

# Improving health and well-being before, between and beyond pregnancy

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Preconception, reproductive, and preventive health care are foundational to well-being. Practitioners who provide services to people of reproductive age have many strategies to consider in offering equitable, quality, respectful whole-person care.

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Narrowly defined, preconception health is the physical, social, and emotional health of a person before pregnancy. Broadening the definition with a reproductive justice lens expands this to supporting the health and well-being of people of reproductive age, regardless of their intention to become a parent. Well-being is an essential building block for a person, their community, and their current/future family if that is their goal. There are many broad recommendations for improving health and wellness for people of reproductive age. In 2014, a national meeting of experts in the United States suggested that preconception care should be integrated into clinical and preventive care – reiterating the ‘every woman, every time’ approach (Before, Between & Beyond Pregnancy, 2021). They also underscored the importance of providing quality, actionable health information and education to a diverse group of people. Equally, the recommendations included developing clinical care supports and tools, harnessing the potential of technology and health information systems, and encouraging researchers, public health professionals, and practitioners to develop measures to improve clinical care and community services (Johnson et al., 2014).

This approach was reiterated in a 2016 article that focused on the importance of a health equity and health justice perspective as foundational to preconception health programs, resources, and care (Verbiest et al., 2016). More recently, ‘Preconception Health and Care: A Life Course Approach’, by Shawe, Steegers and Verbiest (2020) offered a series of recommendations. The first highlighted the importance of access to continuous, quality, culturally appropriate, comprehensive care across the life course. The authors emphasized the potential that preconception health programs have to advance

reproductive justice and equitable health outcomes for people and their families. They called for practitioners to engage with the populations they serve to co-create new strategies for providing care and urged governments and philanthropic organizations to fund these ideas. Finally, they encouraged a collective investment in building healthy and economically sound communities and then collecting population and clinical data to measure change and reveal disparities (Shawe et al., 2020).

In September 2021, the National Preconception Health and Health Care Initiative led by the University of North Carolina at Chapel Hill’s Schools of Social Work and Medicine, convened a national, virtual summit entitled ‘Future Forward: Equity Centered Wellness’. The event highlighted diverse voices and underscored the necessity of taking a holistic view of the health care and wellness supports and resources that people, families, and communities need. People want and need comprehensive care that considers their mental and social well-being as well as their physical health. There is a desire for services that are tailored to each person’s unique needs and circumstances, and which are provided in a way that inspires hope and supports individuals’ reproductive health goals. Health care providers, public health leaders, and community leaders need to pay attention to the conditions that support health and to assure that programs and strategies honor diversity and advance equitable outcomes for all people regardless of their identity.

Figure 1 offers a visual depiction of Whole-Person Care. This considers the complete needs of individuals and helps connect them with the information, treatment, and services needed to support each individual’s well-being. This requires improving cross system connections, data sharing, service coordination, financial flexibility, and collaborative leadership (Maxwell et al., 2014).

**FIGURE 1: WHOLE-PERSON CARE**  
(MAXWELL ET AL., 2014)

The recommendations and approach described are intended to push the health and social care sectors toward innovative thinking and action. Practitioners who work with people of reproductive age, birthing people, and new families have a unique opportunity to provide intergenerational whole-person care. Four strategies are suggested below. The specific approach within each strategy will vary based on the practitioner's role, training, and opportunities for engagement with people of reproductive age.

### STRATEGY 1: SUPPORT ACCESS TO QUALITY, PREVENTIVE CARE AND MENTAL HEALTH SERVICES ACROSS THE LIFE COURSE

Millions of women across the globe do not receive regular, preventive health care, including routine screening for health conditions, health education and promotion, and access to interventions (Johnson et al., 2014). While the United States' health care system has a robust standard of preventive care and interventions for children - and interest in extending that to adolescents - only recently has there been an effort to identify and fund routine preventive services for women (Women's Preventive Services Initiative, 2016). Access to regular care, including mental health and behavioral health, is an essential component of preconception wellness.

Women who have experienced difficulties conceiving, miscarriage, stillbirth, or early infant loss are often under-served and under-recognized by maternal and child health practitioners. Yet, this cohort of women are likely to be the people who have the greatest need for whole-person care. Many may be living with one or more chronic conditions and struggling to coordinate their care across specialists. Preconception health messages need to be carefully tailored to recognize their unique needs in their desire to become a parent.

Research has also shown that mothers who have newborns who require intensive nursery care are more likely than mothers of healthy

babies to have experienced a traumatic birth and to have one or more chronic conditions. They are also at higher risk of experiencing depression and anxiety. This is another group of women who need increased services and coordinated care (Verbiest et al., 2020).

One way to meet these needs is to opportunistically use existing opportunities, such as connecting parents and caregivers to appropriate services during a pediatric visit for their child as well as encouraging home visitors and community health workers to help prepare people to make the most of upcoming healthcare encounters.

#### Practice Pointers:

- 1) Providers and their teams should support seamless transitions of care from regular preventive care and family planning through prenatal care and postpartum care (if appropriate to that person's goals) and back to preventive care. All populations of people, regardless of pregnancy goals, benefit when health care systems and providers work in concert to support their care. Offering additional services such as care coordination for people with chronic conditions, including physical, mental and behavior conditions, would be beneficial. Seamless care includes sharing of medical records and health information across providers and ensuring clear communication when multiple providers are involved in a person's care. One important care transition that is often overlooked is when adolescents move from pediatric to adult care providers.
- 2) Qualitative work highlights the many instances of miscarriage, infertility, and infant loss experienced by women with chronic conditions. This suggests that professionals need to listen and respond to grief and loss, as well as to partner with the woman to identify and secure access to practitioners who can support her in this journey.
- 3) Help people make the most of their health care encounters, including building their confidence to ask questions.
- 4) Identify mental health hotline numbers and resources in your country to share with patients. For example, in the United States, the JED Foundation hosts many resources for young adults (<https://jedfoundation.org/mental-health-resource-center/>) and the Mental Health First Aid program offers resources and training (<https://www.mentalhealthfirstaid.org>). Many are free, anonymous and provide 24/7 access via text, chat, email, telehealth, and more.
- 5) One important note: while whole-person care includes support in areas such as housing, jobs, and education, health practitioners should screen for the social determinants of health only if they can offer meaningful referrals or follow-up assistance.

## STRATEGY 2: PROVIDE MESSAGES AND EDUCATION IN A WAY THAT MODELS 'YOU MATTER'

The days of handing a person a one-page list of 'dos and don'ts' for preconception health as the only educational tool are over. While plain language guidance is important, telling a person to 'lose weight', or 'reduce stress', or 'change medications' is not helpful on its own. In fact, this can generate new sources of stress for people who may wish to make these changes but do not have the resources to do so. Further, images used in educational materials that focus on people who are thin, attractive, members of the country's dominant culture (e.g., in the USA, white people), and engaging in activities that require financial resources, do not connect with many of the people who need access to information and support. A detailed report on preconception health communications was published with recommendations in 2018 (The Lancet, 2018).

People want information and advice tailored to their unique needs and circumstances. They want action steps that are doable with reasonable goals, shared in a language that works for them. Being mindful of concepts of adult learning and literacy can make materials more accessible to more people. Improving accessibility may include providing messages in a variety of formats, including video, audio and written text, as well as using pictures and icons to provide context clues for written messages to engage readers with lower levels of literacy. Messaging that combines information from experts, such as physicians and midwives, with perspectives from the intended beneficiaries, for instance on how to use the expert information, can be powerful and effective. Receiving and responding to feedback from the

people being served as well as the practitioners who might use the tools is essential. Asking for that feedback early and often will ultimately save time and resources by creating messages and tools that resonate with each community.

The Show Your Love Campaign ([www.showyourlovetoday.com](http://www.showyourlovetoday.com)) in the United States was created to reach young adults with a variety of health messages. Instead of focusing on preconception health, the resources are designed to focus on health and wellness overall, with specific information when there are special considerations for people who wish to become pregnant. The images and language were carefully selected to highlight social justice considerations. (See Figure 2)

### Practice Pointers:

- 1) Support ALL people to better understand fertility and reproduction by taking time to offer and discuss resources and education.
- 2) Build health and social care providers' skills in shared decision-making conversations and motivational interviewing as ways to help people identify clear, actionable strategies that they can undertake.
- 3) Use positive framing and messages of self-care and self-love. Be ready to encourage people on their journey, recognize their strengths, and help them troubleshoot when they run into barriers.
- 4) Pay attention to social media and consider proactively posting and sharing quality resources, videos, apps and materials. Make sure that images reflect the diversity of your community. Many seek health information on social media, so sharing creative and trustworthy social media sources can be helpful.
- 5) Whole-person care means considering each individual's social circumstances as well as mental and physical health. It should take into account people's desire and ability to modify behaviors and assist each person to be clear about their priorities.
- 6) Consider taking a family approach in identifying and supporting positive behavior change.

FIGURE 2: SHOW YOUR LOVE CAMPAIGN WEBSITE



## STRATEGY 3: CREATE OPPORTUNITIES TO TALK ABOUT A WOMAN'S/PERSON'S/COUPLE'S INTEREST IN BECOMING PARENTS

Opening the door for people to talk about their thoughts and wishes for becoming parents can be a powerful relationship builder and a way to provide tailored care. However, conversations about reproduction are also inherently value laden. People have opinions about who should become parents based on relationship status, age, economic status, parity, health status, and racial and ethnic identities. Practitioners should reflect on their own biases and acknowledge the ways these can affect how they approach prospective parents. It is essential that practitioners believe – and behave in ways that reflect this belief – that they are there first to listen and then to provide support

for the person in achieving their goal, not to try to change their goal.

This conversation works best when it feels natural – for example, at an annual health check, in a contraception clinic or when closing out postpartum care. Ideally, it is approached in the context of a good patient-provider relationship. It can be a difficult conversation for people who may be struggling with infertility (primary or secondary) or who have experienced a miscarriage or major relationship challenges. As such, consider asking whether this is the right time for them to have the conversation. Remember, it is not unusual for plans and wishes to change. Further, it is important for people to understand it is okay to ‘not know’ or to not already have a reproductive life plan. The conversation itself, and providing relevant information, can help them think more clearly about their future.

It is generally advisable to use a standard approach to asking all patients about their reproductive goals, as a consistent, system-wide approach can help decrease inequities in screening and service provision. There are several different models for asking patients about their reproductive desires. One model that is being used extensively in the U.S. is the PATH Framework developed by Envision Sexual and Reproductive Health (Envision SRH, 2020). (Figure 3)

The PATH questions have been used with women, men, transgender, and gender non-binary/gender fluid folks, as well as those who are in heterosexual and queer relationships, at all ages across the reproductive years. By using a standardized set of questions that are both person-centered and do not communicate provider bias, the PATH approach opens the door to a nuanced conversation that takes into account current desires for (more) children, future goals, and timing. This leads to more opportunities to support people in receiving quality care, including tailored education, decisional support and advice, and access to appropriate resources. Positive outcomes, such as better contraceptive method matching, reduced fetal exposure to teratogenic medications, and timely fertility-related counseling and treatment, can follow. If this framework is used in a non-clinical setting or a setting where contraceptive or infertility services are not available, it is important to make sure that appropriate referrals to required services are part of the follow-up.

**Practice Pointers:**

- 1) Asking about people’s reproductive goals and desires can be a powerful tool to learn more about the context of their lives and build a stronger relationship between practitioner and patient/client.
- 2) Practitioners must interrogate their own biases, specifically about who should have children and how families are made.
- 3) Using a standardized, person-centered framework when asking people about their goals can help reduce inequities.
- 4) If asking questions about reproductive goals, have a plan for following up, including making referrals for necessary services.

**STRATEGY 4: PROVIDE RESPECTFUL CARE**

Preconception, preventive, and reproductive health care create the opportunity to benefit at least two generations. When conversations are approached thoughtfully, they can build trust and confidence, which in turn can lead to improved health outcomes. When such conversations are not respectful, sensitive and person-centered, they can cause harm, pain and lead to health disparities.

Whole-person care requires practitioners to demonstrate a nuanced approach. For example, women who are overweight or obese experience frequent discrimination in care. Before making a quick recommendation to lose weight, consider other factors in her life that could influence weight – medications, lack of sleep, high stress, chronic conditions or lack of access to a safe place to exercise. Further, ‘normal’ weight may not reflect what is considered to be healthy and beautiful in different cultures. Practitioners can approach this conversation by asking the person how they feel about their weight and go from there.

A trauma-informed approach to care is important given the level of violence that women across the globe experience, including intimate partner violence, military sexual trauma, rape and other forms of sexual assault, child abuse and neglect, terrorism, natural disasters, and street violence. Violence, whether physical or emotionally harmful or life-threatening, has lasting adverse effects on a person’s ability to function. Trauma-Informed Care principles include the four Rs:

~ **Realize** the prevalence of traumatic events and the widespread impact of trauma

**FIGURE 3: THE PATH FRAMEWORK (ENVISION SRH, 2020)**

**The PATH Framework**  
 (Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention)

1. Do you think you might like to have (more) children at some point?
2. When do you think that might be?
3. How important is it to you to prevent pregnancy (until then)?

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- ~ **Recognize** the signs and symptoms of trauma
- ~ **Respond** by integrating knowledge about trauma into policies, procedures, and practices
- ~ **Resist Re-traumatization** (AHRQ, 2016).

It is important for practitioners to understand their own trauma in order to provide this essential care.

#### Practice Pointers:

- 1) Understand about how your service/clinic/program is perceived by people in communities who are experiencing health disparities. History does matter.
- 2) Seek training opportunities for yourself and make them available for your team. Take time to learn more about the people you serve who experience health disparities. Consider how your identity and experience impact your ability to provide equitable care.
- 3) Ask people about their pronouns. Never assume how someone looks is how they identify, including race/ethnicity. Be sure screening tools are welcoming to different sexualities in a non-judgmental way. Recognize that people in the LGBTQ+ community are more likely to have unplanned pregnancies and suffer from unmet health needs than other groups.
- 4) Provide resources and have conversations in the language of the people you serve. Employ people with similar identities to the people you serve.
- 5) Collect and review data from your service/program to see if you are providing care in a way that results in equitable outcomes. If you see differences, take time to explore why these might be happening, including talking with the people you are serving and reviewing patient satisfaction data. Be open to making changes.
- 6) Consider using these phrases: 'I believe you'; 'I see you'; 'I trust you to be the expert about your own body'; 'I'm here to support you no matter what. I want to help you reach your goals'. Acknowledge that it is 'okay to not be okay'.

#### SUMMARY

There are many opportunities for supporting the complete health and well-being of people before, between, and beyond pregnancy. Practitioners have an important role to play given their unique relationships with the people and families who could benefit from preconception or interconception education and care. Whole-person care means that practitioners and their organizations need to build partnerships with other agencies and sectors to provide the best services possible. Partnerships that are multi-directional and involve agencies really understanding each other's processes and policies, as well as the services provided, can more easily withstand personnel changes and help smooth the way for people to receive comprehensive, whole-person care.

In many communities, necessary resources, funding, and/or policies may not be in place to

fully support the care and structures needed to enable people's preconception health, education and care. Practitioners can be powerful advocates in their local community for policies and funding decisions that support people in leading healthy lives. In some communities, this may mean supporting funding to improve the built environment, such as provision of sidewalks and parks for people to exercise and reduce stress. In others, practitioners may need to advocate and educate on the need for essential healthcare funding and infrastructure.

The most important strategy is the one where you can begin! Identify what will work best for your organization and your clients and then get started. Regularly checking in with the people you serve, paying attention to practitioner biases and seeking to mitigate their effect, and keeping whole person-centered care at the heart of your work will allow you to better support the people you serve across their reproductive years.

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#### REFERENCES

- Before, Between & Beyond Pregnancy (2021) Module 2: Every woman, every time – integrating health promotion into primary care. Available at: <https://beforeandbeyond.org/modules/module-2-every-woman-every-time/> <accessed July 12, 2020>
- Envision SRH (2020) The PATH Framework. Available at: <https://www.envisionsrh.com/path-framework>. <accessed November 12, 2021>
- Johnson, K., Balluff, M., Abresch, C. Verbiest, S., Atrash, H. (2014) Summary of findings from the reconvened Select Panel on Preconception Health and Health Care. Available at: [https://beforeandbeyond.org/wp-content/uploads/2014/03/002192\\_Preconception-Health-Report-Booklet\\_5th.pdf](https://beforeandbeyond.org/wp-content/uploads/2014/03/002192_Preconception-Health-Report-Booklet_5th.pdf). <accessed November 16, 2021>
- Maxwell, J., Tobey, R., Barron, C., Bateman, C., Ward, M. (2014) National approaches to whole-person care in the safety net. Available at: [https://publications.jsi.com/JSIInternet/Inc/Common/\\_download\\_publication?id=14261&lid=3](https://publications.jsi.com/JSIInternet/Inc/Common/_download_publication?id=14261&lid=3) <accessed November 16, 2021>
- Shawe, J., Steegers, E.A.P., Verbiest, S. (2020) Preconception Health and Care: A life course approach. Basingstoke: Springer.
- The Lancet (2018) Preconception health. (series) Available at: [thelancet.com/series/preconception-health](http://thelancet.com/series/preconception-health) <accessed 29 November, 2021>
- Verbiest, S., McClain, E., Woodward, S. (2016) Advancing preconception health in the United States: Strategies for change. *Upsala Journal of Medical Sciences*, 121(4):222-226.
- Verbiest, S., Ferrari, R., Tucker, C., McClain, E.K., Charles, N. et al. (2020) Health needs of mothers of infants in a neonatal intensive care unit: A mixed-methods study. *Annals of Internal Medicine*, 1(173): S37-S44.
- Women's Preventive Services Initiative (2016) Available at: <https://www.womenspreventivehealth.org/about/> <accessed 21 November, 2021>