

Exploring Periconceptual Health with Oregon WIC Participants

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Background: Each year just under half of all infants in the U.S. are born to mothers who are enrolled in WIC. By initiating services in the prenatal period and continuing them into the postpartum phase WIC has the unique opportunity to interact with women during the periconceptual stage, the critical early weeks of a pregnancy and the time period before a subsequent conception. Yet a quick review of national data on the health status of WIC participants finds multiple areas for concern. More than half of women have a pre-pregnancy BMI that is classified as overweight or obese. More than one-quarter of women are anemic during the postpartum period. In addition, 12% of WIC participants had a pregnancy less than six months after the birth of their last child, with another 26% having another pregnancy within less than 18 months.

Project Goals: Explore women's experiences and perceptions of their own health before and after pregnancies, ability to access to medical and dental services, their ideal family size and birth spacing, contraceptive history, and their thoughts on WIC addressing birth spacing.

Methods: 60 qualitative interviews lasting 1-2 hours with English speaking WIC participants in 14 local WIC agencies. The interviews used a phenomenological approach. Interviews were audiotaped and then transcribed verbatim.

Results: The majority of participants had at least one pregnancy that was unplanned. Most were very familiar with multiple contraceptive methods and reported having access to them. Dental care was more difficult to access than prenatal care, and concerns about quality of dental care were frequent. A number shared chaotic childhood or young adult experiences that influenced their current health or family size choices.

Discussion: Periconceptual health education for WIC participants should address the personal and systems level barriers to improving health before and between pregnancies. In addition, the education should acknowledge that for many women, previous life events are perceived as having occurred outside their control. Therefore reproductive life planning materials that assume a linear, logical path in life may not resonate with those at highest risk for poor periconceptual health.