Preconception and Inter-Pregnancy Guidelines for Providers

BACKGROUND

Assessment and Education

Preconception care is a critical component of health care for women of reproductive age and efforts to improve pregnancy outcomes should begin before any pregnancy. The main goal of preconception care is to provide health promotion, physical assessment, risk screening, interventions, vaccines and counseling for women of reproductive age to reduce risk factors that might affect future pregnancies. The risk screening should include reproductive awareness, environmental toxins and teratogens, nutrition and folic acid, genetics, substance use including tobacco and alcohol, medical conditions and medications, infectious diseases and vaccinations; and psychosocial concerns such as depression or violence. Specific risk factors for adverse pregnancy outcome include isotretinoin, alcohol misuse, anti-epileptic drugs, diabetes, folic acid deficiency, hepatitis B, HIV/AIDS, hypothyroidism, maternal PKU, rubella seronegativity, obesity, oral anticoagulants, STDs and smoking.

Preconception care also involves changing the knowledge and attitudes and behaviors related to reproductive health among both men and women. Conditions such as high blood pressure and diabetes affect pregnancy outcomes and are important to find before pregnancy or as early as possible during pregnancy (NCQA, 2010). Preventive and primary services provided between pregnancies are commonly known as Interconception Care (ICC).

Preconception health is a woman’s health before she becomes pregnant. It focuses on the conditions and risk factors that could affect a woman if she becomes pregnant. Preconception health applies to women who have never been pregnant, and also to women who could become pregnant again. Preconception health looks at factors that can affect a fetus or infant. These include factors such as taking prescription drugs or drinking alcohol. The key to promoting preconception health is to combine the best medical care, healthy behaviors, strong support, and safe environments at home and at work. (CDC, 2013).

Interpregnancy care – the time between pregnancies – is also very important. Women with short interpregnancy intervals are more likely to have complications (e.g., delivery of a pre-term or small infant, neonatal death (CDC, 2011).

During a preconception or interpregnancy visit, healthcare providers should:

- **Review the patient’s family medical history** – for example, previous pregnancies, fertility, birth, use of birth control. In addition, recommend tests related to genetics to see if a patient carries a gene linked with a disease that could be passed on to her children.
- **Ask about lifestyle, behaviors, and social support** – for example, tobacco, alcohol, and drug use; nutrition and diet; psychological problems; concerns about the health conditions of the patient or her partner’s family; domestic violence; medication use; potential risks that could harm the patient or baby (chemicals, radiation).
- **Schedule health screening tests** up to and including a Pap smear, urinalysis, blood tests (to know blood type), Rh factor*, and tests for common conditions like diabetes, hypertension, and sexually transmitted infections.
- **Review immunization status** and update as needed.
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- Perform a physical and pelvic exam.
  * The U.S. Preventive Services Task Force (USPSTF) (2004) strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (Grade: A). The USPSTF further recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks’ gestation, unless the biological father is known to be Rh (D)-negative. (Grade: B).

Information should also be provided to patients regarding:

- **Folic acid supplements** to prevent neural tube defects. The United States Preventive Services Task Force (USPSTF) recommends (Grade: A) that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid (USPSTF, 2009).
- **Rubella vaccinations** to prevent Congenital Rubella Syndrome.
- **Detecting and treating health conditions** to help prevent complications in the mother and birth defects:
  - Asthma
  - Blood diseases
  - Diabetes
  - Eating disorders
  - Epilepsy
  - Hepatitis B
  - Hypertension
  - Hypothyroidism
  - Oral Health
  - Obesity
  - PKU

- **Review any prescription, over-the-counter, dietary and herbal supplements** the patient is taking; review any potential risks to the mother and fetus.
- **Stopping smoking** to reduce the risk of having a low birth weight baby.
- **Eliminating alcohol consumption** to prevent Fetal Alcohol Syndrome, and other complications.
- **Avoiding contact with toxic substances or materials** that could cause infection at work and at home. Stay away from chemicals and cat or rodent feces.
- **Family planning counseling** to avoid unplanned pregnancies.
- **Counseling to promote healthy behaviors** such as appropriate weight, nutrition, exercise, oral health as well as avoiding substance abuse and toxic substances. Counseling can also help women and couples understand genetic risks, mental health issues (such as depression), and intimate partner domestic violence.
- **Develop a reproductive life plan** (if possible) consisting of personal goals about having (or not having) children. It also states how to achieve those goals.

** The USPSTF (2013) strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection (Grade: A). In 2013, the USPSTF recommended that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. (Grade: A).

REFERENCES


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