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Committee Opinion

Number 313, September 2005

The Importance of Preconception Care in the Continuum of Women's Health Care

ABSTRACT: The goal of preconception care is to reduce the risk of adverse health effects for the woman, fetus, or neonate by optimizing the woman's health and knowledge before planning and conceiving a pregnancy. Because reproductive capacity spans almost four decades for most women, optimizing women's health before and between pregnancies is an ongoing process that requires access to and the full participation of all segments of the health care system.

Although most pregnancies result in good maternal and fetal outcomes, some pregnancies may result in adverse health effects for the woman, fetus, or neonate. Although some of these outcomes cannot be prevented, optimizing a woman's health and knowledge before planning and conceiving a pregnancy—also referred to as preconception care or prepregnancy care—may eliminate or reduce the risk. For example, initiation of folic acid supplementation at least 1 month before pregnancy reduces the incidence of neural tube defects such as spina bifida and anencephaly (1–3). Similarly, adequate glucose control in a woman with diabetes before conception and throughout pregnancy can decrease maternal morbidity, spontaneous abortion, fetal malformation, fetal macrosomia, intrauterine fetal death, and neonatal morbidity (4).

Nearly half of all pregnancies in the United States are unintended (5). Therefore, the challenge of preconception care lies not only in addressing pregnancy planning for women who seek medical care and consultation specifically in anticipation of a planned pregnancy but also in educating and screening all reproductively capable women on an ongoing basis to identify potential maternal and fetal risks and hazards to pregnancy before and between pregnancies.

This Committee Opinion reinforces the importance of preconception care, provides resources for the woman's health care clinician, and proposes that every reproductively capable woman create a reproductive health plan. The specific clinical content of preconception care is outlined elsewhere (6–8).

Several national and international medical organizations and advocacy groups have focused on the optimization of health before conception, result-

ing in the development of clinical recommendations and educational materials (see Resources). Core preconception care considerations addressed by all include the following factors:

- Undiagnosed, untreated, or poorly controlled medical conditions
- Immunization history
- Medication and radiation exposure in early pregnancy
- Nutritional issues
- Family history and genetic risk
- Tobacco and substance use and other high-risk behaviors
- Occupational and environmental exposures
- Social issues
- Mental health issues

As medical care rapidly advances, the list of issues to consider when planning a pregnancy continues to grow.

Clinicians should encourage women to formulate a reproductive health plan and should discuss it in a nondirective way at each visit. Such a plan would address the individual's or couple's desire for a child or children (or desire not to have children); the optimal number, spacing, and timing of children in the family; and age-related changes in fertility. Because many women's plans change over time, creating a reproductive health plan requires an ongoing conscientious assessment of the desirability of a future pregnancy, determination of steps that need to be taken either to prevent or to plan for and optimize a pregnancy, and evaluation of current health status and other issues relevant to the health of a pregnancy.

A question such as "Are you considering pregnancy, or could you possibly become pregnant?" can initiate several preconception care interventions, including those listed as follows:

- A dialogue regarding the patient's readiness for pregnancy
- An evaluation of her overall health and opportunities for improving her health
- Education about the significant impact that social, environmental, occupational, behavioral, and genetic factors have in pregnancy
- Identification of women at high risk for an adverse pregnancy outcome

If pregnancy is not desired, current contraceptive use and options should be discussed to assist the patient in identifying the most appropriate and effective method for her.

Preconception and interpregnancy care are components of a larger health care goal—optimizing the health of every woman (9). Because reproductive capacity spans almost four decades for most women, optimizing women's health before and between pregnancies is an ongoing process that requires access to and the full participation of all segments of the health care system.

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Resources

American College of Obstetricians and Gynecologists
www.acog.org

American Academy of Family Physicians
www.aafp.org

American Academy of Pediatrics
www.aap.org

American College of Nurse-Midwives
www.acnm.org

American Society for Reproductive Medicine
www.asrm.org

Association of Women's Health, Obstetric and Neonatal Nurses
www.awhonn.org

Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities
www.cdc.gov/ncbddd

March of Dimes
www.marchofdimes.com