

Preconception health and prenatal

[Health & Medicine](#)



Preconception Health & Prenatal The term, ' Preconception stage' in its simplest form refers to the reproductive age of a woman. As Atrash, Jack, Johnson, Coonrod, Moos, Stubblefield, Cafelo, Damus & Reddy (2008) argues, it is the care required to be provided to women throughout their reproductive age that would ensure a healthy and safe conception of child. However, since the conventional period of healthcare services, major significance has been delivered to prenatal care, while only a negligible concern was provided to preconception care, even though it has always remained inherent to the domain. It is based on this ground that Atrash et. al. (2008) argued for a shift in the healthcare paradigm from only getting concerned with mother care, to a wider context of women care.

The Most Salient Portions in Atrash et. al. (2008)

The situation of American social health, during the early 1980s was indeed alarming when the country slipped down to the 19th rank from its 10th position due to sudden increase in infant death rates (Atrash et. al., 2008). While the actions taken in the then context helped controlling infant mortality to a considerable extent, the situation has again started deteriorating as per Atrash et. al. (2008). The most salient portions of arguments in Atrash et. al. (2008) concentrated on the improvement of the mother's health and the infant as well. According to the evidence obtained through scientific experiments and observations, the care provided with the aim to control improvements in the women's health before pregnancy also enhances the outcomes of pregnancy for both the mother as well as the baby.

The Most Convincing Arguments in Atrash et. al. (2008)

In this study by Atrash et. al. (2008), the most convincing arguments were <https://assignbuster.com/preconception-health-prenatal/>

those emphasizing the care deliverance requirements when concerning prenatal and preconception stages when would-be mothers experience substantial changes in their body, which was also addressed in Singh, Darroch & Ashford et. al. (2013). Atrash et. al. (2008) also argued that special care must be delivered to mothers infected with HIV or AIDS and those having weak reproductive health among others, which was quite convincing. The study also proposed the extension of the “ healthy mothers-healthy babies” model that was developed in the early 1980s (Atrash et. al., 2008).

Comparatively Less Convincing Arguments in Atrash et. al. (2008)

On the contrary, even though Atrash et. al. (2008) depicted a relationship between women’s health before pregnancy and pregnancy outcomes, no statistical tool or firm guidance was used to prove the relationship, which shall make the arguments of Atrash et. al. (2008) unconvincing.

Addition to Atrash et. al. (2008) to Strengthen the Position of Arguments

A statistical analysis of the relationship would have been effective in strengthening the position of arguments in Atrash et. al. (2008).

References

Atrash, H., Jack, B. W., Johnson, Coonrod, D. V., Moos, M. K., Stubblefield, P. G., Cafelo, R., Damus, K. & Reddy, U. M. (2008). “ Where is the “ W” oman in MCH”. American journal of obstetrics & gynecology, 259-265.

Singh, S., Darroch, E. J. & Ashford, S. L. (2013). Adding It Up: The Need for and Cost of Maternal and Newborn Care—Estimates for 2012. Guttmacher institute, 3-32.