



2.7.3 PRECONCEPTION COUNSELING

POLICY:

According to the Code of Federal Regulations 42 CFR 59.14(a) and 59.5 (b)(1), “Family planning services include preconception counseling, education, and general reproductive and fertility health care, in order to improve maternal and infant outcomes, and the health of women, men, and adolescents who seek family planning services, and the prevention, diagnosis, and treatment of infections and diseases which may threaten childbearing capability or the health of the individual, sexual partners, and potential future children.”

The purpose of this policy is to describe the process for ensuring compliance with the requirement that Title X grantees and subrecipients offer preconception health services to female and male clients as a core family planning service. These preconception health services must cover the following topics, as further described below: medical history; intimate partner violence; alcohol and other drug use; tobacco use; immunizations; depression; height, weight, and body mass index (BMI); blood pressure; and diabetes.

PROCEDURE:

Folic acid

- Counsel all females planning or capable of pregnancy about the need to take 0.4–0.8 mg of folic acid daily, in accordance with the U.S. Preventive Services Task Force (USPSTF) recommendation (Grade A).

Reproductive goals

- Assess reproductive goals and sexual health for all clients. Engage in a client-centered conversation about preconception care, contraception, and/or fertility, as appropriate.

Medical history

Preconception counseling, components included in a comprehensive medical history, aims to improve health outcomes through patient education and targeted management of modifiable risk factors.

History elements for men and women should include

- Reproductive history; including prior birth outcomes
- Medical and surgical history; including conditions such as diabetes mellitus, hypertension, thyroid disorders, mood disorders, bariatric surgery
- Family history; including conditions of genetic disorders, birth defects, hemoglobinopathies and noting heritage/descent (i.e. Ashkenazi)
- Medication reconciliation; identifying the use of teratogenic medications
- Need to infectious disease screening; address according to CDC recommendations
- Exposure to environmental toxins; occupational exposures



Intimate partner violence

- The U.S. Preventative Task Service recommends women of reproductive age, including pregnant and postpartum women receive IPV screening (Grade B recommendation) with appropriate referral to intervention services for those who screen positive; ensure compliance with legal obligations for mandatory reporting.
- There is no routine evidence-based universal recommendation for IPV screening in men; however, clinicians are encouraged to use sound clinical judgement and assess for signs of abuse in all patients, as indicated, and conducted on individual risk factors, disclosures, or presenting symptoms.

Alcohol and other drug use

- Screen all clients for alcohol and other drug use in accordance with the USPSTF recommendation (Grade B for ages 18+, Grade I for ages 12–17), and provide behavioral counseling interventions, as indicated.

Tobacco use

- Screen for tobacco use in accordance with USPSTF recommendations:
 - For adults who use tobacco products, provide or refer for tobacco cessation interventions, including brief behavioral counseling sessions (<10 minutes) and pharmacotherapy delivered in primary care settings (Grade A).
 - For adolescents who don't use tobacco products, provide intervention to prevent initiation of tobacco use (Grade B).
 - For adolescents who use tobacco products, provide brief behavioral counseling sessions (<10 minutes) (Grade I).

Immunizations

- Screen for immunizations in accordance with the recommendations of the [ACIP](#) [Recommendations](#) | [ACIP](#) | [CDC](#)
 - For all clients, screen for age-appropriate vaccinations, such as influenza; tetanus–diphtheria–pertussis (Tdap); measles, mumps, and rubella (MMR); varicella; pneumococcal; and meningococcal.
 - For females who are uncertain about MMR immunization, offer a rubella titer on site or by referral. Patients who receive or are referred for vaccines of live attenuated nature, should receive counseling to delay pregnancy for a minimum of 28 days after date of injection”.
- Offer vaccination, as indicated, and/or provide referrals to community providers for immunization.

Depression

- Screen all adult and adolescent clients for depression using a validated tool [e.g., Patient Health Questionnaire (PHQ-9) or Edinburgh Postpartum Depression Screening (EPDS)], document findings, and refer for behavioral therapy as appropriate (Grade B).



Obesity

- Screen all adult and adolescent clients for obesity in accordance with the USPSTF recommendation (Grade B).
- For adults with obesity, provide or refer for intensive counseling and behavioral interventions to promote sustained weight loss (Grade B)

Hypertension

- Screen all clients routinely for hypertension in accordance with the USPSTF recommendation (Grade A) and with American College of Cardiology/American Heart Association guidelines:
 - Screen clients with blood pressure less than 120/80 every 1–2 years.
 - Screen clients with systolic blood pressure greater than or equal to 120 and/or diastolic blood pressure greater than or equal to 80 every year.

Diabetes

- Screen for diabetes in accordance with the USPSTF recommendation (Grade B):
 - Screen for diabetes in adults aged 40–70 years who are overweight or obese, and refer clients with abnormal glucose levels to primary care providers for further evaluation.

RESOURCES:

NDFPP Protocol HM 4 Preconception Health

RHNTC Preconception Counseling Checklist

[Pre-conception Counseling Checklist 072319.indd \(rhntc.org\)](#)

ACOG Pregnancy Counseling

[Pregnancy Counseling | ACOG](#)

Code of Federal Regulations 42 CFR 59.14(a) and 59.5 (b)(1)

<https://ecfr.federalregister.gov/current/title-42/chapter-I/subchapter-D/part-59>

Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP)

<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

U.S. Preventive Services Task Force (USPSTF) A and B Recommendations

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>

Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults: Screening

[Recommendation: Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults: Screening | United States Preventive Services Taskforce](#)

American College of Cardiology

<https://www.acc.org/latest-in-cardiology/articles/2017/11/08/11/47/mon-5pm-bp-guideline-aha-2017>

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