I. INTRODUCTION

A reproductive life plan is a set of personal goals about having or not having children and on the desired spacing between children. It also states how to achieve those goals. All clients need to make a reproductive life plan based on their own values, goals, and resources. Clients need to think about when and under what conditions they want to become pregnant. If they do not plan to have children, they need to think about how they will prevent pregnancy.

A reproductive life plan allows for planning for number and spacing of pregnancies and also for preconception counseling. Preconception counseling offers women an ideal time to plan their pregnancies and establish good health habits. Certain congenital anomalies and complications of pregnancy may be prevented if intervention occurs prior to conception. Fetal organogenesis occurs between 17-56 days after fertilization before many women have their first prenatal appointment or even realize they are pregnant. Promoting positive health behaviors and eliminating medical risks are most effective when initiated well before a woman becomes pregnant.

Since approximately 50% of all pregnancies are unintended, targeting only self-referred women who are planning their next conception will result in a significant number of missed opportunities for primary prevention. Counseling women and men of childbearing age allows for an identification of individuals with risk factors for poor pregnancy outcomes. As an example, we can educate women to avoid any teratogenic medications, get immunized to rubella, and take folic acid supplements to decrease their risk of neural tube defects. Similarly, if a man would like to have a child in the future, there are a number of lifestyle choices that might impact his future fertility and health, as well as the health of the baby, such as smoking, heavy alcohol use, illicit drugs, and steroids.

The active planning of pregnancy will maximize the benefits of appropriate interventions and adherence to good health habits to help insure a reduction of maternal and perinatal morbidity and mortality.

II. CLIENT SELECTION

It is important to ask all clients, male and female about reproductive life planning and not make any assumptions about the client’s needs based on his/her sexual orientation or disabilities.

A. Indications:

1. All clients of childbearing age should be asked about their plans for pregnancy and be offered reproductive life planning/preconception education at each encounter. Examples of ways to elicit this information include asking the following:
a. Do you plan to have any (more) children at any time in your future?
   i. **If pregnancy is desired**
      • How many children would you like to have?
      • How long would you like to wait until you or your partner becomes pregnant?
   ii. **If pregnancy is not desired**
      • What family planning method do you plan to use until you or your partner are ready to become pregnant?
      • How sure are you that you will be able to use this method without any problems?

2. All clients of childbearing age should be assessed annually, targeting important issues in their personal and family history and educated on ways to obtain the best health possible to have a positive pregnancy outcome when they choose to become pregnant and to minimize modifiable risk factors. Planning a pregnancy affords clients and their babies the healthiest and best start.

3. Those clients who want to avoid or postpone pregnancy should receive appropriate counseling on contraceptive methods available and contraceptive initiation should be conducted as appropriate. Reproductive life plan/preconception care should be provided regardless of present desire to achieve pregnancy.

B. Special emphasis related to preconception care should be provided when clients:
   1. Desire a pregnancy
   2. Have increased risks of pregnancy
   3. Are sexually active and:
      a. Use no birth control
      b. Use spermicidal agents only
      c. Use any birth control method inconsistently
   4. Have previously experienced infant death, preterm delivery, and/or perinatal complications
   5. Have a potential exposure to reproductive health hazard including possible recent or future risk of exposure to Zika

III. MANAGEMENT OF CLIENTS WITH SPECIAL CONDITIONS REQUIRING FURTHER EVALUATION

Assess for source of primary care services and make referrals as indicated after reviewing history

IV. MEDICAL SCREENING AND EVALUATION

A. Discuss client’s plan for pregnancy as indicated depending on the type of visit: initial, annual, pregnancy testing or medical revisit.
B. At clinic exam visits staff should:
   1. Review client’s reproductive history: previous experiences with pregnancy, fertility, birth, and use of birth control
2. Assess lifestyle, medical history and personal behaviors:
   a. Activities of daily living: hours of sleep, physical activity
   b. Medication use: prescription and over the counter
   c. Tobacco use
   d. Substance use: alcohol, drugs
   e. Psychological concerns: depression, stress
   f. Chronic health conditions: asthma, diabetes, heart, hypertension
   g. Surgical history
   h. Nutrition and diet issues: caloric intake, vitamin use, folic acid intake, anemia, eating disorders, obesity
   i. Genetic disorders; assess for consanguinity
   j. Obstetric history with emphasis on history of preterm birth, congenital anomalies, low birth weight, recurrent miscarriage, stillbirth, or fetal, neonatal or infant death
   k. Family history of developmental delay, congenital anomalies, or other genetic disorders
   l. Immunization status and infection history or infection exposures with particular attention to immunity/exposure/history of rubella, CMV, parovirus, toxoplasmosis, varicella and Zika (please refer to Zika clinical guideline for more information)
   m. Environmental health hazards: solvents, radiation, lead, mercury, radon, nitrates at work or home
   n. Family/partner involvement: social support
   o. Intimate partner violence: domestic concerns

3. Perform a physical exam including BMI and blood pressure assessment and other components as indicated by history

4. Perform screening or diagnostic tests as needed based on history and physical
   a. Pap smear/HPV testing
   b. Sexually transmitted infection testing
   c. Urinalysis, blood tests as indicated by history

5. Based on the client’s health and current presentation, suggest a course of action and make appropriate referrals
   a. All clients should have their body mass index (BMI) calculated at least annually. All women with BMIs < 19 kg/m2 or > 26 kg/m2 should be counseled about the risks to their own health and the risks to future pregnancies, including infertility.
   b. All women of reproductive age should be advised to ingest 0.4 mg (400 g) of synthetic folic acid daily from fortified foods and/or supplements and to consume a balanced, healthy diet of folate-rich food.
   c. All women of reproductive age should have their immunization status for tetanus-diphtheria toxoid/diphtheria-tetanus-pertussis; measles, mumps, and rubella; and varicella reviewed annually and updated as indicated. All clients should be assessed annually for health, lifestyle, and occupational risks for other infections and be offered indicated immunizations.
   d. All clients who smoke should be counseled to quit and advised of the importance of limiting exposure to smoke (including second-
hand smoke for pregnant women and infants). Clients should be advised of the risks to the embryo/fetus of alcohol exposure in pregnancy and that no safe level of consumption has been established.

e. Treatment for client and partner of any STI and education and counseling on risks to pregnancy of STI infection including congenital infection, preterm labor, neonatal conjunctivitis, etc.

f. Female clients with chronic medical conditions, particularly those with diabetes, hypertension, thyroid disease, HIV infection, seizure disorders, renal or cardiovascular disease, lupus, phenylketonuria, thrombophilia, rheumatoid arthritis, mood disorders, or schizophrenia or cancer should be advised that there are specific concerns related to their disease or the medications used to treat that require special planning in order to reduce the risk of birth defects or complications of pregnancy. These women should be counseled on postponing pregnancy until these concerns have been addressed and referred to a provider able to evaluate and address for reproductive implications of their condition/treatment.

g. Male clients with HIV infection.

h. Men with conditions associated with infertility, including diabetes, obesity, history of mumps, thyroid disease, cancer, congenital adrenal hyperplasia, prostatitis, epididymitis, sexually transmitted diseases, history of inguinal hernia repair or any other scrotal, penile or pelvic surgery should be referred for treatment (when applicable) and may need referrals for infertility evaluation if they have not been able to achieve pregnancy despite trying for a year.

i. All women of reproductive age need to be counseled on adequate folate intake and all individuals with suspected nutritional deficiencies should be tested and treated or referred for treatment.

j. Clients with known or suspected exposures to reproductive health hazards can be referred to the OSHA website for more information regarding ways to reduce exposure risk as well as for information on workplace regulations.

V. CLIENT EDUCATION/COUNSELING

A. Education should be provided on how to maintain and/or change lifestyle to promote a healthy reproductive life plan and positive pregnancy outcome in the future.

B. Education should be provided using a combination of written materials and/or verbal interaction related to health risks. Health promotion/disease prevention discussion topics may include:
   1. Smoking, Tobacco cessation: Maryland’s Quit Line 1-800-784-8664 http://www.smokingstopshere.com/
   2. Alcohol, Drug Use avoidance: http://www.marylandaa.org/
3. Nutritional intake recommendations:
   www.mypyramid.gov
4. Folic Acid intake recommendations:
   www.cdc.gov/ncbddd/folicacid/index.html
5. Ideal Body Weight recommendations:
   www.cdc.gov/healthyweight/assessing/index.html
6. Exercise recommendations:
   www.cdc.gov/physicalactivity
7. STI/HIV treatment and prevention:
   www.cdc.gov/std/treatment/2010
8. Genetic counseling:
   http://www.nsgc.org/tabid/69/Default.aspx
9. Vaccination recommendations:
   www.cdc.gov/vaccines
10. Reproductive health hazards:
11. Zika:
12. Gynecological exam recommendations:
    ACOG Committee Opinion #483, "Primary and Preventive Care:
    Periodic Assessments," in the April 2011 issue of Obstetrics &
    Gynecology.
13. Male exam recommendations:
    man's health to optimize pregnancy outcomes. The Journal of the
    American Board of Family Medicine, 26(2), 196-202. Available at:
    http://www.jabfm.org/content/26/2/196.full
14. Self-breast awareness recommendations:
    www.cancer.org
15. Birth control options available:
    http://www.womenshealth.gov/publications/our-publications/fact-
    sheet/birth-control-methods.cfm
16. Early prenatal care and education (stress importance of)
17. Domestic violence prevention:
    www.endabuse.org/health
18. Additional preconception informational web sites:
    a. http://www.arhp.org/publications-and-resources/clinical-fact-
       sheets/folate

VI. MANAGEMENT

A. Assess the client’s need for referrals
B. Assess the client’s need for contraceptive initiation/modification – use
   QuickStart protocols if applicable to initiate/modify contraceptive method. If
   same-day initiation/modification not possible, make plan for this to take place.
B. Encourage the client to examine potential risks and make positive lifestyle changes
C. Encourage early prenatal care when pregnancy occurs

VII. FOLLOW-UP

A. Follow-up on any referrals made
B. Review client’s Reproductive Life Plan on return visits.

VII. DOCUMENTATION

Reproductive Life Plan and Pre-conception counseling/education should be documented in the medical record.

REFERENCES


CDC: Providing quality family planning services: recommendations of CDC and the US Office of Population Affairs

The clinical content of preconception care.

Recommendations and Reports, 55(6), 1-CE. Available https://www.cdc.gov/Mmwr/preview/mmwrhtml/rr5506a1.htm