

Abstract

- **Background:** Preconception counseling encompasses patient education and inclusive decision making intended to increase maternal and fetal health and wellbeing throughout pregnancy and during the postpartum phase. This study evaluates maternal conditions for which current preconception services are provided and the type of counseling patients received for their condition through the University of Colorado Maternal-Fetal Medicine Division.
- **Methods:** We identified patients who received preconception counseling during 2018 through patient's electronic medical records. Patient charts were reviewed to determine reason for preconception referral, counseling received and ultimate patient outcomes in regard to following counseling advice and pregnancy outcomes. Patients were organized into five categories based on the reason for preconception counseling and were then grouped by the recommendation to either proceed with immediate conception, defer immediate conception pending completion of further recommendations, or to not conceive.
- **Results:** From January 2018 through December 2018, fifty-nine patients were identified who were referred to preconception counseling. Fifty-two percent (n=31) of the women referred were referred for maternal disease, 40% (n=24) were referred for infertility, 32% (n=19) were referred for previous poor obstetric outcomes, 30% (n=18) were referred for advanced maternal age and finally, 15% (n=9) were referred for gynecologic anatomic abnormalities. Patients were often referred to counseling for more than one reason. During the initial evaluation, 58% (n=34) of patients were determined to have no concern for immediate conception while 7% (n=4) were ultimately advised to not conceive. The majority (73%, n=43) of the referred patients were Caucasian and married (76%, n=45).
- **Conclusion:** The majority of patients referred to preconception counseling were ultimately counseled it was appropriate for them to proceed with immediate conception, 73% (n=43). The demographics of patients who accessed preconception counseling did not represent the diverse makeup of the surrounding community and therefore access to counseling needs to be expanded for greater accessibility. Using categories of patient referral, we identified areas of preconception counseling that would benefit from standardization to ensure patients receive comparable services and advice.