



[Dr David Moore](#) » [Obstetrics](#) » [Pre-pregnancy assessment](#)



[Pre-pregnancy assessment](#)



By [Dr David Moore](#), 27 August 2013

Dr Moore offers full pre-pregnancy assessment, advice and counselling, including pregnancy risk assessment for prenatal screening, and liaison with specialists of other disciplines, as appropriate, to ensure the best possible outcome, whether low- or high-risk.

Planning for pregnancy

Planning to start (or expand!) a family is an exciting time in our lives, and it is quite natural to want as healthy a pregnancy as possible. For many, pregnancy need only be excitedly awaited with a few lifestyle adjustments, such as folic acid supplementation and cessation of smoking. For others, however, some pre-existing medical conditions may require careful optimisation prior to attempting to conceive, to ensure the best possible outcome for mother and baby. These conditions may include thyroid problems, high blood pressure, diabetes, or heart conditions. Others still, may be aware of conditions that run in the family, and desire genetic counselling before planning a pregnancy.

The following is an outline of some general pre-pregnancy advice and recommendations.

[How long will it take me to conceive?](#)

[Pre-pregnancy screening](#)

[Nutrition and exercise](#)

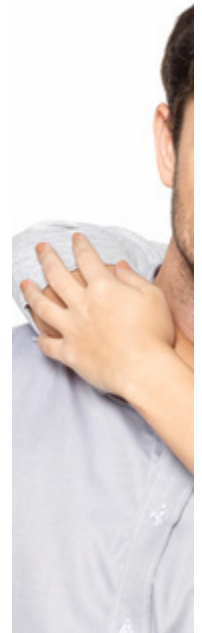
[Folic acid supplementation](#)

[Iodine supplementation](#)

[Medications](#)

[Smoking and alcohol](#)

[Additional information](#)



[How long will it take me to conceive?](#) [top](#)

Healthy couples have about a 20% chance of falling pregnant with each month of regular, unprotected intercourse. That's normal! Within the first 12 months of trying to conceive, about 90% of couples will be successful. Women over the age

Talk to your General Practitioner if you have concerns about your fertility, and they can arrange appropriate

Pre-pregnancy screening^{top}

This generally includes a full review of your medical history, a physical examination, a Pap smear (if due), and [some](#) blood group and blood levels, as well as your susceptibility to some important infections, such as the rubella virus. Depending on your doctor may order additional tests such as varicella (chicken pox) and parvovirus (slapped cheek disease) susceptibility tests. Sometimes, your General Practitioner or Specialist may recommend vaccinations prior to pregnancy, such as v

Nutrition and exercise^{top}

Women planning a pregnancy should aim to eat a healthy, balanced diet (as should the rest of us!). Generally, most meals should consist of carbohydrates (such as bread, cereals, pasta, potatoes and rice), with fruit and vegetables. Protein-rich foods (such as nuts and dairy) should be eaten in moderation. Include foods that are rich in calcium, iron and folic acid, and try to limit saturated fats and simple carbohydrates. Energy requirements increase by about 200 Calories per day above her normal requirements.

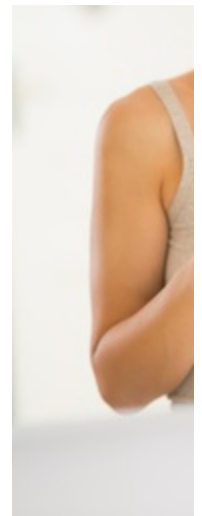
Regular exercise is part of a healthy, balanced lifestyle, and can continue pre-pregnancy and even well [into your pregnancy](#). However, exercise can be associated with difficulty falling pregnant. It is best to avoid overheating during exercise (as this may harm a fetus) and to avoid exercising at hot times of the day. Contact sports won't impair your ability to fall pregnant, but should generally cease after pregnancy.

Folic acid

All women planning a pregnancy are recommended to have folic acid supplementation, ideally from three months before pregnancy. Supplementation reduces the risks of having a baby with spina bifida or other neural tube defect. Most readily available supplements contain 500 micrograms of folic acid, and this easily meets the recommended daily dose. Some groups of women, such as those with a higher risk and those who should discuss this with their General Practitioner or Specialist, may need a higher dose.

Iodine

Many Australian women do not receive enough iodine from their diet alone (although this has improved with iodine fortification of some foods). Iodine is an essential for production of thyroid hormones, which play an important role in the neurological development of your baby. Although frank iodine deficiency is rare in Australia, women planning pregnancy are advised to supplement their diet with 150 micrograms of iodine daily. Most commercially-available pregnancy multivitamins meet this requirement, although checking the label is recommended.



Medications^{top}

The use of prescription medications requires special attention prior to, and during, pregnancy. In many cases, these medications can (and should) be continued during pregnancy (such as asthma and thyroid medications). Others, such as blood pressure medications, may need to be substituted for safer alternatives. Some may need to be ceased, and the implications of this need to be thoroughly considered. You should have a prior discussion with your General Practitioner or Specialist. The use of over-the-counter medications, including multivitamins, should be discussed with your General Practitioner or Specialist, as some may be contraindicated during pregnancy.

Smoking and alcohol^{top}

Smoking is not advised during pregnancy, and should ideally be stopped a few months before conception. Passive sm should be a strong motivator for the mum-to-be, her partner, and those who live in the same household, to [quit smoking](#).

Although some studies provide reassurance for women who have unknowingly consumed alcohol in early pregnancy, the consumption during pregnancy. As such, complete alcohol avoidance is recommended during,

[Additional information](#)^{top}

Your General Practitioner is well-placed to discuss plans for pregnancy with you, as they are often quite familiar w implement routine pre-pregnancy screening tests and evaluations. Depending on your personal circumstances, your Ger a Specialist Obstetrician to discuss your pre-pregnancy management in more detail.

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About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has specialisation in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is a specialist in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

[« Multiple pregnancy \(twins\)](#)

[Back to Obstetrics](#)

