

Highlights from the North Carolina Preconception Health Strategic Plan

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In June 2006 the North Carolina Folic Acid Council, the North Carolina Chapter of the March of Dimes, and the UNC Center for Maternal and Infant Health created an inventory of preconception health activities in North Carolina. The resulting booklet, *Looking Back Moving Forward: North Carolina's Path to Healthier Mothers and Babies*,¹ was developed in response to a recommendation from the US Centers for Disease Control and Prevention (CDC)² and included action steps for the state. The booklet was officially released on March 14, 2007 by a leadership team that included the North Carolina Chapter of the March of Dimes, the North Carolina Folic Acid Campaign, the University of North Carolina Center for Maternal and Infant Health, and the North Carolina Division of Public Health.

The task for the team was to spearhead a collaborative process for developing North Carolina's preconception health strategic plan. The team organized a series of statewide "think tank" meetings between March 2007 and June 2008 and invited individuals and agencies to discuss preconception health and create a state plan. The team invited a broad spectrum of representatives from agencies including the Department of Public Instruction, local health departments, public and private universities, community-based organizations, nonprofit agencies, and consumers from around the state. Their goal was to engage representatives with a wide array of experience to take ownership of the next steps in preconception health. The Center for Maternal and Child Health offered its website (<http://www.everywomannnc.org>) to post minutes from think tank meetings, to collect feedback and ideas, and to relay messages back to the larger community.

More than 80 individuals from agencies around the state participated in think tank meetings and identified the following themes and areas as action steps for preconception health: social marketing and health promotion for consumers; clinical practice; public health and community; public policy and finance; and data and research.

Through the think tank process, the following guiding principles emerged in creating a preconception health plan for North Carolina women:

1. Utilize a collaborative planning, implementation, and evaluation process that includes a large and diverse group of partners across North Carolina.
2. Infuse community development and consumer leadership into each step of the plan.
3. Prioritize programs with the potential to address health disparities.
4. Consider women's health needs and related wellness recommendations within the context of their family and communities.

5. Focus on the whole woman, not only on her reproductive capacity.
6. Avoid messages that imply that certain women should or should not become mothers.
7. Address the gap between "knowing" and "doing" by bridging the transition from information to behavior change.

The goals of the Plan are to:

1. Develop partnerships and work collaboratively to integrate preconception health into existing programs and services, as well as to design new interventions.
2. Advocate for change at programmatic and policy levels to create an environment that promotes the health and well-being of women of reproductive age.
3. Promote and support preconception health-related research, surveillance, and evaluation to monitor progress and build a strong evidence base for interventions.
4. Focus resources on partnerships, programs, and services that address disparities in women's health.

Over the course of one year, a series of four additional think tank meetings occurred to collect ideas to understand how preconception fits into existing work and to develop the components of the plan. Participants examined data on health issues that impact birth outcomes and identified priority areas of focus including pregnancy intendedness, obesity and related conditions, substance abuse, and mental health. Focusing on these areas may improve a woman's health, affect her ability to conceive, and impact her baby's health outcome. Participants also agreed to prioritize collaborative research on preconception-focused topics, policy development, and access to care.

In January 2008 two work groups—Pregnancy Intendedness and Women and Overweight/Obesity and Related Conditions (WOW)—began meeting each month to identify strategies, objectives, and potential partners. In November 2008 the *Preconception Health Strategic Plan* was completed in booklet format and made available online.³

The Plan has three sections; the background, the Plan's framework, and the Plan's goals and strategies to achieve the goal. The Plan's broad goal is to increase preconception awareness among women and men. Goals also include increasing awareness of the importance of healthy weight and healthy eating during the reproductive years, particularly the benefits of increased fruit and vegetable consumption. Additional goals are to increase awareness of the importance of reproductive life planning; to promote among health care providers and community health workers the practice of assessing, counseling, and referring for preconception health issues, including reproductive life planning and healthy weight; to increase the overall ability of health care providers

to counsel, prescribe, and refer patients for appropriate and high-quality family planning methods, particularly for women with chronic conditions; and to improve communication with and successful outcomes for patients, community health workers, and providers of different ethnic and cultural backgrounds. Other goals are to increase access to care for high-risk women who have had a previous high-risk pregnancy or poor birth outcome or who have a chronic medical condition, particularly among women of minority populations; to decrease barriers in private and public health care systems that impede pregnancy planning and spacing; to ensure availability of safe and effective family-planning methods for women with chronic conditions through both public and private health care systems and programs; and to increase utilization of primary health care services by women of reproductive age. Lastly, the Plan incorporates a goal to increase workplace, economic, and social support for pregnancy, childbirth, and breastfeeding.

The two work groups restructured to form four work groups which continue to meet to address pregnancy intendedness and healthy weight within the context of four main goals identified by the strategic plan:

- Increase consumer and community awareness about preconception health.
- Ensure quality preconception care and practice among health care providers and community outreach workers.
- Expand access and affordability of preconception care.
- Advocate for environmental and policy changes that support preconception health.

The work groups have completed several projects thus far, including:

- Development of a reproductive life planning tool for consumers which includes pregnancy planning tips and referral sources.
- Development and administration of a telephone/email survey of approximately 50 health care providers to gather information on preferred preconception topics, tools, and learning opportunities in preconception health.
- Development of a maternity leave checklist, "Journey through Pregnancy: A Checklist for State Employees," which includes benefits, health tips, and resources for employed women who are planning for pregnancy and maternity leave.
- Facilitation of the addition of an intranet-based pregnancy planning resource from the March of Dimes

and Healthy Babies, Healthy Business for the State Health Plan website

- Promotion of body mass index (BMI) assessment and healthy weight guidance in family planning and maternity clinics.
- Promotion of appropriate gestational weight gain through training and materials provided for regional nurse consultants, local health department practitioners, and others.

On the policy side, members of the leadership team and workgroups have been instrumental in introducing Senate Bill 243 and House Bill 480 which authorize the North Carolina Division of Medical Assistance to apply for a waiver that would cover care for low-income women who have had a previous high-risk birth. The bills have passed health committees in the Senate and in the House but have not been voted on in either chamber. In addition, the intendedness work group is collaborating with the Health Resources and Services Administration grant team and the Division of Public Health on marketing reproductive life planning.

A major force in this effort, the North Carolina Folic Acid Campaign, is adding preconception health messages to their message to take a multivitamin daily. The Campaign has begun with the topic of healthy weight since there is a natural link between vitamins, healthy weight, and nutrition; and health care providers have requested information and tools to help them work with their patients to achieve healthy weight.

The leadership team and many involved partners have learned that a collaborative process such as this one takes time. The time and the number of people and ideas involved have made it a comprehensive, thoughtful plan. We invite you to join us in this work to improve the health of women and infants in our state. You may join any of these efforts by contacting Anna Bess Brown, March of Dimes North Carolina Chapter [abrown\(at\)marchofdimes.com](mailto:abrown(at)marchofdimes.com) or Alvina Long Valentin at [alvina.long\(at\)ncmail.net](mailto:alvina.long(at)ncmail.net).

The vision of the North Carolina Preconception Health Strategic Plan is to improve the health of women of childbearing age in North Carolina. Through a collaborative focus on women's wellness, North Carolina will improve the quality of life for women as well as the health of infants.

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