

Promoting preconception care in the Eastern Mediterranean Region

The importance of preconception care

There is clear evidence that preconception care interventions contribute to a range of improved health and development outcomes in all high-, middle- and low-income countries¹. While improved prenatal care (coverage, content and use) is an indispensable step in the improvement of pregnancy outcomes, it is not enough; prevention and health promotion throughout a woman's life-span are essential. The potential benefits of preconception care are wide-reaching. These include: reducing too-early pregnancies, too-close subsequent pregnancies and unplanned pregnancies; helping to decrease the risk of genetic disorders and environmental exposure, reducing maternal and childhood mortality and improving outcomes; improving the health and well-being of women in other areas such as nutrition, infertility/subfertility, mental health, intimate partner and sexual violence, and substance use; improving the health of babies and children as they grow into adolescence and adulthood. Moreover, by assisting women to make informed and considered decisions about their fertility and their health, preconception care could contribute to the social and economic development of families and communities. In addition raising awareness about the impact of men's health and behaviour on maternal and child health outcomes and encouraging men's involvement could lead to additional benefits².

What is needed in EMR?

In the Eastern Mediterranean Region (EMR), high- and middle-income countries have actively initiated interventions related to preconception care; however these have been ad hoc, limited, and not based on policies or plans of actions. There is a need therefore to develop comprehensive national preconception care plans of action that adopt the life course approach and are aligned to the existing national health policies.

Such interventions should be integrated into existing women, maternal, child and adolescent health services and beyond.

To achieve this target there is a need to close knowledge gaps, improve the knowledge base for service development and monitoring, and use the information to establish core preconception health indicators. The preconception literacy and skills of health professionals also requires upgrading through continuing professional education with the provision of guidelines and tools. At the same time, the public understanding of preconception health, behaviours and risks should be raised, and health literacy improved.

Therefore the WHO Regional Office for the Eastern Mediterranean organized a meeting on preconception care in the EMR in Muscat, Oman, from 25 to 27 March 2015. The meeting was attended by participants from 13 countries that have substantially reduced maternal and child morbidity and mortality, but still have to improve maternal and child health outcomes through evidence-based, cost effective, and culturally sensitive preconception care interventions. Experts from the Region and globally, as well as staff from the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and WHO participated in the meeting.

The overall objective was to develop a framework for evidence-based, cost-effective and culturally sensitive preconception care interventions and hence help further reduce maternal and childhood mortality and morbidity and morbidity in the Region. The specific objectives of the meeting were to: i) review preconception health needs and national capacity in the participating countries for the planning, implementation and monitoring and evaluation of preconception care interventions; ii) update the participants on evidence-based effective preconception care interventions; and iii) identify necessary country actions to strengthen preconception care in line with the related WHO guidelines, taking into consideration cultural sensitivities.

What was concluded?

There was a consensus on the positive impact of preconception care on maternal and neonatal health outcomes and on the need to strengthen the preconception care package in the Region. Genetics was identified as one of the main areas that should be addressed by preconception care programmes which could contribute positively on the maternal and child health outcomes.

It is important to select evidence-based, cost-effective, feasible and culturally-relevant preconception care interventions with high maternal and child health impact. Furthermore, there is a need to develop preconception care programmes that leverage existing health programmes through the use of innovative and progressive approaches.

¹ 1) Recommendations to improve preconception health and health care – United States: a report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR Recomm Rep*. 2006 Apr 21;55(RR-6):1-23. 2) Jack BW, Atrash H, Coonrod DV, Moos MK, O'Donnell J, Johnson K. The clinical content of preconception care: an overview and preparation of this supplement. *Am J Obstet Gynecol*. 2008 Dec;199(6 Suppl 2):S266-79. 3) Bhutta ZA, Dean SV, Imam AM, Lassi ZS. A systematic review of preconception risks and interventions. Karachi: The Aga Khan University; 2011. 4) Preconception care: a good beginning. The Hague: Health Council of the Netherlands; 2007.

² Preconception care to reduce maternal and childhood mortality and morbidity. Meeting report and packages of interventions: WHO HQ, February 2012. Geneva: World Health Organization; 2013

The main components of preconception care programmes identified were: assessment, counselling, screening, prevention and management. Programmes should target girls, adolescents, women and couples. Preconception care-related interventions identified as “best buys” should be chosen.

Congenital disorders are a major health burden in the Region. These fall into two main groups – those due to environmental causes (e.g. maternal infection or malnutrition, exposure to teratogens) and “constitutional” congenital disorders (chromosomal disorders, congenital malformations, single gene disorders and disorders due to genetic risk factors). Birth prevalence of environmental congenital disorders can be reduced by immunization against rubella, early diagnosis and treatment of maternal diabetes, syphilis, toxoplasma or HIV, food supplementation when indicated, provision of clean water, hygiene and information, and regulation to limit exposure to teratogens. Constitutional congenital disorders require a range of specific interventions including genetic risk identification, risk information and genetic counselling for risk management.

Country experiences of preconception care highlighted the need to strengthen the implementation of preconception care interventions in the Region. The steps required to design and implement preconception care programmes at the country level include: reviewing the existing evidence base, developing preconception care guidelines, training health providers, and engaging the community with messages on the role of preconception care in preventing congenital disorders.

A set of core interventions for a preconception care package was agreed upon. At the same time, the challenges were highlighted, including: the fragmentation of related interventions, the difficulties in reaching disadvantaged groups, the shortage of skilled human resources, the lack of financial support, genetic illiteracy among populations and health providers, the lack of relevant strategies containing a well-defined package with preconception care core indicators, and the lack of observational data (because diagnosis of the majority of congenital disorders required sophisticated clinical and laboratory facilities).

The importance of adopting the preconception care framework was emphasized, with a focus on strategic orientations, key interventions, service delivery channels and target populations. Communication channels, operational research, and monitoring and evaluation were identified as necessary elements to be considered when developing preconception care national strategies.

Coordination among partners is also a vital element, particularly in relation to the establishment of a preconception care national task force, the development of a national strategy, integration of the preconception care package within existing health programmes, and the strengthening of follow-up and evaluation activities.

Based on the deliberations, the next steps needed to move preconception care forward in the Region were identified (Box 1).

Box 1 Next steps

Member States

1. Communicate identified priority actions to the concerned strategic decision-makers.
2. Develop operational plans for strengthening preconception care services for the period 2016–2017.
3. Integrate the preconception care package within the existing programme rather than as a vertical programme.
4. Identify areas that require technical support from WHO, UN agencies, academia, international organizations and other concerned partners.
5. Submit operational plans by 1 July 2015.
6. Conduct an assessment of preconception care gaps and develop the preconception care plan of action (including monitoring and evaluation indicators) accordingly.

WHO and partners

7. Draft the suggested preconception care core interventions list and framework within two weeks and share it with participating countries and experts for finalization by December 2015.
8. Provide technical support to Member States to develop operational plans for strengthening preconception care services in 2016–2017.
9. Develop a standardized training package based on existing tools and documents.
10. Develop a preconception care network of experts, focal points and other stakeholders, and identify the best model for facilitating continuing communication among experts, Member States and other actors, in order to ensure successful implementation of preconception care interventions.
11. Share preconception care best practices, literature and relevant preconception care materials with countries and ensure their dissemination.