

Preconception Counseling: Identifying Ways to Improve Services

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ABSTRACT: The aim of this retrospective study was to evaluate the maternal conditions for which preconception services are provided and the routine services and recommendations offered through the Maternal Fetal Medicine (MFM) group at the University of Colorado (CU). The study sought to determine how services and recommendations differ by maternal condition, demographics, and reproductive health history.

Of the 59 patients referred to preconception counseling:

- **52%** were referred for maternal disease
- **40%** for infertility
- **32%** for previous poor OB outcomes
- **30%** for advanced maternal age
- **15%** for gynecologic anatomic abnormalities

During initial evaluation, **58%** of patients were determined to have no concern for immediate conception, while **7%** were ultimately advised to not conceive. Using this data, we identified areas of preconception counseling that standardization will improve by ensuring patients receive comparable services and advice.

INTRODUCTION: Preconception care is aimed at optimizing women’s health prior to pregnancy in order to achieve the ideal safety and wellbeing of the woman, fetus and neonate¹. Research has suggested that access to preconception care increases favorable birth outcomes through health maintenance and education². However, many women do not access this care³ and little work has been done to specifically examine how preconception care is implemented or how well advice is followed^{4,5}. The aim of this study was to evaluate the preconception services and recommendations provided through the MFM group at CU and how they differ by maternal condition, demographics, and reproductive health history.

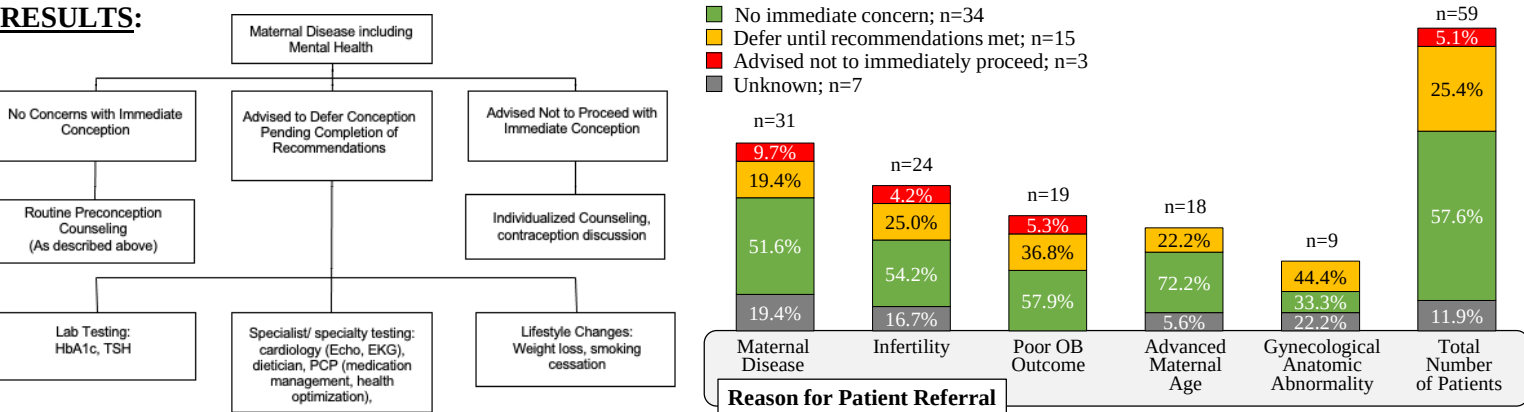
METHODS: Electronic medical records (EMR) were used to identify 59 women who received preconception care at the CU MFM Preconception Clinic between January 2018 and December 2018.

Reasons patients were referred to preconception counseling:

- ① Maternal disease
- ② Infertility
- ③ Previously poor OB outcomes
- ④ Advanced maternal age
- ⑤ Gynecological anatomical abnormality

Recommendations post-preconception appointments:

- No concern for immediate conception
- Defer conception until recommendations are met
- Advised not to proceed with immediate conception



CONCLUSIONS: Women were referred to preconception counseling at the CU MFM Preconception Clinic for a variety of reasons with maternal health being the most cited reason for referral. In our study, **7%** (n=4) of patients were ultimately counseled to either further delay conception or to not conceive. This is the first report detailing the frequency of this recommendation of which we are aware.

- The demographics of this study demonstrate a discrepancy between the demographic distribution of Denver and the patients referred to preconception counseling. It is crucial for preconception counseling to be widely available to all women, not just those actively contemplating conception, in order to optimize maternal and fetal health.
- Of the women referred for preconception care, **56%** (n=33) were either overweight, obese or morbidly obese, though only **11%** (n=7) were referred to counseling for high BMI. Chart documentation for all patients who are counseled on preconception weight loss should detail the conversation in order to provide direction for future appointments and pregnancies.
- The finding of documentation and recommendation discrepancies among MFM providers suggests the use of a standardized template would be beneficial for MFM clinics. The findings of our study allowed us to develop flowcharts based on the recommendations and overall course of action taken by CU MFM providers and are intended to serve as a foundation of standard preconception recommendations.

LIMITATIONS: The primary limitation to this study is the lack of consistent follow up for patients. Another limitation is that not all the relevant information for patients was available in their EMR.

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