



Preconception Mental Health

Mental health conditions are common among people of reproductive age and can significantly influence pregnancy outcomes. Preconception care provides an opportunity to optimize mental health and reduce relapse risk before pregnancy occurs.

1. Ask About Reproductive Goals

At routine visits, ask:

“Would you like to become pregnant in the next year?”

This helps guide:

- Medication review
- Relapse prevention planning
- Pregnancy timing discussions

2. Screen for Mental Health Conditions

Routine screening should occur routinely for people of reproductive age, regardless of pregnancy intention.

Suggested Screening Tools

Screening Area	Suggested Tools
Depression	PHQ-9
Anxiety	GAD-7
Perinatal depression risk	EPDS
Trauma/PTSD	PCL-5
Eating disorders	SCOFF

Also assess substance use, including alcohol, cannabis, and other substances, as these may affect both mental health stability and pregnancy outcomes.

Key principle: Screening must be paired with referral pathways and follow-up.



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3. Review Medications Before Pregnancy

Medication review should include:

- Prescription medications
- Over-the-counter medications
- Supplements and herbal products

Key Clinical Principles

- Compare medication risks vs untreated illness risks
- Avoid abrupt discontinuation
- Allow time for medication transition before conception

4. Assess Relapse Risk

Important considerations include:

- Illness severity
- Recurrence history
- Past perinatal course
- Functional impairment
- Social supports

High relapse risk conditions include:

- Bipolar disorder
- Psychotic disorders
- Severe recurrent depression
- Eating disorders

5. Stabilize Mental Health Before Pregnancy

Priority goals before conception:

- Achieve symptom stability
- Optimize medication regimen
- Establish psychotherapy if indicated
- Strengthen social supports
- Plan postpartum mental health follow-up

Clinical Pearl: Stability at conception strongly predicts stability during pregnancy.

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6. Use Trauma-Informed Care

Trauma histories can affect care engagement.

Providers should:

- Use respectful, non-judgmental communication
- Explain procedures before performing them
- Ask permission before physical examinations
- Offer choice and control where possible
- Ensure culturally safe care

7. Consider Pregnancy Timing

If symptoms are unstable, discuss pregnancy timing using supportive framing.

Counselling should:

- Support reproductive autonomy
- Avoid coercive framing
- Align pregnancy timing with stabilization goals

8. When to Refer to Psychiatry

Referral is recommended for:

- Bipolar disorder
- History of psychosis
- Severe or recurrent depression
- Suicide attempt history
- Complex medication regimens
- Medication transition from valproate or carbamazepine

9. Plan Continuity of Care

Coordinate care across:

- Primary care
- Psychiatry
- Obstetrics
- Community supports

Plan postpartum follow-up before conception when possible.



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10. Preconception Visit Checklist

- Screen for mental health conditions
- Assess substance use
- Review medications
- Evaluate relapse history
- Discuss reproductive goals
- Optimize folic acid intake
- Consider medication adjustments
- Refer to psychiatry if needed
- Plan follow-up care

Clinical Pearl: Stability Untreated mental illness can carry significant risks during pregnancy. Treatment decisions should balance medication exposure with relapse risk using shared decision-making.