



Preconception Health and Mental Health

Provider At-a-Glance Summary

Why It Matters

Mental health conditions are common during the reproductive years.

Untreated illness can affect fertility, prenatal care engagement, and postpartum outcomes.

Medication decisions are safest when addressed before conception.

Preconception stability improves maternal and neonatal outcomes.

Preconception mental health care is preventive and longitudinal.

Core Clinical Approach

Screen Routinely

Screen for:

- Depression
- Anxiety disorders
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Psychosis
- Eating disorders
- Substance use disorders

Repeat screening over time and ensure clear referral pathways.

Use Trauma-Informed Care

- Clarify limits of confidentiality.
- Avoid punitive or judgemental framing.
- Minimize stigmatizing language in documentation.
- Recognize structural and social vulnerabilities.

Apply Risk Framing

When discussing treatment, weigh:

- Medication exposure vs. untreated illness
- Relapse probability
- Illness severity
- Functional impact

Avoid automatic medication discontinuation.

Avoid Abrupt Medication Changes

Sudden discontinuation increases relapse risk.

- Particularly high risk in bipolar disorder and severe depression.
- Medication adjustments and transitions are safest before conception whenever possible.



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Condition Highlights

Depression and Anxiety

Untreated illness is associated with:

- Reduced engagement with prenatal care
- Increased risk of postpartum depression

Continue effective therapy when indicated.

Bipolar Disorder

- High relapse risk if mood stabilizers discontinued.
- Early psychiatric consultation is recommended when planning a pregnancy.

Severe Mental Illness

- Stabilize prior to conception.
- Coordinate multidisciplinary care.

Eating Disorders

- Address nutritional stability, medical complications and weight cycling preconceptionally, before conception.

Medication Review Principles

- Review all prescriptions, OTC medications and supplements
- Optimize folate acid supplementation when indicated
- Monitor metabolic parameters (antipsychotics)
- Use the lowest effective dose when appropriate
- Document shared decision-making

Trauma-Informed and Equity-Oriented Care

- Screen for IPV and reproductive coercion.
- Use culturally safe approaches.
- Avoid coercive pregnancy counselling.

Contraception and Timing

- Align pregnancy planning with mental health stabilization.
- Support patient autonomy and reproductive goals.
- Revisit pregnancy goals periodically.



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Quick Visit Checklist

- Ask about reproductive goals
- Screen for mental health conditions
- Review psychotropic medications
- Assess relapse history
- Discuss pregnancy timing
- Develop relapse prevention plan
- Arrange follow-up

Key Message:

Stability before conception reduces relapse risk, improves pregnancy outcomes, and supports long-term family health.