National Summit on Preconception Care

Select Panel Meeting

June 21 - 22, 2005

The Atlanta Marriott Century Center
Atlanta, Georgia

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
SAFER · HEALTHIER · PEOPLE™

March of Dimes
Saving babies, together

Summit Partners

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

The National Partnership to help Pregnant Smokers Quit

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

healthy mothers, healthy babies

Society for Maternal-Fetal Medicine

AWHONN
Association of Women's Health, Obstetric and Neonatal Nurses

SMOKE-FREE FAMILIES
Innovations to Stop Smoking During and Beyond Pregnancy

MATERNITY CENTER ASSOCIATION
FOUNDED 1918

NHSA

JIWH
JACOBS INSTITUTE OF WOMEN'S HEALTH

National Alliance for Hispanic Health

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS · WOMEN'S HEALTH CARE PHYSICIANS · 1951

Healthy Start Coalition of Miami-Dade

national society of genetic counselors, inc.

nsgc

NACCHO NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

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ASTHO
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

CityMatCH

Agenda

Wednesday, JUNE 22, 2005

12:30	**Plenary session adjourns**
12:45 – 1:30 PM	Lunch (closed session for panel members)
1:30 – 2:30 PM	**Overview of Topic and Select Panel Process** Sam Posner and Kay Johnson
2:30 – 3:30 PM	**Topic: Clinical Practice Issues and Recommendations** **Discussion leaders:** Michele Curtis and Al Brann
3:30 – 4:00 PM	Break
4:00 – 5:00 PM	**Topic: Social Marketing and Health Promotion Issues and Recommendations** **Discussion leader:** Janis Biermann

Thursday, JUNE 23, 2005

8:00 – 8:30 AM	Breakfast
8:30 – 9:30 AM	**Topic: Public Health and Community Issues and Recommendations** **Discussion leader:** Maxine Hayes
9:30 – 10:30 AM	**Topic: Public Policy and Finance Issues and Recommendations** **Discussion leader:** Kay Johnson
10:30 – 10:45 AM	Break
10:45 AM – Noon	**Small work groups to refine recommendations** *a.* *Clinical strategies* **Facilitator:** Anne Dunlop *b.* *Public health and community* **Facilitator:** Wanda Jones *c.* *Social marketing and health promotion* **Facilitator:** Margaret Freda *d.* *Public policy and finance* **Facilitator:** Holly Grason *e.* *Data and research* **Facilitator:** Cathy Spong
12:00 – 1:00 PM	Lunch
1:00 – 2:30 PM	**Reports from small workgroup sessions**
2:30 – 3:30 PM	**Summary of topic discussions and proposed recommendations** **Facilitator:** Kay Johnson
3:30 – 4:00 PM	**Discussion of next steps** **Facilitator:** Hani Atrash
4:00 PM	Adjourn

National Summit on Preconception Care, June 2005

6 months	**Recommendations** developed
12 months	Publish **Recommendations** (R&R) and **Journal Supplement**
15-18 months	Initial roll-out phase – Attention of professionals, organizations, savvy consumers, media
5-10 years	How would the world look different than today?

by 2010

**What would the world look like?
What is our vision for the future?**

- Messages and strategies are available for increasing reproductive awareness (i.e., *understanding risk factors related to childbearing*).
- Pre-pregnancy risk screening is routine in all primary care visits for women of childbearing age/potential.
- 75% of pregnancies are planned and intended.
- Intensive/comprehensive interconceptional risk reduction programs have been evaluated.
- Public health and health care data are used to monitor access and outcomes of preconception care.

by 2015

**What would the world look like?
What is our vision for the future?**

- All men, and women of childbearing age have high reproductive awareness (i.e., *understand risk factors related to childbearing).*
- All women engage in reproductive life planning.
- All women of childbearing age have health coverage.
- 90% of pregnancies are planned and intended.
- Women with a history of poor pregnancy outcomes (e.g., infant death, VLBW or preterm birth) have access to intensive/comprehensive interconceptional risk reduction programs.

Vision and Goals:

Dreaming of a day with...

- Women's health care for all.
- All women, every visit (ask about reproductive life plan, screen for risks).
- All pregnancies planned.
- Health insurance for all women.
- Adequate provider reimbursement for preconception and interconception care.
- All women aware of need for pregnancy planning and have a reproductive life plan.
- Integrated care systems, with no silos.
- Interdisciplinary, team-based medical care.
- School health education, with appropriate reproductive health content, for students K-12.
- Translation of research and data into practice.
- No workplace hazards for men and women of reproductive age.
- Social supports and healthy communities for women, children, and families.

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