Preconception health checklist

Start with a preconception appointment

A preconception appointment is a preventive health visit focused on identifying risks before pregnancy. Ideally, schedule it at least three months before trying to conceive, although it is still worthwhile even if you are already attempting pregnancy. Bring a medication and supplement list, vaccination records, prior pregnancy details, menstrual cycle information, family history, occupational exposure history, and any chronic disease monitoring results you already have.

The visit may include blood pressure measurement, body mass index discussion, review of menstrual regularity, sexual health screening, and targeted laboratory testing based on risk. Depending on your history, a clinician may review conditions such as diabetes, hypertension, thyroid disease, epilepsy, autoimmune disease, kidney disease, cardiac disease, asthma, inflammatory bowel disease, migraine, clotting disorders, or psychiatric conditions. The aim is not to declare someone fit or unfit for pregnancy, but to optimize treatment plans before conception whenever possible.

If you have had recurrent pregnancy loss, preterm birth, congenital anomalies, stillbirth, severe preeclampsia, gestational diabetes, or complications

requiring intensive care, ask whether a preconception consultation with obstetrics, maternal-fetal medicine, genetics, endocrinology, cardiology, psychiatry, or another specialist would be appropriate.

Review medications, supplements, and chronic conditions

Medication review is one of the highest-yield parts of preconception care. Some medications are compatible with pregnancy, some require dose changes or monitoring, and others may be contraindicated or require planned transition to safer alternatives. Do not stop prescribed medicines abruptly without medical advice, especially anticonvulsants, antidepressants, anticoagulants, antihypertensives, thyroid medication, immunosuppressants, or diabetes therapies.

Ask a clinician or pharmacist to review:

Prescription medicines, including intermittent or as-needed drugs.
Over-the-counter medicines such as NSAIDs, decongestants, antacids, antihistamines, and sleep aids.
Herbal products, bodybuilding supplements, high-dose vitamins, retinoids, and weight-loss products.
Topical or oral acne treatments, because some retinoid-containing therapies have important pregnancy safety implications.
Medicines used by the male partner that may affect sperm production, sexual function, or fetal risk through exposure.

Chronic conditions should be as stable as feasible before pregnancy. For example, people with diabetes may need individualized glycemic targets before conception; those with thyroid disease may need thyroid-stimulating hormone monitoring; people with hypertension may need a pregnancy-compatible blood pressure strategy; and those with epilepsy may need seizure control planning and folate discussion. These are individualized decisions that require professional care.

Folic acid, nutrition, and micronutrients

Folic acid supplementation before conception reduces the risk of neural tube defects. Many public health guidelines advise starting folic acid before

pregnancy, because the neural tube closes early in embryonic development. The appropriate dose varies by individual risk factors, including prior neural tube defect-affected pregnancy, certain antiseizure medications, diabetes, malabsorption, and other clinical considerations. Ask your clinician which dose is appropriate for you.

A balanced preconception diet supports ovulation, sperm parameters, metabolic health, and early fetal development. A practical pattern includes vegetables, fruit, whole grains, legumes, nuts, seeds, fish or other protein sources, calcium-rich foods, and unsaturated fats. People following vegan, vegetarian, gluten-free, post-bariatric surgery, or highly restricted diets may need targeted assessment of vitamin B12, iron, vitamin D, calcium, iodine, zinc, omega-3 intake, or protein adequacy.

Common nutrition checklist items include:

Begin a prenatal vitamin or folic acid supplement before trying to conceive, after confirming the right formulation with a healthcare professional.
Discuss iodine needs, especially if using non-iodized salt or avoiding dairy and seafood.
Assess iron status if you have heavy menstrual bleeding, anemia history, fatigue, restrictive diet, or prior postpartum anemia.
Choose low-mercury fish options if you eat seafood, and ask for local advice about fish caught from potentially contaminated waters.
Limit highly processed foods and sugary drinks when possible, while avoiding shame-based or overly rigid dieting.

Vaccinations and infection screening

Immunity review is important because some infections can affect pregnancy or the fetus, and some vaccines are best given before conception. A clinician may review immunity or vaccination status for rubella, varicella, hepatitis B, influenza, COVID-19, pertussis-containing vaccines, and other vaccines based on age, health conditions, occupation, travel, and local guidance. Live vaccines, when indicated, usually require timing considerations before conception; confirm the interval with your healthcare provider.

Preconception infection screening may include sexually transmitted infections

such as chlamydia, gonorrhea, syphilis, HIV, and hepatitis B or C, depending on risk and local guidelines. Screening and treatment before pregnancy can reduce complications and prevent transmission. Both partners should be included when relevant, because untreated infection in one partner can lead to reinfection.

If you may be exposed to infections through work, caregiving, travel, animals, or young children, ask about prevention strategies for cytomegalovirus, toxoplasmosis, parvovirus B19, listeriosis, Zika virus where relevant, and foodborne illness. These discussions are especially important for healthcare workers, childcare workers, laboratory staff, veterinary workers, and people planning international travel.

Genetic, family history, and reproductive risk assessment

A careful family history can identify inherited conditions, chromosomal disorders, congenital anomalies, intellectual disability, early-onset cancers, recurrent pregnancy loss, stillbirth, consanguinity, or ancestry-associated carrier risks. If a known condition exists in either family, preconception genetic counseling can clarify inheritance patterns, testing options, reproductive choices, and limitations of screening.

Carrier screening may be offered before pregnancy or early in pregnancy. Conditions commonly discussed in many settings include cystic fibrosis, spinal muscular atrophy, hemoglobinopathies, and ancestry- or population-associated disorders, although panels differ by country and clinical setting. Screening does not guarantee a baby without genetic disease, but it can provide information before pregnancy decisions become time-sensitive.

If using donor sperm, donor eggs, gestational surrogacy, or assisted reproductive technologies, ask the fertility clinic how genetic screening, infectious disease testing, medication safety, and early pregnancy planning are coordinated.

Lifestyle factors: tobacco, alcohol, cannabis, weight, movement, and sleep

Lifestyle counseling should be practical and compassionate. Tobacco smoking, vaping nicotine, secondhand smoke, heavy alcohol use, and nonmedical drug use are associated with fertility and pregnancy risks. Cannabis may also affect

reproductive hormones, ovulation, sperm parameters, and fetal development, and it is best discussed openly with a clinician. If stopping feels difficult, ask for evidence-based cessation support rather than trying to manage it alone.

Alcohol guidance varies by country, but because early pregnancy can occur before recognition, many authorities recommend avoiding alcohol when trying to conceive or when pregnancy is possible. People using opioids, benzodiazepines, stimulants, or other substances should seek medical support; abrupt cessation can be unsafe in some circumstances.

Weight and metabolic health can influence ovulation, sperm quality, pregnancy complications, and assisted reproduction outcomes. However, body size alone does not define reproductive worth or predict an individual outcome. If BMI, insulin resistance, polycystic ovary syndrome, undernutrition, or eating disorder history is relevant, seek weight-neutral, medically supervised care focused on nutrition, movement, metabolic markers, and psychological safety.

Moderate physical activity, resistance training, adequate sleep, and stress management can support cardiometabolic and mental health. For most people, the goal is consistency: regular movement, sustainable meals, restorative sleep, and social support. If you have cardiac disease, severe anemia, uncontrolled asthma, recent surgery, pelvic pain, or a history of exercise-triggered symptoms, ask for individualized guidance before changing activity levels.

Male preconception health is part of the checklist

Preconception care is often framed around the person who will carry the pregnancy, but male health also matters. Sperm development takes roughly several months, so health exposures before conception may affect sperm count, motility, morphology, DNA integrity, and sexual function. A male partner can schedule a general health review, especially if there is a history of testicular problems, varicocele, chemotherapy, anabolic steroid use, erectile or ejaculatory problems, recurrent miscarriage, infertility, or chronic illness.

Useful male preconception steps include:

Screen and treat sexually transmitted infections when indicated.
Review medications, testosterone therapy, anabolic steroids, recreational

drugs, and supplements that may impair spermatogenesis.
Stop smoking and reduce or avoid heavy alcohol and cannabis exposure.
Use protective equipment around pesticides, solvents, heavy metals, radiation, or industrial chemicals.
Avoid frequent high-heat exposure to the testes, such as prolonged hot tubs or occupational heat, if sperm health is a concern.
Optimize sleep, nutrition, weight, dental health, and chronic conditions such as diabetes or hypertension.

These steps are not a guarantee of conception, but they reinforce that fertility and early pregnancy health are shared responsibilities rather than the burden of one partner.

Mental health, relationships, safety, and social support

Emotional wellbeing belongs on every preconception checklist. Pregnancy planning can intensify anxiety, grief, relationship stress, body image concerns, trauma memories, or fear after previous loss. If you have a history of depression, bipolar disorder, anxiety disorders, psychosis, eating disorders, substance use disorder, post-traumatic stress disorder, or perinatal mood disorder, preconception planning can help create a monitoring and medication strategy before pregnancy.

Safety also matters. Clinicians may ask about intimate partner violence, reproductive coercion, housing insecurity, food insecurity, financial strain, workplace hazards, and access to transportation or healthcare. These questions are not judgments; they help identify support and reduce risk. If privacy is a concern, ask to speak with a clinician alone.

Practical planning can include identifying maternity care options, checking insurance or healthcare coverage, arranging dental care, reviewing parental leave, discussing caregiving responsibilities, and building a support plan for the first trimester and postpartum period.

A practical preconception checklist to bring to your clinician

Use this checklist as a starting point for a personalized visit:

Reproductive history: menstrual cycles, contraception plan, prior pregnancies, losses, fertility treatments, gynecologic surgery, endometriosis, fibroids, or PCOS.
Medical history: chronic diseases, hospitalizations, allergies, surgeries, blood pressure, diabetes markers, thyroid history, seizures, migraines, autoimmune disease, clotting history, kidney or heart disease.
Medication review: prescriptions, over-the-counter drugs, supplements, acne treatments, herbal products, and partner medications relevant to fertility.
Nutrition: folic acid, prenatal vitamin choice, iodine, iron, vitamin D, B12, dietary restrictions, caffeine intake, food safety, and eating disorder history.
Vaccines and infections: rubella, varicella, hepatitis, influenza, COVID-19, pertussis, STI screening, travel risks, occupational exposure.
Genetics: family history, carrier screening, ancestry-associated risks, consanguinity, congenital anomalies, intellectual disability, recurrent pregnancy loss.
Lifestyle: tobacco, vaping, alcohol, cannabis, other substances, sleep, exercise, weight concerns, occupational chemicals, heat exposure, and environmental toxins.
Mental health and safety: current symptoms, prior diagnoses, medications, therapy access, trauma history, intimate partner violence, social support, and practical barriers to care.

If the list feels long, that is normal. You do not need to solve everything at once. Prioritize items that are urgent, time-sensitive, or likely to affect early pregnancy, and ask your healthcare team to help sequence the rest.