



# Preconception health and care in Uganda

## WHAT ARE THE NEXT STEPS?

### A policy brief

#### Call to Action

**Bridge ANC and postnatal care**

**Structure preconception services into the districts health care system**

**Prioritize preconception care at district level during planning and service delivery**

**Streamline stake holders' engagements for better coordination and collaboration**

**Explore existing preconception care practices, attitude & perception in the. This will guide in choosing right avenues for service delivery.**

**Create demand and strengthen health workers' preconception service capacity and supplies.**

The entry point can be the community through creating awareness and dispute misconceptions

#### Introduction

The aim of preconception care is to optimize the health and knowledge of potential mothers (and fathers) before conception through screening, prevention and management of risk factors. The purpose is to achieve positive maternal, foetal and child health outcomes.

In Uganda like many other LICs, preconception health has received no attention. This policy brief results from a pilot study that provided a detailed account of the policy and program context under which Uganda's preconception health and care programs can be guided to achieve successful implementation.

#### Background

Uganda has one of the highest preterm birth rates of 13.6 per 1000 live births, and 11 in every 1000 births have defects. Under-five and infant mortality stand at 64 and 43 deaths per 1000 live births. With a population growth rate of 3.2% and existing efforts to improve survival indicators, neonatal mortality rates have stagnated at 28 death per 1000 live births (2002-2006) to 27 death per 1000 live births (2012-2016), yet 1 in every 2 deaths is due to preventable risks that occur during child bearing. The fertility rate stands at 5.4, while contraceptive use among all married women (15-49 years) is still low at 34.8% and 43% of all pregnancies are unintended.

Makerere University Centre of Excellence for Reproductive Maternal Newborn Child & Adolescent Health with support from March of Dimes INC, is implementing a phased study. The aim is to explore the preconception health policy and program context in Uganda and do a feasibility study on integration into the Ugandan districts' maternal and newborn care programs.

## The study

Study phase 1 explored the preconception policy & program context in a district setting. It was a mixed method using both qualitative and quantitative approach, a desk review, a baseline evaluation of women in their interconception period who were followed up for a period of 6 months documenting their preconception care experience using In-depth discussions. In addition, Key informant interviews of the district health management team, MoH, and others partners were conducted. A total of 202 women were followed, 18 IDIs (women) and 21 KIIs were conducted (at national and district level).

## The key findings

- **Policy context:** Uganda lacks a clear policy and has not harnessed WHO recommendations to use appropriate interventions and delivery mechanisms to raise countries profiles on preconception care profile.
- There is a missing link between postnatal and Antenatal care (ANC), creating a gap in care for mothers in the interconception period.
- **Maternal & newborn health:** Mortality rates have set a high bar and stagnated, yet >50% newborn deaths are due to preventable pregnancy risk factors
- **Health system context:** Majority (82.4%) of mothers lack awareness about the concept and misperceive it.
- Preconception services and information are still lacking in the districts health system:

< 20% coverage for; i. recommended vaccines ii. testing/screening for all conditions except malaria iii. supplementation for Iron & folic acid.

<20% coverage for recommended information on; i. sexual education ii. pregnancy & child birth iii. genetic & familial diseases iv. life skills.

### Care seeking barriers:

- **Supply side:** Although some form of preconception care exists, it is informal and facilities lack designated areas. Health workers have a negative attitude, lack sufficient knowledge and service delivery guidelines. Health facilities are understaffed, with limited space. There is lack of - partner involvement, political will, accountability, equipment and supplies to offer the service.
- **Demand side:** low demand for the service, poor access and poor community involvement.

## What does the evidence say?

- Awareness and provision of knowledge about preconception risks is a strong backbone to utilization and attendance to care
- In LIC where preconception care is launched, there is improved birth outcome

## The solution

Based on our findings, this is what is proposed as avenues for preconception care strengthening;

- ✓ Community mobilisation
- ✓ Community sensitization
- ✓ Integration into the existing district health system

Proposed interventions for the creation of awareness and support of preconception health and care include;

- ✓ community oriented or radio talk show programs
- ✓ preconception clinic day approach
- ✓ Health workers' orientation
- ✓ partner involvement to streamline service provision and integration

## Policy recommendations

- Formulate a policy with clear guidelines and service standards for preconception care
- Provide for preconception service special areas in the health facility setting where mothers in need of the service can be managed, other than the outpatient department.



- Plan for training and rolling out specialised preconception care cadres, who can be posted at health centre III and IV to offer the services.
- Develop and adapt a national level advanced preconception care training curriculum to complement the existing pregnancy and child birth care.
- Develop and adapt national level advanced preconception care information and education materials to complement the existing materials on pregnancy and child birth care.

### Some references

1. MaKSPH preconception care study preliminary report, 2019
2. National guidelines and service standards for reproductive health and rights, 2017
3. National Guidelines on Maternal Nutrition, 2015
4. MoH, *RMNCAH Investment Case and Sharpened Plan 2016*

## The cost of Inaction

Without addressing the preconception health needs of women and girls, we are missing the opportunity to reduce the rates of adverse birth outcomes. Without preconception care, maternal and new-born mortality rates will stagnate, making it impossible to achieve the Sustainable Development Goal 3 targets.

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