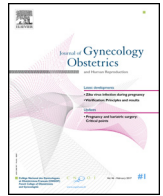




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Original Article

Preconception care among low-risk mothers in a French perinatal network: Frequency of utilization and factors associated

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ARTICLE INFO

Article history:

Received 8 December 2016
Received in revised form 1st May 2017
Accepted 9 May 2017
Available online xxx

Keywords:

Preconception care
Frequency
Pregnancy outcomes
Primary care

ABSTRACT

Objective. – Determine the frequency of preconception care use in France and factors impacting preconception visit.

Materials and methods. – An epidemiological study was conducted from September 2015 to October 2015 in 5 maternity hospitals within the “Alpes-Isère” perinatal network, comprising of French-speaking women, with uncomplicated pregnancies, who delivered a healthy term baby (≥ 37 weeks of gestational age). Two groups were compared: patients with and without preconception care. Descriptive, univariate and multivariate analyses were performed for the sociodemographic, the environmental characteristics and the gynecologic obstetric history.

Results. – Among the 392 patients included in this study, only 62 (15.8% [12.0–20.0]) had used preconception care before their pregnancy. Multivariate analysis showed that the primiparous women (adjusted OR 2.47 [1.37–4.46]) and the women with a high socio-professional category (adjusted OR 2.32 [1.13–4.77]) were more likely to used preconception care.

Conclusion. – Despite the positive effects on mother and baby's health, preconception care is insufficiently used in France. Every effort must be made to improve awareness of preconception care among health workers and patients.

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Background

Preconception health is the mainstay of primary prevention for the unborn child as well as for the mother. The periconceptional period begins with the expression of a desire for a child and ends eight weeks after conception, corresponding to 10 weeks of gestational age. This critical period is when organogenesis takes place [1]. Any adverse event during this phase can have a potential effect on the embryo's life and development [2]. It is also during this periconceptional period that health professionals can talk with parents-to-be to prepare them for parenting and thus track at-risk situations. It is therefore advised in many countries to have a specific visit before each pregnancy, known in France as “preconception visit.” This screening visit, recommended by the National Health Authority, is a medical approach ahead of pregnancy in order to anticipate obstetric complications and more generally to improve the health of women of childbearing age and

their children [3]. It aims to deliver preventive messages and to conduct targeted medical interventions. This visit can be carried out by a general practitioner, a midwife or a gynecologist.

The relevance of a preconception appointment has already been demonstrated repeatedly [4–6]. This preventive appointment has a direct impact on the reduction of maternal and neonatal morbidity [7–9]. Several studies, including ones from Hungary and the United States, evaluating the impact of a preconception care program have shown beneficial effects on weight gain for patients and on their tobacco consumption [10,11]. It would therefore seem profitable, whether a pregnancy is planned or not, to better inform couples of the risks and the benefits of health behaviors – including through the realization of this dedicated visit. Furthermore, maternal risk factors, such as maternal age and maternal weight, have increased significantly, supporting the improvement of preventive strategies [12], especially as future parents are more receptive to prevention during this period and pay more attention to change their behavior [2]. This preconception visit can then be seen as an important indicator of health for mothers and their children.

In France, the National Institute of Statistics and Economic Studies (INSEE) reported 818,565 live births in 2014 and a fertility

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rate of two children per woman of childbearing age. This placed us in the front row among European countries in terms of birthrate [13]. However at present, there are no official national figures on the frequency of patients attending this visit in France. Based on the results of the perinatal survey conducted in 2010, however, we can assume that the recommendations from the HAS are not correctly followed. We discover that 61.6% of women received advice on how to avoid toxoplasmosis during pregnancy, 58.3% of non-immune women received recommendations for vaccination against rubella, only 24% of women took folic acid at a time when the latter is effective on prevention of birth defects, and finally only 5.8% of women say that during their pregnancy, they were advised to vaccinate their entourage (parents, grandparents. . .) to limit the risk of pertussis in newborn babies [14]. Nevertheless, based on the same results, we learn that 75% of women who stop contraceptive use reported having wanted the pregnancy [15].

We wondered about the reasons for these poor results in a high-performance health system: are the HAS recommendations in terms of preconception health applied in France? Based on this, the objective of our study was to evaluate the frequency of preconception visit among patients with a low risk pregnancy in Grenoble and its surrounding area, in 2015. We also sought factors associated with this visit among mothers' characteristics and delivery of health care associated with mothers' place of residence.

Method

Objectives

The specific objective of this study was to assess the frequency of preconceptional visit among patients with a low risk pregnancy in France. The other aim was to identify factors influencing its realization among socio-demographic characteristics and reproductive history, and to seek whether delivery of health care associated with mothers' place of residence was related to preconception care.

Study design

This analysis used the data from an experimental before/after study, evaluating the impact of a multidimensional intervention about early discharge from maternity hospital, called SORPRISE, funded under PREPS 2012 (French Health Care System Performance Research Program). This study involved the Alpes Isère perinatal network, located in the urban metropolitan area of Grenoble. Its main objective was to improve the rate for early hospital discharge of low-risk mothers and healthy newborns [16].

Setting

Our study was conducted from September 1st to October 31st 2015, during the days immediately following childbirth among patients in five public or private maternity wards belonging to the "Alpes-Isère" perinatal network, located in the French Alps. Its purpose is to coordinate 5 local maternity wards ("Hôpital Couple-Enfant, CHU de Grenoble", "Centre hospitalier de Voiron", "Clinique Belledonne", "Clinique des Eaux-Clares", and "Clinique des Cèdres"). The maternity hospitals in this network, combined, carry out over 9000 deliveries per year.

Participants

After receiving clear information on the terms and objectives of the study, the eligible patients were recruited in early postpartum in these different maternity hospitals. The inclusion criteria, consistent with the HAS recommendations on early discharge [17]

were: between 18 and 44 years of age, fluent French speakers, with no physical handicap, full-term low-risk pregnancy, and birth of a healthy eutrophic child (no feeding problems, no jaundice in the first 24 hours of life, at least one urination and one stool, with a normal pediatric clinical examination before discharge).

Collected data

Socio-demographic and medical information (age, place of residence, parents' occupation, medical and obstetrical history) was obtained on the day of inclusion, in early postpartum, in the maternity medical records. These patients were then contacted by telephone 15 days after childbirth by a clinical research assistant or a midwife and called back if necessary, depending on their availability.

For the purpose of the analysis focused on the use of preconception visit, a specific question was added to the SORPRISE form: "Before starting your pregnancy, did you have a preconception appointment; meaning a specific visit with a health professional to talk about your plan to become pregnant?" The understanding on the specific question was tested and approved with 5 different women selected in general practice before they were applied to the population of the study.

We assessed the influence of medical environment on the preconceptional visit by using several indicators associated with place of residence, based on national statistics from INSEE [18] and previous analysis supported by the URPS (Regional union of self-employed Doctors of Auvergne-Rhône-Alpes) [19]: midwife or gynecologist private office in the mothers' town, rate of general areas including the mothers' town, distance from mothers' place of residence and the nearest private gynecologist.

All clinical data were entered by a clinical research associate into an electronic Case Report Form. The data control and management was performed by the Clinical Investigation department of the University Hospital of Grenoble.

Statistical analysis

A statistical analysis was performed after freezing the database according to the analysis plan previously described.

The qualitative variables were described by their number and percentage and the quantitative variables by their average and standard deviation.

The comparison of qualitative variables was carried out using the chi-square test or with the Fisher exact test when the numbers were lower than 5. To compare a quantitative variable and a qualitative variable following a normal distribution, a Student's *t* test was done, and a Mann-Whitney test when the qualitative variable did not follow a normal distribution. The differences were considered significant if *P*-value was lower than 0.05. The missing data on the main judgement criterion were replaced by a multiple imputation technique [20]. Each variable was analyzed in a univariate model. Then a logistic regression model was applied. Only the variables with a *P* < 0.20 were included in the logistic regression model. The variables' collinearity to be included in our model was tested. The entire analysis was achieved using STATA version 13.0 software.

Results

Participants

In all, 424 patients consented to participate to this study between September 1st and October 31st 2015. Eight patients were excluded from the analysis (4 did not speak French fluently and 4 did not give birth to a healthy eutrophic child). Twenty-four

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