

reconception and Interconception Health¹ refer to the state of a woman's health before and between pregnancies. Preconception and interconception health care is a set of interventions to identify and modify biomedical, behavioral

and social risks to a woman's health or pregnancy outcome through prevention and management. The goal of the care is to promote the current and future wellbeing of the woman and enhance the health of any future pregnancy and child.

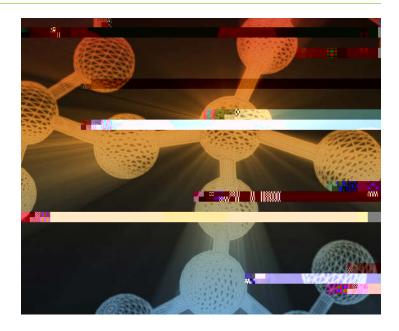


Wh. P econcep ion/In e concep ion Ca e and Heal h Ma e

- A woman's health during her reproductive years influences her overall wellbeing.
- A woman's health and wellness habits will directly influence those of her family.
- A woman's health directly affects the wellbeing of any children she may have.
- A woman who enters pregnancy at a healthy weight may have a reduction in poor maternal-fetal outcomes and decreased lifelong risk for chronic diseases for both the mother and child.
- A woman who retains weight gained during pregnancy is at increased risk of obesity, chronic diseases including diabetes or insulin resistance, and has a higher risk of postpartum depression.
- Babies born at either low or high birth weights are at risk for lifelong chronic disease and obesity.
- Babies born to women who experience preconception health care should be less likely to be premature, low or high birthweight, have a birth defect or other disabling condition.

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P econcep ion Heal h: The Role of N i ion



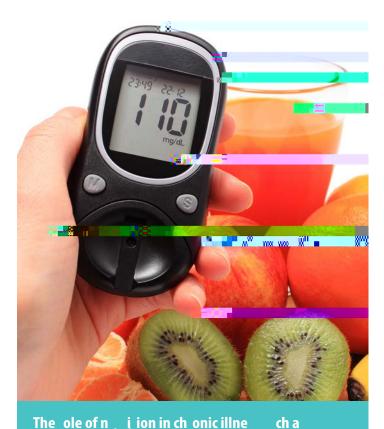
There is an intergenerational effect where the health of one generation affects the health of the next. Maintaining a woman's health prior to and between pregnancies is entirely consistent with this approach, recognizing that the health of the mother and child cannot totally be separated. While interconception care is traditionally viewed as short-term, LCT treats this time frame as open-ended beginning with the end of one pregnancy and ending only after the next conception has been diagnosed or the woman is no longer able to conceive.

Fe al O igin H. po he i

The **Fetal Origins Hypothesis** (also known as the Barker Hypothesis) amplifies the importance of nutrition throughout the life course of a woman and her child. Evidence links adverse exposures in early life to chronic disease susceptibility in adulthood. Nutrition is a major intrauterine environmental factor that alters expression of the fetal genome and may have lifelong consequences. These changes may result in increased incidence of certain

P econcep ion Heal h: The Role of N _ i ion

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been shown in several studies to be at increased risk for adverse maternal and neonatal outcomes, and association with excessive gestational weight gain and postpartum weight retention. This is particularly true among women who are Black as well as from low socio-economic status backgrounds. Short interconception spacing, combined with high gestational weight gain, and four or more births are associated with risk of obesity. ^{25, 26, 27, 29, 29}

N i ion and E i ing Heal h Condi ion

The role of nutrition in chronic illness such as diabetes or hypertension must also be addressed. Women under medical care for chronic conditions such as diabetes, hypertension and metabolic syndrome often require medical nutrition therapy as part of their preconception and pregnancy clinical care. Acute conditions such as anemia are treated with diet and medication. Other conditions, like epilepsy and HIV infection, require medications that may alter nutritional status. Some high-risk pregnancy conditions like preterm birth, gestational diabetes or hypertension may reoccur in subsequent pregnancies. Several of these adverse health conditions have a nutrition component, which should be addressed between subsequent pregnancies.

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Die a q ali , heal h eigh and medical n i ion he ap (fo omen i he i ing heal h condi ion) a e impo an componen of p econcep ion ca e, a he a ec omen' ho and long-e m heal h and f e p ena al o come. P econcep ion n i ion opic incl de: en e ing p egnanc a a heal h eigh, die a q ali and he e of folic acid. Po -pa m n i ion e o incl de: e ning o a heal h eigh, die a q ali and ppo fo b ea feeding. Medical n i ion he ap m al o be p o ided a pa of he ea men fo ce ain heal h condi ion.

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Wha P blic Heal h N i i ioni Can Do o S ppo P econcep ion Ca e



WIC services can be adapted to reflect an interconception approach that is culturally appropriate. Postpartum care is routine in WIC and by adopting a broader interpretation,



¹Minnesota Department of Health. Preconception and Interconception Health page. http://www.health.state. mn.us/divs/fh/mch/preconception. Retrieved April 2015.

²Moos, MK, Bandura, M Posner SF, Lu MC. Chapter 5: Quality Improvement

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