PRECONCEPTION CONSULTATION

CLINICAL GUIDELINE MCSA.MBC.2.1

“Preconception care is a set of interventions that are to be provided before pregnancy, to promote the health and well-being of women and couples, as well as to improve the pregnancy and child-health outcomes.” (WHO). Accordingly, every healthcare encounter with reproductive-aged men and women should be utilized as a window of opportunity to advocate for planned pregnancies, if pregnancy is desired, and the provision of necessary knowledge and tools to achieve this.

Aim and scope of this guideline:

The aim of this guideline is to outline key components that constitute a satisfactory preconception consultation in most women/couples. This guideline is by no means comprehensive and does not provide guidance for more complex scenarios.

The preconception consultation should entail:

1. **Medical history**
    a. Age: age-related risks of fetal chromosomal abnormalities maternal chronic diseases (e.g., hypertension and diabetes mellitus) and obstetric risk (e.g., hypertensive disorders of pregnancy) needs to be discussed in those considered to be at-risk.
    b. Information must be sought on all chronic medical disorders, the duration of such, any complications arising from it and past/present therapy for the condition. If any condition exists where optimisation of the condition or modification of drug therapy is necessary prior to pregnancy, this is best done in consultation with the necessary discipline.
    c. A detailed obstetric history should be taken in all multigravida and emphasis should be placed on previous outcomes that may impact on the planned pregnancy (e.g. history of preeclampsia).
2. **A family history**, including details of hereditable conditions, which may need to be screened for in the woman prior to pregnancy or in the pregnancy after conception.
3. **Nutritional history**: this would include information about components of the patient’s regular diet, any eating disorders and calculation of the BMI. Dietary advice or referral to a dietician may be necessary in some women.
4. **Psycho-social history**
    a. Any history of past or current exposure (occupational, environmental or domestic) to harmful agents or settings that places one at-risk of acquiring certain infections. Discuss measures to avoid or reduce exposures/risks (e.g., hand hygiene for those working in crèches with high exposure to CMV)
    b. History regarding the use of tobacco, alcohol and other dangerous substances must be tactfully sought. Cessation, in the interest of personal health and that of the planned pregnancy, should be discussed and referral made to the relevant rehabilitation and therapy centres when deemed necessary.

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c. Mental health issues including screening for intimate partner violence is essential with, if necessary, facilitation of referral to appropriate services/organisations for those in need of assistance in this regard.

5. **A full physical examination** including a breast examination
6. **Investigations:**
   a. Confirm Rubella immunity and immunize if not immune (while still on reliable contraception).
   b. Other vaccinations may be offered (e.g. Influenza, SARS CoV 2 and Hepatitis B in those considered at-risk).
   c. Counsel and offer testing for HIV and Syphilis infection.
   d. Screening for cervical cancer as per South African National Guideline.
7. **Interventions:**
   a. Start folic acid supplementation at least one (preferably three) month prior to conception to reduce risk of neural tube defects.
   b. Promote a healthy lifestyle (exercise, healthy diet and avoidance of harmful substances), regular dental care, child spacing and early booking in pregnancy.

Definitions

Term, Acronym or abbreviation	Definition
BMI	Body Mass Index
CMV	Cytomegalovirus
FGR	Fetal Growth Retardation
IUFD	Intrauterine Fetal death
WHO	World Health Organization

References

1. World Health Organization. Regional Office for South-East Asia. (2014). Preconception care. WHO Regional Office for South-East Asia. https://apps.who.int/iris/handle/10665/205637
2. Preconception care to reduce maternal and childhood mortality and morbidity. Meeting report and packages of interventions: WHO HQ, February 2012; Preconception care: Greater New York Chapter of the March of Dimes Preconception Care Curriculum Working Group 2015.

Authorship

These guidelines were drafted by a clinical team from Mediclinic and were reviewed by a panel of experts from SASOG and the BetterObs™ clinical team in 2019, and reviewed by the scientific subcommittee of BetterObs™ in 2022. All attempts were made to ensure that the guidance provided is clinically safe, locally relevant and in line with current global and South African best practise. Succinctness was considered more important than comprehensiveness.

All guidelines must be used in conjunction with clinical evaluation and judgement; care must be individualised when appropriate. The writing team, reviewers and SASOG do not accept accountability for any untoward clinical, financial or other outcome related to the use of these documents. Comments are welcome and will be used at the time of next review.

Released on 2022 08 01

History and version control

Author	Version	Details of update	Effective date
Dr Coen Groenewald	1	Initial Release	2019 10 01
SASOG Scientific committee Dr C Groenewald	2	Reviewed All new but covers the same as previous guideline	2022 08 01

Approval and sign-off

Department/ Area/ Group/ Forum	Representative name	Signature	Designation	Date
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