Preconception Counseling

**Goal of pre-pregnancy care:**
- Reduce the risk of adverse health effects for the woman, fetus, and neonate by:
  - Optimizing health, addressing modifiable risk factors, providing education about healthy pregnancy

**Counseling indication:**
- Any non-pregnant patient with reproductive potential
- Standard question at annual visits: “Would you like to become pregnant in the next year?”

**Preconception assessment to include:**
- Medical, surgical, psychiatric, and neurologic histories
- Obstetric history
- Gynecologic history
- Current medications (prescription, nonprescription, supplements, herbals)
- Substance use, including alcohol, tobacco, and illicit drugs (validated screening tools recommended)
- Domestic abuse and violence screening
- Family history review
- Genetic history (both maternal and paternal)
- General physical examination
- Assessment of socioeconomic, educational, and cultural context
- Nutrition
- Environmental and occupational exposures
- Risk factors for sexually transmitted diseases

**Vaccination(s):**
Should be offered to women found to be at risk for or susceptible to:
- Rubella (administer a minimum of 28 days prior to pregnancy)
- Varicella (2 doses, begin 2 months prior to attempting pregnancy)
- Hepatitis B
- Tdap if status unknown
- HPV vaccination in accordance with guidelines
- Annual influenza vaccination
Routine Tests:
- Pap Smear (per ACOG/ASCCP/USPTF/ACS guidelines)
- Mammogram (per ACOG/ASCCP/USPTF/ACS guidelines)
- Human immunodeficiency virus (HIV) All pregnant women should be tested with patient notification as part of routine battery of prenatal blood tests unless they decline the test (i.e., opt-out approach).
- Screening for sexually transmitted diseases
- Testing for maternal diseases based on medical or reproductive history
- Screening for subclinical thyroid disease with risk factors
- Mantoux test with purified protein derivative for tuberculosis if high risk

Genetic Screening:
Offer screening for genetic disorders based on racial and ethnic background;
- Sickle hemoglobinopathies (African Americans)
- β-thalassemia (Mediterraneans, Southeast Asians, and African Americans)
- α-thalassemia (Southeast Asians, Mediterraneans, and African Americans)
- Tay-Sachs disease (Ashkenazi Jews, French Canadians, and Cajuns)
- Canavan disease and familial dysautonomia (Ashkenazi Jews)
- Cystic fibrosis (CF) (while carrier frequency is higher among Caucasians of European and Ashkenazi Jewish descent, carrier screening should be made available to all couples)
- Familial dysautonomia (Ashkenazi Jews)
- Fanconi anemia group C (Ashkenazi Jews)
- Niemann Pick type A (Ashkenazi Jews)
- Mucolipidosis IV (Ashkenazi Jews)
- Bloom syndrome (Ashkenazi Jews)
- Gaucher disease (Ashkenazi Jews)
- Screening for other genetic disorders on the basis of family history (e.g., fragile X syndrome for family history of nonspecific, predominantly male-affected, mental retardation; Duchenne’s muscular dystrophy)
- Spinal muscular atrophy (offer to all)

Patients should be counseled regarding the benefits of the following activities:
- Exercising
- Striving to attain a BMI in the normal range if overweight or underweight
- Avoiding food faddism
- Avoiding pregnancy within one month of receiving a live attenuated viral vaccine (e.g., rubella)
- Preventing HIV infection, STIs
- Zika, travel precautions awareness
- Abstaining from tobacco, alcohol, and illicit drug use before and during pregnancy
• Taking folic acid, 0.4 mg per day, while attempting pregnancy and during the first trimester of pregnancy for prevention of neural tube defects (NTD); women who have had a prior NTD-affected pregnancy are at high risk of having a subsequent affected pregnancy and should consume 4 mg of folic acid per day in the peri-conception period.
• Maintaining good control of any preexisting medical conditions (e.g., diabetes, hypertension, systemic lupus erythematosus, asthma, seizures, thyroid disorders, and inflammatory bowel disease)
• Determining the time of conception by an accurate menstrual history with early access to prenatal care
• Family planning and pregnancy spacing discussion

Patient and provider resources:
• www.acog.org/More-Info/PrepregnancyCounseling

References:

1. ACOG Committee Opinion #762, Pre-pregnancy Counseling, Jan. 2019.
2. ACOG Committee Opinion #691, Carrier Screening for Genetic Conditions, March 2017, Reaffirmed 2019.