



Preconception care: Bridging the gap in the continuum of care for better maternal and child health outcomes

ADVOCACY BRIEF

Summary and Context

- Preconception care is very important for not only ensuring a healthy pregnancy, but also a healthy childhood; it has intergenerational growth effects.
- An improved understanding of stakeholders' attitudes, behaviours and information needs is essential to facilitate effective engagement strategies and targeted interventions during the preconception period.
- To date, there have been few in-depth exploratory studies on perceived barriers and facilitators related to preconception care.
- KHPT adopted a multi-method research design to identify the facilitators and barriers to care during the preconception period at various levels: individual/family, community and system level.
- Recommendations in this advocacy brief are based on triangulation of data from scoping reviews of academic literature and best practices globally, a qualitative study looking at barriers and facilitators contextually, and public engagement programs to seek recommendations from government officials.
- Pilot studies of recommendations will lead to evidence-based decisions that can inform public health policy.

Key Gaps and Recommendations

Gaps

- 1 | Gaps in individual and community awareness on the need for preconception care
- 2 | Lack of clear guidelines on preconception care and readiness among implementers and policymakers to intervene during the preconception period for better maternal and child health outcomes

Recommendation

- 1 | Leveraging and strengthening existing programs targeted at pregnant women to include care during the preconception period as well
- 2 | Screening newly married couples for health and nutrition indicators and counselling on preconception needs and adequate care required during that period
- 3 | Developing awareness programs for key community stakeholders such as Gram Panchayat members, frontline workers, community and religious leaders to support awareness for adolescent girls on preconception care through an intersectoral effort using existing platforms
- 4 | Implementation of pilot studies to develop an evidence-based preconception care package

What is the problem?

Undernourishment among women of reproductive age not only affects birth outcomes, but also pushes the next generation into nutritional deprivation. Anaemia, micronutrient deficiency, and low Body Mass Index among women of reproductive age have a profound negative influence on pregnancy and birth outcomes, leading to low birth-weight infants, stunting, and childhood anaemia¹. Multiple studies have shown that addressing nutrition at the preconception stage is clearly the key to preventing childhood undernutrition. Despite evidence that preconception nutrition is essential for improving maternal and newborn health, most interventions have been limited to pregnant women. Many interventions, including in India, intervene during pregnancy with food or micronutrient supplements with the aim of improving maternal and newborn health^{2,3}. Most women in India, especially in disadvantaged communities or sub-populations do not seek pregnancy care in the second or third trimester. Thus, finding ways to intervene early in pregnancy or pre-conception is important. Currently, 60% of women under the age of 25 are pregnant within a year of marriage⁴ in India; this means that the period right around marriage might be an opportunity to intervene with health and nutrition interventions which can directly result in saved lives and disrupt the transmission of undernutrition from one generation to the next. All women during the preconception period require a health and nutritional assessment and individualized care plan for optimal birth outcomes.

What we did

KHPT conducted a multistage qualitative study, together with a scoping review of global literature, to explore the impact of care during the preconception period on maternal and child health outcomes (**Fig. 1**). The first stage was exploratory qualitative research conducted in Yadgir (Surpur taluk) and Raichur districts (Devadurga taluk) of Karnataka to explore stakeholders' attitudes, behaviours and information needs, and to understand the facilitators and barriers to care during the preconception period among newly married women. The second stage involved three public engagement programs with multiple stakeholders in Tumkur, Bengaluru and Gulbarga to understand the perceptions around preconception care and potential solutions. Additionally, the study also identified opportunities for future probable preconception initiatives in current RMNCH+A services.

The study findings presented below distil the perspectives and insights of diverse and relevant stakeholder groups including policymakers, healthcare providers, community members, family members, and newly married women. The research team has endeavoured to contribute to the evidence base on this topic and recommended strategies for including preconception care in the existing RMNCH+A services in order to halt the intergenerational transmission of undernourishment.



Figure 1: Methodology adopted in the study

The qualitative study and public engagement programs included several stakeholders (**Fig. 2**) who contributed immensely to the discussions and generation of solutions.

¹Swaminathan S, Hemalatha R, Pandey A, et al (2019). The burden of child and maternal malnutrition and trends in its indicators in the states of India: the Global Burden of Disease Study 1990-2017. *Lancet Child Adolesc Health* 2019; 3: 855-70.

²Christian P, Khattry SK, Katz J, et al. Effects of alternative maternal micronutrient supplements on low birth weight in rural Nepal: double blind randomised community trial. *British Medical Journal* 2003;326.

³Vaidya A, Saville N, Shrestha BP, de L Costello AM, Manandhar DS, Osrin D. Effects of antenatal multiple micronutrient supplementation on children's weight and size at 2 years of age in Nepal: follow-up of a double-blind randomised controlled trial. *The Lancet* 2008;371:492-9.

⁴International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

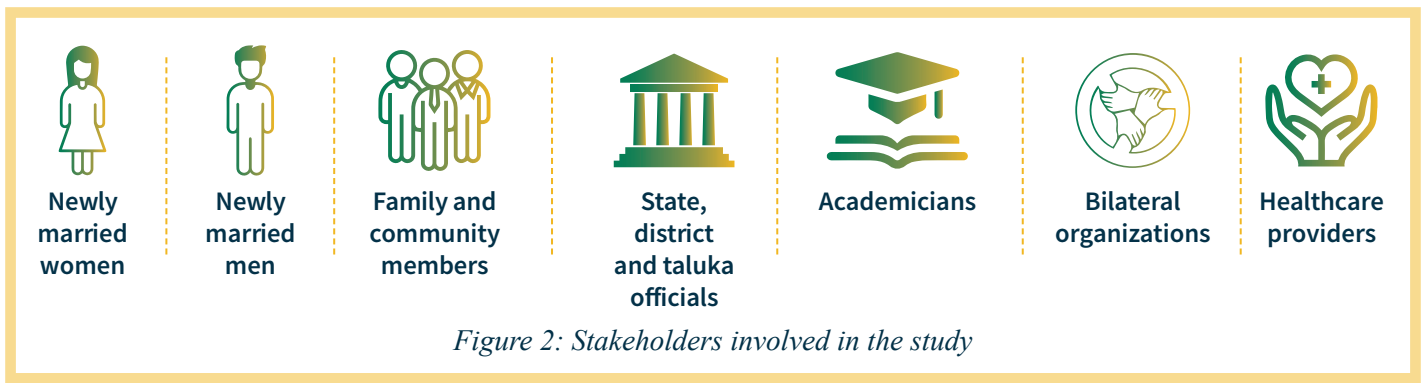


Figure 2: Stakeholders involved in the study

Additionally, these deliberations were focused on developing design options to integrate services/interventions into existing programs for women of reproductive age, and on the various ongoing interventions currently targeted at pregnant women which could be extended to women in the preconception period.

What we found

The scoping review indicated a global consensus that preconception care is important as it addresses both maternal care and neonatal outcomes. The review found that interventions in India have focused on the pregnancy period, and more recently, on the adolescent period. However, it is essential that preconception interventions come at the right time (newly married women) and include screening and follow-up of the nutrition status of women, as well as nutrition education and counselling by healthcare providers. The scoping review also highlighted the need for research to generate evidence during the preconception period to help formulate policy.

Our qualitative research revealed stakeholders' varying stances on the idea of expanding existing programs and introducing innovative programs to improve women's health and nutrition at the preconception stage. Some stakeholders overtly voiced support for intervening during the preconception period, while a few lacked awareness about the need for such an intervention. One key point of ambiguity within most of the groups was the appropriate timing for an intervention. Stakeholders fell into one of three groups: those that advocated for intervening only after pregnancy, those who preferred targeting all newly married women, and those who believed that awareness should be raised before marriage. There were several barriers and facilitators identified by these stakeholders, which have been compiled into **Fig. 3**.

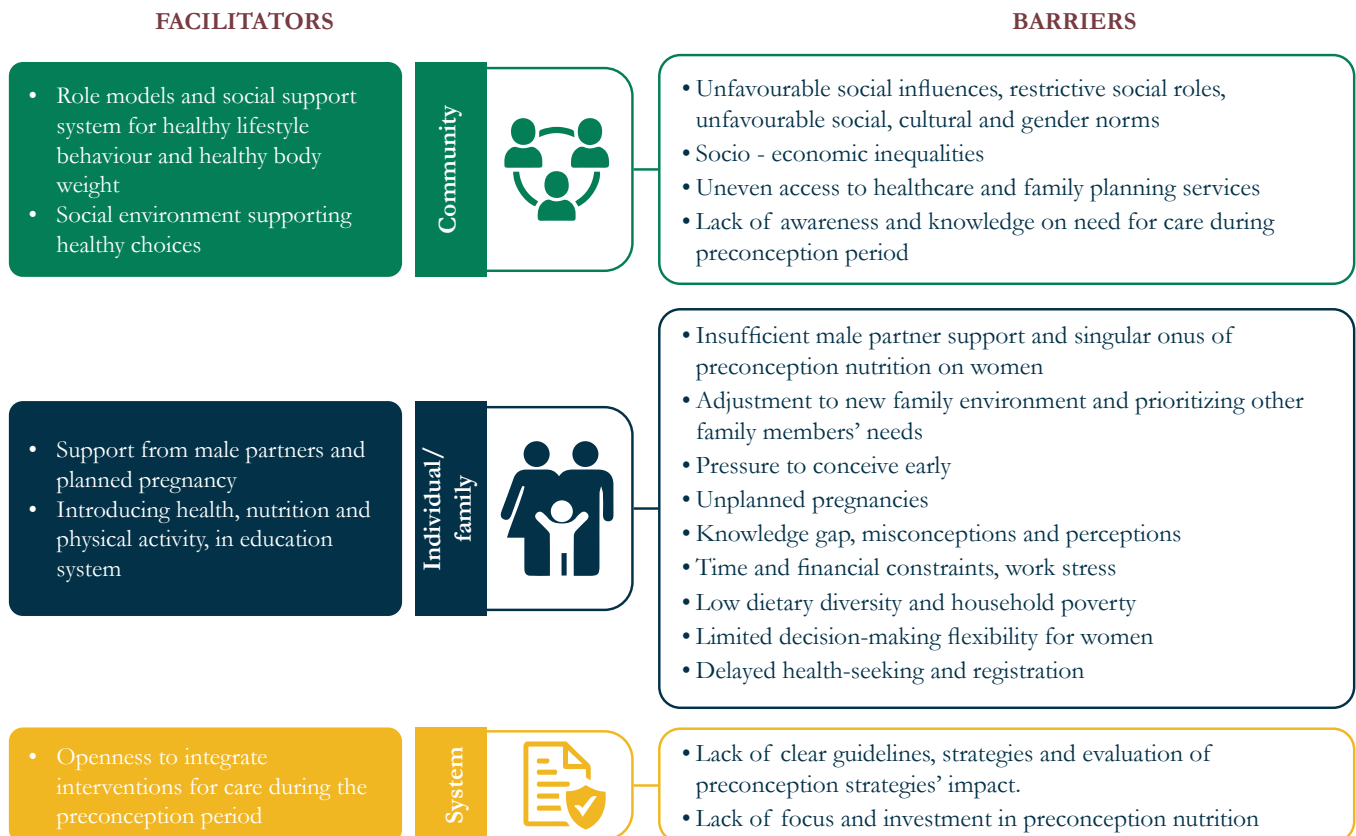


Figure 3: Existing barriers and potential facilitators to preconception nutrition care planning



Recommendations

1 Leveraging and strengthening existing programs to include care during the preconception period

A range of national health programs and schemes are already being implemented in the state, targeting pregnant women. These interventions can be extended to the women prior to conception, in the following ways:

- ◆ The **Poshan Abhiyaan Program**, can be extended to provide awareness before pregnancy
- ◆ **Village Health, Sanitation and Nutrition Committee (VHSNC)** and **Village Health and Nutrition Day (VHND)** meetings can be leveraged for preconception care discussions
- ◆ **Pradhan Mantri Surakshit Matritva Abhiyan** camps, which are scheduled every month, can include a preconception care concept

2 Potential new interventions targeting preconception nutrition care planning

- ◆ Health screening for newly married couples to screen for possible conditions affecting their health and nutrition status, including anaemia, thyroid levels, hypertension and diabetes, among others
- ◆ Nutrition-related interventions such as provision of supplementary nutrition (micronutrients and take-home rations) post-screening for undernourished and/or anaemic women in the preconception period
- ◆ Counselling initiatives for newly married couples and awareness for couples and families through Primary Health Centre teams and frontline workers
- ◆ Awareness programs for other key community stakeholders such as Gram Panchayat members and religious leaders
- ◆ Awareness programs for adolescents on preconception care, which should be a multi-department effort
- ◆ A helpline for new couples can be set up for information
- ◆ Technology platforms such as WhatsApp groups for newly married couples could be explored
- ◆ KHPT will undertake pilot studies to generate evidence to inform public health policy, and for formalizing interventions for inclusion of preconception care in routine maternal and child health services in the state/country

About KHPT

KHPT has been working since 2003 with the vision of empowering communities to lead a life of quality health and well-being through evidence-driven approaches that reduce inequalities in the areas of Tuberculosis, HIV, Comprehensive Primary Healthcare, Adolescent Health, and Maternal and Child Health. KHPT works to improve maternal, neonatal health outcomes and address their nutritional status deficits to achieve India's 'Good Health and Wellbeing' target under Sustainable Development Goal 3. We focus on creating innovative quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) care models, including strengthening grassroots level community structures and building integrated technology RMNCHA solutions in high priority states in India.

Our approach focuses on improving availability, accessibility, quality, utilization, and coverage of critical MNCH interventions among the rural poor through Facility, Community, Health Systems, and Technology.

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