Healthy Pregnancy 4 All - Preconception Care

Published: 15-11-2012 Last updated: 26-04-2024

The objective of the study is to contibute to the improvement of perinatal outcomes by means of optimisation of preconception care via child wish consulting hours at general practioner and midwife practices.

Ethical review Approved WMO

Status Recruitment stopped

Health condition type Other condition
Study type Interventional

Summary

ID

NL-OMON41434

Source

ToetsingOnline

Brief title

HP4ALL - PCC

Condition

- Other condition
- Neonatal and perinatal conditions

Synonym

Preconceptional riskfactors for adverse pregnancy outcome, riskfactors in the period before conception for negative pregnancy outcome.

Health condition

Preconceptiezorg is primair gericht op vermindering van risicofactoren voor ongewenste zwangerschapsuitkomsten.

Research involving

Human

Sponsors and support

Primary sponsor: Erasmus MC, Universitair Medisch Centrum Rotterdam

Source(s) of monetary or material Support: Ministerie van OC&W,Subsidie van het

Ministerie van VWS

Intervention

Keyword: High risk groups, Implementation research, Perinatal health, Preconception Care

Outcome measures

Primary outcome

Effectivity of preconception care - in terms of risk reduction and lifestyle changes - in women with a wish to become pregnant. Willingness of women in areas with a high risk of negative perinatal outcomes to participate in child wish consultancy hours.

Secondary outcome

N.a.

Study description

Background summary

The unfavourable position of the Netherlands in the European perinatal mortality rates is remarkable considering the good relative prosperity position of the Netherlands. Preconception care is a possibility to eliminate riskfactors for perinatal morbidity and mortality before they can influence the embryo development and early placenta development negative. This leads to a reduction of risks during pregnancy. Besides the individual risk profile of the pregnant woman, unsufficient risk selection is possibly debit to the mean increased mortality and the considerable differences in the Netherlands.

Study objective

The objective of the study is to contibute to the improvement of perinatal outcomes by means of optimisation of preconception care via child wish consulting hours at general practioner and midwife practices.

Study design

Prospective cohort study in 14 high risk cities in the Netherlands.

Intervention

The child wish consulting hour exists of 2 visits. During these visits an individual preconceptional advice will be formulated (visit 1) and evaluated (visit 2). Before eacht visit, participants will fill out a questionnaire and after the visits biomarker research will be done, aimed at lifestyle changes.

Study burden and risks

The discussing of riskfactors before pregnancy is am advancing in the moment at which in standard care risks will be discussed. This gives extra opportunities towards prevention, but might also be experienced to be a burden. In preconceptions consults in general practioners practices however no rise in fear has been measured between the intervention group and the control group. Immediately after the consult a decrease in fear was found.

The participants will be asked to undergo blood samplings twice and to collect a urine sample twice.

Contacts

Public

Erasmus MC, Universitair Medisch Centrum Rotterdam

Wytemaweg 80 Rotterdam 3015 CN NI

Scientific

Erasmus MC, Universitair Medisch Centrum Rotterdam

Wytemaweg 80 Rotterdam 3015 CN NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

Women with a wish to become pregnant, aged 18-41 years, living in a selected city.

Exclusion criteria

- Women who are already pregnant or women with individual circumstances for which they should be excluded, specified by the general practitioner;
- Individual patientfactors for exclusion will be specified by the general practitioner. These can be: on medical grounds (e.g. absolute infertility (hysterectomy), subfertility with active treatment or a terminal disease) or on social grounds (e.g. recent divorce). The goal of the exclusion posibilities is that the general practitioner must be able to safegaurd the physician patient relationship.

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Health services research

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 05-02-2013

Enrollment: 839

Type: Actual

Ethics review

Approved WMO

Date: 15-11-2012

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 07-11-2013

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 15-04-2015

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL40845.078.12