

Preconception Health – HM 4

DEFINITION

Preconception is defined as a time when a reproductive aged female is not pregnant but at risk for becoming pregnant or when a man is at risk for impregnating his female partner. The goal of preconception health-care for women is to recognize and modify risks that impact health and/or pregnancy outcomes. This includes biomedical, behavioral and social risks. For men, addressing their direct contributions to the infant's health as well recognizing their impact on a woman's health is important. The goal is to decrease adverse pregnancy outcomes. Preconception and interconception health services are essential components of family planning services. Sexual and reproductive health agencies can improve outcomes in clients of reproductive age by implementing preconception health evidence-based guidelines and recommendations.

SUBJECTIVE

Female history should include:

1. Pregnancy intention and timeline
2. Reproductive, sexual and menstrual history
3. History of poor pregnancy outcomes
4. Environmental exposures, hazards and toxins
5. Medication use (with review of safety in pregnancy)
6. Genetic conditions
7. Family history
8. Partner violence assessment
9. Alcohol, nicotine and other drug use assessment
10. Immunization status
11. Depression screen
12. Medical conditions and history
13. Nutrition and physical activity

Male history should include:

1. Past medical and surgical history that may impact reproductive health such as genetic conditions, history of reproductive failures and conditions that can reduce sperm quality such as obesity, diabetes and varicocele
2. Genetic conditions
3. Family history
4. Reproductive and sexual history
5. Environmental exposures
6. Medication use
7. Alcohol, nicotine and other drug use assessment
8. Immunization status
9. Depression screen
10. Partner violence assessment
11. Nutrition and physical activity

OBJECTIVE

May include:

1. Height, weight, and BMI
2. Age-appropriate physical exam, if indicated
3. Blood pressure

LABORATORY

May include:

1. STI/HIV screening, as indicated

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

2. Infectious disease screening, as indicated (zika, toxoplasmosis, etc.)
3. Pap screening, as indicated
4. Diabetes screening, as indicated

ASSESSMENT

Preconception Health Care

PLAN

1. Discuss reproductive life plan
2. Provide immunizations, as indicated
3. Optimize natural fertility via education regarding fertility and aging and coital practices

CLIENT EDUCATION

1. All women planning or capable of pregnancy should be counseled about the need to take a daily supplement containing 0.4-0.8 mg folic acid
2. Education and referral for individuals who screen positive for intimate partner violence
3. Education regarding impact of nicotine, alcohol and other drug use on pregnancy; refer as indicated
4. Marijuana use in pregnancy, encourage discontinuing. Increased risk for pre-term birth, low birth weight, IUGR. May have long-term brain development consequences, including attention, memory, problem-solving skills, and behavior later in the child's life
5. Advise consult with prescribing provider if medication use that may impact pregnancy or fetal development
6. Counsel regarding impact of body weight on pregnancy; refer as indicated for nutritional counseling
7. Education regarding healthy lifestyle activity or modifications
8. Explore alternatives to toxic exposure or refer to occupational medicine, as indicated
9. Counsel regarding travel restrictions, caution against infectious diseases, and address screening, as indicated
10. Education of use of medications, including nonprescriptive products, and use during pregnancy
11. Education regarding optimizing likelihood of achieving pregnancy; frequency of intercourse, fertile window, menstrual cycle tracking, monitoring ovulation, frequency of intercourse

CONSULT / REFER TO PHYSICIAN

1. Individuals with identified high risk health problems prior to pregnancy.
2. Genetic counseling, as indicated
3. Refer to PCP or specialist to adjust medications, as indicated

REFERENCES

1. Centers for Disease Control and Prevention. (2014). Providing quality family planning services: Recommendations of CDC and the U.S. office of population affairs. *Morbidity and Mortality Weekly Report*, 63(4); 1-54. Retrieved from <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
2. The American College of Obstetricians and Gynecologists. (2022). *Fertility awareness-based methods of family planning*. Retrieved from <https://www.acog.org/womens-health/faqs/fertility-awareness-based-methods-of-family-planning>
3. [Pre-conception Counseling Checklist 072319.indd \(rhntc.org\)](#)
4. Reproductive Health National Training Center. (2021). *Preconception counseling checklist*. Retrieved from <https://rhntc.org/resources/preconception-counseling-checklist>
5. The American College of Obstetricians and Gynecologists. (2019). Prepregnancy counseling. *ACOG*, 133(1), e78-89. Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling>
6. The American College of Obstetricians and Gynecologists. (2021). Marijuana use during pregnancy and lactation. *ACOG*, 130(4), e205- 209. Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation>

Effective Date: December 2024

Last Reviewed: November 2024

Next Scheduled Review: November 2025

7. The American College of Obstetricians and Gynecologists. (2023). *Marijuana and pregnancy*. Retrieved from <https://www.acog.org/womens-health/faqs/marijuana-and-pregnancy>
8. Reproductive Health National Training Center. (2024). *Preconception tool kit*. Retrieved from <https://rhntc.org/resources/preconception-health-toolkit>