

Many parents report health risks prior to pregnancy, study finds

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We know that a person's health during pregnancy impacts their child's developmental trajectories, but what about parental health before conception?

A new study led by Cindy-Lee Dennis, a senior scientist at the Lunenfeld-Tanenbaum Research Institute at Sinai Healthand a professor in the



University of Toronto's Lawrence S. Bloomberg Faculty of Nursing, found that a significant number of Canadian women have poor preconception health or interconception health, which refers to the period between two pregnancies.

"What happens in utero can have a significant impact on a child's health and well-being that continues into adulthood," says Dennis, lead author of the study published in the journal *Family Medicine and Community Health*. "There is now a growing body of evidence that suggests the health of parents prior to pregnancy is an important predictor of the long-term health of the child."

Researchers surveyed 1,080 participants about a range of medical, behavioral and social risk factors. Fifty-five percent of respondents reported risks in only one of 12 risk factor categories, most often related to reproductive health. Participants reported on average four risks each, with common factors including high body mass index, poor nutrition, low physical activity and poor mental health.

The study found that those with four or more risk factors were more likely to have a lower level of education or be born outside of Canada. For Dennis and her team, this signifies that there is a great opportunity to to improve preconception health through a <u>public health</u> and primary care response that targets these populations.

Of women surveyed in the current study, Dennis points out that more than 44% were classified as having a BMI greater than 30, which would categorize them as obese according to World Health Organization criteria. Women who have a BMI greater than 25 are not only at risk for more severe pregnancy complications, she says, but meta-analytic data suggests it is also a significant risk factor for childhood obesity.

"These are considerable intergenerational health risks that we should not



be ignoring," says Dennis. "Today, preconception care is not readily delivered by health-care providers because most women do not seek care until they are well into their first trimester."

In Ontario, the current standard of practice is for public health to provide preconception health care. A screening tool to identify a patient's preconception health risks is available for physicians. However, there is a significant need to address preconception health risks with a more targeted approach, Dennis says.

"The good news," Dennis says, "is that most of the common preconception <u>risk factors</u> identified in our study are modifiable and there is an opportunity for greater public awareness campaigns to educate individuals in their reproductive years about how these health behaviors can place not only parents but their future children at risk."

Therefore, Dennis says policymakers must consider family-level interventions that focus on improving health behaviors such as adopting a <u>healthy diet</u> and becoming more physically active in addition to supporting positive mental health and reducing alcohol or cannabis use.

"Children mimic the behaviors of their parents," she says. "Setting up parents to consider their own health before conception or just leading healthier lives will go a long way in changing the future health of generations to come."

More information: Cindy-Lee Dennis et al, Medical, behavioural and social preconception and interconception risk factors among pregnancy planning and recently pregnant Canadian women, *Family Medicine and Community Health* (2022). DOI: 10.1136/fmch-2021-001175



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