

# Preconception Counseling and Care

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# Pre-conception care

- ▶ When a couple is seen and counseled about pregnancy, its course and outcome well before the time of actual conception is called pre-conceptual counseling.



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- ▶ Pre-conceptual phase is the time to identify any risk factor that could potentially affect the perinatal outcome adversely. Virtually pre-conceptual counseling is a part of preventive medicine.

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- ▶ The woman is informed about the risk factor and at the same time care is provided to reduce or to eliminate the risk factor in an attempt to improve the pregnancy outcome.



# PRECONCEPTIONAL VISIT, RISK ASSESSMENT AND EDUCATION

- ▶ Identification of high risk factors by detailed evaluation of obstetric, medical, family and personal history. Risk factors are assessed by laboratory tests, if required.
- ▶ Base level health status including blood pressure is recorded.
- ▶ Rubella and hepatitis immunization in a non-immune woman is offered

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- ▶ Folic acid supplementation (4 mg a day) starting 4 weeks prior to conception up to 12 weeks of pregnancy, is advised. This can reduce the incidence of neural tube defects.
- ▶ Fear of the incoming pregnancy is removed by preconceptional education.



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- ▶ Patient with medical complications should be educated about the effects of the disease on pregnancy and also the effects of pregnancy on the disease. In extreme situation, the pregnancy is discouraged. Preexisting chronic diseases (hypertension, diabetes, epilepsy) are stabilized in an optimal state by intervention.

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- ▶ Maternal health is optimized preconceptionally. Problems of overweight, underweight, anemia, abnormal papanicolaou smears are evaluated and treated appropriately.
- ▶ Woman should be urged to stop smoking, taking alcohol and abusing drugs. Addicted woman is given specialized care.



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- ▶ Drugs used before pregnancy are verified and changed if required so as to avoid any adverse effect on the fetus during the period of organogenesis. For example, anticonvulsant drugs are checked, warfarin is replaced with heparin and oral antidiabetic drugs are replaced with insulin.

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- ▶ Inheritable genetic diseases (sickle cell disease, cystic fibrosis) are screened before conception and risk of passing on the condition to the offspring is discussed.
- ▶ Importance of prenatal diagnosis for chromosomal or genetic diseases is discussed.
- ▶ Inheritable genetic diseases could be managed either by primary prevention (eliminating the causal factor) or by secondary prevention (terminating the affected fetus).

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- ▶ Couples with history of recurrent fetal loss or with family history of congenital abnormalities (genetic, chromosomal or structural) are investigated and counseled appropriately. There may be some untreatable factors.

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- ▶ Educational classes include discussion as regard delivery, timing, method and possible interventions (ventouse/forceps or cesarean delivery). Such prenatal classes are found helpful and valuable. The counseling should be done by primary health-care providers. The help of an obstetrician, physician and geneticist may be required and should be extended.

# LIMITATIONS

LIMITATIONS: Unfortunately, only a small percentage of women take the advantage of preconceptual care. The important reasons are:

- ▶ (i) lack of public awareness,
- ▶ (ii) many pregnancies are unplanned.

# Summary

- ▶ Summary....

# Conclusion

- ▶ Pre-conceptual period is the time to identify any risk factor that could potentially affect the perinatal outcome adversely. Ultimately pre-conceptual counseling is a part of preventive medicine.

***THANK YOU.***