SRH clinical consultations: Preconception care

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Scenario

Sofia, aged 32, wants another child. She has used an implant for contraception for two years and attends her local sexual health clinic to have it removed. Before starting the removal the healthcare professional (HCP) asks about her general health and obstetric history. She is well and does not take regular medication. Her BMI is 33 and her last cervical screening test was 6 years ago. She drinks socially and does not smoke or use recreational drugs. She has two children aged 7 and 4. Her first pregnancy was uncomplicated, and she had a vaginal birth. She had gestational diabetes in her second pregnancy and opted for an elective caesarean for fetal macrosomia. She can't recall if she had testing for diabetes after birth. She has a palpable implant.

Before starting the implant removal, the HCP discusses pregnancy planning with Sofia. They advise her to consult her GP to start 5mg of folic acid (Table 1), have a cervical screening test, and be tested for diabetes. The HCP sensitively brings up Sofia's weight and alcohol intake. They explain that she could improve her risk of complications during pregnancy and delivery by aiming for 5-10% weight loss and signposts her to the NHS 'Live Well' website. The HCP also discusses the benefits of not drinking alcohol before and during the pregnancy, and encourages her to discuss these lifestyle changes with her partner as well, as men can also optimise their health to improve fertility. The HCP also uses the opportunity to screen for reproductive coercion and domestic abuse as pregnancy is associated with an increased risk.

Background

The preconception period is generally thought of as the time from when a person or couple decide that they would like to be pregnant until the time of conception. As nearly half of pregnancies are unplanned, it is important for public health policies related to reproductive health to include addressing population level risk factors such as obesity and smoking for all people of reproductive age [1,2].

Providing tailored preconception care

HCPs in sexual and reproductive health services and general practice are well placed to identify individuals who may benefit from advice on preconception care, not least because they will encounter patients who want to stop their contraception. Patients might express a wish to conceive themselves or may require sensitive questioning around pregnancy intention.

When pregnancy preferences are not clear, reproductive life planning tools may be helpful. The recently validated 'Desire to Avoid Pregnancy (DAP) scale', includes 14 items to assess preferences with the most predictive statement being 'It would be a good thing for me if I became pregnant in the next 3 months'.[3] Further evidence is required on how to integrate these tools into clinical practice in a feasible and acceptable way.

Assessment and management

NICE recommends assessing the following in patients who are considering a pregnancy:

- Plans for timing of pregnancy
- Previous obstetric history
- Dietary habits and BMI
- Folic acid supplementation
- Cervical screening status
- Smoking/alcohol intake/recreational drug usage
- Risk of HIV/hepatitis B
- Immunity to rubella/chicken pox
- Chronic health problems
- Current medications
- Workplace exposure to hazardous substances
- Risk of inherited genetic disorders.[4]

The standard package of preconception care consists of: diet and lifestyle advice, low dose (400 microgram) folic acid supplementation, discussion of interpregnancy intervals, and advising unprotected sexual intercourse every 2-3 days. NICE advice that there is no need to time intercourse with ovulation as this can cause increased stress.[4]

Specific medical conditions and personal characteristics associated with a higher risk of neural tube defects (NTD) that require a higher dose of folic acid supplementation (5mg per day) are outlined in Table 1. Services that are not able to provide folic acid could consider creating a template letter for the GP (see supplementary information).

Some common conditions (outlined in Table 2) also require GP and/or specialist preconception review. Generally, it is advisable to continue effective contraception until this review, particularly when patients are using teratogenic medications. Offering patients with these conditions the option of a future appointment for removal of their long-acting reversible contraceptive method after their pre-conception review is helpful. Trying to conceive and pregnancy itself can affect mental health and wellbeing. Ensuring those with severe current or past mental health problems are reviewed by their specialist, and those with mild or no past mental health problems are stable and well supported is recommended.

Obesity is becoming increasingly prevalent with around one fifth of pregnant people having a BMI >30. NICE and the RCOG recommend individuals with a BMI $\geq$30 are supported to lose 5-10% of their weight to improve their pregnancy outcomes. They should also be advised to take a high dose (5mg OD) of folic acid.[4] Those who have previously had gestational

diabetes should be offered a fasting plasma glucose test at least 6 weeks after delivery, or a HbA1c after 13 weeks if fasting plasma glucose tests are not available.

Inclusive practice

Pregnancy planning discussions can be sensitive to undertake. Some patients may have experienced pregnancy loss and NICE advises that there is no specific timeframe following a loss to start trying to conceive again, unless there are pending investigations or follow up e.g. for a molar pregnancy.[4] The Tommy's charity website have information on pregnancy after loss that patients may find helpful (see supplementary information). Discussions about weight management and alcohol and drug use should also be framed considerately. The World Obesity Federation recommend using "people first" language and avoiding stigmatising language.[5] There is information available on the NHS website for pregnancy planning options for same sex couples, single parents, and transgender fertility preservation/treatment options (see supplementary information). Consider providing written information in community languages.

Outcome

As she would like to optimise her health before conception, Sofia opts to delay her implant removal for six weeks so that she can see her GP. Before leaving, she takes up the offer of a routine sexual health screen and the HCP makes a note to check Sofia's progress on her preconception goals when she returns for her implant removal.

Supplementary information: Further resources for patients and healthcare professionals

Resources for patients:

https://www.nhs.uk/live-well/

https://www.nhs.uk/pregnancy/trying-for-a-baby/

https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/

https://www.tommys.org/webform-pregnancy-information/planning-pregnancy/planning-for-pregnancy-tool

https://www.tommys.org/baby-loss-support/miscarriage-information-and-support/pregnancy-after-miscarriage/getting-pregnant-after-miscarriage

Resources for healthcare professionals:

e-LfH e-SRH Module 6 Planning Pregnancy e learning

2018 Lancet Series on preconception health – available from https://www.thelancet.com/series/preconception-health

Example template letter to GP for high dose folic acid prescription

Table 1: Indications for high dose (5mg per day) folic acid [4]

Personal characteristics	Either partner has a NTD
	Previous pregnancy affected by NTD
	Family history of NTD
	BMI of 30 or more
Medical conditions	Diabetes mellitus
	Sickle cell anaemia
	Thalassaemia
	Thalassaemia trait
	Taking anti-epileptic medication

Table 2: Common medical conditions requiring specialist input prior to conception [4]

Thyroid disorders
Diabetes mellitus
Epilepsy
Chronic cardiac disease
Chronic hypertension
Moderate or severe or poorly controlled asthma
Renal disease
History of venous thromboembolism
Rheumatological conditions
Inflammatory bowel disease
Sickle cell disease or thalassaemia
Current or past severe mental health problem
History of recurrent miscarriages (three or more)

References

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3. Hall J, Barrett G, Stephenson J, et al. Desire to Avoid Pregnancy scale: clinical considerations and comparison with other questions about pregnancy preferences. BMJ Sex Reprod Health. 2023; 0:1-9.

4. NICE Clinical Knowledge Summaries. Pre-conception – advice and management. Revised April 2023. Accessed online 12 Feb 2024 https://cks.nice.org.uk/topics/pre-conception-advice-management/
5. Kyle, T.K. and Puhl, R.M. (2014), Putting people first in obesity. Obesity, 22: 1211-1211.