C-Obs 3 (a)

Pre-pregnancy Counselling

A woman’s health prior to conception and during her pregnancy is critical to the outcome of the pregnancy and may have a lifelong impact on her baby’s health.

All women planning a pregnancy are advised to consult their General Practitioner with a view to:

1. Detecting and assessing any specific health problems in the woman or her partner that may be relevant, so that these can be appropriately managed prior to the pregnancy.
2. Obtaining general advice about optimising personal health care and lifestyle with pregnancy in mind.

Other health care professionals (such as obstetricians, infertility specialists, and midwives), may also be presented with a valuable opportunity to assess and counsel a woman prior to a planned pregnancy.

Clinical assessment

Most important is a detailed medical history and clinical examination. The clinical examination should include blood pressure, weight, auscultation of heart sounds, and where relevant breast examination and pap smear.

Medical history

An assessment of any medical problems and a discussion of how they may affect a pregnancy should be undertaken.

Stabilisation of pre-existing medical conditions and assessment of mental health status prior to a pregnancy is necessary to optimise pregnancy outcomes. Where serious medical conditions are known to exist, multidisciplinary pre-pregnancy planning should be undertaken.

Past obstetric history

An assessment of the outcomes of any previous pregnancies (e.g. pregnancy loss, preterm birth, birth defects, gestational diabetes) should be undertaken to determine whether any measures could reduce the recurrence risk.

Genetic / Family history

If there a high risk of a chromosomal or genetic disorder based on the family history or ethnic background then pre-pregnancy genetic testing and counselling may enable the couple to consider the relative merits of pre-implantation genetic diagnosis versus prenatal diagnosis in pregnancy.
Medication use

It is important to review all current medications including over the counter medicines, with regard to their appropriateness and teratogenic potential. Consideration may need to be given to changing medication prior to a pregnancy with a view to achieving the dual objectives of optimising disease control while minimising teratogenic risk.

Vaccinations

All women considering a pregnancy should be aware of their vaccination status and, if uncertain, liaise with their general practitioner. Vaccination history for measles, mumps, Rubella, Varicella Zoster, Diphtheria, Tetanus and Pertussis should be checked and maintained as per recommendations published by the relevant Australian and New Zealand Government bodies. Rubella and Varicella immunisation should be considered for women with incomplete immunity. Pregnant women should be immunised against influenza. dTpa vaccine for Pertussis is recommended as a single dose during the third trimester of each pregnancy. The optimal time for vaccination is early in the third trimester between 28 and 32 weeks.¹

Lifestyle changes

Healthy weight / nutrition / exercise

A healthy, well balanced diet is strongly recommended before, during and after pregnancy.²,³ Discussion regarding weight management is appropriate with counselling against being over or underweight. Obesity is now one of the commonest and most important risk factors for infertility and adverse pregnancy outcomes. Such risks can manifest even before conception and implantation. Obesity has been shown to affect the health of the human oocyte and the quality of the early embryo.⁴,⁵ Obesity has an adverse impact on the rates of miscarriage, stillbirth and fetal abnormality. Further, obesity exposes the mother to an increased risk of many pregnancy and anaesthetic complications. Active steps to correct obesity (dietary, exercise and where appropriate consideration of bariatric surgery) prior to a pregnancy are worthwhile.

A recommendation for moderate intensity exercise and assessment of any nutritional deficiencies is appropriate.

Folic acid and iodine supplementation

It is recommended that folic acid should be taken for a minimum of one month before conception and for the first 3 months of pregnancy. The recommended dose of folic acid is at least 0.4mg daily to aid the prevention of neural tube defects (NTD). Where there is an increased risk of NTD (anti-convulsant medication, pre-pregnancy diabetes mellitus, previous child or family history of NTD), a 5mg daily dose should be used.

The NHMRC recommends women should start a dietary supplementation of 150mcg of iodine prior to a planned pregnancy or as soon as possible after finding out they are pregnant.⁶

The NZ Ministry of Health recommends women should start dietary supplementation of iodine when planning a pregnancy (ideally for at least four weeks before conception and 12 weeks after conception). The dose of folic acid should either be a low dose of 800 mcg per day, or a high dose of 5 mg per day, depending on the perceived risk of having a NTD affected pregnancy.⁷
Smoking, alcohol and illegal drug cessation

Cigarette smoking and illegal drug use during pregnancy can have serious consequences for an unborn child and should be stopped before conception. Paternal tobacco smoking pre-conception has been associated with sperm DNA damage and increased risk of malignancy in their children. 8-12

Counselling and pharmacotherapy should be considered for either or both parents when relevant. Advice to women that there is no known safe level of alcohol consumption during pregnancy is appropriate.

Healthy environment

Assessment of the risk of exposure to toxins or radiation in the household, work place or at recreational activity and discussion to minimise the exposure is worthwhile.

Investigations

Further assessment should be guided by the findings on history and examination.

Patients should receive advice with respect to where and when to attend in early pregnancy and may wish to have their options of antenatal care discussed.

References


Other suggested reading


Links to other related College Statements

Routine Antenatal Assessment in the absence of pregnancy complications (C-Obs 03b)
Vitamins and Mineral Supplements in Pregnancy (C-Obs 25)
Pre-pregnancy and Pregnancy Related Vaccinations (C-Obs 44)
Influenza Vaccination during Pregnancy (C-Obs 45)
Testing of serum TSH levels in pregnant women (C-Obs 46)
Management of Obesity in Pregnancy (C-Obs 49)
Women and Smoking (C-Gen 53)
Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case. This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.