

**DIAGNOSTIC RECOMMENDATIONS**

- ★ 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.

**History**

- ★ 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.

**Physical examination**

- ★ Calculate the BMI.
- ★ Measure blood pressure.

**Additional investigations**

For the woman:

- ★ If there are risk factors for diabetes, such as a BMI  $\geq 30$ , 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.)

**THERAPEUTIC RECOMMENDATIONS****Education**

- ★ Advise 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 actual 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](http://www.nhg.org/pcz).

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

#### Informative websites:

- ★ [www.nhg.org/pcz](http://www.nhg.org/pcz) (printable questionnaire)
- ★ [www.zwangerwijzer.nl](http://www.zwangerwijzer.nl) (digital questionnaire)
- ★ [www.erfelijkheid.nl](http://www.erfelijkheid.nl)
- ★ [www.arboportaal.nl](http://www.arboportaal.nl)
- ★ [www.knov.nl](http://www.knov.nl)
- ★ [www.rivm.nl/toolkits](http://www.rivm.nl/toolkits)