Complete transcript of Preconception Care - The Gateway to a Healthy Pregnancy

[00:00:03] Welcome to SMA's Women's and Children's Health podcast, a publication of the Southern Medical Association. This podcast explores all aspects of care of the female patient across her lifespan. It will also explore the special and unique care of children and adolescents.

[00:00:23] Welcome to the Southern Medical Association's Women's and Children's Health Podcast. I'm Lee Boughton. Today we are pleased to have Dr. Nancy Phillips on the line. Dr. Phillips is an Associate Professor in the Department of Obstetrics, Gynecology & Reproductive Science at Rutgers-Robert Wood Johnson Medical School in New Brunswick, New Jersey. Dr. Phillips is also a co-chair of SMA's 2019 Focus on Women's Health Conference in Kiawah, South Carolina and a member of the faculty for this year's meeting. Welcome Dr. Phillips.

[00:00:56] ---- Hey Lee, thanks, it's great to be here.

[00:01:00] Thank you for joining us today to discuss one of your topics for this year's meeting "Preconception Care: The Gateway to a Healthy Pregnancy".

[00:01:10] Why do you feel a talk about preconception is needed at Focus on Women's Health?

[00:01:17] Well, I think that when we talk about preconception care we're thinking of a segment of what should be reproductive healthcare. We have many contacts in all different specialties with women of reproductive age and very often we neglect to talk to them about reproduction. We focus so much on birth control and often we don't see people until they're actually pregnant as obstetricians for health care providers for women. However, at least 50 percent of pregnancies in this country are still unplanned and there are interventions we can take to assist women in preparing for a healthy pregnancy. Whether the woman is healthy or not there's always something that we can review with them. I think it's important to remember that at all of our encounters with women we have this opportunity, not just when they present asking for that specific need.

[00:02:18] What women would benefit most from preconception counseling?

[00:02:22] I think, in general, all women should be part of at least a conversation with their healthcare provider about preconception. There are certainly things that all women can do to better prepare for pregnancy. We can talk to them about immunizations that they are up to date on immunizations and the people around them. Certainly, the addition of taking a multivitamin or even just folic acid for the three months prior to pregnancy and through the first 12 weeks of pregnancy that will reduce the risk of neural tube defects by up to 72 percent which is a tremendous benefit to a pregnancy. We can talk to all women about alcohol use, exercise, and with the epidemic that we have, unfortunately, in this country - and really almost getting globally - is obesity problem. Not only the problems with pregnancy that can happen with obesity, such as gestational diabetes, gestational hypertension, large babies which lead to difficult deliveries and potentially increase the risk of birth trauma – but we can also screen people who are overweight for some of these preexisting conditions such as hypertension and diabetes and talk to them about weight loss.

[00:03:56] I recently had a woman come to me who said she went for bariatric surgery consult and they told her - have your babies first and then come back to us for the surgery and that's really the wrong idea. I'm glad she came to me because – no have your bariatric surgery, lose your weight, lose your diabetes, lose your hypertension - then get pregnant. And that's more of the better way that we would prefer for it to happen. So for all women there is a benefit. But women who will especially benefit from preconception counseling are those with preexisting conditions, those who are on medication - some of which may not be compatible with pregnancy, where there are alternatives available that are both effective and safe in pregnancy. We miss a tremendous opportunity when we see patients only at their first O.B. appointment where they're often six or eight weeks pregnant. They're already well into that period of organogenesis, where if there something that's causing fetal harm there's not anything we can really do about it at that time.

[00:05:05] How does age factor in preconception counseling?

[00:05:08] Women are delaying their childbearing, much more now than they have in the past and there's a couple things about age. We all know, or those of us in healthcare know, and I think most people know that as you get older the main risk that increases is the genetic risk - which is the risk of having a baby with a chromosomal abnormality, most commonly Down syndrome. And, of course, we do have effective screening methods for these while you're pregnant. However, the best way to reduce your risk is for earlier pregnancy. So, you can't tell a person – okay, you should be pregnant right now because, obviously, that doesn't make sense for people - but you can talk to people. For example, if they have just gotten married in their 36 and they're still on birth control pills and they want to have a baby it might be a good time to have a conversation like - you know, maybe waiting another year or two isn't the best idea or maybe having everything in your life perfect before you conceive isn't the right thing to do for you if you look at the risks and benefits. The other thing is that the possibility of egg freezing. There are more insurance programs getting on board with paying for egg freezing so for women who do want to delay childbearing. You can talk to them about freezing their eggs at a younger age.

[00:06:37] What is really interesting - and we'll talk about this a little bit more detail at the conference in Kiawah, where we'll talk about all of this in more detail, in fact, and it will be interesting to get feedback from some of our colleagues who care for women of all reproductive ages and actually who care for men because I don't take care of men as a gynecologist - not directly anyway. But there is a lot of literature that is coming out about advanced paternal age - and the biggest controversy about advanced paternal age is what is advanced paternal age? Some people say 45. Some people say 50. Some people say 55. But there are things coming out talking about increased risk of chromosomal problems, childhood cancers, autism, even increased pregnancy complications in the partners of men of advanced paternal age. So, I think that's an interesting topic that I'm kind of excited to explore with colleagues about - should we talk to women more about how old is your husband or talk to men, if you take care of men - if you're delaying childbearing, do you want to think about, do we start thinking about freezing sperm? It's certainly easier, cheaper, and probably more effective than freezing eggs, in terms of pregnancy outcome. So, I think that's an interesting thing about age. Can't force people to have a baby because it happens when it happens. But you can certainly give them some guidance. And I think that's important for us to remember.

[00:08:10] So we all hear about these genetic testing services like 23AndMe. Is there a role for this type of testing at a preconception level?

[00:08:22] Genetics is moving ahead, at such an incredible speed. It's remarkable and scary to me all at the same time. Certainly, there have always been populations that we have screened more heavily in terms of genetics -such as the Ashkenazi Jewish population, African-American/Black or Spanish population for things like sickle cell, people of Mediterranean ancestry for thalassemia and other blood disorders. And now what we are finding is that - it's not so specific because there's such a mix of people who are together. The 23andMe is an interesting concept. And, again, I love conversation about it because I find it scary to send my DNA off in the mail but so many people do it. But in terms of a controlled preconception setting there are lots of autosomal recessive disorders that people can carry and have no idea that they carry it. They may not even have a history of it in their family because of some of the ones that are more rare -the risk is very low of being another carrier. You have to have two carriers together and you have to then have both of those genes together to fertilize. And so there are rare disorders that you may have no idea that you carry and a lot of these are devastating to pregnancies and to babies. Not really to pregnancies, but to babies and the offspring in the outcome. And so there are good genetic tests that can be done now to look for carriers of these disorders.

[00:10:20] Unfortunately, again this is the part where we don't generally screen people until after they're pregnant. And if we discover something, at that point, we can do pregenetic testing/pre-pregnancy genetic screening in utero – but, there's nothing we can really do to change an outcome, in most cases. Whereas if we do it beforehand and we find that there's an incompatible couple we can offer them IVF, pre-implantation diagnosis. So, the world of genetics is really just opening up. It's interesting in populations around the world, in Middle Eastern population, in the Ashkenazi Jewish population which does have a high incidence of chromosomal auto-recessive chromosomal disorders - they already have a very rigorous, premarital genetic screening process in place in some of those countries, which I find interesting. I learned about it from some of my patients that are here. We do have a little bit of difficulty in getting some of these tests - preconception. Some of it is related to insurance and money and things that always happen to be related to things in medicine and it'd be interesting again at this conference to explore what other people's experience with this is. In an ideal world, we would be able to genetically screen everybody. But we're not quite there yet. But, certainly looking at somebody's background, looking at somebody's family history, looking at their individual risks, is really important. But not always inclusive of everybody who is going to carry a disorder.

[00:12:17] That's very interesting and it gives us a taste of what we will learn this year at the conference. Thank you for joining us again today, Dr. Phillips. I'm looking forward to another great year at Focus on Women's Health. Our committee has certainly put together a well-rounded schedule.

[00:12:33] Oh you're welcome, I look forward to it too. The thing I love about this meeting is it's very clinical, it's very practical, it's very interactive, and I think everybody comes away learning something new and I look forward to it.

[00:12:52] If you're interested in learning more, please visit our website – sma.org/whpodcast. The meeting is held at Kiawah Golf Resort in beautiful, Kiawah, South Carolina on July 15th through 18th.