Preconception Health

Dean V Coonrod, MD-MPH
Professor Dept of Ob/Gyn
MIHS / DMG / U A COM-PHX
Dean Coonrod@dmgaz.org

ACOG Well-Woman Task Force*

- Address contraception annually including immediate post partum
 - Condoms if at risk for STI
 - Assess risk annually
- Section on preconception / interconception care
 - RLP including risk assessment
 - Postpartum address risk of chronic disease
 - E.g GDM, pre-eclampsia
 - Assess lifestyle / behavioral / mental health that were addressed in pregnancy

RECOMMENDATIONS: CV DISEASE RISK IN WOMEN

Cardiovascular risk reduction should be addressed annually through blood pressure monitoring, body mass index calculation, and lifestyle modification involving exercise and dietary instruction. Lipid and glucose measurements should be measured every five years

PARITY

For women with more than five pregnancies, the CVD increases by 60%

BIRTHWEIGHT

Low birthweight doubles the risk of cardiovascular disease

PRETERM DELIVERY

Preterm delivery doubles the risk of cardiovascular disease

OBESITY

Two fold risk of cardiovascular disease

GESTATIONAL DIABETES

- Seven-fold risk of diabetes later in life and seventy percent increased risk of cardiovascular disease
- Recommend: Repeat screening for diabetes, at a minimum interval of every three years and more frequently if pregnancy is considered

HYPERTENSION

- Twice the risk of cardiovascular disease
- Recommend: yearly assessment of blood pressure, lipids, blood glucose, and body mass index.
 Medications to consider while breastfeeding: Methydopa, Labetalol, captopril and calcium channel blocker

How can I do this?

- Reproductive life plan.
- Ask reproductive age women (and men)
 - Do you plan on a pregnancy in the next year?
 - Desires
 - At risk / unsure
 - Does not desire
- Now what?
 - http://beforeandbeyond.org/toolkit/

EVERY WOMAN, EVERY TIME

