

Protocol Optimization for Direct Induction of Striatal Neurons from Primary Human Fibroblast

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Introduction

While pharmacists' prescribing of contraception has increased significantly in recent years, pharmacist-provided services that can impact maternal health include more than just contraception. Each stage of maternal health preconception, pregnancy, and post-partum has distinct needs, and pharmacists are better equipped to meet those needs and more accessible than other healthcare providers. While pharmacist-provided maternal health services may save the healthcare system money, more research is needed to fully understand the value of pharmacist-provided maternal health services. A strong implementation of a pharmacist-provided maternal health services programme will necessitate collaboration among providers, payers, and pharmacists [1].

Maternal health refers to women's health during their pregnancies, pregnancies, and postpartum periods. The goal of providing maternal health care is to improve women's health and the outcome of any pregnancy they choose to have. Maternal health is monitored and evaluated in the United States by assessing the prevalence of chronic disease states and health behaviours among women of reproductive age, as well as pregnancy-related morbidity and mortality. Infant and maternal mortality, preterm birth, and unintended pregnancies are major public health issues, and pharmacists should be viewed as a capable workforce capable of providing needed maternal health care as well as serving as a gateway into the healthcare system for those capable of pregnancy [2].

When thinking about maternal health, it's important to remember that there are numerous factors that can have a negative impact on one's health throughout one's life. These health burdens may have an adverse effect not only on women of childbearing age, but also on a pregnancy. Waiting for a patient to receive prenatal care is likely too late to address many risk factors for adverse maternal-fetal outcomes, especially given that nearly half of pregnancies are unintended; additionally, one in every sixteen pregnant women in receives no or inadequate prenatal care. Access to affordable and comprehensive health care is critical to improving health outcomes.

Description

The goal of this viewpoint is to describe the broad impact pharmacists may have on the delivery of maternal health services, as well as forward-thinking considerations to accelerate service implementation and expansion. Within the context of this article, it should be noted that not all people who become pregnant or give birth identify as women; thus, while the terms "women's health" and related terms exist in the body of literature and may continue to

be used in this area in some publications referenced in this perspective, terms used throughout this perspective should be interpreted to imply inclusive and intentional care for all who are capable of becoming pregnant [3].

Maternal health refers to pre-pregnancy, pregnancy, and postpartum health. As part of comprehensive primary care, patients require high-quality healthcare services, education, and support before, during, and after pregnancy. All healthcare providers and teams should be aware of the factors that influence overall health and should identify and intervene on potential risks for reproductive-age patients on a regular basis. Every patient interaction with a healthcare provider is an opportunity to ensure that evidence-based care standards and social needs are met in a culturally appropriate manner. Although these services are typically framed as well-woman care, they should be provided to all patients capable of becoming pregnant, regardless of gender.

Pharmacists are educated and trained to provide comprehensive, high-quality health care. Studies have shown that involving pharmacists in the management of chronic medical conditions has a positive outcome, and immunisation rates have increased since pharmacists were authorised to administer vaccines. Medical screening, health and wellness counselling, medication management, and patient education are all services provided by pharmacists. To help alleviate the shortage of primary care physicians, pharmacists can provide primary care services, including women's health [4].

When pharmacists were involved in a study in Oregon, the first state to authorise pharmacists to independently prescribe hormonal contraceptives, the state Medicaid programme benefited significantly. Pharmacists wrote 10% of new prescriptions for hormonal contraceptives in the first two years of the policy change, with 74% of those patients not using any form of birth control in the month preceding the pharmacist's prescription. According to the study, pharmacists prevented more than 50 unintended pregnancies, saving the state \$1.6 million in public costs. A 2010 study in North Carolina found that community pharmacists could not only administer subcutaneous medroxyprogesterone acetate, but also had continuation rates and patient satisfaction comparable to family planning clinics.

In addition to prevention services, pharmacists play an important role in disease state management; chronic conditions such as hypertension and diabetes must be well-controlled prior to pregnancy in order to optimise patient health and reduce the risk of adverse maternal-fetal outcomes. Nonetheless, a recent study found that nearly 52% of non-pregnant women aged 20-44 years with hypertension were uncontrolled, and nearly 52% of those with diagnosed diabetes were uncontrolled. Furthermore, pharmacists are uniquely placed to review and assess a patient's current medication profile in order to identify potentially teratogenic medications and supplements that may need to be discontinued prior to conception, as well as to ensure effective contraceptive coverage in the interim in order to avoid inadvertent exposures [5].

Conclusion

Pharmacists are well-positioned to provide many of the services required to close gaps in maternal health care, including, but not limited to, contraception prescribing and provision. Many people can benefit from the convenience and accessibility of pharmacist-provided services. While some studies show that pharmacists have a positive impact on specific aspects of maternal health care, more research is needed to show their impact on a more comprehensive suite of maternal health services. Pilot programmes could be conducted to

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determine the return on investment for pharmacist-provided maternal health services and used to advocate for compensation for these services, building on the momentum of recent work to advance contraception prescribing by pharmacists. The expansion of such services is critical to ensuring access to care for patients already served by community pharmacists. We urge community pharmacists to be the driving force behind service implementation and expansion in order to provide proactive maternal health care.

Acknowledgement

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Conflict of Interest

None.

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