**Rachael Winslade u3143022**

**Preconception Misconceptions: The Difference Midwifery-Led Preconception Care Can Make**

 In Australia, midwifery-led preconception care is virtually non-existent, and no national guidelines exist. There is growing evidence to support the benefits of preconception care in general; but how best to provide this care is still emerging; especially in an Australian setting.

Women who receive preconception care have been found to have improved knowledge and demonstrate positive health behaviours. Behaviours include decreased smoking, increased use of folic acid and greater engagement in antenatal care. There is further, higher quality evidence showing that health problems like obesity, rubella, diabetes, and depression; and behaviours such as tobacco and alcohol use contribute to poor maternal and child health outcomes. Midwifery-led preconception care has the possibility to target preconception misconceptions and start making a difference in health outcomes before a woman is even pregnant.

The aim of this policy is to introduce preconception care. Implementation will be through trialing a small midwifery-led preconception care clinic in an Australian setting, for interested women who are planning a pregnancy in the next 3-6 months. Midwives will receive specific training in content and change management techniques. Individual consultations will have the goal of identifying and discussing potential lifestyle changes and choices prior to conception to optimize health. Effectiveness of the trial will be evaluated through examining maternal experiences after birth and documenting whether any lifestyle changes were made. If the evidence shows that midwifery-led preconception care results in improved experiences and positive lifestyle changes the clinic can be expanded further while continuing to measure outcomes.

**References:**

Bayrami, R., Latifnejad Roudsari, R., Allahverdipour, H., Javadnoori, M., & Esmaily, H. (2016). Experiences of women regarding gaps in preconception care services in the Iranian reproductive health care system: A qualitative study. *Electron Physician, 8*(11), 3279–3288. doi: 10.19082/3279

Beckmann, M., Widmer, T., Bolton, E. (2014). Does preconception care work?. *ANZJOG, 54*(6), 510-514. <https://doi.org/10.1111/ajo.12224>

Dean, S., Lassi, Z., Imam, A., & Bhutta, Z. (2014). Preconception care: closing the gap in the continuum of care to accelerate improvements in maternal, newborn and child health. *Reproductive Health, 11*(3). doi: 10.1186/1742-4755-11-S3-S1

Dorney, E., & Black, K. (2018). Preconception care. *AJGP, 47*(7). doi: 10.31128/AJGP-02-18-4485

Goossens, J., Delbaere, I., Dhaenens, C., Willems, L., Van Hecke, A., Verhaeghe, S., & Beeckman, D. (2016). Preconception-related needs of reproductive-aged women. *Midwifery, 33*, 64-72. <https://doi.org/10.1016/j.midw.2015.10.012>

Heyes, T., Long, S., & Mathers, N. (2004). Preconception care: Practice and beliefs of primary care workers. *Family Practice, 21*(1), 22-27. <https://doi.org/10.1093/fampra/cmh106>

Kurniawati, W., Afiyanti, Y., Prasetyo, S., Achadi, E., & Kumboyono, K. (2021). The perspective of healthcare practitioners on preconception care at primary healthcare in Jakarta: A qualitative study. *International Journal of Africa Nursing Sciences, 15.* <https://doi.org/10.1016/j.ijans.2021.100351>

Ismaili M’hamdi, H., van Voorst, F., Pinxten, W., Hilhorst, M., & Steegers, E. (2017). Barriers in the uptake and delivery of preconception care: Exploring the views of care providers. *Maternal Child Health Journal, 21*, 21-28. DOI 10.1007/s10995-016-2089-7

Maas, V., Poels, M., Hölscher, I., van Vliet-Lachotzki, E., Franx, A., & Koster, M. (2022). How to improve preconception care in a local setting? Views from Dutch multidisciplinary healthcare providers. *Midwifery, 107.* <https://doi.org/10.1016/j.midw.2022.103274>

Mason, E., Chandra-Mouli, V., Baltag, V., Christiansen, C., Lassi, Z., & Bhutta, Z. (2014). Preconception care: advancing from ‘important to do and can be done’ to ‘is being done and is making a difference’.  *Reproductive Health, 11*(7). doi: 10.1186/1742-4755-11-S3-S8

Poels, M., Koster, M., Franx, A., & van Stel, H. (2017a). Healthcare providers’ views on the delivery of preconception care in a local community setting in the Netherlands. *BMC Health Services Research, 92.* <https://doi.org/10.1186/s12913-017-2051-4>

Poels, M., Koster, M., Franx, A., & van Stel, H. (2017b). Parental perspectives on the awareness and delivery of preconception care. *BMC Pregnancy and Childbirth, 17*(324). <https://doi.org/10.1186/s12884-017-1531-1>

Van Heesch, P., de Weerd, S., Kotey, S., & Steegers, E. (2006). Dutch community midwives’ views on preconception care. *Midwifery, 22*(2), 120-124. <https://doi.org/10.1016/j.midw.2005.06.003>

Van Voorst, S., Plasschaert, S., de Jong-Potjer, L., Steegers, E., & Denktas, S. (2015). Current practice of preconception care by primary caregivers in the Netherlands. *The European Journal of Contraception & Reproductive Health Care, 21*(3), 251-258. <https://doi.org/10.3109/13625187.2016.1154524>