

# Preconception and Interconception Care

A priority area of the Collaborative Improvement and Innovation Network (COIIN)  
to Reduce Infant Mortality

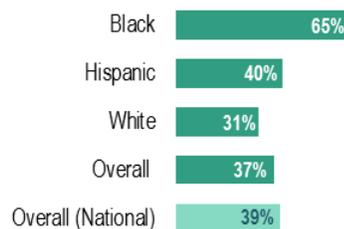
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## Preconception and Interconception Care

Preconception and interconception care refers to the health of women and men during their reproductive years.<sup>1</sup> Improving health during these years is essential and can result in improved maternal and infant health outcomes.<sup>2</sup> Approximately half of all pregnancies in the United States are unintended, varying by age, race, and ethnicity.<sup>2</sup> In a survey of new mothers, 37% of Wisconsin mothers report that their pregnancy was unintended (Figure 2), with rates varying by age, race, and ethnicity.

The main goal of preconception and interconception care is to provide health promotion, screening, and interventions for women of reproductive age, including adolescents, to reduce risk factors that might impact future pregnancies.<sup>3</sup> This care needs to be provided across the lifespan, not only during one visit.<sup>3</sup>

**Figure 2. Unintended Pregnancy Reported by Mothers, by Race and Ethnicity, United States and Wisconsin 2009-2011**



Note: US data include data from 23 states and New York City  
Sources: Center for Disease Control and Prevention, PRAMS 2011, CPONDER and Wisconsin PRAMS 2009-2011, Division of Public Health, Department of Health Services

## Preconception risks associated with adverse pregnancy outcomes

Many women of childbearing age suffer from various chronic conditions such as hypertension, obesity, and diabetes that can have an adverse effect on pregnancy outcomes.<sup>3</sup>

Women of childbearing age may also experience high levels of stress related to finances, lack of support, and unhealthy community conditions, which can contribute to poor mental health and unhealthy coping behaviors.<sup>4</sup> These stressors may occur throughout the course of a woman's life and cause a cumulative negative impact on her health and the health of her children.<sup>5</sup>

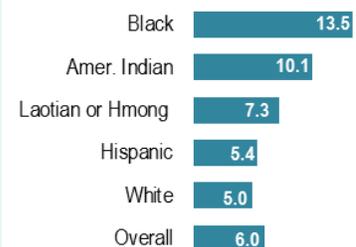
**Preconception health care needs to be provided across the lifespan.**

(CDC/ASDTR Preconception Care Workgroup)

## Infant Mortality

- Infant mortality is the death of a baby before his or her first birthday.<sup>6</sup>
- The infant mortality rate is often used to measure the health of communities because many of the same factors affecting the health of infants affect health across entire populations.<sup>6</sup>
- The leading causes of infant mortality include birth defects, prematurity, Sudden Infant Death Syndrome, maternal complications, and injuries.<sup>6</sup>
- There are differences in infant mortality by race and ethnicity. In Wisconsin, black infants are more than twice as likely to die before their first birthday as white infants (Figure 1), and this disparity is greater than the national average.<sup>7</sup>

**Figure 1. Infant Mortality Rates per 1,000 Live Births by Race and Ethnicity, Wisconsin, 2011-2012**



Source: National Center for Health Statistics, Division of Vital Statistics, Linked Birth/Infant Death Records 2011-2012, CDC WONDER

## Collaborative Improvement and Innovation Network (COIIN)

The Collaborative Improvement and Innovation Network (COIIN) to Reduce Infant Mortality is a public-private partnership to reduce infant mortality and improve birth outcomes. Wisconsin's involvement in Preconception and Interconception Care began with other states in Region V, including Illinois, Indiana, Michigan, Minnesota, and Ohio, and now is being expanded nationally to include 30 states to share best practices and track progress toward shared benchmarks. Other priority areas for Wisconsin include Safe Sleep and Sudden Unexpected Infant Death (SUID), and Social Determinants of Health.

For more information, visit <http://www.dhs.wisconsin.gov/healthybirths/coiin.htm> and <http://mchb.hrsa.gov/infantmortality/coiin/>.



STATE OF WISCONSIN  
Department of Health Services  
Division of Public Health

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## Postpartum visits

Postpartum visits are an important aspect of interconception care (between pregnancies). Postpartum visits provide an opportunity to re-focus a woman on her health after a pregnancy. A postpartum visit should include an assessment of a woman's physical health status including weight, screening for perinatal mood disorders and chronic health conditions, and counseling on family planning and infant care.<sup>8</sup>

The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit four to six weeks after delivery.<sup>9</sup> Not all postpartum women in Wisconsin are receiving a postpartum care visit.<sup>10</sup>

## Safe pregnancy spacing

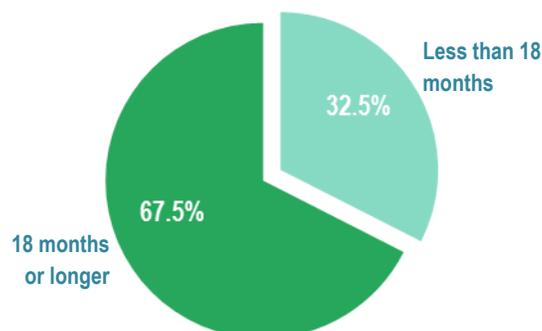
The amount of time between a live birth and the beginning of the next pregnancy, or the interpregnancy interval, can impact the health of both mothers and infants. Short interpregnancy intervals (generally defined as less than 18 months) have been associated with adverse perinatal outcomes, including preterm birth and low birth weight and adverse maternal outcomes.<sup>11</sup> Interconception care promotes safe and healthy pregnancy spacing. Nearly one-third of Wisconsin births have interpregnancy intervals less than 18 months (Figure 3).

## Selected Wisconsin efforts

Partners throughout Wisconsin are working to improve the frequency and reproductive health content of postpartum visits and adolescent well checks through:

- **Establishing Medicaid managed care medical homes for pregnant women who are at high risk of poor birth outcomes** in southern and southeastern Wisconsin. The medical home pilot project incentivizes providers to provide and coordinate best-practice care, including during the interconception period.
- **Working to promote improved communication between health care providers and adolescent patients** through the Wisconsin PATCH (Providers and Teens Communicating for Health) program. PATCH teen educators provide workshops for teens and providers to improve the quality of care for young people in Wisconsin.
- **Working to expand access to preconception and interconception care among African American women** in southern and southeastern Wisconsin through the Wisconsin Partnership Program's Lifecourse Initiative for Healthy Families.

Figure 3. Interpregnancy Interval by Percent of Births to Women, Wisconsin, 2011-2013



Source: Wisconsin Interactive Statistics on Health, Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics

## What you can do

**Share these tips** about how to plan for pregnancy and increase the chances of having a healthy baby:

<http://www.cdc.gov/preconception/planning.html>

### Learn more:

- [Every Woman Wisconsin](#)
- [Recommendations to Improve Preconception Health and Health Care, CDC/ATSDR](#)
- [Wisconsin Association for Perinatal Care](#)
- [Wisconsin's Statewide Framework for Improving Women's Health](#)
- [Wisconsin Women's Health Foundation](#)

### References:

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- <sup>7</sup>Wisconsin Department of Health Services. Wisconsin health facts: Racial and ethnic disparities in infant mortality. Available at <http://www.dhs.wisconsin.gov/publications/P0/p00144-2012.pdf>. Accessed October 27, 2014.
- <sup>8</sup>Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2013. Postpartum visit and well-baby care.
- <sup>9</sup>American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care, 6th ed. Washington, DC: American College of Obstetricians and Gynecologists; 2007.
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