Preconception care: a clinical case of “think globally, act locally”
Michele G. Curtis

Where is the “W”oman in MCH?
Hani Atrash; Brian W. Jack; Kay Johnson; Dean V. Coonrod; Merry-K Moos; Phillip G. Stubblefield; Robert Cefalo; Karla Damus; Uma M. Reddy
Preconception care is a way by which to improve the health of mothers and children by focusing on the care of women.

The clinical content of preconception care: an overview and preparation of this supplement
Brian W. Jack; Hani Atrash; Dean V. Coonrod; Merry-K Moos; Julie O’Donnell; Kay Johnson
We describe the process of selecting and reviewing all of the topics that are reviewed in this supplement and include a summary of all recommendations in Table form.

Healthier women, healthier reproductive outcomes: recommendations for the routine care of all women of reproductive age
Merry-K. Moos; Anne L. Dunlop; Brian W. Jack; Lauren Nelson; Dean V. Coonrod; Richard Long; Kim Boggess; Paula M. Gardiner
Reproductive planning and health promotion are important areas of focus that should be incorporated into the care of all women, irrespective of pregnancy intentions.

The clinical content of preconception care: immunizations as part of preconception care
Dean V. Coonrod; Brian W. Jack; Kim A. Boggess; Richard Long; Jeanne A. Conry; Shanna N. Cox; Robert Cefalo; Kam D. Hunter; Albert Pizzica; Anne L. Dunlop
Many routinely administered childhood and adult vaccines have an important role in the promotion of preconception healthcare.

The clinical content of preconception care: infectious diseases in preconception care
Dean V. Coonrod; Brian W. Jack; Phillip G. Stubblefield; Lisa M. Hollier; Kim A. Boggess; Robert Cefalo; Shanna N. Cox; Anne L. Dunlop; Kam D. Hunter; Mona R. Prasad; Michael C. Lu; Jeanne A. Conry; Ronald S. Gibbs; Vijaya K. Hogan
A number of infectious diseases should be considered for inclusion in preconception care, with the use of risk assessment, screening, and treatment.
The clinical content of preconception care: women with chronic medical conditions
Anne L. Dunlop; Brian W. Jack; Joseph N. Bottalico; Michael C. Lu; Andra James; Cynthia S. Shellhaas; Lynne Haygood-Kane Hallstrom; Benjamin D. Solomon; W. Gregory Feero; M. Kathryn Menard; Mona R. Prasad
Detection and control of chronic medical conditions are important for preconception health care; providers should be aware of the recommendations for each condition.

The clinical content of preconception care: women with psychiatric conditions
Ariela Frieder; Anne L. Dunlop; Larry Culpepper; Peter S. Bernstein
Detection and management of psychiatric conditions is critical for avoiding or reducing the potential negative reproductive outcomes associated with such conditions.

The clinical content of preconception care: alcohol, tobacco, and illicit drug exposures
R. Louise Floyd; Brian W. Jack; Robert Cefalo; Hani Atrash; Jeanne Mahoney; Anne Herron; Corinne Husten; Robert J. Sokol
Substance use is prevalent among women of childbearing age, but tools are available to assist clinicians in identifying and intervening with high risk women who present in primary care settings during the preconception period.

The clinical content of preconception care: genetics and genomics
Benjamin D. Solomon; Brian W. Jack; W. Gregory Feero
Screening for maternal and paternal genetic conditions should be a part of preconception care to avoid preventable poor outcomes and to allow informed reproductive decisions by the parents.

The clinical content of preconception care: nutrition and dietary supplements
Paula M. Gardiner; Lauren Nelson; Cynthia S. Shellhaas; Anne L. Dunlop; Richard Long; Sara Andrist; Brian W. Jack
Women of reproductive age should be advised that the quality of a woman’s diet may influence her pregnancy outcomes.

The clinical content of preconception care: environmental exposures
Melissa A. McDiarmid; Paula M. Gardiner; Brian W. Jack
Environmental exposures have been linked to poor reproductive outcomes and should be detected during preconception care in order to make appropriate recommendations to the woman.

The clinical content of preconception care: care of psychosocial stressors
Lorraine V. Klerman; Brian W. Jack; Dean V. Coonrod; Michael C. Lu; Yvonne W. Fry-Johnson; Kay Johnson
Three types of psychosocial stressors (inadequate financial resources, problems in accessing health care, and intimate partner and other forms of violence) are described in terms of burden of suffering, identification, treatability, and recommendations for management.
The clinical content of preconception care: the use of medications and supplements among women of reproductive age
Anne L. Dunlop; Paula M. Gardiner; Cynthia S. Shellhaas; M. Kathryn Menard; Melissa A. McDiarmid
Appropriate medication regimens, including over-the-counter medications and supplements, in addition to prescription medications, are important to maintaining the health of women of reproductive age.

The clinical content of preconception care: reproductive history
Phillip G. Stubblefield; Dean V. Coonrod; Uma M. Reddy; Raja Sayegh; Wanda Nicholson; Daniel F. Rychlik; Brian W. Jack
The reproductive history of a woman has important implications for her future reproductive plans and thus should be screened for and addressed.

The clinical content of preconception care: preconception care for special populations
Catherine Ruhl; Barbara Moran
Women with disabilities, immigrant and refugee women, and cancer survivors have particular reproductive planning and preconception health concerns that should be addressed as part of their routine health care to promote healthy reproductive outcomes.

The clinical content of preconception care: preconception care for men
Keith A. Frey; Shannon M. Navarro; Milton Kotelchuck; Michael C. Lu
While the father’s health can greatly influence the health of a baby, little attention has been given to men’s health care in relation to reproduction and preconception care.