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- a Original article
- abs Abstract
- br Brief report
- e Editorial
- ltr Letter

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Expert Panel Recommends Changes in Prenatal Care

A new Public Health Service (PHS) report calls for restructuring the delivery of prenatal care services in the United States. More emphasis needs to be placed on preconception counseling and delivery of care to women at medical or psychosocial risk of pregnancy complications, according to the chairman of the PHS panel that produced the report.

Dr. Mortimer Rosen, Chairman of the Department of Obstetrics and Gynecology at Columbia Presbyterian Medical Center in New York City, says that in this report, "Many new concepts are suggested as part of prenatal care. These concepts include the acceptance of preconception care as a normal part of women's health care, the alteration in the number of visits for a healthy woman's visit schedule, and the change from the current medical model to an enhanced medical and psychosocial prenatal care program for the mother, her unborn infant, and her family with objectives extending through the first year of infant life."

The report, "Caring for Our Future: The Content of Prenatal Care," was initiated by the Department of Health and Human Services' (DHHS) Low Birth Weight Prevention Work Group. The effort is the first examination by a PHS advisory group of the specific content of prenatal care. The findings and recommendations have far reaching implications for prenatal care providers, public policy, and the development of a research agenda.

Dr. Duane Alexander, Director of the National Institute of Child Health and Human Development (NICHD), and co-chair of the Low Birth Weight Prevention Work Group, said that the intended message of the report is to place more emphasis on preconception and early pregnancy and to enrich prenatal care. Among the panel's recommendations are the following.

The broad objectives of prenatal care are to promote the health and well-being of the pregnant woman, the



fetus, the infant, and the family, up to 1 year after the infant's birth.

For prenatal care to be effective, it must be available and it must be used. Every woman of reproductive age in the United States should participate in a basic program of prenatal health care and family planning.

To ensure the health of the woman and the developing fetus, preconception care should be an integral part of prenatal care. Many of the medical conditions, personal behaviors, and environmental hazards associated with the negative outcomes of pregnancy can be identified and should be modified or treated prior to conception.

Because significant change in risk status can arise at any time during pregnancy, continuing risk assessment throughout pregnancy is necessary for all women.

The specific content and timing of

prenatal visits, contacts, and education should vary depending on the risk status of the pregnant woman and her fetus. For women considered to be healthy, visits with prenatal care providers should be scheduled for specific risk assessment or planned health promotion. The information obtained from continuing risk assessment will determine the content and frequency of prenatal care.

The effectiveness of prenatal care will be improved by additional research on the specific content of prenatal care.

The report was presented October 2, 1989, as part of Child Health Day. Free copies of the report are available from the NICHD Office of Research Reporting. The address is NICHD, P.O. Box 29111, Washington, DC 20040; or call (301) 496-5133.

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