

## PRECONCEPTION CARE

### What's New?

Folic Acid is recommended for all people who are planning a pregnancy. This should be clearly documented in casenotes that the person has been made aware of this recommendation.

Providing preconception care has been shown to optimise the chances of a successful pregnancy outcome for both mother and child. This protocol refers to women but also applies to gender diverse individuals who attend our service for general advice prior to conceiving. Preconception advice should be offered to clients who attend Sandyford Services for removal of a contraceptive method. Any woman presenting with pre-existing medical conditions (e.g. epilepsy, diabetes, SLE, cardiac and renal disease and mental health problems) and those with recurrent miscarriage or previous fetal abnormalities should be referred to the local maternity unit's pre-pregnancy/maternal medicine clinic.

Because many women do not seek preconception advice, it has been recommended that women attending appropriate healthcare settings are asked the 'One Key Question': Is there a reasonable chance that you might start a pregnancy this year?

### **Key positive behaviours that all women should be encouraged to adopt:**

- Taking appropriate contraception to prevent unplanned pregnancy
- Leaving a minimum 18 month gap between pregnancies
- Talking with GP or specialist about any medication, family history or previous adverse pregnancy outcomes in advance of becoming pregnant
- Eating a balanced diet including advice on what foods to avoid (see Appendix 1)
- Taking a folic acid supplement (see Appendix 2)
- Managing weight
- Being physically active
- Reducing alcohol consumption. The Chief Medical Officers for the UK recommend that no amount of alcohol is safe during pregnancy. Alcohol should also be avoided when trying to get pregnant.
- Avoiding exposure to second hand smoke and in women who smoke, smoking cessation
- Stopping any illicit drug use
- Seeking support if a partner is violent. Referral to specialist support services should be offered
- Ensuring immunisations are up to date (measles, mumps, rubella, tetanus and diphtheria, HPV, and hepatitis in individuals from high risk groups). It is recommended that all pregnant women irrespective of gestation should have influenza and Covid-19 vaccine. If the woman is unsure of her Rubella status she should be referred to her GP for screening and vaccination as appropriate
- STI testing if change of sexual partner or partner has other partners

- Taking measures to avoid toxoplasmosis
- Reducing exposure to potential environmental hazards. X-rays are known to adversely affect the developing fetus, especially during the first trimester. It is important for any woman trying to conceive to alert clinicians prior to any x-rays.
- Cytology status should be ascertained and a cervical smear offered, if due within the screening programme.

## **Smoking**

The Department of Health recommends that women should not smoke during pregnancy. Smoking is associated with fetal growth restriction and should be discouraged in any woman trying to conceive. Referral to smoking cessation services should be offered to all smokers.

Also ask regarding other smokers in the household, and advise that smoking around a baby increases risk of sudden infant death and other respiratory diseases.

Nicotine replacement therapy (NRT) can be used by pregnant women, and can be prescribed as part of a smoking cessation service or can be purchased over the counter by the woman. NICE guidance on smoking cessation advises to discuss the risks and benefits of NRT with pregnant women who smoke, particularly those who do not wish to accept the offer of help from the NHS Stop Smoking Service.

Advise pregnant women using nicotine patches to remove them before going to bed.

## **Medication**

Women should always check with a doctor or a pharmacist before taking any medicines (including herbal remedies) during pregnancy. Nasal decongestants, aspirin and ibuprofen should be avoided during pregnancy. Paracetamol is a safe analgesic during pregnancy. Recreational drugs should be discouraged at all times. Some medications should be stopped several months before trying to get pregnant. Reliable and accurate information is freely available to women and their partners through the UK Teratology Information Service (UKTIS) on line resource 'bumps' [www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org)

## **Body Weight**

Obesity (BMI  $\geq 30\text{kg/m}^2$ ) increases a woman's risk of fertility problems, miscarriage, congenital abnormalities, gestational diabetes and complications in labour. Weight loss and exercise should be encouraged in obese women who wish to conceive, and exercise should be continued during pregnancy.

## **References**

NHS Choices. Your health, your choices. Planning your pregnancy  
<https://www.nhs.uk/conditions/pregnancy-and-baby/planning-pregnancy/> [Accessed March 2022]

CMACE/RCOG Joint Guideline Management of Women with Obesity in Pregnancy  
<https://www.rcog.org.uk/globalassets/documents/guidelines/cmacercojointguideline-managementwomenobesitypregnancya.pdf> [Accessed March 2022]

NHS Health Scotland <https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/> [Accessed March 2022]

## **Appendix one: Foods to avoid eating during pregnancy**

The following foods should be avoided because of the risks of food poisoning, and the possible presence of bacteria, chemicals or parasites in these foods could harm an unborn baby.

**Cheese:** Avoid mould-ripened soft cheeses (cheese with white rind) such as Brie and Camembert. This includes mould ripened goat's cheese such as Chevre. Blue veined cheeses should also be avoided such as Danish Blue, Gorgonzola and Roquefort. These cheeses are an ideal environment for harmful bacteria, such as listeria and are only safe to eat in pregnancy if they have been cooked.

**Raw eggs:** Raw or lightly cooked hen eggs or foods containing them can be eaten provided the eggs are produced under the British Lion Code of Practice.

**Unpasteurised milk:** Raw (unpasteurised) milk, including unpasteurised goats' or sheep's milk, or any food that is made of them, such as soft goats' cheese should not be consumed.

**Pâté:** Avoid all types of pâté, including vegetable pâtés, as they can contain listeria.

**Raw meat:** Raw or undercooked meat should not be consumed.

**All meat and poultry** should be thoroughly cooked so there's no trace of pink or blood. Particularly care should be taken with sausages and minced meat. The latest advice from the Food Standards Agency (FSA) is that pregnant women should take care when eating cold cured meats such as salami, chorizo, pepperoni and Parma ham, because these meats are not cooked but cured and fermented, so they may contain toxoplasmosis-causing parasites. The instructions on the pack should be checked to see whether the product is ready-to-eat or needs cooking first.

**For ready-to-eat meats**, the risk from parasites can be reduced by freezing cured/fermented meats for four days at home before eating them. Freezing kills most parasites, making the meat safer to eat.

**Liver:** Avoid liver or liver products, such as liver pâté or liver sausage, as they may contain a lot of vitamin A. Too much vitamin A can harm an unborn fetus.

**Vitamin A:** High-dose multivitamin supplements, fish liver oil supplements, any supplements containing vitamin A should NOT be taken.

**Fish:** Some types of fish should be avoided completely, such as shark, swordfish and marlin because they contain high levels of mercury. Tuna also contains pollutants so intake should be limited to two tuna steaks a week, each weighing about 140g when cooked or 170g when raw or four medium sized cans of tuna a week. Oily fish (tuna does not count as an oily fish) should be limited to two portions a week Raw shellfish should be avoided as these can cause food poisoning.

**Caffeine** High caffeine intake may increase the risk of miscarriage and fetal growth restriction. The Food Standards Agency recommends limiting caffeine intake during pregnancy to 200mg a day (e.g. 2 mugs instant coffee).

## **Appendix two: Supplements**

### **Folic Acid**

It is recommended that women should take a daily 0.4 mg (400 microgram) folic acid supplement during the time they are trying to conceive and until the 12th week of pregnancy. They should also eat more foods containing folate (the natural form of folic acid). All women should take 10mcg vitamin D throughout pregnancy and when breast feeding. 'Healthy start' vitamins which contain **Folic acid, Vitamin C and Vitamin D are available free from midwives and health visitors.**

<https://www.mygov.scot/free-vitamins-pregnant> (accessed March 2022)

The following groups of women are at an increased risk of having a baby with a neural tube disorder and these women should ask their GP for a higher dose of 5mg, which is only available on prescription.

- women with a neural tube defect
- women with partners who have a neural tube defect
- women with a previous pregnancy affected by a neural tube defect
- women (or partners) with a family history of a neural tube defect
- women with a pregnancy BMI > 30 kg/m<sup>2</sup>
- women with diabetes
- women with coeliac disease
- women on anti-epileptic drugs (AED) medication
- women with haemolytic anaemia (including haemoglobinopathies), sickle cell anaemia or thalassaemia traits

**Vitamin D** deficiency can cause impaired fetal growth. In Scotland everyone should consider taking a daily supplement containing 10 micrograms of vitamin D, particularly during the winter months (October – March).

Vitamin D supplements can be bought from most pharmacies and supermarkets.

[www.gov.scot/publications/vitamin-d-advice-for-all-age-groups/](http://www.gov.scot/publications/vitamin-d-advice-for-all-age-groups/) (accessed March 2022)

All women should be informed about the importance of maintaining adequate vitamin D stores during pregnancy and breastfeeding, and should be recommended to take a vitamin D 10mcg supplement during pregnancy and breast feeding. Women at particular risk of deficiency include:

- Women of South Asian, African, Caribbean or Middle Eastern family origin
- Women with limited exposure to sunlight
- Women who do not eat oily fish, eggs, meat or fortified margarine or cereals
- Women with a pre-pregnancy BMI  $\geq 30$