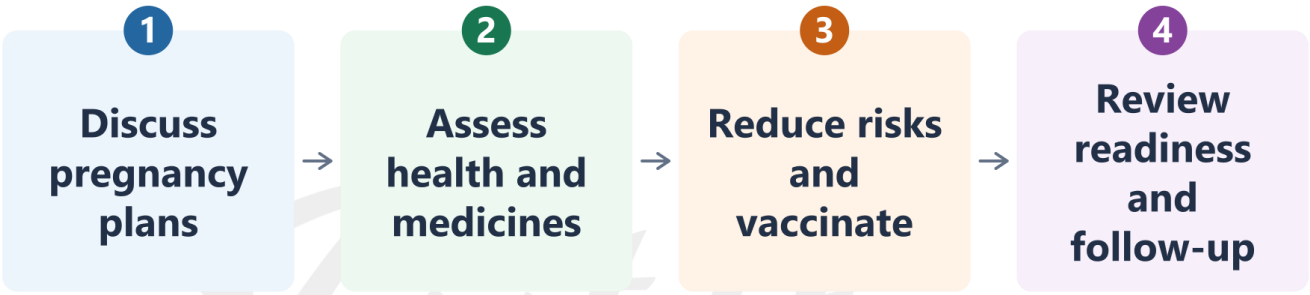
Obstetrics & Gynaecology - Topic 5 - Preconception counselling

Preparing for a Healthy Pregnancy

Purpose of Preconception Care

- Preconception care identifies and reduces risks before pregnancy begins, when prevention can protect the earliest stages of development.
- A woman may not know that she is pregnant during early organ formation, so medicine review and folate should begin before conception where possible.
- The aim is an informed, supported pregnancy plan that respects the person's choices and circumstances.
- A useful consultation combines health assessment, practical prevention and a clear plan for specialist review when needed.



A Respectful Consultation

Reproductive Intention

- Ask whether pregnancy is desired now, later or not at present, without assuming that marriage or age determines the answer.
- Discuss previous fertility difficulties, pregnancy losses, birth complications and the desired interval between pregnancies.
- Offer effective contraception while important health problems or potentially harmful medicines are being addressed.
- Involve the partner when the woman wishes, while preserving an opportunity for a private conversation.

History and Examination

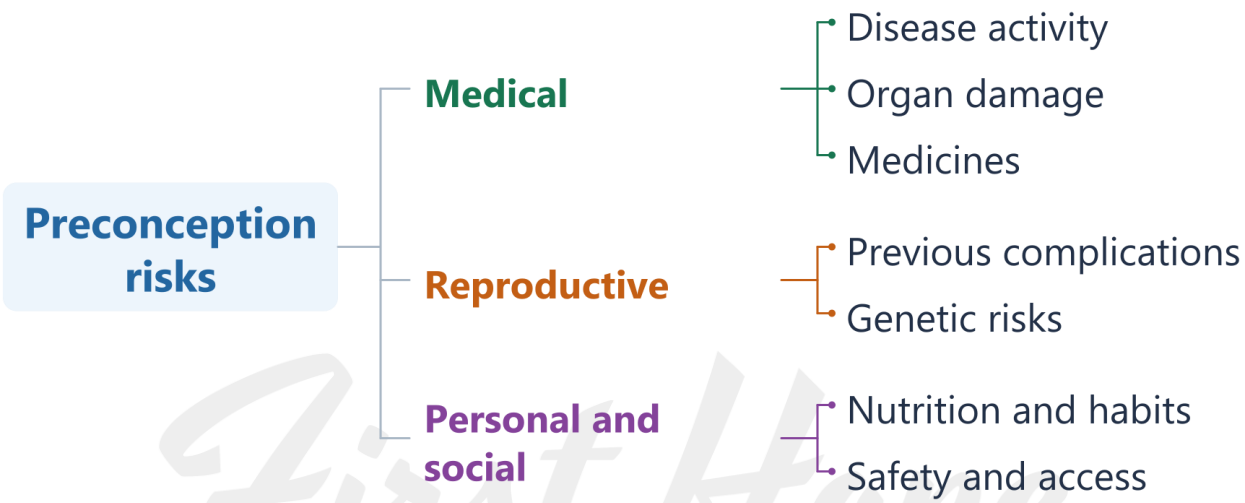
- Record medical disorders, operations, allergies and all prescription, over-the-counter, herbal and recreational substances.
- Ask about menstrual cycles, previous pregnancies, family genetic disorders, transfusions and relevant infections.
- Explore diet, activity, tobacco, alcohol, mental health, occupational exposures and practical access to care.

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- Ask sensitively about domestic violence and coercion in private, and offer confidential support through an appropriate safeguarding pathway.
- Measure blood pressure, height and weight, calculate body mass index and examine according to symptoms and known disease.
- Testing should answer a clinical question rather than automatically ordering every available laboratory panel.

Recognising Maternal Risk

Sources of Preconception Risk



1. Existing Disease

- Diabetes, hypertension, renal disease, epilepsy, autoimmune disease and heart disease can become more difficult to manage during pregnancy.
- Assess severity, current control, organ damage and the likelihood that pregnancy will worsen the condition.
- A teratogenic medicine should be replaced through a planned regimen with appropriate contraception and a drug-specific washout where needed.
- The decision balances fetal exposure against the danger of uncontrolled maternal disease; stopping effective therapy without a replacement can also cause harm.
- A disease name alone is not enough to estimate risk, because stable mild disease differs from active or advanced disease.

2. Previous Pregnancy Problems

- Previous pre-eclampsia, growth restriction, stillbirth, preterm birth, major haemorrhage or uterine surgery should trigger a specific review.
- Obtain records when possible because the cause and gestational timing guide recurrence prevention.
- A previous neural-tube defect or inherited disorder may require genetic counselling and a higher folate dose.

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3. Personal and Social Factors

- Very young age, increasing maternal age, undernutrition, obesity and substance use may change the care plan.
- Poverty, poor transport, lack of family support and unsafe work conditions can delay access to care even when no medical disorder is present.
- Use identified risks to arrange support and closer care rather than to label or blame the woman.

Genetic and Infection Assessment

Genetic History and Screening

- Take a family history of congenital anomalies, intellectual disability, early childhood deaths and known inherited conditions.
- Offer appropriate carrier screening and genetic counselling according to ancestry, family history and local programmes.
- Explain the difference between a screening result, which changes probability, and a diagnostic test, which answers a more specific question.

Infection Testing and Treatment

- Offer testing for infections such as HIV, syphilis and hepatitis B according to local recommendations, consent and individual risk.
- Treat identified infection and arrange partner evaluation where relevant, while maintaining confidentiality.

First Hope

Optimising Existing Medical Disorders

Disease-Specific Planning

- A disease-specific plan should address current activity, end-organ damage, treatment safety and the timing of conception.
- The following conditions require separate assessment because their maternal and fetal risks differ.

Diabetes Mellitus

Glycaemic Risk and Preconception Targets

- High glucose around conception increases the risk of miscarriage and congenital malformations, so improve control before pregnancy when feasible.
- Review home glucose patterns, hypoglycaemia, HbA1c, blood pressure and existing renal, retinal or cardiovascular complications.

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- A commonly recommended preconception HbA1c goal is below 6.5% when this can be achieved without problematic hypoglycaemia.
- An HbA1c above 10% warrants strong advice to postpone conception while glucose control improves because of the associated pregnancy risks.

Complication Review, Medicines and Counselling

- Arrange retinal and renal assessment because pregnancy can alter these complications and they influence risk.
- A specialist should review glucose-lowering medicines and select a pregnancy-compatible regimen, often requiring insulin.
- For pre-existing diabetes, a commonly used prescribed folic-acid regimen is 5 mg daily before conception through the first 12 weeks.
- Teach recognition of hypoglycaemia, sick-day advice and the need for early contact with a joint diabetes and obstetric team after conception.

Chronic Hypertension

Assessment and Pregnancy Planning

- Confirm the diagnosis with reliable measurements and assess kidney disease, cardiac effects and other secondary causes when indicated.
- Review treatment before conception because ACE inhibitors and angiotensin-receptor blockers require replacement when pregnancy is planned.
- Labetalol, nifedipine or methyldopa may be considered according to the clinical situation and contraindications.
- Do not stop all blood-pressure treatment abruptly, because uncontrolled severe hypertension also harms the woman.
- Discuss the increased risks of pre-eclampsia, placental dysfunction and preterm birth, and plan early antenatal review.
- Low-dose aspirin may later be indicated for pre-eclampsia prevention, but its timing and dose belong in an individual antenatal plan.

Renal Disease

Assessment and Pregnancy Planning

- Assess serum creatinine, proteinuria, blood pressure and the underlying renal diagnosis before pregnancy.
- Pregnancy risk rises with impaired renal function, heavy proteinuria and poorly controlled hypertension.

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- Review nephrotoxic or fetotoxic medicines and coordinate any immunosuppressant change with the renal team.
- For a transplant recipient, discuss graft stability, current medicines, infection risk and suitable timing with specialists.
- Explain that pregnancy may increase proteinuria or worsen renal function and that closer maternal and fetal surveillance will be needed.

Systemic Lupus Erythematosus

Disease Activity and Timing of Pregnancy

- Assess current disease activity, previous flares, renal involvement and any history of thrombosis or pregnancy loss.
- Pregnancy is usually safer when disease is well controlled, often with a sustained quiet period before conception.
- For lupus nephritis, guidance advises waiting until the disease has remained inactive for at least six months and any teratogenic treatment has been appropriately changed.
- Active nephritis, severe hypertension or major organ dysfunction should be stabilized with specialist care before pregnancy is attempted when possible.

Antibody Assessment and Medication Planning

- Review antiphospholipid antibodies and anti-Ro/SSA or anti-La/SSB status when relevant because these change pregnancy surveillance.
- Hydroxychloroquine is often continued under specialist guidance because stopping effective treatment can provoke a flare.
- Medicines such as methotrexate and mycophenolate require planned discontinuation or replacement with the appropriate washout interval.
- Anticoagulation or aspirin decisions depend on the clinical syndrome and should not be based on a single unconfirmed antibody result.

Obesity

Risks and Preconception Weight Management

- Explain that obesity increases risks such as gestational diabetes, hypertension, thromboembolism and some delivery complications.
- Offer gradual, sustainable weight improvement before pregnancy through nutrition, activity and support rather than extreme dieting.
- Screen for associated hypertension, diabetes, sleep apnoea and mental-health concerns when indicated.

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