



PRE-PREGNANCY COUNSELLING

Pre-pregnancy Counselling provides a window of opportunity for health promotion, as it is thought that women are very motivated to alter unhealthy lifestyles at this time. Pre-conception counselling is also relevant to men. Their lifestyle and health may also affect pregnancy outcome

Preconceptual care is distinct from antenatal care[1]. It should include:

Informed choice, which helps women and men to understand health issues that may affect conception and pregnancy.

Women and their partners being encouraged to prepare actively for pregnancy, and be as healthy as possible.

Optimising management of chronic health problems.

Identifying couples who are at increased risk of having babies with a genetic malformation. Provide them with sufficient knowledge to make informed decisions.

ASSESSMENT

- Each woman requires individual assessment.
- Establish the following in order to offer appropriate advice[1]:
- Timing of planned pregnancy.
- Folic acid.
- Smear history.
- Smoking history.
- Alcohol intake.
- Weight (whether the patient is overweight or obese).
- Medication, including over-the-counter or herbal medication. Establish whether there is a history of illicit drugs.
- Risks of exposure to hazardous substances or radiation.
- Rubella immune status.
- History of chickenpox or shingles.
- Risk of hepatitis B.
- Risk of human immunodeficiency virus (HIV) infection.
- History of miscarriage.
- Risk or concern regarding chromosomal abnormalities or inherited genetic disorders.
- Chronic health problems. There is specific advice available for management of women with:
 - Asthma
 - Diabetes mellitus
 - Epilepsy
 - Thyroid disease
 - Renal disease
 - Thalassaemia
 - Sickle cell disease
 - Rheumatoid arthritis
 - Previous thromboembolism
 - Depression
 - Bipolar disorder



ADVICE FOR ALL WOMEN

- **TIMING OF PREGNANCY**
- **SPACING OF PREGNANCIES**
- **SMOKING**
- **EXERCISE**
- **ALCOHOL USE**
- **BODY WEIGHT**
- **MEDICATION REVIEW**

FOLIC ACID

Supplementation with folic acid is one of the most significant preventative interventions available in the preconceptual/antenatal period[3]:

All women should take at least 400 micrograms/day whilst trying to become pregnant and for at least the first three months of pregnancy to reduce the risk of NTDs.

Women at high risk of neural tube defect (NTD) should take a higher dose of 5 mg/day until 12 weeks of pregnancy. High risk is defined as:

Where either partner has an NTD or has already had a pregnancy affected by NTD.

Family history of NTD.

Antiepileptic medication.

Coeliac disease.

Diabetes (type 1 or 2).

Thalassaemia trait (5 mg daily until birth of the baby).

Haemolytic anaemia, particularly thalassaemia or sickle cell anaemia (5-10 mg until birth of the baby).

Women with a BMI >30 kg/m².

Diet alone (eg, green vegetables, fortified cereals) does not reliably supply adequate folic acid

CERVICAL SCREENING

Identify women who are due or nearly due a cervical smear and encourage women to have their screen before becoming pregnant.

Smears are not routinely taken during pregnancy, as pregnancy-related inflammatory changes make them difficult to interpret.

Many treatments cannot be carried out during pregnancy should an abnormality be detected.

DIET

In healthy women on a normal diet, advice on eating five portions of fruit and vegetables per day and consuming dairy products to raise stores of vitamins, iron and calcium is reasonable. It is advised that certain foods be avoided in pregnancy, or reduced, so if a woman is likely to become pregnant imminently, it is sensible to forewarn her of these precautions.

Vitamin D deficiency causes impaired fetal growth. All women should be informed about the importance of maintaining adequate vitamin D stores during pregnancy and breastfeeding. Women at particular risk of deficiency include:

Women of South Asian, African, Caribbean or Middle Eastern family origin.

Women with limited exposure to sunlight.

Women who do not eat oily fish, eggs, meat or fortified margarine or cereals.

Women with a pre-pregnancy BMI >30.

RUBELLA

Test for immunity or vaccinate anyway in women without proof of vaccination.
Advise the woman not to get pregnant for a month after vaccination, although large numbers of studies have failed to show adverse effects of vaccination in early pregnancy.

VIRAL HEPATITIS should be screened and vaccinated against hepatitis B if not infected.

VARICELLA

Test women planning pregnancy for varicella who do not have a positive history of chickenpox or shingles.

The Department of Health recommends vaccinating the following people if sero-negative

ADVICE FOR WOMEN WITH A HISTORY OF CHRONIC DISEASES

Many chronic diseases and their treatments may have implications for fetal health and development. Similarly, pregnancy and labour may worsen pre-existing maternal conditions.

Women should have the opportunity to discuss these risks in order to make balanced reproductive choices and to optimise their health, disease control and medication prior to conception.

Within primary care, encourage women to continue to use contraception and their regular medication until they have had a full review with their specialised team, as well as other routine preconceptual care.

ADVICE FOR WOMEN WHO REQUIRE GENETIC SCREENING

Identify women at high risk of haemoglobinopathy

Arrange blood count and electrophoresis for high-risk women as appropriate.



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