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OBSTETRICS



PRE-CONCEPTUAL CARE

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## **PRE-CONCEPTUAL CARE**

### **WHY DO I NEED PRECONCEPTION COUNSELING?**

A woman's health prior to conception and during her pregnancy is critical to the outcome of the pregnancy and may have a lifelong impact on her baby's health.

A pre-conceptual consultation identifies modifiable factors before pregnancy which can be altered in order to optimise the chances of having a healthy pregnancy and a healthy baby. You will be asked about your diet and lifestyle, your medical and family history, medications you take, and any past pregnancies. In those with underlying medical or genetic problems risks can be discussed, anticipated and in some cases modified. Additionally, there is a view towards giving general advice about optimising personal health care and lifestyle with pregnancy in mind.

### **LIFESTYLE CHANGES**

#### **Being overweight**

Excess weight during pregnancy is one of the most common risk factor for infertility and adverse pregnancy outcomes. It is associated with several pregnancy and childbirth complications, including high blood pressure, preeclampsia, preterm birth, and gestational diabetes. Obesity during pregnancy also is associated with a larger than normal baby, as well as an increased risk of birth injury and caesarean delivery. Obesity increases the risk of birth defects, especially neural tube defects (NTDs). A higher weight can limit the ability of an ultrasonographer to identify birth defects.

Your doctor can rule out any underlying medical condition (eg hypothyroidism) that could provide a barrier to weight loss. To lose weight, you need to use up more calories than you take in. The best way to lose weight is by making dietary changes and being more physically active. In certain situations, medications or weight-loss surgery can be considered.

#### **Being underweight**

Being underweight also has risks during pregnancy. The main risk is having a low birth weight baby which can have problems during labour. Being underweight during pregnancy can increase the risk of preterm birth.

### **VITAMIN SUPPLEMENTS**

Although most of your nutrients should come from the foods you eat, it is a good idea to start taking a prenatal vitamin supplement before pregnancy. Prenatal vitamin supplements contain all the recommended daily vitamins and minerals you will need before and during your pregnancy. You should continue this through pregnancy and the breastfeeding period.



### **FOLIC ACID 3 MONTHS BEFORE PREGNANCY**

Folic acid helps prevent NTDs (eg spina bifida) when taken before pregnancy and for the first 3 months of pregnancy. It is recommended that all women (even if they are not trying to get pregnant) consume 0.8 milligrams (800 micrograms) of folic acid a day.

Where there is an increased risk of NTD (anti-convulsant medication, pre-pregnancy diabetes mellitus, previous child or family history of NTD), a 5mg daily dose should be used. This can be obtained by a doctor's prescription.

### **IODINE IN PREGNANCY**

Iodine is an essential nutrient required in small amounts to support normal growth and development. Iodine is essential for normal brain development. It is important that unborn babies and infants receive enough iodine. Requirements for iodine increase during pregnancy and breastfeeding. The Ministry of Health recommends women should start a dietary supplementation of 150mcg of iodine prior to a planned pregnancy or as soon as possible after finding out they are pregnant.

### **IRON IN PREGNANCY**

Iron is used to make the extra blood needed to supply oxygen to the baby. Not getting enough iron can be a problem for some women. It can also make a pregnancy woman more anaemic. If you are significantly anaemic prior to birth this increases your chance of requiring a blood transfusion. Iron supplementation during pregnancy will help to prevent this.

### **SMOKING, ALCOHOL AND DRUGS**

Smoking, drinking alcohol, and drug use during pregnancy can have harmful effects on a baby's health. The time when the fetus is most vulnerable to the harmful effects of these substances is during the first trimester of pregnancy. Passive exposure can still have detrimental effects. Paternal tobacco smoking pre-conception has been associated with sperm DNA damage and increased risk of malignancy in their children. Cessation of these substances before pregnancy, may reduce, or even eliminate, the risks of some birth defects that occur early in pregnancy.

Please note there is no safe level of alcohol consumption during a pregnancy that is appropriate.

### **MEDICAL CONDITIONS**

Some medical conditions—such as diabetes, high blood pressure, depression, and seizure disorders—can cause problems during pregnancy. If you have a medical condition, it is ideal to control it prior to becoming pregnant. It is important not to stop any medication or try to control your medical condition without medical supervision.

Some medications, including vitamin supplements, over-the-counter medications, and herbal remedies, can be harmful to the fetus and should not be taken while you are pregnant. It is



important to tell your doctor about all of the medications you are taking. Do not stop taking prescription medication until you have talked with your health care provider.

### **FAMILY HISTORY AND GENETIC CONDITIONS**

Some health conditions occur more often in certain families or ethnic groups. If a close relative has a certain condition, you or your baby could be at greater risk of having it.

### **WHAT IF I HAD A PROBLEM WITH A PREVIOUS PREGNANCY?**

Some pregnancy problems may reoccur in future pregnancies. Problems include preterm birth, high blood pressure, preeclampsia, and gestational diabetes. Care before and during pregnancy can minimise the risk of a problem occurring again.

#### **References**

ACOG. Good Health Before Pregnancy: PreConception Care. March 2012 RANZCOG. College Statement. Pre-Pregnancy Counseling. November 201

