

**A Woman's Way Wellness Center  
Preconception Check List**

<b>Name</b>		<b>Date</b>	
<p><b>To begin your preconception planning, review this checklist of questions. It outlines areas you should think about before conception that may affect your baby's health</b></p>			
<b><u>Life-style</u></b>		<b><u>Medical</u></b>	
<b>X</b>	<b>Do you and/or your partner</b>	<b>X</b>	<b>Have you or your partner ever had...</b>
	Smoke cigarettes?		A sexually transmitted disease such as Chlamydia, herpes, venereal warts, gonorrhea or syphilis?
	Drink Alcohol (beer, wine, hard liquor)?		Epilepsy?
	Smoke marijuana?		Diabetes, Type I or Type 2
	Have a job that involves lead or chemical		Hypertension (High blood pressure) ?
	Use chemicals in your hobbies or at home (for example paint strippers, garden pesticides, ceramics or oven		Heart disease ?
	Work near radiation or around x-rays?		Other conditions such as asthma, kidney disease, lupus or thyroid disease?
	Have had multiple sex partners ?		Are you younger than 16 or older than 35 ?
	Have bisexual partners ?	<b>Have you ever had or been immunized against...</b>	
	Want more information about AIDS ?		Rubella (German measles)
	Have traveled, or plan to travel to a foreign country?		Measles ?
	Have and care for a cat?		Mumps ?
	Have health insurance and the financial resources to care for a baby's health		Hepatitis ?
			Group B Strep ?
		<b><u>Reproduction</u></b>	
<b><u>Nutrition</u></b>		<b>Have you ever had or been diagnosed with any of the following conditions:</b>	
<b>Do you...</b>			
	Eat fewer than three meals a day?		Surgery on your ovaries, uterus, cervix or fallopian tubes?
	Vomit more than once a month?		A history of an abnormal uterus or cervix ?
	Practice fasting for 24 hours or more ?		Irregular menstrual cycles or PCOS?
	Eat little or no meat ?		An abortion after 14 weeks of pregnancy ?
	Eat a special diet ?		A miscarriage or history of infertility ?
	Eat in binges ?		Five or more pregnancies ?
	Consider yourself underweight ?		A Preterm birth or threatened Preterm birth ?
	Consider yourself overweight ?		An infant weighing less than 5 1/2 # or more than 10 # at birth?
	Have low blood sugar or crave sweets ?		A stillbirth?
<b><u>Drugs and Pharmaceuticals</u></b>			
<b>Do you or your partner use...</b>			
	Prescription medications?		An infant needing intensive care at birth?
	Medicines you buy over the counter without a prescription such as acne medication, cold medications or aspirin?		A baby die, either during pregnancy or following birth, or within the first year of life ?
	Recreational or 'street' drugs such as marijuana, cocaine, amphetamines, LSD, or heroin?		A history of vaginal bleeding late in pregnancy?
			Any other unusual reproductive history ?
		<b><u>Genetics</u></b>	
		<b>Does anyone in your or your partner's family have...</b>	
	Vitamins, minerals or dietary supplement		High blood pressure ?
	Iron pills ?		Hemophilia, or a bleeding condition?
	Birth control pills?		Diabetes, Type 1 or Type 2 ?
	Other birth control method?		Tay-Sachs Disease?
			Sickle cell disease or trait?
<b><u>Spiritually and Emotionally</u></b>			
	Are you spiritually and emotionally ready for a child ?		Birth defects or a physical disability ?
			Mental retardation or a mental health disability?
			Cystic fibrosis?
<b>Comments or other concerns:</b>		Other genetic or inherited condition of concern ?	