



From the Desk of President

FOGSI UNFPA White Paper on Preconceptional Care



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Background:

Preconception care is defined as the provision of biomedical, behavioural and social health interventions to women and couples before conception occurs. It provides an array of effective strategies centered primarily on the health of women of reproductive age, as well as their partners, either before or between pregnancies. Globally, 4 in 10 women report their pregnancies as unplanned, a trend reflected in India, where nearly 48% of pregnancies are unintended (NFHS-5, 2019–21). India accounts for a large share of global maternal and neonatal deaths, many complications of which (such as anemia, diabetes, and hypertension) can be detected and managed before conception, significantly reducing risks during pregnancy and childbirth. As per NFHS 5 (2019-2021), 59.1% of adolescent girls (15-19 years) are anemic, and 41.9% were underweight. Malnutrition, especially anemia and undernutrition, is a major public health challenge for adolescent girls and young women in India. It often begins before pregnancy and heightens risks and adverse outcomes of pregnancy, underscoring the need for preconception care.

Close to 48% of pregnancies in India are unintended, resulting in missed opportunities for health optimization and increased maternal and neonatal complications. India is witnessing increasing rates of obesity, diabetes, thyroid disorders, and mental health issues, even among young women, and preconception care can help screen and manage these non-communicable diseases before pregnancy, preventing gestational complications and long-term health issues in children. Furthermore, preconception care can help reduce disparities by targeting vulnerable populations (rural women, adolescents, tribal groups) with early interventions. By addressing health risks early, preconception care fills a crucial gap in the continuum of RMNCHA services. It strengthens maternal and newborn survival, improves women's overall health and development, and helps break intergenerational cycles of malnutrition and poor health.

FOGSI Statement:

The preconception care is essential for India to address significant reproductive, maternal, and child health challenges. By focusing on improving the health of individuals, particularly women, before pregnancy, preconception care enables better outcomes for mothers, newborns, and future generations

1. The pre-conceptual time frame is a distinct chance to handle current health problems, reduce potential risks, and encourage healthy habits, thereby establishing a base for a healthier pregnancy, delivery, and subsequent child development. By optimizing the health status of individuals before conception, it provides an opportunity to invest in the long-term wellbeing of women, children and couples.
2. Currently India has high rates of unplanned pregnancies (~50%), low awareness among providers and the public, and poor integration of preconception care into routine services. To reduce disparities, FOGSI is planning to hold regular educational and skill building workshops which will help teen pregnancy prevention programs, expanding youth access to care, and linking clinical and community services.
3. The landscape of preconception care in India presents a complex scenario. While its potential to improve maternal and child health is substantial, a comprehensive and unified approach to its implementation is notably absent and thus, the profound benefits that such care could yield remain largely unexploited. To improve coherence and integration with existing initiatives and components FOGSI would like to align with certain interventions related to preconception care that are already being delivered to adolescents and women through the extensive Reproductive Maternal Neonatal Child Adolescent and Nutrition Health (RMNCHA+N) Programme.
4. Based on experiences in other low- and middle-income countries (LMICS), interventions – direct or indirect, can help in delivering preconception care. Direct interventions can be a focus on management of chronic infections, non-communicable diseases, mental health issues, and prevention of substance abuse. The indirect interventions are planned to address gender bias, and social factors which interfere with access to health care.
5. The Key components of preconception care include comprehensive assessment of the medical, social and lifestyle factors that may affect the woman's health and her unborn child. The strategies would include risk assessment, health promotion, pharmacological interventions and detailed counselling.
 - I) Risk assessment:
 - a) Identification of risk factors in the mother like chronic medical conditions like Diabetes, Hypertension and Thyroid disease.
 - b) Identification of Nutritional deficiencies like Iron, Folic acid and Vitamin B12
 - c) Screening for Genetic disorders including carrier screening and genetic conditions if previous affected pregnancy
 - d) Screening for Infections that may be transmitted to the fetus
 - II) Health Promotion
 - a) Avoiding substance abuse, smoking and promotion of a nutritious balanced diet. This will help achieve a healthy weight which is crucial preconceptionally

- b) Ensuring updated vaccinations including MMR, Hepatitis B and Varicella
- c) Addressing mental health concerns and providing support to the those with mental health issues.

III) Pharmacological interventions

- a) Correction of Anaemia and other micronutrients
- b) Preconception control of Diabetes, Hypertension, Thyroid disorders and other medical disorders like Epilepsy and medication adherence
- c) Adequate supplementation of Folic acid

IV) Counselling:

- a) Counselling regarding lifestyle modification and behavioural factors
 - b) Psychological counselling for women with Mental health issues and providing adequate support when needed
 - c) Genetic counselling for families with inherited genetic conditions so as to help couples make choices about reproductive options
6. There may be gaps in the above approach and that would be the absence of involvement of male partners in preconception health care. There is also a lack of preconception care in men. Mental health issues are ignored in women of reproductive age. The experience from LMICS have revealed that all involved stakeholders should join hands for maintaining a sustained, collective action for providing preconception care. FOGSI supports the fact that these efforts should reach the most needy, vulnerable women without fragmentation.
 7. The preconception care also can enhance the possibility of increased anxiety or pressure to make certain choices regarding pregnancy particularly around genetic testing and potential delay in planning the pregnancy or it may cause stigma in society following detection of certain susceptible women or genetic carrier status in women with potential risks to the fetus. Hence a holistic counselling should complement any preconception care session.
 8. The effective implementation of preconception care bundles includes policy and governance issues aligning with existing policies such that the integration into RMNCH+A strategies and convergence with adolescent health, family planning, and NCD programs. The Preconceptional health care Service Delivery Platforms can be both physical and digital. The strategy could be to target facility-based (PHC, CHC, district hospitals), outreach via ASHAs/ANMs, and digital platforms (e.g., eSanjeevani).
This approach could be activated both ways- “woman to facility”, where women who seek other services at existing health care portals are sensitised about preconceptional health in an opportunistic manner or “Health care workers to women” approach where the HCWs particularly reach out to women providing preconceptional health advice. These activities scan be optimised by using digital platforms whenever needed to supplement physical interactions.
 9. The need for specialised HR (Human Resource) preparation for the pre conceptional health sector who need special sensitisation towards the Pre Conception care (PCC) . Capacity building of frontline health workers and physicians on PCC content (nutrition, NCD screening, genetic counselling). Considering many social factors that limit this aspect – involvement of the community based HCW, particularly those dealing with women and child health, is likely to help the most. Use of digital platforms can be very rewarding in achieving this target as training programs can be streamlined, standardised and disseminated to a wider audience with optimal resource allocation. Meaningful community engagement and optimizing resource utilization by intersectoral convergence will help achieve the goal of universal preconceptional care.
 10. The need to define some specific outcome indicators of good PCC health care and then use the regular health monitoring information systems to keep track of these goals. Routine audit of targets and outcomes will help in monitoring and evaluation of the success of the implementation strategies. All the above components need to be addressed to have an effective , implementable strategy for pre conceptional care. There will be a need to consolidate resources at all levels – local , regional and national in addition to adherence of the program to global standards.

Conclusion:

The concept of preconceptional care(PCC) is an important part of holistic health care and if implemented well it can definitely steer achievement of health care goals in a positive direction. A practical, cost-effective and robust implementation framework integrates services into existing primary health services as well as reproductive and maternal health platforms, ensuring equity, continuity, and meaningful community participation.

References:

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