TERATOGEN RESOURCE SERIES

TER-01

Pregnancy Planning Checklist

A structured checklist to help you gather and organise information when planning a pregnancy.

darksideofmedicine.org

Version 1.0

IMPORTANT

This resource supports information gathering, organisation and discussion. It is not a diagnostic tool, risk assessment or substitute for professional advice.

Name: _____

Date: _____

My Health

■ I have reviewed my current health conditions.
■ I have considered whether any health conditions may need review before pregnancy.
■ I have arranged a healthcare appointment if required.
■ I have considered any previous pregnancies or pregnancy outcomes that may be useful to discuss.

Notes:

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Medicines and Treatments

■ I have reviewed my current medicines and treatments.
■ I know why I take each medicine.
■ I have considered prescription medicines, over-the-counter medicines and supplements.
■ I have checked reliable pregnancy information about my medicines where available.
■ I have discussed my medicines with a healthcare professional if required.
■ I know not to stop or change prescribed medicines without appropriate medical advice.

Notes:

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Lifestyle and Nutrition

■ Diet and nutrition considered.
■ Folic acid and other recommended supplements considered.
■ Alcohol, smoking and recreational drug use considered.
■ Weight, general health and wellbeing considered.

Notes:

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Environmental, Home and Occupational Exposures

■ My home environment considered.
■ My workplace environment considered.
■ Chemicals, solvents, pesticides, fumes or other substances considered.
■ Air pollution, traffic or other significant environmental exposures considered where relevant.
■ Hobbies or activities involving possible exposures considered.
■ Any other environmental circumstances I think may be relevant recorded.

Notes:

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Family Medical History

■ Conditions or characteristics that appear to run in either family considered.
■ Information gathered from relatives where appropriate.
■ Relevant family medical information recorded for future reference.

Previous Pregnancy History

■ Previous pregnancies considered where relevant.
■ Pregnancy complications or significant illnesses considered.
■ Previous pregnancy outcomes recorded where I wish to do so.
■ Relevant information identified for discussion with a healthcare professional.

What Information Would I Like to Understand Better?

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_____

Questions I May Wish to Discuss

_____

_____

Actions I Plan to Take