

The early years: what practitioners and policymakers need to know

Early years briefing

BRIEFING PAPER 2: PRECONCEPTION (PRE-PREGNANCY) HEALTH

Why is preconception health important?

The children and young people with whom you work have been shaped by multiple factors, from their family/community background to significant life events. Some of these major influences (such as loving parenting or good nutrition) are positive, while others (such as poverty or child abuse/neglect) are negative.

Preconception health is an often overlooked, but crucial, factor that affects the wellbeing, behaviour, learning and life chances of children and young people. The chain of logic here is straightforward: (1) preconception planning, preparation and health care can make a positive difference in the health of women before pregnancy; (2) the health and wellbeing of the mother at the time of conception is a powerful predictor of the course that the pregnancy will take; (3) what happens during pregnancy determines birth outcomes; and (4) unwelcome birth outcomes, such as birth defects, premature birth and/or very low birth weight, can have lifelong negative consequences for the child's growth and development.

The idea that healthy mothers are far more likely to give birth to healthy babies has been proven by recent research.¹ The promotion of preconception health in girls and women of childbearing age is an excellent way to improve their own health and is especially valuable for those women who are at particular risk of experiencing difficulties during pregnancy.

This is an important topic for Scotland's children's sector workforce for three reasons: (1) better preconception health can be

achieved; (2) much of the prevention work could and should be carried out by this workforce as it does not require specialized medical knowledge, training or credentials; and (3) promoting the benefits of good preconception health will improve children's lives, reduce human costs and diminish the pressures on public funds to deal later with problems that could have been prevented.²

Three different strategies and audiences for preconception health

Helping women to be as healthy and ready for pregnancy as possible can be achieved, but there is not a 'one size fits all' way to accomplish this goal. The relevant research from the UK, Europe and, especially, North America suggests three broad categories in which Scotland's children's sector workforce can undertake meaningful work.^{1,3}

1. Promote the general health and wellbeing of all girls and young women

Encouraging and supporting healthy habits, attitudes and behaviour is a task that requires the active engagement of parents, educators, early years providers and the community. It is compatible with the goals of Scottish child policies, including the Early Years Framework, the Curriculum for Excellence and Equally Well. The latest relevant Scottish survey of the health behaviours of students offers both grounds for hope and a spur to action.⁴

2. Reduce the number of unplanned pregnancies and

increase use of family planning services

Secondary school educators, youth workers, sexual health counsellors and others who work with young people and their partners/families have constructive roles to play. Their help is required because Scotland currently has one of the highest rates of unplanned pregnancies in Europe.⁵ Contraception is a key part of preconception health because an unplanned pregnancy eliminates the possibility of early pregnancy care.⁶ For many pregnant women in Scotland, no meaningful consultation occurs before the first booking appointment with a midwife at 10-12 weeks (by which time a remarkable amount of the child's development has already taken place).

3. Address the specific needs of women with pre-existing health problems

Problem drinking, smoking or drug use (as well as such medical conditions as diabetes, depression heart problems, stress or obesity) are better treated and controlled before conception. Similarly, to cite one of numerous examples, being vaccinated against rubella (German measles) prior to becoming pregnant is a good preventative measure against serious birth defects, but vaccination is not an option during pregnancy. Some medications that are considered safe under normal circumstances can pose health risks to pregnant women.

Maternity services and antenatal care remain absolutely essential to positive birth outcomes and, thereby, to child wellbeing. The Scottish Government has recently reviewed and refreshed its maternity and antenatal policies in a variety of

helpful and promising ways, including recognition of the significance of pre-pregnancy health.⁷

Next steps that should be taken by Scotland's children's sector workforce

There are approximately 250,000 adults throughout Scotland who work with children and young people.⁷ Those who work with young children may also have contact with and influence on the mothers/fathers/carers of these children. Those working with teenagers have a variety of formal and informal opportunities to convey accurate messages about the meaning and value of preconception health to this key audience. There are three priorities for the workforce.

Find out more about preconception health and share what you learn

The references and links provided in

this early years briefing offer a wealth of helpful, accessible and enlightening resources about this field.

Remember that the essential elements of preconception health involve a set of clear 'dos and don'ts'

In the months leading up to pregnancy, it is important for women who are likely to become pregnant to:

- stop drinking alcohol, smoking, taking street drugs and being exposed to environmental health hazards^{1,3,9}
- check on immunisations, prescription medications, treatment and activities that may need to be changed if/when pregnant¹
- start getting to a healthy weight, taking folic acid supplements (to prevent spina bifida and other neural tube disorders), and receiving genetic counselling (if there are concerns).^{1,3,9,10}

Initiate or encourage one action in your organisation that will raise awareness, increase understanding or result in better preconception health

These range from holding a 'prospective parents' workshop to helping someone join a health promotion group (e.g. weight reduction or smoking cessation).

Healthy, happy babies, who will have a good chance of growing up to become successful learners, confident individuals, responsible citizens and effective contributors, is a shared goal of virtually all current and future mothers and fathers. Therefore, preconception health and health care is not exclusively a women's issue. Men can be part of the problem or part of the solution. Most importantly, men should be encouraged to participate positively in affecting birth outcomes that can strongly influence child wellbeing.

If you have any comments about this briefing or suggestions about professional practice or strategy, then please contact: Sara Collier at: scollier@childreninscotland.org.uk or on 0131 222 2412.

This document is one in a series of Children in Scotland briefings that highlight issues, research or areas of policy that have a particular impact on children's early years and on the diverse workforce that provides services for this group. This work is supported through grants from Esmée Fairbairn Foundation and the Scottish Government's Child and Maternal Health Division.

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References and notes

1. See background documents for, and recommendations of, the First European Congress on Preconception Care and Preconception Health, Brussels, 2010. www.preconception2010.one.be. See also the extensive research references cited in: D.L. Broussard *et al.* (2011) Core state preconception health indicators. *Maternal and Child Health Journal* **15**(2), 158-168. See also, Standards 1 and 2. In: *Standards for Maternity Care* (2008) A joint publication of the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, London.
2. Mangham L. *et al.* (2009) The cost of preterm birth throughout England and Wales. *Pediatrics* **123** (2), e312-e327.
3. See, for example, the diverse range of articles in two recent special issues of medical journals dealing with preconception health and health care: <http://www.mombaby.org/index.php?c=3&s=62&p=481>. See also: ACOG Committee on Gynecologic Practice, (2005) Committee Opinion 313: The Importance of Preconception Care in the Continuum of Women's Health Care.
4. Currie, C. *et al.* (2011) *HBSC Scotland National Report: Health Behaviour in School-aged Children*. CAHRU/University of Edinburgh. http://www.education.ed.ac.uk/cahru/publications/reports_downloads/HBSC_National_Report_2010_LowRes.pdf
5. Respect and Responsibility: A Strategic Action Plan for Sexual Health. See: <http://www.scotland.gov.uk/topics/health/health/sexualhealth/respect>
6. 'Early pregnancy' refers to the weeks/months between conception and the first booking appointment with a midwife to confirm pregnancy and to start maternity services and antenatal care. For ease of reading, only the term 'preconception' will be used, but the relevance of early pregnancy is implicit and undiminished. See, for example, Meyer U. *et al.* (2007) The neurodevelopmental impact of prenatal infections at different times of pregnancy: the earlier, the worse? *Neuroscientist* **13** (3), 241-256.
7. See, for example, the 2011 Refreshed Framework for Maternity Care in Scotland at: <http://www.scotland.gov.uk/Publications/2011/02/11122123/0>
8. Children in Scotland (2008) *Working it out: developing the children's sector workforce*. Children in Scotland, Edinburgh.
9. On tobacco, see: Action on Smoking and Health (2010) *Fact Sheet: Smoking and Reproduction*. Also see: Royal College of Physicians (2010) *Passive Smoking and Children*. On alcohol, see: British Medical Association (2007) BMA Board of Science, *Fetal alcohol spectrum disorders*, as well as US Centers for Disease Control and Prevention at: <http://www.cdc.gov/ncbddd/fasd/index.html>
10. Stotland N.E (2008) Practice obesity and pregnancy. *British Medical Journal* **337**, a2450. See also, Centre for Maternal and Child Enquiries (CMACE) (2010) *Obesity in Pregnancy*. Royal College of Obstetricians and Gynaecologists, London. For folic acid research, see also, www.spinabifidaassociation.org and www.ssba.org.uk