AMCHP/CityMatCH Women's Preventive Health Framework

Part 1 - AMCHP/CityMatCH Women's Preventive Health Agenda Overview

Introduction

With funding from the Centers for Disease Control and Prevention's Division of Reproductive Health (DRH) and the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), AMCHP and CityMatCH aim to build state and local capacity to promote safe motherhood and enhance women's health before, during and after pregnancy. To address this important goal, the two organizations have formed a Women's Health Partnership to explore how to build the knowledge base, gather promising strategies, develop tools and influence policies to improve health for women of reproductive age. We aim to identify unique opportunities for state and local MCH programs to improve women's health during preconception and interconception periods. Initial efforts will focus on how to achieve healthy weight in women of reproductive age.

This paper outlines a number of factors that influence women's health and which must be considered when developing a Women's Preventive Health Framework. We have selected the preconception and interconception periods as vital elements of women's reproductive well-being. For purposes of the partnership, the terms "preconception" and "interconception" are specific periods of time when preventive clinical and community health interventions may be effective. This paper lays out a framework for improving preconception and interconception health. We introduce relevant conceptional frameworks and outline our guiding principles, assumptions and possible activities associated with this work to improve the health of women of reproductive age. Finally, we offer compelling evidence to support the decision to focus on healthy weight prior to pregnancy to improve the health of women and promote safe motherhood.

We believe that using research to develop a woman-centered, preventive and lifespan-based approach will help achieve our goal of assuring the health and well-being of all women. Our approach to women's health uses a lifespan and a multiple determinants-of-health focus, taking into account the connection between pregnancy and the larger context of women's lives and overall well-being. Both our members and the scientific evidence support this shift to a more comprehensive, preventive approach to women's health.

Program Priority Areas for Women's Preventive Health

Cities, states and territories are currently working on many common issues in women's health through direct services, advocacy, education, and data and monitoring. Consistent with traditional MCH programs, many issues directly relate to reproduction and pregnancy (e.g., family planning, perinatal care[1]). Cancer, smoking cessation and HIV/AIDS prevention are also priority issues for members. Although family planning and perinatal outcomes still rank high on the list, racial and ethnic health disparities, mental health, domestic violence and obesity are also ranked as high priorities for AMCHP and CityMatCH members.[1]

In order to improve the health of women, several interrelated priority areas require attention. AMCHP has identified four broad categories for future efforts in women's health: reproductive and maternal health; injury and chronic conditions; healthy lifestyles; and health disparities. Other ongoing priorities include improving access to and financing for women's health

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services. These areas were selected through research and AMCHP member demand, and overlap substantially with needs identified by City**M**at**CH** members.

Reproductive and Maternal Health

Comprehensive reproductive health services, including preconception and interconception care, are important for all women, regardless of reproductive intent or ability. For many women, reproductive health visits may be their first or only entry into the health care system. These visits provide a critical opportunity for preventive care and early detection and treatment of conditions such as obesity, high blood pressure and cholesterol, depression, diabetes, breast and cervical cancer, HIV/STDs, and interpersonal violence or substance use.

Injury and Chronic Conditions

Women experience a significant amount of injury and chronic disease during their reproductive years and beyond; poor and minority women are especially at risk.[2] Two to three women die in the U.S. every day from pregnancy complications, and over 30 percent of pregnant women — nearly 1.2 million women each year —experience some type of illness or injury during childbirth beyond what would be expected in a normal delivery.[3] [4] Domestic homicide is a leading cause of death for pregnant and recently pregnant women.[5] In terms of chronic conditions, heart disease is the leading cause of death for women in the U.S. Chronic mental illness also affects women at a much higher rate than men and can have equally disabling and devastating effects.[6] Twice as many women compared to men experience major depression during their lifetime.[7] In addition, postpartum depression is known to affect roughly 10 percent of women and can have very serious effects on new mothers and their babies.

Healthy Lifestyles

Health issues often associated with women's lifestyle choices and environments, such as smoking, healthy weight and exercise are key to women's well-being. Tobacco-related disease is the largest preventable cause of death among women in the U.S. Cigarette smoking is associated with a number of chronic conditions, including heart disease and stroke, lung cancer and asthma, as well as miscarriages, low birthweight and sudden infant death syndrome. Nutrition is essential for growth and development, health, and well-being. Obesity has become a priority public health issue and is directly related to nutrition and exercise patterns. Nutritional or dietary factors contribute substantially to the burden of preventable illnesses and premature deaths, including four of the ten leading causes of death: coronary heart disease, some types of cancer, stroke, and type 2 diabetes.[8] On average, physically active people outlive those who are inactive. Regular physical activity also helps to reduce the risk of certain chronic disease and enhances the quality of life for people of all ages[9].

Health Disparities

Mounting evidence illustrates that significant health disparities exist for women of racial and ethnic minority groups in the U.S., including immigrant women. The maternal death rate for black women has been three to four times higher than for whites since 1940.[10] Disparities also exist for many women in rural areas. Rates of heart disease, high blood pressure, and cancer tend to be higher among adult women in non-metropolitan statistical areas (non-MSA).[11] Women ages 18 and older in non-MSAs also report higher rates of smoking and less regular physical activity than their urban counterparts.

Both AMCHP and City**M**at**CH** members have expressed the need for improved data collection relative to minorities; greater distribution and diversity of public health professionals; and more research into the underlying social and economic causes of disparities, to help develop more effective interventions.

Access and Financing

Women must have access to quality information and resources, as well as affordable, quality health care services. Both AMCHP and City**M**at**CH** members have identified access needs for women in the areas of family planning, mental health and prescription coverage. They have also indicated a lack of funding within their departments for women's health activities related to alcohol and drug use, domestic violence, mental health, oral health, physical activity, racial and ethnic health disparities, and rural health disparities. Medicaid coverage and reimbursement policies and Title X and Title V funding levels are of special concern.

In summary, there are many compelling issues to address within the context of preventive health for women. Our organizations have consulted the scientific literature and our members to identify key areas that need to be translated into practice. Our comprehensive approach calls for us to address several factors at once. A sole focus on reproductive health would result in missed opportunities for promoting other aspects of women's health, so when possible we will also address injury and chronic conditions, healthy lifestyles, health disparities, and access to and financing of heath services.

Part 2 - Women's Preventive Health Frameworks

Introduction

Organizing the massive amount of information about what factors influence the health of women and affect pregnancies is a challenge. A life-course

[1] Perinatal care in this paper is defined as care provided for both women and infants from the 28th week of pregnancy to 28 days postpartum.

health development framework offers a way of examining the impact of early life experience on later health. This framework helps explain how both individual and population health develops and is determined by interactions between biological and environmental factors over a woman's lifetime.[12]

Two frameworks in particular have influenced AMCHP's and City**M**at**CH**'s thinking regarding promoting preconception and interconception health for women. Each framework takes a lifespan perspective and recognizes that powerful influences shape maternal health and birth outcomes years before pregnancy actually occurs. These complementary frameworks challenge those vested in improving maternal health and birth outcomes to consider the entire span of a woman's life, not just the immediate preconception and prenatal periods.

Preparing for Pregnancy - A Lifespan Perspective

We know that a number of steps can be taken to help improve maternal and birth outcomes prior to pregnancy, but we also know most pregnancies are unintended. It is challenging to incorporate behaviors associated with positive pregnancy outcomes if a woman is not planning on becoming pregnant. Part of the answer is to encourage women and couples to actively plan their pregnancies. Another answer is to encourage lifelong good health for women by promoting positive behaviors and reducing those that are negative. This approach improves a woman's opportunity for overall health, enhances positive birth outcomes, and reduces the chances of chronic illness later in life.

A number of researchers suggest that improvements in perinatal health will only occur if we look at women's health from a lifespan perspective and view the preconception period as much longer than the period three to six months prior to pregnancy. Misra contends that improving perinatal health will require looking at a woman's overall health, regardless of her reproductive status or plans.[13] Moos indicates that rather than targeting care to women based on pregnancy status or desires, health promotion and disease prevention should be integrated into a continuum of care throughout the life cycle. She argues that higher levels of women's wellness will be achieved when an integrated continuum approach to women's health is adopted rather than viewing health as a series of episodic events.[14] Lu proposes that to reduce racial disparities in birth outcomes, we must examine women's differential exposures to risk and protective factors not only during pregnancy, but over the life course. He suggests that eliminating disparities will require interventions and policy development that take into account the lifespan and the conditions that influence women's health.[15] Research on the health of women after childbirth also supports rethinking the scope and duration of maternal health promotion. Areas for enhanced maternal health promotion after childbirth include lifestyle changes in exercise, nutrition and smoking, and psychosocial well-being, particularly mood and body image.[16]

Integrated Perinatal Health Framework: A Multiple Determinants Model with a Lifespan Approach

Dawn Misra, Bernard Guyer and A. Allston. Johns Hopkins University. [17]

This perinatal health framework incorporates risk factors for health not included in other models, and posits that pregnancy outcomes are shaped by social, psychological, behavioral, environmental, and biological forces that may occur at many stages in a woman's life. The authors categorize these as distal and proximal risk factors. Distal-level risk factors are those that have the potential to directly influence individual health, but are more likely to increase or decrease an individual's predisposition to more proximal risk behaviors and exposures. Proximal level risk factors have a direct impact on an individual's health.

The model also recognizes the powerful impact of access to health care (from primary prevention to medical intervention) on the perinatal health framework. Health care access modifies the relationships among the various components of the framework, and the mix of preventive and therapeutic efforts will vary at different levels of the model.

Racial and Ethnic Disparities in Birth Outcomes: A Life course Perspective. [18]

Michael Lu and Neal Halfon at UCLA, School of Medicine and Public Health

The Life course framework looks at pregnancy risk factors (e.g., SES, behaviors, prenatal care, stress, and infections) in the context of women's health development over their lifetime. The authors state that these risk factors exert their influence over birth outcomes not only during pregnancy, but beginning in early life and throughout the lifespan. They further contend that the life course context of these risk factors differs between African American and white women, resulting in differential impact on their reproductive health. This appears to be consistent with the Integrated Perinatal Health Framework that also takes a lifespan perspective and focuses on determinants of health that influence the "wear and tear" women experience.

The life course perspective calls for research that goes beyond comparing exposures to risk and protective factors during pregnancy to comparing cumulative experiences over the life course of women. It calls for better data integration, more longitudinal study designs, an integrative approach to disparities research and the creation of an infrastructure that supports life course research. According to the life course perspective, clinical and public health interventions need to be longitudinally and contextually integrated, and should include multiple factors interacting over the life course (biological, psychological, behavioral,

and social determinants of women's health). From the life course perspective, eliminating racial and ethnic disparities in birth outcomes will require:

1. Closing the gap in one generation to give the next generation an equal start;
2. Targeted interventions during sensitive developmental periods (e.g., in utero development, early childhood, puberty, pregnancy); and
3. Risk reduction and health promotion strategies across the lifespan.

The life course perspective has far-reaching policy implications for eliminating disparities in birth outcomes. It calls for greater investments in women's health, since many women, particularly

low-income women and women of color, lack access to women's health care. It also calls for greater investments in community health. Also, this perspective calls for greater investments in improving social conditions, with the goal of reducing allostatic load or accumulated stress over the life course of women.

Part 3 - Women's Health and Preconception Care

Introduction

To build state and local capacity to promote safe motherhood and enhance women's health, City**M**at**CH** and AMCHP have decided to focus on strategies associated with preconception care. The rationale for this focus is clear – first, most of the factors associated with preconception and interconception health are addressed through standard primary care prevention work that emphasizes health promotion and disease prevention. MCH practitioners are knowledgeable about the importance of healthy weight, exercise, and avoidance of harmful behaviors. Not only do these factors improve reproductive health, they also influence chronic disease. Additionally, these factors are associated with the ten leading health indicators from Healthy People 2010, which measure the health of citizens over this decade. Finally, some data sources are available for measuring our progress over time.

Preconception and Interconception Health Background

Preconception and interconception health promotion is a proven strategy to improve reproductive outcomes but it is not readily available to all women. This prevention strategy has not been fully integrated into clinical care, and there is a lack of public awareness of the value of preconception care.[19]

Research by Korenbrot found that several types of preconception care are effective: screening women who are seeking family planning for risk conditions; having sexually active women of reproductive age take dietary folate supplements; and providing women affected by certain metabolic conditions (diabetes and hyperphenylalaninemia) with nutrition services. According to the CDC/ATSDR Work Group on Preconception Care, promoting the health and wellness of women and couples prior to pregnancy translates into more favorable outcomes. Additionally, the workgroup indicated that the current delivery of health care in the U.S. does not ensure adequate timing of recommended preconception care for women and couples. A substantial prevention opportunity rests in increasing access to preconception care.[20]

Existing perinatal care guidelines developed by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend that "all health encounters during a woman's reproductive years, particularly those that are a part of preconception care, should include counseling on appropriate medical care and behavior to optimize pregnancy outcomes."[21] The ACOG and AAP have grouped the main components of preconception care under four categories: maternal assessment (e.g., family history, behaviors, obstetric history, general physical exam, etc); vaccinations (e.g., rubella, varicella and hepatitis B); screening (e.g., HIV, STD, genetic disorders, etc); and counseling (e.g., folic acid consumption, smoking and alcohol cessation, weight management, etc).[22]

Evidence substantiates a number of preconception interventions as effective, including promotion of folic acid use; management of preconception diabetes, hyperthyroidism, HIV/AIDS, maternal phenylketonuria, the use of antiepileptic drugs, oral anticoagulants, and Accutane; evaluation for rubella immunization; and addressing smoking, alcohol use, and obesity.[23] Factors typically addressed in preconception and interconception counseling are risk reduction and anticipatory activities. This includes counseling families about avoiding tobacco and substance abuse, using passenger restraints, avoiding teratogens, seeking appropriate genetic counseling and early prenatal care, and a variety of other periconceptional health issues. Reproductive-age women with preexisting medical problems should be identified and counseled about pregnancy risks. All reproductive-age women should be counseled about folic acid supplementation and rubella immunity for prevention of birth defects. [24]

Providing Preconception and Interconception Care

To improve pregnancy outcomes, Korenbrot urges MCH professionals to promote readiness for pregnancy and to help ensure women are as healthy and appropriately nourished as possible before they become pregnant.[25] Because so many pregnancies are unplanned, physicians and other providers of obstetric and gynecological care should think of themselves as preconception health providers.[26] One study found that nearly 36 percent of obstetricians did not currently provide preconception care for their patients.[27] Preconception health care should be an integral part of primary health care services for all women who are able to have children.[28] [29] However,

changing provider practices will not be easy and will involve multidisciplinary input into the planning of care, support of clinical leaders and professional organizations, and adequate funding for proposed changes.[30]

From 2004-2005, the Centers for Disease Control and Prevention convened a select panel on preconception care to identify supporting evidence and guidelines for providing care to women before and between pregnancies.[31] The panel identified three major components of preconception care: screening for risks; providing health education; and delivering effective interventions. The final recommendations and action steps from this national collaborative effort were published in CDC's Morbidity and Mortality Weekly Report. Their recommendations include:

1. Individual responsibility across the lifespan;
2. Consumer awareness;
3. Preventive visits;
4. Interventions for identified risks;
5. Interconception care;
6. Pre-pregnancy check ups;
7. Health coverage for low-income women;
8. Public health programs and strategies;
9. Research; and
10. Monitoring improvements.

The Impact of Unintended Pregnancy on Pregnancy Planning

Unintended pregnancies exacerbate the challenge of providing preconception care. According to the CDC's 1995 National Survey of Family Growth (NSFG), 49 percent of pregnancies in the United States (excluding miscarriages) and 31 percent of pregnancies resulting in a live birth are unintended. An unintended pregnancy is either mistimed (the woman wanted to be pregnant later) or unwanted (she did not want to be pregnant). One analysis of the NSFG data found that the numbers of unintended pregnancies and births had declined from 1987 to 1994; however, more recent data from PRAMS show that these rates may not be declining in all states. One of the goals of Healthy People 2010, which establishes the nation's health goals for the coming decade, is to decrease unintended pregnancies from 49 percent to 30 percent by 2010.[32]

With so many unintended pregnancies, ensuring women are healthy and ready for pregnancy is even more challenging. If a woman is not actively planning her pregnancy, she may not be engaging in health promotion behaviors associated with a positive pregnancy outcome. The problem becomes even more acute as 53 percent of all unintended pregnancies occur in sexually active women who are not using contraception or seeking pregnancy.[33]

The CDC states that unintended pregnancy is of national importance because it may influence a woman's behavior and experiences during pregnancy and can affect her health and that of her infant. Women whose pregnancies are unintended are likely to discover their pregnancies later than those with intended pregnancies, and they are less likely to adopt healthy behaviors and start prenatal care early. Women with mistimed or unwanted pregnancies are also more likely to smoke cigarettes and less likely to follow their doctor's advice to quit smoking. Smoking during pregnancy not only threatens the mother's health but also can result in preterm delivery and low infant birthweight. In addition, women with unintended pregnancies may have had inadequate pre-pregnancy folic acid intake, which has been linked with neural tube defects. Unintended pregnancy can also affect infant and child health after delivery. For example, mothers with unintended pregnancies resulting in live births are less likely to breastfeed their infants than women with intended pregnancies.[34]

Elements of Preconception and Interconception Health

There are a number of factors a woman should address before becoming pregnant. The March of Dimes has developed resources for health care providers and consumers on preparing for pregnancy. The following section, derived from the March of Dimes Materials about Pre-Pregnancy Planning, provides an overview of the various factors that may influence pregnancy outcome for both the mother and infant.[35]

- Consume folic acid daily prior to pregnancy
- Achieve optimal weight
- Ensure that immunizations are up to date
- Address substance abuse issues including smoking, alcohol and illegal drugs
- Manage chronic health conditions
- Learn about exposures to avoid, including environmental hazards, prescription or over-the-counter drugs and herbal supplements.

Many factors influence healthy pregnancy and good birth outcomes, such as folic acid, infections, genetic issues, chronic health conditions (including mental health), lifestyle choices (e.g. nutrition and exercise) and access to quality, culturally appropriate care and services before, during and after pregnancy. To learn more about some of these factors go to the March of Dimes website and review the quick reference fact sheets and information for professionals at http://www.marchofdimes.com/professionals/14332.asp.

Availability of Pregnancy Planning Counseling and Information

A wealth of information is available to couples planning a pregnancy. However, pregnancy planning counseling is not universally available. Limitations include lack of access to health insurance or coverage for this particular type of counseling. Additionally, health care providers must be knowledgeable and willing to provide pregnancy planning as part of their practice.

From a community health perspective, the delivery of population-based messages and campaigns regarding pregnancy planning are rare. Preconception/

interconception counseling is not commonly available at publicly funded clinics, although these services have been available through federally funded family planning offices. Therefore, many opportunities exist to increase access to pregnancy planning information and counseling at the individual and community levels.

Summary

There are many complex factors that influence women's health and impact pregnancy outcomes in the U.S. They include: limited pregnancy planning; persistent health disparities among racial and ethnic minorities; restricted access to care for the under and uninsured; limited access to pre/interconceptional health care; and the wide variety of providers and venues from which women get their health care and information. These critical factors must be kept in mind and addressed as we form partnerships and work together to improve women's health.

Part 4 - Guidelines, Assumptions and Possible Strategies to Ensure Good Pregnancy Outcomes

Introduction

A draft set of guiding principles, assumptions and possible strategies has been derived from members' experience, research and the frameworks described in the previous section. These are offered as a starting point to guide the work of the AMCHP/City**M**at**CH** Women's Health Partnership as we assist state and local MCH agencies to implement evidence-based strategies to improve the health of women.

Guiding principles list critical elements that the partnership must consider when planning, implementing or evaluating our women's health preventive initiatives.

Assumptions are evidence-based values held by the partnership that must be taken into account when planning any women's health preventive initiatives.

A set of **possible strategies** is offered to stimulate thinking and ideas regarding what sorts of activities can be accomplished to improve the preconception and interconception health of women.

Guiding Principles[36]

- Women's health is defined broadly as biophysical, emotional, socioeconomic, political, cultural and spiritual well-being. Health occurs within a context of highly interrelated factors.
- Women should be involved in the design and evaluation of policies and programs that serve them.
- Women's health policies and programs need to take into account women's relationships, roles and responsibilities across the lifespan.
- Cultural competence should drive the design of women's health systems, and the reduction of health disparities should be a key goal of women's health policies and programs.
- Programs emphasizing good pregnancy outcomes should include a focus on health literacy, health promotion and primary prevention, in addition to screening and treatment.

Assumptions

- The health status of women is critical. Although the role of motherhood is a significant aspect of many women's lives, it is not the only important aspect of women's health.
- Pregnancies should be intended — that is, they should be consciously and clearly desired at the time of conception. (From the National Academy of Sciences, Institute of Medicine's report The Best Intentions: Unintended Pregnancy and the Well-being of Children and Families.[37])
- Pregnancy is best addressed within a lifespan perspective. All women experience a preconception period beginning in childhood and ending with either menopause or the first pregnancy. A woman will spend the majority of her reproductive years in either the preconception or interconception period, with some women not choosing or being unable to be pregnant. Each cycle of pregnancy includes a prenatal, intrapartum, postpartum and interconception period. The length of the interconception periods and number of cycles varies for each woman. (Misra)
- Powerful influences on outcomes occur long before pregnancy begins. (Misra, Lu)
- Social, psychological, behavioral, environmental and biological forces shape pregnancy outcome. (Misra, Lu)
- The primary influence on perinatal outcomes is the interrelationship between a woman's health status prior to conception and the changes and demands of pregnancy. (Misra)
- We should move beyond considering simply pregnancy risk factors to examining the sum of a woman's life experiences. (Lu)
- We should move beyond the search for quick fixes during pregnancy to making long-term investments in women's life course health development. (Lu)

Possible Strategies for State and Local MCH Programs

Assess and monitor women's health status

- Engage in surveillance, data collection and analysis, applying a broad definition of women's health,
- Determine what data sources and methods are needed to assess and measure improvement in women's health status before and between pregnancies. Identify and develop needed resources.

Develop policies and programs designed to meet women's unique health needs

- Broaden the focus in women's health policy beyond a reproductive health-only perspective to a woman-centered approach to health care.
- Increase awareness of women's health issues across the lifespan.
- Increase the number of intended pregnancies and improve the well-being of women, children, and families by implementing the recommendations from the 1995 Institute of Medicine's Report, ***The Best Intentions:* Unintended Pregnancy and the Well-being of Children and Families**.
- Recognize that some preconception health needs are best addressed while girls and young women are in the care of pediatric and adolescent specialists. (Misra)
- Recognize the potential impact on perinatal care of youth-focused programs that promote positive behaviors related to nutrition, sexual activity and smoking.
- Use perinatal health care (family planning and prenatal care) as a bridge to ongoing care for women. (Misra)
- Change reimbursement practices to finance services that promote pregnancy planning and preconception and interconception care.
- Provide greater investments in women's health, for women who lack access to health care. (Lu)
- Provide greater investments in community health and in improving social conditions for all women to reduce allostatic load over the life course of women. (Lu)

Develop more effective and better-integrated lifespan-centered systems of care

- Broaden strategies to improving perinatal health by emphasizing women's preventive health throughout the life cycle, regardless of reproductive status.
- Identify and intervene on risk factors that influence perinatal outcomes both immediately prior to and long before pregnancies.

Promote information, share best practices, and engage in women's health policy promotion and advocacy

- Expand anticipatory guidance and prevention guidelines to include recognition of a longer preconception and interconception periods. Develop more targeted preconception and interconception interventions for women depending upon their pregnancy trajectory, their chronic disease risk, and other factors. (Misra)
- Disseminate information (e.g., issue briefs and educational materials) on best practices and model programs in women's health.
- Develop coordinated policies and standards regarding diagnosis and treatment of interpersonal violence.
- Plan and implement public education initiatives to improve prevention and treatment of chronic disease in women.
- Advocate for financial and staff resources to support state and local level work in women's health.

Develop approaches that address health disparities

- Recognize diversity among women and focus on eliminating health disparities.
- To eliminate disparities in birth outcomes, take a more integrative approach that simultaneously addresses the multiple (biological, psychological, behavioral, and social) determinants of women's health. (Lu)

Assure women's access to appropriate, high-quality health services, products and information

- Ensure access to health care for women who are in the preconception or interconception period, not just those who are pregnant or postpartum.
- Assure access to quality resources and education for women about positive health behaviors and preconception care.

Engage in research to determine effectiveness of approaches

- Engage in research to determine the utility and effectiveness of the Misra and Lu health frameworks.
- Compare cumulative experiences over the life course of women. Ensure better data integration, more longitudinal study designs, an integrative approach to disparities research and the creation of an infrastructure to support life course research. (Lu)
- Discuss and disseminate research findings on interventions to improve women's health status before and between pregnancies and share the implications of those findings for state and local MCH programs.

Part 5 - Priority Area: Promoting Healthy Weight Among Women of Reproductive Age

Why this Area?

The preconception and interconception health periods contain many opportunities for both clinical and public health intervention to improve the women's health. Although there are many areas where the Women's Health Partnership could focus our efforts, promoting a healthy weight for women of reproductive age is an area in which AMCHP and City**M**at**CH** could have significant impact.

City**M**at**CH** and AMCHP have chosen promotion of healthy weight for women of reproductive age as the initial focus for our Women's Health Partnership for the following reasons:

- It is consistent with the identified needs of our respective memberships.
- It is a recognized public health priority.
- Obesity in pregnancy has been directly and indirectly linked to maternal and infant morbidity and mortality.
- Other population-based efforts that also influence the health of women, such as elimination of tobacco use or addressing HIV/AIDS, are already underway within our organizations.
- Of the factors reviewed that can be impacted by our organizations, obesity impacts the largest number of women and thus should have the greatest potential for affecting the largest number of pregnancies. We recognize that other factors (preexisting chronic diseases or abuse of harmful substances like alcohol) may have a more immediate impact, but the numbers of women potentially affected are fewer.
- MCH professionals have long addressed the need for adequate nutrition and exercise as part of a healthy life, and recognize adequate nutrition and sufficient weight gain as essential to a healthy pregnancy.
- Collaboration is possible with a number of partners working in this area, such as CDC, MCHB, USDA WIC program and others. The USDA WIC program addresses the importance of nutrition during pregnancy. MCHB has consistently addressed the needs of women within their reproductive years and has recently devoted funding to improving overall women's health and healthy weight.
- Maintaining a healthy weight will have a positive impact on other priority areas, including chronic disease, healthy lifestyle, and health disparities.
- A large body of research is available in the area of nutrition, health promotion, exercise and other areas to direct future project activities. Best practice information and guidelines are available.
- A focus on healthy eating, exercise, and behavior will address several aspects of good preconception care, such as: increasing the intake of folic acid; encouraging seriously underweight or overweight women to achieve a healthy weight prior to pregnancy; and improving the management of hypertension, diabetes, and kidney disease.
- Work by McGinnis[38], March of Dimes,[39] and others have identified key messages and strategies to be used in campaigns regarding healthy weight.

Next Steps

In the Women's Health Partnership, AMCHP and City**M**at**CH** aim to build state and local capacity to promote safe motherhood and enhance women's health. To achieve this goal, we have selected the preconception and interconception periods as the time to intervene within the lifecycle. The task of assisting women to maintain a healthy weight will be the first area of focus. Working with our members and partners, directed by current research, and influenced by our guiding principles, we will shape the Women's Preventive Health Agenda to meet the needs of state and local MCH agencies and the women they serve.

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