

Background

People with pre-existing health conditions benefit from preconception care, which enables improved health through medication and, or behaviour change prior to pregnancy; this is supported by evidence of poor maternal and newborn outcomes in cases where preconception care was lacking (1). With at least 30% of people with a potential to become pregnant in the UK having a physical or mental health condition (2), and poor uptake of preconception care, this is an area that requires urgent action.

Aim

To identify what works, for whom, and how, regarding preconception care for people with health conditions.

Methods

Realist methodology was used to identify causal explanations for why an intervention might or might not work (3). This was achieved by exploring configurations of context (such as circumstances, experiences, or views), mechanism (responses or reactions to the resources offered by an intervention) and outcome (any, or no, offer or achievement of preconception health improvement) for people with pre-existing health conditions. The midwife-led study was divided into two parts. In part one a realist review was undertaken using published research and grey literature. In part two a realist evaluation was undertaken involving online realist interviews (4) with three groups of people; individuals with pre-existing health conditions (n=20, including diabetes, epilepsy, mental health, auto-immune, high BMI, and cardiac conditions) who have been or have the potential to become pregnant, partners or supporting family members (n=2), and healthcare professionals (n=9, including nurses, midwives, allied health professionals and doctors). Participants from across the UK were recruited using social media. A realist approach to data analysis was applied, with initial analysis of data from the first two groups followed by triangulation using data from the third group (5).

Results

35 programme theories were identified from the realist review, 10 of which were explored in depth (6). These informed the realist evaluation involving data from 31 interviews leading to 57 programme theories (identified demi-regularities) that were subsequently refined and compressed to 42. These theories contributed to a conceptual framework, highlighting three key areas that are required to achieve effective preconception care: therapeutic relationships with healthcare professionals, accurate information for all, and healthcare services that enable access to the support that an individual requires.

Discussion

This study has demonstrated that realist methodology is effective for use in complex situations such as preconception care for people with pre-existing health conditions, leading to refined programme theory that identifies key elements required for the implementation of effective healthcare interventions.

Implications and future perspectives

Findings from this midwife-led research highlight key areas for health service improvement that will support this group of people to achieve better preconception health and therefore improve the health and wellbeing of future generations. Further abstraction of the identified programme theories will lead to middle range theory regarding care and support for people with health conditions more generally.

References

1. Knight M BK, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care. Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18. Oxford: National Perinatal Epidemiology Unit. 2020
2. Stephenson J, Schoenaker DA, Hinton W, Poston L, Barker M, Alwan NA, et al. A wake-up call for preconception health: a clinical review. *Br J Gen Pract.* 71(706):233-6. 2021
3. Pawson R. Evidence-based Policy. A Realist Perspective. London: Sage. 2006
4. Manzano A. The craft of interviewing in realist evaluation. *Evaluation.* 22(3):342-60. 2016
5. Gilmore B, McAuliffe E, Power J, Vallières F. Data Analysis and Synthesis Within a Realist Evaluation: Toward More Transparent Methodological Approaches. *International Journal of Qualitative Methods.* 18:1609406919859754. 2019
6. Hopper H, Husk K, Maslin K, Kent B, Wanner A, Shawe J. Preconception Care for People with Health Conditions: What Approaches Work, for Whom, and in What Circumstances? A Realist Review. *Women's Reproductive Health.* 1-24. 2022