

# Maine Medical

PARTNERS

## Women's Health

*A department of Maine Medical Center*

### 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)
- $\beta$ -thalassemia (Mediterraneans, Southeast Asians, and African Americans)
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- 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)
- Mucopolypidosis 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](http://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.
3. Centers for Disease Control and Prevention. Recommended immunization schedule for adults aged 19 years old or older, United States, 2018. Atlanta (GA): CDC; 2018. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>.