Inter-conception Care

Issue

Women with prior history of complications during pregnancy or poor pregnancy outcomes are at greater risk for problems in their future pregnancies. For these women, it is particularly important to have continuity of medical care in the inter-conception period between their pregnancies, which includes making informed decisions about the spacing interval between pregnancies.

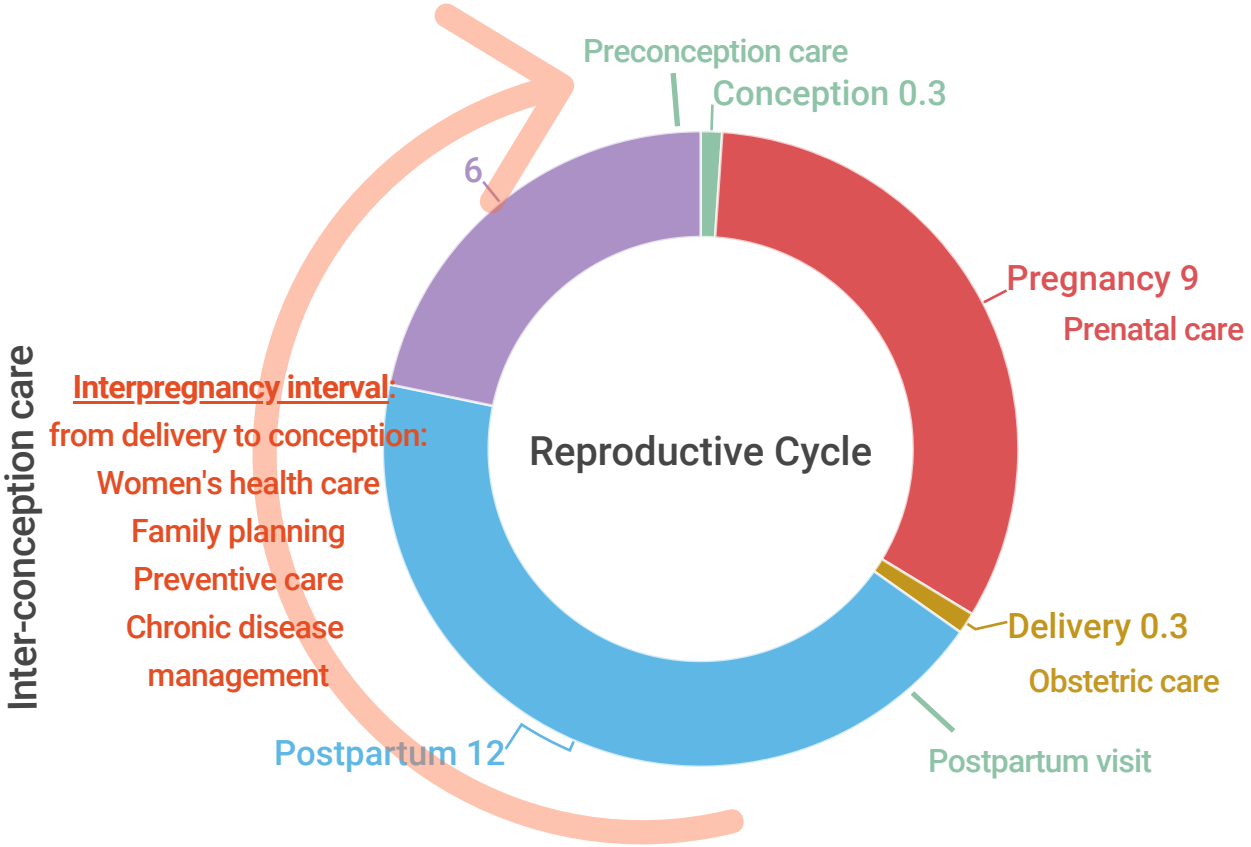


Figure 4: Reproductive cycle with months of duration, based on an 18-month interpregnancy interval & opportunities for health care

Recommendation

The CDRC supports the Delaware Healthy Mother and Infant Consortium's birth spacing campaign to reframe the postpartum visit as an inter-conception care visit and the optimal birth spacing of 18 months.

Findings

Inter-conception Care

There is room for improvement in getting women—particularly those at highest risk and with a recent fetal or infant loss—to follow up for postpartum and family planning care. There was lack of documented counseling on birth spacing intervals in most FIMR cases, and only a small fraction had documentation of counseling to wait at least 18 months. An interpregnancy interval of at least 18 months is recommended by the American College of Obstetricians and Gynecologists because evidence shows that short interpregnancy intervals increase the risk for poor subsequent pregnancy outcomes such as preterm birth and small for gestational age infants.(7)(8)(9)

FIMR	2017	2016	2014-2015
Mother went to her postpartum visit	61%	71%	63%
Mother with a prior history of a fetal loss	3%	6%	35%^
Mother with a prior history of an infant loss	4%	11%	
Mother with a prior low birthweight delivery*	12%	7%	15%#
Mother with a prior preterm delivery*	24%	19%	
Preconception care visit documented	11%		Not recorded
Mother who received care for her chronic health condition prior to her pregnancy	21%	18%	Not recorded
Mother who received pregnancy planning or birth spacing education prior to the pregnancy	18%	17%	Not recorded
Mother who was counseled to wait at least 18 months prior to getting pregnant again	6%	4%	5%
Family planning counseling offered postpartum	64%	58%	63%
Mother with <18 month interpregnancy interval	19%	19%	15%
No prenatal care	11%	6%	7%
Late entry into prenatal care in 2nd or 3rd trimester	13%	13%	17%

*Mothers with an infant death had a significantly higher prevalence of this history compared to those with a fetal death

^History of fetal or infant loss

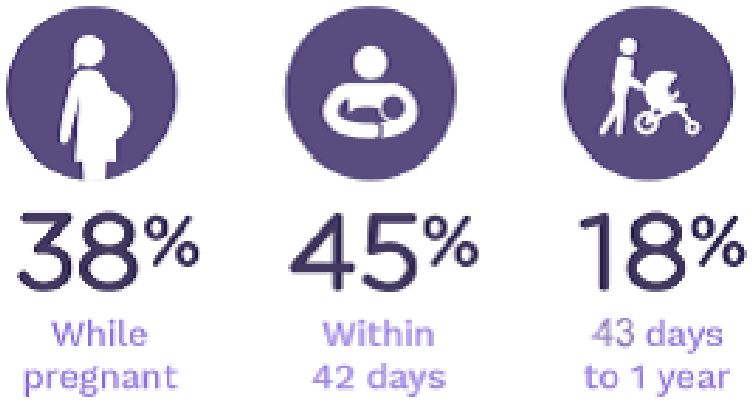
#Low birthweight or preterm history

Inter-conception Care

MMR	2011-2017 (n=29)
Maternal death occurred <42 days postpartum	52%
Maternal death occurred 43 days-365 days postpartum	10%

Postpartum is also a time when the mother's physical and mental health needs to be monitored. Over the course of seven years of maternal mortality review in Delaware, 62% of maternal deaths have occurred in the first year postpartum, mostly within the first 42 days. Nationally, findings from nine MMR programs compiled by the Centers for Disease Control and Prevention (CDC) also found that the early postpartum period was the most common time for pregnancy-related deaths: 45% of 237 pregnancy-related deaths occurred in the first 42 days after pregnancy (Figure 5).

Figure 5: Distribution of pregnancy-related deaths by timing of death in relation to pregnancy



Source: Building U.S. Capacity to Review and Prevent Maternal Deaths. Report from nine maternal mortality review committees. 2018. Accessed from: http://reviewtoaction.org/sites/default/files/national-portal-material/Report%20from%20Nine%20MMRCs%20final%20edit.pdf on April 16, 2018.

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8. Grisaru-Granovsky S, Gordon E, et al. Effect of interpregnancy interval on adverse perinatal outcomes—a national study. Contraception 2009; 80(6): 512-518.

9. Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA 2006; 295(15): 1809-1823.

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Figure 6: Materials developed for the Delaware birth spacing campaign for patients and providers