

# 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.



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# 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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## Condition Highlights

- 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.

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