

Healthy Women, Healthy Babies



What's the problem?

- Declines in infant mortality have stalled.
- Significant disparities exist within the U.S. in infant mortality rates.
- Premature and low birthweight babies are at higher risk for developmental disabilities and other adverse health outcomes.

Although the U.S. has substantially reduced its infant mortality rate over the last several decades – from 26.0 deaths per 1,000 live births in 1960 to 6.9 deaths per 1,000 live births in 2000 – the nation ranked 27th among industrialized nations in 2000. Maternal and infant health, considered key measures of the nation's health and well-being, have not improved significantly since then, and, in some cases, have worsened.¹

Each year, 12 percent of babies are born too early, and 8 percent are born with low birthweight, which puts them at higher risk for infant death and for developmental disabilities.² Prematurity and low-birthweight are often related to health issues in the mother,

such as diabetes, high blood pressure, or obesity. Overall, approximately 30 percent of women who give birth have some form of pregnancy complication, many of these are related to the health of the mother.³ Poor maternal health can also greatly increase the risk for miscarriage or stillbirth.

The fiscal toll of maternal and infant health problems is significant. In 2005, the annual societal economic cost (medical, educational, and lost productivity) of premature birth in the U.S. was at least \$26.2 billion and the average first-year medical costs were about 10 times greater for preterm than for full-term babies.⁴

Significant health disparities exist among various ethnic and racial groups in the U.S., with African-Americans among the hardest hit. Non-Hispanic black infants, for example, had the highest infant mortality rate in the U.S. in 2005, more than twice that of non-Hispanic white infants – 13.7 per 1,000 live births compared to 5.7 per 1,000 births among non-Hispanic whites.⁵

JUNE 2008

PREVENTING EPIDEMICS.
PROTECTING PEOPLE.

What can we do to improve birth outcomes in our country?

Traditionally, health care around pregnancy has been viewed as limited to the duration of the pregnancy. However, increasing evidence shows that how healthy a woman is even *before* she becomes pregnant has a great impact on the health of the baby and whether there is an increased risk for infant death or birth defects.

Many experts now believe that prenatal care, which usually begins during the first 3 months of a pregnancy, comes *too late* to prevent many serious maternal and child health problems. In recent years, they have begun calling for a different approach, one that shifts the focus from pregnancy-related health services to better primary health care for women in their childbearing years (ages 15-44). This is meant to complement prenatal care. So, in addition to caring for women after they have become pregnant, health providers would emphasize good health for *all* adult women and earlier interventions for those with chronic health conditions and

risks. This will ensure that a woman will be in good health long *before* conceiving a child.

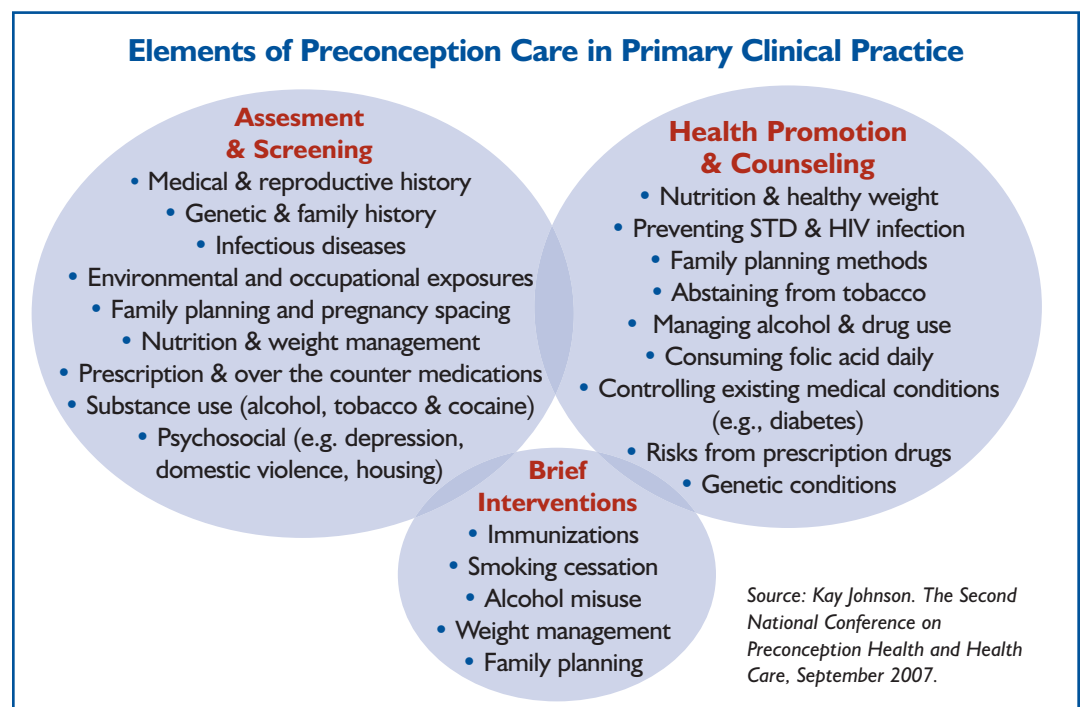
Recent scientific studies also make clear that the early weeks after conception are critical for normal human development. Poor nutrition, lack of the folic acid, too much alcohol, obesity, diabetes, tobacco smoke, toxic chemicals, and a host of other similar risks can cause miscarriage, birth defects, or slow fetal growth. These effects matter before most women even know they are pregnant – making a woman’s preconception health status critical for a healthy baby.

As experts gain a better understanding about how the health of a woman impacts her pregnancy and the health of her baby, there is a renewed call for improving preconception care. Given that nearly half of all pregnancies in the U.S. are unintended, many women enter pregnancy unaware that their health habits are also affecting her baby.^{6,7}

What exactly is preconception care?

The purpose of preconception care is to provide health promotion/education, screening, and interventions to women of reproductive age to reduce risk factors

that might affect future pregnancies. Since 2004, the Centers for Disease Control and Prevention (CDC) has led an initiative to improve preconception health



and health care. Based on the advice of a panel of experts, in 2006, CDC published a set of recommendations aimed at improving preconception health and health care in the U.S. The 10 recommendations stress 4 goals:

1. To use evidence-based approaches to improve the reproductive health knowledge, attitudes, and behaviors of men and women of childbearing age;
2. To promote universal access to high-quality preconception care, including screening, health promotion, and intervention;
3. To prevent subsequent morbidity and mortality for women who have had previous adverse outcomes; and
4. To reduce social and racial/ethnic disparities in both women's health and birth outcomes.⁸

How can we make this happen?

Policy-makers at the federal and state level can take action to promote preconception health and further reduce infant mortality in the U.S. Ask them to:

- Make the best use of current programs to assure that preconception care and the health of women of childbearing age is maximized; expand current or create new programs that assure equitable access to preconception care to all women, regardless of income or race/ethnicity.
- Make sure that all existing Medicaid options for prenatal care are *fully* implemented in *every* state, including
 - ▲ Appropriate reimbursement levels;
 - ▲ Presumptive eligibility;
 - ▲ Improved treatment for psycho-social risks; and
 - ▲ Postpartum coverage.
- Enhance Medicaid to include coverage for:
 - ▲ Family planning;
 - ▲ Low income adult women; and

Better clinical health care is important but improving preconception health will require efforts that reach well beyond the doctor's office. Public health and community projects across the country point to the important role of local health departments in promoting preconception health, linking women to needed services, and providing care in underserved areas. Some projects include efforts to reduce smoking, environmental hazards, and unintended pregnancies.

Improving preconception health and care also will require increasing public awareness by involving women and couples, health professionals, and insurers. CDC and its partners are studying how best to communicate with women about the need for preconception care, whether they are teens entering their reproductive years or sexually active adult women who are not using contraception.

- ▲ 24 months following a Medicaid-financed birth.

- Provide adequate funding for other programs that provide primary care and other services to women of childbearing age, including:

- ▲ The Healthy Start Infant Mortality Reduction Program

- ▲ Community Health Centers

- ▲ Title X Family Planning

- ▲ The Title V Maternal and Child Health Block Grant

- Make research on preconception health and health care a priority by increasing funding for:

- ▲ CDC's National Center on Birth Defects and Developmental Disabilities

- ▲ The Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health

ENDNOTES

- 1 Centers for Disease Control and Prevention. Preconception Health and Care, 2006. Atlanta: GA: U.S. Department of Health and Human Services, March 27, 2006. <http://www.cdc.gov/ncbddd/preconception/documents/At-a-glance-4-11-06.pdf>. (accessed April 12, 2008).
- 2 Centers for Disease Control and Prevention. "Why is Preconception Care a Public Health Concern?" U.S. Department of Health and Human Services. <http://www.cdc.gov/ncbddd/preconception/whyconception.htm>. (accessed April 12, 2008).
- 3 Ibid.
- 4 Centers for Disease Control and Prevention. "National Prematurity Month." U.S. Department of Health and Human Services. <http://www.cdc.gov/Features/PrematureBirth/>. (accessed April 30, 2008).
- 5 The Annie E. Casey Foundation. *2008 Kids Count Data Book: State Profiles of Child Well-Being*. (Baltimore, Maryland: The Annie E. Casey Foundation, June 2008): 29.
- 6 Centers for Disease Control and Prevention. "Unintended Pregnancy Prevention." U.S. Department of Health and Human Services. <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/>. (accessed April 12, 2008).
- 7 Finer, L.B. and S.K. Henshaw, "Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001." *Perspectives on Sexual and Reproductive Health*, 38, no. 2 (2006): 90-96.
- 8 Johnson, K., S. F. Posner, et. al. "Recommendations to Improve Preconception Health and Health Care – United States." *Morbidity and Mortality Weekly Report*, 55, no. 4 (2006).



The full 26 page issue brief, **Healthy Women, Healthy Babies** is available at www.healthyamericans.org in the reports section.

TRUST FOR AMERICA'S
HEALTH IS A NON-PROFIT,
NON-PARTISAN
ORGANIZATION
DEDICATED TO SAVING
LIVES AND MAKING
DISEASE PREVENTION A
NATIONAL PRIORITY.

*This issue brief is supported
by a grant from The Annie
E. Casey Foundation.*

*The opinions expressed are
those of the authors and do
not necessarily reflect the
views of the Foundation.*



1730 M Street NW • Suite 900 • Washington, DC 20036
(t) 202-223-9870 • (f) 202-223-9871
www.healthyamericans.org