# Talking Points for Potential Dissemination

# by Campaign Partners and Media

## Main Messages

* Each year, about 1 in every 33 babies born in the United States is affected by a birth defect, a leading cause of death in the first year of life.
* We know that women who improve their health *before* pregnancy can be healthier mothers and have healthier babies. Healthier women have less chance of having other problems with pregnancy, such as gestational diabetes, miscarriage, or preterm labor. Their babies have less chance for problems, such as preterm birth, low birth weight, high birth weight, or stillbirth.
* Preconception health refers to the health of women during their childbearing years before and between pregnancies.
* It is important for women of childbearing age to take steps to quit smoking, get up-to-date on shots, avoid alcohol and tobacco, maintain a healthy weight, and get chronic diseases, such as diabetes and high blood pressure, under control *before* pregnancy.
* We have designed a national campaign, *Show Your Love,* to encourage all women of childbearing age to take steps improve their health *before* getting pregnant.
* Because 49% of pregnancies in the U.S. are not planned, we urge all women of childbearing age to take steps to improve their health now.

## Q&A

### What is preconception health and what does it involve?

A woman’s health before pregnancy is called preconception health (PCH). By improving her health before becoming pregnant, a woman can be better prepared for pregnancy and be as healthy as possible during and after pregnancy. Getting healthier involves taking steps, such as eating a healthy diet, maintaining a healthy weight, quitting smoking, limiting alcohol intake, and addressing chronic health conditions, e.g. diabetes and high blood pressure. The main goal of PCH is to provide health promotion and education, screening for diseases, and medical care for women of childbearing age (18-44 years) to improve their health and to address factors that might affect future pregnancies (CDC, 2009).

### Why is improving preconception health a public health concern?

Women of childbearing age may have health conditions and risk factors that affect their well-being and, should they become pregnant, the well-being of their infant. By addressing health conditions and risk factors before pregnancy, women can improve their likelihood of a healthy pregnancy and baby.

Millions of women do not receive needed medical care, often due to the lack of health insurance coverage (Ranji U, et al., 2011; Office on Women’s Health, 2011; Robertson R, et al, 2010). Yet, even among women with health coverage and other resources, a woman’s long-term health and the outcome of her pregnancies can be affected. Chronic health conditions and the medications use to treat these conditions (e.g. diabetes, epilepsy), risky health behaviors (e.g. smoking and drinking), toxic exposures (e.g., chemicals, radiation), and social and economic factors, (e.g., poverty, racism), play a part in health outcomes. (Institute of Medicine, 1985; Goldenberg RL, et al., 2005; Institute of Medicine, 2006).

Diabetes, high blood pressure, obesity, depression, and sexually transmitted diseases (e.g., chlamydia, gonorrhea, and syphilis) are among the medical conditions that impact pregnancy outcomes by increasing risk factors for disease and complications among women of childbearing age (D'Angelo D, et al., 2007; CDC, 2012; CDC, 2011; Chaterjee S, 2008). Moreover, women may be unaware of the risks related to the use of prescription medications, alcohol, tobacco, and other substances that can lead to birth defects, preterm birth, and miscarriage. (Atrash, et al., 2008; Goldenberg RL, et al., 2005). All of these risk factors and conditions can be modified if identified in the preconception (before pregnancy) and interconception period (between pregnancies) through medical care (Jack BW, et al., 2008)

### Who is affected by poor preconception health?

Good preconception health is important for every woman―not just those planning a pregnancy. A woman who does not plan to get pregnant might not manage her chronic disease well or avoid environmental exposures, such as toxic chemicals. Those and other risky behaviors can increase her chances for poor pregnancy outcomes. The Guttmacher Institute estimates that in the U.S. there are 62 million women of childbearing age (15-44), of whom 43 million are sexually active but do not want to become pregnant (2012). Although many of those women use effective contraception or are otherwise unable to conceive, there are also women who do not use contraception correctly and consistently. In fact, 49% of pregnancies in the U.S. are unintended (Finer LB, et al., 2011). Consequently, many women become pregnant when they are not in their best health or while engaging in behaviors that could harm a pregnant woman or her fetus.

Poor women and women who do not have regular medical care may be especially vulnerable to poor preconception health. Data from the Pregnancy Risk Assessment Monitoring System (PRAMS) indicate that women with Medicaid coverage are more likely to have had a baby born with low birth weight as well as have higher rates of tobacco use, stress, obesity, and diabetes as compared with women with private insurance (D’Angelo D, et al, 2007).

### Campaign and partner organization introduction

*Show Your Love* is a national campaign designed to improve the health of women and babies by promoting preconception health and healthcare (PCHHC). The Campaign’s main goal is to increase the proportion of women who plan their pregnancies and engage in healthy behaviors before becoming pregnant. I am from [***INSERT ORGANIZATION NAME***] and was integral in developingthe *Show Your Love Campaign.* We are a group of organizations with broad networks that implement state and national programs which deliver health messages to women of childbearing age. Some of our members include the March of Dimes Birth Defects Foundation, National Healthy Mothers, Healthy Babies Coalition, and the National Healthy Start Association. We are asking organizations such as yours to help disseminate *Show Your Love Campaign* materials and messages to your constituents and networks.

### Why is the *Show Your Love Campaign* being launched?

Today, most women are aware of the benefits of getting prenatal care during pregnancy. Furthermore, health care delivery is organized around the prenatal period, after women are already pregnant. There is increasing evidence that improving women’s health *before* pregnancy is also important for healthy mothers and babies. (Wahabi HA, et al., 2010; CDC, 2006)

Most women of childbearing age are aware of the need for prenatal health care. The campaign is trying to raise the importance of woman’s health *before* she gets pregnant to the same level of awareness and significance as prenatal health.

### Why Now?

Since the late-1980s, evidence and support for improving the health of women and babies through preconception health promotion and healthcare have been building. (Moos MK & Cefalo RC, 1987). The work of the Centers for Disease Control and Prevention (CDC) began in 2003, with an internal workgroup reviewing published studies related to PCH. This CDC internal workgroup met with 16 external organizations in 2004 to identify steps critical for advancing preconception health. In June 2005, CDC convened the first National Summit on Preconception Care to gather information about promising practices in the field. This Summit yielded a strategic plan for improving women’s health before pregnancy and pregnancy outcomes that included recommendations to improve PCHHC (Posner SF, et al., 2006). Recommendations for action steps to address awareness of PCHHC were also developed. These included (1) conduct consumer-focused research necessary to develop messages and terminology for promoting PCHHC and reproductive awareness; and (2) design and conduct social marketing campaigns necessary to develop messages for the promotion of PCHHC knowledge, attitudes, and behaviors among men and women of childbearing age (Posner SF, et al., 2006).

### Whom is the Campaign trying to reach?

Our Campaign targets two main audiences: women 18–44 who are currently planning a pregnancy, and women 18–44 who are not currently planning to become pregnant. “Currently planning” refers to women who want to get pregnant in the next year or so. “Not currently planning” includes women who do not want to get pregnant within the next year or so, those who have children already and do not want more, and those who are unable to get pregnant. Our research has discovered that these two audiences are quite different and so we are developing separate products, messages, and communication strategies.

In particular, we hope to reach **[*INSERT SPECIFIC SUBGROUPS YOU ARE TRYING TO REACH].***

### What are the key messages of the Campaign?

As the title of the Campaign indicates, we are promoting preconception health and healthcare with the message of *Show Your Love* for yourself and future baby by engaging in preconception health behaviors. These behaviors include the following:

* Plan pregnancies
* Eat healthy foods
* Be active
* Take 400 micrograms of folic acid daily
* Protect against sexually transmitted infections
* Protect from other infections
* Avoid harmful chemicals and toxins
* Update vaccinations
* Manage and reduce stress and get mentally healthy
* Learn about my family’s health history

If applies

* Get regular checkups
* Stop smoking and reduce alcohol intake before trying to get pregnant. Stop drinking while trying to get pregnant and during pregnancy.
* Stop partner violence
* Manage health conditions, such as asthma, diabetes, overweight

Campaign materials include posters, checklists, PSAs, web site, social media, badges, etc. They are available to download and print at [www.cdc.gov/showyourlove](http://www.cdc.gov/showyourlove). All campaign materials promoting preconception health will include *Show Your Love* as a major theme.

### How long will the Campaign run?

The Campaign will launch in 2013 on [insert] and end in [insert].

At this time we will disseminate Campaign messages, tools, and products through our own organizations, as well as via the Internet and social media.

### What are some examples of *Show Your Love Campaign* activities?

Campaign activities

Develop products (e.g., TV PSAs, educational videos, posters, web sites, social media pages, banner ads, badges).

Disseminate Campaign messages through Internet-focused promotions.

Develop partnerships with organizations like yours who are able to disseminate Campaign products directly to women.

### Who will be involved in the *Show Your Love Campaign?*

We are identifying influential organizations like yours, to help us reach our target audiences.

### Why would my organization want to be involved in the *Show Your Love Campaign?*

We know that organizations like yours are also interested in helping women and babies be as healthy as possible. Other benefits of becoming a partner include the following:

* Access to expertise: Through our network of organizations, you will have access to professionals from a variety of different disciplines who have considerable experience in preconception health and are committed to promoting women’s health.
* Access to audience profiles: We have completed audience profiles on two key audiences (women planning to become pregnant in the next year and women not planning to become pregnant). Participating in the partnership will allow you access to these audience profiles.
* Products and tools: The Campaign will develop a variety of products and tools that can help further your organization’s goals. Tools include *Show Your Love* TV PSAs, educational videos, posters, and planning tools for women. Go to [www.cdc.gov/showyourlove](http://www.cdc.gov/showyourlove%22%20%5Co%20%22Additional%20information%20on%20show%20your%20love) for the full list of resources.
* Recognition for your organization: Finally, by participating in this effort, you will receive recognition as a partner of a groundbreaking social marketing effort to improve the health of women and babies.

We need a strong network of partners to successfully launch this campaign. A vast array of partners will significantly broaden the reach of the campaign message and materials. When you participate, you help us move this important campaign forward by contributing access to your network of members and constituents. Your reputation as a trusted source of health information for women can draw attention to the campaign and increase the credibility of its messages.

### What would my organization be expected to do?

**Disseminate information to primary or secondary audiences of the campaign.** Your primary role as a partner would be to disseminate campaign messages to the target audiences or to develop partnerships with organizations that may be better positioned to reach women directly. We encourage your organization to use the campaign materials as a starting point, and for you to develop a “dissemination plan” for your organization. This plan would describe the role you are able to play in dissemination and other activities, such as providing information on related community resources.

As a partner, you can

* Establish a link to the campaign Web site on your own site
* Feature a banner advertisement
* Post campaign video PSAs and downloadable versions of campaign materials on your Web site or through social media
* Provide updates on the campaign in a newsletter
* Work with local media to promote the campaign
* Add a .jpg featuring the campaign logo as a live link to the campaign Web site as part of your e-mail signature
* Deliver campaign messages and materials through your own existing special events (e.g., annual meetings, health fairs, walk-a-thons)
* Distribute posters and other materials at national or regional conferences.

**Participate in evaluation**. For Phase 1 of the campaign, between February and June 2013, we will be conducting a process evaluation, where we will document and analyze how the campaign has been implemented. As part of this effort, we may ask you to report back to us on the role you are playing in this campaign. This effort may include filling out web-based surveys or participating in a short telephone interview. As a campaign partner, we will send you the report we produce as part of the process evaluation so that you can see how the campaign has been implemented among our diverse network of partners.

With your help, we can work together to make a difference in the health of women and children.

## References

Atrash H, Jack BW, Johnson K, Coonrod DV, Moos MK, Stubblefield PG, Cefalo R, Damus K, Reddy UM. Where is the "W"oman in MCH? *Am J Obstet Gynecol* 2008; 199(6 Suppl 2):S259-S265.

Centers for Disease Control and Prevention. Preconception care; 2009. Available at:

[http://www.cdc.gov/ncbddd/preconception/default.htm. Accessed August 15](http://www.cdc.gov/ncbddd/preconception/default.htm.%20Accessed%20August%2015), 2011.

Centers for Disease Control and Prevention. Recommendations for improving preconception health care. *MMWR*. 2006;55(RR06):1-23.

Centers for Disease Control and Prevention. Preventing and managing chronic disease to improve the health of women and infants. Available at *http://www.cdc.gov/reproductivehealth/WomensRH/PDF/ChronicDisease\_FactSheet.pdf* Accessed May 9, 2012.

Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention. Sexually transmitted disease morbidity for selected STDs by age, race/ethnicity and gender 1996-2009, *CDC WONDER On-line Database*, June 2011. Available at *http://wonder.cdc.gov/std-std-race-age.html*, Accessed May 9, 2012.

Chatterjee S, Kotelchuck M, Sambamoorthi U. Prevalence of chronic illness in pregnancy, access to care, and healthcare costs: implications for interconception care. *Women’s Health Issues* 2008; 18(6 Suppl):S107-16.

Chor J, Rankin K, Harwood B, Handler A. Unintended pregnancy and postpartum contraceptive use in women with and without chronic medical disease who experienced a live birth. *Contraception* 2011; 84(1):57-63.

D'Angelo D, Williams L, Morrow B, Cox S, Harris N, Harrison L, Posner SF, Hood JR, Zapata L. Preconception and interconception health status of women who recently gave birth to a live-born infant--Pregnancy Risk Assessment Monitoring System (PRAMS), United States, 26 reporting areas, 2004. *MMWR Surveill Summ*. 2007; 56(10):1-35.

Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception* 2011; 84(5):478-485.

Goldenberg RL, Culhane JF. Prepregnancy health status and the risk of preterm delivery. *Arch Pediatr Adolesc Med* 2005; 159:89–90.

Guttmacher Institute. Facts on contraceptive use in the United States. In Brief: fact sheet. Available at *http://www.guttmacher.org/pubs/fb\_contr\_use.html*. Accessed May 2012.

Jack BW, Atrash H, Coonrod DV, Moos, MK, ODonnell J, Johnson K. The clinical content of preconception care: an overview and preparation of this supplement. *AJOG* 2008; 199(6).

Johnson K, Posner SF, Biermann MS, Cordero MD. *Recommendations to Improve*

*Preconception Health and Health Care*. Atlanta, GA: Division of Reproductive Health, National

Center for Chronic Disease Prevention and Health Promotion; 2006.

Institute of Medicine (IOM). Preterm birth: causes, consequences, and prevention. Washington, DC: The *National Academies Press*, 2006.

Institute of Medicine. Preventing Low Birthweight. Washington, DC: *The National Academies Press*, 1985.

Kent H, Johnson K, Curtis M, Richardson Hood J, Atrash H. *Proceedings of the Preconception*

*Health and Health Care Clinical, Public Health, and Consumer Workgroup Meetings*. Atlanta:

Centers for Disease Control and Prevention, National Center on Birth Defects and

Developmental Disabilities;2006.

Moos MK, Cefalo RC. Preconceptional health promotion: a focus for obstetric care. *Am J Perinatal* 1987; 4:63-67.

Office on Women’s Health, U.S. Department of Health and Human Services. *Women’s Health and Mortality Chartbook*: 2011 Edition. Washington, DC: DHHS Office on Women’s Health 2011. Available at *http://www.womenshealth.gov/quickhealthdata/* Accessed October 20, 2011.

Posner SF, Johnson K, Parker CH, Atrash H, Biermann J. The National Summit of Preconception Care: A summary of concepts and recommendations. *Matern Child Health J.* 2006;10:S197-S205.

Ranji U, Salganicoff, A. Women’s health care chartbook: key findings from the Kaiser Women’s Health Survey. Washington, DC: Kaiser Family Foundation, 2011.

Robertson R, Collins SR. Realizing health reform's potential: women at risk: why increasing numbers of women are failing to get the health care they need and how the Affordable Care Act will help. Findings from the Commonwealth Fund Biennial HealthIinsurance Survey of 2010. Issue Brief. New York, NY: *The Commonwealth Fund*. May 2011.

Wahabi HA, Alzeidan RA, Bawazeer GA, Alansari LA, Esmaeil SA. Preconception care for diabetic women for improving maternal and fetal outcomes: a systematic review and meta-analysis. *BMC Pregnancy and Childbirth* 2010;10(63):1-14.