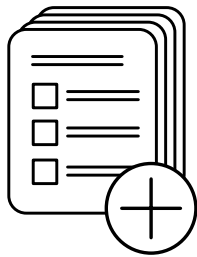


Core Clinical Checklists for Preconception Care

Core Clinical Checklists are designed to support fast, consistent, and high-quality preconception care across settings. The checklists provide practical prompts for use at the point of care, helping clinicians identify key risks and actions quickly, as well as suggesting assessments, management steps, and resources into ready-to-use pathways for common conditions. In this way, they facilitate embedding preconception care into routine practice and support coordinated, person-centred care before pregnancy.

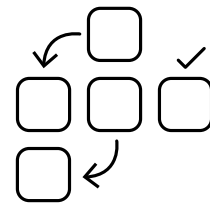
HOW THESE CHECKLISTS ARE BEST USED



Embedded into EHR templates



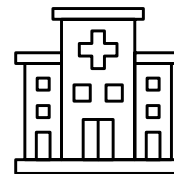
Printed as laminated clinic prompts



Integrated into Women's Health Hub workflows



Used in training and onboarding



Adapted for primary care, SRH, mental health, and specialty clinics



Universal Preconception Screening Checklist

(Use opportunistically with all people of reproductive age)

Reproductive intentions

- Asked about pregnancy intentions/preferences
- Documented pregnancy intention or ambivalence
- Offered contraception or preconception advice accordingly

Medical history

- Chronic conditions reviewed
- Previous pregnancy complications or loss reviewed
- Family/genetic history updated

Medications

- Prescription medications reviewed
- OTC medications and supplements reviewed
- Potentially teratogenic medications identified

Mental health

- Screened for depression/anxiety
- History of severe mental illness reviewed
- Current stability assessed

Health behaviours

- Smoking/vaping assessed
- Alcohol use assessed
- Substance use assessed
- Nutrition and physical activity discussed

Prevention

- Folic acid discussed/prescribed
- Immunisation status reviewed
- Infection risk assessed

Equity & safety

- Social determinants considered
- IPV/reproductive coercion screened safely
- Language/access needs addressed



Preconception Medication Review Checklist

Medication inventory

- All prescription medications reviewed
- OTC medications reviewed
- Supplements/herbal products reviewed

Risk assessment

- Teratogenic or contraindicated medications identified
- Fertility-impacting medications identified
- Polypharmacy risks assessed

Management

- Risk-risk discussion documented
- Safer alternatives considered where appropriate
- Abrupt discontinuation avoided

Planning

- Contraception discussed if medication optimisation needed
- Specialist consultation arranged if indicated
- Follow-up plan documented



Chronic Disease Preconception Checklist

(Diabetes, hypertension, epilepsy, asthma, thyroid, autoimmune conditions)

Disease control

- Current disease activity assessed
- Target control achieved or plan in place
- Monitoring up to date

Medications

- Pregnancy-compatible regimen reviewed
- High-risk medications addressed preconception
- Specialist input obtained if needed

Planning

- Pregnancy timing discussed
- Contraception supported until stability achieved
- Referral pathways documented

Education

- Risks of uncontrolled disease explained
- Benefits of preconception optimisation discussed



Diabetes Preconception Checklist

This checklist is for:

People with Type 1 or
Type 2 diabetes

History of gestational
diabetes

Prediabetes with
pregnancy intention

Core clinical checklist

- Pregnancy intention discussed and documented
- HbA1c reviewed and optimised
- Renal function assessed
- Retinal screening up to date
- Blood pressure reviewed
- Medication regimen reviewed
- Folic acid prescribed (higher dose if indicated)
- Contraception discussed until targets achieved
- Specialist diabetes care involved if needed

Key clinical actions

- Aim for optimal glycaemic control before conception
- Review glucose monitoring strategy
- Coordinate early specialist diabetes care
- Avoid pregnancy during periods of unstable control

Medication considerations

- Insulin preferred when indicated
- Review oral agents early
- Avoid abrupt changes
- Balance medication risk vs hyperglycaemia risk

Referral and follow-up

- Diabetes specialist team
- Dietitian if available
- Preconception or Women's Health clinic

Patient messaging

"Good blood sugar control before pregnancy reduces the risk of miscarriage and birth defects. Planning ahead gives you and your baby the best start."



Hypertension and Cardiovascular Disease Preconception Checklist

This checklist is for:

Chronic hypertension

History of hypertensive disorders of pregnancy

Structural or acquired heart disease

Core clinical checklist

- Blood pressure optimised
- Cardiovascular risk assessed
- End-organ damage evaluated
- Pregnancy risks discussed
- Medication review completed

Medication Considerations

- ACE inhibitors/ARBs discontinued
- Pregnancy-compatible antihypertensives initiated

Planning

- Cardiology referral if moderate-severe disease
- Pregnancy risks discussed and documented

Key clinical actions

- Achieve stable BP before conception
- Assess cardiac function if moderate-severe disease
- Plan pregnancy timing collaboratively

Referral and follow-up

- Cardiology (if moderate-severe disease)
- Obstetric medicine or specialist antenatal clinic

Patient messaging

“Some blood pressure medicines are unsafe in early pregnancy. Adjusting treatment before pregnancy protects your baby.”



Epilepsy and Seizure Disorders Preconception Checklist

This checklist is for:

Epilepsy

Seizure disorders requiring
long-term medication

Core clinical checklist

- Seizure control reviewed
- Medication regimen reviewed
- Folic acid dose optimised
- Specialist care involved
- Contraception discussed if optimisation needed

Key clinical actions

- Prioritize seizure stability before conception
- Use lowest effective dose
- Avoid polytherapy where possible

Medication considerations

- Never stop antiseizure medication abruptly
- Some agents carry higher teratogenic risk
- Individualised risk-benefit discussion essential

Referral and follow-up

- Neurology
- Specialist preconception or epilepsy-in-pregnancy clinic

Patient messaging

“Uncontrolled seizures are more dangerous than most epilepsy medicines. Planning allows safer treatment choices.”



Asthma and Chronic Respiratory Disease Preconception Checklist

This checklist is for:

Asthma

COPD or other chronic respiratory conditions

Core clinical checklist

- Symptom control assessed
- Exacerbation history reviewed
- Inhaler technique checked
- Smoking/vaping assessed

Key clinical actions

- Optimise control before conception
- Encourage adherence to prevent exacerbations
- Address triggers (e.g. smoking)

Medication considerations

- Most inhaled therapies are safe
- Under-treatment increases pregnancy risk

Referral and follow-up

- Respiratory specialist if poorly controlled
- Smoking cessation support

Patient messaging

“Well-controlled asthma is safer for pregnancy than stopping your inhalers.”



Thyroid Disorders Preconception Checklist

This checklist is for:

Hypothyroidism

Hyperthyroidism

Autoimmune thyroid disease

Core clinical checklist

- Thyroid function reviewed
- Euthyroid state achieved
- Medication dose reviewed

Key clinical actions

- Optimise thyroid levels before conception
- Plan early dose adjustment in pregnancy

Referral and follow-up

- Endocrinology if unstable or complex disease

Patient messaging

“Good thyroid control before pregnancy supports fertility and your baby’s development.”

Obesity and Metabolic Health Preconception Checklist



This checklist is for:

BMI \geq 30

Metabolic syndrome

Weight-related fertility concerns

Core clinical checklist

- Metabolic health assessed
- Nutrition discussed
- Physical activity discussed
- Disordered eating screened

Key clinical actions

- Focus on health behaviours, not weight alone
- Encourage sustainable, realistic changes
- Address food insecurity or access barriers

Clinical approach

- Non-stigmatizing language
- Trauma-informed care
- Avoid delaying care indefinitely for weight loss

Referral and follow-up

- Dietitian or lifestyle support
- Community weight-management services (if appropriate)

Patient messaging

“Small changes before pregnancy can significantly reduce risks for you and your baby.”

Mental Health Preconception Checklist



This checklist is for:

Depression and anxiety

Bipolar disorder

Psychotic disorders

Eating disorders

Trauma-related conditions

Core clinical checklist

- Current symptoms assessed
- Mental health stability assessed
- Relapse history reviewed
- Psychosocial supports identified

Medications

- Psychotropic medications reviewed
- Relapse risk vs medication risk discussed
- Abrupt discontinuation avoided

Planning

- Pregnancy and postpartum plan discussed
- Mental health follow-up arranged
- Crisis plan documented if high risk

Key clinical actions

- Prioritize stability over medication avoidance
- Plan for pregnancy and postpartum period
- Use shared decision-making

Medication considerations

- Do not routinely stop effective treatment
- Abrupt discontinuation increases relapse risk
- Individualized risk discussions essential

Referral and follow-up

- Mental health services
- Perinatal mental health team (if available)

Patient messaging

“Staying mentally well before and after pregnancy is just as important as physical health.”



Substance Use Preconception Checklist

This checklist is for:

Alcohol use

Tobacco/vaping

Cannabis

Opioids or stimulants

Core clinical checklist

Screening

- Alcohol use screened
- Tobacco/vaping screened
- Cannabis use screened
- Opioid or stimulant use screened

Management

- Brief intervention or harm-reduction counselling provided
- Readiness for change assessed
- Referral to addiction services if indicated

Safety

- Overdose risk assessed (if relevant)
- Naloxone offered (if opioid use)

Key clinical actions

- Support reduction or cessation before pregnancy
- Prioritise engagement and stability
- Integrate mental health care

Opioid-specific considerations

- Continue opioid agonist therapy
- Avoid withdrawal before pregnancy

Referral and follow-up

- Addiction services
- Mental health services
- Social support services

Patient messaging

"Getting support before pregnancy protects both you and your baby."



Nutrition and Weight Preconception Checklist

- BMI assessed (non-stigmatising)
- Nutrition quality discussed
- Food insecurity assessed
- Physical activity discussed

Micronutrients

- Folic acid prescribed
- Iron status considered
- Vitamin D risk assessed

Clinical approach

- Focus on metabolic health, not weight alone
- Disordered eating screened sensitively



Immunization and Infection Checklist

Immunisation status

- MMR
- Varicella
- Hepatitis B
- Influenza
- COVID-19
- Tdap

Infection risk

- STI screening considered
- Travel/occupational risks assessed
- Partner transmission risks discussed

Planning

- Live vaccines given preconception if needed
- Appropriate interval before pregnancy discussed



Intimate Partner Violence and Reproductive Coercion Checklist

Screening

- IPV screened safely and privately
- Reproductive coercion considered

Response

- Safety assessed
- Support options offered
- Referrals provided (not mandated)

Documentation

- Objective, minimal, safety-focused notes
- Follow-up plan documented



End-of-Visit Preconception Care Checklist

Before closing the encounter:

- Key risks summarised with patient
- Patient priorities confirmed
- Follow-up arranged
- Referrals placed
- Educational resources provided