

Medical checkup before pregnancy and what to expect at a pre-pregnancy doctor visit



Why a pre-pregnancy medical checkup matters

Pregnancy places significant physiologic demands on the cardiovascular, endocrine, renal, hematologic, and immune systems. A pre-pregnancy checkup gives you and your clinician a chance to evaluate whether any existing conditions need optimization before conception. This is particularly relevant for conditions such as diabetes, hypertension, thyroid disease, epilepsy, kidney disease, autoimmune disorders, asthma, depression, anxiety, eating disorders, and prior venous thromboembolism.

Preconception care also matters because some important fetal developmental events occur very early. The neural tube, which becomes the brain and spinal cord, closes in the first weeks after conception. Medication exposures, folate status, glycemic control, infections, and certain environmental exposures may therefore matter before a missed period. This does not mean you should panic about every exposure; rather, it is a reason to plan ahead when you can.

The visit can also support fertility. It may identify menstrual irregularity, symptoms suggestive of ovulatory dysfunction, untreated sexually transmitted infections, substance use, or occupational exposures that could affect

conception. For couples or partners, preconception health may include male factors as well, including semen quality, smoking, alcohol or drug exposure, heat exposure, and relevant medical history.

When to schedule a preconception appointment

If possible, schedule a pre-pregnancy doctor visit at least three months before trying to conceive. This timing allows room for vaccine updates, medication adjustments, chronic disease monitoring, nutritional changes, and referral to specialists if needed. However, there is no "wrong" time to ask for preconception care. If you plan to start trying next month, are already trying, or recently stopped contraception, an appointment can still be helpful.

Some people benefit from earlier planning, such as those with complex medical conditions, prior pregnancy complications, recurrent pregnancy loss, infertility, a history of preterm birth, prior cesarean complications, known genetic conditions, or medications that may be unsafe in pregnancy. People using assisted reproductive technology may also need coordinated planning with a reproductive endocrinologist and their primary clinician or obstetrician-gynecologist.

If you do not have an obstetrician-gynecologist, a family physician, nurse practitioner, midwife, internist, or reproductive medicine clinician may be able to begin preconception counseling. The most important step is starting the conversation.

What your clinician will ask about

A pre-pregnancy visit is often history-heavy because your medical story guides the plan. You may be asked about your menstrual cycles, ovulation signs, contraception history, previous pregnancies, miscarriages, abortions, ectopic pregnancy, preterm birth, cesarean delivery, postpartum complications, and any history of gestational diabetes, hypertensive disorders of pregnancy, fetal growth restriction, or congenital anomalies.

Your clinician will also review general medical and surgical history, allergies, current medications, over-the-counter products, supplements, herbal preparations, and prior reactions to medications or vaccines. It is important

to mention treatments that may seem unrelated, including acne medications, migraine therapies, psychiatric medications, antiseizure drugs, blood pressure medications, anticoagulants, weight-loss medications, and immunosuppressants. Some medications can be continued, some may need dose adjustment, and others may need substitution before conception; decisions should be made with a healthcare professional rather than stopping medications on your own.

Family history is another key part of the visit. Your clinician may ask about inherited conditions, birth defects, intellectual disability, developmental delay, recurrent pregnancy loss, stillbirth, early cardiac deaths, clotting disorders, hemoglobinopathies, cystic fibrosis, spinal muscular atrophy, fragile X syndrome, and ancestry-related genetic risks. If there is a known familial condition, genetic counseling may be recommended.

Lifestyle and environmental questions are also common. These may include tobacco or nicotine use, alcohol, cannabis, recreational drugs, caffeine intake, nutrition, exercise, sleep, occupational hazards, radiation or solvent exposure, intimate partner safety, housing stability, and psychosocial stress. These questions are not meant to judge you; they help identify practical supports and risk-reduction strategies.

Physical exam, screenings, and laboratory tests

The exact exam depends on your age, medical history, symptoms, and how recently you have had preventive care. A clinician may check blood pressure, weight, body mass index, pulse, and general physical findings. A pelvic exam is not automatically required for every preconception visit, but it may be recommended if you are due for cervical cancer screening, have pelvic symptoms, need sexually transmitted infection testing, or have concerns about anatomy, pain, abnormal bleeding, or discharge.

Laboratory testing is individualized. Possible tests may include:

Complete blood count if anemia or hematologic issues are a concern.

Blood type and Rh status in some settings, especially if prior pregnancy history is relevant.

Rubella and varicella immunity if vaccination history is uncertain.

HIV, hepatitis B, hepatitis C, syphilis, chlamydia, and gonorrhea screening

based on guidelines and risk factors.

Hemoglobin A1c or glucose testing for people at risk of diabetes or with known diabetes.

Thyroid-stimulating hormone testing for known thyroid disease, symptoms, infertility concerns, or other indications.

Carrier screening for selected inherited conditions, depending on personal history, family history, ancestry, and patient preference.

Not every person needs every test. A good preconception evaluation is targeted rather than excessive. If you have been receiving regular preventive care, many screenings may already be up to date.

Vaccines and infection prevention before pregnancy

Vaccination status is a major focus because some infections can be more severe during pregnancy or can affect fetal development. Your clinician may review immunity to rubella and varicella, seasonal influenza vaccination, COVID-19 vaccination, hepatitis B vaccination, and other immunizations based on age, risk factors, travel, occupation, and local guidance.

Some vaccines are recommended before pregnancy because they are not given during pregnancy, particularly live attenuated vaccines such as measles-mumps-rubella and varicella. If you need one of these, your clinician will advise appropriate timing before trying to conceive. Other vaccines may be recommended during pregnancy at specific gestational ages, such as Tdap, but the preconception visit is a good time to plan ahead.

Infection prevention also includes sexual health, dental health, food safety habits, travel counseling, and avoidance of certain exposures. If you have risks for sexually transmitted infections, testing and treatment before pregnancy can protect both reproductive health and pregnancy outcomes. If you are planning travel, ask about Zika, malaria, and other region-specific concerns before trying to conceive.

Medication and supplement review

Medication review is one of the most important parts of a pre-pregnancy doctor visit. Some medications have known fetal risks, some have limited safety data,

and some are safer than the untreated condition they manage. For example, uncontrolled seizures, severe depression, hypertension, diabetes, autoimmune flares, or asthma exacerbations can also pose risks. The safest plan often balances maternal health and fetal considerations.

Bring all prescription medications, nonprescription drugs, vitamins, minerals, protein powders, herbal products, and topical treatments to the appointment or prepare a complete list with doses. Do not stop essential medications abruptly unless a clinician tells you to do so. Sudden discontinuation can be harmful, especially for psychiatric medications, antiseizure medications, steroids, beta-blockers, anticoagulants, and other long-term therapies.

Folic acid is typically discussed for anyone who may become pregnant. Many clinicians recommend a prenatal vitamin or folic acid supplement before conception, with the dose individualized for risk factors such as prior neural tube defect-affected pregnancy, certain antiseizure medications, malabsorption, or other medical considerations. Iron, vitamin D, iodine, calcium, omega-3 fatty acids, or other nutrients may be considered based on diet, lab results, medical history, and local guidance.

Chronic conditions and prior pregnancy complications

If you live with a chronic condition, the preconception visit is an opportunity to define pregnancy-safe targets and monitoring plans. For diabetes, this may include reviewing glycemic control before conception. For hypertension, it may include evaluating blood pressure patterns and medication compatibility. For thyroid disease, it may include checking whether thyroid function is in an appropriate range for conception and early pregnancy. For autoimmune, renal, cardiac, neurologic, or psychiatric conditions, your clinician may coordinate care with specialists.

Prior pregnancy complications deserve careful review. A history of preeclampsia, gestational diabetes, fetal growth restriction, stillbirth, preterm birth, cervical insufficiency, postpartum hemorrhage, severe perineal trauma, cesarean complications, placenta accreta spectrum, or recurrent pregnancy loss may change the preconception plan. The goal is not to predict the future with certainty but to identify preventive strategies, monitoring needs, and referral pathways.

If you have had difficulty conceiving, your clinician can help decide when fertility evaluation is appropriate. In general, earlier evaluation may be considered for people over 35, those with irregular cycles, known endometriosis, prior pelvic infection, recurrent pregnancy loss, or known male-factor concerns. A preconception visit can help determine whether to begin with basic evaluation, partner testing, or referral to a fertility specialist.

Nutrition, weight, exercise, and lifestyle counseling

Nutrition counseling before pregnancy focuses on adequacy and safety, not restriction or perfection. Your clinician may ask about dietary patterns, food insecurity, vegetarian or vegan diets, disordered eating history, caffeine, fish intake, and use of high-mercury foods. They may discuss folate-rich foods, iron, protein, calcium, vitamin D, iodine, and safe fish choices. If you have a history of an eating disorder or significant anxiety around food or weight, it is appropriate to ask for sensitive, weight-neutral support.

Weight and body mass index may be discussed because both low and high BMI can be associated with fertility and pregnancy risks. This conversation should be individualized and respectful. The goal is to optimize metabolic health, nutrient status, physical function, and chronic disease control, not to shame or oversimplify reproductive outcomes.

Exercise is generally encouraged before pregnancy unless a medical condition requires restrictions. Regular physical activity can support cardiovascular health, insulin sensitivity, mood, sleep, and weight stability. Your clinician may ask what you currently do and help you choose a sustainable plan.

Substance use is another core topic. Tobacco and nicotine exposure, alcohol, cannabis, opioids, stimulants, and other substances can affect fertility and pregnancy outcomes. If stopping feels difficult, tell your clinician. Evidence-based support, counseling, and treatment options are available, and asking for help is a strength.

How to prepare for the appointment

A little preparation can make the visit more useful. Consider bringing your

vaccination records, medication and supplement list, chronic disease records, recent lab results, prior pregnancy or delivery summaries, operative reports if relevant, and any genetic testing results. If you track menstrual cycles, bring the dates and cycle lengths for the past several months.

You may want to write down questions in advance, such as:

Are my current medications compatible with pregnancy?

Do I need any vaccines before trying to conceive?

Should I start a prenatal vitamin, and what nutrients should it contain?

Are there medical conditions I should optimize before conception?

Do I need genetic carrier screening or genetic counseling?

When should I seek help if I do not become pregnant?

Are my work, travel, or environmental exposures relevant?

If you have a partner, they may be invited to participate, especially when family history, genetic risks, sexually transmitted infection prevention, lifestyle factors, or fertility concerns are relevant. Still, you should also have private time with the clinician if you want to discuss sensitive topics such as safety at home, mental health, sexual health, substance use, or reproductive autonomy.

What happens after the visit

After the preconception checkup, you may leave with a short action plan. This might include updating vaccines, completing selected laboratory tests, starting a prenatal vitamin, adjusting medications with the prescribing clinician, improving control of a chronic condition, scheduling dental care, reducing alcohol or nicotine exposure, or arranging genetic counseling. Some people will need no major changes; reassurance is also a valid outcome.

If your clinician identifies a higher-risk situation, they may recommend consultation with maternal-fetal medicine, reproductive endocrinology, genetics, cardiology, endocrinology, psychiatry, neurology, nephrology, or another specialist. This does not necessarily mean pregnancy is unsafe. It means your team is planning carefully.

Try to view the appointment as the beginning of an ongoing conversation.

Conception may happen quickly, take time, or require medical support. Your needs may change as you move from planning to trying to early pregnancy. Staying connected with trusted healthcare professionals can make that transition less overwhelming.