TUESDAY, July 22 (HealthDay News) -- It's a good bet mom never told you to speak to your doctor before getting pregnant. But these days, that's exactly what women of childbearing age -- and their male partners -- are being encouraged to do.

Experts say most physicians realize the importance of pre-pregnancy counseling and measures, making sure, for example, that women take folic acid during their reproductive years to prevent birth defects.

Yet surveys suggest that few doctors practice preconception care -- or even ask patients about their pregnancy plans.

"We're sort of waiting for women to come to us and say, 'I'm planning to get pregnant. What should I do?''' said Dr. Anne L. Dunlop, an assistant professor in the Department of Family and Preventive Medicine at Emory University School of Medicine in Atlanta.

The term "preconception care" refers to the set of health interventions that can improve the chances of getting pregnant, having a healthy pregnancy, and delivering a healthy baby. These include quitting smoking or drinking alcohol, as well as receiving nutrition counseling, and undergoing early screening to detect and treat sexually transmitted diseases.

The U.S. Centers for Disease Control and Prevention, with guidance from groups like the March of Dimes and the American College of Obstetricians and Gynecologists, issued recommendations in 2006 to improve preconception care in the United States. Since that time, these organizations have been working with leaders in the medical community to integrate the advice into clinical practice.

The Georgia Academy of Family Physicians, for one, is conducting "Quality Circles" to bring health-care providers up to speed with the recommendations and identify ways to integrate pre-pregnancy services into their practices, Dunlop noted.

In part, the CDC recommendations encourage every woman, man and couple to have a reproductive plan, even if they do not intend to conceive. About half of all pregnancies in the United States are unintended, the agency noted, underscoring the need for contraception counseling.
In addition, the nation’s primary-care providers are urged to take the lead on providing preconception risk assessment services, patient education and health promotion counseling to reduce reproductive risks and improve pregnancy outcomes.

"Full implementation requires substantial support from a number of sectors and will take some time," said Samuel F. Posner, a co-author of the preconception care report and associate director for science in the CDC's Division of Reproductive Health. Part of the challenge, he conceded, is overcoming numerous barriers, including the lack of a mechanism for billing insurers and getting reimbursed.

Some insurers limit the use of billing codes for preventive services to once a year, Dunlop explained, while others do not pay for these services at all.

What's more, the notion of preconception care doesn't really resonate with many women, she said. Take, for instance, a recently married 23-year-old who wants to hold off a couple of years before starting a family. She may not even consider herself a candidate for preconception care until she's ready to conceive.

All the more reason for doctors to ask patients about their reproductive plan and schedule a follow-up visit if necessary. "Leave them with the message that it's important you plan the pregnancy, not just in general with yourself and your partner, but with me as your health-care provider, because there's things we have to take care of ahead of time," Dunlop said.

When should women seek preconception care? While there are no hard-and-fast recommendations, Dunlop believes most experts would advise healthy women to see their doctor at least three months prior to planning to conceive. Women with chronic conditions, including diabetes, obesity, hypertension and seizure disorders, may need more time to get their disease under optimal control and adjust their medications before trying to conceive.

Until patients and providers begin taking a proactive approach to pregnancy planning, there will likely be critical gaps in care.

Dr. Michael C. Lu, an associate professor of obstetrics/gynecology and public health at the University of California, Los Angeles, cites one survey in which roughly a third of obstetricians said that it's very important to talk to their patients about folic acid supplementation during a routine exam. Fewer than 20 percent said it's very important to talk to their patients about environmental concerns during a routine exam.

But exposure to toxins, including pesticides, lead and cigarette smoke, may affect fertility, lead to miscarriage or cause birth defects, according to the March of Dimes.
"Personally, I think we need to do better in terms of patient education on nutrition, exercise, stress management, environmental toxicants, and family planning," Lu said. And not just for women. "We need to promote preconception care for men as well."