Preconception Counseling

Preconception recommendations:
- Family planning and pregnancy spacing
- Family history
- Genetic history (both maternal and paternal)
- Medical, surgical, psychiatric, and neurologic histories
- Current medications (prescription and nonprescription)
- Substance use, including alcohol, tobacco, and illicit drugs
- Domestic abuse and violence
- Nutrition
- Environmental and occupational exposures
- Immunity and immunization status
- Risk factors for sexually transmitted diseases
- Obstetric history
- Gynecologic history
- General physical examination
- Assessment of socioeconomic, educational, and cultural context

Vaccination(s):
Should be offered to women found to be at risk for or susceptible to:
- rubella
- varicella
- hepatitis B

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
- 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)

Patients should be counseled regarding the benefits of the following activities:
• Exercising
• Reducing weight before pregnancy, if obese
• Increasing weight before pregnancy if underweight
• Avoid food faddism
• Avoiding pregnancy within one month of receiving a live attenuated viral vaccine (e.g., rubella)
• Preventing HIV infection
• Determining the time of conception by an accurate menstrual history
• 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 periconception period.
• Maintaining good control of any preexisting medical conditions (e.g., diabetes, hypertension, systemic lupus erythematosus, asthma, seizures, thyroid disorders, and inflammatory bowel disease)