



SOCIETY FOR PUBLIC HEALTH EDUCATION

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**HEB SELF-STUDY
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A Systematic Review of Factors Utilized in Preconception Health Behavior Research
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1. The Centers for Disease Control and Prevention (CDC) defines preconception health as:
 - a. A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management
 - b. A set of health behaviors practice only during pregnancy
 - c. A set of interventions that aim to identify behavioral risk factors during and after pregnancy in order to optimize women's health
 - d. A step by step process for women to abstain from alcohol consumption and smoking once pregnancy is confirmed
2. Why should childbearing aged women engage in preconception health behaviors?
 - a. To help the medical community understand women's behaviors before pregnancy
 - b. To understand the linkage between preconception health and pregnancy outcome
 - c. To improve overall women's health status and to reduce adverse birth outcomes
 - d. To prevent babies from having infectious and chronic diseases during their first year
3. Based on the studies reviewed, what is the impact of preconception physical activity on risk of gestational diabetes mellitus?
 - a. Women who engaged in intense physical activity had higher risk of gestational diabetes mellitus diagnosis
 - b. Women who engaged in intense physical activity had lower risk of gestational diabetes mellitus diagnosis
 - c. Women who engaged in intense physical activity had the same risk of gestational diabetes mellitus and abnormal glucose tolerance as women who do not engage in intense physical activity
 - d. Women who engage in physical activity had a higher chance of entering pregnancy with a poor glycemic control
4. A critical finding of this review is that:
 - a. Knowledge, pregnancy intention, and body image lead to preconception health practice

- b. Knowledge, awareness, and beliefs of preconception care lead to preconception health practice
 - c. Intention, self-actualization, and perceived threat do not influence preconception health practice
 - d. Knowledge, awareness, and beliefs of preconception care do not lead to preconception health practice
5. Which of the followings is correct?
- a. Younger preconceptional women were less likely to engage in preconception health behavior than older women
 - b. Younger preconceptional women were more likely to engage in preconception health behavior than older women
 - c. Younger preconceptional women were more likely to initiate conversation on preconception health with their doctors than older women
 - d. Younger women had higher knowledge of preconception health than older women
6. True or False: Non-US based studies on preconception health behaviors focused mostly on cystic fibrosis screening, rubella vaccination, and influence of preconception counseling on women's knowledge of preconception risk factors and preconception health behaviors
7. True or False: Pregnancy planning was lower among college-educated and older women
8. Which of the followings is NOT correct?
- a. Compared to women with children, women who never had children were more likely to accept preconception care if offered during clinical visit
 - b. Main determinants of women who drink before and during early weeks of pregnancy were Non-Hispanic White, smoker, college-educated, unmarried, 25 years of age and older
 - c. Women with intended pregnancies were more likely to consume folic acid during the periconception period than those with unintended pregnancies
 - d. Women with advanced postgraduate education were less likely to practice preconception care
9. Among of all the predictors of knowledge and attitudes of preconception care, which one is the most significant predictor?
- a. Age
 - b. Education
 - c. Acculturation
 - d. Economic hardship
10. Out of the 24 reviewed studies, how many were grounded in a theoretical framework?
- a. One
 - b. Two
 - c. Three
 - d. Four