HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

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Introduction:
This reference generally parallels the *Becoming a Parent: Preconception Checklist*. It is intended to provide the health care provider with a brief explanation of the significance of the specific risk factors identified on the checklist. This reference is for general information purposes only and is not meant to serve as a guide when making patient care decisions. It is not a set of clinical guidelines. For more specific information on these risk factors, refer to your own professional literature and the references in the enclosed bibliography.

The checklist has two columns, one to be completed by the woman and one by the man. It should be noted that some of the questions are sensitive (e.g., family violence; alcohol, tobacco, and other drug use) and should be asked with sensitivity and cultural care. A referral system should be in place in the event that a domestic violence or drug-dependence situation is revealed. It should also be noted that some of the items that men are asked to respond to are directly relevant to a pregnancy, while others are indirectly relevant. For example, items about nutrition may not directly affect a pregnancy, but are elements of a man's lifestyle. It is important to ask these questions, as a man's lifestyle affects the health of the family as a whole.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

FAMILY MEDICAL HISTORY

Risk Factors	Significance
-Checklist Page 1-	
Has anyone in your family:	
Had birth defects (such as heart problems, open spine, cleft palate or lip, or other problems)?	Possibility of sporadic, environmental, or genetic defect. Screen for maternal/paternal factors that are recurrent and/or treatable. Special prenatal testing may be indicated and can be discussed. Use of folic acid prior to conception and during early pregnancy has been shown to reduce the risk of certain birth defects, such as spina bifida.
Had inherited diseases (such as cystic fibrosis*, hemophilia, sickle cell disease or trait, Tay-Sachs disease, Canavan disease, muscular dystrophy, Huntington chorea, phenylketonuria)?	Possibility of genetic basis; genetic counseling and/or screening may be indicated. Counseling regarding risks of recurrence may be offered preconceptionally. *The American College of Medical Genetics (ACMG) and the American College and Obstetricians and Gynecologists (ACOG) currently recommend that cystic fibrosis carrier screening be offered to non-Jewish Caucasians and Ashkenazi Jews and made available to other ethnic and racial groups who will be informed of their detectability through educational brochures, the informed consent process, and/or other efficient methods. See "Laboratory Standards and Guidelines for Population-based Cystic Fibrosis Carrier Screening" *Genet Med* 2001;3:149-154 or http://www.acmg.net/StaticContent/StaticPages/CF_Mutation.pdf Also see screening recommendations in WAPC's *Laboratory Testing During Pregnancy* (3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf
Had diabetes?	Possibility of sporadic, environmental, or genetic defect. Screening for diabetes may be indicated.
Attempted or committed suicide?	May indicate the person was depressed, chemically dependent, or had another type of severe psychiatric disorder.
Had a problem with alcohol or other drugs?	May be at increased risk for alcohol or other drug abuse with potential risk to mother, unborn baby, and family relationships. Associated with family violence.
Had depression or bipolar illness?	If condition is present in several of these family members, patient is at greater risk. Possibility of exacerbation in pregnancy and during the postpartum period. May indicate need for behavioral health referral, increased social support, or assessment by primary care provider. Consider referral to behavioral medicine or a mental health provider. Evaluate current medications. Change as needed.
Had anxiety disorder, panic disorder, obsessive-compulsive disorder, or post-traumatic stress disorder?	
Been hospitalized for mental health reasons?	

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

FAMILY MEDICAL HISTORY

Risk Factors	Significance
	Depression is nearly as common during pregnancy as it is during the postpartum period. For more information, see the WAPC Position Statement, "Screening for Prenatal and Postpartum Depression," http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/screening_perinatal_postpartum.pdf and "Planning for Pregnancy: Women with Depression" at http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/women%20with%20depression.pdf. Depression screening at least twice during pregnancy and at least twice during the postpartum period is advised. Simple screening tools are available on the WAPC website at http://www.perinatalweb.org/index.php?option=content&task=view&id=86.
Had hearing loss/ear abnormalities?	Possibility of genetic basis; genetic counseling and/or screening may be indicated. Counseling regarding risks of recurrence may be offered preconceptionally.
Had blindness/severe vision problems?	
Had mental retardation, learning disabilities, or Fragile X syndrome?	
Had miscarriages, stillbirths, or children who died soon after birth?	Both partners may need additional emotional support, especially if previous pregnancy experiences have been psychologically traumatic. Miscarriage or fetal or infant death may have been due to a genetic, acquired, or environmental cause and should be investigated further.
Had difficulty getting pregnant (trying for more than one year)?	Search for genetic, environmental, or acquired problems in the maternal and paternal families. May require referral to an infertility specialist.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
-Checklist Page 2-	
Are you 16 years old or younger?	**Teen pregnancy:** Maternal growth may not yet be completed, which increases the nutritional and metabolic needs of the female. Increased incidence of low birth weight, prematurity, perinatal mortality, and pregnancy related complications. High incidence of sexually transmitted infections. See www.cdc.gov/std and www.dhfs.wisconsin.gov/dph_bcd/STD/INDEX.HTM for more information. Increased need for psychosocial and financial support for male and female. Teen fathers need to be included in the pregnancy process, as well as participate in decision-making whenever possible.
Are you 35 years old or older?	**Advanced maternal age**: Greater risk of chromosome trisomies, including trisomy 21(Down syndrome), trisomy 13, trisomy 18, and sex chromosome abnormalities. For Down Syndrome and Trisomy 18 screening recommendations see WAPC's *Laboratory Testing During Pregnancy* (3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf Increased risk of hypertension, diabetes, hypothyroidism, and other medical conditions in older women. Decrease in fertility. Causes include endometriosis, fibroids, premature menopause, anovulation, leiomyomas, medical illness, decreasing fertility of spouse, and psychological factors. **Advanced paternal age**: Sperm count may decrease with advancing age. In addition, there may also be an increased risk for birth defects. Risk for genetic defects is based on the American College of Medical Genetics findings, which can be seen at http://www.acmg.net/Content/NavigationMenu/Publications/PracticeGuidelines/Advanced_Paternal_Age.pdf . The risk for genetic defects increases linearly with age. Some studies suggest that the risk for sporadic dominant single-gene mutations is 4-5 times higher in men over 45 years compared to 20-25 year old men. There is no clear accepted definition of advanced paternal age. Given the wide range of genetic diseases that may be related to advanced paternal age, there is currently no single test available for prenatal screening or diagnosis.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Do you have, or have you ever had: *(Note: Many of these medical conditions in males have no impact on potential pregnancy. However, assessment provides an opportunity for further evaluation or treatment in the context of general health.)*	
Sickle cell	See screening recommendations for anemia and other hemoglobinopathies in WAPC's *Laboratory Testing During Pregnancy* (3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf
Anemia (e.g., "low iron blood count")?	Pregnancy stresses maternal iron stores. Iron supplementation in addition to the prenatal vitamin may be necessary if iron stores are already low. Evaluate the patient's MVH and MCH to investigate for abnormal hemoglobin. Recommend iron studies and a hemoglobin electrophoresis where indicated. If the patient's hemoglobin is abnormal, counsel her and her partner regarding any effects that this may have on a future pregnancy, including risks to their future child. See screening recommendations for anemia in WAPC's *Laboratory Testing During Pregnancy* (3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf Anemia is also associated with an increased risk for a blood transfusion after delivery, especially if hemorrhage occurs.
High blood pressure?	Chronic hypertension is associated with adverse pregnancy outcomes including premature birth, intrauterine growth restriction, pre-eclampsia, placental abruption, and fetal demise. The physiologic changes that accompany pregnancy can also lead to worsening hypertension, stroke, cardiac decompensation, and renal failure. See the ANMC Guidelines for Management of Hypertensive Disorders of Pregnancy at www.ihs.gov/NonMedicalPrograms/nc4/Documents/HYPERT120004.doc for more information.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Heart disease?	Physiologic changes during pregnancy and labor and delivery can result in cardiac decompensation. During the preconception evaluation, it is important to clearly identify and evaluate the cardiac condition. Certain cardiac conditions, such as severe pulmonary hypertension and a history of peripartum cardiomyopathy, are recognized contraindications to pregnancy. Cardiac function should be optimized prior to conception. Careful selection of medications for use during pregnancy is recommended. This often requires consultation with other providers. The preconception encounter(s) should include counseling regarding risks that the heart disease poses to both the mother and future child. Congenital cardiac anomalies are more likely to occur if a first degree relative of the future child has been affected.
Problems identified at your birth?	**Females and Males:** Some maternal or paternal congenital defects may increase the occurrence of risk for defects in the fetus. Offer genetic counseling to determine risk and options to address the increased risk. **Females:** Some congenital defects such as congenital heart disease or spina bifida may increase the risk for complications during pregnancy.
Thyroid disease?	Hypothyroidism in pregnancy has been associated with miscarriage and may result in lowered IQ performance in exposed children. Normal maternal thyroid function is optimal. Disorders of thyroid function in males have been associated with a significant, but reversible, effect on sperm motility. Thyroid hormone levels may change during pregnancy. Assessment of thyroid status periodically may be necessary.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Epilepsy or seizures?	**Females:** Seizure frequency can be variable in pregnancy with a risk of maternal and fetal hypoxia during seizures. Children born to mothers with epilepsy taking anti-epilepsy medications have a 4-8% risk of congenital anomalies. During the preconception visit, providers should discuss optimizing seizure control, prescribe 4mg of folic acid daily (empiric data) and suggest referring women with epilepsy to a genetic counselor. Antiepileptic drugs (AEDs) may be discontinued on a trial basis if the patient has had no epileptic episodes for more than two years. If medication is to be continued, providers should aim to prescribe one single anticonvulsant at the lowest possible dose. Also see Neurology 2006: 67: 559-563, Optimizing treatment of epilepsy during pregnancy. All seizure medications carry a teratogenic risk. There is limited data with newer anti-epileptic agents. There is a greater risk associated with poly-drug therapy. Some women choose to discontinue their AEDs because of the known fetal risk; however, there is greater risk for fetal harm with maternal seizures than continuing AED drugs. A resource for information regarding specific anticonvulsants and the known fetal risk is available through the Organization of Teratology Information Services (OTIS) at www.otispregnancy.org or 1-866-626-6847. Also see: • Anti-Epileptic Drug Pregnancy Registry www.aedpregnancyregistry.org • "Planning for Pregnancy: Women with Epilepsy" http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/women%20with%20epilepsy.pdf. • Current Opinion in Neurology 2005: 18: 135-140, Teratogenicity of antiepileptic drugs: State of the art. (Current opinion on the teratogenicity of anti-epileptic agents) **Females and Males:** The etiology for the epilepsy may infer a genetic risk for the baby to also develop epilepsy.
Depression? Bipolar illness?	Possibility of exacerbation in pregnancy and during the postpartum period. May indicate need for behavioral health referral, increased social support, or assessment by primary care provider. Consider

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Anxiety, panic, obsessive-compulsive disorder, or post-traumatic stress disorder?	referral to behavioral medicine or a mental health provider. Evaluate current medications. Change as needed. Depression is nearly as common during pregnancy as it is during the postpartum period. For more information, see the WAPC Position Statement, "Screening for Prenatal and Postpartum Depression," http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/screening_perinatal_postpartum.pdf and "Planning for Pregnancy: Women with Depression" at http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/women%20with%20depression.pdf. Depression screening at least twice during pregnancy and at least twice during the postpartum period is advised. Simple screening tools are available on the WAPC website at http://www.perinatalweb.org/index.php?option=content&task=view&id=86.
Problems with alcohol or other drugs?	May be at increased risk for alcohol or other drug abuse with potential risk to self, unborn baby, and family relationships. Associated with family violence.
Insulin resistance, pre-diabetes, borderline diabetes, or high blood sugar? Diabetes requiring insulin or other drugs?	**Females:** Maintaining good control over diabetes in women preconceptionally is vital; contraceptive use is recommended until good glucose control is achieved. Good glycemic control during pregnancy is considered to be $HbA_1C < 6\%$. Women whose diabetes is poorly controlled (HbA_1c levels > 8.4%) have seven times the risk of severe fetal anomalies and a 32% chance of spontaneous abortion compared to women whose diabetes is under good control.. For more information, see the WAPC consumer resource, "Planning for Pregnancy: Women with Diabetes" at http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/women%20with%20diabetes.pdf **Males:** Ejaculatory dysfunction may affect fertility.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Blood clots in your legs or lungs?	**Females:** Women with a history of thromboembolic disease are at increased risk for recurrent disease during pregnancy. The circumstances surrounding any episode of thromboembolic disease should be carefully evaluated. If no clear etiology is identified, consider screening for conditions such as protein S and protein C deficiency, factor V Leiden or prothrombin G20210A mutation, antithrombin III deficiency, and the presence of a lupus anticoagulant and /or anticardiolipin antibodies. Coumadin® is a recognized teratogen and its use during pregnancy should be avoided when possible.
Bladder or kidney infections or problems?	**Recurrent Infections** A urinary tract infection increases the risk for acute pyelonephritis, the most common etiology of septic shock during pregnancy. Pyelonephritis also increases the risk of preterm labor and premature delivery. Educate that recurrent yeast infections may put the mother at risk for preterm deliver. See screening recommendations for bacteriuria in WAPC's *Laboratory Testing During Pregnancy* 3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf If the woman has a history of recurring kidney infections, monitor for the duration of the pregnancy. **Chronic Renal Disease** Chronic renal disease can be associated with extremely poor pregnancy outcomes and permanent complications for the mother. Even if the woman's pre-pregnancy renal function is normal, the pregnancy may still be at high risk. Careful and thorough evaluation of the nature and extent of the disease is essential. Consider involving both a maternal-fetal medicine specialist and a nephrologist in the woman's preconception evaluation. **Kidney Stones** Known kidney stones should be treated prior to conception as lithotripsy is contraindicated during pregnancy and surgery is to be avoided.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Genital herpes, gonorrhea, syphilis, chlamydia, or genital warts?	See screening recommendations in WAPC's *Laboratory Testing During Pregnancy* 3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf **Herpes** If a woman acquires primary genital herpes while pregnant, there is a risk of fetal and neonatal involvement, especially if the infection occurs in the third trimester. Couples in which the male carries herpes and the woman does not should observe special precautions to prevent transmission during pregnancy. Preconception counseling should include the importance of avoiding contact between any herpetic lesion and the woman's genitals, including oral sex. Many providers give suppressive therapy beginning at 36 weeks of gestation to women who have experienced episodes of genital herpes during the pregnancy. If the woman experiences the herpetic prodrome or a herpetic lesion is present at the time of delivery, cesarean delivery is required. HSV infection in the newborn is serious and often life-threatening. It is important that the newborn also be protected against acquiring herpes from non-genital sources. **Syphilis** The Treponema pallidum spirochetes readily cross the placenta. Infection at any time in the pregnancy can result in severe disease in the infant. Screening for syphilis in early pregnancy is standard practice. **Chlamydia** Some investigators have reported that untreated cervical infection with Chlamydia increases the risk of preterm delivery and premature rupture of membranes. The infant who acquires Chlamydia at the time of birth is at risk for developing pneumonia and going blind. Both partners should be counseled on the importance of avoiding infection. Screening for Chlamydia in early pregnancy is standard practice.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
	Gonorrhea Women who are infected with Neisseria gonorrhoeae are at increased risk for preterm delivery, premature rupture of membranes, and chorioamnionitis. Their infants are at risk for conjunctivitis and resulting blindness as well as death from systemic involvement. Both partners should be counseled on the importance of avoiding infection.
An abnormal Pap smear?	In order to decrease the likelihood of delaying treatment for cervical cancer, any abnormality should be fully investigated and treated as necessary prior to conception.
Cancer?	**Females:** Pregnancy may exacerbate estrogen dependent cancers. **Females & Males:** Chemotherapy and radiation may affect fertility.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Any other medical problems (such as lupus, asthma, etc.)?	A comprehensive discussion of all the medical problems that can affect a pregnancy is beyond the scope of this document. Investigate each medical problem thoroughly in order to determine whether it poses any risks to the future pregnancy. Adjust medications to those that will meet the therapeutic goals and minimize risks to the future fetus Consider consultation with specialists in the treatment of these conditions. **Obesity (BMI ≥ 30)** Pregnancy and obesity are associated with distinct physiologic alterations that accentuate each other, often making assessment, diagnosis and providing care for obese women a challenge. Obese women are more likely to have medical problems, such as hypertension and diabetes, prior to pregnancy. This visit should begin the evaluation and optimization of the management of these problems. This is also an ideal time to address weight management issues. Dieting, exercise programs, pharmacotherapeutic regimes, and surgical procedures are more safely accomplished prior to conception. Because of the dangers that undiagnosed diabetes poses to the pregnancy, consider screening for diabetes prior to pregnancy. A multidisciplinary team approach including a registered dietician is more likely to help the woman lose weight. For more information and to calculate BMIs, please see the Clinical Guidelines on the Identification, Evaluation and treatment of Overweight and Obesity in Adults at www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm. Also see Nutrition and Your Health: Dietary Guidelines for all Americans at www.health.gov/dietaryguidelines, the American Dietetic Association at www.eatright.org, and the Surgeon General on Obesity at www.surgeongeneral.gov/topics/obesity.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
	Achieving pregnancy may be more difficult for obese women. Many experience infertility secondary to anovulation. The risk for spontaneous abortion may be increased. Once pregnant, obese women are at increased risk for many complications, including preeclampsia, gestational diabetes, macrosomia, cesarean delivery, post-cesarean infections, a fetus with a neural tube defect, and difficult epidural placement. It is also important for the patient to realize that the children of women and men who are obese are more likely to become obese **Asthma** Proper control of asthma before and during pregnancy will give a woman the best chance to have a healthy pregnancy and fetus. Asthma may worsen, improve, or remain at the same severity when a woman becomes pregnant. In general, in the absence of severe disease, asthma has relatively minor effects on the pregnancy. Asthma, however, is associated with an increased risk for growth restriction, preterm delivery and pregnancy associated hypertension. See the comprehensive information included at the National Heart and Lung and Blood Institute's web page: http://www.nhlbi.nih.gov/health/prof/lung/index.htm#asthma

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Do you have HIV infection/AIDS?	**Female:** Risk of transmission to the neonate. **Male:** Risk of transmission to woman. HIV may be passed from an HIV infected woman to her baby during pregnancy or delivery. HIV may also be passed to from the mother to her infant through breast milk. Medications taken during pregnancy may reduce the risk of transmission. However, some medications used in the treatment of HIV are not recommended during pregnancy because they may increase the risk for birth defects. Although the risk of mother-to-child transmission may be higher in vaginal deliveries, a vaginal delivery may be considered if the woman has a low viral load, an appropriate medication regimen and early prenatal care. See screening recommendations for HIV in WAPC's *Laboratory Testing During Pregnancy* 3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf For more information on treatment of women with HIV, see www.cdc.gov/mmwr/PDF/rr/rr5118.pdf or http://aidsinfo.nih.gov.
Has it been more than 6 months since you had a dental check up? **-Checklist Page 3-** Do you have any mouth or dental problems?	Recent studies demonstrate a link between poor dental hygiene and preterm delivery. Encourage dental care to be arranged prior to pregnancy. Dental X-rays are not associated with an increased risk for fetal harm. See *X-Ray Tests and* Pregnancy: http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/Xraytestsandpregnancy.pdf *and The Safety of Diagnostic Imaging During Pregnancy:* http://www.perinatalweb.org/images/stories/PDFs/WAPC_Committee/x-ray%20tests%20and%20pregnancy_providers.pdf.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Have you been exposed to tuberculosis?	Primary tuberculosis infection during pregnancy is associated with an increase in prematurity, low birth weight, and perinatal death. There does not appear to be an increased risk for birth defects. Tuberculosis may lead to maternal infertility and does impact treatment choices. Screening for tuberculosis should be done for all in women in high risk categories. See screening recommendations for tuberculosis and description of high risk groups in WAPC's *Laboratory Testing During Pregnancy* 3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf
Are you frequently around young children?	Possible exposure to infections from children, such as parvovirus and cytomegalovirus, during pregnancy may increase the risk for birth defects or stillbirth. Testing for prior exposure can be considered. See www.otispregnancy.org for more information about exposure of pregnant women to infections.
Have you experienced physical, sexual, or emotional abuse; incest; or rape?	• Violence can affect attitudes toward pregnancy, birth, and parenthood. • Worldwide, one in three women has been beaten, coerced into sex, or otherwise abused in her lifetime. The risk of being battered increases with pregnancy. • Aspects of pregnancy and birth may cause feelings associated with prior sexual abuse to be re-experienced. • Discuss violence and document it. Give information about community resources. Address safety of all family members. • Consider testing for sexually transmitted infections. • A pregnancy resulting from incest has a significantly increased risk for birth defects. Refer to a genetic counselor.
Have you ever been hospitalized for mental health reasons?	Possibility of exacerbation in pregnancy and during the postpartum period. May indicate need for behavioral health referral, increased social support, or assessment by primary care provider. Evaluate current medications. Change as needed. Depression is nearly as common during pregnancy as it is during the postpartum period. For more information, see the WAPC Position Statement,

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Have you ever attempted suicide?	"Screening for Prenatal and Postpartum Depression," http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/screening_perinatal_postpartum.pdf and "Planning for Pregnancy: Women with Depression" at http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/women%20with%20depression.pdf. Depression screening at least twice during pregnancy and at least twice during the postpartum period is advised. Simple screening tools are available on the WAPC website at http://www.perinatalweb.org/index.php?option=content&task=view&id=86
Do you take a multi-vitamin with 400 micrograms of folic acid every day?	Folic acid consumption beginning at least three months before pregnancy and continuing through the first few weeks of pregnancy may reduce the incidence of children born with neural tube defects by 30-70%. All women of child-bearing age should take a multivitamin that contains 400 mcg (0.4 milligrams) of folic acid per day. It is recommended that women who have diabetes take at least 1 mg of folic acid/day and women who have given birth to a child with a neural tube defect should take 4 mg/day. Please see the WAPC Position Statement on Folic Acid at http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/folic%20acid%20statement.pdf or the March of Dimes Web site at www.marchofdimes.com/pnhec/173_769.asp for more information.
Are you taking any prescription drugs?	**Females**: Risk of placental transfer of the drug may put the fetus at risk for congenital anomalies or other developmental problems. Detailed review of all medications must be completed. Risks and benefits of continuing medication should be reviewed on a case by case basis. Drug therapy for chronic diseases should be optimized prior to pregnancy. See the Office of Women's Health listing of pregnancy exposure registries for medication use in pregnancy: http://www.fda.gov/womens/registries/default.htm. See also www.otispregnancy.org for more information about exposure of pregnant women to medications. **Males and Females**: May give an indication of the relative health and well-being of the couple. Can be a trigger to determine if other health issues may need to be addressed at this time.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Do you use over-the-counter (non-prescription) drugs?	**Females:** OTC medications can cross the placenta and may put the fetus at risk for congenital anomalies or other developmental problems. Encourage minimal use of OTC medications during pregnancy. **Males and Females**: May give an indication of the relative health and well-being of the couple. Can be a trigger to determine if other health issues may need to be addressed at this time.
Do you take any vitamins, minerals, or herbal or food supplements?	Risks for toxicity with "megadoses" such as Vitamin A (teratogenic), Vitamin C (neonatal scurvy), and Vitamin D (hypocalcemia, growth retardation). Adequate doses of vitamins taken at RDA recommendations, and containing 400 mcg (0.4 milligrams) folic acid, are available in most multivitamins. Deficiencies of iron and calcium are common in pregnant women. Women need 1200 mg of calcium/day and 30 mg iron/ day. The effects of herbal/food supplements on pregnancy are largely unknown. Herbal compounds are often potent medications. They can also interact with other medications. Some herbals are safe while others are contraindicated during pregnancy. Some preparations can contain harmful levels of other substances (lead, arsenic, cyanide, etc). It is important to ask specifically about herbal or other complementary medicines. Vitamins and other nutritional substances are usually not considered substitutes for a balanced diet. Refer to the following references on herbal medicines: Natural Medicines Comprehensive Database, www.naturaldatabase.com *Physician's Desk Reference (PDR) for Herbal Medicines* (4th ed.) October 2007. *The Complete German Commission E Monographs: Therapeutic Guide to Herbal Medicines* (1998) American Botanical Council.
Have you had or been immunized against:	
German measles (rubella)?	Immunity to certain viruses should be ascertained and documented. At a minimum, immunity to rubella, varicella, and hepatitis B virus should be established so that vaccination can be offered prior to
Chicken pox (varicella zoster)?	

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

YOUR MEDICAL HISTORY

Risk Factor	Significance
Hepatitis B?	pregnancy if needed. Birth defects and maternal disease can be prevented with appropriate vaccination. In most circumstances, vaccination during pregnancy is not recommended. Recommended waiting times after vaccination and before conception vary from 1 month to 3 months. If vaccination occurs inadvertently during pregnancy, check the CDC website at www.cdc.gov/nip/publications/preg_guide.htm. Only influenza (inact.), tetanus/diptheria and hepatitis B routine vaccines are recommended during pregnancy. Meningococcal and rabies may be administered in special circumstances. See screening recommendations in WAPC's *Laboratory Testing During Pregnancy* 3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf
Mumps?	**Males:** Mumps that infect the testicles during puberty may cause reduced fertility.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

REPRODUCTIVE HISTORY

Risk Factor	Significance
-Checklist Page 4-	
Do you know of any problems with your reproductive organs?	Review and determine potential impact on fertility and pregnancy.
Did you ever have epididymitis or an infection in your reproductive organs?	May affect fertility.
Have you ever had surgery on your penis or testicles?	May affect fertility. Testicular damage may affect sperm count. Vas deferens interruption will prevent sperm transport.
Have you had any miscarriages?	If either partner has experienced multiple consecutive miscarriages (3 or more) or a second trimester fetal loss, investigate for an underlying cause. Previous cervical dilation may increase the risk of cervical insufficiency. Discuss possible emotional stress in subsequent pregnancies. Screen and manage depression and other mental health issues as appropriate.
Have any of your children been stillborn or died soon after birth?	Investigate for an etiology. If no etiology is found, close surveillance may be considered. Please see the WI Stillbirth Service Program Web site for more information, www.wisc.edu/wissp. Discuss possible emotional stress in subsequent pregnancies. Screen and manage depression and other mental health issues as appropriate.
Have any of your children weighed less than 5 ½ pounds at birth?	Investigate for an etiology. If no clear etiology is discernable, consider ultrasound assessment in the next pregnancy.
Have any of your children weighed more than 9 pounds at birth?	If patient is overweight or obese, recommend losing weight prior to conception. Consider screening for diabetes. Pre-gestational diabetes is associated with numerous complications, including an increased rate of spontaneous abortion and fetal anomalies. Excellent glucose control prior to conception minimizes these risks. (Also see obesity information on pages 12-13 of this reference guide.)
Did any of your children need care in an intensive care nursery?	Inquire and investigate thoroughly in order to plan for the next pregnancy.
Did any of your children have to stay in the hospital after you or your partner	Inquire and investigate thoroughly in order to plan for the next pregnancy. Discuss possible emotional stress in subsequent pregnancies. Screen and manage depression and other mental health

REPRODUCTIVE HISTORY

Risk Factor	Significance
went home?	issues as appropriate.
Do you have any questions or concerns about being able to become pregnant, or to father a child?	Address concerns and determine potential implications on fertility and pregnancy.
Are you using anything to prevent pregnancy?	Counsel them on contraceptive options if delaying pregnancy is advisable. When appropriate, counsel the couple on how and when to discontinue contraception.
Do you have endometriosis?	May affect fertility. Endometriosis is associated with decreased fertility and dyspareunia.
Have you ever had surgery on your ovaries, uterus, cervix, fallopian tubes, or vagina?	May affect fertility. If the woman has undergone pelvic surgery, she faces an increased risk of infertility and, if she does conceive, ectopic pregnancy. If she has ever been treated for an ectopic pregnancy, her risk for another ectopic pregnancy is very high. Consider following any future pregnancy very closely to investigate for another ectopic pregnancy. If she has been treated with a cervical cerclage in the past, evaluate for the need for this in her next pregnancy. Address any concerns related to previous surgical procedures on the cervix. If she has been delivered by cesarean, evaluate whether she is a candidate for an attempt at vaginal delivery. Labor is contraindicated if the uterine incision was classical. If she has undergone surgery on the uterus, evaluate whether she is a candidate for an attempt at vaginal delivery.
Did you every have Pelvic Inflammatory Disease (PID) or an infection in your tubes or pelvis?	Increased risk for infertility and, if she does achieve pregnancy, ectopic pregnancy.
In any past pregnancies, did you have any problems (such as high blood pressure, diabetes, vaginal bleeding, premature labor, signs that the baby was in trouble, or difficult deliveries)?	Inquire and investigate thoroughly in order to plan for her next pregnancy. Discuss possible emotional stress in subsequent pregnancies. Screen and manage depression and other mental health issues as appropriate.
Do you have a menstrual	Abnormal menstrual cycles require further evaluation. Possible

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

REPRODUCTIVE HISTORY

Risk Factor	Significance
period every month?	etiologies include anovulation, oligo-ovulation and infection. It is also important to exclude cancer as the etiology for the abnormal periods. Also difficulty with early pregnancy diagnosis and dating. An ultrasound may be necessary to determine a due date if the woman has irregular cycles.
Have you ever had abdominal surgery (for example, removal of the appendix)?	If the woman has undergone pelvic surgery she faces an increased risk of infertility and, if she does conceive, ectopic pregnancy.
Have you had a child in the last year?	An interpregnancy interval (from the birth of one child until the conception of the next) of less than 18 months has been associated with an increased risk of preterm birth, low birth weight, and growth restriction. There are some situations, however, such as maternal age over 35, where delaying the attempt to conceive may not be desirable. Parenting may be more challenging if children are close in age.
Have you been pregnant 5 or more times?	Increased risk for uterine atony, postpartum hemorrhage, placenta previa, abruption placenta, and/or precipitous delivery. Possible advanced maternal age. Parenting may be more challenging. May require increased financial resources.
Have you had any abortions?	Previous cervical dilation, especially for a second trimester abortion, may increase risk of cervical insufficiency. Discuss possible emotional stress in subsequent pregnancies. Screen and manage depression and other mental health issues as appropriate.
Have you delivered a baby early?	Inquire and investigate thoroughly in order to plan for her next pregnancy. Having a baby early is the biggest risk factor for subsequent preterm deliveries.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

NUTRITION

Risk Factors	Significance
-Checklist Page 7-	
Are you happy with your weight?	Answer reflects respondent's body image. Dietary counseling to discuss nutritional needs during pregnancy may be needed. Refer to the "Obesity" section on pages 12-13 of this reference guide.
Do you have or have you ever had an eating disorder (for example, anorexia or bulimia)?	Eating disorders such as anorexia and bulimia interfere with adequate nutrition during pregnancy. It may be beneficial to refer to a mental health provider and a nutritionist for counseling and food management strategies.
Do you ever eat laundry starch, clay, dirt, ice, or other things that are not food?	Pica, or substitution with non-foods, could indicate iron deficiency. Potential risk of toxicities (e.g., lead in plaster). Pica can lead to inadequate nutritional intake and lead to constipation and anemia.
Are you on a special diet (e.g., weight loss or gain, vegetarian, etc.)?	Diet must be modified to meet increased nutritional needs of pregnancy, especially protein. May affect the dietary intake of other family members. Women on vegetarian diets should ensure adequate cobalamine (B_{12}), Vitamin D, and protein intake. Refer to registered dietician for nutrition counseling. Recommend vitamin supplement. Poor food choices and habits may require modification. Some high protein diets may result in ketosis. In pregnancy, ketosis must be avoided due to an increased risk for neural tube defects. Women may resist gaining recommended weight.
Do you skip meals?	**Females:** Pregnancy requires regular nourishment. Small frequent meals may be better tolerated. Skipping meals can lead to ketosis. In general, dieting during pregnancy is not recommended as it may compromise nutrition. **Males:** Good health requires regular nourishment. Skipping meals may influence the health habits of the family.
Do you ever eat raw or very rare meats or fish?	Increases risk of food-born illness, for example, *E. coli* infection and salmonella. Intestinal parasites, toxoplasmosis or trichinosis may be acquired. Fetal affects of toxoplasmosis infection during pregnancy include growth and mental retardation, hydrocephalus, microcephaly,

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

NUTRITION

Risk Factors	Significance
-Checklist Page 7-	
	convulsions, and deafness. Eye disease may also occur.
Do you eat fish more than once a week?	Certain fish, including swordfish, shark, king mackerel and tilefish should be avoided during pregnancy due to high levels of methylmercury. The FDA reports that you can eat up to 12 ounces of most fish per week during pregnancy. Please see http://www.otispregnancy.org/pdf/methylmercury.pdf for more information.
Do you eat unpasteurized dairy products?	These types of foods, as well as deli meats, can be contaminated with listeria. Listeria causes a flu-like illness with symptoms of fever, chills, muscle aches, and back pain. Listeriosis can cause serious problems for the fetus including miscarriage or stillbirth. It is best to avoid deli meats, prepared salads, unpasteurized cheeses, and soft cheeses (unless heated until steaming) during pregnancy.
Do you eat soft cheeses such as feta, blue, brie, or Mexican-style cheeses (does not include cream cheese and processed cheese spreads)?	
Are there foods that don't agree with you or that you are allergic to?	Supplementation may be required (e.g., Women with milk allergy will require calcium supplementation.).
Do you eat a variety of foods (e.g., breads and cereals, fruits and vegetables, dairy products and meats)?	A well-balanced diet is necessary for good health. A daily diet should include adequate servings of carbohydrates, vegetables and fruits, dairy products, and protein sources.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

HOME, WORK, OR SOCIAL HAZARDS

Risk Factor	Significance
-Checklist Page 8-	
Do you work with metals or chemicals at work or at home (paint strippers, oven cleaners, pesticides, ceramics or solder, pesticides, etc.)?	Exposure to certain metals, pesticides and chemicals (e.g. lead and glycol ethers) can lead to premature labor, low birth weight infants, miscarriage, impaired male (decrease in sperm count) and female fertility and may be harmful to the developing fetus or young children. Contact the National Pesticide Information Center (1-800-858-7378), Poison Control Center (1-800-222-1222), OTIS pregnancy (866-626-6847), or the Pregnancy Risk Line (Teratogenicity) at 801-328-2229 for more information. Minimize exposure. Wear personal protective equipment at all times of exposure and ensure good ventilation systems are in place. Avoid working with leaded glass.
Are you exposed to high levels of heat at work or home or frequently use hot tubs, whirlpool baths, or saunas?	**Females:** High levels of heat exposure during pregnancy have been associated with an increased risk of miscarriage, low birth weight, and neural tube defects. Advise pregnant women to abstain from using hot tubs, saunas, or whirlpool baths. **Males:** Heat may temporarily impair male fertility. Contact the National Institute for Occupational Safety and Health (NIOSH) at www.cdc.gov/niosh or call 1-800-35-NIOSH for more information.
Do you have a job that is physically hard work (heavy lifting, prolonged standing)?	**Females:** Physically demanding work may increase the chance of injury later in pregnancy as body mechanics change (e.g., back strain with heavy lifting, difficulty bending). Contact the National Institute for Occupational Safety and Health (NIOSH) at www.cdc.gov/niosh or call 1-800-35-NIOSH for more information. **Females and Males:** Physically strenuous work may lead to increased stress levels.
Do you work with radiation or will you be exposed to X-rays?	**Females:** High levels of ionizing radiation may cause miscarriage, birth defects, low birth weight, developmental disorders, and childhood cancers. Contact the National Institute for Occupational Safety and Health (NIOSH) at www.cdc.gov/niosh or call 1-800-35-NIOSH for more information. **Females and Males:** High levels of ionizing radiation can also cause both male and female infertility. When necessary, radiation due to imaging during pregnancy

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

HOME, WORK, OR SOCIAL HAZARDS

Risk Factor	Significance
	(e.g., dental X-rays) is generally safe. See *X-Ray Tests and* Pregnancy: http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/Xraytestsandpregnancy.pdf *and The Safety of Diagnostic Imaging During Pregnancy:* http://www.perinatalweb.org/images/stories/PDFs/WAPC_Committee/x-ray%20tests%20and%20pregnancy_providers.pdf.
Are you exposed to lead at home or work (through paint removal, remodeling, battery making, soldering, welding, radiator repair, or working at a firing range)?	**Females:** Discuss risks for high level lead exposure and methods to reducing exposure. High lead levels during pregnancy are associated with decreased IQ, concerns about infant neurobehavorial development, miscarriage and low birth weight. Contact the National Institute for Occupational Safety and Health (NIOSH) at www.cdc.gov/niosh or call 1-800-35-NIOSH for more information. Lead poisoning resulting in miscarriage or stillbirth is rare. Fetal blood lead levels are 80% to 90% of maternal levels. Contact your local public health department for assistance in assessing for potential lead exposure in home, hobby, workplace, food and non-food sources. If results of this assessment indicate a significant exposure, consider analyzing blood lead levels. If maternal blood lead levels are greater than 10 micrograms per deciliter, initiate nutrition counseling and intervention to reduce environmental exposure. **Female and Male:** Exposure to lead may lead to infertility in both males and females. For more information, see the Consumer Product Safety Commission Report "Protect your family from lead in your home" at http://www.cpsc.gov/cpscpub/pubs/426.pdf. Paint chips and dust from lead paint in old buildings are the primary routes of children's exposure to lead, but EPA estimates that up to 20 percent of a person's background exposure may be due to lead in drinking water - and the percentage is higher for infants drinking formula mixed with contaminated drinking water. High exposures to lead in utero have been linked to lower IQ, miscarriage and low birth weight. In infants and young children, continuous exposure to high levels of lead may result in delays in physical or mental development, deficits in attention

HOME, WORK, OR SOCIAL HAZARDS

Risk Factor	Significance
	span, and learning disabilities. For adults, such exposure may result in kidney problems or high blood pressure.
Do you have contact with a cat litter box?	Toxoplasmosis can be transmitted via cat feces and lead to miscarriage, birth defects, and developmental disorders in the infant. Contact the National Institute for Occupational Safety and Health (NIOSH) at www.cdc.gov/niosh or call 1-800-35-NIOSH for more information. A woman can wear rubber gloves and mask if she herself must change the litter box daily or she can have another person do it. Good hand washing is essential. If she must change the litter box, testing for evidence of previous exposure to toxoplasmosis may also be considered. This exposure signifies that the woman is not at risk for giving birth to a child with congenital toxoplasmosis. See screening recommendations for toxoplasmosis in WAPC's *Laboratory Testing During Pregnancy* 3rd ed.): http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/2005_Laboratory_Testing.pdf
Has your drinking water been tested for lead, nitrates, or other contaminants? If your drinking water was tested, were any contaminants found?	Pesticides or industrial wastes can be present in concentrations which could be toxic to the fetus or newborn. Water contaminated with chlorination by-products has been associated with cardiac, respiratory, and urinary tract birth defects. Additionally, human epidemiological studies report an association between chlorinated drinking water and reproductive and developmental outcomes such as spontaneous abortion, neural tube defects, pre-term delivery, intrauterine growth retardation, and low birth weight. More specifically, evidence suggests that drinking water containing trihalomethanes (THMs) may be associated with stillbirth, infants born small-for-gestational-age, neural tube defects, and spontaneous abortions. Trichloroethylene (TCE) contaminated water may be associated with neural tube defects, oral clefts, cardiac defects and choanal atresia, although fewer studies examining the effects of TCEs have been conducted. Maternal exposure to arsenic through drinking water has been significantly associated with spontaneous abortion, stillbirth, reduced birthweight, and preterm birth. Infants who are exposed to nitrates through contaminated well water used in infant formula preparation are at a significant risk for methemoglobinemia. Infants exposed to nitrates *in utero*

HOME, WORK, OR SOCIAL HAZARDS

Risk Factor	Significance
	through the maternal ingestion of contaminated drinking water are at an elevated risk for intrauterine growth restriction, prematurity and malformations of the musculoskeletal and central nervous systems, including anencephaly. For more on exposure to drinking water contaminated with lead, see the "Lead Exposure" section on pages 25-26 of the reference guide. Check the Department of Natural Resources Web site for a list of state-certified private labs where water can be tested: www.dnr.state.wi.us/org/es/science/lc/INFO/LabLists/com_labs.pdf. The State Lab of Hygiene can test water for nitrate, bacteria, fluoride and arsenic. The WI Groundwater Center at UW-Stevens Point can also perform tests. To locate other state certified laboratories in your area contact the Safe Water Hotline at 1-800-426-4791 or www.epa.gov/safewater/labs. Your local public health department may have kits for water testing as well. You may go to this Web site http://www.epa.gov/safewater/contaminants/index.html for a listing of other water contaminants and their associated health risks.
Are family, friends, or work problems complicating things?	**Females:** Increased stress during pregnancy has been shown to increase the risk for miscarriage, preterm birth, and low birth weight. The lack of a supportive social network may cause the woman to delay access to prenatal care or she may have only limited care due to restrictions placed on her by her partner or her employer. **Females and Males**: Increased stress may lead to increased use of tobacco, alcohol and other drugs. Incidents of domestic violence often are associated with alcohol and drug use, especially if the pregnancy was unplanned. Evaluate /screen for her personal safety. Offer community resources for victims of domestic violence. Offer or seek out community resources for parenting support groups or other groups that would expand her support network. Consider offering counseling or discuss other options to reduce stress.
-Checklist Page 8-	
Do you smoke cigarettes?	**Females:** Pregnant women who smoke are at increased risk of

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

HOME, WORK, OR SOCIAL HAZARDS

Risk Factor	Significance
If yes: How many per day?	ectopic pregnancy, miscarriage, and stillbirth. Infants born to mothers who smoke are at increased risk of prematurity, low birth weight, asthma and other respiratory illnesses, and infant death including Sudden Infant Death Syndrome (SIDS). **Females and Males:** Smoking increases health risks for both men and women, including risks for various cancers and cardiovascular disease. For more information, see the following web sites: • American Lung Association at www.lungusa.org, • March of Dimes Web site at www.marchofdimes.com (search for "smoking) • Wisconsin Department of Health and Family Services at http://dhfs.wisconsin.gov/tobacco. Hotline resources include the following: • Wisconsin Tobacco Quitline – 877-270-STOP • Wisconsin Women's Health Hotline – 800-218-8408 • Maternal and Child Health Hotline – 800-722-2295.
Do you breathe second-hand smoke?	Breathing second-hand smoke is a health hazard for all who are exposed, including the fetus, infants, and children. Environmental tobacco smoke is a risk factor for Sudden Infant Death Syndrome (SIDS) and respiratory disease in infants.
Do you drink beer, wine, or hard liquor?	**Females:** Use in women who are pregnant can cause Fetal Alcohol Spectrum Disorders (FASD), including Fetal Alcohol Syndrome (FAS) in the infant. The brain damage that occurs with prenatal alcohol exposure can result in life-long problems with learning, memory, attention and problem-solving. FASD is totally preventable. There is no safe time, no safe type and no safe amount of alcohol to consume during pregnancy. Alcohol use should be avoided while trying to get pregnant (i.e., 2nd half of cycle) as early exposure can cause problems. **Females and Males:** Alcohol consumption can lead to behavioral changes that are linked to accidents and domestic violence, including spousal and child abuse.
How many drinks does it take to make you feel high? **(tolerance)** Have people **annoyed** you by	These 4 questions are referred to as the **TACE** questions (T=tolerance, A= annoyed, C=cut down, E=eye opener). Used together they can help differentiate risk drinkers from non-risk drinkers. The questions are scored by giving 2 points for T if it takes >2 drinks to get high, and 1 point each for A, C, E if the

HOME, WORK, OR SOCIAL HAZARDS

Risk Factor	Significance
criticizing your drinking? Have you felt you ought to **cut down** on your drinking? Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? **(eye opener)**	response is "yes." A total score of 2 or more is considered positive for identifying risk drinkers. Alcohol abuse and addiction affects fertility and the ability to effectively parent a child. It is also a warning sign for family dysfunction and violence. Drinking increases a woman's risk of becoming a victim of violence and sexual assault, and makes women more vulnerable to unsafe and unplanned sex. Women are more likely than men to suffer serious health effects of alcohol abuse and alcoholism including alcohol hepatitis, alcohol-induced brain damage, cancers of the digestive tract, head and neck, and cardiovascular disease. These risks can have serious and profound effects on the entire family. Additional information is available at the following websites: • Alcoholics Anonymous, www.alcoholics-anonymous.org • National Institute on Alcohol Abuse and Alcoholism, www.niaaa.nih.gov • Substance Abuse & Mental Health Services Administration, www.samhsa.gov • Substance Abuse Treatment Facility Locator, www.findtreatment.samhsa.gov/ • Wisconsin Women's Education Network on Addiction, Recovery & Prevention, www.dcs.wisc.edu/pda/wwen
Do you use any recreational or street drugs (e.g. marijuana, cocaine, crack, etc.)?	**Females:** Recreational drug use can be hazardous for both the mother and the fetus. The fetus is at risk for addiction and neonatal withdrawal syndrome. Adverse outcomes may include fetal and infant death, low birth weight, premature birth, and behavior changes in newborns such as more crying than normal and trouble eating and sleeping. . **Females and Males**: May affect the ability to effectively parent a child. May affect fertility.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

PARENTING CONSIDERATIONS

Risk Factor	Significance
-Checklist Page 10-	
Do you have thoughts about: • What is a "perfect" child? • What is a "perfect" parent?	Individuals' expectations and intentions about parenting are best addressed before pregnancy. Reflect with them on their expectations. Provide anticipatory guidance about life with children.
Is pregnancy likely to cause problems in the following: • Family finances? • Living space? • Your career plans? • Child care? • Your social life? • Your independence and privacy?	Considering these changes in preparation for parenting invites problem solving and developing competencies. By considering these changes in advance, individuals can be more certain of their readiness to parent.
Is there anything that makes you wonder if you are capable of being a parent?	Parents may have fears/anxieties that are not addressed in the checklist. Consider referral to preconception classes.

HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

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HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

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HEALTH CARE PROVIDER REFERENCE
TO
BECOMING A PARENT: PRECONCEPTION CHECKLIST

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