**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

|  |  |
| --- | --- |
| **Subject:** Preconception Health Visit | **No.** |
| **Approved by:**  |  | **Effective Date:**  |
| **Revised Date:** January 2018, January 2019, **January 2021** |
| **References:** Centers for Disease Control and Prevention (CDC), 2006 and 2014; American College of Obstetricians and Gynecologist (ACOG), 2005; American Academy of Family Physicians (AAFP), 2013**;** United States Preventive Services Task Force (USPSTF) |

**POLICY:** This Clinical Practice Standard follows recommendations from the CDC, 2006 and 2014; ACOG, 2005; AAFP, 2013; and USPSTF.

**PURPOSE**: This Clinical Practice Standard provides guidance for reproductive health clinic staff to assist clients in optimizing their health and knowledge when planning and before conceiving a pregnancy. Preconception care aims to promote the health of clients of reproductive age before conception occurs and thereby improve pregnancy-related outcomes and the health of the offspring. Reproductive health is an essential component of preconception health as it creates the opportunity for health promotion and preventative care. Providing counseling on appropriate medical care and healthy behaviors helps contribute to the improvement of the client’s health and reduces pregnancy-related adverse outcomes such as low birth weight, premature birth, and infant mortality.

The promotion of healthy behaviors and improving client’s health status before conception is important because nearly half of all pregnancies in the United States are unintended. (**insert AGENCY name**) incorporates the promotion of preconception health across all reproductive health services.

**STANDARD:**

(**insert AGENCY name**) MDs, NPs, PAs, DOs, NDs, and RNs will provide preconception health services to all clients planning to become pregnant.

**PROCEDURE:**

1. Follow the [*Core Reproductive Health Services* *CPS*.](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Core_RH.docx)
2. Review family history including history of congenital anomalies; and
3. Review environmental exposures, hazards and toxins at home or in the workplace that potentially impact pregnancy outcomes. (see **Attachment 1**)
* Solvents;
* Radiation;
* Lead;
* Mercury;
* Radon;
* Nitrates.
1. Screen client’s alcohol use patterns (ACOG 2019)
2. Counsel client that there is no safe level or type of alcohol use during pregnancy
3. Provide referral to brief behavioral counseling interventions, as needed.
4. Assess for date of client’s prior well visit. If it has been over a year, provide it now or schedule a Well Visit with a prescribing provider. Follow the [*Reproductive Health Well Visit CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-RH_Well_Visit.docx).

**ASSESMENT/SUMMARY OF FINDINGS:**

1. Document a summary of all findings from the exams above, even if the finding is beyond the scope of services provided in the RH program.

**PLAN:**

1. Review assessment findings and develop and document a plan to address each finding.
2. Discuss how the client will be notified of laboratory test results or how to obtain results. Answer questions.
3. Instruct clients to return to the clinic for a pregnancy test if they have any reason to suspect they are pregnant.
4. Inform the client and document timing of the next assessment (e.g., as needed for pregnancy testing or 1 year for next well visit). Recommend timing of screening interval per *Reproductive Health Well Visit Policies and Procedures*.
5. Refer clients in need of follow-up or management that is beyond the scope of the program or not provided within RHCare to their primary care provider or local Federally Qualified Health Center.

**ROUTINE FOLLOW-UP:**

1. The recommendations listed below address when routine follow-up is recommended for preconception care. Although routine follow-up is not necessary for most clients in the process of seeking preconception care, recommendations might vary for different clients and different situations. Specific populations such as those with certain medical conditions or characteristics, and those with multiple conditions may benefit from more frequent follow-up visits.
2. Advise the client to return at any time to discuss preconception or other problems.
3. At other routine visits, healthcare providers should do the following:
* Assess the client’s reproductive needs and preferences and if the client is still attempting conception;
* Assess any changes in health status, including medications that would impact the health of a pregnancy;
* Assess blood pressure;
* Consider assessing health behaviors and counsel clients appropriately; and
* If a client is under age 35 and has been attempting to conceive for one year, or over age 35 and attempting for 6 months without success, see [*Basic Infertility CPS*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Infertility.docx).

**CLIENT EDUCATION:**

1. Education should be provided using a combination of written materials and/or verbal interaction related to health risks.
2. Discuss the fertility cycle; offer written information as indicated.
3. Counsel all clients who are planning or capable of pregnancy to take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid (USPSTF, Grade A recommendation; January 2017).
4. Counsel the client about the maintenance of good oral health habits throughout their lives as well as the safety and importance of oral health care during pregnancy.
5. Encourage the client to avoid smoking and provide smoking cessation information, as needed.
6. Encourage the client to discontinue substance use, including marijuana, and provide referral information for cessation assistance, as needed.
7. Advise the client to either reach or maintain a healthy weight by eating/improving upon a healthy diet and meeting recommended physical activity levels.
8. Clients with potential exposure to certain infectious diseases, such as Zika virus, should be counseled regarding travel restrictions and appropriate waiting time before attempting pregnancy.
9. Client should be offered carrier screening for the same genetic conditions as recommended for pregnant clients (i.e. cystic fibrosis, hemoglobinopathies, and spinal muscular atrophy [SMA]).
10. Promote stress reduction and resilience.
11. Advise clients to consult with an OB/GYN or PCP if they are taking medication that could affect fetal development. (see **Attachment 2**)
12. Encourage early prenatal care when pregnancy occurs.
13. Inform the client that any signs or symptoms of complications should be reported to the clinic. If the clinic is not open, clients should call 911 or go to the emergency room.
14. Provide the client with a list of relevant community resources.
15. Discuss individualized health promotion/disease prevention. Topics may include:
16. Exercise recommendations ([www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity));
17. Serving sizes and national intake recommendations ([www.choosemyplate.gov](http://www.choosemyplate.gov));
18. Vaccination recommendations ([www.cdc.gov/vaccines](http://www.cdc.gov/vaccines));
19. National Network to End Domestic Violence ([www.nnedv.org](http://www.nnedv.org));
20. National Domestic Violence Hotline 1-800-799-SAFE (7233);
21. Oral health during pregnancy (<https://www.mchoralhealth.org/PDFs/oralhealthpregnancyupdate_5_2018.pdf>);
22. Genetic counseling guidelines ([www.migrc.org](http://www.migrc.org));
23. Ideal Body Weight recommendations ([www.cdc.gov/healthyweight/assessing/index.html](http://www.cdc.gov/healthyweight/assessing/index.html)); and /or
24. Additional preconception information (<https://showyourlovetoday.com/> and <https://beforeandbeyond.org/>).

**REFERENCES:**

Centers for Disease Control and Prevention. 2006. Recommendations to Improve Preconception Health and Health Care—United States. <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5506a1.htm>

Centers for Disease Control and Prevention. 2014. Providing Quality Family Planning Services. <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

The American College of Obstetricians and Gynecologists. 2019. Prepregnancy Counseling Committee Opinion 762. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Prepregnancy-Counseling>

The American College of Obstetricians and Gynecologists. 2013. Oral Health Care During Pregnancy and Through the Lifespan – Committee Opinion 569. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Oral-Health-Care-During-Pregnancy-and-Through-the-Lifespan>

The American Academy of Family Physicians. 2013. Recommendations for Preconception Counseling and Care. <http://www.aafp.org/afp/2013/1015/p499.pdf>

The American Academy of Family Physicians. 2002. Preconception Health Care. <http://www.aafp.org/afp/2002/0615/p2507.pdf>

Centers for Disease Control and Prevention. 2014. Preconception Health and Health Care. <http://www.cdc.gov/preconception/overview.html>

United States Preventive Services Task Force Published Recommendations. <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>

**ATTACHMENT 1: Preconception Occupational/Environmental History Check List**

**For the client**: Indicate by checking any of the boxes below, the sector in which you work and if you come in contact with any of the listed agents.

**Employment Sectors**

|  |  |
| --- | --- |
| ☐ Agriculture | ☐ Other |
| ☐ Manufacturing  | ☐ Describe exactly what you do:**\_\_\_\_\_\_\_\_** |
| ☐ Dry Cleaning |  |
| ☐ Printing | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ☐ Pharmaceutical Compounding/Manufacture |  |
| ☐ Health Care | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ☐ Nail Salon/Cosmetology |  |

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| **Chemical Agents** | **Physical Agents** |
| ☐ Inorganic Chemicals  | ☐ Ionizing Radiation |
| ☐ Organic solvents and fuels | ☐ Microwave and other RF radiation |
| ☐ Metals–lead, cadmium, mercury | ☐ “Noise” (intense sound) |
| ☐ Pesticides | ☐ Thermal stress (heat or cold) |
| ☐ Chemotherapy drugs/pharmaceuticals  | ☐ Vibration |
| ☐ Childhood Lead Poisoning | ☐ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Biological Agents** | **Physical Conditions** |
| ☐ Bacteria  | ☐ Animal dander | ☐ Irregular or shift work |
| ☐ Fungi  | ☐ Endotoxins | ☐ Strenuous work |
| ☐ Viruses  | ☐ Enzymes/proteins | ☐ Prolonged standing/lifting |
| ☐ Protozoa  | ☐ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Other hazards (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For the clinician:** If any of the above is endorsed by the client, obtain additional quantitative information by querying each of the following:

☐ Frequency (number of exposures per shift or per day or week)

☐ Duration (of exposure; work shift in hours)

☐ Air Concentration/Intensity of Exposure Units

☐ Peak Time–Weighted Average, if known

☐ Timing (relation of exposure to critical time windows)

☐ Route of Exposure (inhalation, dermal, ingestion)

**ATTACHMENT 2: Medication Guidelines for Common Conditions in Women Considering Pregnancy**

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| --- | --- | --- |
| Medical Condition  | Medication Guidelines | Comments |
| Acne | Isotretinoin should be avoided | Isotretinoin is associated with miscarriage and birth defects |
| Asthma  | Inhaled corticosteroids and beta agonist are preferred | Use of oral corticosteroids in the first trimester is associated with reduced birth weights, increased risk of oral cleft, and higher rates of preeclampsia |
| Inhaled corticosteroids are recommended for preventative treatment and may avoid the need for oral treatment |
| When oral corticosteroids are indicated for treatment of severe asthma, the risk of uncontrolled severe asthma to the mother and fetus is greater than the risk of oral corticosteroids |
| Diabetes mellitus  | Most oral antidiabetic agents should be discontinued, and insulin started; | ACE inhibitors and ARBs are associated with fetal renal anomalies and fetal death |
| Metformin (Glucophage) may be continued in the preconception period  | Adverse effects in animal studies, limited data in humans |
| ACE inhibitors, ARBs, and statins should be avoided |
| Hypertension | ACE inhibitors, ARBs, and atenolol (Tenormin) should be avoided  | ACE inhibitors and ARBs are associated with fetal renal anomalies and fetal death, adverse effects in animal studies, limited data in humans |
| Atenolol is associated with lower birth weight |
| Hyperthyroidism  | Propylthiouracil is preferred in the first trimester; methimazole (Tapazole) is preferred in the second and third trimester  | Possible teratogenicity in the first trimester with methimazole; propylthiouracil- associated hepatotoxicity in subsequent trimesters |
| Seizure disorder | Many major antiepileptic drugs (e.g., Valproate (Depacon), phenytoin (Dilantin), Carbamazepine (Tegretol), and phenobarbital are teratogenic  | Rates of congenital anomalies are related to higher doses and polytherapy |
| Monotherapy should be used when possible at the lowest effective dosage |
| Thrombophilia  | Heparin or low-molecular-weight heparin is preferred | Warfarin is teratogenic |
| Warfarin (Coumadin) should be avoided |

ACE = angiotensin-converting enzyme; ARB = angiotensin receptor blocker

Adapted from American Academy of Family Physicians, 2013