

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.

SUBJECTIVE

Female history should include:

1. Reproductive history
2. History of poor pregnancy outcomes
3. Environmental exposures, hazards and toxins
4. Medication use (with review of safety in pregnancy)
5. Genetic conditions
6. Family history
7. Partner violence assessment
8. Alcohol, nicotine and other drug use assessment
9. Immunization status
10. Depression screen

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. Medication use
3. Alcohol, nicotine and other drug use assessment
4. Immunization status
5. Depression screen

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
2. Pap screening, as indicated
3. Diabetes screening, as indicated

ASSESSMENT

Preconception Health Care

PLAN

1. Discuss reproductive life plan.
2. Provide immunizations, as indicated.

CLIENT EDUCATION

Effective Date: 12/1/2023

Last Reviewed: 10/24/2023

Next Scheduled Review: 10/1/2024

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.

CONSULT / REFER TO PHYSICIAN

1. Individuals with identified high risk health problems prior to pregnancy.

REFERENCES

1. QFP: [rr6304.pdf \(cdc.gov\)](#)
2. [Optimizing natural fertility: a committee opinion - Fertility and Sterility \(fertstert.org\)](#) 2016.
3. [Pre-conception Counseling Checklist 072319.indd \(rhntc.org\)](#)
4. [Prepregnancy Counseling | ACOG 2018, Reaffirmed 2020](#)
5. [Substance Abuse and Mental Health Services Administration: Marijuana During Pregnancy](#)