# Preconception Counseling Checklist

The goal of preconception (or prepregnancy) care is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. After a discussion of the client's reproductive goals, a preconception counseling conversation can be introduced with: "Since you said ______, would you like to talk about ways to be prepared for a healthy pregnancy?"  

To help clients be prepared for a healthy pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that providers assess for:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>Pregnancy intention</strong></td>
<td>Recommend the client seek medical care before attempting to become pregnant (or soon after a positive pregnancy test) to facilitate correct dating and management of medical conditions.</td>
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</table>
| Timing of desired pregnancy—“Would you like to have (more) children? When do you think that might be?”  
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| **Folic acid**                | Recommend folic acid every day if there is a chance the client may become pregnant.  
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| 400 mcg of folic acid daily for at least one month before and during pregnancy (4 mg daily if history of seizure disorder or infant with neural tube defects)  
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| **Medical conditions**        | Refer to primary and/or specialty care provider to make changes to treatment if needed and manage the condition before pregnancy.  
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| Diabetes mellitus, chronic hypertension, hypothyroidism, bariatric surgery, mood disorders  
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| **Family history**            | Refer for genetic counseling as needed.  
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| Genetic disorders, birth defects, cystic fibrosis, Fragile X, hemoglobinopathies, and if of Ashkenazi descent: Tay-Sachs, Canavan, familial dysautonomia, etc.  
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| **Use of teratogenic medications** | Caution that some nonprescription medicines, supplements, and herbal products are unsafe during pregnancy.  
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| ACE I, ARB, androgens, carbamazepine, lithium, methimazole, methotrexate, minoxidil, misoprostol, mycophenolate mofetil, phenytoin, trimethadione, paramethadione, retinoids, sulfa, tetracycline, thalidomide, valproic acid, vitamin A, warfarin, etc.  
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REFERENCES

1. Reproductive Health National Training Center Client-Centered Reproductive Goals & Counseling Flow Chart: https://rhntc.org/resources/client-centered-reproductive-goals-counseling-flow-chart


### Immunization status
- Tdap, MMR, hepatitis B, varicella, annual influenza (flu), and HPV

**Provide or refer for:** flu shot; MMR and varicella vaccine if not pregnant and won’t become pregnant for one month; and other immunizations per CDC schedule.

### Need for infectious disease screening
- STIs (chlamydia, gonorrhea, syphilis), tuberculosis, hepatitis C, HIV, zika, toxoplasmosis

**Address** each according to CDC recommendations:
- Screen based on age and risk
- HIV test (once and if at risk)

**Counsel** regarding travel restrictions.

**Caution** against changing kitty litter.

### Exposure to environmental toxins
- Plasctics with bisphenol-A (BPA), lead paint, asbestos, pesticides (agriculture), organic solvents and heavy metals (manufacturing), solvents (dry cleaning), organics and radiation (health care)

**Explore** alternatives to toxic exposure or refer to occupational medicine programs if exposure is concerning.

### Alcohol, nicotine, and illegal drug use

“I’d like to ask you a few questions to help give you better medical care. In the past year, how often have you...

- Used alcohol? [≥5 drinks a day for men; ≥4 drinks a day for women is considered heavy drinking]
- Used tobacco products?
- Used prescription drugs for non-medical reasons?
- Used illegal drugs?”

**Counsel** that no amount of alcohol is considered safe and that using tobacco products, prescription drugs for non-medical reasons, and illegal drugs during pregnancy can result in serious adverse outcomes. If abuse or dependence, **refer** for treatment prior to pregnancy.

### Intimate partner violence

“I talk to all of my patients about safe and healthy relationships because it can have such a large impact on your health. Has your partner ever...

- Threatened you or made you feel afraid?
- Hit, choked, or physically hurt you?
- Forced you to do something sexually that you did not want to do, or refused your request to use condoms?”

**Respond** supportively. For example:
- “No one deserves to be treated that way.”
- “It’s not your fault.”
- “There are resources that can help. I can connect you today.”

If client is in immediate danger, **get help**.

**Know** local referral sites for IPV services.

**Understand** legal obligations for mandatory reporting.

### Nutrition and physical activity

- Body mass index (BMI) <18 or >25
- Diet of proteins, vegetables, fruits, and whole grains
- Level and frequency of physical activity

**Advise** that high or low BMI is associated with infertility and pregnancy complications.

**Encourage** eating a diet rich in fruits, vegetables, protein and whole grains. (Consider a multivitamin.)

**Recommend** at least 30 min of moderate physical activity per day.

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**REFERENCES**


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