Deciding to have a baby is an exciting time, as well as a good time to think about your general health and lifestyle. Being as healthy as possible before you get pregnant increases the chance that things will go well for you and your baby.

This sheet provides important health information for when you are planning a pregnancy as well as advising on matters you should discuss with your GP before you start trying for a baby.

Why is preconception health important?
Preconception health means knowing about your body and what you should be doing to give your baby the best chance for a healthy start in life. There are quite a few important questions to think about like:

- What general lifestyle factors are important?
- What about particular health problems I might have?
- What about medicines I am taking?
- Should I have any vaccinations before pregnancy?
- Do I have any important family health history?
- Did I experience any problems with a previous pregnancy?
- Should I take any vitamin or mineral supplements before trying for a baby?
- Should I visit my GP for any tests before trying for a baby?
- What about my partner’s health?

Because there are so many things to think about before you start trying for a baby, it is a very good idea to visit your GP before you stop your contraception to discuss these issues. Your doctor will make sure your pap smear, breast check and vaccinations are up to date, as well as perform a general health check including your blood pressure and weight. Your GP can also arrange the blood tests you need to have checked before falling pregnant.

What general health issues are important?
Some important healthy lifestyle options to think about include:

- having a healthy body weight
- stopping smoking
- how much alcohol you drink
- other illicit drugs you take or use

Healthy body weight
A healthy, well balanced diet is recommended before and during pregnancy. Regular, moderate, physical exercise is also essential. Being overweight is one of the most important factors which can cause difficulty with getting pregnant and increase problems during pregnancy both for baby and mother.

In particular, being overweight increases your risk of developing diabetes or high blood pressure during pregnancy, as well as your chance of having a miscarriage, stillbirth or a baby with abnormalities. It also increases your chance of needing a caesarean section and of having problems with anaesthetics, both epidural and general anaesthetic, which you may need during the birth of your baby.

Your doctor can advise you on a healthy diet and refer you to a dietitian if you feel that would be helpful.
If you follow a particular diet, like a vegan diet, you should also discuss this with your GP to make sure you are getting enough nutrition and vitamins for yourself and your baby.

Smoking
Smoking before falling pregnant, during pregnancy, and while breastfeeding is known to be harmful to your baby. We know smoking can affect babies’ general growth and brain development. It is also important for your partner to stop smoking as smoking can damage sperm DNA which may potentially affect your baby. If your partner is unwilling to stop smoking while you are trying to fall pregnant, or during your pregnancy, ask that they don’t smoke near you to make it safer for your baby. It’s also important that no one smokes inside your home, or car, as tobacco poisons can remain in the air for many days or weeks.

If you are struggling to stop smoking ask your GP for help. It is safe for you to use patches or sprays to help you quit while you are trying for a pregnancy or are pregnant. [Please also read our factsheet on smoking in pregnancy]

Alcohol
It is recommended that women avoid drinking alcohol while trying to get pregnant, as well as throughout their pregnancy and while breastfeeding. This is the best advice because no one knows whether a small amount of alcohol during pregnancy is safe. What we do know is that even 1-2 drinks per day can cause problems for babies and that heavy drinking and binge drinking are especially harmful. Since you may not realise you are pregnant in the beginning, avoiding alcohol while trying to get pregnant is the safest thing to do. However, many pregnancies are unplanned and if you have drunk alcohol (in small amounts) before you knew you were pregnant the risk to your baby is very small. Please speak with your obstetrician if you are concerned.

What about particular health problems?
There are some health conditions that are important to have under good control while you are trying for a baby. These include, among others,

- Diabetes
- Epilepsy
- Asthma
- High blood pressure (Hypertension)

For women with diabetes, it is important to try and maintain excellent blood sugar control during the months before falling pregnant and the first 12 weeks of pregnancy. High sugar levels can harm your baby, and increase the chance of abnormalities developing, including those of the baby’s brain/spinal cord and heart. Good sugar control reduces this risk to same level as for everyone else.

If you suffer from high blood pressure then good control is also important. The placenta (the part of the pregnancy that carries oxygen and food to the baby) undergoes important development in the first few months. Very high blood pressure in early pregnancy can affect this, reducing the growth and health of your baby. High blood pressure can affect your health too. So, getting blood pressure under good control before you get pregnant is essential. It may sometimes also be necessary to change your medication to one that is safer in pregnancy.

Illegal or illicit drugs like heroin, cocaine, ecstasy and many others are all known to harm your unborn baby making it important to stop using them. Speak with your doctor, or your local drug and alcohol service, to get help with stopping

[Please also read our factsheet on alcohol in pregnancy]
Other medications you may be taking, like anti-epileptic tablets, may also not be the safest type for pregnancy and may need to be changed. It is very important to have this sorted before you get pregnant – discuss it with your GP and specialist. NEVER stop any prescribed medication you are taking, because you are worried it might affect your baby, without talking with your doctor first. Many medications are safe in pregnancy. Also, stopping a medication you need may make you sick which is also not safe for your baby.

What about sexual health?
If you think you might be at risk of any sexually transmitted diseases (STDs) it is important that you visit your GP, or sexual health clinic, so they can check you and treat both you and your partner if necessary. STDs, like Chlamydia, can affect your baby if you are not treated.

What about dental health?
Before you get pregnant it is a good idea to visit your dentist. The hormones of pregnancy can make your gums tender and we know that women with unhealthy teeth and gums have more complications during their pregnancies. Most dental work is safe in pregnancy, so it is not a reason to delay dental treatment. You can discuss any concerns with your midwife, obstetrician or dentist. [See NSW Health brochure ‘Keep Smiling While You Are Pregnant’.]

Should I have any vaccinations?
Your GP can check whether your vaccinations are up to date on the vaccination register and do a blood test to make sure you are immune to German Measles (Rubella). If your immunity is low your GP will give you a booster vaccination as Rubella can severely affect your baby if you happen to get it early in your pregnancy. It is also recommended that you are vaccinated against the flu virus (Influenza) either before or during pregnancy. Some GPs also test for Chicken Pox (Varicella) and offer vaccination if needed.

Can I take over the counter medications (OTCs)?
Most herbal medications and supplements have not been checked for safety in pregnancy so it is best to avoid them. If you have any concerns, check with your GP or obstetrician before taking a medicine, herb or supplement. However, some vitamin and mineral supplements are recommended and important to take during pregnancy (see below).
Should I take any supplements before trying for a baby?

There are some important supplements which you should take before and during pregnancy. These include the following routine supplements:

- Folic acid (also called folate)
- Iodine
- Vitamin D

For some women it may be necessary to take other supplements like:

- Vitamin B12
- Calcium
- Iron
- Omega 3 fatty acids

A brief outline of these supplements is given below. [For more information see our fact sheet on Important Nutrients in Pregnancy]

### Folic acid (Folate)

It is recommended that you take 0.4mg (400 micrograms) of folate every day for a month before falling pregnant and continue it for the first three months of pregnancy. This decreases the chance of some birth defects, particularly neural tube defects affecting the baby's spine and brain (spina bifida, anencephaly, encephalocele), which can develop in the first few weeks of your baby’s life inside your uterus.

For some women a higher dose of 5mg of Folate is recommended. These include

- women who have had a previous baby with a neural tube defect
- women who are very overweight
- women taking particular medications for epilepsy
- women with diabetes
- women with thalassemia
- women with inflammatory bowel problems

### Iodine

All women who are considering pregnancy, or who are pregnant or breast feeding should take 150 micrograms of iodine every day. Iodine helps babies' brains to develop normally.

### Vitamin D

Vitamin D helps the body absorb and use calcium. It is very important for strong, healthy bones and teeth. Up to 90% of the body’s Vitamin D is made in the skin from the action of direct sunlight (not behind glass). Women who get little sun on their skin or who have dark skin may be low in Vitamin D. All pregnant women are advised to get some sunshine on their arms or legs and to take a low dose of Vitamin D (1000 or 2000 international units) every day.

All infants under 12 months should receive 400 international units per day of Vitamin D. [see our fact sheet on Vitamin D and pregnancy]
Vitamin B12
Most women get enough in their diet but if you follow a vegetarian or vegan diet then you should take Vitamin B12 supplements during your pregnancy and while you are breastfeeding.

Calcium
It is recommended that pregnant women have at least 1000mg of calcium a day (1300mg if you are younger than 19 years old). Calcium is found in milk, cheese and yoghurts as well as fish with edible bones such as tinned salmon. Most women get enough calcium in their diets but if you are vegan or don’t eat dairy foods, then you should take a calcium supplement.

Iron
Iron is essential for making red blood cells. During pregnancy your own blood volume increases plus your baby is making blood cells, so you need more iron. Many women have good iron stores in their bodies but some women are low in iron because of heavy periods, having their pregnancies close together, or having a diet low in iron (common in vegetarians). In early pregnancy, and again at 28 weeks, you will have a blood test to look for anaemia (low haemoglobin). If you have anaemia you may need to take an iron supplement. Your doctor or midwife will advise you about this. [For more information, see our fact sheet on Important Nutrients in Pregnancy.]

Omega-3 fatty acids
If you eat very little seafood (fish) some doctors recommend that you take fish oil supplements during your pregnancy although studies are still being done on the benefits of this. Because seafood may contain high levels of pollutants like mercury it is recommended you should not eat more than 2-3 serves of fish per week while you are pregnant. [Please see factsheet on Safe Eating in pregnancy]

It is NOT recommended that you take Vitamin C, A or E, as too much of these vitamins may be harmful (especially Vitamin A). However, if your iron supplement or pregnancy vitamin comes with Vitamin C added, that’s fine.

Do I have any important family health history?
Sometimes serious health problems run in families. Some of these are carried by our chromosomes or genes (DNA) and examples include conditions such as Cystic Fibrosis, Muscular Dystrophy, Thalassaemia and many others. If you know of a genetic problem in your family (even if it involves more distant relatives such as cousins or uncles or aunts), tell your doctor about it before you get pregnant. Depending on the situation, and the risk, blood tests may be available to check whether you carry the genes for these conditions. For other genetic problems, special tests (like amniocentesis or chorionic villus sampling) can be arranged for your fetus early on in your pregnancy.
Fact Sheet
Health advice for women who are trying for a baby
(Pre-conception counselling)

Have I had any problems with a previous pregnancy?
While a problem which happened in previous pregnancy will often not occur again, sometimes it might. The good news is that if we know about your history, we may be able to prevent it from happening again, or to manage it better if it does happen.

Examples of such pregnancy problems include some cases of pre-eclampsia (high blood pressure in pregnancy) and some cases of premature birth. Because preventative treatments may need to be started very early in your pregnancy, it is useful to discuss them with your GP or obstetrician before you get pregnant.

What about my partner?
It is helpful if your partner can attend the pre-conceptual visit to your GP with you. That way, your doctor can check your partner’s general health and family history as well as advice about a healthy lifestyle. Some work occupations may increase the risks of exposure to toxins (like chemicals or fertilisers) or radiation for you or your partner; ways of decreasing these risks can be discussed.

Your mental health is important too
There are many things to consider when you are ready to try for a baby. Good planning can ensure you are as healthy as you can be and are well prepared for pregnancy. Although this is a very exciting time some women also find they are a bit anxious. If you are having any difficulty coping, or have had problems with depression or any mental illness in the past, be sure to talk with your GP, obstetrician, or midwife about this as they are there to help you.

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