Medication review before pregnancy

Why review medications before trying to conceive?

Many pregnancies are recognized only after several weeks of embryonic development. Organ formation begins early, often before someone has had their first prenatal visit. A medication review before pregnancy gives you and your healthcare team time to make changes before this sensitive period, rather than reacting urgently after a positive test.

The purpose is not to label every medicine as dangerous. Medication safety in pregnancy is nuanced. Risk depends on the drug, dose, timing of exposure, route of administration, the condition being treated, available alternatives, and the risks of stopping treatment. A medicine that is inappropriate for one person may be essential for another.

Preconception review can help identify nonessential drugs, minimize exposure to known teratogens, adjust doses if physiology may change in pregnancy, and ensure that essential treatments are stable. This is especially relevant for chronic conditions such as epilepsy, asthma, hypertension, diabetes, depression, bipolar disorder, migraine, rheumatologic disease, thyroid disease, inflammatory bowel disease, and clotting disorders.

What should be included in the review?

A complete medication list is broader than many people realize. The CDC emphasizes discussing prescription medicines, non-prescription medicines, supplements, and herbal products with a healthcare professional before starting or stopping anything around pregnancy. Even products perceived as natural can have pharmacologic effects, uncertain pregnancy safety data, or interactions with prescribed therapies.

Bring or write down the following:

Prescription medicines, including dose, frequency, formulation, and how consistently you take them.
Over-the-counter medicines such as pain relievers, antihistamines, antacids, laxatives, sleep aids, cold medicines, and anti-inflammatory drugs.
Vitamins and minerals, especially folic acid, prenatal vitamins, vitamin A-containing products, iron, iodine, vitamin D, and high-dose supplements.
Herbal or traditional remedies, teas, tinctures, powders, and products used for fertility, sleep, anxiety, digestion, or pain.
Topical, inhaled, vaginal, rectal, eye, and skin treatments, including acne medicines and steroid creams.
Intermittent medicines used only during flares, travel, migraines, infections, allergies, or severe pain.
Substances that may interact with medication, including alcohol, nicotine, cannabis, recreational drugs, and bodybuilding or weight-loss products.

Include medicines taken by injection, implant, patch, inhaler, or infusion. If you see multiple clinicians, a pharmacist can be particularly helpful in reconciling duplicate therapies or identifying interactions.

Balancing medication exposure against untreated illness

One of the most important principles is that avoiding medication is not always the safest choice. Untreated or undertreated disease can affect fertility, pregnancy course, fetal growth, preterm birth risk, and parental wellbeing. For example, poorly controlled asthma can reduce oxygenation; uncontrolled seizures can be dangerous; severe depression or bipolar relapse can be life-threatening; and uncontrolled hypertension or diabetes can increase maternal and fetal risks.

A good medication review asks several clinical questions: Is the diagnosis still accurate? Is the medicine still needed? Is the current dose the lowest effective dose? Is there a better-studied alternative for pregnancy? Would changing therapy destabilize the condition? Should a switch be made months before trying to conceive so there is time to monitor response?

These questions should be answered with clinicians who know your history. For some medicines, the safest plan is to continue. For others, gradual tapering, substitution, dose modification, added monitoring, or specialist input may be recommended. Abrupt discontinuation can cause withdrawal symptoms, rebound disease, relapse, or acute medical complications.

Medication groups that often need preconception attention

Some medication categories commonly require a preconception conversation. This does not mean you should stop them on your own; it means they deserve individualized review.

Known teratogens: Some drugs can increase the risk of congenital anomalies when exposure occurs at critical times. Isotretinoin for acne is a well-known example and is subject to strict pregnancy-prevention measures.
Antiseizure medicines: Seizure control is essential, but some antiseizure drugs have higher fetal risk than others. Planning may include specialist review, monotherapy when feasible, dose monitoring, and folic acid discussion.
Mental health medicines: Antidepressants, mood stabilizers, antipsychotics, anxiolytics, and sleep medicines require careful risk-benefit assessment. Relapse prevention is a major part of safety planning.
Blood pressure and cardiovascular medicines: Some antihypertensives are avoided in pregnancy, while others are commonly used. Medication changes should be clinician-directed.
Autoimmune and inflammatory disease treatments: Immunosuppressants, biologics, corticosteroids, and anti-inflammatory medicines may need timing plans, disease-control targets, or specialist coordination.
Acne, migraine, pain, and weight-loss medicines: These groups may include drugs with limited pregnancy data or known concerns, so alternatives may be considered before conception.
Herbal and supplement products: Quality, dosing, contamination risk, and

pregnancy safety data vary widely. High-dose vitamin A, for example, can be problematic, while folic acid is recommended before pregnancy.

Asthma medicines illustrate the broader principle well: many people should continue controller therapy because uncontrolled asthma may be more dangerous than appropriately selected medication. The aim is not medicine avoidance; it is optimized, evidence-informed care.

Timing: when to schedule the review

Ideally, schedule a medication review at least three months before trying to conceive, or earlier if you take medicines with long half-lives, teratogenic potential, complex monitoring needs, or washout periods. Some drugs require discontinuation well before conception; others need a gradual taper or a transition to an alternative that must be tested for effectiveness before pregnancy.

If you are already trying, it is still worth arranging a review now. If you become pregnant unexpectedly while taking medication, contact your healthcare professional promptly rather than stopping everything at once. In many cases, clinicians can assess actual exposure timing, determine whether changes are needed, and arrange appropriate monitoring.

A pre-pregnancy doctor visit is also a good time to discuss folic acid or prenatal vitamins, vaccinations, chronic disease targets, genetic carrier screening when indicated, lifestyle factors, and reproductive history. Medication safety is one part of broader preconception planning, not a separate or isolated task.

How to prepare for the appointment

You can make the review more useful by arriving with accurate details. If possible, bring medication bottles, inhalers, creams, supplements, and a written list. Include the prescribing clinician, reason for use, dose, schedule, start date, prior side effects, and what happened if you missed doses in the past.

Helpful questions to ask include:

Is each medicine necessary before and during pregnancy?
Are any of my medicines known or suspected to be harmful in early pregnancy?
Should any medication be changed before I start trying to conceive?
If a change is recommended, how long should I be stable before trying?
Do I need blood tests, drug levels, blood pressure checks, symptom monitoring, or specialist follow-up?
Which medicines should I use for common problems such as pain, fever, allergies, nausea, constipation, or infections while trying to conceive?
What should I do if I get a positive pregnancy test while taking my current medicines?

Ask for a written plan. This is especially helpful if you have multiple clinicians, because everyone can see which medicines are to be continued, changed, avoided, or used only after consultation.

Folic acid, prenatal vitamins, and supplement safety

Medication review before pregnancy should include discussion of folic acid. The NHS recommends taking folic acid before pregnancy, because it helps reduce the risk of neural tube defects. Many people use a prenatal vitamin for this purpose, but dose and formulation can vary, and some people may need individualized advice based on medical history or medication use.

More is not always better with supplements. High-dose vitamins, fertility blends, herbal hormone products, detox products, and bodybuilding supplements may contain active ingredients that are not well studied in pregnancy. Some can interact with medications or contain variable amounts of ingredients. A clinician or pharmacist can help distinguish evidence-based supplementation from unnecessary or potentially risky products.

Emotional aspects of medication decisions

It is common to feel anxious, guilty, or conflicted about taking medication while planning pregnancy. Some people worry that continuing medicine means they are doing something wrong; others fear relapse if they make changes. Both concerns are valid. A supportive healthcare team should help you make decisions based on evidence, your values, and your lived experience of illness.

If you use medication for mental health, pain, autoimmune disease, neurologic disease, or another chronic condition, the conversation should include quality of life and function. Pregnancy planning should not require suffering in silence. The safest plan is often the one that maintains stability while reducing avoidable risk.