnancy (sex includes vaginal, anal, and oral sex)

- This is the strongest recommendation and does not change
Zika Reproductive Recommendations

- Women diagnosed with ZIKV disease should wait at least 8 weeks after symptom onset to attempt pregnancy.
- Men diagnosed with ZIKV disease should wait at least 6 months after symptom onset to attempt pregnancy.
- Asymptomatic women and men with possible exposure to ZIKV should wait at least 8 weeks after exposure before attempting pregnancy.
- Couples should use a condom every time they have sex or not have sex during the pregnancy if the male partner has or is at risk for Zika virus infection.
Examples of how women of reproductive age can benefit from reduced risk for chronic disease

- If overweight and obese women reduced their weight to a normal level before pregnancy, the number of women with gestational diabetes could be reduced by almost 50%.

- If all women were of normal weight, exercised daily, and maintained a healthy diet, the number of women with hypertension could be reduced by approximately 50%.

- If all pregnant smokers quit smoking, as many as 5%–8% of preterm infants, and 13%–19% of term low birth weight infants could be born a normal weight.

- If all pregnant smokers quit smoking, as many as 23%–34% of infant deaths from SIDS and 5%–7% of infant deaths from preterm births could be prevented.
How are we doing with Preconception Care in Michigan?

Snapshot of preconception health behaviors during the 12 months before conception, from MI PRAMS 2009

- Had Teeth Cleaned: 58.4%
- Exercising 3+ Days per Week: 37.4%
- Provider Advised on Healthy Pregnancy: 30.1%
- Dieting to Lose Weight: 26.4%
- Talked About Family Medical History: 25.3%
- Regular Prescription Medicines: 24.0%
Topics Covered by Health Care Providers Reported by the 30% of women who received Preconception Counseling

- Folic acid (A): 79.9%
- Alcohol (J): 67.6%
- Medicines (H): 64.7%
- Smoking (I): 64.7%
- Healthy weight (B): 62.6%
- Illegal drugs (K): 62.4%
- Dentist/hygienist (D): 38.4%
- Vaccines updated (C): 35.5%
- Control conditions (F): 27.6%
- Genetic counseling (E): 24.6%
- Depression/anxiety (G): 19.4%

MI PRAMS 2010

CDC Recommendations

- The Centers for Disease Control and Prevention (CDC) has developed recommendations based on a review of published research and the opinions of specialists from the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care.

- The recommendations are aimed at achieving four goals to:
  - Improve the knowledge and attitudes and behaviors of men and women related to preconception health.
  - Assure that all women of childbearing age in the United States receive preconception care services (e.g., evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health.
  - Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children.
  - Reduce the disparities in adverse pregnancy outcomes.
Recommendations

1. **Individual Responsibility Across the Life Span**
   Each woman, man, and couple should be encouraged to have a reproductive life plan.

2. **Consumer Awareness**
   Increase public awareness of the importance of preconception health behaviors and preconception care services.

3. **Preventive Visits**
   As a part of primary care visits, provide risk assessment and educational and health promotion counseling.

4. **Interventions for Identified Risks**
   Increase the proportion of women who receive interventions as follow up to preconception risk screening.

5. **Interconception Care**
   Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (e.g., infant death, fetal loss, birth defects, or preterm birth).

6. **Pre-Pregnancy Check-Ups**
   Offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy.

7. **Health Insurance Coverage Women with Low Incomes**
   Increase public and private health insurance coverage for women with low incomes.

8. **Public Health Programs and Strategies**
   Integrate components of preconception health into existing local public health and related programs.

9. **Research**
   Increase the evidence base and promote the use of evidence to improve preconception health.

10. **Monitoring improvements**
    Maximize public health surveillance and related research mechanisms to monitor preconception health.

Link to full report published on April 21, 2006 by the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm)
Quality Family Planning (QFP) Recommendations

The QFP Recommendations Integrate and Fill Gaps in Other Guidelines for the FP Setting. [Link](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w#Fig1)
The Title X Family Planning program had provided access to a broad range of family planning and related preventive services to low-income, uninsured individuals for more than 40 years.

- Title X tenants:
  - Low-cost services on a sliding fee scale
  - Services are provided regardless of ability to pay
  - Provide culturally competent services
  - Assure dignity and respect to clients
  - Assure confidentiality to all clients
  - Adolescent services are confidential
  - Focus on education and counseling
  - Assure client choice
Michigan’s Title X Program has Provided Family Planning services throughout the state for over 40 years located in health departments Planned Parenthood clinics, and other non-profit agencies
Contraceptive Methods [www.bedsider.org]
www.bedsider.org
EFFECTIVENESS OF FAMILY PLANNING METHODS*

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

MOST EFFECTIVE

Less than 1 pregnancy per 100 women in a year

Implant

0.05%

Intrauterine Device (IUD)

0.2% LNG
0.8% Copper T

PERMANENT STERILIZATION

Female

(Abdominal, Laparoscopic, and Hysteroscopic)

0.5%

Male (Vasectomy)

0.15%

REVERSIBLE

Get repeat injections on time.

Injectable

6%

Take a pill each day.

Pill

9%

Keep in place, change on time.

Patch

9%

Use correctly every time you have sex.

Ring

9%

Diaphragm

12%

REVERSIBLE

Condoms should always be used to reduce the risk of sexually transmitted infections.

Male Condom

18%

Female Condom

21%

Withdrawal

22%

FERTILITY AWARENESS-BASED METHODS

Abstain or use condoms on fertile days.

Sponge

12% Nulliparous Women
24% Parous Women

Spermicide

28%

Project Examples

• Kent County Interconception Care Program
  – The IC Program identifies women with an adverse pregnancy outcome and offers comprehensive interconception care to reduce the risk of another poor pregnancy outcome.
    • Provides services to help high-risk women achieve optimal health before becoming pregnant again
    • Services: Conducts Interconception Care Risk Screening; develops care plans; and provides case management, education, counseling and referrals related to risks
    • Provides client services for up to 18 months and tracks outcome data
    • Focus of IC services are on the health of the mother, as opposed to other home visits that focus mostly on the baby
  – The goal of the IC Program is to decrease African American infant mortality using an interconception care model designed to achieve:
    • Fewer preterm births
    • Fewer low birth-weight babies
    • More planned pregnancies
    • More pregnancies with 18 month birth spacing
Kent County Interconception Care Program

• **Program eligibility:** Women are enrolled in the program and considered high-risk if they had a pregnancy outcome that resulted in one of more of the following:
  – Preterm birth (<37 weeks gestation)
  – Low birth-weight baby (<5.5 pounds)
  – Stillbirth or miscarriage after four months of pregnancy
  – Infant death
  – Women can be in the program for up to 18 months

• **History of the IC program development**
  – Received MDCH funding that led to implementing an Interconception Care Program
  – Focus is on addressing infant mortality racial disparities between African American and White infants in Kent County
  – KCHD engaged community stakeholders and infant health coalition to continue the program after MDCH funding ended.
  – Developed program & training based on evidence-based IC programs and interventions
    • Interconception Health Promotion Initiative in Denver, CO and the Interpregnancy Care Program at Grady Memorial Hospital in Atlanta, GA)
    • Life Course Model and the 12 Point Plan to reduce disparities in maternal, child & adolescent health
  – Given initial successes, MDCH is supporting an evaluation of this innovative program
Kent County INTERCONCEPTION CARE Program

Who’s in the Interconception Care (IC) Program?

- 46% African American/Black
- 19% Hispanic
- 29% White

IC clients are between pregnancies.

Pregnancy risk factors before entering the IC program:

- 53% Uninsured
- 74% Medicaid
- 76% Unmarried
- 74% Unplanned Pregnancy
- 44% Mental Health Issues
- 27% Smoked Cigarettes

During Pregnancy:

- 51% had an infection
- 27% had a chronic illness
- 10% Domestic Violence
- 15% Used Marijuana
- 12% Used Alcohol

Pregnancies resulted in:

- 25 IC clients experienced infant deaths or stillbirths
- 8 IC clients had miscarriages after the fourth month of pregnancy
- 89.5% of infants born to IC clients were pre-term and/or low birth weight

IC Program Interventions:

- Health Education
- Dental Care
- Social Support
- In-Home Health Visits
- Referrals
- Family Planning
Kent County Interconception Care Program Outcomes

https://www.accesskent.com/Health/HealthPromo/infant_health.htm

Since being in the IC program the 58 subsequent births were, on average, healthier.

Birth outcomes before IC program
- 44.8% NICU Admissions
- 3.9 lbs Average Birth Weight
- 31.6 weeks Average Gestational Age

Birth outcomes after IC program
- 12.1% NICU Admissions
- 6.1 lbs Average Birth Weight
- 36.7 weeks Average Gestational Age
Before, Between and Beyond Pregnancy

Pre/ Interconception Care Information

www.beforeandbeyond.org
Helping clients develop a Reproductive Life Plan is the starting point.
Show Your Love is a national campaign designed to improve the health of women and babies by promoting preconception health and healthcare. The campaign’s main goal is to increase the number of women who plan their pregnancies and engage in healthy behaviors before becoming pregnant.
Action Plan

Resources for male/father involvement

Fatherhood.gov

The Key Components of Preconception Health

We have prepared special categories of resources that correspond to the key components of preconception health. Click one to begin:

- Healthy Body
- Healthy Mind
- Healthy Environment

For Men

Preconception health is important for men as well. Being healthy is important for your fertility, supporting your partner, and being a good role model.

Browse this part of the site to learn about important factors that influence men's health.
Additional Resources

Effective Strategies for Promoting Preconception Health—From Research to Practice
http://ajhpcontents.org/doi/full/10.4278/ajhp/27.3.c1

- www.michigan.gov/infantmortality
- www.michigan.gov/familyplanning
- www.michigan.gov/mihp
- www.michigan.gov/teenpregnancy
- www.michigan.gov/dchprime
- www.michigan.gov/fasd
- www.migrc.gov

CDC recommendations to improve preconception health
http://www.cdc.gov/preconception/hcp/recommendations.html

Life Course Model; 12 Point Plan to reduce disparities in maternal, child & adolescent health
http://cchealth.org/lifecourse/pdf/12_point_plan_fact_sheet.pdf

Kent County Interconception Care Program
https://www.accesskent.com/Health/HealthPromo/infant_health.htm
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