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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Phone: [+61 2 6277 3515](tel:+61262773515)

Email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

Re: The need for universal access to preconception healthcare

The Preconception Health Network

Health status at the time of conception is a predictor of pregnancy outcomes and the future health of parents and children. Optimising health for conception can improve pregnancy outcomes, prevent chronic disease later in life and be cost saving to healthcare systems.

The **Preconception Health Network is a collaborative initiative between the** Centre of Research Excellence in Health in Preconception and Pregnancy (CRE HiPP) and the Sexual and Reproductive Health for Women in Primary Care (SPHERE). The Network is building a national multi-disciplinary and cross-sectoral network that aims to promote best practice in preconception health promotion and care and empowers people to optimize their reproductive health and wellbeing across the life course in the context of a broad socio-ecological framework of health (1).

Our vision, aligned with the National Preventive Health Strategy, is that all people of reproductive age will have the best possible health and wellbeing to optimise their reproductive health. This will benefit future pregnancies and enable all Australians to have the best start in life.

Why is preconception healthcare important to reproductive health outcomes?

Preconception health traditionally refers to the critical weeks before conception and the period when someone is actively planning to become pregnant (2, 3). However, a life course view of preconception health includes the years and even decades before a pregnancy, when wellbeing and health behaviours have the potential to impact on pregnancy outcomes (2). Therefore, to optimise women, men's and all individuals¹ preconception health, long-term preventive health,

¹ We refer to women and men in this document but wish to acknowledge that there are individuals who identify as other genders

reproductive life planning² and providing recommended preconception health measures when planning a pregnancy (4) are required. This needs to be universal (available to all), as well as having targeted support where it is most needed, such as for those that experience structural disadvantage³(5).

Modifiable factors contribute to many adverse pregnancy outcomes (4). It is reported that an estimated 300,000 women die globally as a result of mostly preventable pregnancy-related conditions (6). According to the Australian Institute of Health and Welfare (AIHW), 4,500 (or 1.7%) of Australian babies are born with birth defects each year and in 2017 and 2018, nearly one-third (31%) of perinatal deaths in Australia were caused by a congenital anomaly (7). Health services provided to couples of reproductive age, such as family planning, folic acid supplementation (8), genetic counselling, chronic disease management, healthy weight management, immunizations, treatment of sexually transmitted infections, and interventions promoting positive health behaviours, including those directed against alcohol, tobacco, and substance abuse (9) all have a positive effect. Some examples include that effective treatment of maternal diabetes and hypertension during the preconception period reduces negative maternal and neonatal outcomes (10, 11) and nearly half (44%) of maternal mortality would be prevented when unintended pregnancy is avoided through preconception care (12). Moreover, for women with a history of previous adverse birth outcome, such as preterm birth, low birth weight, stillbirth or major birth defect, preconception care appears to have positive effects (13).

The policy context

Globally there is a growing interest in preconception care to improve the health of people of reproductive age. The World Health Organization (WHO) have developed a global consensus on preconception care, (14) and countries such as the Netherlands, United States of America, Italy, the United Kingdom and Ireland all have national guidelines, frameworks or strategies relating to preconception health or care. Whilst Australia does not currently have national guidelines, there are initiatives to support health providers to provide PCC such as South Australia's Preconception Advice Clinical Guideline (15), the Royal Australian College of General Practitioners' guidance for PCC with general recommendations (16) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists PCC statement with four consensus-based recommendations (17).

Despite the national and international recognition of the importance of preconception care, up to 40% of pregnancies in Australia are unplanned and of those that are planned most women do not seek preconception healthcare(18-20)

² A reproductive life plan helps a person consider their personal goals for having or not having children and how to achieve these goals, including information and access to contraceptive methods if required

³ the disadvantage experienced by some individuals or families or groups or communities as a result of the way society functions

Recent work by members of our network has demonstrated that primary care-based PCC including brief and intensive education, supplementary medication, and dietary modification are effective in improving health knowledge and reducing preconception risk factors in females (21). However, there is further work to be done to understand how interventions can reach women who experience structural disadvantage, how to tailor interventions to women from diverse backgrounds, how to utilise a broad suite of health providers (eg. nurses, midwives, maternal child health nurses) and how to include diverse settings where women are seeking care (eg. those with chronic disease receiving specialist care, maternal and child health in inter-conception, those accessing social care).

Why don't people access preconception and reproductive healthcare?

There are multiple reasons why women do not seek preconception healthcare (18, 22-24)

- A lack of knowledge of the importance of optimising preconception health (25, 26)
- Believing it is not of relevance to general practitioner healthcare, dissatisfaction with information received (26)
- Feeling embarrassed or ashamed to discuss topics such as weight, alcohol and smoking (23)
- Cost of accessing healthcare (22)
- For women of culturally and linguistically diverse backgrounds additional reasons include: a lack of knowledge of preconception, sexual and reproductive health, discomfort raising the topic with healthcare providers, a lack of agency to seek information and care (23)

There is limited evidence around men and preconception healthcare. The focus on preconception health has traditionally been on women yet engaging men in preconception health in a way that incorporates sexual and overall health, parenting and relationships may offer the opportunity to improve fertility (male factors contribute to half of infertility), positively impact future children's health and support engagement in the shared process of parenting (24, 27). Our network of health professionals, researchers and consumer and community advisory representatives support being inclusive of all genders when considering preconception health.

What are the barriers health services experience in providing preconception and reproductive healthcare?

The main reasons for barriers to health service preconception care include (22)(28)

- Lack of time in a quick primary care consultation and insufficient funding.
- Lack of knowledge and guidelines
- Lack of confidence in raising the topic and managing preconception health
- time constraints,
- the lack of women presenting at the preconception stage,
- the numerous competing preventive priorities within the general practice setting,
- issues relating to the cost of and access to preconception care,
- lack of resources for women (22, 28)

Key Recommendations

We make the following recommendations.

- 1. Development of comprehensive national preconception care living guidelines with relevant training and implementation for health care practitioners**
- 2. Development of key preconception health indicators and a reporting and monitoring framework**
- 3. Development of a funding approach to ensure universal access to preconception care services**
- 4. Improved health literacy for all in preconception health**
- 5. Access to free contraception**
- 6. Integrating health and social care for preconception health**
- 7. Utilising digital health to support healthcare**

Recommendation 1: Development of comprehensive national preconception care living guidelines with relevant training and implementation for health care practitioners

1.1 Living guidelines found on [living evidence](#) offer contemporary, evidence based and consensus guidelines that support implementation of best practice, improving the health and wellbeing of those seeking care without delay. National living guidelines would enable single source for guidance on clinical care and development of clinician education and training

1.2 Tools and resources to support healthcare practitioners to direct women to evidence based and reliable information suitable for individuals of diverse backgrounds.

1.3 Adapting for diverse cultures and implementing tools such as Reproductive Life Plans to support health practitioners to ask about plans for pregnancy or not

Recommendation 2: Development of key preconception health indicators and a reporting and monitoring framework

Critical to advancing progress in PCC is the development of key indicators for tracking the status of preconception health in Australia. Equally, regular reporting and monitoring will ensure that progress can be adequately tracked. The network has begun to prioritise indicators and frameworks to facilitate this process. Similar initiatives are underway in England and internationally and includes members of the Australia network (1, 29).

Recommendation 3: Development of a funding approach to ensure universal access to preconception care services

Currently, general practitioners use time based item numbers to bill for PCC appointments in primary care (30). A short consultation with a general practitioner for PCC is likely to be billed as item number 23 (professional attendance to which no other item applies, \$39.10, less than 20 minutes) or item number 36 (professional attendance to which no other item applies, \$75.75, longer than 20 minutes) (21). A comprehensive PCC consultation is likely to require longer than 20 minutes, particularly for those with complex histories. (17,18).

Practice nurses, endorsed midwives and nurse practitioners have the potential to undertake core aspects of preconception care and improve access however do not currently have access to Medicare funding for this purpose (31, 32)

We propose that new funding models be explored and developed to ensure access to preconception care for all Australians.

Recommendation 4: Improved health literacy for all in preconception health

Strategies to improve health literacy for all Australians are urgently required in the areas for reproductive health. Young women report entering the adult world ill equipped to manage their reproductive, sexual and preconception health (33). These strategies should include the benefits of preconception health to future pregnancy (if desired) with a focus on communities that experience structural disadvantage (those from migrant and refugee backgrounds, low health and digital literacy, and Aboriginal and Torres Strait Islander women).

Strategies that include digital health with support to identify evidence based and reliable information can facilitate access, particularly for young women. Additionally, given the high engagement of reproductive age women in the workforce, the workplace offers an opportunity for preconception health promotion. This has the advantage of also reaching women who may otherwise experience barriers to accessing health information (34).

Recommendation 5: Access to free contraception

5.1 Universal access to free contraception is key to improving bodily autonomy for those of reproductive age. Choice about when and if women want to become pregnant is a fundamental human right and is reflected in the Sustainable Development Goals (35)

5.2 Decreasing unwanted and unplanned pregnancy, directly improves protection of human rights, women's economic outcomes and reduces gender-based violence (36)

5.3 Access to, supply and insertion of long-acting reversible contraceptives should be free for all women regardless of age.

5.4 Improved PBS coverage for contraception. Currently, there are limitations in coverage for newer oral contraceptive preparations that are better for dysmenorrhoea, acne, hirsutism, endometriosis.

5.5 For those choosing oral contraceptives, access to longer prescriptions to decrease the frequency of visits required for contraception. For example, currently the maximum duration of a script is 4 months – changing this to 12 months would decrease cost and time, increase convenience and facilitate continuous effective use

Recommendation 6: Linking health and social care

Opportunities to reach people who experience structural disadvantage and those at greater risk for unplanned pregnancies are required. They may not be likely to seek preconception care and often have limited access to other forms of healthcare (e.g., youth in out of home care, people at risk of incarceration, sole parents). Linking preconception care to social care enables access, can decrease unplanned pregnancy and support better futures.

Recommendation 7: Utilising digital health

Digital platforms can be integrated with electronic medical records and can be useful in supporting busy health providers in the delivery of preconception healthcare through education, identifying risk factors, providing a non-judgemental platform to support identification of risk factors and supporting positive behaviour change (37).

Future directions

Preconception care provides an opportunity to improve routine care for women across the lifespan and integrate it with their reproductive plans, for instance by discussing contraception, fertility, and interactions between women's overall health and their reproductive health (38). Preconception care also helps to create healthier communities and populations through population level interventions to promote preconception health across the life-course which align with general health and wellbeing messages for the whole population (39). Supporting better preconception health has potential rewards for improving the health and well-being for the individual and future generations through epigenetic and inter-generational impacts on pregnancy and offspring. The cost savings of averting future chronic disease alone make a strong case for investing in preventive care for people of reproductive age. Preconception health provides an opportunity for a system paradigm shift from episodic and sick care to preventive care across the life course and the best start in life. Currently, health-care programs tend to focus on providing care to children, particularly from birth through grade school years, young adults when they seek family planning services or care for sickness or injuries, prenatal care, chronic disease, and cancer care, with a significant investment in care for the elderly. In its essence, in order to improve birth outcomes from generation to generation, people need access to quality care and services across all stages of development (40). Indeed, the first 2000 days, beginning at conception, are pivotal in optimising the development of children (41). In turn, optimising people's health and wellbeing prior to conception is the missing puzzle piece. We believe PCC fits in the Primary care of Australian Health System as person's or couple's first point of contact (1). Like the most effective practices in other facets of women's health, preconception care should respect and support women's autonomy and take a social determinants approach (42). Leadership to foster collaborative development of authoritative guidelines and goals could encourage more comprehensive, collaborative and consistent application of preconception care, setting the stage for a more integrated approach.

Finally, we urge the government to enable mechanisms to monitor and report on all aspects of preconception health to track the impact of health care, research and policy. The preconception health network is currently developing frameworks that could be applied to data linkage at state and national levels to enable a regular PCC report card that describes population-level preconception health (1).

The Preconception Health Network

Chairs: A/Professor Jacqueline Boyle and Professor Kirsten Black

Senior Advisors: Professor Helen Skouteris, Professor Danielle Mazza Dr Zoe Bradfield.

Working group members: Dr Edwina Dorney, Dr Briony Hill, Dr Karin Hammerberg, Ms Haimanot Hailu

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