



Preconception Care Toolkit

This Preconception Care Toolkit offers evidence, resources and practical advice to support the development of approaches to population health improvement among people of reproductive age.

This document is intended for commissioners, healthcare professionals and associated professionals.

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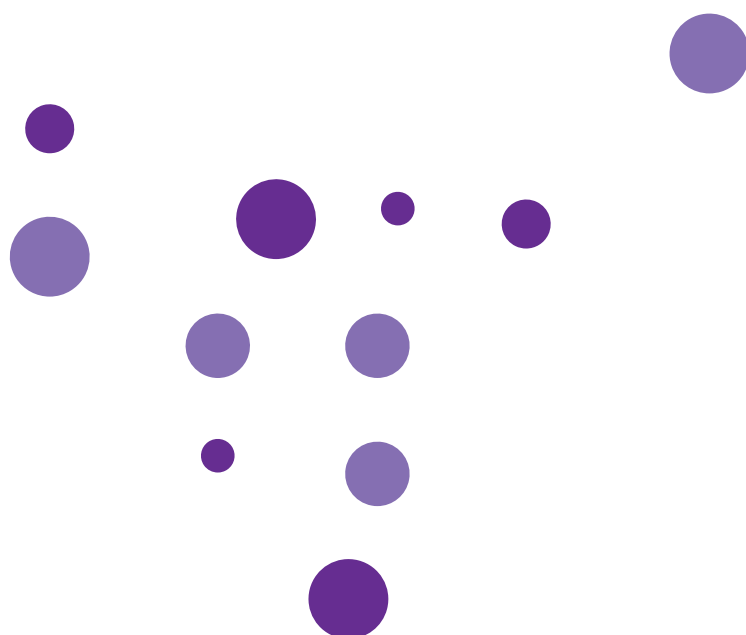
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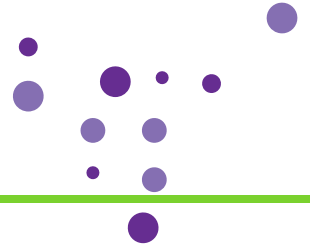
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Executive Summary



This toolkit is about preconception health and care. Preconception care is a broad term describing the offer of promotive, preventative and curative health interventions before pregnancy to improve the health of women and couples. This is important since there is clear evidence for the association between preconception health and population-level maternal and child health outcomes.

The toolkit has been developed by a collaboration of public health researchers and practitioners in response to public and expert consensus on the need to tackle inequalities in preconception health and care.

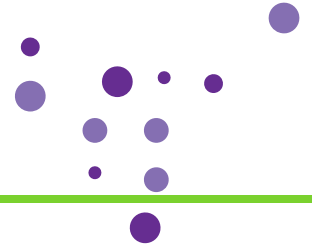
This toolkit is intended for professionals responsible for commissioning health or health improvement services in England. This includes (but is not limited to) teams within Integrated Care Boards (ICBs), Local Authorities and healthcare providers. This toolkit aims to support professionals to:

- Access the data indicators that enable the preconception health of a population to be assessed and monitored over time.
- Access key guidance documents and summaries of the latest evidence, specifically related to the commissioning and implementation of interventions to improve preconception health.
- Read about different approaches and models of preconception care in England, including how services have been designed to reduce inequalities in health outcomes.

This toolkit has not set out to establish recommendations regarding preconception care policy and practice. Instead, the toolkit aims to signpost the most relevant and useful resources for stakeholders to review.

Following publication of this toolkit, further work will continue to develop the evidence base for good practice preconception care and to explore opportunities to map the national picture for preconception care in England.

Introduction



Preconception care is “the provision of a set of promotive, preventative and curative health interventions before pregnancy to promote the health and well-being of women and couples, as well as to improve pregnancy and child-health outcomes¹.” This includes interconception care; the care given to women and their partners between one pregnancy and the next².

There is increasing evidence on the importance of optimising health prior to pregnancy to improve maternal and child health outcomes, with 90% of women of reproductive age having at least one modifiable risk factor that can adversely affect pregnancy^{3,4}.

Although preconception health care and research has often focused on the health of women, there are a range of preconception risk factors in men which potentially affect outcomes for the pregnancy and the baby⁵. This toolkit is written from the perspective that preconception care should encompass both maternal and paternal health. More broadly, preconception care should consider all family structures and reproductive decisions.

In England, the publication of [Making the Case for Preconception Care](#)⁶ by Public Health England (PHE) in 2018 led to political recognition of preconception care as a priority area of focus within health policy and strategy. Further strategic publications have also supported the case for an increased focus on preventing ill health; at population-level and in the context of improving health outcomes for parents and infants. Most recently, [Lord Darzi’s report on the state of the NHS in England](#)⁷ (2024) highlighted the continued rise in clinical complexity within maternity services, due to the increase in the age that women become pregnant and because more expectant mothers have conditions such as obesity or diabetes. [The NHS Long Term Plan](#)⁸ states the importance of maximising opportunities to prevent ill health by helping people to make healthier lifestyle choices.

[The Women’s Health Strategy for England](#)⁹ (2022) set out a plan to boost health outcomes for women and girls across the entire span of their life course. This included a commitment to encouraging the expansion of women’s health hubs that bring essential women’s services together to support women to maintain good health.

¹ World Health Organization. Preconception care: Maximizing the gains for maternal and child health. 2013. [Accessed November 2024]. Available from: https://www.who.int/docs/default-source/mca-documents/maternal-nb/preconception_care_policy_brief.pdf

² James S, Watson C, Bernard E, Rathnasekara GK, Mazza D. Interconception care in Australian general practice: a qualitative study. *Br J Gen Pract.* 2023;73(737):e949-e957.

³ Schoenaker D, Stephenson J, Smith H, Thurland K, Duncan H, Godfrey KM, Barker M, Singh C, Alwan NA; UK Preconception Partnership. Women’s preconception health in England: a report card based on cross-sectional analysis of national maternity services data from 2018/2019. *BJOG.* 2023;130(10):1187-1195.

⁴ Stephenson J, Schoenaker DA, Hinton W, Poston L, Barker M, Alwan NA, Godfrey K, Hanson M, de Lusignan S; UK Preconception Partnership. A wake-up call for preconception health: a clinical review. *Br J Gen Pract.* 2021;71(706):233-236.

⁵ Carter T, Schoenaker D, Adams J, Steel A. Paternal preconception modifiable risk factors for adverse pregnancy and offspring outcomes: a review of contemporary evidence from observational studies. *BMC Public Health.* 2023;23(1):509.

⁶ Making the Case for Preconception Care: Planning and preparation for pregnancy to improve maternal and child health outcomes. Public Health England. July 2018. [Accessed November 2024]. Available from: https://assets.publishing.service.gov.uk/media/5b585b3a40f0b6338218d6f1/Making_the_case_for_preconception_care.pdf

⁷ Darzi, A. Independent Investigation of the National Health Service in England. 2024. [Accessed May 2025]. Available at: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

⁸ NHS England. The NHS Long Term Plan. 2019. [Accessed November 2024]. Available at: www.longtermplan.nhs.uk/publication/nhs-long-term-plan.

⁹ Department of Health & Social Care. Women’s Health Strategy for England. 2022. [Accessed January 2025]. Available from: <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>



The core specification for Women's Health Hubs requires all Integrated Care Boards (ICBs) in England to provide preconception services by 2025¹⁰. However, commissioning organisations require further guidance, practical advice, and case study examples in order to deliver effective, evidence-based preconception care.

This preconception care toolkit has been developed by a collaboration of public health researchers and practitioners in response to public and expert consensus on the need to tackle inequalities in preconception health and care¹¹. It aims to distill the latest evidence into concise, accessible information and to provide case study examples of different approaches to preconception care.

This toolkit is intended for professionals responsible for commissioning health or health improvement services across community, primary and secondary care. It may also be relevant to strategy developers and health providers. This toolkit aims to support professionals to:

- Access the data indicators that enable the preconception health of a population to be assessed and monitored over time.
- Access key guidance documents and summaries of the latest evidence, specifically related to the commissioning and implementation of interventions to improve preconception health.
- Read about different approaches and models of preconception care in England, including how services have been designed to reduce inequalities in health outcomes.

This toolkit has not set out to establish recommendations regarding preconception care policy and practice. Instead, the toolkit aims to signpost the most relevant and useful resources for stakeholders to review.

Preconception care is closely linked to the provision of Women's Health Hubs. Alongside the existing national guidance, [The Women's Health Hub Toolkit](#)¹², produced by The Primary Care Women's Health Forum may also be relevant to readers.

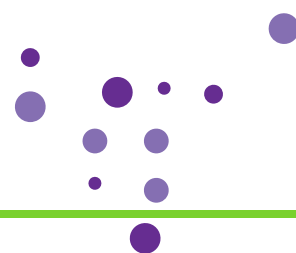
This toolkit uses the terms 'woman' and 'women' to refer to those who are planning to become pregnant, who are pregnant or who have given birth. We acknowledge that not all people who can become pregnant identify as women. It is important that preconception care is inclusive and personalised to reflect people's gender identities and non-traditional family structures.

¹⁰ Department of Health & Social Care. Guidance: Women's health hubs: core specification. 2024. [Accessed November 2024]. Available from: <https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification>

¹¹ Schoenaker D, Hall J, Stewart C, Hanley SJ, Cassinelli EH, Benton M, Wynn-Jones AA, Chawla M, Currie S; 2023 UK Preconception EMCR Network conference workshop participants. Tackling inequalities in preconception health and care: barriers, facilitators and recommendations for action from the 2023 UK preconception EMCR network conference. J Dev Orig Health Dis. 2024;15:e24.

¹² Primary Care Women's Health Forum. The Women's Health Hub Toolkit. [Accessed 28 November 2024]. Available from: <https://www.pcwhs.co.uk/resources/toolkit>

Assess and monitor preconception health



This section aims to describe the indicators of preconception health that are routinely available for assessing and monitoring preconception health and inequalities.

Preconception health indicators

National data

Following the publication of the [2018 Lancet Series on preconception health](#), a [Preconception report card for England 2018-2019](#)¹³ was published by the Department of Health and Social Care in July 2022. The report card describes the state of preconception health using routine data from the Maternity Services Data Set (MSDS) from 1 April 2018 to 31 March 2019. It outlined a framework for reporting and monitoring preconception health in England.

[The Preconception Report Card for England 2018-2019 \(DHSC, 2022\)](#)¹³ - provides analysis of 32 preconception indicators across domains of wider determinants of health; emotional and social health; reproductive health; health behaviours and weight; and pre-existing medical conditions.

The preconception report card indicators were developed based on a review published by the UK Preconception Partnership¹⁴. The methodology and findings are discussed further in a research paper - [Women's preconception health in England: a report card based on cross-sectional analysis of national maternity services data](#)³.

The research paper describes the methodology and results of an exercise to reduce the preconception report card measures to a manageable number for ongoing surveillance. This resulted in the identification of 10 priority preconception indicators (not taking folic acid supplementation before pregnancy; obesity; complex social factors; living in the most deprived areas; smoking around conception; overweight; pre-existing mental health condition; pre-existing physical health condition; previous pregnancy loss; previous obstetric complication).

The first preconception report card is based on national maternity services data only, with indicators based on data collected at the first antenatal (booking) appointment. These data do not capture the health state of women (and partners) of reproductive age who may become pregnant in the future, or that of women who have experienced early pregnancy loss. Further work is ongoing to develop these preconception health indicators by using additional national data sources, such as primary care and community services data.

¹³ Office for Health Improvement and Disparities. Preconception report card for England, April 2018 to March 2019. 2022. [Accessed 28 November 2024]. Available from: <https://www.gov.uk/government/publications/report-card-indicators-of-womens-preconception-health>

¹⁴ Schoenaker DAJM, Stephenson J, Connolly A, Shillaker S, Fishburn S, Barker M, Godfrey KM, Alwan NA; UK Preconception Partnership. Characterising and monitoring preconception health in England: a review of national population-level indicators and core data sources. *J Dev Orig Health Dis.* 2022 Apr;13(2):137-150.



The following publications provide further information about the research underpinning the development of the preconception indicators.

Preconception Report Card – list of key publications

Characterising and monitoring preconception health in England: a review of national population-level indicators and core data sources¹⁴.

Preconception indicators and associations with health outcomes reported in UK routine primary care data: a systematic review¹⁵.

UK Preconception Partnership response to consultation on Health and Social Care statistics (2024)¹⁶.

Migrant populations

Migrants living in England are known to be at risk of poorer health. Nearly a third (28.8%) of women giving birth in England and Wales in 2021 were migrants¹⁷. Analysis of indicators described in the **Preconception Report Card for England 2018-2019 (DHSC, 2022)**¹³ was developed to focus on women who are migrants. Migration status was inferred from whether mother's first language was English and whether they were recorded as having complex social factors. This analysis can be used to inform work to improve the health of migrant women preparing for pregnancy.

Preconception health among migrant women in England¹⁸ provides the preconception indicators among women who are likely to be migrants including social factors, health behaviours and pre-existing medical conditions.

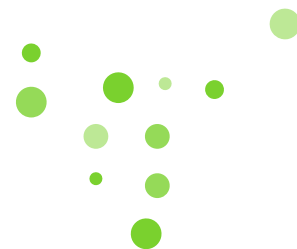
The methodology and findings have been published in a research paper - **Preconception health among migrant women in England: a cross-sectional analysis of maternity services data 2018-2019**¹⁷.

¹⁵ Schoenaker DAJM, Stephenson J, Connolly A, Shillaker S, Fishburn S, Barker M, Godfrey KM, Alwan NA; UK Preconception Partnership. Characterising and monitoring preconception health in England: a review of national population-level indicators and core data sources. *J Dev Orig Health Dis*. 2022 Apr;13(2):137-150.

¹⁶ Schoenaker D, Hall J, Stephenson J, Godfrey K, Alwan N. Response to consultation on Health and Social Care Statistics 6pp. 2024. [Accessed 16 May 2025]. Available from: <https://eprints.soton.ac.uk/487884/>

¹⁷ McGranahan M, Augarde E, Schoenaker D, Duncan H, Mann S, Bick D, Boardman F, Oyebode O. Preconception health among migrant women in England: A cross-sectional analysis of maternity services data 2018-2019. *J Migr Health*. 2024;10:100250.

¹⁸ Office for Health Improvement and Disparities. Preconception health among migrant women in England 2018 to 2019. 2023. [Accessed November 2024]. Available from: <https://www.gov.uk/government/publications/preconception-health-among-migrant-women-in-england>



Regional and area-level data

The indicators within the national Preconception Report Card for England 2018-2019 (DHSC, 2022)¹³ are planned for publication at a regional and area-level on the Department of Health & Social Care Fingertips portal page: [Preconception, pregnancy and birth indicators by life-course stage page](#). This is a component of the broader [child and maternal health profiles](#).

At the time of producing this toolkit, many of the preconception health indicators are awaiting publication of up-to-date data. The majority of available indicators within the [Preconception, pregnancy and birth indicators by life-course stage page](#) are relevant to women early in pregnancy, during pregnancy and around the time of birth. The published preconception health indicators are described in Table 1, for those awaiting publication see Appendices.

Table 1: Published fingertips indicators

Name	Definition
Reproductive health indicators	
Advanced maternal age / Aged 40+ at antenatal booking: % of women.	Women aged 40 years or over at antenatal booking appointment expressed as a percentage of all women at antenatal booking. Note: The Preconception Report card uses the measure 'Advanced maternal age (≥35 years),' which differs from the published measure shown here.
Teenage mothers.	Percentage of delivery episodes, where the mother is aged under 18 years. and Under 18s conception rate / 1,000. Note: The Preconception Report card uses the measure 'Advanced maternal age (≥35 years),' which differs from the published measure shown here.
Health behaviours and weight indicators	
Folic acid supplements taken before pregnancy.	Percentage of pregnant women who started taking folic acid prior to pregnancy as reported at time of their first antenatal appointment (indicator in development). Note: The Preconception Report card uses the measure 'Advanced maternal age (≥35 years),' which differs from the published measure shown here.
Obesity in early pregnancy.	Percentage of pregnant women who are categorised as obese (body mass index ≥30kg/m²) when the mother's weight and height were measured in early pregnancy (indicator in development). Note: The Preconception Report card uses the measure 'Advanced maternal age (≥35 years),' which differs from the published measure shown here.

Local data and measurement development

Local health systems may wish to explore the use of additional preconception health indicators recorded in other core data sources, such as primary care or community-services datasets. There is also potential for local population-based surveys to be carried out to provide further insight into preconception health and care. Relevant project ideas are described here.



CASE STUDY: The London Measure of Unplanned Pregnancy (LMUP)

Background to the LMUP: The London Measure of Unplanned Pregnancy (LMUP) is a psychometrically-validated measure of pregnancy planning that can be used in a range of settings to identify women with unintended pregnancies who would benefit from improved access to preconception care¹⁹ for future pregnancies.

Developed in the UK, it is now recommended as an outcome measure in relation to preconception health in the UK^{19, 20} and internationally²¹. The LMUP is composed of six simple questions, which scores (from 0-12) the extent of planning for a current or recent pregnancy. The sixth question asks specifically about actions taken in preparation for pregnancy such as eating more healthily or seeking health advice²². Research has found the LMUP to be easy to complete and acceptable to women²³.

The LMUP was updated in 2020 to incorporate newer family forms including same-sex couples having children; women choosing to become mothers without a partner; and non-romantic partners choosing to become parents together²⁴.

Using LMUP data to monitor and evaluate preconception care interventions: Data from the LMUP can provide a useful baseline to identify current levels and patterns of pregnancy planning across populations and subgroups. The LMUP can also help to identify gaps in pregnancy preparation, for example, where women planning a pregnancy are not taking folic acid. The LMUP is sensitive enough to detect changes in the rate of unplanned pregnancy over time, across subgroups or following preconception intervention.

It can be used to target and design interventions to local needs and to evaluate them. For example, data from the LMUP can be included in local Health Needs Analyses, using the overall score (questions 0-12) or the scores specifically about preparation for pregnancy (question 6), which asks: Before you became pregnant, did you do anything to improve your health in preparation for pregnancy?

Evaluation of the LMUP: Qualitative evaluation of the LMUP from two maternity centres in Australia and three UK maternity services has shown that midwives support the inclusion of the LMUP into the booking visit and felt it was in their scope of practice to be using the tool. Researchers concluded that the potential of the LMUP could be enhanced by addressing barriers to implementation such as time constraints and the lack of structured referral pathways^{23, 25}.

¹⁹ Stephenson J, Vogel C, Hall J, Hutchinson J, Mann S, Duncan H, Woods-Townsend K, de Lusignan S, Poston L, Cade J, Godfrey K, Hanson M, Barrett G, Barker M, Conti G, Shannon G, Colbourn T; Preconception Partnership. Preconception health in England: a proposal for annual reporting with core metrics. *Lancet*. 2019;393(10187):2262-2271.

²⁰ The Faculty of Sexual & Reproductive Healthcare. The FSRH Hatfield Vision: A Framework to Improve Women and Girls' Reproductive Health Outcomes. 2022. [Accessed November 2024]. Available from: <https://www.fsrh.org/news-and-advocacy/the-fsrh-hatfield-vision/>.

²¹ Frayne DJ, Verbiest S, Chelmos D, Clarke H, Dunlop A, Hosmer J, Menard MK, Moos MK, Ramos D, Stuebe A, Zephyrin L. Health Care System Measures to Advance Preconception Wellness: Consensus Recommendations of the Clinical Workgroup of the National Preconception Health and Health Care Initiative. *Obstet Gynecol*. 2016;127(5):863-872.

²² Barrett G, Smith SC, Wellings K. Conceptualisation, development, and evaluation of a measure of unplanned pregnancy. *J Epidemiol Community Health*. 2004;58(5):426-33.

²³ Hall JA, Stewart C, Stoneman B, Bicknell T, Lovell H, Duncan H, Stephenson J, Barrett G. Implementation of the London Measure of Unplanned Pregnancy in routine antenatal care: A mixed-methods evaluation in three London NHS Trusts. *Eur J Midwifery*. 2024;8

²⁴ Barrett G, Nolan EM, Gürtin ZB, Stephenson J, Hall JA. London Measure of Unplanned Pregnancy and newer family forms: an update. *J Epidemiol Community Health*. 2020;74(9):765.

²⁵ Cheney K, Black K, Pelosi M, Dorney E. Introduction of the London Measure of Unplanned Pregnancy at the booking visit and the midwives' perspective. *BMJ Sex Reprod Health*. 2023;49(2):112-117.

Future direction for the LMUP: The LMUP is included in the current Maternity Services Dataset, with associated SNOMED codes, and the Digital Maternity Record Standard. The Department for Health and Social Care and NHS England support the inclusion of the LMUP in the Public Health Outcomes Framework. This will provide a new tool for routine national surveillance of pregnancy intention.

Additionally, work is underway to understand how to implement a robust measure of pregnancy intention for women who are not pregnant, the Desire to Avoid Pregnancy Scale²⁶ (the LMUP only applies to women with a current or recent pregnancy). This measure could be useful in normalising discussions about pregnancy planning in routine healthcare consultations²⁷ and could support the provision of contraception or preconception care depending on the person's preferences.



CASE STUDY: Development of local preconception care report cards

A short survey was conducted among six local policy stakeholders in Hampshire and Isle of Wight (HloW) between September and October 2024 to explore the use of preconception health surveillance data. Findings suggest that public health consultants, data analysts and commissioners use public health data to monitor trends, evaluate existing and develop new targeted interventions and programmes, and compare areas within HloW and with neighbouring local authorities and Integrated Care Boards. Despite the widespread use of public health data, there was a clear lack of knowledge regarding the use of preconception health data. Most participants had never used preconception health data and were unaware if they could access it. This may be due to a lack of labelling data as 'preconception health data'.

"I have not used preconception health surveillance data, I am not aware if data related to preconception health is available to me or used elsewhere." (P3)

"I use data not specifically with preconception health in mind, but many indicators would be of relevance to this age group such as smoking, healthy weight, physical activity." (P5)

All participants also shared details about limitations with the available public health data. This includes a lack of data for specific time periods and geographical areas (data is often aggregated), up-to-date information, detail on key socio-demographic characteristics such as ethnicity, and the need to 'find' data across multiple data sources.

"We do not have specific preconception health surveillance data. It is a case of trying to triangulate data from a range of sources e.g. GPs, pharmacies, sexual health services, along with our overall population demographic data etc." (P1)

Policy stakeholders recognised the importance of preconception health data and suggested bringing all relevant data together in one place, such as through the Fingertips platform which was used by all survey participants.

"It would help us take a holistic approach to child, maternal, family and sexual health issues." (P1)

"It could enable early intervention to improve the health and wellbeing of the mother which will support a healthy pregnancy and improve outcomes for the baby." (P7)

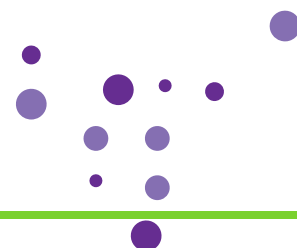
²⁶ Hall J, Barrett G, Rocca C. Evaluation of the Desire to Avoid Pregnancy Scale in the UK: a psychometric analysis including predictive validity. *BMJ Open*. 2022;12(7):e060287.

²⁷ Stephenson J, Vogel C, Hall J, Hutchinson J, Mann S, Duncan H, Woods-Townsend K, de Lusignan S, Poston L, Cade J, Godfrey K, Hanson M, Barrett G, Barker M, Conti G, Shannon G, Colbourn T; Preconception Partnership. Preconception health in England: a proposal for annual reporting with core metrics. *Lancet*. 2019;393(10187):2262-2271.

“Preconception health should be part of everyone’s work, so Fingertips should have a section of preconception health.” (P4)

Conclusion: Policy stakeholders in HloW recognise the importance of assessing and monitoring preconception health, but lack knowledge and easy access to relevant indicators in one place. Ongoing work on behalf of the UK Preconception Partnership includes the development of a Preconception Health profile on Fingertips with annual national and local data on a range of preconception health indicators, and the development of local preconception report cards for example in collaboration with the Birmingham and Solihull (BSOL) Integrated Care Board.

Key evidence and guidance



Health professionals and commissioners representing a sample of ICBs and Local Authorities in England were asked to describe the information they required to develop preconception care provision. Responses informed a review of the grey literature, aiming to identify the most reliable and robust information sources relevant to preconception care implementation in England.

Findings from this review are presented in Table 2. The full repository of resources identified through the grey literature searches can be found in the Appendices.

This review was not intended as a systematic review of academic literature or clinical guidelines. In planning service delivery, the grey literature resources signposted here should be considered alongside the relevant clinical guidelines.

Table 2: Sources relevant to preconception care implementation in England

Topic area: Evidence-based preconception health advice for the public.
Recommended resources:
Tommy's Planning for Pregnancy - a digital tool ²⁹ – an interactive tool that produces personalised results and information related to improving health before pregnancy.
Tommy's Planning a pregnancy information ³⁰ – provides a wide range of evidence-based advice about improving health for a future pregnancy.
Tommy's Planning for a pregnancy (2 page leaflet) ³¹ . Available in translated languages.
Planning your pregnancy - NHS advice ³² – key evidence-based advice to improve chances of getting pregnant and having a healthy pregnancy.
Thinking of having a baby – now or in the near future? ³³ – leaflet with information about 7 steps women and their partners can take to be as healthy as possible before pregnancy. Co-produced by members of the public, UCL EGA Institute for Women's Health and the University of Southampton.

²⁹ Tommy's Planning for Pregnancy – a digital tool. [Accessed 28 November 2024]. Available from: <https://www.tommys.org/webform-pregnancy-information/planning-pregnancy/planning-for-pregnancy-tool>

³⁰ Tommy's Pregnancy Information. Are you ready to conceive? [Accessed 28 November 2024]. Available from: <https://www.tommys.org/pregnancy-information/planning-a-pregnancy/are-you-ready-conceive>

³¹ Tommy's Planning for pregnancy leaflet. [Accessed 28 November 2024]. Available from: <https://www.tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources/leaflet-and-poster-planning-pregnancy>

³² NHS. Planning your pregnancy. [Accessed 28 November 2024]. Available from: <https://www.nhs.uk/pregnancy/trying-for-a-baby/planning-your-pregnancy/>

³³ Contraception Choices. Thinking of having a baby – now or in the near future? 7 steps before pregnancy to help you and your baby. [Accessed 28 November 2024]. Available from: <https://www.contraceptionchoices.org/FSRH/ContraceptionChoices/DidYouKnow/Thinking-of-having-a-baby.aspx?hkey=ad779c82-5d88-4882-9434-8b96ff8876f4>

Topic area: Educational materials for health professionals involved in delivering preconception care.

Recommended resources

NICE Clinical Knowledge Summary: Pre-conception – advice and management³⁴ – includes scenarios relevant to all women and women with mental health problems; chronic medical conditions; and women requiring genetic risk assessment.

Preconception counselling in primary care – this article aims to provide an overview of what GPs should address with people requesting preconception advice in the UK.

Preconception care e-learning - NHSE elfh Hub³⁵ - this e-learning course has been developed by the Faculty of Sexual and Reproductive Health (FSRH) in partnership with Health Education England e-Learning for Healthcare (HEE eLfh).

This course addresses how to conduct a pre-conception consultation, including lifestyle factors, risks, fertility implications and complications of existing medical conditions that could impact on pregnancy.

Free to healthcare professionals. Access requires an eLfh account.

Healthy Pregnancy Pathway > preconception care – eLfh³⁶ – interactive information from Public Health England describing different models of preconception care service delivery across community, universal, targeted and specialist services.

Preconception counselling in primary care³⁷ – this article aims to provide an overview of what GPs should address with people requesting preconception advice in the UK.

Guide for delivering preconception care to women with a serious mental illness³⁸ - a guide for healthcare professionals involved in the care of women with serious mental illness (SMI) in primary and secondary care. Developed by King's College London in partnership with PHE, NHS England and Tommy's. To be used alongside national clinical guidance and associated updates. This resource was underpinned by findings from a rapid evidence review on Preconception Interventions and Resources for Women with Serious Mental Illness³⁹

³⁴ National Institute for Health and Care Excellence. Pre-conception – advice and management. 2025. [NICE Clinical Knowledge Summary]. [Accessed 16 May 2025]. Available from: <https://cks.nice.org.uk/topics/pre-conception-advice-management/>

³⁵ RCGP Learning. Pre-conception care: eLearning. E-SRH Module 6: planning a pregnancy (November 2024). [Accessed 12 December 2024]. Available from: <https://elearning.rcgp.org.uk/mod/page/view.php?id=8662#:~:text=This%20course%20addresses%20how%20to,free%20to%20all%20NHS%20clinicians>

³⁶ E-Learning for Health. Healthy Pregnancy Pathway > preconception care. [Accessed 28 November 2024]. Available from: <https://e-lfh.org.uk/healthy-pregnancy-pathway/pre-conception/index.html>

³⁷ Fullerton DK. Pre-conception counselling. InnovAiT. 2024;17(6):278-284. [Accessed 16 May 2025]. Available from: <https://doi.org/10.1177/17557380241235648>

³⁸ Tommy's. Guide for delivering preconception care to women with a serious mental illness. [Accessed 13 January 2025]. Available from: <https://www.tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources/guide-delivering-preconception-care>

³⁹ Public Health England. Preconception interventions and resources for women with serious mental illness. A rapid evidence review. 2021. [Accessed 28 November 2024]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1034620/phe-evidence-review-8-march.pdf

Topic area: Reports describing evidence linked with preconception care.

Recommended resources

Making the case for preconception care⁶ - A Public Health England (2018) report for Local Maternity Systems and their wider systems partners, covering:

- the impact of preconception health
- ways to improve birth outcomes
- ways to reduce inequalities through embedding preconception care

An **infographic summary document** is also available.

Maternity high impact area: Improving planning and preparation for pregnancy⁴⁰ – a Public Health England (2020) report developed to assist Local Maternity Systems (LMS) embed prevention approaches across the maternity high impact areas. It aims to provide the latest evidence, guidance, resources and local practice examples to support the practical delivery of preconception care.

A Preconception Care Strategy⁴¹ from The Children's Alliance, 2023. An eye-view series report describing key research on the benefits of preconception care and recommendations for government action.

Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18⁴² - found that women who live in more deprived areas were at greater risk of dying during or after pregnancy. The report recommended that many of the known factors underlying increased risk needed to be addressed through wider public health actions and often long before the start of pregnancy. The report also identified the recurring need for pre-pregnancy counselling, including optimisation of medication for women with existing conditions (including, but not limited to, epilepsy and mental health conditions), alongside culturally appropriate lifestyle advice to help optimise pregnancy outcomes.

Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 | MBRRACE-UK | NPEU⁴³ – found that many of the women who died during or in the year after pregnancy between 2020-22 were older than 35 years of age; were overweight or obese; had multiple morbidities or had multiple adversities including mental health conditions and social complexities. Inequalities were also found to persist amongst women from Black and Asian ethnic background and in women living in the most deprived areas. The report concludes that addressing these inequalities, complexities and mental health concerns must remain an important focus to improve outcomes and reduce maternal deaths.

Reframing care and services to improve preconception health: meeting report, Geneva, Switzerland, 8-9 May 2024. This report summarises discussions that occurred during the World Health Organization consultation on preconception care held in Geneva in May 2024. Topics covered include: community perspectives on preconception care; scientific updates on women's and men's preconception health; programmatic interventions; measurement of preconception care; evidence gaps; and framing language on preconception care.

⁴⁰ Public Health England. Maternity high impact area: Improving planning and preparation for pregnancy. 2020. [Accessed 28 November 2024]. Available from: https://assets.publishing.service.gov.uk/media/5fd0b1338fa8f54d59e8b707/Maternity_high_impact_area_1_Improving_planning_and_preparation_for_pregnancy.pdf

⁴¹ Children's Alliance. A Preconception Care Strategy. 2023. [Accessed 28 November 2024]. Available from: <https://childrensalliance.org.uk/wp-content/uploads/2023/05/2-Preconception-care-strategy-report-University-of-Southampton.pdf>

⁴² Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2020. [Accessed 28 November 2024]. Available from: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_Dec_2020_v10_ONLINE_VERSION_1404.pdf

⁴³ Felker A, Patel R, Kotnis R, Kenyon S, Knight M (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care Compiled Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2024. [Accessed 16 May 2025]. Available from: <https://www.npeu.ox.ac.uk/mbrrace-uk/reports/maternal-reports/maternal-report-2020-2022>

Topic area: Evidence on the cost and cost-effectiveness of preconception care.

Recommended resources

Making the case for preconception care⁶ - A Public Health England (2018) page 18 describes the economic costs of poor preconception health.

Topic area: Information about health inequalities, relevant to preconception health.

Recommended resources

Preconception, Pregnancy and Healthy Weight in Childhood⁴⁴. This policy report from The Food Foundation explores how the food system can better protect future and expectant parents to ensure our next generation grows up healthy.

Preconception health among migrant women in England¹⁸ – provides analysis of preconception indicators among women who are likely to be migrants including social factors, health behaviours and pre-existing medical conditions.

Black maternal health: third report of session 2022-23 (Women and Equalities Committee, House of Commons)⁴⁵ - this report reviews what is currently understood about the reasons for disparities in maternal deaths, analyses Government and NHS action to date and existing recommendations for change and considers the ongoing challenges to addressing disparities.

Topic area: National statements, visions and wider strategy supporting the case for preconception care.

Recommended resources

Women's Health Strategy for England 2022⁹ – this sets out the government's 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes.

Women's health hubs: core specification¹⁰ (DHSC, 2024). This document is intended to support commissioners, providers and other partners to establish women's health hubs, in particular integrated care boards.

The Faculty of Sexual & Reproductive Health Hatfield Vision⁴⁶ – a blueprint outlining what needs to be achieved to improve the reproductive health of 51% of the UK's population and tackle inequalities that women and girls face across their lifetime.

Preconception care: Maximizing the gains for maternal and child health - Policy brief – World Health Organization¹. Addressed primarily at health professionals responsible for developing national and local health policies, this report provides a foundation for implementing a package of promotive, preventive and curative health interventions shown to have been effective in improving maternal and child health.

⁴⁴ The Food Foundation. Preconception, Pregnancy and Healthy Weight in Childhood. 2023. [Accessed 28 November 2024]. Available from: https://foodfoundation.org.uk/sites/default/files/2023-02/Early%20Years%20Report_A4_NEW_0.pdf

⁴⁵ House of Commons: Women and Equalities Committee (2023). Black maternal health: third report of session 2022-23 [HC 94]. [Accessed 28 November 2024]. Available from: <https://committees.parliament.uk/publications/38989/documents/191706/default/>

⁴⁶ Faculty of Sexual & Reproductive Healthcare. Hatfield Vision: A Framework to Improve Women and Girls' Reproductive Health Outcomes. 2022. [Accessed 13 December 2024]. Available from: <https://www.rcgp.org.uk/getmedia/6dfd5b8c-6a57-4c1b-a796-aba66dab8947/fsrh-hatfield-vision-july-2022.pdf>

Topic area: Case studies on different models of preconception care.

Recommended resources

Please see the Case studies section within this toolkit.

Further case studies and evidence for good practice preconception care are presented within the Maternity high impact area: [Improving planning and preparation for pregnancy](#)⁴⁰.

The Children's Alliance publication: [A preconception care strategy](#)⁴¹ (Chapter 3).

[The perinatal mental health care pathway](#)⁴⁷ publication (page 9-10) provides an example of preconception advice provided as part of the perinatal mental health care pathway.

How to ask about pregnancy intentions in primary care and other settings

Qualitative research has been undertaken to assess the feasibility of implementing questions about pregnancy preferences in a range of primary care settings in Great Britain: [How, when, and who should ask about pregnancy intentions in primary care? A qualitative study of primary healthcare professionals' preferences](#)

This paper includes suggested wording and settings for pregnancy intention screening (Table 3), based on insight gained from interviews with women and healthcare professionals.

Table 3: Suggested wording and settings for pregnancy intention screening, based on findings from the interviews in the study, and suggestions made by women and healthcare professionals⁴⁸

In clinical settings: GPs, practice nurses, and community sexual and reproductive health doctors and nurses.

Opportunistic screening in clinical settings.

- Any women's health related consultation, for example, smear, contraception, menstrual issues, and/or sexual health.
- At a review for an existing condition, for example, asthma, diabetes, epilepsy, and/or thyroid disease.
- When prescribing or reviewing medication.
- As part of lifestyle checks when asking about smoking or alcohol consumption, for example.
- At postnatal, 6-week baby check or baby immunisation appointments, or any health visitor contact, for those who already have a child.

Suggested wordings.

- Introductory (signposting) sentence that may be sufficient in some cases: I ask all my patients of reproductive age about pregnancy, in case I can offer advice about contraception or preparation for pregnancy. Is that something you would be interested in?

⁴⁷ NHS England, NHS Improvement & National Collaborating Centre for Mental Health. The Perinatal Mental Health Care Pathways. 2018. [Accessed 13 January 2025]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/05/perinatal-mental-health-care-pathway.pdf>

⁴⁸ Hall J, Carr H, Connolly A, Barrett G. How, when, and who should ask about pregnancy intentions in primary care? A qualitative study of primary healthcare professionals' preferences. BJGP Open. 2025;8(4):BJGPO.2024.0148.

- Would a pregnancy in the next year be a good thing for you? Which could be followed up, if needed with: Would it be the end of the world?
- How would you feel about a pregnancy in the next year?
- If you are thinking of trying for a baby or need contraception, feel free to mention it and we can have a chat.
- Would you like to discuss pregnancy or contraception? If you're thinking of pregnancy in the next few years, it would be really good to discuss this.
- Health visitors, or where the healthcare professional knows the patient already has at least one child: Is your family complete?

In education settings:

In secondary schools and further education settings:

- Incorporation of fertility awareness, reproductive life planning, contraception, and messages around the importance of preparing for pregnancy, if that is desired in the future, into relationships, sex, and health education.
- Opening questions could include: Do you want children in your life?
- How do you plan to prevent becoming pregnant until you are ready?
- Would you like to learn about ways to prepare for a healthy pregnancy in the future?

In higher education:

- Information during fresher's fairs and at university health services, linked with information on consent and sexually transmitted infections.

Digital:

- Direct approaches from the health service, for example, text messages to selected sub-groups of the registered population at a practice; better availability of online resources, such as websites or apps, which could contain the Desire to Avoid Pregnancy questions.

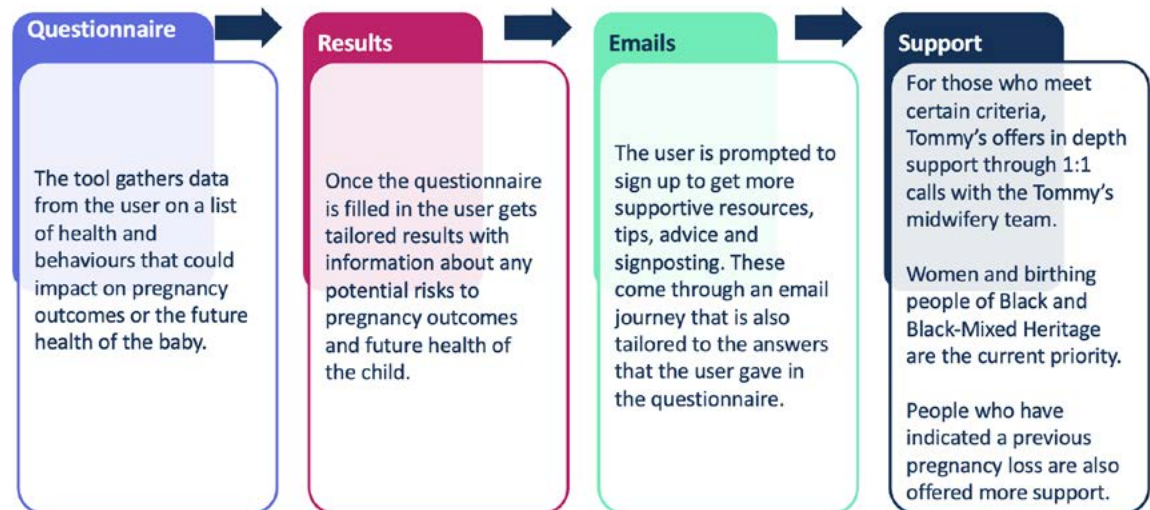
Support that Tommy's can offer your local area

The Planning for Pregnancy Tool²⁹

A free tool available on the Tommy's website (no download, not an app).

Available with AI translation into 100+ languages.

The user journey:



What can Tommy's do for you in your local area?

Support with a local preconception public-health awareness campaign

- Digital promotion of Planning for Pregnancy tool, geo-targeted to your area (Facebook, Instagram and TikTok, PPC)
- Present the tool and surrounding information website at your webinars or events to frontline healthcare professionals
- Provision of proven-effective print collateral with your logos for you to distribute to primary care services: posters, fliers, contact cards
- Translation of 5 'top tips' flier into your most used languages
- Provision of a short film with pre-conception key messages for the public for use in waiting spaces (eg GP clinics)
- Hyper-local poster campaigns that can be targeted to specific communities (for example Afro-Caribbean hairdressers)

Evaluation data will be available to you, including how many people in your postcodes used the tool, how many signed up to receive support emails, how many were in low-income postcodes, ethnicity breakdown of people from your area who used the tool, etc

Contact for more information and support:

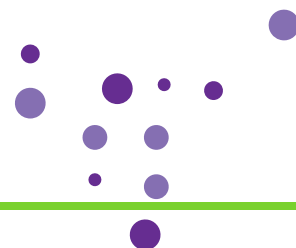
Head of Information: Deirdre de Barra: ddebarra@tommys.org

Information Project Manager: Clare Foster: cfoster@tommys.org

Tommy's

The pregnancy and baby charity

Case Studies



Preconception care is a broad term describing a range of interventions that aim to support health improvement among people of reproductive age. This section presents case study examples of different approaches to preconception care in England.

It is intended that these case studies and associated materials may be shared and adapted locally, with the lead organisation referenced and credited accordingly for any reproduced works.

Further case studies and evidence for good practice preconception care are presented within the [Maternity high impact area: Improving planning and preparation for pregnancy](#) report⁴⁰.

We would like to share further case studies here as new services are embedded and evaluated. If you would like to share an example of preconception care in practice, a case study template and contact details can be found on the UK Preconception Partnership website.

Preconception health campaigns

Are you BUMP ready? – Birmingham and Solihull Integrated Care System

Birmingham and Solihull Integrated Care System, through the Birmingham and Solihull United Maternity and Newborn Partnership (BUMP) developed resources to help women and their partners prepare for a healthy pregnancy. The 'Are you BUMP ready?' resources are also available in an Easy Read format and in different languages.

For further information please see [Pre-Conception: Birmingham and Solihull ICS](#).

#ReadyforPregnancy Campaign in the South East

The #ReadyforPregnancy campaign, delivered from July 2020-June 2021, aimed to raise awareness of all the positive things women can do prior to conception to help improve their fertility, pregnancy health and their baby's future health. The campaign was targeted to women of childbearing age and their partners living in South East England. The campaign was led by the NHS South East Clinical Network and NHS Creative alongside a regional steering group that included representatives from the six Local Maternity and Neonatal Systems (LMNSs) in the South East, Local Authority Public Health, Public Health England (PHE) South East and Maternity Voices Partnerships (MVPs). This work provides a good example of maximising limited resources by working in partnership across a wide range of professional and voluntary organisations.

For further information please see the [#ReadyforPregnancy campaign resources and the Ready for Pregnancy Evaluation Report \(2021\)](#).

Use of language on preconception health

A public consultation was conducted to develop language recommendations and identify and prioritise approaches to inform research and improve public awareness of preconception health⁴⁹.

Online group discussions were held with over 50 people of any gender aged 18–50 years living in the UK who were not currently expecting a child. Very few members of the public had heard the term ‘preconception health’, understood what it means, or why and for whom it is important.

They recommended avoiding unfamiliar terms without further explanation (e.g., preconception health, medical terms), using language that is positive, encouraging and gender-sensitive where possible, and using messages that are specific, non-judgemental and realistic.

The following alternative phrases resonated with most public contributors:

- Health and well-being before pregnancy and parenthood
- Planning for parenthood
- Health and well-being during the childbearing years.

School-based education, social media campaigns and the National Health Service (NHS) emerged as priority approaches/settings for raising awareness.

Language recommendations

- Avoid the term ‘preconception health’ without further explanation or context.
- Avoid clinical and medical terms, such as conception and spina bifida, or use these terms with a simple description.
- Use positive, optimistic and encouraging language (avoid a focus on problems and what can go wrong or explain how to reduce any risks).
- Replace strong and definitive language with more nuanced options so people can make informed choices (e.g. replace ‘you should ..’ or ‘this will reduce your risk’ with ‘try to ..’ or ‘if you do this, you are more likely to..’).
- Use gender-sensitive language and acknowledge the role of both reproductive partners, where appropriate.

Public health messaging recommendations

- Use general messaging about the concept of preconception health, combined with more specific messaging on individual health and wellbeing factors.
- Be specific, and ultimately include the 'what', 'who', 'why' and 'when' of the message.
- Highlight the immediate benefits for the person, as well as benefits for a potential future pregnancy and child, where relevant.
- Use health and behaviour messages that are realistic (e.g. provide options), and that don't provoke blame, guilt and stigma.
- Use strong statements (e.g. if you do x then your risk of y is halved) only when this can be supported with easy to understand and evidence-based statistics.

For further information please visit: <https://www.ukpreconceptionpartnership.co.uk/projects/awareness-and-use-of-language-on-preconception-health>

Integrated / multi-service approaches to preconception care



CASE STUDY: Co-producing preconception care within the South East London Integrated Care System

This case study describes the methodology used by the South East London Integrated Care System to collaborate with local residents to establish preconception care. The preconception care services now sit within the South East London Women's and Girls' Health Hub.

Getting started

Local analysis of birth outcomes by public health and maternity teams showed that maternal excess weight or obesity was a growing feature in many preterm births in South East London. Another area of focus, drawn from both local and national data, demonstrated that black women in the UK are almost three times more likely to die during pregnancy or up to six weeks after pregnancy compared with white women⁴³. There was recognition among health professionals that much more could be done to enable better health for new babies and parents across South East London by improving care.

Recognising that preconception health is a broad field and thus incorporates a wide range of needs in local communities, this work began by inviting 60 local stakeholders (including public patient representatives) to participate in a series of workshops. The workshops aimed to agree on priority topics and areas for action, through considering the question: "Preconception care: How can we work together to make it the best it can be?"

The workshops were run by an independent facilitator who specialised in systems thinking and co-production approaches to the design and delivery of services. "Open Space" methods were used as a technique to facilitate ownership of this topic amongst multiple stakeholders and to encourage participants to come up with solutions.

Discussions highlighted that preconception care is a broad, complex field and that this can make it difficult to identify a starting point. Participant comments included:

"I think over the years one of the reasons why preconception care hasn't had the attention it deserves is because it's so huge. People don't know where to start which paralyses the system a bit." (Health professional in South East London).

"It has been helpful to consider the wider thinking we need to have around preconception care, taking a public health perspective." (Health professional in South East London).

The workshops resulted in development of a preconception care action plan.

Next steps

A key action from the workshop was to begin by listening to the views of residents who either have children or are planning a family. This culminated in a public consultation to gain insight into the needs of different communities and to prioritise the perspective of groups at increased risk of poor health outcomes.

The consultation included:

- Interviews with 30 women from the Lewisham Refugee and Migrant Network (LRMN).
- Input from the local Maternity and Neonatal Voices Partnership (MNVP) providing views of a support group for women who have experienced gender-based violence. A salsa-dancing class and lunch was organised, followed by a focus-group discussion on preconception care experiences and needs.
- Further focus groups are planned to take place in children's centres.

Alongside the consultation, a preconception care Health Needs Assessment (HNA) was commissioned. This focused on 4 priority areas: preconception health; heavy menstrual bleeding; long-acting reversible contraception; and menopause. The HNA highlighted that there were limited, fragmented services offering preconception care, with potential for growth in both universal and targeted areas. It also highlighted opportunities to reach motivated women through education and referrals into services, particularly in deprived areas.

Alongside the preconception project, a new model of care for a Women's and Girls' Health Hub in South East London has been developed. This involved bringing together commissioners, providers, the voluntary sector and the views of residents to shape a nationally-aligned service specification and delivery model. The preconception workstream now sits within the Women's and Girls' Health Hub model.

There will be ongoing evaluation and learning from the Women's and Girls' Health Hub in South East London. Community and stakeholder engagement will continue to help refine the service model and inform future development.

Further information about the South East London preconception care project can be accessed within the [workshop slides](#) and on the [South East London Integrated Care System website](#).

We are grateful to Pauline Cross, Monica Franklin and Jacqui Kempen and their colleagues in South East London for sharing this project.



CASE STUDY: Healthy Mothers, Healthy Pregnancy programme - NHS Bedfordshire, Luton & Milton Keynes (BLMK) Health

Dr Sanhita Chakrabarti - Deputy Chief Medical Officer and Women's Health Champion, and her team at NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) worked with partners across the health system to deliver a portfolio of projects under the Healthy Mothers, Healthy Pregnancy programme. The projects included:

- Running a nine month social media campaign in the most deprived areas, in collaboration with Tommy's. This resulted in 1,207 completions of the pre-pregnancy health self-assessment using the [Tommy's preconception tool](#).
- Developing online and printed public-facing advice about [Planning a Pregnancy](#) in English and the six other most spoken languages across Bedford, Luton and Milton Keynes. Resources were distributed by community engagement programmes, with a focus on reaching women from diverse and marginalised communities.
- Training community champions from a diverse range of local communities to deliver key messages on preconception health.
- Working with Diabetes UK to develop a preconception health information page within the 'Caring for your Diabetes' public-facing booklet. Over 2000 copies of this leaflet were distributed from local pharmacies in the most deprived areas - meaning women could access preconception advice when collecting diabetes medication.
- A preconception care clinical template was developed as part of the care offered to women with Type 1 and Type 2 diabetes in community and primary care.
- A direct pathway into the NHS Diabetes Prevention Programme was established for mothers who develop gestational diabetes in pregnancy. This supports improved clinical outcomes in the inter-pregnancy phase.
- Developing an incentive scheme for community pharmacists to increase participation in educational sessions on preconception care and care for women with diabetes.
- Establishing preconception clinics and postnatal contraception pathways.
- Delivering educational sessions on preconception health for clinicians in primary care and pharmacy settings, through the Maybe Baby training programme.
- Preconception clinics were established in all three maternity units in BLMK. To date, over 30 women with complex risk factors have received support.
- Postnatal contraception provision has been developed in the three local maternity units. As part of this service, two midwives have been trained to fit the contraceptive implant. Additionally, Milton Keynes Hospital offers intrauterine contraception to all mothers at caesarean sections, to support pregnancy spacing and preparation for future pregnancies.

The Healthy Mothers, Healthy Pregnancy programme reached many thousands of local women. During the time the programme was running, there was an improvement in early access to maternity care, with an increased proportion of women attending their first antenatal appointment within 10 weeks of becoming pregnant.

In 2023 The BLMK Healthy Mothers, Healthy Pregnancy work programme was featured by the Office for Health Improvement & Disparities (OHID) as an example of good practice for reducing maternity inequalities, aligned to the Core20PLUS5 framework. This slideset, [Core20PLUS5: Maternity \(East of England\)](#) explains the preconception programme in the context of data and risk factors on maternal deaths in the UK.

Healthwatch Bedford Borough Preparing for Pregnancy video can be viewed [here](#).

For further information please contact Emma Freda, CEO of Bedford Healthwatch by email to Emma.f@healthwatchbedfordborough.co.uk



CASE STUDY: Developing preconception care in Portsmouth

Hannah Byrne is a Public Health Principal at Portsmouth City Council. This case study describes how preconception care has been embedded within local health promotion services.

How is preconception care delivered across Portsmouth?

Preconception care is delivered in a dispersed model across Portsmouth, by equipping teams across existing health services with the knowledge and skills to have conversations about 'pregnancy plans'; providing accessible information about pregnancy preparation and optimising pathways to appropriate interventions. We have delivered training to health professionals across a range of services including smoking cessation, substance use, and healthy weight services, contraception interventions and sexual health services.

We aspire that our staff will be able to have an open discussion with service users about pregnancy aspirations and their plans in the next 12 months.

From discussions with our local communities and stakeholders about contraception we learnt that we needed to reframe our conversations with the public to be an open discussion about pregnancy plans (including planning, delaying and prevention). This highlighted the need for a pathway that starts with the question "What are your pregnancy plans in the next 12 months?". There were multiple possible outcomes to this question: (1) not sure (2) I would like a baby soon (3) I would like a baby but not yet (4) I never want a baby. Depending on the answer, an individual can then be supported with accessing contraception and or pregnancy planning interventions (which can range from pregnancy planning digital tools, access to lifestyle interventions or signposting to relevant clinical services as appropriate).

Locally, we have been working with our maternity services to support healthy pregnancy intervals. We have been developing our local perinatal contraception pathways and healthy pregnancy planning advice.

We promote the [Tommy's pregnancy planning webpages](#) that provide preconception advice. We also utilise the South East resources - [#ReadyforPregnancy](#) and [#ReadyforParenthood](#) campaign resources (leaflets/posters) and the interactive [Tommy's Planning for Pregnancy tool](#).

Is your approach to preconception care designed to support particular local communities or populations?

Our approach includes working with our partners across social care; substance misuse services, sexual health, homelessness provision, emotional and mental health services and services for people seeking asylum.

Locally we have identified a particular need to support vulnerable individuals with, or at risk of, repeated care proceedings for a baby. Many of these service users have told us that no-one has ever discussed contraception or pregnancy planning with them before. In some cases, services are seeing service users from families with a long history of care proceedings over different generations. We have an opportunity to break the intergenerational trauma through promoting appropriate interventions.

In the future we would like to expand the support we provide to colleagues who work with people with experience of care and people under probation services. These services support the population considered to be at disproportionately high risk of poor outcomes.

How have you developed existing services to embed preconception care advice?

First of all we looked to the strategic publications that support the preconception care agenda. This included the [Children's Alliance Preconception Care Strategy \(2023\)](#) and the [National Guidance on Preconception care \(2018\)](#).

We have taken the approach that our existing services can be a 'one stop shop' for information. We already have a 'healthy behaviours' service for smoking cessation, alcohol support services and weight management which can now also provide support around planning for a baby. We have trained staff to feel confident having these conversations and giving appropriate advice, for example on the importance of folic acid supplementation. Planning for a baby is a good catalyst for behaviour change and can provide someone with the motivation to stop smoking or lose weight. We also understand that planning for a pregnancy can be motivational for maintaining healthy behaviours.

We developed tools that highlight the benefits of healthy behaviours for sexual function and conception.

This approach has enabled us to deliver preconception support at relatively low cost.

What data have you used to develop your preconception care services?

We have looked at our local abortion rates as our nearby abortion services reported seeing an increase in the number of women opting for abortion care due to concerns about how smoking or alcohol use may have affected their pregnancy.

We also look at maternity outcome data, for example, the demographics of mothers smoking at the time of delivery.

From a strategic perspective we have been looking at data on our school-aged children where we have high rates of obesity and issues with school readiness in Reception, with academic shortfalls in later school years. Ultimately to reduce inequalities and have a greater impact on these outcomes we need to have an impact as early as possible. We can do this through having a greater focus on preconception health.

Have you been able to assess any changes to population health outcomes as a result of providing preconception care?

We are still very early in our preconception care development. So far, we have observed:

- Anecdotal case studies from our services showing significant individual health improvements.
- An increase in the uptake of long-acting reversible contraception (LARC).
- Lower rates of smoking during pregnancy.

We cannot yet definitively link these changes to our preconception care development, but we will continue to review the data and monitor trends.

Preconception care for specific population groups



CASE STUDY: The Starting Well preconception care project at We Are Bevan Inclusive Health and Wellbeing services

We Are Bevan (also known as Bevan) is a social enterprise providing health and wellbeing services for highly vulnerable groups who face social barriers to accessing care in West Yorkshire. Patients include refugees and asylum seekers, people experiencing homelessness, sex workers, and Gypsy Romany and Traveller groups. [Starting Well](#) is a preconception care project developed for Bevan patients, aiming to:

Empower women and their families to improve the outcome of future generations by optimising their physical, psychological and social wellbeing prior to conception.

A guiding principle of Starting Well is pregnancy by choice, not by chance. Starting Well takes a Making Every Contact Count (MECC) approach. All women of childbearing age will be asked if they hope to become pregnant at the point of registering with Bevan. They will be directed to advice and resources relevant to their intentions. The written advice has also been produced in languages other than English.

For further information please see: [Delivering innovative health interventions to inclusion health populations: lessons learnt from a preconception care programme – BJGP Life and the Bevan Starting Well website.](#)



CASE STUDY: Preconception care for women with epilepsy

In 2020 the Maternal, Newborn and Infant Clinical Outcome Review Programme highlighted a significant increase in maternal deaths from SUDEP (Sudden Unexpected Death in Epilepsy) between 2016-18⁵⁰. It found that most women had no documented pre-pregnancy counselling. The review recommended that guidance should be developed to increase awareness of SUDEP; to ensure risk assessment and risk minimisation is the standard of care for women with epilepsy before, during and after pregnancy; and to ensure this is embedded in pathways of care. The review highlighted that "clinicians need to talk to women and their partners or carers about the risk of SUDEP and how to minimise it."

Further to this, guidance on valproate use in women and men of reproductive age emphasises the importance of pre-pregnancy medication adjustment.

Preconception care offers the chance to reduce the risks of adverse pregnancy outcomes for women with epilepsy.

The Epilepsy Preconception study, led by The Walton Centre, aimed to develop a preconception care pathway for women with epilepsy in the UK. The study undertook a multi-stakeholder consensus exercise on the priorities for epilepsy preconception care. These priorities included knowing about the effects of taking anti-seizure medications during pregnancy and having support to address concerns. Work is now underway to implement and test the new pathway as part of routine care.

You can read further information about this study here: [Developing a preconception care pathway for women with epilepsy.](#)

⁵⁰ Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2020. [Accessed 28 November 2024]. Available from: <https://www.npeu.ox.ac.uk/mbrrace-uk/reports/maternal-reports/maternal-report-2016-2018>



CASE STUDY: Preconception care for women with diabetes

Link to publication: [Designing a regional clinical service for people with early-onset type 2 diabetes in England](#)

Summary: This publication showcases a service specifically for people with early-onset type 2 diabetes that is based on a review of the literature; a broad range of stakeholder involvement; and a locally-sourced data-driven approach. Areas for development and recommendations are made, based on the challenges encountered.



CASE STUDY: Preconception counselling in Sexual and Reproductive Health (SRH) services

Link to publication: [Preconception counselling at long-acting reversible contraception \(LARC\) removals](#)

Summary: Access to preconception care when attending sexual and reproductive health (SRH) services is a key goal in the Faculty of Sexual and Reproductive Health's Hatfield Vision^{46, 51}. The Hatfield Vision is a framework comprising 16 goals, aiming to improve women and girls' reproductive health in the UK and tackle the inequalities that they face in their reproductive outcomes. Goal 9 is that "All women are offered comprehensive preconception care when they attend contraception appointments in general practice, SRH services and community gynaecology services."

This study describes how educating sexual health clinic staff on preconception health and having built-in templates for preconception advice can increase delivery of preconception counselling.

All clinical staff in a sexual health clinic in a large city were invited to attend a 20-minute talk by an expert in the field, on preconception health and how to ask about pregnancy intention. Staff were also given a demonstration of the use of a built-in template within the patient record system to serve as a reminder about what to discuss when delivering preconception counselling with patients attending clinic for removal of long-acting reversible contraception (LARC). The built-in template was intended to make it easier for clinicians to accurately document discussions and to also serve as a prompt to discuss all relevant preconception health topics with the patient.

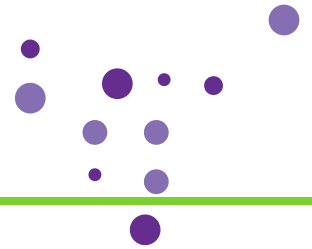
The implementation of this intervention resulted in an improvement in the percentage of patients with documented preconception advice at LARC removal appointments. Most discussions were recorded using the built-in template within the patient record system. There was also more comprehensive advice given to patients, following the intervention.

The service embedded this change by including preconception teaching and information about the template in the induction process for new clinical staff. Staff were also encouraged to consider how to incorporate preconception advice into other contraception appointments and were made aware of online resources to direct patients to and the NICE Clinical Knowledge Summary on preconception health.

Advice for those implementing change:

- Create a template for preconception advice in your patient record, if possible.
- Deliver teaching sessions on preconception care, especially for those who will be removing LARC or doing contraception clinics.
- Include advice on how to incorporate this counselling into clinic sessions

Further resources and opportunities

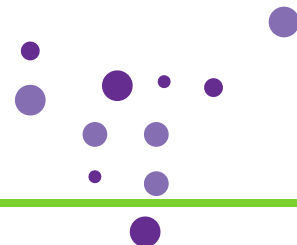


Explore publications and projects on preconception health through the [UK Preconception Partnership website](#).

[Join the UK Preconception Partnership](#) – a coalition of organisations and individuals with an interest and expertise in different aspects of preconception health in women and their partners. This includes multiple subgroups such as the [UK Preconception Partnership Early Mid Careers Research \(EMCR\) Network](#) which brings together UK-based students, early- and mid-career researchers, clinicians and policy makers, and mentors to support the next generation of leaders in preconception health and care.

Join the Faculty of Public Health [Health of Women and Girls' Special Interest Group](#). This group brings together Faculty of Public Health (FPH) members and wider professionals with an interest in women's health.

Acknowledgements



Preconception care toolkit working group:

Lizzie Blundell, Dr Danielle Schoenaker, Professor Jennifer Hall, Dr Nicola Vousden, Dr Ruth Tunn, Dr Sanhita Chakrabarti, Dr Majel McGranahan, Dr Rhiannon D'Arcy and Professor Marian Knight.

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Portsmouth: Hannah Byrne; Valerie Nistico.

South East London: Pauline Cross; Jacqui Kempen; Monica Franklin.

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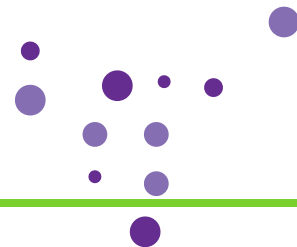
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Appendices



Background to this toolkit

This toolkit has been designed to support knowledge mobilisation in the field of preconception health and care.

Methods used to create this toolkit

Interviews with commissioners.

We spoke to a sample of health professionals from ICBs or Local Authorities in England, to gain insight on the type of resources that would be of greatest practical use for planning and delivering preconception care.

Identifying preconception care case studies

Through our discussions with health professionals and online research, we identified existing preconception care interventions. We developed a series of case studies to demonstrate different approaches to improving the health of women of reproductive age.

Reviewing the preconception care grey literature

We aimed to identify and signpost the most relevant guidance documents for commissioners with a remit for preconception care provision. To do this, we drew upon findings from a recent scoping review that identified preconception care policies, strategies and guidelines published in the UK in the last 10 years. We used the findings from our discussions with commissioners to develop criteria against which each publication was scored. This enabled us to identify the publications of greatest relevance to commissioners from a pool of over 300 grey literature resources.

Additionally, our review of the grey literature provided an opportunity to extract guidance on developing preconception care interventions specifically to meet the needs of underserved populations. This information is intended to support commissioners in developing approaches to preconception care in ways that reduce local inequalities in health outcomes.

Fingertips indicators awaiting publication

Name	Definition
Wider determinants of health indicators	
Ethnic minority.	Percentage of women from a minority ethnic group.
Unemployed and seeking work.	Percentage of women who are unemployed and seeking work.
Living in most deprived area (bottom 10%).	Percentage of women living in the most deprived area (decile 1) based on postcode of residence and the Index of Multiple Deprivation (IMD).
Complex social factors.	Percentage of women with complex social factors.
English not as first language.	Percentage of women who do not have English as their first language.
Emotional and social health and support indicators	
No adequate support available during and after pregnancy.	Percentage of women without adequate support available during and after pregnancy (from partner, family and friends).
Reproductive health indicators	
Previous pre-eclampsia, HELLP, eclampsia, gestational proteinuria.	Percentage of women who have previously been pregnant with a history of severe pre-eclampsia requiring pre-term birth; gestational proteinuria; eclampsia; and/or haemolytic anaemia, Elevated Liver enzymes and Low Platelet count (HELLP).
Previous gestational hypertension.	Percentage of women who have experienced a previous pregnancy with a history of gestational hypertension.
Previous caesarean section.	Percentage of women who have experienced a previous pregnancy with a previous caesarean delivery.
Previous loss.	Percentage of women who have experienced a previous pregnancy with a history of stillbirth(s) (gestation at birth $\geq$ 24 weeks + 0 days), termination(s) and/or miscarriage(s) ($\leq$ 23 weeks + 6 days).
Health behaviours and weight indicators	
Smoking around conception.	Percentage of women who smoked around the time of conception.
Smokers who did not quit smoking during year before pregnancy.	Percentage of women who smoked 12 months before pregnancy and did not stop smoking prior to pregnancy.
Underweight at booking (BMI <18.5 kg/m ²).	Percentage of women in the underweight Body Mass Index (BMI) category (<18.5 kg/m ²).
Overweight at booking (BMI 25 to 29.9 kg/m ²)	Percentage of women in the overweight BMI category (25.0 to 29.9 kg/m ²).

Known pre-existing health conditions indicators	
At least one mental or physical health condition.	Percentage of women with one or more known physical and/or mental health condition(s).
Mental health condition.	Percentage of women with a mental health condition.
Diabetes.	Percentage of women with known diabetes.
Hypertension.	Percentage of women with known hypertension.
Cardiac disease.	Percentage of women with known cardiac disease.
Thromboembolic condition.	Percentage of women with a known thromboembolic condition.
Renal disease.	Percentage of women with known renal disease.
Hepatitis B.	Percentage of women with known hepatitis B.
Cancer.	Percentage of women with known cancer.
Inherited conditions.	Percentage of women with a personal or family history of an inherited genetic condition.
Diabetes.	Percentage of women with a family history of diabetes.