

# Preconception Checklist

If there is a baby in your future, talk with your family doctor about ways to give your baby the best start possible. Review the Preconception Checklist with your doctor before you get pregnant.

**Issues to Consider in Preconception Include:**

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**Nutrition**

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Calcium and Vitamin D | <input type="checkbox"/> Zinc      | <input type="checkbox"/> Body Weight               |
| <input type="checkbox"/> Folic Acid            | <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Caffeine                  |
| <input type="checkbox"/> Iron                  | <input type="checkbox"/> Poverty   | <input type="checkbox"/> Vegetarian Considerations |
|  |                                    | <input type="checkbox"/> Herbal Products           |
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**Substance Abuse**

- |   |  |
|---|--|
| <input type="checkbox"/> Paternal and/or Maternal Tobacco Use | <input type="checkbox"/> Drug Dependency |
|   | <input type="checkbox"/> Alcohol Use     |
- 

**Medications**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accutane                  | <input type="checkbox"/> Daunorubicin                  | <input type="checkbox"/> Quinolones    |
| <input type="checkbox"/> ACE Inhibitors            | <input type="checkbox"/> Lithium                       | <input type="checkbox"/> Retinoic Acid |
| <input type="checkbox"/> Aminopterin, methotrexate | <input type="checkbox"/> Metformin                     | <input type="checkbox"/> Tetracycline  |
| <input type="checkbox"/> Carbamazepine             | <input type="checkbox"/> Phenytoin                     | <input type="checkbox"/> Trimethadione |
| <input type="checkbox"/> Coumadin, Warfarin        | <input type="checkbox"/> Propylthiouracil, methimazole | <input type="checkbox"/> Valporic Acid |
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**Infections**

- |  |  |
|--|--|
| <input type="checkbox"/> CMV                   | <input type="checkbox"/> Toxoplasmosis     |
| <input type="checkbox"/> Human parvovirus B 19 | <input type="checkbox"/> Varicella (HSV-1) |
| <input type="checkbox"/> Rubella               |  |
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**Sexually Transmitted Infections**

- |   |   |
|---|---|
| <input type="checkbox"/> Chlamydia                    | <input type="checkbox"/> Herpes (HSV-2) |
| <input type="checkbox"/> Genital Human Papillomavirus | <input type="checkbox"/> HIV/AIDS       |
| <input type="checkbox"/> Gonorrhea                    | <input type="checkbox"/> Syphilis       |
| <input type="checkbox"/> Hepatitis B                  |   |
- 

**Chronic Illness**

- |   |  |
|---|--|
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Lupus               |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Maternal PKU        |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Psychiatric Illness |
| <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Thyroid Problems    |
- 

**Other Issues**

- |  |   |
|--|---|
| <input type="checkbox"/> Abuse                       | <input type="checkbox"/> Infertility        |
| <input type="checkbox"/> Genetics                    | <input type="checkbox"/> Previous Outcomes  |
| <input type="checkbox"/> Home and Leisure Activities | <input type="checkbox"/> Social Support     |
| <input type="checkbox"/> Hot Tubs and Saunas         | <input type="checkbox"/> Workplace Concerns |

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