Screening	Counseling and Interventions
Reproductive Awareness	50% of all pregnancies are unintended. Promote awareness that control over number of pregnancies and children lies with the couple. Encourage pregnancy planning with use of contraceptive method to decrease maternal and infant mortality, decrease unintended pregnancy, and prevent STI/HIV transmission. Ideal spacing of pregnancies: 18 to 24 months, gives time to replenish nutritional reserve and treat infection or other systemic illness. See ACOG #505 on Contraception Use: http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Understanding_and_Using_the_US_Medical_Eligibility_Criteria_for_Contraceptive_Use_2010
Optimize pre-pregnancy weight	Assess BMI and use as a baseline to develop a regimen for healthy eating and physical activity to optimize weight. Encourage moderate physical activity (walking 30 min 5 days/week) into their daily routine to improve cardiovascular and weight related complications. • BMI < 18.5 kg/m2: slightly greater risk for having premature, low-birthweight newborns. Screen for malnutrition/undernourishment and take measures to improve access to healthy foods. • BMI > 25 kg/m2 (overweight & obese): higher risk for preterm birth. Promote dietary modification and healthy eating habits along with physical activity. See Super Tracker: https://www.supertracker.usda.gov/default.aspx
Immunizations	Assess and document status of MMR, varicella, TdaP, HPV and Hepatitis B. Provide immunization as needed. Influenza vaccine is recommended annually. See CDC recommendations http://www.cdc.gov/vaccines/schedules/hcp/adult.html
STIs and HIV/AIDS	Screen and treat chlamydia and gonorrhea in sexually active women age 25 or younger annually. Screen and treat all high risk women for chlamydia, gonorrhea, HIV, TB, syphilis, and Hepatitis B. http://www.cdc.gov/std/
Substance use	Cigarette smoking doubles the risk of PTB and fetal growth restriction. Initial counseling with the 5-A intervention http://www.ahrq.gov/clinic/tobacco/5steps.htm and Quitline (1-877-44U-QUIT) tools. Involving partners in smoking cessation programs can increase the number of women who quit smoking during pregnancy. Screen for exposure to environmental tobacco smoke and indoor air pollution. Screen for substance use and abuse utilizing the SBIRT tool http://www.samhsa.gov/prevention/sbirt/
Psychosocial stressors	Maternal stressors such as depression, socioeconomic hardship and intimate partner violence have been linked to preterm birth. Women with psychosocial stressors have a greater likelihood of engaging in risky behavior such as smoking and alcohol use. Refer for counseling.
Reproductive History	Assess parity, number of cesarean sections, prior preterm births, stillbirths, recurrent pregnancy loss, GDM, HTN, thyroid disease. Encourage spacing of pregnancies: 18 to 24 months; women with history of GDM should be screened with a 75 gm OGTT and HgbA1c every 1-3 years. Refer women with history of fetal death, infant death, preterm birth, low birth weight and very low birth weight for preconception counseling.
Current medications	Review all medications: prescription, over the counter, and herbal therapies. Using the lowest effective dose of only necessary medications is recommended. Known or potential teratogenic medications and exposure should be addressed: warfarin, valproic acid, carbamazepine, isotretinoin, and ACE inhibitors. http://www.otispregnancy.org
Nutrition and Supplements	Balanced diet with appropriate distribution of the basic food groups should be promoted. All women should take a multi-vitamin with 0.4 mg (400 mcg) of folic acid daily. Women with a seizure disorder or history of neural tube defect should take 4.0 mg daily. Promote breastfeeding for 24 months. Encourage 30 minutes of moderate physical activity per day for at least 5 days per week. http://win.niddk.nih.gov/index.htm
Family & Genetic History	Screen for personal or family history of genetic disorders, congenital malformations, intellectual disabilities and ethnicity of mother & father of the baby. Refer to geneticist if indicated. http://www.marchofdimes.com/Your_family_health_historypreconceptionprenatal.pdf
Environmental/ Occupational Exposures	Screen for household, environmental and occupational exposures. Refer women with soil and/or water hazard concerns to the local health department for soil and water testing. Refer women with household or workplace exposure concerns to an occupational medicine specialist for modification of exposures.

Condition	Counsel	Tests	Contraindicated Medications	Contraception
Asthma	Women with poor control of their asthma should use contraception until it is well controlled.	See NHLBI Guidelines for Diagnosis and Management of Asthma http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm	None	All methods considered safe
Cardiovascular Disease	Pregnancy is a stressor on the CV system. Discuss potential life-threatening risks especially with pulmonary hypertension. Contraception should be strongly recommended when pregnancy is contraindicated.	Consult with a cardiac specialist. See CDC Heart Disease and Stroke Prevention http://www.cdc.gov/dhdsp/programs/nhdsp_program/chw_sourcebook/index.htm	ACE inhibitors. Coumadin beyond 6 weeks	**Avoid:** estrogen containing methods See ACOG ref* for details.
Depression	Screening prior to pregnancy allows for treatment and control of symptoms that may help prevent negative pregnancy and family outcomes.	See NIMH Women and Depression: Discovering Hope http://www.nimh.nih.gov/health/publications/women-and-depression-discovering-hope/how-is-depression-diagnosed-and-treated.shtml	Paroxetine	All methods considered safe
Diabetes	Hyperglycemia during the first trimester is a risk factor for abnormal fetal organogenesis. Stress the importance of euglycemic control before pregnancy. Convert women on oral agents to insulin before conception. High risk for neural tube defect: instruct them to take multivitamin with 400 µg of folic acid before conception.	Evidence of good glycemic control: HgbA1c < 6.5. On select women: examine for underlying vasculopathy: retinal exam by an ophthalmologist, 24-hour urine for protein and creatinine clearance, thyroid function tests, and an ECG. See ADA Standards of Medical Care in Diabetes 2012 http://care.diabetesjournals.org/content/35/Supplement_1/S4.full.pdf+html	ACE Inhibitors, Statins	**Avoid:** estrogen containing methods in some women. See ACOG ref* for details.
HIV	HIV may be life-threatening to the infant if transmitted. Antiretroviral therapy can reduce the risk of transmission but the risk is still ~2%.	Refer to subspecialist. See guidelines for treatment: http://aidsinfo.nih.gov/guidelines/	Efavienz (Sustiva®)	See ACOG ref* for details.
Hypertension	Increased maternal and fetal risk during pregnancy, especially for pre-eclampsia. Discuss importance of finding alternative to ACE inhibitor prior to pregnancy.	Women with HTN for several years should be assessed for ventricular hypertrophy, retinopathy and renal disease. Consult with a cardiac specialist. See NHLBI Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7 Express) http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm	ACE inhibitors	**Avoid** estrogen methods in other women. See ACOG ref* for details.
Obesity (BMI >30)	Increased risk for birth defects, spontaneous abortion, pre-eclampsia, gestational diabetes, prematurity, perinatal death, maternal death, and childhood obesity. Offer specific strategies to decrease caloric intake and increase physical activity.	Screen for diabetes with 2 hr OGTT with a 75 gram glucose load. Check blood pressure and manage appropriately. Provide nutrition and exercise counseling. Refer to http://health.nih.gov/topic/Obesity	Weight loss medications should not be used during pregnancy.	All methods considered safe
Renal Disease	Counsel to achieve optimal control (serum Cr <1.4 mg/dl) of condition prior to conception. Discuss potential life-threatening risks during pregnancy. After transplant, wait 12-18 mo. And until comorbid risk factors under control (no or minimal proteinuria, absence or well-controlled HTN, stable serum Cr <1.4, no graft rejection).	Consult with renal specialist.	ACE inhibitors	See ACOG ref* for details.
Seizure Disorder	Counsel on potential effects of seizures and seizure medications on pregnancy outcomes. Counsel to take 4 mg folic acid per day at least 1 month prior to conception.	Whenever possible, monotherapy in the lowest therapeutic dose should be prescribed.	Valproic Acid (Depakote®)	See ACOG ref* for details.
SLE & Rheumatoid Arthritis	Disease should be in good control prior to pregnancy.	Evaluate renal function and for end-organ disease.	Cyclophosphamide	See ACOG ref* for details.
Thyroid Disease	Proper dosage of thyroid medication prior to conception for normal fetal development. Iodine intake 150 mcg per day.	TSH < 3.0 and normal free T4 prior to pregnancy.	Radioactive iodine	All methods considered safe.
Thromboembolic Disease	Counsel regarding risk for venous thromboembolism during pregnancy and postpartum.	Patient with history of venous thromboembolism: test for inherited thrombophillias and antiphoshpholipid syndrome	Coumadin beyond 6 weeks GA	See ACOG ref* for details.

*ACOG Committee Opinion #505 *Understanding and Using the U.S. Medical Eligibility Criteria for Contraceptive Use"* http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Understanding_and_Using_the_US_Medical_Eligibility_Criteria_for_Contraceptive_Use_2010

This document should not be construed as dictating an exclusive course of treatment or procedure to be followed.