Pre-conception - advice and management:

Scenario: Pre-conception advice for all women

Last revised in June 2025

From age 16 years to 45 years (Female).

What advice can I give a woman about the timing of pre

- **Discuss the potential impact of maternal age on fertility and birth outcomes.**
  - Women over 35 years have an increased risk of miscarriage, chromosomal abnormalities, and obstetric complications compared to younger women.
- **Discuss interpregnancy interval** (the time from delivery of one child to conception of the next).
  - There is some evidence to suggest that an interpregnancy interval of 18–59 months is safer in terms of perinatal outcomes, but the decision should take into account the woman's individual circumstances (for example a shorter interpregnancy interval may be appropriate for older women concerned about age-related decline in fertility).
- **If the woman has had a previous miscarriage, discuss that there is no definite 'right time' to start trying to conceive again.** The decision will be influenced by a number of factors including when the woman and her partner feel ready; speed of physical recovery; and whether the woman is awaiting test results or being followed up after surgery, or ectopic or molar pregnancy.
  - Patient information is available from the Royal College of Obstetricians and Gynaecologists (Early Miscarriage (https://www.rcog.org.uk/en/patients/patient-leaflets/early-miscarriage/), available at www.rcog.org.uk (https://www.rcog.org.uk/)). This provides information for women who have experienced first-trimester pregnancy loss and includes information about trying for another baby.
  - For more information on miscarriage and when to refer women who have experienced recurrent miscarriage for investigation, see the CKS topic on Miscarriage (/topics/miscarriage/).

Basis for recommendation

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What advice can I give a woman about conception?

- Advise that:
  - Of 100 couples (in which the woman is aged under 40 years) having regular sexual intercourse without contraception:
    - More than 80 will conceive within 1 year.
    - About half of those who do not conceive in the first year will do so in the second year.

    - The remainder will take longer and some of these may need help for them to conceive.
- Advise that sexual intercourse every 2 to 3 days optimises the chances of pregnancy.
    - There is no need to plan intercourse to coincide exactly with ovulation — this does not increase the chances of success and can cause stress for the couple.
- The NHS provides an information guide, trying for a baby (https://www.nhs.uk/pregnancy/trying-for-a-baby/), to explain how a woman can prepare for a pregnancy, how conception occurs, and how she and her partner can improve her chances of getting pregnant (available at https://www.nhs.uk (https://www.nhs.uk/)).
- Advise women planning pregnancy who have been using the progestogen-only injection for contraception that normal fertility may be delayed for up to 1 year after the last injection.
- For further information about what to do if a couple is having difficulty conceiving see the CKS topic on Infertility (/topics/infertility/).

Basis for recommendation

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What advice should I give a woman planning pregnancy acid?

- **Assess the couple's risk of a neural tube defect (NTD)**.
- **Advise women at increased risk of having a baby with an NTD or other congenital malformation to take folic acid 5 mg daily and, once pregnant, to continue this for at least the first 12 weeks of pregnancy.** For example, if they:
    - Or their partner have an NTD, or if there is a family history of an NTD, or other congenital malformation.
    - Have had a previous pregnancy affected by a neural tube defect or other congenital malformation.
    - Have diabetes mellitus.
    - Have a haematological condition that requires folic acid supplementation, such as sickle cell anaemia, or thalassaemia.
        - Note: women with sickle cell disease, thalassaemia, or thalassaemia trait should take folic acid 5 mg daily throughout pregnancy.
    - Are taking medicines that can affect how folic acid is absorbed or metabolised (for example, people taking anti-epileptic medicines or medicines for HIV).
- **Advise all other women to take folic acid 400 micrograms daily, and once pregnant, to continue this for at least the first 12 weeks of pregnancy**.
- Reassure anyone with a body mass index (BMI) of 25 kg/m^2 or more, or who has an increased risk of pre-eclampsia that they do not need to take more than 400 micrograms of folic acid a day unless they have an increased risk of having a baby with a neural tube defect or other congenital malformation.

Basis for recommendation

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What advice should I give on diet?

- Advise women considering pregnancy to eat a healthy, balanced diet.
- To maintain a healthy weight before pregnancy, women should:
  - Base meals on starchy food (for example bread, rice, pasta, potatoes), choosing wholegrain if possible.
  - Eat fibre-rich foods (for example fruit, vegetables, oats, beans, peas, lentils).
  - Eat at least 5 portions of different fruits and vegetables each day.
  - Eat a low-fat diet.
  - Eat as little as possible of fried food, drinks and confectionary with added sugar (for example cakes, fizzy drinks), and other foods high in fat and sugar.
  - Eat breakfast.
  - Be aware of portion sizes of meals and snacks, and how often they eat.
- The Eatwell Guide (https://www.gov.uk/government/publications/the-eatwell-guide) provides information on how to achieve a balance of healthier food.
- For advice on diet and foods to avoid in pregnancy see the CKS topic on Antenatal care - uncomplicated pregnancy (/topics/antenatal-care-uncomplicated-pregnancy/).

Basis for recommendation

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What should I advise on weight management?

- Advise women that achieving a healthy weight (BMI 18.5–24.9 kg/m^2) before becoming pregnant reduces the risk of pregnancy complications.
- Advise the woman of the potential health risks of being obese (BMI of 30 kg/m^2 or more) including:
  - Reduced fertility.
  - Increased risk of miscarriage.
  - Gestational diabetes.
  - Gestational hypertension/pre-eclampsia.
  - Macrosomia and shoulder dystocia.
  - Preterm delivery.
  - Birth trauma.
  - Caesarean delivery.
  - Postpartum complications (for example haemorrhage, thrombosis and infection).
  - Stillbirth.
  - Congenital anomalies (for example neural tube defects, cardiovascular anomalies, cleft palate, limb reduction, anorectal atresia, hydrocephaly).
- Advise and encourage women who are obese (BMI of 30 kg/m^2 or more) to lose weight before becoming pregnant.
  - Women should be informed that losing 5–10% of their weight (a realistic target) would have significant health benefits, and could increase their chances of becoming pregnant.
  - Women should be encouraged to check their weight and waist measurement periodically, or as an alternative, check the fit of their clothes.
  - Offer a weight loss support programme that includes advice about diet and physical activity.

- Women should be aware that if they do become pregnant, there is no need to 'eat for two' or to drink full-fat milk.

- Advise women with a low BMI (less than 18.5 kg/m^2) of the potential health risks of being underweight, including:
  - Reduced fertility.
  - First-trimester miscarriage.
  - Preterm birth.
  - Low birth weight.
  - Gastroschisis.
- If an eating disorder is suspected, see the CKS topic on Eating disorders (/topics/eating-disorders/).

Basis for recommendation

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What advice should I give to a woman planning pregnar

- **Advise all women planning pregnancy who smoke to stop smoking.**
  - Offer women who wish to stop smoking referral to a smoking-cessation service.
  - Advise women who may become pregnant to initially try to stop smoking without using nicotine replacement therapy (NRT).
  - Consider offering NRT to women who are planning a pregnancy, and who have tried and failed to stop smoking without using NRT.
- Do not prescribe bupropion or varenicline to women who may become pregnant.
- For further information about how to manage a woman who wishes to stop smoking see the CKS topic on Smoking cessation (/topics/smoking-cessation/).

Basis for recommendation

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What advice should I give to a women planning pregnar alcohol consumption?

- Advise women planning pregnancy (or who are at any stage of pregnancy) to avoid drinking alcohol.
  - For further information on how to provide advice and support for a person who wishes to reduce their drinking, see the CKS topic on Alcohol - problem drinking (/topics/alcohol-problem-drinking/).
- Offer specialist referral if a women is unable to reduce her drinking with support in primary care.

Basis for recommendation

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What advice should I give to a woman planning pregnar

illicit drugs?

- Advise women planning pregnancy who use illicit or recreational drugs (including so-called 'legal highs'), to stop using them if they are able to do so.
  - For more information about managing women who are dependent on opioids, see the CKS topic on Opioid dependence (/topics/opioid-dependence/).
- Offer women planning pregnancy who use illicit drugs and are unable to stop with support in primary care referral to a specialist service.
- Offer contraceptive advice to women using illicit drugs who may become pregnant before illicit drug use has stopped.
  - For more information, see the CKS topic on Contraception - assessment (/topics/contraception-assessment/).
- Offer women injecting illicit drugs testing for hepatitis B, hepatitis C, and HIV.
  - For more information, see the CKS topics on Hepatitis B (/topics/hepatitis-b/), Hepatitis C (/topics/hepatitis-c/), and HIV infection and AIDS (/topics/hiv-infection-aids/).

Basis for recommendation

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What advice should I give to women who are planning p may be exposed to hazardous substances or radiation?

- Advise women planning pregnancy to be aware of the potential for exposure to toxic substances in their home, workplace, and surrounding environment and to avoid them if possible.
  - It is possible for chemical exposure to occur through breathing, eating or drinking, or skin absorption.
- Advise a woman who is planning pregnancy and is concerned about work exposure to hazardous substances, infections, or radiation, to discuss her intention of becoming pregnant to her employer, if possible.
- Advise a woman planning pregnancy who does not wish to discuss her intention to become pregnant to her employer, that information about the risk of exposure to specific substances can be obtained by contacting an expert at the Health and Safety Executive. Further information is available on the Health and Safety Executive website at www.hse.gov.uk (http://www.hse.gov.uk/).
- It may be possible at some work places to have a discussion with an occupational medicine specialist, if this is available.

Basis for recommendation

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What advice should I give about prescription and over-medication and herbal remedies?

- If the woman is taking prescribed medication, discuss any changes that may need to be made, taking into account:

- It is important to continue certain drugs (for example if stopping the drug would cause a worsening of the underlying disease that would be considered to be a higher risk to the pregnancy).
- Some medications are not considered to be safe in pregnancy and may potentially adversely affect the fetus.
- There may be a need to switch to a safer alternative medication before conception.
- Some medications will need to be stopped if they require a washout period before conception.
- Ideally, the smallest number of medications at the lowest dose possible should be used when trying to conceive.

- For more specific information on changes to prescribed medication in the pre-conception period, see the Scenarios on Mental health issues (/topics/pre-conception-advice-management/management/mental-health-problems/) and Chronic medical conditions (/topics/pre-conception-advice-management/management/chronic-medical-conditions/).
- Advise women planning pregnancy not to take any over-the-counter medicines without consulting a pharmacist to ensure that these products are safe to take if she were to become pregnant.
- Advise women planning pregnancy not to take any herbal remedies.

Basis for recommendation

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What advice should I give a woman who wishes to beco regarding cervical screening?

- Advise all women planning pregnancy who are due a cervical smear test to have the test as soon as possible, *before* becoming pregnant.

Basis for recommendation

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What advice should I give women planning pregnancy r immunizations?

- **Determine if a woman planning pregnancy is protected against rubella** (for example, documentation of having received two doses of rubella-containing vaccine, or a positive antibody test for rubella). Offer measles, mumps, and rubella (MMR) vaccine to seronegative women planning a pregnancy.
  - Note that MMR vaccine should not be given to immunocompromised or pregnant women, and women who are not pregnant should avoid pregnancy until one month after administration of the vaccine. For more information on the MMR vaccine, see the chapter on Rubella (https://www.gov.uk/government/publications/rubella-the-green-book-chapter-28) in *Immunisation against infectious disease* (the 'Green Book'), available at www.gov.uk (https://www.gov.uk/).
- **Determine if a woman planning pregnancy has immunity to varicella** (if there is a definite history of chickenpox or herpes zoster, she can be considered to be protected).
  - If there is not a definite history of chickenpox or shingles, and the woman is eligible for the vaccine (for example healthcare workers who come into direct contact with

patients; laboratory staff where exposure to varicella virus is an occupational risk; and healthy, susceptible close household contacts of immunocompromised patients), offer serological testing and, if found to be without varicella zoster antibody, offer vaccination.

    - Note that the varicella vaccine should not be given to immunocompromised or pregnant women, and women who are not pregnant should avoid pregnancy until one month after administration of the last dose. For more information on the varicella vaccine, see the chapter on Varicella (https://www.gov.uk/government/publications/varicella-the-green-book-chapter-34) in *Immunisation against infectious disease* (the 'Green Book'), available at www.gov.uk (https://www.gov.uk/).

- **Vaccinate women planning pregnancy against hepatitis B if they are at high risk of contracting the disease.**
    - People at risk include intravenous drug users, those who change sexual partners frequently, those with chronic renal or liver disease, and those who are in close contact with people with hepatitis B.
    - For more information on the hepatitis B vaccine, see the chapter on Hepatitis B (https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18) in *Immunisation against infectious disease* (the 'Green Book'), available at www.gov.uk (https://www.gov.uk/).

Basis for recommendation

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What pre-conception advice should I give women abou infection?

- Advise the woman to avoid becoming pregnant during a trip to an area with active Zika virus transmission.
- Advise on mosquito bite avoidance measures, day and night (particularly mid-morning and late afternoon to dusk).
    - Public Health England has produced a leaflet on Mosquito bite avoidance for travellers (https://www.gov.uk/government/publications/mosquito-bite-avoidance-for-travellers).
- Advise that on returning to the UK:
    - If her male partner did not travel, she should avoid conception and consider the use of barrier precautions for 2 months from symptom onset or departing a Zika-affected country.
    - If her male partner did travel, she should avoid conception and consider the use of barrier precautions for 3 months from symptom onset or departing a Zika-affected country.
- For more detailed and updated information, see the Public Health England publications on Zika virus (https://www.gov.uk/government/collections/zika-virus-zikv-clinical-and-travel-guidance#travel-advice), available at www.gov.uk (https://www.gov.uk/); or the National Travel Health Network and Centre (NaTHNaC) Zika virus (https://travelhealthpro.org.uk/disease/196/zika-virus) information, available at nathnac.net (http://nathnac.net/).

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