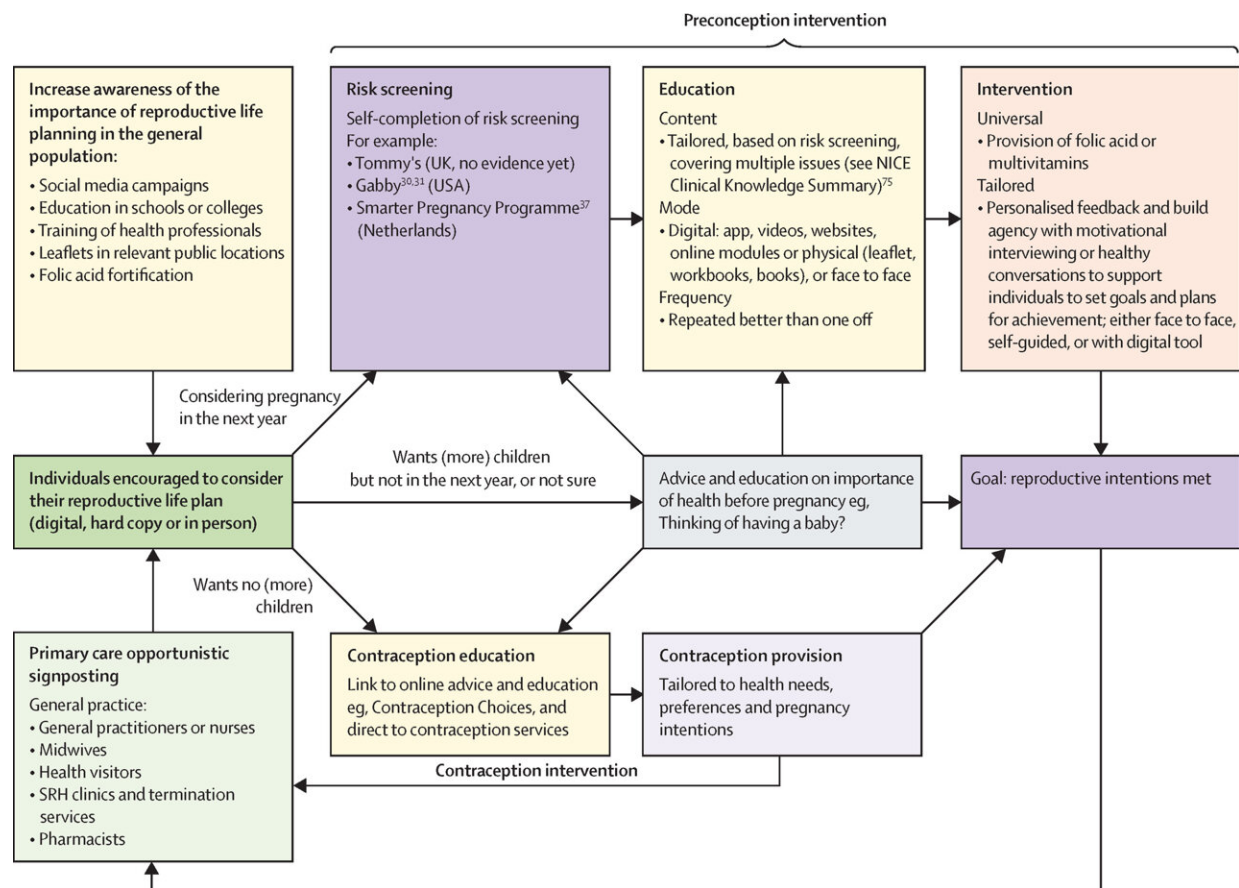


Call to address women's reproductive needs holistically

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Proposed integrated, community-based model combining contraception and preconception care to address reproductive health needs across the life course. NICE=National Institute for Health and Care Excellence. SRH=sexual and reproductive health. Credit: *The Lancet Public Health* (2023). DOI: 10.1016/S2468-2667(22)00254-7

New research, published in *The Lancet Public Health*, brought together a variety of different types of evidence—including previous studies, new data on women's preferences, and case studies of existing practice across the globe—to develop a model, which could be used to help design services in a way that better meets the needs of women and their partners.

Researchers found that, currently, [health services](#) only view women to either be pregnant or not pregnant, and do not consider their health in the in-between stage—before trying to conceive. This can have an important influence on both their chances of becoming pregnant and of having a [healthy pregnancy](#) as well as affect their own health in the short and long term.

As 90% of women of reproductive age have at least one modifiable risk factor affecting pregnancy (such as a low or high BMI), the health of women before they become pregnant is an important factor in maternal deaths and a contributor to the inequalities seen in the rates of [maternal deaths](#) in marginalized groups.

Alongside health services, the team found that [educational settings](#) and social media could also be more supportive in helping people to consider their reproductive preferences.

As a result, they are calling for societal-wide efforts to help bring together family planning, contraception, and preconception care. And they have developed a framework that can be adapted both to different settings and the health care system.

The model suggests that children could be taught about reproductive needs—such as preconception health advice and contraception—in school. Meanwhile, [social media](#) campaigns could be used to raise awareness of the opportunities and benefits of choosing if or when to

have children.

Additionally, professionals could routinely ask patients about their reproductive preferences and digital tools could be made available to direct people to appropriate sources of advice or services.

Lead author Dr. Jenny Hall (UCL EGA Institute for Women's Health) said, "The model proposed in this paper can be adapted and implemented across a range of primary care settings, including [general practice](#) and sexual and reproductive health services, with appropriate training for health professionals."

"Doing so will bridge the gap between contraception and antenatal services, providing services in a way that better meets women's needs as they move through their reproductive life course, in line with the ambitions of the recent Women's Health Strategy."

The Women's Health Strategy for England was launched in August 2022 and cites fertility, pregnancy, pregnancy loss and postnatal support as priority areas.

Ten-year ambitions for this area include supporting women through high-quality information and education to make informed decisions about their reproductive health, including if and when to have a child. And, giving children a high-quality, evidence-based education from an early age on fertility, contraception and pregnancy planning, maternity care and pregnancy loss.

Dr. Hall said, "The review of evidence and model put forward in our study shows how preconception health care in the community can shift from concept to reality and how the gap between contraception and antenatal services can be bridged to holistically support women's needs across their reproductive life course."

More information: Jennifer Hall et al, Addressing reproductive health needs across the life course: an integrated, community-based model combining contraception and preconception care, *The Lancet Public Health* (2023). [DOI: 10.1016/S2468-2667\(22\)00254-7](https://doi.org/10.1016/S2468-2667(22)00254-7)

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