

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Good Health Before Pregnancy: Prenatal Care

Before you try to get pregnant, there are some important things you can do to give yourself the best chance of having a healthy pregnancy and a healthy baby. By planning ahead and making needed changes before you get pregnant, you are more likely to be prepared. This is why prenatal care and a healthy lifestyle are important.

You Need to Know

- what to expect during a **prepregnancy care** checkup
- how to make healthy lifestyle choices
- how to address health concerns before pregnancy

The Prenatal Care Checkup

A prenatal care checkup is the first step in planning a healthy pregnancy. The goal of this checkup is to find things that could affect your pregnancy. Identifying these things is important because the first 8 weeks of pregnancy is the time when major organs develop in a **fetus**.

What happens during a prenatal care checkup?

During this visit, you and your **obstetrician-gynecologist (ob-gyn)** or other **obstetric care provider** will talk about

- your diet and lifestyle
- your medical and family history

- medications you take
- past pregnancies

What other things are part of a prenatal care checkup?

Your ob-gyn or other obstetric care provider also will review your **vaccination** history to be sure that you have had all the **vaccines** that are recommended for your age group. You'll also go over the risks of **sexually transmitted infections (STIs)** and discuss how to protect yourself.

A Healthy Lifestyle

The months before you get pregnant are the best time to take steps to be healthier. These steps may include

- eating a healthy diet and taking a prenatal vitamin
- getting regular exercise
- reaching and maintaining a healthy weight
- stopping unhealthy substances (tobacco, alcohol, marijuana, illegal drugs, and prescription drugs taken for a nonmedical reason)
- keeping your environment safe

Are there tools that can help me plan healthy meals?

Yes. One useful tool is the MyPlate food-planning guide from the U.S. Department of Agriculture. The MyPlate website, www.choosemyplate.gov, can help you learn how to make healthy food choices at every meal.

What should I know about my weight before pregnancy?

If you are planning a pregnancy, you should try to reach a healthy weight before you get pregnant (see the box “What Should My Weight Be?”). Being underweight or overweight may cause problems during pregnancy. Talk with your ob-gyn or other obstetric care provider about whether your weight might be an issue for your pregnancy.

How can being overweight or obese cause problems during pregnancy?

Excess weight during pregnancy is associated with several pregnancy and childbirth **complications**, including

- **high blood pressure**
- **preeclampsia**
- **preterm** birth
- **gestational diabetes**

What Should My Weight Be?

To stay healthy, you should keep your weight at the level that is best for your height. A person’s **body mass index (BMI)** is a number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese. Use the online calculator at https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm to find your BMI. There are four categories of weight that are based on BMI:

1. Underweight—BMI of less than 18.5
2. Normal weight—BMI of 18.5 to 24.9
3. Overweight—BMI of 25 to 29.9
4. Obese—BMI of 30 or greater

Obesity during pregnancy also increases the risk of

- **macrosomia**
- birth injury
- **cesarean birth**
- **birth defects**, especially **neural tube defects (NTDs)**

What should I know about losing weight?

If your ob-gyn or other obstetric care provider suggests that you try to lose weight, keep in mind that losing even a small amount of weight may improve your overall health. This can pave the way for a healthier pregnancy. The best way to lose weight is by making changes in your diet and by being more physically active. Cutting back on your daily **calories** is a good first step. An easy way to cut calories is to avoid sugary drinks, such as sodas. Also, pay attention to the amount of food you eat. Portion control is key.

How much exercise should I get?

Try to do 150 minutes of moderate physical activity each week, along with muscle-strengthening activities on 2 days or more a week. You can divide the recommended amount of minutes into shorter workout sessions throughout the week. For example, you can do a 30-minute workout 5 days per week. Set up a routine that works best for you.

Can being underweight cause problems with pregnancy?

Yes, being underweight increases the risk of having a baby with a **low birth weight**. Low-birth-weight babies are at risk of problems during labor and after birth. Being underweight also increases the risk of preterm birth.

Is there a healthy way to gain weight?

If your ob-gyn or other obstetric care provider suggests that you try to gain weight, start by taking in more calories each day than you burn through daily activity and exercise. Eat healthy high-calorie snacks every day. Some good choices include

- nuts
- granola bars
- meal replacement shakes
- fruit smoothies
- yogurt

Should I start taking vitamins?

Yes, you should take a daily prenatal vitamin before pregnancy and continue taking it after you get pregnant. Prenatal vitamins contain all of the recommended daily vitamins and minerals you will need before and during your pregnancy, including folic acid and iron. Prenatal vitamins also may help reduce nausea and vomiting if you start taking them before you get pregnant.

How much folic acid should I take?

At least 1 month before pregnancy and during the first 12 weeks of pregnancy, you should take a prenatal vitamin that contains at least 400 micrograms of folic acid each day. Some women, such as those who have had a previous child with an NTD, should take 4 milligrams (mg) of folic acid each day—10 times the usual amount—as a separate supplement at least 3 months before pregnancy and for the first 3 months of pregnancy. You and your ob-gyn or other obstetric care provider can discuss whether you need this amount of folic acid based on your health history.

Why is iron important during pregnancy?

Iron is used by your body to make the extra blood that you and your fetus need during pregnancy. Women who are not pregnant need 18 mg of iron per day. Pregnant women need more, 27 mg per day. This increased amount is found in most prenatal vitamins.

How can I make sure I'm getting enough iron?

In addition to taking a prenatal vitamin with iron, you should eat iron-rich foods such as beans, lentils, enriched breakfast cereals, beef, turkey, liver, and shrimp. You also should eat foods that help your body absorb iron, including orange juice, grapefruit, strawberries, broccoli, and peppers.

Why is it important to stop using substances before getting pregnant?

Use of substances—tobacco, alcohol, marijuana, illegal drugs, and prescription drugs taken for a nonmedical reason—can cause serious problems for your pregnancy and your fetus, including

- birth defects
- low birth weight
- preterm birth
- *stillbirth*

Substance use includes taking drugs such as heroin, cocaine, or methamphetamines. It also includes using oxycodone or other *opioids* in ways that were not prescribed for you. If you use any of these substances, now is the time to quit. Stopping before pregnancy also can give you time to seek help if you have issues with substance use or dependence.

How can I find help with quitting?

Quitting harmful behavior takes support. It's okay to ask for help. Your ob-gyn or other obstetric care provider can suggest ways to get through the early stages and refer you to support groups.

Should my partner give up substance use too?

Your partner and anyone else you live with should not smoke around you during pregnancy. Secondhand smoke can expose your fetus to toxic chemicals. Secondhand smoke also has been linked to an increased risk of *sudden infant death syndrome (SIDS)*. If you

have a male partner, he should give up harmful substances before you try to get pregnant. Smoking, drinking alcohol, and using drugs may damage a man's *sperm* cells and have harmful effects on the fetus.

What should I know about my environment?

Before you get pregnant and during your pregnancy, you may have contact with chemicals at work, at home, or in your community. A few chemicals are known to have harmful effects on a fetus. These include lead, mercury, and certain pesticides. Some substances found in the home or the workplace may make it harder for you to get pregnant.

Could I be exposed to harmful substances at work?

Find out from your employer whether you might be exposed at work to toxic substances such as lead or mercury, pesticides or solvents, or radiation. Radiation, a form of energy sent out in invisible waves, is used in certain medical and industrial jobs.

Will I be asked about intimate partner violence?

Your ob-gyn or other obstetric care provider may ask about your relationship during your prepregnancy care visit. You may not think of your home environment as harmful, but if you are dealing with intimate partner violence (also known as domestic violence), it can be harmful for you and your children.

How can I get help if I'm in an abusive relationship?

- Your ob-gyn or other obstetric care provider can help you find resources in your state that offer aid.
- You also can call the toll-free, 24-hour National Domestic Violence hotline at 1-800-799-SAFE (7233) and 1-800-787-3224 (TTY).

Health Concerns

Some health concerns may require special attention before or during pregnancy. Close monitoring or treatment before and during pregnancy may help prevent problems or make them less severe. This is another reason why getting prepregnancy care is so important.

Can chronic medical conditions cause problems during pregnancy?

Yes, some medical conditions may cause problems during pregnancy. Some of these conditions include

- *depression*
- *diabetes mellitus*
- eating disorders
- high blood pressure
- *seizure disorders*

Some health conditions may increase the risk of problems for the fetus, such as birth defects. Other conditions may increase the risk of health problems for you. Having one of these conditions does not mean that

you cannot have a healthy pregnancy or baby. But good care before pregnancy may reduce pregnancy-related risks.

What should I do if I have a chronic medical condition?

If you have a medical condition, you may need to make some changes to bring your condition under control before you try to get pregnant. Even if a health problem is well managed, the demands of pregnancy may cause it to get worse. To keep health problems in check, you may need to

- make lifestyle changes
- see your ob-gyn or other obstetric care provider more often
- get other specialized care during pregnancy

Can I take medications, herbal remedies, or supplements?

Some medications, vitamins, and herbal remedies can be harmful to a fetus and should not be taken while you are pregnant. Bring your medications to your pre-pregnancy care checkup. Take with you all medications in their bottles, packs, or other packaging. Your ob-gyn or other obstetric care provider can determine their safety when used during pregnancy.

Should I stop taking my prescription medication?

Do not stop taking prescription medication until you have talked with your ob-gyn or other obstetric care provider. Some medications may increase the risk of birth defects, but the benefits of continuing to take the medication during pregnancy may outweigh the risks to your fetus.

Who is at risk of sexually transmitted infections?

STIs are infections passed through sexual contact. You are at higher risk of getting an STI if you have sex with more than one partner. You also are at higher risk if your partner has sex with someone else.

What should I do if I think I have a sexually transmitted infection?

If you think you or your partner may have an STI, get tested and treated right away. Your partner also may need to be treated. Neither of you should have sex until you have both finished treatment.

Should I be tested for human immunodeficiency virus?

Yes, all women should be tested for **human immunodeficiency virus (HIV)**. HIV cannot be cured, but if you know your HIV status, you can make important decisions about pregnancy. You also can learn about treatment options that may make it less likely you will pass the infection to your fetus.

What should I know about vaccination before pregnancy?

Certain infections during pregnancy can cause birth defects or pregnancy complications. Many infections can be prevented with vaccination. It's best to get all of the vaccines recommended for your age before you try to get pregnant because some cannot be given during pregnancy. Two vaccines that are especially important for pregnant women are the **influenza (flu) vaccine** and the **tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine**. The flu shot and the Tdap shot are safe during pregnancy.

I had a problem in a past pregnancy—will I have the same problem again?

Some pregnancy problems may increase the risk of having the same problem in a later pregnancy. These problems include preterm birth, high blood pressure, preeclampsia, and gestational diabetes. But having a problem in a past pregnancy does not mean it will happen again—especially if you receive proper care before and during your pregnancy. Your ob-gyn or other obstetric care provider will ask you about any past pregnancy complications.

Your Takeaways

1. A pre-pregnancy care checkup is the first step in planning a healthy pregnancy.
2. The months before you get pregnant are the best time to take steps to be healthier.
3. Healthy choices include eating a healthy diet, getting regular exercise, reaching and maintaining a healthy weight, stopping unhealthy substances, keeping your environment safe, and making sure your vaccinations are up to date.
4. Some chronic medical conditions, infections, and medications can cause problems during pregnancy. Discuss them with your ob-gyn or other obstetric care provider.

Terms You Should Know

Birth Defects: Physical problems that are present at birth.

Body Mass Index (BMI): A number calculated from height and weight. BMI is used to determine whether a person is underweight, normal weight, overweight, or obese.

Calories: Units of heat used to express the fuel or energy value of food.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Depression: Feelings of sadness for periods of at least 2 weeks.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Gestational Diabetes: Diabetes that starts during pregnancy.

High Blood Pressure: Blood pressure above the normal level. Also called hypertension.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

Influenza (Flu) Vaccine: A shot given to protect against the flu.

Low Birth Weight: Weighing less than 5 ½ pounds (2,500 grams) at birth.

Macrosomia: A condition in which a fetus grows more than expected, often weighing more than 8 pounds and 13 ounces (4,000 grams).

Neural Tube Defects (NTDs): Birth defects that result from a problem in development of the brain, spinal cord, or their coverings.

Obstetric Care Provider: A health care professional who cares for a woman during pregnancy, labor, and delivery. These professionals include obstetrician-gynecologists (ob-gyns), certified nurse-midwives (CNMs), maternal-fetal medicine specialists (MFM), and family practice doctors with experience in maternal care.

Obstetrician-Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Opioids: Drugs that decrease the ability to feel pain.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury. These signs include an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Prepregnancy Care: Medical care that is given before pregnancy to improve the chances of a healthy pregnancy. This care includes a physical exam; counseling about nutrition, exercise, and medications; and treatment of certain medical conditions.

Preterm: Less than 37 weeks of pregnancy.

Seizure Disorders: Any condition that causes seizures, which cause changes in movement, consciousness, mood, or emotions. Epilepsy is one kind of seizure disorder.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sperm: A cell made in the male testicles that can fertilize a female egg.

Stillbirth: Birth of a dead fetus.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine: A shot that protects against tetanus, diphtheria, and pertussis (whooping cough).

Vaccination: Giving a vaccine to help the body's natural immune system develop protection from a disease.

Vaccines: Substances that help the body fight disease. Vaccines are made from very small amounts of weak or dead agents that cause disease (bacteria, toxins, and viruses).

This information is designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. For ACOG's complete disclaimer, visit www.acog.org/WomensHealth-Disclaimer.

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American College of Obstetricians and Gynecologists
409 12th Street SW
Washington, DC 20024-2188