Key health checks before trying to conceive

Why a preconception health check is worth scheduling

A preconception health check is usually a consultation with a primary care clinician, obstetrician-gynecologist, midwife, fertility specialist, or other qualified healthcare professional. Its purpose is to identify health factors that could influence fertility, early embryonic development, pregnancy complications, or the health of the baby. Because the neural tube and other early fetal structures develop very early, often before a missed period, preparation before conception can be especially valuable.

This appointment is also an opportunity to talk through your goals and concerns. Some people are planning their first pregnancy; others may be preparing after miscarriage, stillbirth, preterm birth, cesarean birth, fertility treatment, or a complicated pregnancy. Some may have chronic illness, take long-term medication, or be approaching pregnancy at an older reproductive age. A good preconception assessment should be tailored rather than generic.

Typical topics include menstrual and reproductive history, previous pregnancies, contraception plans, timing of intercourse or insemination, medical and surgical history, medications and supplements, allergies, family history, inherited conditions, mental health, vaccinations, lifestyle, work

exposures, and intimate partner safety. Your clinician may also review whether you need screening for infections, anemia, thyroid disease, diabetes, kidney disease, or other conditions depending on your history.

Medical history and chronic condition review

If you live with a chronic medical condition, preconception planning can help you enter pregnancy as safely as possible. This does not mean pregnancy is impossible or unsafe for everyone with a diagnosis; rather, it means disease control, medication safety, and specialist coordination should be reviewed early.

Conditions commonly addressed before conception include:

Diabetes: Blood glucose control before conception is important because high glucose levels in early pregnancy can increase risks. Your clinician may discuss HbA1c targets, kidney and eye screening, medication safety, and folic acid dosing.
Hypertension and cardiovascular disease: Blood pressure should be assessed, and antihypertensive medications reviewed because some are not recommended in pregnancy. People with heart disease may need specialist risk assessment.
Thyroid disease: Both hypothyroidism and hyperthyroidism can affect fertility and pregnancy. Thyroid function may need testing and treatment adjustment before conception.
Epilepsy or seizure disorders: Seizure control and antiseizure medication safety are important. Do not stop medication suddenly; specialist advice is essential.
Autoimmune and inflammatory conditions: Conditions such as lupus, rheumatoid arthritis, inflammatory bowel disease, and antiphospholipid syndrome may require disease stability and medication review before pregnancy.
Kidney, liver, respiratory, or hematologic disorders: Baseline function and pregnancy risk should be assessed, particularly if medication or organ function may change during pregnancy.
Mental health conditions: Depression, anxiety, bipolar disorder, psychosis, eating disorders, trauma history, and substance use concerns deserve careful, nonjudgmental planning. Medication risks must be balanced against the risks of untreated illness.

If you have a complex condition, ask whether you should see a maternal-fetal medicine specialist, cardiologist, endocrinologist, neurologist, psychiatrist, genetic counselor, or another specialist before trying to conceive. Preconception counseling is often most effective when your usual care team and pregnancy care team communicate clearly.

Medication, supplement, and over-the-counter product review

One of the most important preconception checks is a full review of everything you take. This includes prescription medicines, over-the-counter drugs, vitamins, herbal products, bodybuilding supplements, skin treatments, pain relievers, migraine medicines, acne therapies, sleep aids, and recreational substances. Some products may be safe, some may need dose adjustment, and some may be unsuitable in pregnancy or while trying to conceive.

Do not stop prescribed medication without medical advice, especially for conditions such as epilepsy, diabetes, hypertension, asthma, autoimmune disease, blood clots, psychiatric illness, or thyroid disease. Abruptly stopping treatment can be more dangerous than continuing it. Instead, bring an accurate medication list to your clinician and ask specifically which medicines should be continued, changed, timed differently, or avoided.

Folic acid is a key supplement to discuss. Many people are advised to take folic acid before conception and during early pregnancy to reduce the risk of neural tube defects. Some people, including those with previous neural tube defect-affected pregnancy, certain antiseizure medications, diabetes, higher body mass index, or other risk factors, may be advised to take a higher dose. The correct dose should be confirmed with a healthcare professional according to local guidance.

Also ask about vitamin D, iodine, iron, calcium, omega-3, and prenatal multivitamins if relevant. More is not always better: excessive vitamin A, for example, may be harmful in pregnancy. Choose supplements designed for preconception or pregnancy when recommended, and avoid combining multiple products without checking total doses.

Vaccination and infection screening before pregnancy

Vaccination status should be reviewed before conception because some infections can cause serious maternal illness or fetal complications, and some vaccines are best given before pregnancy. Your clinician may check immunity or vaccination records for rubella, measles, varicella, hepatitis B, tetanus, influenza, COVID-19, and other region-specific vaccines. Live vaccines, such as measles-mumps-rubella and varicella, are generally given before pregnancy rather than during pregnancy, with advice about how long to wait before trying to conceive depending on local recommendations.

Infection screening may be recommended based on history, risk, symptoms, local guidelines, or previous results. This can include testing for:

HIV: Early diagnosis and treatment can greatly reduce health risks and the chance of transmission to the baby.
Hepatitis B and hepatitis C: Identification supports maternal care and newborn protection strategies.
Syphilis, chlamydia, and gonorrhea: Screening and treatment can reduce complications and transmission.
Rubella and varicella immunity: Non-immune people may be offered vaccination before pregnancy.
Tuberculosis, Zika virus, or other infections: Testing or travel advice may be relevant depending on exposure risk and geography.

If you or your partner has symptoms of a sexually transmitted infection, a new sexual partner, multiple partners, or past STI exposure, testing before conception is a sensible protective step. Where appropriate, both partners should be tested and treated to prevent reinfection. Discuss travel plans too, especially to areas where infections such as Zika or malaria may be a concern.

Genetic, carrier, and family history checks

Genetic screening is not needed in the same way for everyone, but it can be highly relevant before pregnancy. Carrier screening looks for gene variants that usually do not affect the carrier’s own health but may cause disease in a child if both genetic contributors carry variants in the same gene, or if there is a particular inheritance pattern.

Your clinician may ask about ancestry, family history, consanguinity, recurrent

miscarriage, stillbirth, infant death, congenital anomalies, learning disability, metabolic disorders, blood disorders, and known inherited conditions. Depending on this history and local recommendations, screening may be offered for conditions such as sickle cell disease, thalassemia, cystic fibrosis, spinal muscular atrophy, Tay-Sachs disease, fragile X-related conditions, or other inherited disorders.

For hemoglobinopathies such as sickle cell disease and thalassemia, screening can be particularly important in people with relevant ancestry or family history, though ancestry-based screening is imperfect and many systems increasingly use broader approaches. If both partners are carriers for the same autosomal recessive condition, a genetic counselor can explain reproductive options, which may include natural conception with prenatal testing, in vitro fertilization with preimplantation genetic testing, donor gametes, adoption, or choosing not to pursue testing. The right choice is personal and should be supported without pressure.

If you already know of a genetic condition in your family, try to gather the exact diagnosis, genetic test report if available, and affected relative's relationship to you before your appointment. Precise information can make counseling much more useful.

Weight, nutrition, and metabolic health

A preconception check often includes measuring weight, height, and body mass index, while recognizing that BMI is an imperfect screening tool and does not capture body composition, ethnicity-related risk differences, fitness, or overall health. Still, both low and high BMI can be associated with fertility challenges and pregnancy complications, so weight and nutrition deserve a sensitive, individualized discussion.

The goal is not shame or rapid dieting. Instead, clinicians may focus on sustainable health behaviors: regular meals, adequate protein, fiber-rich carbohydrates, healthy fats, iron-rich foods, folate-containing foods, calcium and vitamin D intake, and limiting ultra-processed foods where possible. People with a history of eating disorder, food insecurity, gastrointestinal disease, bariatric surgery, vegetarian or vegan diets, or significant nausea with previous pregnancies may need tailored advice.

Useful checks may include blood pressure, HbA1c or glucose testing if diabetes risk is present, lipid profile in selected cases, thyroid testing if indicated, complete blood count or ferritin if anemia is suspected, and vitamin levels in those with risk factors. People who have had bariatric surgery often need nutritional monitoring before conception because deficiencies in iron, folate, vitamin B12, vitamin D, calcium, and fat-soluble vitamins can occur.

If weight change is recommended, even modest improvements in nutrition, physical activity, sleep, and metabolic markers may be beneficial. If you have irregular periods, acne, excess facial or body hair, or known polycystic ovary syndrome, ask whether metabolic screening is appropriate.

Lifestyle factors that affect fertility and pregnancy health

Lifestyle discussions should be supportive rather than judgmental. Many people benefit from help with behavior changes before pregnancy, and partners can play an important role. Sperm development takes roughly several months, so lifestyle changes in a sperm-producing partner may also matter before conception.

Key areas to review include:

Smoking and vaping: Stopping tobacco use before pregnancy improves overall health and reduces pregnancy-related risks. Ask about evidence-based cessation support.
Alcohol: Since no safe level of alcohol is established in pregnancy, many guidelines advise avoiding alcohol when pregnant and considering avoidance while trying to conceive.
Recreational drugs: Cannabis, cocaine, opioids, anabolic steroids, and other substances can affect fertility, pregnancy, and newborn health. Seek confidential medical support if stopping feels difficult.
Caffeine: High caffeine intake may be discouraged. Ask your clinician about recommended limits in your country.
Exercise: Regular moderate physical activity supports cardiometabolic health, mood, and weight management. If you have medical conditions or intense athletic training, ask for individualized advice.
Sleep and stress: Sleep deprivation and chronic stress can affect wellbeing and sexual health. While stress alone is rarely the sole cause of infertility,

support can make the conception process more manageable.
Occupational and environmental exposures: Discuss exposure to solvents, pesticides, heavy metals, radiation, anesthetic gases, cytotoxic drugs, infectious hazards, extreme heat, or physically hazardous work.

If you feel unsafe at home or in a relationship, tell a trusted healthcare professional if you can do so safely. Preconception and pregnancy care should include support for emotional safety, reproductive autonomy, and protection from coercion or violence.

Reproductive and gynecologic health checks

Before trying to conceive, it is helpful to review menstrual cycle patterns, ovulation signs, contraception use, cervical screening status, previous pelvic infections, endometriosis, fibroids, polycystic ovary syndrome, prior ectopic pregnancy, miscarriage history, and any previous fertility investigations. A pelvic examination is not always necessary, but it may be recommended if you have symptoms such as pelvic pain, abnormal bleeding, unusual discharge, pain with sex, or a history that warrants examination.

If you use contraception, ask how quickly fertility typically returns after stopping your method. Fertility can return immediately after many methods, while menstrual cycle regularity may take longer after some hormonal methods. If you have an intrauterine device or implant, removal should be arranged by an appropriate clinician.

Cervical screening should be up to date according to local guidelines. If screening or treatment is due, it is often simpler to address before pregnancy. Breast symptoms, severe period pain, heavy bleeding, or intermenstrual bleeding should also be discussed rather than dismissed as "normal."

For timing conception, many people are fertile in the days leading up to and including ovulation. Regular intercourse every two to three days throughout the cycle is a common simple approach, while ovulation predictor kits or fertility awareness methods may help some people. If cycles are very irregular or absent, seek medical advice earlier rather than waiting many months.

Previous pregnancy complications and when to seek specialist care

If you have been pregnant before, your previous pregnancy history can guide preconception planning. Tell your clinician about miscarriage, recurrent pregnancy loss, ectopic pregnancy, molar pregnancy, preterm birth, stillbirth, fetal growth restriction, pre-eclampsia, gestational diabetes, cholestasis of pregnancy, severe hyperemesis, postpartum hemorrhage, cesarean birth, shoulder dystocia, congenital anomaly, neonatal intensive care admission, postpartum depression or psychosis, and any traumatic birth experience.

Specialist review may be particularly important before conception if you have:

A serious heart, kidney, liver, lung, autoimmune, neurologic, endocrine, or blood disorder.
A history of severe pre-eclampsia, early preterm birth, stillbirth, or recurrent miscarriage.
Diabetes, especially if glucose levels are not yet optimized.
Use of medications known or suspected to carry pregnancy risks.
A known inherited condition, chromosome rearrangement, or previous child with a genetic or structural condition.
A history of blood clots, antiphospholipid syndrome, or strong family history of thrombosis.

People aged 35 or older may also wish to discuss age-related fertility changes, miscarriage risk, chromosomal screening options, and when to seek fertility evaluation if conception does not occur. In many settings, fertility advice is recommended after 12 months of trying for people under 35, after 6 months for people 35 or older, and sooner for those with irregular cycles, known reproductive conditions, or prior pelvic disease. Local recommendations vary, so ask your clinician what applies to you.

What to bring to a preconception appointment

Arriving prepared can make the appointment more productive. You do not need to have every detail, but the following information can help your clinician personalize advice:

A list of all medications, supplements, and non-prescribed products, including doses.

Your vaccination record, if available.
Details of medical conditions, operations, allergies, and hospital admissions.
Menstrual cycle pattern, date of last period, contraception method, and any gynecologic symptoms.
Previous pregnancy records if there were complications.
Family history of inherited conditions, congenital anomalies, blood disorders, recurrent miscarriage, early heart disease, thrombosis, or intellectual disability.
Recent blood pressure, blood tests, cervical screening results, or specialist letters if you have them.
Questions about work exposures, travel, exercise, diet, sex, timing, fertility, or emotional wellbeing.

If you have a partner, they may be invited to participate, especially for genetic history, STI screening, lifestyle changes, and shared decision-making. However, you should also have the opportunity for private discussion with your clinician, particularly for sensitive topics such as safety, coercion, mental health, substance use, or sexual concerns.