

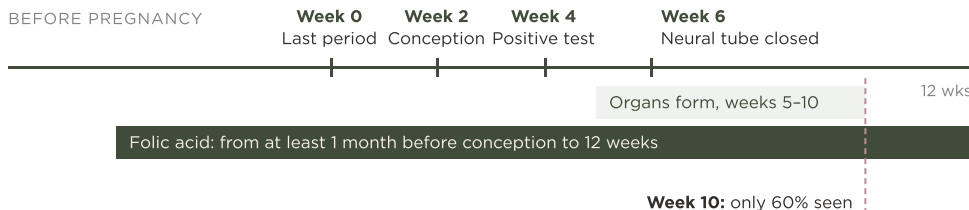


Pre-pregnancy planning: a GP checklist

What we can change before the positive test

WHY NOW

The neural tube closes about 6 weeks after the last period and the major organs form at 5–10 weeks. Only 60% of women have had an antenatal visit by 10 weeks (AIHW, 2023 data). Preconception care happens in general practice.



ASK ONE QUESTION AT ROUTINE VISITS

“Would you like to become pregnant in the next year?”

Yes

Book a long consult and invite the partner. Start folic acid and iodine now.

Unsure

Start folic acid today. Prescribe as if pregnancy is possible.

Not now

Record it. If pregnancy isn't wanted yet, discuss effective contraception. Keep prescribing pregnancy-aware; ask again at the next review.

Good moments to ask: repeat scripts · chronic disease reviews · cervical screening · health checks · the 6-week postnatal check · travel visits

Ask BOTH PARTNERS WHERE RELEVANT

- Pregnancy intention, age and time trying
- Medical, obstetric and family history (three generations; consanguinity)
- All medicines, including over-the-counter, complementary and online products
- Smoking, vaping, alcohol, cannabis and other drugs
- Mood: Whooley questions or PHQ-2, plus GAD-2
- Safety at home: ask privately, never with the partner present (1800RESPECT)

Check

- BMI and blood pressure
- Rubella IgG; varicella IgG if history uncertain; hepatitis B if at risk
- FBC and ferritin (iron deficiency = ferritin under 30 µg/L)
- HbA1c if BMI over 30, previous gestational diabetes or other risk
- Cervical screening if due
- STIs if at risk, and partners: syphilis, HIV, hepatitis B and C, chlamydia, gonorrhoea
- Carrier screening: offer to everyone (MBS 73451)
- CMV IgG if young children at home or at work

Advise DETAIL ON PAGE 2

- Folic acid 0.4–0.8 mg daily, from at least 1 month before conception to 12 weeks; 5 mg if indicated
- Iodine 150 micrograms daily (check first if she has thyroid disease)
- One prenatal product: no stacking, no herbal fertility blends
- Catch-up vaccines, then wait 28 days after MMR or varicella vaccine before trying
- Switch teratogenic medicines before trying; stop GLP-1 medicines about 2 months before (tirzepatide 4 weeks)
- No alcohol, smoking, vaping or cannabis
- Weight: a 5–10% loss helps; 150 minutes of activity a week; dental check
- CMV hygiene if she is around young children

Refer or discuss

Refer to me for a pre-pregnancy plan: previous preterm birth or cervical surgery; pre-eclampsia, growth restriction, stillbirth or recurrent miscarriage; previous caesarean with questions about timing; any chronic condition that needs an obstetric plan.

Specialist input before trying: pre-existing diabetes, hypertension, epilepsy (especially on valproate), thyroid, cardiac, renal or autoimmune disease, serious mental illness.

Genetic counselling: an increased-chance carrier result.

Urgent, maternal-fetal medicine: CMV seroconversion in early pregnancy.

Fertility assessment: after 12 months of trying if under 35; after 6 months if 35 or over; sooner with irregular cycles or a known cause in either partner.

Not sure? Call me directly: 0417 019 012

Referral details: drjamesaridas.com.au/for-referring-doctors

Supplements

Everyone	Folic acid 0.4–0.8 mg daily, from at least 1 month before to 12 weeks. Iodine 150 micrograms daily.
Folic acid 5 mg	Previous pregnancy with a neural tube defect · pre-existing diabetes (from 3 months before) · malabsorption (coeliac disease, IBD, bariatric surgery) · BMI over 30 (Australian consensus; NICE 2025 found no evidence of benefit). Methotrexate or sulfasalazine: specialist advice on dose.
Antiseizure medicines	Start before conception, where the benefit lies; agree the dose with her neurologist (many now use 1–2 mg).
Test, then treat	Iron if ferritin under 30 µg/L (alternate-day oral dosing) · vitamin D only with clear risk; treat if under 50 nmol/L · omega-3 : no routine capsules; test in early pregnancy, supplement only if low.
Bariatric surgery	Bariatric-specific supplement and blood monitoring, not a standard prenatal.
Avoid	Herbal fertility blends · doubled-up prenats · high-dose vitamin A · kelp or seaweed products · unregulated online products.

Medicines

Check: Royal Women’s Hospital Pregnancy and Breastfeeding Medicines Guide · MotherSafe · Australian Medicines Handbook

Switch or stop before trying

- ACE inhibitors and ARBs (to labetalol, nifedipine or methyldopa) · statins
 - Valproate: with the neurologist; never stop abruptly
 - Isotretinoin (wait 1 month) · acitretin (3 years)
 - Methotrexate, leflunomide, mycophenolate (at least 6 weeks): specialist timing
 - Warfarin: specialist plan · non-insulin diabetes medicines except metformin
- Teratogenic medicines need effective contraception during treatment and the washout.

Continue, with a plan

Most antidepressants (never stop abruptly) · lamotrigine and levetiracetam (lamotrigine levels fall in pregnancy) · levothyroxine · insulin and metformin · lithium (specialist plan) · ADHD medicines (decide before conception) · asthma preventers.

GLP-1 medicines (RANZCOG 2026): stop before trying

Semaglutide, liraglutide, dulaglutide	About 2 months
Tirzepatide	About 4 weeks
Exenatide	Up to 12 weeks

- Plan diet and activity support; consider metformin. Rebound after stopping: 3.3 kg more pregnancy weight gain, gestational diabetes RR 1.30 (Maya, JAMA 2025). Early glucose test once pregnant.
- Tirzepatide reduces oral contraceptive absorption: use a non-oral or added barrier method for 4 weeks after starting and after each dose increase.

Vaccines and infections

Before pregnancy	MMR if rubella non-immune (then recheck) · varicella if non-immune, 2 doses at least 4 weeks apart · then wait 28 days · influenza and COVID-19 per current advice · household: partner’s influenza and pertussis.
In pregnancy (counsel now)	Pertussis 20–32 weeks · influenza, any trimester · RSV 28–36 weeks.
Syphilis	3 tests in every pregnancy (first visit, 26–28 weeks, 36 weeks or birth); 5 if higher risk. A negative test before pregnancy doesn’t replace them.
CMV	Hygiene for all: wash hands after nappies and feeding; don’t share food or cutlery; kiss young children on the cheek or forehead. IgG before pregnancy if young children at home or at work.

Chronic-condition targets

Diabetes (ADIPS)	HbA1c ≤48 mmol/mol (6.5%) if safely achievable · folic acid 5 mg · retinal and renal review · effective contraception (LARC) until at target.
Hypertension	Switch an ACE inhibitor or ARB · renal function and urine albumin:creatinine ratio · plan aspirin 150 mg at night from 12–16 weeks.
Hypothyroidism	TSH under 2.5 mIU/L before trying · levothyroxine up 20–30% once pregnant · TSH every 4 weeks to mid-pregnancy.
Mental illness	Stable before trying · psychiatry first for bipolar disorder, psychosis, lithium or valproate (COPE 2023).

The partner

- 82–84% of Australian men aged 18–44 have at least one preconception risk factor.
- Cover smoking and vaping, alcohol, weight, drugs (including anabolic steroids), STIs if at risk, household vaccines. Carrier test if she carries CF or SMA (MBS 73452).
- Testosterone or anabolic steroids:** stop now. Sperm recovery: median 3.4 months; 90% by 12 months.
- Valproate (TGA 2025):** specialist review when planning a family; never stop abruptly. Risk uncertain, probably small.
- Sperm take about 74 days to develop: changes show up in about 3 months.

Timing

- After a birth: avoid conceiving within 6 months; counsel about risk under 18 months, especially after caesarean.
- Fertile window: about 5 days before ovulation to the day of ovulation. Urinary LH tests increase live birth (RR 1.36).
- After gestational diabetes: glucose test before the next pregnancy. After pre-eclampsia: aspirin from 12–16 weeks next time.

Common questions

MTHFR? Don’t test and don’t switch to methylfolate. Folic acid still prevents neural tube defects with MTHFR variants.
Paracetamol? Still first-line in pregnancy. Sibling study of 2.5 million children: no link with autism or ADHD (Ahlqvist, JAMA 2024).
Conceived on a GLP-1 medicine? Stop it, reassure (no clear malformation signal) and refer early.

Sources: RANZCOG C-Obs 3a (2024), C-Obs 63 (2024), C-Obs 64 (2023), GLP-1 guidance (2026); RACGP Red Book (2024); Australian Immunisation Handbook; NMHRC iodine (2010) and alcohol (2020); ADIPS (2020); COPE (2023); CDNA syphilis testing schedule; TGA valproate advice (2025); AIHW Australia’s mothers and babies (2023 data). Landmark studies: MRC Vitamin Study (Lancet 1991); ORIP (NEJM 2019); Mackenzie’s Mission (NEJM 2024); Maya (JAMA 2025); Ahlqvist (JAMA 2024).