

The benefits of promoting preconception care in the UK



WHY PRECONCEPTION CARE?

The well-being and health behaviours of both parents in the months and years before they conceive a child has powerful effects on the woman's pregnancy in terms of risks of gestational diabetes, stillbirth, preterm delivery and impaired development of the baby, and then on their child's lifelong physical and mental well-being, their ability to learn, and their future economic prospects.¹

In England data highlights that substantial proportions of stillbirths, preterm births, and impaired growth before birth (24%, 19%, and 31% respectively) are linked to socioeconomic and behavioural factors that act during the preconception period.² Women living in the most deprived areas are, for example, nearly twice as likely to have a pre-existing mental health condition compared with those living in the least deprived areas and three times more likely to smoke around the time of conception.²

Fetal Alcohol Spectrum Disorder (FASD) is a worryingly common neurodevelopmental condition in the UK, with the Scottish Government estimating that as many as 172,000 individuals, encompassing children, young people and adults, may have experienced adverse effects due to prenatal exposure to alcohol. Yet FASD remains largely unrecognised, and its prevention underfunded in the UK.

Unhealthy nutrition and behaviours, mental health conditions and obesity cause biological changes in the offspring that impair their health and reduce their resilience and ability to fulfil their potential, embedding the transfer of disparities across generations.

Despite the likely considerable benefits for health, the economy and reduction in societal disparities, preconception care is currently not a fundamental component of the UK's health and well-being policies.²

Recognising the significance of preconception health is pivotal, as missing the crucial window of opportunity can result in prohibitively expensive consequences. The return on even modest investment in preconception care is remarkably high. For example, preparing for pregnancy by taking a folic acid supplement from three months before to three months after conception reduces the risk of neural tube defects in the child by as much as 80%. Nonetheless, it is noteworthy that in England, only 27% of expectant mothers report taking a folic acid supplement before getting pregnant.² There is wide concern that plans for folic acid fortification in the UK will only reduce the risk of neural tube defects by 12%.³

Similarly, adding iodine to table salt as in most other European countries could dramatically reduce the incidence of iodine insufficiency in the population, with beneficial effects on the critical period of brain development shortly after conception. Iodine insufficiency before conception affects 1 in 10 UK women and is associated with a 7 IQ point lower ability to learn in their children. Even a one-point increase in IQ per individual can boost the Gross Domestic Product (GDP) per capita by £175 annually. Addressing preconception iodine insufficiency on a population scale, similar to the recommended changes in folic acid fortification mentioned earlier, could potentially raise the UK's GDP by £7 billion each year, while also reducing the necessity for expensive childhood education and social support programs.²

FINDING A SOLUTION

The UK Preconception Partnership⁴, co-Chairs of which presented evidence to the Maternity Disparities Taskforce in April 2023, has provided key materials and reports to promote informed decision-making about pre-pregnancy health. In addition, the "Preconception Care Strategy" report⁵, published by the Children's Alliance in May 2023 with input from the Partnership, underscores the importance of policies to promote health at this time in the lifecourse.



ACTION PLAN

A plan for immediate action at five levels is proposed:



Primary healthcare

Develop, test, and Incentivise national model pathways for clinical commissioning within Integrated Care Systems to make preconception care services universally accessible, normalizing preparation for healthy pregnancy.



Health Workforce

Reconnect and reinforce the capabilities of primary care and community health workforces, particularly focusing on seamless preconception, pregnancy, and post-natal care through re-envisioned partnership working between a strengthened health visitor workforce and primary care providers.



School Curricula

Adapt school science curricula to engage young people with the importance and benefits of good health and healthy behaviours to planning for future parenthood.



Workplace Initiatives

Collaborate with large public and private sector employers to provide universal access to preconception health and wellbeing programs for their employees.



Measure Impact

Establish core national metrics, such as incorporating the London Measure of Unplanned Pregnancy into maternity datasets, to monitor progress and measure impact.

CONCLUSION

It is time to prioritize preconception care as a central pillar of health and social care policies. We urge all governmental departments to embrace this vision for preconception care and to take concrete steps to advance the 5-point Action Plan outlined above. Successful implementation necessitates collaborative efforts between government departments, coordinating actions that extend beyond the realm of healthcare. This involves deploying strategies that benefit the entire population while also employing specific measures tailored to address the needs of vulnerable communities and disadvantaged individuals. By taking proactive steps to enhance preconception health now, the UK can move towards a healthier, more equitable society, reduce the transmission of disparities and improve human capital and economic productivity.





References

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