

# Condition-Specific Preconception Care Packs



Preconception Care Packs bring together clear, consistent information for both clinicians and patients in one place. Each pack pairs clinical actions with plain-language patient guidance, supporting shared understanding and decision-making during consultations.

Designed for use before pregnancy is planned or confirmed, the packs help teams deliver timely, evidence-based care while empowering patients to take an active role in their health.

These packs apply to all individuals of reproductive potential, inclusive of all gender identities.

## How These Checklists Are Best Used

- Two-column website layout (“For clinicians / For patients”)
- Double-sided PDFs for clinics
- EHR-embedded links during consultations
- Women’s Health Hub pathways
- Shared decision-making tools

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# DIABETES AND PREGNANCY PLANNING



## Clinician View

### KEY ACTIONS

- Discuss pregnancy intention and timing
- Optimise HbA1c before conception
- Review medications for pregnancy compatibility
- Review hypoglycaemia risk and glucose monitoring strategy
- Screen for renal and retinal complications and blood pressure
- Prescribe folic acid (higher dose if indicated)
- Support contraception until glycaemic targets met and stability achieved
- Refer to specialist diabetes care as needed

**CLINICAL PRIORITY:** Hyperglycaemia at conception and in early pregnancy increases risk of congenital anomalies and pregnancy loss.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Blood sugar levels affect early baby development—often before a pregnancy is recognized.

### WHAT YOU CAN DO NOW

- Work with your care team to improve blood sugar control
- Take folic acid as recommended
- Attend eye and kidney checks
- Use contraception until your diabetes is well controlled, if advised
- Tell your team early if you're thinking about pregnancy

### KEY MESSAGE

Planning ahead gives you and your baby the safest start.

**To learn more visit [sogc.org](http://sogc.org)**

# HIGH BLOOD PRESSURE AND HEART CONDITIONS



## Clinician View

### KEY ACTIONS

- Optimise blood pressure prior to conception
- Review cardiovascular risk and end-organ damage
- Discontinue ACE inhibitors / ARBs preconception
- Review medications
- Initiate pregnancy-compatible antihypertensives if needed
- Discuss pregnancy risks and timing
- Refer to cardiology or obstetric medicine if indicated

**CLINICAL PRIORITY:** Medication changes are safest before pregnancy, not after conception.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Some blood pressure medicines are unsafe in early pregnancy, and high blood pressure increases pregnancy risks.

### WHAT YOU CAN DO NOW

- Have regular blood pressure checks
- Talk to your provider before trying for pregnancy
- Take medications as prescribed
- Don't stop medications suddenly - ask first

### KEY MESSAGE

Changing treatment early protects both you and your baby.

To learn more visit [sogc.org](http://sogc.org)

# EPILEPSY AND SEIZURE CONDITIONS



## Clinician View

### KEY ACTIONS

- Prioritize seizure control and triggers; prioritize stability before conception
- Use lowest effective dose, minimise polytherapy
- Review medication
- Increase folic acid dose as indicated
- Avoid abrupt medication changes
- Coordinate care with neurology
- Discuss contraception if optimisation is needed before attempting pregnancy

**CLINICAL PRIORITY:** Uncontrolled seizures pose greater risk than antiseizure medication exposure.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Seizures can be harmful during pregnancy. Planning ahead helps your team choose the safest treatment plan.

### WHAT YOU CAN DO NOW

- Keep taking seizure medication unless a health care provider advises changes
- Tell your provider if pregnancy is planned
- Take folic acid as advised
- Ask for a medication review before trying for pregnancy

### KEY MESSAGE

Well-controlled seizures are safer than stopping medication.

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# ASTHMA AND RESPIRATORY CONDITIONS



## Clinician View

### KEY ACTIONS

- Assess symptom control and exacerbation history
- Review inhaler technique and adherence
- Address smoking/vaping and environmental triggers
- Optimise treatment preconception
- Refer to respiratory specialist if poorly controlled or frequent exacerbations

**CLINICAL PRIORITY:** Under-treated asthma increases pregnancy risk; maintaining control is protective.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Poorly controlled asthma can affect pregnancy, but most asthma medicines are considered safe.

### WHAT YOU CAN DO NOW

- Use inhalers as prescribed
- Avoid triggers like smoking and vaping
- Seek review if symptoms worsen
- Keep an asthma action plan

### KEY MESSAGE

Breathing well before pregnancy supports a healthier pregnancy.

To learn more visit [sogc.org](http://sogc.org)

# MENTAL HEALTH CONDITIONS



## Clinician View

### KEY ACTIONS

- Assess current symptoms, stability and relapse history
- Review psychotropic medications
- Review psychosocial supports and stressors (housing, safety, finances, caregiving)
- Avoid routine discontinuation
- Develop pregnancy and postpartum plan (early warning signs, supports, follow-up)
- Coordinate mental health follow-up

**CLINICAL PRIORITY:** Relapse risk often outweighs medication risk; stability is protective.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Mental health is just as important as physical health before and after pregnancy.

### WHAT YOU CAN DO NOW

- Tell your provider if pregnancy is planned or possible
- Keep taking medications unless advised otherwise
- Ask for a plan for pregnancy and the postpartum period
- Seek help early if sleep, mood, anxiety, or eating patterns change

### KEY MESSAGE

Staying well supports both you and your baby.

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# WEIGHT, NUTRITION AND METABOLIC HEALTH



## Clinician View

### KEY ACTIONS

- Use non-stigmatizing, person-centred language (focus on metabolic health, not weight alone)
- Assess metabolic health (blood pressure, diabetes risk, lipids as appropriate)
- Discuss nutrition quality and physical activity in realistic, sustainable terms
- Screen sensitively for disordered eating and weight stigma/trauma
- Address food insecurity and access barriers; connect to supports
- Avoid delaying care indefinitely for weight change alone
- Encourage sustainable lifestyle changes
- Refer to dietitian/lifestyle programs/ community supports when appropriate

**CLINICAL PRIORITY:** Even modest improvements in nutrition, activity, and metabolic health can reduce pregnancy risk.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Nutrition, movement, and metabolic health affect fertility and pregnancy outcomes.

### WHAT YOU CAN DO NOW

- Focus on nourishing foods that work for your budget and culture
- Move in ways you enjoy and can sustain
- Take folic acid
- Ask for help if access to food or support is difficult

### KEY MESSAGE

Small changes make a real difference.

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# ALCOHOL, SMOKING AND OTHER SUBSTANCES



## Clinician View

### KEY ACTIONS

- Screen routinely and non-judgmentally
- Use brief intervention and harm-reduction approaches
- Assess readiness for change and patient priorities
- Integrate mental health and trauma-informed support
- Assess overdose risk when relevant; offer naloxone for opioid use
- Avoid abrupt withdrawal if dependent
- Refer to addiction and mental health services

**CLINICAL PRIORITY:** Early exposure often occurs before pregnancy recognition - supporting change before pregnancy reduces risk.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** No amount of alcohol or vaping/smoking (including other substances) is known to be safe in pregnancy, and early exposure can happen before you know you're pregnant.

### WHAT YOU CAN DO NOW

- Reduce or stop before pregnancy if you can
- Ask for help early - there are options that work with your goals
- Don't stop suddenly without medical advice
- If opioids are involved, treatment can protect you and your baby

### KEY MESSAGE

Support before pregnancy protects both you and your baby.

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# THYROID CONDITIONS



## Clinician View

### KEY ACTIONS

- Review thyroid function
- Achieve euthyroid state preconception
- Review medication
- Plan early dose adjustment
- Monitor closely once pregnant

**CLINICAL PRIORITY:** Early thyroid control supports fertility and fetal neurodevelopment.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Thyroid levels affect fertility and baby development, especially early in pregnancy.

### WHAT YOU CAN DO NOW

- Take thyroid medication regularly
- Have levels checked
- Tell your provider if pregnancy is planned or possible

### KEY MESSAGE

Planning ahead avoids delays in treatment.

To learn more visit [sogc.org](http://sogc.org)

# SAFETY, RELATIONSHIPS AND REPRODUCTIVE CONTROL



## Clinician View

### KEY ACTIONS

- Screen privately and safely for IPV/ reproductive coercion
- Prioritise safety, confidentiality and autonomy
- Provide resources and options without pressure
- Document objectively with minimal delay and a safety focus
- Arrange follow-up

**CLINICAL PRIORITY:** Safety and control over reproduction are core health issues and directly affect pregnancy outcomes and access to care.

## Patient View

### What This Means for You

**WHY THIS MATTERS:** Feeling safe and in control of pregnancy decisions is essential for your health.

### WHAT YOU CAN DO NOW

- Talk privately with a health care provider
- Know help is available - you don't have to decide everything today
- You control what happens next and what supports you accept

### KEY MESSAGE

Your safety and choices matter.

To learn more visit [sogc.org](http://sogc.org)