

Recommendations for the Routine Care of All Women of Reproductive Age

Adapted from Moos et al American J Obstet Gynecol 2008: 199 (6 Supple 2) S280-289

Family planning counseling and use of reproductive life plan

- Routine health promotion activities for all women of reproductive age should begin with screening women for their intentions to become or not become pregnant in the short and long term and their risk of conceiving (whether intended or not).
- Providers should encourage patients (women, men, and couples) to consider a reproductive life plan and educate patients about how their reproductive life plan impacts contraceptive and medical decision-making.
- Every woman of reproductive age should receive information and counseling about all forms of contraception, from abstinence to permanent sterilization and the use of emergency contraception, that are consistent with her reproductive life plan and risk of pregnancy.

Physical activity

- All women should be assessed regarding weight-bearing and cardiovascular exercise and offered recommendations that are appropriate to their physical abilities.

Nutrition

- All women should have their BMI calculated at least annually.
- All women with BMIs ≥ 26 kg/m² should be counseled about the risks to their own health, the risks for exceeding the overweight category, and the risks to future pregnancies, including infertility. These women should be offered specific behavioral strategies to decrease caloric intake and increase physical activity and be encouraged to consider enrolling in structured weight loss programs.
- All women with a BMI ≤ 19.8 kg/m² should be counseled about the short- and long-term risks to their own health and the risks to future pregnancies, including infertility.
- All women with a low BMI should be assessed for eating disorders and distortions of body image. Women who are unwilling to consider and achieve weight gain may require referral for further evaluation of eating disorders.

Nutrient intake

- All women of reproductive age should be advised to ingest 0.4 mg (400 mcg) of synthetic folic acid daily from fortified foods and/or supplements and to consume a balanced, healthy diet of folate-rich food.

Immunizations

- All women of reproductive age should have their immunization status for tetanus, diphtheria, pertussis; measles, mumps, and rubella; and varicella reviewed annually and updated as indicated.
- All women should be assessed annually for health, lifestyle, and occupational risks for other infections and offered indicated immunizations.

Infectious Disease

- Healthcare providers should assess STI risks regularly and routinely, provide counseling and other strategies that include immunizations to prevent the acquisition of STIs, and provide indicated STI testing and treatment for all women of childbearing age.

Substance Exposures

- All women should be assessed for the use of tobacco at each encounter with the healthcare system, and those who smoke should be counseled, using the 5 As, to limit exposure.
- All women should be assessed at least annually for alcohol use patterns and risky drinking behaviors and provided with appropriate counseling; all women should be advised of the risks to the embryo/fetus of alcohol exposure in pregnancy and that no safe level of consumption has been established.