Pre-conception care comprises the range of interventions aimed at identifying and modifying medical, behavioural and social risks to women and men’s health during their reproductive years. It focuses on preventing and managing risk factors that affect pregnancy and fetal outcomes prior to conception. Pre-conception care is increasingly topical as many countries continue to work on improving maternal, child and family health and reducing inequalities.

There is evidence that shows that pre-conception interventions are correlated with improved maternal and neonatal outcomes. In addition, pre-conception care focuses on aspects of health that benefit all men and women, regardless of their reproductive plans. As many pregnancies are unplanned, it is important for healthcare providers to address risk factors that negatively affect health and pregnancy outcomes during the reproductive years.

The pre-conception period also provides a unique opportunity to tackle health inequalities before they form. A woman’s health and wellbeing at conception is the biggest predictor of pregnancy outcomes; by addressing the health of all women during this time, healthcare providers can help ensure that more infants have the best start in life regardless of socio-economic background.

Pre-conception care can be divided into three main focus areas:

1. Management of long-term health conditions
2. Assistance in ceasing risky behaviours
3. Promoting healthy behaviours.

In addition, couples who have an increased risk of having a baby with a genetic or chromosomal abnormality should be identified, provided with full information and offered relevant testing. Preconception testing of women from ethnic backgrounds that are associated with a higher risk of some inherited disorders can facilitate identification of couples who are carriers of, for example β-thalassaemia, sickle cell disease or Tay-Sachs disease. Such couples can be offered specialist advice before they conceive regarding the risk of having an affected child and diagnostic testing in early pregnancy. There may also be the possibility of in vitro fertilization and preimplantation genetic diagnosis with implantation of only unaffected embryos.

Managing long-term health conditions includes ensuring that mental health issues, metabolic disorders and other chronic medical conditions—including obesity—are well managed and sufficiently monitored. Women should be informed regarding the effect of their condition on potential pregnancy and vice versa. Additionally, women and men taking teratogenic medications should be advised regarding effective contraception and provided with information about switching to alternative
treatments when trying to conceive.

**Assistance in stopping or avoiding risky behaviours** includes counselling on smoking cessation, excessive alcohol intake and drug misuse.

**Promoting healthy behaviours** covers advice regarding nutrition, folic acid and other supplements, vaccinations such as rubella, sexually transmitted infection and cervical screening, if appropriate, and reproductive planning. Healthcare providers should discuss effective contraception with individuals who do not wish to conceive in the near future.

For more information regarding pre-conception care advice and management, please see the 2012 NICE Clinical Knowledge Summary on the topic: [http://cks.nice.org.uk/pre-conception-advice-and-management](http://cks.nice.org.uk/pre-conception-advice-and-management)

The Centers for Disease Control and Prevention also provide information on the topic for both healthcare professionals and patients: [http://www.cdc.gov/preconception/index.html](http://www.cdc.gov/preconception/index.html)

An independent evidence based report by Dr Jonathon Sher on preconception health, education and care relating to Scotland, was commissioned by NHS Greater Glasgow and Clyde (Public Health) and published in 2016. It covers many general principles of good preconception practice: [http://www.nhsggc.org.uk/media/237840/missed-periods-j-scher-may-2016.pdf](http://www.nhsggc.org.uk/media/237840/missed-periods-j-scher-may-2016.pdf)

**References**