



# Preconception Care

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# Objectives

At the conclusion of this session, attendees will be able to:

- 1. Explain the importance of a woman's health status before pregnancy and how her health and well being can influence the risk of a preterm birth.
- 2. Identify 5 specific health conditions and behaviors that should be addressed before pregnancy.

# Reproductive Health Risks

- Alcohol
- Tobacco
- Other drugs
- Current health status
- Desirability of future pregnancy
  - Prevent or plan for a pregnancy





# Preconception Care

- Develop Reproductive Life Plan
- Undergo Comprehensive preconception evaluation
  - Ob/Gyn
  - Primary care physician
- Optimize health and knowledge before conception
  - Folic Acid supplementation 1 month before conception
  - Adequate blood glucose control
- Optimize physical and psychologic health

# History

- Medical
- Psychiatric
- Reproductive
- Immunization
- Family history
  - Cystic fibrosis screening
- Medications
  - Prescription and OTC





# History

- Substances
- Nutritional status
  - Height
  - Weight
- Intimate partner and domestic violence
- Environmental exposures
  - Travel



# Physical Exam

- BMI
- Vital signs
- Cardiovascular
- Breast
- Pulmonary
- Abdominal
- Pelvic
- Extremities



# Screening & Testing

- Pap smear
- STD screen
- HIV
- Rubella
- Blood type





# Immunizations

- MMR
- Varicella
- Hepatitis A, B
- Meningococcus
- Pneumococcus
- HPV
- Influenza



# Nutrition & Weight

- Hardest topic to discuss
- Weight reduction
- Exercise at least 30 minutes a day
- Folic acid 0.4mg daily





# Interconception Care

- Components are the same as preconception care
- Need to update pregnancy history
  - Complications: GDM, HTN
- Review reproductive life plan
  - Spacing of next pregnancy
    - Avoid conceiving for 18 months
  - Timing of next pregnancy



# What's out There?



Hormonal

Intrauterine

Barrier

Spermicides

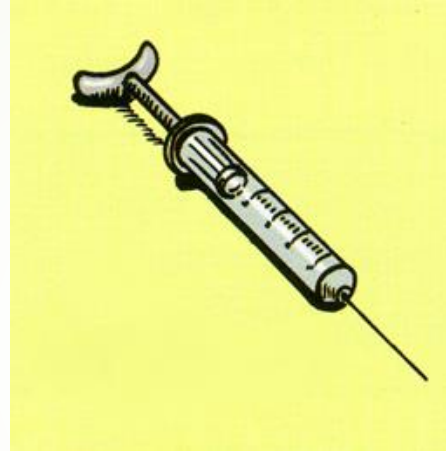
Natural

# Hormonal Methods of Birth Control

**The Pill**



**The Shot**



**The Patch**



**The Ring**



**The Implant**



**Emergency  
Contraception**

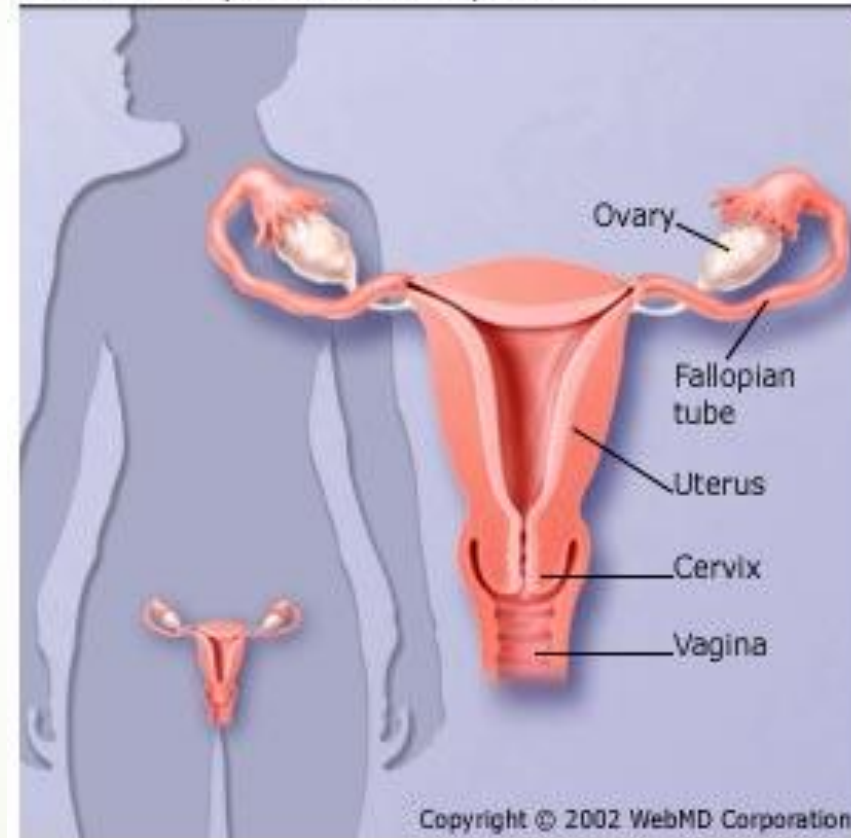




# How Do Hormonal Contraceptives Work?

- Release Artificial Hormones - estrogen and progesterone (or progesterone only).
- Inhibit Ovulation (stop ovaries from releasing the egg).
- Thicken Mucus in Cervix (opening of the uterus) so it is difficult for sperm to enter the uterus.

Female Reproductive System





# The Pill

## Birth Control Pills (BCPs)

- You take “the Pill” once a day at the same time every day.
- There are many types of BCPs (some include a period and others do not).

## Chances of Getting Pregnant

With typical use,  
**9 out of 100** sexually active women will get pregnant within a year using BCPs.



# Shot

## Depo-Provera

- Called Depo for short.
- MUST get a new shot every 12 weeks at the clinic or doctor's office.

## Chances of Getting Pregnant

With typical use,  
**6 out of 100** users  
will get pregnant if  
the woman gets the  
shot every 12 weeks.



# Patch

## The Patch

- You place it on your skin every week.
- 3 weeks on and 1 week off, repeat.

## Chances of Getting Pregnant

With typical use,

**9 out of 100** sexually active women will get pregnant within a year using the patch.



# The Ring

## Vaginal Ring

- You place “the ring” in the vagina for 21 days.
- 3 weeks on and 1 week off, repeat.

## Chances of Getting Pregnant

With typical use,

**9 out of 100** sexually active women will get pregnant within a year using the ring.





# The Implant

## Nexplanon

- Hormone-containing rod placed under the skin of the female's arm by a healthcare provider.
- Lasts up to 3 years.
- Can be removed at any time by a healthcare provider.

Chances of Getting Pregnant

**Less than 1 pregnancy per 100 users.**



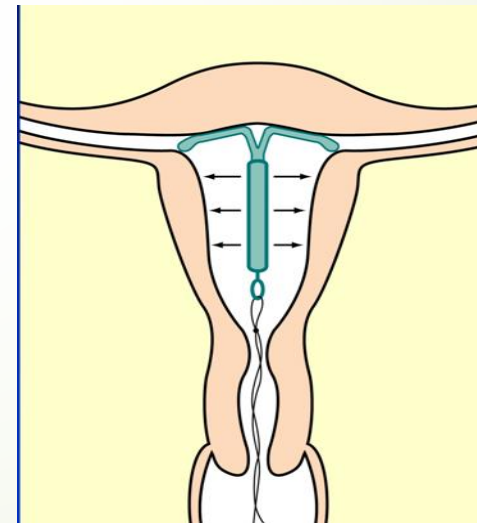
# IUD - Intrauterine Device

## IUDs

- Progesterone IUD - Lasts up to 5 years.
- Copper IUD - Lasts up to 10 years.
- Both can be removed sooner if pregnancy is desired.

Chances of Getting Pregnant

**Less than 1** pregnancy per **100** users



# Protection from STDs

**None**



The pill, patch, implant,  
the Shot, EC and IUDs

Do NOT decrease your  
chances of getting STDs

# Barrier Contraceptives

**Male Condom**



**Female Condom\***



**Diaphragm\***



**Cervical Cap\***



**\* Not commonly used today**



# Male Condom

## Condoms

- Designed to prevent semen from getting in the vagina.
- Must be placed on the penis before any genital-to-genital contact.

## Chances of Getting Pregnant

They have the highest pregnancy rate of most common methods of birth control.

With typical use,

**18 out of 100** women will get pregnant.



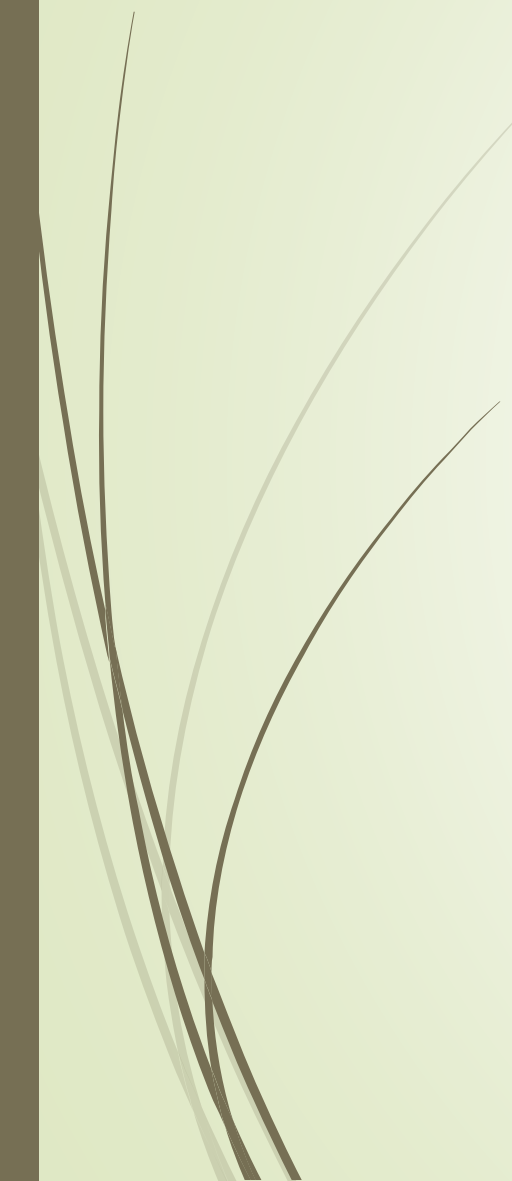
**Spermicide**



**Natural Family Planning**



# Conclusions:

- Improving a woman's health status before pregnancy will improve the health and wellbeing of her infant
  - 5 specific health conditions/behaviors to address before pregnancy
  - Folic Acid supplementation
  - Adequate glucose/blood pressure control
  - Avoiding alcohol, other illicit drugs
  - Weight management
  - Birth spacing
- 

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