



Preconception Health and Substance Use

Provider At-a-Glance Summary

Why It Matters

Many pregnancies are unplanned.

Early embryonic development occurs before pregnancy recognition.

Substance exposure risk is highest in early gestation.

Stabilization prior to conception improves maternal, fetal, and intergenerational outcomes.

Preconception care is **preventive, not punitive.**

Core Clinical Approach

Screen Universally

- Alcohol
- Nicotine (including vaping)
- Cannabis
- Opioids
- Stimulants
- Polysubstance use
 - Screen regardless of pregnancy intention.
 - Use validated tools.
 - Repeat over time.
 - Pair screening with referral capacity.

Use Trauma-Informed Care

- Clarify confidentiality limits.
- Avoid punitive framing.
- Minimize stigmatizing documentation.
- Recognize structural vulnerability.

Apply Risk Framing

Compare:

- Continued use vs destabilization from abrupt cessation
- Medication-assisted treatment vs withdrawal
- Immediate abstinence vs incremental harm reduction

Avoid binary counselling.



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Substance-Specific Highlights

Alcohol

- No safe level in pregnancy.
- Preconception abstinence recommended when planning pregnancy.
- Assess for dependence before advising cessation.

Cannabis

- Associated with fertility effects and neurodevelopmental risk.
- Address safety misconceptions.
- Emphasize early neural vulnerability.

Nicotine and Vaping

- Impacts fertility and placental development.
- Behavioral supports first-line.
- NRT safer than continued smoking (risk-risk discussion).

Opioids

- Do not recommend abrupt cessation.
- Opioid agonist therapy (OAT) is first-line.
- Coordinate addiction, primary care and mental health.

Stimulants

- Associated with placental and cardiovascular risk.
- Address nutrition, sleep, housing instability.

Contraception and Pregnancy Timing

- Frame as protective, not coercive.
- Align with patient goals.
- Stabilization before conception improves outcomes.

Documentation and Continuity

- Use person-first language
- Document shared decision-making
- Integrate mental health care
- Plan postpartum relapse prevention



Preconception Health and Substance Use

Quick Visit Checklist

- Ask about reproductive goals
- Screen for substances
- Assess co-occurring mental health conditions
- Review medications
- Offer harm reduction strategies
- Arrange follow-up

Key Message:

Early, equitable, and integrated care reduces exposure before pregnancy begins.

