

Healthy Start FAQ: Ask the Expert: Preconception Care



On Tuesday, March 10, Dr. Brian Jack facilitated an Ask the Expert webinar built around the valuable role of preconception care in improving women's health. Dr. Jack reviewed methods of preconception care provision as well as strategies for addressing barriers to providing care. He shared a variety of resources applicable to Healthy Start grantees. During the webinar, participants posed questions which are addressed below.

In case you or a colleague missed Dr. Jack's presentation, you can find the slides and recording [here](#).

Where can I get more resources and materials about evidence-based tools regarding preconception care?

The most helpful resource is the [Before, Between & Beyond](#) website. This site offers tools for downloading, sharing, and referencing. There is also section on preconception health on the [CDC website](#). Eventually, the Gabby website will have additional resources and tools available. Health Departments often have links to helpful resources so it is worth checking your Health Department's site.

Is Gabby only for African American women?

Yes. As a research tool, Gabby was designed for African American women for two reasons.

- 1) The disparity in maternal child health outcomes for African American women is vexing and enormous, calling for immediate research and action.
- 2) From a research perspective, the studies thus far have demonstrated that Gabby can reduce the number of preconception risks among users. The next step is to show that Gabby can improve important clinical outcomes (pre-term delivery, low birth rate, etc.). By targeting a population with significant disparities, our research hopes to demonstrate that improvements in clinical outcomes can be achieved.

For the present time, the study is focused on African American women given that the system was designed around this specific population. Preceding the implementation of Gabby, heavy qualitative work was conducted with a variety of researchers (psychologists, anthropologists, ethnographers, etc.) and with community women to determine what was important in creating such a system. Any program replication or extension will call for similar research into any new participant populations.

Could the Gabby study extend to Native American women?

As another population with substantial disparities, Native American women would be an excellent population for a Gabby-like system in the future. If Gabby can be demonstrated to be effective with African American women, then researchers can begin looking at replicating and extending the system to other populations.

However, a product targeted to Native American women or any other population will need to be tailored to that racial/ethnic group. The current Gabby system was developed based on health behavior theory of African American women and involved their input in the design and implementation. More information about this development process will be shared at the next Gabby informational session.

If your program does not currently cater to African American women, please stay tuned because once this system begins extending to other populations, working collaboratively with programs across the US will be key for successful implementation. Your input will be important for successful implementation.

For the African American population, should the One Key Question be asked earlier than at age 18?

All women of reproductive age deserve quality attention, which certainly begins before age 18, but for this particular initiative in Boston due to issues and concerns around consent, the age was limited to ages 18-50. In the Oregon program, the age was limited to 18+.

