

Patient Name: _____ Birth Date: dd/mm/yy

Preconception Health Care involves identifying potential physical, genetic, psychosocial, environmental, and behavioural risk factors for adverse pregnancy outcomes, and reducing those risks prior to conception through counselling, education, and intervention. Preconception Health Care focuses on health promotion and illness prevention for everyone of reproductive age. It is an important opportunity for primary care providers to improve maternal and infant outcomes, as the critical period for fetal development often occurs before prenatal care begins. **Each of the preconception topics below should be addressed with every individual of reproductive age on an on-going basis.**

Prevent & Promote	Screen	Manage
REPRODUCTIVE LIFE PLAN: Ask all individuals of reproductive age, "Would you like to have a child in the next year?" Encourage all individuals to make a Reproductive Life Plan ¹ .		
<input type="checkbox"/> No → Discuss contraception options. <input type="checkbox"/> Not sure → Choosing Wisely Tool² . <input type="checkbox"/> Inform women of reproductive age that natural fertility and assisted reproductive technology success is significantly lower for women in their late 30-40s³ .	<input type="checkbox"/> Yes ⁴ LMP: _____ <input type="checkbox"/> Discuss family planning and conception.	<input type="checkbox"/> If positive pregnancy test, discuss options for prenatal care and refer accordingly.
REPRODUCTIVE HISTORY: A detailed reproductive history should be obtained for all individuals.		
Gravida (G): _____ Abortions (A): _____ Full-Term (T): _____ Living Children (L): _____ Premature (P): _____ Details: _____	Inquire about previous pregnancies: <input type="checkbox"/> Preterm Birth <input type="checkbox"/> Stillbirth <input type="checkbox"/> Gestational DM <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Miscarriage <input type="checkbox"/> Caesarean Birth <input type="checkbox"/> Congenital Anomalies <input type="checkbox"/> Assisted Reproductive Technologies <input type="checkbox"/> Uterine Anomalies <input type="checkbox"/> High/Low Birth Weight	<input type="checkbox"/> Provide appropriate referrals. <input type="checkbox"/> Advise women with prior caesarean delivery to wait at least 18 months prior to conception. <input type="checkbox"/> Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception if positive history of neural tube defect. <input type="checkbox"/> Recommend >12 and <60 month interpregnancy interval (IPI).
SEXUAL HEALTH:		
All individuals should be counseled about safer sexual practice.	Screen: <input type="checkbox"/> Chlamydia <input type="checkbox"/> Syphilis <input type="checkbox"/> Trichomoniasis <input type="checkbox"/> Gonorrhea <input type="checkbox"/> HSV (if lesions)	<input type="checkbox"/> Provide treatment according to Canadian Guidelines on Sexually Transmitted Infections⁵ . <input type="checkbox"/> Inform women with genital herpes of risk of vertical transmission.
CHRONIC MEDICAL CONDITIONS: Optimize management for the following diseases, as suboptimal control or treatments can increase risk for adverse maternal and/or infant outcomes.		
Motherisk⁶ should be consulted for the safety of any medications taken by patients with chronic conditions. Motherisk Helpline: 1-877-439-2744 <input type="checkbox"/> Asthma: Delay conception until good control is achieved. <input type="checkbox"/> Cancer: All individuals with cancer should be counseled regarding the potential effects of treatment on fertility and informed of options to preserve fertility, if desired, and referred appropriately. <input type="checkbox"/> Diabetes: Increased risk of birth defects can be mitigated with good preconception glycemic control. Encourage contraception for those without good control. Folic acid 5mg daily prior to conception and for 12 weeks after conception. ACE-Is and statins are contraindicated. Estrogen-containing contraception options should be avoided for those with DM >20 years or target end-organ damage. <input type="checkbox"/> HIV: Transmission risk to fetus is ~2% with antiretroviral therapy. Efavirenz is contraindicated. Antiretroviral drugs may interfere with hormonal contraceptive methods. Refer to specialist. <input type="checkbox"/> Hypertension: Increased risk for adverse fetal and maternal outcomes. Assess for target-end organ damage in those with	long-standing hypertension. Alternatives to ACE-Is are recommended in women of reproductive age. Avoid estrogen-containing contraception options for women with severe hypertension. <input type="checkbox"/> Inflammatory Bowel Disease: Counsel women to delay conception until disease is in remission. Conception during active episode increases risk of miscarriage, premature delivery, still birth, or low birth weight. <input type="checkbox"/> Phenylketonuria: Encourage maintenance of low phenylalanine level during reproductive years and especially prior to conception. <input type="checkbox"/> Renal Disease: Encourage optimal control prior to conception, including normal BP. Use alternative to ACE-Is. Consult with specialist. <input type="checkbox"/> Seizure Disorder: Discuss potential pregnancy outcomes related to seizures and seizure medications. Take folic acid 4-5mg daily prior to conception and for 12 weeks after conception. Lowest dose of one medication recommended, when possible. Valproic acid, lithium, and topiramate are contraindicated. Many antiepileptic medications may interfere with hormonal contraceptive methods.	<input type="checkbox"/> Systemic Lupus Erythematosus, Rheumatoid Arthritis, and other Autoimmune Diseases: Delay conception until good control is achieved. Discuss natural history of disease during/after pregnancy. Cyclophosphamide, Methotrexate, and Leflunomide are contraindicated. Avoid estrogen-containing contraception options in women with SLE and positive/unknown antiphospholipid antibody. Discuss use of aspirin and heparin with rheumatologist for women with SLE and antiphospholipid antibody syndrome. <input type="checkbox"/> Thromboembolic Disease: Counsel women that risk for VTE during pregnancy and postpartum is increased, and many will require anticoagulation treatment. Coumadin is contraindicated. Avoid estrogen-containing contraceptive options. <input type="checkbox"/> Thyroid Disease: Achieve euthyroid state prior to conception. Women with hypothyroidism should increase their dose of levothyroxine by 30% as soon as pregnancy occurs. Radioactive iodine is contraindicated. Screen all women for CBC and TSH, prior to conception.
For more information regarding preconception chronic disease management, visit the Before, Between, & Beyond Pregnancy Preconception Care Clinical Toolkit⁷ .		
MEDICATIONS:		
Human teratogenicity risk is unknown for the majority of medications. Use caution when prescribing for women of reproductive age. Consult Motherisk⁶ .	Screen for teratogenic medication use: <input type="checkbox"/> Prescribed Medications <input type="checkbox"/> Over-the-Counter Medications <input type="checkbox"/> Complementary and Alternative Therapy (herbal, natural, weight loss, athletic products or supplements, etc.)	Potentially teratogenic medications should be changed to safer options. Women should be counseled not to stop prescribed medications without consulting with their provider. <input type="checkbox"/> Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception for women taking folate antagonists (ex. methotrexate, sulfonamides, and antiepileptics).
MENTAL HEALTH:		
Promote mental health wellness through adequate sleep, work-life balance, stress reduction and social connectedness.	Screen: <input type="checkbox"/> Depression ⁸ <input type="checkbox"/> Screen for family history of mental health issues. <input type="checkbox"/> Anxiety ⁹ <input type="checkbox"/> Other ¹⁰	<input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Counsel women with mental health diagnoses of risks of pregnancy and relapse. Strategize management. <input type="checkbox"/> Stabilize/optimize mood and anxiety level; discuss risks and benefits of medications.
TOBACCO USE:		
Encourage all individuals to be tobacco free prior to conception.	Screen: <input type="checkbox"/> Tobacco (all forms) <input type="checkbox"/> Tobacco Exposure (second-hand smoke)	<input type="checkbox"/> Provide brief intervention and provide appropriate referrals ¹¹ . <input type="checkbox"/> Inform women of available patient resources¹² and Smokers' Helpline 1-877-513-5333. <input type="checkbox"/> Consult Canadian Smoking Cessation Guidelines¹³ . <input type="checkbox"/> Counsel women with tobacco addictions of risks of pregnancy. <input type="checkbox"/> Counsel and relapse. Strategize management. <input type="checkbox"/> Recommend an extra 35mg of vitamin C daily for smokers.
ALCOHOL AND OTHER SUBSTANCE USE:		
Encourage all individuals to be substance free prior to conception.	Screen: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other Substances	<input type="checkbox"/> Provide brief intervention ¹⁴ and provide appropriate referrals. <input type="checkbox"/> Recommend folic acid 5mg daily prior to conception for those with addictions ¹⁵ . <input type="checkbox"/> Inform women of available patient resources¹⁶ and Drug and Alcohol Helpline 1-800-565-8603. <input type="checkbox"/> Consult drinking guidelines¹⁷ .

Prevent & Promote	Screen	Manage									
IMMUNIZATIONS: All individuals of reproductive age should have their immunization status reviewed and updated ¹⁸ as required.											
Vaccinate: <input type="checkbox"/> Varicella <input type="checkbox"/> HPV <input type="checkbox"/> Tetanus, Diphtheria, Pertussis B <input type="checkbox"/> Measles, Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Influenza <input type="checkbox"/> Hepatitis B	Screen for immunity: <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella	<input type="checkbox"/> Provide all immunizations required prior to conception with the exception of the flu vaccine, which can be administered before and/or during pregnancy.									
INFECTIOUS DISEASES: Prevention and screening of these infectious diseases ¹⁹ are important for those of reproductive age.											
<input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Parvovirus <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Cytomegalovirus	Screen: <input type="checkbox"/> HIV Screen if High Risk: <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Inform women who screen positive for HIV, Hepatitis B or C of risk for vertical transmission, and offer appropriate treatment ²⁰ . <input type="checkbox"/> Treat women with Tuberculosis prior to conception ²⁰ .									
FAMILY AND GENETIC HISTORY:											
Obtain 3 generation family history to identify ²¹ : <input type="checkbox"/> Congenital malformations, birth defects. <input type="checkbox"/> Developmental delays, learning disabilities. <input type="checkbox"/> Ethnicity <input type="checkbox"/> Genetic disorders ²² . <input type="checkbox"/> Family history of a genetic condition.	Ethnicity Based Screening Considerations²³: <input type="checkbox"/> CBC and/or Hgb Electrophoresis for hemoglobinopathies in African, Mediterranean, Middle Eastern, Asian, Southeast Asian, and Hispanic/South/Central American individuals. <input type="checkbox"/> Cystic Fibrosis mutation in Caucasian individuals if family history present. <input type="checkbox"/> Tay-Sachs in French Canadian individuals if family history present. <input type="checkbox"/> Hematopoietic stem cells screening for those with Ashkenazi Jewish ancestry.	<input type="checkbox"/> Provide referral to specialist for those with family and genetic history risk factors. <input type="checkbox"/> Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception if positive family history of neural tube defects or high risk ethnic group (ex. Sikh, Celtic, Northern Chinese).									
NUTRITION: Eat well with Canada's Food Guide ²⁴ .											
<input type="checkbox"/> Recommend folic acid 0.4-1.0mg daily (through a multivitamin or supplement) ¹⁵ and folate rich diet, prior to conception and throughout pregnancy. <input type="checkbox"/> Recommend calcium 1000mg daily through food and/or supplements. <input type="checkbox"/> Recommend essential fatty acid rich diet, including omega 3 and 6. <input type="checkbox"/> Recommend avoiding raw/undercooked meat and fish and unpasteurized milk and cheese ²⁵ . <input type="checkbox"/> Caffeine <300mg/day ²⁷ . <input type="checkbox"/> Recommend vitamin D 600 IU (15 µg) supplementation daily ²⁸ . <input type="checkbox"/> Recommend 2.6 micrograms of vitamin B12 daily through supplement or multivitamin.	<input type="checkbox"/> Screen for issues regarding access to food, nutrition, storage, cooking facilities and folic acid. <input type="checkbox"/> Screen for iron deficiency anemia if at risk.	<input type="checkbox"/> Provide referral to Dietitian or appropriate community agencies.									
WEIGHT STATUS: Weight can increase risk of adverse pregnancy outcomes and developing chronic disease.											
Target Body Mass Index (BMI) = 18.5-24.9 (for ages ≥19) <table border="1"> <thead> <tr> <th>Waist Circumference (WC)²⁹</th> <th>Male Target</th> <th>Female Target</th> </tr> </thead> <tbody> <tr> <td>European, African, Eastern Mediterranean, Middle Eastern</td> <td><102cm</td> <td><88cm</td> </tr> <tr> <td>South Asian, Asian, South and Central American</td> <td><90cm</td> <td><80cm</td> </tr> </tbody> </table> Target BMI for ages <19 ³⁰ .	Waist Circumference (WC) ²⁹	Male Target	Female Target	European, African, Eastern Mediterranean, Middle Eastern	<102cm	<88cm	South Asian, Asian, South and Central American	<90cm	<80cm	<input type="checkbox"/> Screen BMI ³¹ annually. BMI = weight(kg)/height(m) ² Weight: _____ Height: _____ BMI: _____ WC: _____	<input type="checkbox"/> Underweight (BMI <18.5) <input type="checkbox"/> Overweight (BMI = 25-29.9) <input type="checkbox"/> Obese (BMI >30) <input type="checkbox"/> Provide appropriate referrals for management. <input type="checkbox"/> Recommend folic acid 5mg daily prior to conception and for 12 weeks after conception for obese individuals. <input type="checkbox"/> Discuss recommended healthy weight gain ³² during pregnancy and recommend contacting EatRight Ontario 1-877-510-5102.
Waist Circumference (WC) ²⁹	Male Target	Female Target									
European, African, Eastern Mediterranean, Middle Eastern	<102cm	<88cm									
South Asian, Asian, South and Central American	<90cm	<80cm									
PHYSICAL ACTIVITY: Being physically active prepares the body for the physical demands of pregnancy, and can assist with stress management.											
<input type="checkbox"/> Recommend at least 150 minutes of moderate to vigorous aerobic physical activity per week, in episodes of 10 minutes or more. Add muscle and bone strengthening activities at least 2 days per week. See the Canadian Physical Activity Guidelines ³³ .											
PSYCHOSOCIAL STRESSORS: Stress can have negative effects on pregnancy outcomes.											
<input type="checkbox"/> Identify stressors and discuss strategies to reduce impact.	Screen: <input type="checkbox"/> Access to Care <input type="checkbox"/> Social Isolation (newcomers, language barriers) ³⁴ . <input type="checkbox"/> Social Support <input type="checkbox"/> Workplace Stress <input type="checkbox"/> Housing <input type="checkbox"/> Intimate Partner Violence ³⁵ . <input type="checkbox"/> Unemployment <input type="checkbox"/> Finances <input type="checkbox"/> Unhealthy Relationship	<input type="checkbox"/> Inform women that violence often worsens during pregnancy. <input type="checkbox"/> Discuss safety plan. <input type="checkbox"/> Provide appropriate referrals ³⁶ .									
ENVIRONMENTAL EXPOSURE: Discuss potential exposure to toxins in occupational and recreational activities ³⁷ .											
<input type="checkbox"/> Recommend avoiding fish high in mercury ³⁸ : Choose "light" versus "white" tuna and limit consumption to 4 x 2.5oz/week, and avoid barracuda, marlin, pickerel, tilefish, tuna steak and any raw fish or shellfish. <input type="checkbox"/> Convey tips for reducing exposures in the home ³⁹ .	Inquire about exposures to: <input type="checkbox"/> Solvents (ask about use) <input type="checkbox"/> Pesticides <input type="checkbox"/> Teratogenic and/or Gonadotoxic Treatments (chemotherapy, radiation therapy) <input type="checkbox"/> Plastics <input type="checkbox"/> Gases <input type="checkbox"/> Metals (lead, mercury) <input type="checkbox"/> Radiation <input type="checkbox"/> Pollutants	Health Canada's blood methylmercury guidance level in pregnancy or reproductive age: <8mcg/L (40nmol/L). <input type="checkbox"/> Refer to local health department if potential water/soil exposure. <input type="checkbox"/> Refer to Occupational Health Specialist as needed.									

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References and additional resources available at:
www.effectivepractice.org/preconception

indicates Canadian resources
 indicates provider resources
 indicates patient resources



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