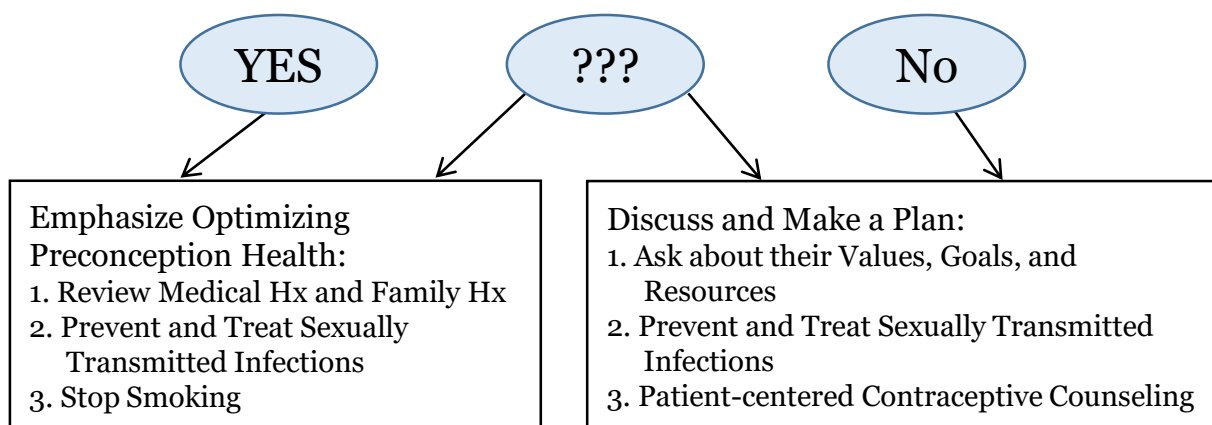


# Guidelines for Engaging with Patients about Reproductive Health Life Plans (RHLP):

A reproductive life plan is a set of personal goals about having or not having children. It includes preconception counseling for general health and for specific health conditions and challenges. It helps to build positive health behaviors, identify those individuals with risk factors for poor pregnancy outcomes, and work with patients to possibly moderate or eliminate those risks. Primary care providers are in a unique position to lead health care changes and integrate preconception care and family planning into routine primary care visits.

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Ask patients if they or their partner plan on pregnancy in the next year?



## For Women:

- Ask about pregnancy history and any history of any complications during pregnancy and/or delivery
- Start 400 mcg Folic Acid supplementation daily; 4 mg daily if there is a previous history of NTD or if on seizure medications
- Catch up on Immunizations: Rubella? TDaP? Annual Flu vaccine?
- Stop smoking, drug use, alcohol use. Offer the patient resources to help quit, if needed

## For Both Men and Women:

- Screen for Intimate Partner Violence, Depression, and/or any Mental Health disorders
- For known chronic conditions, optimize disease control. Consider changing medications, if possible, for any that have a higher risk of maternal or fetal complications, or teratogenicity

# Guidelines for Engaging with Patients about Reproductive Health Life Plans: Specific Health Conditions and Recommendations for Counseling and Management

Condition	Counseling	Screening/Testing	Goals/Considerations	Medications of Concern in Pregnancy
Cardiovascular Disease	Leading cause of maternal mortality	Evaluation/Mgmt with cardiology consult	Coordinated care with cardiology; review contraception choices and counsel about risks	ACE inhibitors, statins, and ARBs not safe (fetus); Warfarin unsafe after 6 weeks gestation
Depression/Mental Health Disorders	Referral to mental health professionals	Standard screening tests – EDS if postpartum	Control of symptoms; Risks of antepartum and postpartum depression	Valproic acid – 20x increased risk for NTDs; risk/benefit of lithium, atypical antipsychotics
Obesity	Increased maternal and infant morbidity; increased infertility	BMI; screening for DM, hyperlipidemia	Weight loss goals; consider WLS if indicated	Phentermine, alone or in combo with Topiramate are not recommended
Diabetes Mellitus	Poor prepregnancy control increases miscarriage/fetal defect risk; increased risk preeclampsia	HbA1C – should be <7%; 10% or above is a contraindication to pregnancy	Type I or poor control/ complications with Type II should consult with Endocrinology and MFM for pregnancy planning	ACE inhibitors, statins, and ARBs are contraindicated (fetus)
HIV	Risk of maternal morbidity, vertical transmission	CD4, HIV viral load	Coordinated care with ID provider; goal of nondetectable viral load	Medication management should be done by HIV provider
Renal Disease	If moderate/severe, risk of worsening disease with pregnancy	Urine protein, serum Creatinine	Coordinated care with nephrology; possible 81 mg ASA w pregnancy	ACE inhibitors not safe (fetus)
Epilepsy/Seizure Disorder	Increased risk of malformation/NTD, sz in offspring	Serum check for therapeutic level	Coordinated care with neurology; goal of no sz activity	Valproic acid & carbamazepine – increased risk NTDs
SLE/Autoimmune Disorder	Increased risk of miscarriage, maternal morbidity	Renal function/End organ disease; Anti phospholipid ABs	Coordinated care with Rheumatology; educate on risks if poor disease control	Some medications can cause miscarriage i.e., MTX
Thyroid Disease	Risk of adverse pregnancy outcomes and abnormalities	TSH, free T4; consider antibodies if ablated	Goal of euthyroid state	Radioactive iodine
STI infections	Preterm birth; some STI associated with abnormalities.	Screen per CDC recommendations	Consider expedited partner treatment if appropriate	