



B R O A D

M E D I C A L G R O U P

PREGNANCY CARE



INFORMATIONAL BROCHURE

Preconception Care

Thinking of becoming pregnant or not using birth control?

(therefore at risk of becoming pregnant)? Preconception care is getting your eggs (plus partner's sperm) into optimal health BEFORE you conceive. The most important time is what happens before becoming pregnant. Given that 50 percent of pregnancies in the United States are UNPLANNED, women are not getting vital preconception care. The focus is not only to achieve the goal of a healthy newborn, but also to have a healthy mom at the end of the pregnancy and a healthy family.

Preconception care is the time to think about the fact that the ACTION one takes TODAY may have an impact on a future pregnancy tomorrow. Activities like use of alcohol, tobacco products, and drugs (including marijuana) can adversely impact the development of a conceived pregnancy (unbeknownst to the woman who may not even know she is pregnant) and the woman. Just because it is LEGAL does not mean you should or that it is healthy. The counseling that we provide to women about a future pregnancy may be a motivator to help a woman quit smoking or change her alcohol or drug use behaviors.

Addressing problems like obesity & nutrition

Preconception counseling is also about addressing problems like obesity and nutrition as being overweight or obese (weight for height BMI > 30) can impact pregnancy outcome:

- increased risk of spontaneous abortion
- increased risk of early fetal loss and stillbirth
- increased risk of fetal structural congenital anomalies such as brain and spine abnormalities (such as neural tube defects, hydrocephaly) cardiovascular, facial and limb malformations
- increased risk of maternal heart disease, kidney damage, sleep apnea, liver damage, gestational diabetes mellitus (diabetes in pregnancy), and preeclampsia (high blood pressure and blood vessel disease in pregnancy)
- increased risk of metabolic syndrome (obesity, high blood sugar, belly fat, high blood pressure and cholesterol/triglycerides) and insulin resistance (pre-diabetes and diabetes) during pregnancy may cause preexisting but subclinical cardiometabolic dysfunction to emerge as high risk pregnancy complications such as preeclampsia, gestational diabetes, and obstructive sleep apnea (OSA)
- increased risk of cesarean delivery, failed trial of labor, endometritis (infection of the uterus postpartum), wound rupture or dehiscence (opening of the wound), and venous thrombosis (life threatening blood clot)
- increased risk of infants with more body fat and long-term risks of metabolic syndrome and childhood obesity

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Obese women who have even small weight reductions before pregnancy may have improved pregnancy outcomes

In addition to achieving the proper height-weight ratio it is important to focus on nutrition and encouraging women to take multivitamins that include folic acid which are the building blocks for a growing human being.

Family planning

Now the most important part of preconception care is actually family planning. Unplanned pregnancies are at higher risk of having poor outcomes compared to planned pregnancies. In my practice it is prudent to ask all women whether they **PLAN** to become pregnant in the next year.

If the answer is **YES** then my goal is to make this woman the healthiest version of herself **BEFORE** conception.

If the answer to having a baby in the next year is **NO**, I will discuss pregnancy prevention options while still aiming to improve her overall wellbeing and health.



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