

It Takes ALL of US:

Promoting Preconception Health in Delaware

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Background

Chronic diseases and adverse health behavior known to affect pregnancy outcomes are prevalent among women of reproductive age (15–44 years). African-American and minority/Hispanic women are disproportionately affected by poor health with higher rates of comorbidities and chronic health conditions than White women.¹

In Delaware, risk factors such as obesity, preeclampsia, and high blood pressure are on the rise in women of reproductive age. In addition, almost 40% of Black mothers experience a maternal mental health condition such as depression or anxiety. However, when compared to White women, Black women are half as likely to receive treatment.² These health issues, coupled with a need for education in positive health practices and self-care, are all significant contributing factors to the widening disparity gap, and contributes to poor maternal and infant/child health outcomes.

These chronic health issues present unique reproductive challenges for women. A focus on preconception health results in improved reproductive outcomes. Life planning can be an effective tool to improve knowledge of preconception, contraception, and interconception health, which is especially helpful in women with chronic diseases and is helpful for maternal/child health outcomes in all women, regardless of health status.³

Additionally, issues such as lack of access to resources like health insurance, provider shortages, and difficulty accessing primary care and maternal health care in high-risk communities, as well as a lack of knowledge of the importance of preconception care, contributes to maintaining and perpetuating these disparities.

Delaware Healthy Mother and Infant Consortium/DPH Initiative

The Delaware Healthy Mother and Infant Consortium (DHMIC), supported by the Delaware Division of Public Health's (DPH) Family Systems, aims to address these health disparities by ensuring that all women are offered education and information during every health care visit in order to get and stay healthy BEFORE becoming pregnant. This is the primary goal of the "Every Woman Every Time" Well Woman Initiative for Delaware.

Another approach to reduce health disparities being utilized by the DHMIC/DPH is the implementation of place-based initiatives (PBIs). These initiatives address social determinants of health (SDOH) by providing preconception and maternal care services and support in high risk target areas through community mini-grant partners. In addition, community health workers are trained and deployed in high risk communities to meet the needs of women and provide informal counseling, promote healthy behaviors, screen for SDOH, and refer to resources and services in Delaware.

DHMIC/DPH also disseminates information to the community through the use of the DE Thrives social media campaigns and provision of educational resources and materials such as life plans for women, men and teens; health information for women before, during and after pregnancy; community outreach; and Black maternal health awareness, including HerStory.com, which are available on the DE thrives website (<https://dethrives.com/>).

Community Partnerships to Address Social Determinants of Health

Social determinants of health (SDOH) are defined as the circumstances where people are born, grow up, live, play, and work and have a significant role in shaping health outcomes.⁴ Women, infants, and young children in high-risk communities are exposed to unhealthy lifestyle/behavioral risk factors such as poor nutrition, physical inactivity, and smoking, as well psychosocial issues such as isolation and abuse.

These risk factors, as well as toxic stress, can result in life threatening conditions, poor maternal health conditions, and adverse pregnancy outcomes such as prematurity, low birth weight, and infant/child death. Research has shown that women, children and families do their best and have the ability to thrive when they are living in strong and supportive communities with access to the resources that they need.⁴

Through interviews conducted statewide in Delaware (available on dethrives.com/her-story), African American women have expressly stated that there is a need for support with obtaining mental health treatment; they feel unheard/unseen by their health care providers; and that biases such as racism, social status, and lack of access to quality food, healthcare, and education are significant barriers to optimal health.

‘Healthy Women, Healthy Babies’ is a program designed for women who are at risk for poor birth outcomes in Delaware, and facilitates comprehensive preconception, prenatal, and interconception care to women, regardless of insurance status. The DHMIC/DPH supports seven healthcare partners throughout Delaware to provide this program. The program seeks to address health issues and SDOH by providing services and wraparound supports for women who want to live healthier lives, plan to become pregnant, or who are pregnant. The long-term goal of this program is to reduce disparate birth outcomes and save the lives of both babies and their mothers.

The ‘Healthy Women Healthy Baby Zones’ is a separate program that is a joint initiative of the DHMIC, DPH and the community as a part of the infant mortality reduction work in Delaware to address SDOH by implementing non-medical community-based interventions through community partners to build state and local capacity.

Currently, the DHMIC/DPH has eight community-based organizations that have been awarded mini-grants anchored in best practice and promising approaches to implement small scale innovative strategies in the community targeted at the root causes of infant mortality in order to improve SDOH and equity in birth outcomes.

Mini-grantees are focused on specific areas of need such as:

- Resources for self-care and preventive physical health care;
- Stress, anxiety, and other mental health concerns;
- Need for pregnancy planning and reproductive health education;

- Isolation and disconnection; and
- Need for emergency financial support.

The communities of primary focus are those with high risk factors such as high infant mortality, high premature birth rates, poverty and/or other societal/community risk factors. Through these community partnerships over 550 women have been served between the ages of 15-44 (primarily women of color). These partnerships have resulted in statistically significant reductions in stress—including increased feelings of hopefulness—and reductions in financial stress. It has also resulted in over a dozen trained doulas who are women of color, and increases in breast-feeding initiation and duration.⁵

Life Planning in Preconception Health

Women of reproductive age are very diverse, with numerous health and psychosocial issues that can affect their reproductive health. In addition, there is a wide variety of healthcare delivery settings, making it difficult, if not impossible, to establish one ‘best’ standard model of preconception care for all women. Because of this, preconception care interventions must be uniquely tailored to women with regard to their specific circumstances, health needs, and personal desires.

A life plan (LP) is extremely useful in preconception healthcare, as well as interconception care, to ensure that health conditions and behaviors that may pose a risk to mothers and infants are identified and managed.¹ A life plan is much more than just asking about pregnancy intention. If implemented and utilized to its full capacity, it is a cost-effective preconception counseling tool that can be utilized in a variety of healthcare settings for women with chronic health diseases, as well as healthy women who may need guidance on maintaining their health and developing a plan for their healthcare future whether intending to become pregnant or not.

Use of a life plan has also been shown to be effective in managing the unique challenges that women with chronic health conditions experience during pregnancy. Preconception care targeted to African-American and minority women who may be at risk for poor birth outcomes has been shown to be effective when specific risk factors are identified and appropriate interventions are put into place. LPs are a useful tool to help identify women who are at risk and provide appropriate interventions and recommendations to resources based on the unique health care and personal needs of the woman.¹

The DHMIC is a proponent of the life course model and the utilization of a life plan. The life course model is based on the understanding that an individual's health status is a compilation of cumulative life conditions. Therefore, individual interventions should be tailored to account for the impact of social and environmental exposures on an individual's health, both positive and negative.⁶ A life plan provides a way to tailor interventions most appropriate for the individual.

Through the DHMIC, the ‘My Life My Plan for Women’ located on the DE Thrives website (available in print and online at <https://dethrives.com/mlmpw/overview>) was created as an interactive way to help women think through their health goals, plan for the future (whether intending to become pregnant or not), and make healthy decisions. This provides an excellent opportunity for providers and community workers to educate and empower women to become involved in their own health future and advocate for their needs.

The primary goal of the DHMIC in regards to life planning is to engage as many Delaware women as possible to utilize a life plan and think through their health behaviors, pregnancy intention, and health choices. Another DHMIC objective is to engage as many clinicians, educators, peer counselors, and other community workers in utilizing the life plan in their work with Delaware women, and sharing the life planning tools provided by the DHMIC.⁷

In addition to the provision of these resources and information, the DHMIC engages the community through the DE Thrives social media page, and provides education for providers and community health workers working with women of reproductive age that may be at risk.

Summary

Life planning and the implementation of place-based initiatives to address SDOH in high risk communities are key strategies in Delaware promoted by the DHMIC/DPH to improve maternal/infant health outcomes and address health disparities. There has been progress in reducing maternal/infant health disparities over time, however more work needs to be done to eliminate these disparities.

The use of a life plan for every woman and individual of reproductive age in Delaware could go a long way in helping to close that gap. Continued utilization of community partners through the mini grant program to deliver services and resources to high-risk communities is a place-based initiative that has also proved to be successful.

By continuing to provide education, resources, and promote community provider engagement, the DHMIC—in collaboration with DPH—helps to promote health equity by enabling ALL Delaware women to make a plan for their health future. Furthermore, it promotes and encourages women to manage chronic conditions before pregnancy, until ‘Every Woman Every Time’ receives the education and information needed to get and stay healthy BEFORE becoming pregnant.

As healthcare providers and community workers the potential positive impact of life planning in women of reproductive age cannot be overlooked. The challenge for HCPs and community workers is to consider how life planning can be incorporated into practice to start the conversation about preconception care. It is also important to consider how to partner with community organizations in high-risk areas to address the social determinants of health that can act as barriers to women achieving and maintaining optimal health.

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