

GOOD HEALTH BEFORE PREGNANCY: PREPREGNANCY CARE

A prepregnancy care checkup is the first step in planning a healthy pregnancy. The goal of this checkup is to find things that could affect your pregnancy. Identifying these things is important because the first 8 weeks of pregnancy is the time when major organs develop in a fetus.

During this visit, you and Dr. Binford will talk about:

- Your diet and lifestyle
- Your medical and family history
- Medications you take
- Past pregnancies

Dr. Binford will also review your vaccination history to be sure that you have had all the vaccines that are recommended for your age group. You'll also go over the risks of sexually transmitted infections (STIs) and discuss how to protect yourself.

GETTING HEALTHY BEFORE PREGNANCY: The months before you get pregnant are the best time to take steps to be healthier. These steps may include:

- Eating a healthy diet and taking a prenatal vitamin
- Getting regular exercise
- Reaching and maintaining a healthy weight
- Stopping unhealthy substances (tobacco, alcohol, marijuana, illegal drugs, and prescription drugs taken for a nonmedical reason)
- Keeping your environment safe

PLANNING HEALTHY MEALS: One useful tool for planning healthy meals is the MyPlate food-planning guide from the U.S. Department of Agriculture. The MyPlate website, www.choosemyplate.gov, can help you learn how to make healthy food choices at every meal.

If you are planning a pregnancy, you should try to reach a healthy weight before you get pregnant. Being underweight or overweight may cause problems during pregnancy. You will talk with Dr. Binford about whether your weight might be an issue for your pregnancy.

WEIGHT: To stay healthy, you should keep your weight at the level that is best for your height. A person's body mass index (BMI) is a number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese. Use the online calculator at https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm to find your BMI. There are four categories of weight that are based on BMI:

- Underweight—BMI of less than 18.5
- Normal weight—BMI of 18.5 to 24.9
- Overweight—BMI of 25 to 29.9
- Obese—BMI of 30 or greater

Excess weight during pregnancy is associated with several pregnancy and childbirth complications, including:

- High blood pressure
- Preeclampsia
- Preterm birth
- Gestational diabetes

Obesity during pregnancy also increases the risk of:

- Macrosomia
- Birth injury
- Cesarean birth
- Birth defects, especially neural tube defects (NTDs)

If Dr. Binford suggests that you try to lose weight, keep in mind that losing even a small amount of weight may improve your overall health. This can pave the way for a healthier pregnancy. The best way to lose weight is by making changes in your diet and by being more physically active. Cutting back on your daily calories is a good first step. An easy way to cut calories is to avoid sugary drinks, such as sodas. Also, pay attention to the amount of food you eat. Portion control is key.

Try to do 150 minutes of moderate physical activity each week, along with muscle-strengthening activities on 2 days or more a week. You can divide the recommended number of minutes into shorter workout sessions throughout the week. For example, you can do a 30-minute workout 5 days per week. Set up a routine that works best for you.

Being underweight increases the risk of having a baby with a low birth weight. Low-birth-weight babies are at risk of problems during labor and after birth. Being underweight also increases the risk of preterm birth.

If Dr. Binford suggests that you try to gain weight, start by taking in more calories each day than you burn through daily activity and exercise. Eat healthy high-calorie snacks every day. Some good choices include:

- Nuts
- Granola bars
- Meal replacement shakes
- Fruit smoothies
- Yogurt

PRENATAL VITAMINS: You should take a daily prenatal vitamin before pregnancy and continue taking it after you get pregnant. Prenatal vitamins contain all of the recommended daily vitamins and minerals you will need before and during your pregnancy, including folic acid and iron. Prenatal vitamins also may help reduce nausea and vomiting if you start taking them before you get pregnant.

At least 1 month before pregnancy and during the first 12 weeks of pregnancy, you should take a prenatal vitamin that contains at least 400 micrograms of folic acid each day. Some women, such as those who have had a previous child with an NTD, should take 4 milligrams (mg) of folic acid each day—10 times the usual amount—as a separate supplement at least 3 months before pregnancy and for the first 3 months of pregnancy. You and Dr. Binford can discuss whether you need this amount of folic acid based on your health history.

Iron is used by your body to make the extra blood that you and your fetus need during pregnancy. Women who are not pregnant need 18 mg of iron per day. Pregnant women need more, 27 mg per day. This increased amount is found in most prenatal vitamins.

In addition to taking a prenatal vitamin with iron, you should eat iron-rich foods such as beans, lentils, enriched breakfast cereals, beef, turkey, liver, and shrimp. You also should eat foods that help your body absorb iron, including orange juice, grapefruit, strawberries, broccoli, and peppers.

SUBSTANCES: Use of substances—tobacco, alcohol, marijuana, illegal drugs, and prescription drugs taken for a nonmedical reason—can cause serious problems for your pregnancy and your fetus, including:

- Birth defects
- Low birth weight
- Preterm birth
- Stillbirth

Substance use includes taking drugs such as heroin, cocaine, or methamphetamines. It also includes using oxycodone or other opioids in ways that were not prescribed for you. If you use any of these substances, now is the time to quit. Stopping before pregnancy also can give you time to seek help if you have issues with substance use or dependence.

Quitting harmful behavior takes support. It's okay to ask for help. Dr. Binford can suggest ways to get through the early stages and refer you to support groups.

Your partner and anyone else you live with should not smoke around you during pregnancy. Secondhand smoke can expose your fetus to toxic chemicals. Secondhand smoke also has been linked to an increased risk of sudden infant death syndrome (SIDS).

If you have a male partner, he should give up harmful substances before you try to get pregnant. Smoking, drinking alcohol, and using drugs may damage a man's sperm cells and have harmful effects on the fetus.

YOUR ENVIRONMENT: Before you get pregnant and during your pregnancy, you may have contact with chemicals at work, at home, or in your community. A few chemicals are known to have harmful effects on a fetus. These include lead, mercury, and certain pesticides. Some substances found in the home or the workplace may make it harder for you to get pregnant.

Find out from your employer whether you might be exposed at work to toxic substances such as lead or mercury, pesticides or solvents, or radiation. Radiation, a form of energy sent out in invisible waves, is used in certain medical and industrial jobs.

INTIMATE PARTNER VIOLENCE: Dr. Binford may ask about your relationship during your prepregnancy care visit. You may not think of your home environment as harmful, but if you are dealing with intimate partner violence (also known as domestic violence), it can be harmful for you and your children.

If you are in an abusive relationship, your ob-gyn or other obstetric care provider can help you find resources in your state that offer aid. You also can call the toll-free, 24-hour National Domestic Violence hotline at 800-799-SAFE (7233) and 1-800-787-3224 (TTY).

MEDICAL CONDITIONS: some medical conditions may cause problems during pregnancy. Some of these conditions include:

- Depression
- Diabetes mellitus
- Eating disorders
- High blood pressure
- Seizure disorders

Some health conditions may increase the risk of problems for the fetus, such as birth defects. Other conditions may increase the risk of health problems for you. Having one of these conditions does not mean that you cannot have a healthy pregnancy or baby. But good care before pregnancy may reduce pregnancy-related risks.

If you have a medical condition, you may need to make some changes to bring your condition under control before you try to get pregnant. Even if a health problem is well managed, the demands of pregnancy may cause it to get worse. To keep health problems in check, you may need to:

- Make lifestyle changes
- See Dr. Binford more often
- Get other specialized care during pregnancy

MEDICATIONS, HERBAL REMEDIES, AND SUPPLEMENTS: Some medications, vitamins, and herbal remedies can be harmful to a fetus and should not be taken while you are pregnant. Bring your medications to your prepregnancy care checkup. Take with you all medications in their bottles, packs, or other packaging. Dr. Binford can determine their safety when used during pregnancy.

PRESCRIPTION MEDICATION: Do not stop taking prescription medication until you have talked with Dr. Binford. Some medications may increase the risk of birth defects, but the benefits of continuing to take the medication during pregnancy may outweigh the risks to your fetus.

STIs: STIs are infections passed through sexual contact. You are at higher risk of getting an STI if you have sex with more than one partner. You also are at higher risk if your partner has sex with someone else.

If you think you or your partner may have an STI, get tested and treated right away. Your partner also may need to be treated. Neither of you should have sex until you have both finished treatment.

All women should be tested for human immunodeficiency virus (HIV). HIV cannot be cured, but if you know your HIV status, you can make important decisions about pregnancy. You also can learn about treatment options that may make it less likely you will pass the infection to your fetus.

VACCINATION: Certain infections during pregnancy can cause birth defects or pregnancy complications. Many infections can be prevented with vaccination. It's best to get all of the vaccines recommended for your age before you try to get pregnant because some cannot be given during pregnancy.

Two vaccines that are especially important for pregnant women are the influenza (flu) vaccine and the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine. The flu shot and the Tdap shot are safe during pregnancy.

PRIOR PREGNANCY PROBLEMS: Some pregnancy problems may increase the risk of having the same problem in a later pregnancy. These problems include preterm birth, high blood pressure, preeclampsia, and gestational diabetes. But having a problem in a past pregnancy does not mean it will happen again—especially if you receive proper care before and during your pregnancy. Dr. Binford will ask you about any past pregnancy complications.

SOURCE: The American College of Obstetricians and Gynecologists

With roots dating back to 1951, the American College of Obstetricians and Gynecologists is the premier professional membership organization for obstetrician–gynecologists. The College's activities include producing practice guidelines for providers and educational materials for patients, providing practice management and career support, facilitating programs and initiatives aimed at improving women's health, and advocating on behalf of members and patients.