Preconception counselling checklist

NOTES

This document will use the term ‘women’/‘woman’ throughout. It is important to highlight that it is not only those who identify as women who require access to women’s health and reproductive services. For example, some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also experience pregnancy. All healthcare services should be respectful and responsive to individual needs.

This guidance is not intended to be construed or to serve as a standard of care. Standards of care are determined based on all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guidance recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient’s case notes at the time the relevant decision is taken.

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Contents

This document has been prepared by Public Services Delivery Scotland (PSD Scotland) on behalf of the Scottish Obstetric Cardiology Network (SOCN). Accountable to Scottish Government, PSD Scotland works at the heart of the health service providing national strategic services to the rest of NHS Scotland and other public sector organisations to help them deliver their services more efficiently and effectively. SOCN is a collaboration of stakeholders involved in obstetric cardiology care, who are supported by a PSD Scotland Programme Team to drive improvement across the care pathway.

Preconception Care Checklist

This checklist supports structured preconception assessment and counselling for women with cardiovascular disease or cardiovascular risk factors. It is designed to help clinicians review cardiovascular health, medications, co-morbidities, lifestyle factors, and reproductive intentions in order to optimise health prior to pregnancy and support informed decision making. Preconception care is an ongoing process that may occur over multiple consultations, and items within this checklist may be addressed progressively according to clinical priorities and patient preferences.

Cardiovascular health

- ☐ Assess for indications for optimising cardiovascular status (medical therapy or intervention)
- ☐ Identify modifiable cardiovascular risk factors (hypertension, smoking, substance misuse, obesity)
- ☐ Review additional cardiovascular risk factors (e.g. diabetes)

Medications

- ☐ Review prescribed medications
- ☐ Review over-the-counter medications and supplements
- ☐ Consider safety in pregnancy
- ☐ Consider need for withdrawal or substitution if planning pregnancy
- ☐ Consider potential fetal impact if pregnancy occurs unexpectedly

Pregnancy planning

- ☐ Discuss pregnancy intentions
- ☐ Discuss contraception use if pregnancy is not planned
- ☐ Recommend appropriate contraception considering safety and efficacy
- ☐ Advise folic acid if planning pregnancy

Co-morbidities and general health

- ☐ Assess and optimise co-morbidities
- ☐ Consider referral for genetic consultation if indicated
- ☐ Identify opportunities to optimise weight and nutrition

Lifestyle factors

- ☐ Assess maternal lifestyle factors
- ☐ Ask about paternal lifestyle and risk factors affecting outcomes

Preventive care

☐ Check cervical smear status

☐ Check immunisation status

Psychological wellbeing

☐ Screen wellbeing using a validated tool (e.g. PHQ-4)

Inclusive care

☐ Consider needs of transgender men, including hormonal treatments and contraception

Health literacy and social factors

☐ Assess health literacy

☐ Assess housing, education, employment, social support, income, healthcare access, and risk of gender-based violence

Pregnancy risk stratification

mWHO 2.0 classification	☐ I ☐ II ☐ II–III ☐ III ☐ IV
CARPREG II score	_____
NYHA class	☐ I ☐ II ☐ III ☐ IV
History of cardiovascular complications	☐ Yes ☐ No
Co-morbidities present	☐ Yes ☐ No
Additional CV risk factors	☐ Hypertension ☐ Obesity ☐ Smoking ☐ Diabetes
Considering fertility treatment	☐ Yes ☐ No
Obstetric history	☐ Previous adverse pregnancy outcomes ☐ Short interpregnancy interval

Closing section

☐ Assess the woman's risk of adverse maternal cardiovascular events during pregnancy.

☐ Discuss the findings and confirm whether the woman consents to preconception counselling or referral for specialist counselling, where appropriate.

☐ Consider whether facilitated access to contraception services is required, including NHS or non-NHS services, to support management of cardiovascular risk factors, co-morbidities, and relevant social determinants of health.

☐ Provide evidence-based resources to support informed decision making, such as information on contraceptive options, pregnancy considerations in cardiovascular disease, and smoking cessation support.

☐ Document the risk assessment, counselling provided, resources shared, and agreed plan clearly in the medical record.

Preconception Counselling Checklist

This checklist supports structured preconception counselling for women with cardiovascular disease or cardiovascular risk factors. Preconception counselling should support informed decision making regarding pregnancy and reproductive options. For women at lower cardiovascular risk (mWHO I–II), counselling may be delivered by a clinician with appropriate knowledge of cardiovascular disease in pregnancy, with cardiology input where required. Women at higher risk (mWHO II–III, III, or IV) should receive counselling from clinicians with expertise in obstetric cardiology. Discussions may occur across more than one consultation and should be tailored to the woman's clinical risk, preferences, and reproductive plans.

Maternal cardiovascular risk

☐ Maternal cardiac risk (mWHO classification): I / II / II–III / III / IV

☐ NYHA functional class: I / II / III / IV

☐ History of cardiovascular complications (e.g. arrhythmia, heart failure)

☐ Co-morbidities

☐ Additional cardiovascular risk factors (e.g. hypertension, obesity, smoking, diabetes)

Obstetric and fertility considerations

☐ Maternal obstetric history and obstetric risk

☐ Potential risks associated with fertility treatment

☐ Paternal health and relevant social risk factors

Fetal and neonatal risks

☐ Risk of congenital heart disease or inherited cardiac conditions in the child

☐ Offer genetic consultation where indicated

☐ Impact of maternal cardiovascular disease on fetal growth

☐ Impact on duration of pregnancy or risk of preterm birth

☐ Potential fetal effects of maternal medications

Pregnancy and cardiac morbidity (discuss with all women)

- ☐ Long-term impact of pregnancy on cardiac function
- ☐ Risk of deterioration in cardiac function or functional class
- ☐ Heart failure
- ☐ Arrhythmia
- ☐ Thromboembolic complications
- ☐ Risk of requiring catheter-based or surgical cardiac intervention during pregnancy
- ☐ Non-cardiac complications related to cardiovascular disease
- ☐ Consider the psychological impact of counselling and decision making and offer referral to appropriate psychological support if required

Medication and treatment considerations

- ☐ Required modification of cardiac medications prior to or during pregnancy
- ☐ Potential impact of medication changes on maternal cardiac status
- ☐ Potential impact of medication regime of fetal wellbeing

Antenatal care and pregnancy planning

- ☐ Antenatal care model including shared care and cardiac monitoring requirements
- ☐ Need for care in a specialist or tertiary centre
- ☐ Potential maternal–infant separation if neonatal intensive care is required
- ☐ Pregnancy follow-up and post-partum care

Family planning and alternative options

- ☐ Discussion of reproductive options including pregnancy, adoption, or surrogacy
- ☐ Consider the psychological impact of counselling and decision making and offer referral to appropriate psychological support if required

Additional counselling depending on risk and underlying cardiovascular disease

(Tailor discussion according to underlying condition, medication requirements, and risk category)

Treatment and Medication Considerations

- ☐ Risk of deterioration in ventricular function with withdrawal or modification of therapy preconception
- ☐ Maternal and fetal risks associated with warfarin and LMWH
- ☐ Fetal risks related to anticoagulation during pregnancy
- ☐ Risks of bleeding and thrombosis
- ☐ Delivery planning when anticoagulated during pregnancy

Higher Risk Maternal Outcomes

- ☐ Deterioration in cardiac function that may not recover post partum
- ☐ Deterioration in functional class that may not recover post partum
- ☐ Heart failure
- ☐ Arrhythmia
- ☐ Thromboembolic complications

Fetal Risks and Monitoring

- ☐ Impact of maternal cardiac disease on fetus (e.g. prematurity, growth restriction)
- ☐ Plan for fetal monitoring during pregnancy

Long term Prognosis

- ☐ Maternal disease trajectory and life expectancy

Following counselling, confirm that the woman understands the maternal and fetal risks associated with pregnancy in the context of her cardiovascular condition, and provide the opportunity to ask questions. Support shared decision making regarding pregnancy and reproductive options.

Where pregnancy is planned, agree a plan for optimisation of cardiovascular health, medication management, and appropriate antenatal care, including referral to specialist services where indicated.

Where pregnancy is not planned or is not advised, ensure the woman has access to effective contraception and appropriate support for ongoing management of cardiovascular risk factors and co-morbidities.

Recognise the potential psychological impact of counselling and decision making, and offer referral to appropriate psychological or counselling support where needed.

Provide relevant written information and resources to support informed decision making, and document the counselling discussion, risk assessment, and agreed management plan clearly in the medical record.

Appendix 1 - Document governance

Authors	This document was developed by the Preconception Counselling Subgroup on behalf of the SOCN Steering Group. Full membership of the group is available in Appendix 2.
Stakeholders involved	A wide range of health care professionals working in the area of obstetric cardiology were involved in the development of this document. This includes Obstetricians, Cardiologists, Anaesthetists, Pharmacists, Clinical Geneticists, Specialist Nurses, Midwives and Sexual Health consultants. Feedback from patients throughout the development of all of the SOCN materials was sought.
Methodology used	Evidence-based literature reviews and engagement with clinical experts within the field of obstetric cardiology across Scotland.
Rationale	Cardiac disease remains the leading indirect cause of death in pregnancy. The network was established to support and develop Obstetric Cardiology services throughout Scotland in improving standards of clinical care for pregnant women and their families affected by heart disease in pregnancy. The network supports the delivery of evidence based, patient centred care for both mother and baby through the development and implementation of clinical guidelines, care pathways, clinical standards and information resources.
Scope	The aim of this document is to support the delivery of services to improve outcomes for women with cardiac disease and support implementation of optimal care to any women with a cardiac condition who is contemplating a pregnancy or has a pregnancy in Scotland. .
Approval process	Members of the Scottish Perinatal Network and Network for Inherited Cardiac Conditions Scotland were able to review and provide feedback on the final draft of this document. The SOCN Steering Group endorsed this document on 30 April 2026**.** Full membership of the group is available in Appendix 2.

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Appendix 2 - Group membership

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SOCN Steering Group Membership (2025/2026)		
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