

**Policy:** Basic Services-Policies & Protocols  
Patient Care- Maternity/Gynecology- Pre-conception Care

**Effective:** August 25, 2008

**Reference:** Title 22 Article 3 75030 (2)

**Revisions:** Est. 12/01/05. Rev. 3/15/06, 3/28/07, 8/25/08

**Approval:** \_\_\_\_\_  
Craig Lindquist, MD, Ph.D., Medical Director Date  
  
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**Policy:**

WHS shall have a patient care protocol for pre-conception care.

**Protocol:**

Women may present prior to conception because of specific medical problems or simply to maximize the chance for a good pregnancy outcome. This protocol helps to improve pregnancy outcomes by providing anticipatory guidance to women who desire pregnancy.

The goals of pre-conceptual counseling are:

- Assessment of risks regarding reproduction
- Counseling regarding risks and referral for additional counseling as needed
- Testing for discernible risks provide information regarding use of folic acid for reduction of neural tube defects

MD notification should be made for any significant problems uncovered for a plan and possible consultation / May advise early prenatal care

A. Reproductive history:

- Preterm birth/ delivery
- Pregnancy loss: second trimester loss, 3 or more SABs
- Genital infections
- Gestational diabetes
- History ectopic pregnancy.
- Uterine malformations, cervical surgery, incompetent cervix
- Toxemia, pregnancy induced hypertension
- Birth defect

B. Family history.

- Congenital anomaly.
- Increased risk based on ethnicity
- Jewish, French Canadian for Tay-Sachs

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- Asian or Mediterranean for thalassemia.
  - Black for sickle cell and other hemoglobinopathies.
  - European for cystic fibrosis
- C. Nutritional assessment and referral for under or overweight patients.
- D. Psychosocial assessment
- Depression.
  - Family violence.
  - Tobacco use.
  - Ethanol and drug use.
- E. Medical history will include the following:
- Seizure disorder.
  - Diabetes
  - High blood pressure.
  - thyroid disease
  - asthma
  - HIV positive
  - 10% less than ideal body weight
  - Other significant medical problems.
  - Current medications, especially anticonvulsants and Accutaine.
- F. Patients will receive:
- If status unknown obtain the following labs:
- HIV
  - HBsAB, immunize if negative
  - Rubella, immunize if negative
  - CBC
  - GC & Chlamydia testing
  - Syphilis
  - Screen for other STD's as necessary –ex: HSV
  - Hemoglobin electrophoresis for patients of African, Asian and Mediterranean ancestry.
- G. Counseling/Referral
- Nutritional counseling.
    - Achieve appropriate weight if >10% underweight or >30% overweight.
    - Avoid over supplementation,(especially with A, D and K) i.e. use prenatal vitamins
  - Folate supplementation at least 1 month prior to conception and continue for at least to 12 weeks gestation.
    - 400mcg daily for low risk women.
    - 4mg daily for women with history of neural tube defects.

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1mg per day for women on anticonvulsant medication.

- Smoking cessation.
- Drug abuse assessment.
- Alcohol abuse assessment
- Abused women's services /domestic violence
- Family planning services if patient decides against pregnancy now
- Partners exposure to drugs and toxic chemicals, as such exposure may increase risk of infertility and SAB
- Recommend Menstrual calendar
- Advise to consult primary care MD if taking medication that could affect fetal development
- Diabetics should make appointment with Sweet Success program
- Clients with nutritional issues should make appointment with nutritionist

**References & Resources:**

Contraceptive Technology 18<sup>th</sup> Edition, 2004

Reynolds, Heather, Preconception care: An integral Part of Primary Care for Women, Journal of Midwifery, Vol.43, No.6, Nov/Dec., 1998