Ask the pair to complete the ZwangerWijzer questionnaire (digital or printed version) prior to the consultation, or arrange for the practice assistant to complete the questionnaire with the couple. Items from the ZwangerWijzer include: medical and obstetric history, medication, use of folic acid, rubella, diet, lifestyle, ethnic origin, hereditary conditions and occupation.

Explore any questions that the couple might have.
Discuss the items from the questionnaire with the couple.
Ask the woman if she has had chicken pox.
Discuss the risk of a STD.
Make an inventory of psychosocial problems and support system.

Calculate the BMI.
Measure blood pressure.

For the woman:
If there are risk factors for diabetes, such as a BMI ≥ 30, if the woman is of Hindustani decent, if there is a history of gestational diabetes: fasting glucose.
In the case of symptoms that could indicate a STD or with sexual risk behaviour: chlamydia, gonorrhoea, hepatitis B and/or HIV.
If there is any doubt about vaccination for rubella: rubella antibodies.
If there is any doubt about previous infection with chicken pox: varicella antibodies.
For employees working in healthcare or who come into contact with small children in a professional capacity: antibodies against parvovirus B19 (fifth disease).
With use of anti-epileptic medication: determine serum level of folic acid.
With Graves’ disease: antibodies against TSH receptor.

Discuss a carrier test for haemoglobinopathies for individuals (male and female):
  a. From the Mediterranean Sea area, Africa, Asia, the Middle East or the Caribbean area;
  b. With a known microcytic hypochromic blood count or persistent anaemia following iron supplementation (refer to the NHG Guideline on Anaemia);
  c. With a family history of a haemoglobinopathy;
  d. With an older child in the family who was diagnosed by the heel prick screening as being affected by or a carrier of a haemoglobinopathy.
(In the case of c and d: targeted carrier test via clinical geneticist in the case of known carriers in the family.)

Advising folic acid 0.4 or 0.5 mg once daily from 4 weeks prior to conception up to and including 10 weeks after the first day of the last menstruation.
Discourage use of over-the-counter medicines; paracetamol can be used without consultation. Weigh the benefits and risks of prescription medication.
Advise the woman to contact the occupational health physician in the case of occupational risks (toxic substances, radiation, physically demanding work, shift work, stress).
Advise women to report a desire for pregnancy during a travel advice consultation.
Vaccinate against rubella or chicken pox if indicated.

Eat a healthy diet. In anticipation of a possible pregnancy, the following advice applies from the moment of a conceptual pregnancy: do not eat raw or partially raw meat, wash vegetables thoroughly, wear gloves when gardening and cleaning cat litter; do not consume raw (unpasteurised) milk products. Avoid refrigerated products that are not (sufficiently) heated after refrigeration, such as pâté, fish, prepared salads and soft-serve ice cream.

Inform the couple that increasing age has an unfavourable effect on fertility and the risk of complications during the pregnancy and chromosomal abnormalities in the child are increased.

Explain the functioning of the obstetric care system if necessary.

General medical

Refer to a gynaecologist for advice in the case of an obstetric history of prematurity, growth retardation, pre-eclampsia or HELLP. Discuss the option of karyotyping after two or more miscarriages.

Discuss the option and desirability of genetic investigations in the case of a hereditary condition in the family.

In the case of hypertension, thyroid function abnormalities, asthma, depression and anxiety disorders, diabetes mellitus, epilepsy, thrombosis, (congenital) cardiac abnormalities and phenylketonuria in the woman: refer to the text of the guideline.

Lifestyle

Encourage both men and women to stop smoking in a timely manner.

Advise women to avoid using alcohol during pregnancy.

Encourage achieving a healthy weight.

CHECK-UP AND REFERRAL

If desired, provide guidance on smoking cessation or the use of alcohol, or for weight reduction.

If necessary, refer to a psychologist or social worker in the case of complex psychosocial problems. Request pre-conception advice in secondary care in the case of hereditary conditions, cardiac abnormalities, diabetes mellitus, history of thrombosis if coagulation exam has not been performed, epilepsy and complex psychiatric problems.

Advise the woman to make a first appointment with the obstetric care provider as soon as the woman has become pregnant.

Pregnant women with any of the indications listed below can also consult a gynaecologist for the first pregnancy check-up; also refer to the obstetric indication list on www.nhg.org/pcz.

<table>
<thead>
<tr>
<th>Obstetric history</th>
<th>Advice</th>
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<tbody>
<tr>
<td>blood group antagonism</td>
<td>diabetes mellitus</td>
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<tr>
<td>premature birth (&lt; 33 weeks)</td>
<td>pre-existing hypertension</td>
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<tr>
<td>multiple premature births (&lt; 37 weeks)</td>
<td>coagulopathy</td>
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<tr>
<td>cervical insufficiency</td>
<td>heart defect with haemodynamic consequences</td>
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<tr>
<td>previous child with a birth weight &lt; p5</td>
<td>HIV</td>
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<td></td>
<td>thyroid condition with TSH receptor antibodies or hyperthyroidism</td>
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<td></td>
<td>inflammatory bowel disease</td>
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<td></td>
<td>systemic illness</td>
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<td></td>
<td>abuse of alcohol or hard drugs</td>
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</table>

Informative websites:

- www.nhg.org/pcz (printable questionnaire)
- www.zwangerwijzer.nl (digital questionnaire)
- www.erfelijkheid.nl
- www.arboportaal.nl
- www.knov.nl
- www.rivm.nl/toolkits