

Preconception Health Care Tool

Preconception Health Care involves identifying potential physical, genetic, psychosocial, environmental, and behavioural risk factors for adverse pregnancy outcomes, and reducing those risks prior to conception through counselling, education, and intervention. Preconception Health Care focuses on health promotion and illness prevention for everyone of reproductive age. It is an important opportunity for primary care providers to improve maternal and infant outcomes, as the critical period for fetal development often occurs before prenatal care begins. **Each of the preconception topics below should be addressed with every individual of reproductive age on an on-going basis**.

Prevent & Promote	Screen	Manage
Reproductive Life Plan: Ask all individuals of reproductive	age, "Would you like to have a child in the next year?" Encourage a	l individuals to make a <u>Reproductive Life Plan¹. 🔰 🕯 🕯</u>
 No → Discuss contraception options. Not sure → <u>Choosing Wisely Tool².</u> Inform women of reproductive age that natural fertility and assisted reproductive technology success is significantly lower for women in their late 30-40s.³ ⁽²⁾ 	 ❑ Yes* ♦ LMP: ❑ Discuss family planning and conception. 	If positive pregnancy test, discuss options for prenatal care and refer accordingly.
Reproductive History: A detailed reproductive history sho	uld be obtained for all individuals.	
Gravida (G): Abortions (A): Full-Term (T): Living Children (L): Premature (P): Details:	Inquire about previous pregnancies: Preterm Birth Stillbirth Gestational DM Preeclampsia Miscarriage Caesarean Birth Congenital Anomalies Assisted Reproductive Technologies Uterine Anomalies	 Provide appropriate referrals. Advise women with prior caesarean delivery to wait at least 18 months prior to conception. Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception if positive history of neural tube defect. Recommend >18 and <59 month interpregnancy interval (IPI).
Sexual Health:		
All individuals should be counselled about safer sexual practice.	Screen if High Risk: □ Chlamydia □ Syphilis □ Trichomoniasis □ Gonorrhea □ Genital Herpes (if lesions)	 Provide treatment according to <u>Canadian Guidelines on Sexually</u> <u>Transmitted Infections</u>.⁵ * Inform women with genital herpes of risk of vertical transmission.
Chronic Medical Conditions: Optimize management for the	ne following diseases, as suboptimal control or treatments can increa	se risk for adverse maternal and/or infant outcomes.
 Motherisk⁶ * a i should be consulted for the safety of any medications taken by patients with chronic conditions. Motherisk Helpline: 1-877-439-2744 Asthma: Delay conception until good control is achieved. Cancer: All individuals with cancer should be counselled regarding the potential effects of treatment on fertility and informed of options to preserve fertility, if desired, and referred appropriately. Diabetes: Increased risk of birth defects can be mitigated with good preconception glycemic control. Encourage contraception for those without good control. Folic acid 5mg daily prior to conception and for 12 weeks after conception. ACE-Is and statins are contraindicated. Estrogen-containing contraception options should be avoided for those with DM >20 years or target end-organ damage. HIV: Transmission risk to fetus is ~2% with antiretroviral therapy. Efavirenz is contraindicated. Antiretroviral drugs may interfere with hormonal contraceptive methods. Refer to specialist. Hypertension: Increased risk for adverse fetal and maternal outcomes. Assess for target-end organ damage in those with long-standing hypertension. Alternatives to ACE-Is are recommended For more information regarding preconception chrore 	 in women of reproductive age. Avoid estrogen-containing contraception options for women with severe hypertension. Inflammatory Bowel Disease: Counsel women to delay conception until disease is in remission. Conception during active episode increases risk of miscarriage, premature delivery, still birth, or low birth weight. Phenylketonuria: Encourage maintenance of low phenylalanine level during reproductive years and especially prior to conception. Renal Disease: Encourage optimal control prior to conception, including normal BP. Use alternative to ACE-Is. Consult with specialist. Seizure Disorder: Discuss potential pregnancy outcomes related to seizures and seizure medications. Take folic acid 4-5mg daily prior to conception and for 12 weeks after conception. Lowest dose of one medication recommended, when possible. Valproic acid, lithium, and topiramate are contraindicated. Many antiepileptic medications may interfere with hormonal contraceptive methods. Systemic Lupus Erythematosus, Rheumatoid Arthritis, and other Autoimmune Diseases: Delay conception until good control is achieved. Discuss natural history of disease during/after 	 pregnancy. Cyclophosphamide, Methotrexate, and Leflunomide are contraindicated. Avoid estrogen-containing contraception options in women with SLE and positive/unknown antiphospholipid antibody. Discuss use of aspirin and heparin with rheumatologist for women with SLE and antiphospholipid antibody syndrome. Thromboembolic Disease: Counsel women that risk for VTE during pregnancy and postpartum is increased, and many will require anticoagulation treatment. Coumadin is contraindicated. Avoid estrogen-containing contraceptive options. Thyroid Disease: Achieve euthyroid state prior to conception. Women with hypothyroidism should increase their dose of levothyroxine by 30% as soon as pregnancy occurs. Radioactive iodine is contraindicated. Screen all women for CBC and TSH, prior to conception.
Medications: Human teratogenicity risk is unknown for the majority of medications. Use caution when prescribing for women of reproductive age. Consult <u>Motherisk</u>	Screen for teratogenic medication use: Prescribed Medications Over-the-Counter Medications Complementary and Alternative Therapy (herbal, natural, weight loss, athletic products or supplements, etc.)	Potentially teratogenic medications should be changed to safer options. Women should be counselled not to stop prescribed medications without consulting with their provider. □ Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception for women taking folate antagonists (ex. methotrexate, sulfonamides, and antiepileptics).
Mental Health: Promote mental health wellness through adequate sleep, work-life balance, stress reduction and social connectedness.	Screen: □ Depression [®] □ Screen for family history of mental health issues. □ Anxiety [®] health issues. □ Other ¹⁰ □	 Bipolar Disorder Mood Disorder Schizophrenia Counsel women with mental health diagnoses of risks of pregnancy and relapse. Strategize management. Stabilize/optimize mood and anxiety level; discuss risks and benefits of medications.
Tobacco Use:		
Encourage all individuals to be tobacco free prior to conception.	Screen: □ Tobacco (all forms) □ Tobacco Exposure (second-hand smoke)	 Provide brief intervention and provide <u>appropriate referrals¹¹.</u> Inform women of available <u>patient resources¹²</u> and Smokers' Helpline 1-877-513-5333. Consult <u>Canadian Smoking Cessation Guidelines¹³.</u> Counsel women with tobacco addictions of risks of pregnancy and relapse. Strategize management. Recommend an extra 35 mg of vitamin C daily for smokers.

Prevent & Promote	Screen	Manage
Alcohol and Other Substance Use: Encourage all individuals to be substance free prior to conception.	Screen: Alcohol	 □ Provide <u>brief intervention</u>¹⁴ ¹⁴ ¹⁴ ¹⁴ ¹⁴ ¹⁴ ¹⁴ ¹⁴ ¹⁴ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁵ ¹⁶ ¹⁶
Immunizations: All individuals of reproductive age should have Vaccinate: Varicella HPV Tetanus, Rubella Influenza Hepatitis B Pertussis	their <u>immunization status reviewed and updated</u> ¹⁸ + as required. Screen for immunity: □ Rubella □ Hepatitis B □ Varicella	Provide all immunizations required prior to conception with the exception of the flu vaccine, which can be administered before and/or during pregnancy.
Infectious Diseases: Prevention and screening of these infect HIV Hepatitis B Tuberculosis Toxoplasmosis Parvovirus Hepatitis C Cytomegalovirus	ious diseases ¹⁹ + are important for those of reproductive age. Screen: I HIV Screen if High Risk: Hepatitis C Tuberculosis	□ Inform women who screen positive for HIV. Hepatitis B or C of risk for vertical transmission, and offer appropriate treatment [∞] . □ Treat women with Tuberculosis prior to conception [∞] . ●
Family and Genetic History: Obtain 3 generation family history to identify ²¹ ♦ ●: Congenital malformations, Consanguinity (first cousins or closer). Developmental delays, learning disabilities. Children who died at a young age (may reveal a metabolic condition). Ethnicity History of sudden unexplained death (may indicate cardiomyopathy or metabolic condition). Family history of a genetic condition. History of infertility, multiple miscarriages (>3 or all male fetuses). Nutrition: Eat well with <u>Canada's Food Guide²⁴.</u>	 Ethnicity Based Screening Considerations²³ ♦ • : CBC and/or Hgb Electrophoresis for hemoglobinopathies in African, Mediterranean, Middle Eastern, Asian, Southeast Asian, and Hispanic/South/Central American individuals. Cystic Fibrosis mutation in Caucasian individuals if family history present. Tay-Sachs in French Canadian individuals if family history present. Hematopoietic stem cells screening (Ashkenazi Jewish Screening Panel) for those with Ashkenazi Jewish ancestry. 	 Provide referral to specialist for those with family and genetic history risk factors. Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception if positive family history of neural tube defects or high risk ethnic group (ex. Sikh, Celtic, Northern Chinese).
 Recommend folic acid 0.4-1.0mg daily (<u>through a multivitamin or supplement</u>)¹⁵ ♥ ⁽¹⁾ and folate rich diet, prior to conception and throughout pregnancy. Recommend <u>calcium 1000mg daily</u>²⁵ ♥ ⁽¹⁾ through food and/or supplements. Recommend essential fatty acid rich diet, including omega 3 and 6. Recommend avoiding raw/undercooked meat and fish and unpasteurized milk and cheese²⁶. ♥ ⁽¹⁾ Caffeine <300mg/day²⁷. ♥ ⁽¹⁾ Recommend yitamin D 600 IU (15 µg) supplementation daily²⁸. ♥ ⁽²⁾ Recommend 2.6 µg of vitamin B12 daily through supplement or multivitamin. 	 Screen for issues regarding access to food, nutrition, storage, cooking facilities and folic acid. Screen for iron deficiency anemia if at risk. 	Provide referral to Dietitian or appropriate community agencies.
Weight Status: Weight can increase risk of adverse pregnancy of Target Body Mass Index (BMI) = 18.5-24.9 (for ages ≥19) Waist Circumference (WC) ²⁹ Waist Circumference (WC) ²⁹ Male Target Female Target European, African, Eastern <102 cm	utcomes and developing chronic disease. Screen <u>BMI³¹ I annually</u> . BMI = weight(kg)/height(m) ² Weight: Height: BMI: WC: the physical demands of pregnancy, and can assist with stress manage	 Underweight (BMI <18.5) Overweight (BMI = 25-29.9) Obese (BMI >30) Provide appropriate referrals for management. Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception for obese individuals. Discuss recommended healthy weight gain³² ↔ during pregnancy and recommend contacting EatRight Ontario 1-877-510-5102.
Recommend at least 150	minutes of moderate to vigorous aerobic physical activity per week, in epi strengthening activities at least 2 days per week. See the <u>Canadian Physic</u>	sodes of 10 minutes or more.
Identify stressors and discuss strategies to reduce impact.	Screen: Access to Care □ Housing Social Isolation (newcomers, language barriers) ³⁴ ♥ □ Intimate Partner Violence ³⁶ ♥ Social Support □ Unemployment Workplace Stress □ Finances Unhealthy Relationship	 □ Inform women that violence often worsens during pregnancy and discuss safety plan. □ Provide <u>appropriate referrals</u>³⁶. ♥ ☎
 Environmental Exposure: Discuss potential exposure to tox Recommend avoiding fish high in mercury³⁸	In guire about exposures to: Solvents Plastics Metals (lead, mercury) Pollutants Netals (lead, mercury) Readiation Netals (lead, mercury) Readiation Netals (lead, mercury) Readiation Netals (lead, mercury) Readiation Netals (lead, mercury) Readiation Netals (lead, mercury) Readiation	Health Canada's blood methylmercury guidance level in pregnancy or reproductive age: <8mcg/L (40nmol/L).
		 indicates Canadian resources indicates provider resources indicates patient resources

Supporting Material*

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This Tool was developed as part of the Knowledge Translation in Primary Care Initiative which is led by CEP with collaboration from OCFP. Clinical leadership for the development of this tool was provided by Rebekah Barrett MN, NP-PHC and Dr. Deanna Telner MD, MEd, CFPC, FCFP and was subject to external review by primary care providers and other relevant stakeholders. This Tool was funded by the Government of Ontario as part of the Knowledge Translation in Primary Care Initiative.

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