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## Planning to become pregnant

This leaflet offers advice for women who are planning to become pregnant. The aim is to plan ahead to reduce the risk of any harm to the baby and to reduce the risk of pregnancy complications. Women on regular medication, or who have a long-term medical condition, may need to seek medical advice to discuss any changes which may need to be made. This is ideally done before pregnancy.

There is a summary checklist at the end of the leaflet.

Women who are already pregnant may find [Diet and lifestyle during pregnancy](#) more help.

## When should I have my next baby?

Studies have shown that having very long or very short gaps between pregnancies can result in problems during pregnancy. The general advice is that waiting between 18 and 23 months before becoming pregnancy again results in the best outcomes. However women who have had a previous pre-term birth or a previous pregnancy loss tend to have better outcomes if they become pregnant again with a shorter time frame - 9 months between pregnancies appears to be the best length of time for these women.

Significantly longer or shorter gaps between pregnancies raise the risk of [premature birth](#) and smaller babies.

For women over the age of 35, becoming pregnant less than 12 months after giving birth also increases the chance of serious complications for the mother. For women under 35, having babies close together does not increase the risks to the mother's health.

# Folic acid supplements

Folic acid tablets (supplements) should be started as soon as contraception is stopped when planning a pregnancy. It should ideally be continued from at least one month before becoming pregnant until at least the end of the 12th week of pregnancy. This is important for all women, even those who are healthy and have a good diet.

**It is important to note that, even though folic acid is best started before you fall pregnant, there are still benefits of starting it in pregnancy. If you are unexpectedly pregnant and had not been taking folic acid, start taking it as soon as you find out and continue till the end of the 12th week of pregnancy.**

Folic acid is a vitamin which occurs naturally in certain foods such as spinach, sprouts, broccoli, green beans and potatoes. Some bread and breakfast cereals are fortified with folic acid. However, the intake for each individual can vary.

Pregnant women need a good supply of folic acid to help with the development of the baby. Folic acid tablets in early pregnancy reduce the risk of having a baby born with a spinal cord problem such as [spina bifida](#).

Folic acid tablets can be bought from supermarkets or pharmacies. Also, in the UK, [the NHS Healthy Start scheme](#) provides vitamin supplements that contain folic acid. These are free to many women who are on certain state benefits.

For most women, the dose is 400 micrograms (0.4 mg) a day. Women with a higher risk of having a child with a spinal cord problem need to take 5 mg a day – this is only available on prescription. Women needing 5mg a day include those who:

- Have had a previously affected pregnancy.
- Have (or have a partner with or a family member with) a spinal cord defect.
- Are taking [medication for epilepsy](#).
- Are obese – have a body mass index (BMI) of 30 or more.

- Have [coeliac disease](#) or [diabetes](#).
- Have [sickle cell anaemia](#), or [thalassaemia](#).

Because of the substantial benefits of folic acid, some countries routinely fortify staple foods – such as wheat, cornflour or rice – with folic acid. Currently there is debate as to whether the UK should follow suit and fortify certain common foods with folic acid.

## Vitamin D supplements

Vitamin D is needed for growth. Vitamin D supplements are recommended for all pregnant women, breastfeeding women and breastfed babies. Women at risk of having a low vitamin D level may be advised to start building up their levels of vitamin D *before* becoming pregnant. The following groups of people are at increased risk of vitamin D deficiency:

- People who do not have much exposure to sunlight (much of our vitamin D is obtained from sunlight) – for example people who go out covered up or who are housebound.
- People of South Asian, African, Caribbean, or Middle Eastern family origin (darker skins absorb less vitamin D from sunlight).
- People whose diet is low in vitamin D. Foods high in vitamin D include oily fish, eggs, meat, or vitamin D-fortified margarine or breakfast cereal.
- People who are obese with a [BMI](#) which is more than 30.

Supplements can be bought from a supermarket or pharmacy. [See also the separate leaflet called Vitamin D deficiency for more information.](#)

## Alcohol

Once pregnant, the advice is to avoid all alcohol, at least for the first three months, and ideally throughout your pregnancy. It is sensible for women who are planning a pregnancy to cut down their alcohol intake and ideally to stop altogether.

[See the separate leaflet called Diet and lifestyle during pregnancy for more information](#) about the possible damage alcohol can cause a developing baby.

Women who are dependent on alcohol and may not be able to stop drinking without help should seek medical advice. [See also the separate leaflet called Alcohol and sensible drinking for more details.](#)

## Smoking

Smoking causes harm to the developing baby and also to children in the home, as well as to the smoker themselves. Pregnant women are strongly advised not to smoke. See the separate leaflet called [How to quit smoking](#) for more information about the harm smoking can cause.

Because it can be hard to stop smoking, it is best to try to stop before becoming pregnant. There are more medical or other options available to help non-pregnant people stop smoking – some of these methods are not safe in pregnancy. [See the separate leaflet called How to quit smoking for more information.](#)

## Recreational drugs

It is very strongly recommended not to use any [recreational \(illicit\) drugs](#) during pregnancy. It is best to postpone the pregnancy until no longer taking any drugs. Women with an unplanned pregnancy should aim to stop the drugs as soon as possible.

Women who are unable to stop their drug use should receive a referral to a community drug team by their obstetrician or midwife. [See the separate leaflet called Diet and lifestyle during pregnancy to read more about the effects recreational drugs can have in pregnancy,](#) and how the community drug teams can help.

## Overweight and obesity

Women who are overweight or obese have more difficulty conceiving. There are also more likely to be complications in pregnancy if you are overweight, such as:

- [Diabetes in pregnancy.](#)
- [High blood pressure in pregnancy.](#)
- Blood clots (thromboembolism) in pregnancy.

- Needing a [caesarean section](#).
- [Premature](#) deliveries.
- Babies with abnormalities such as [spina bifida](#).

The risks increase as BMI increases.

Being underweight is also associated with problems in becoming pregnant and complications in pregnancy. Women with a [BMI between 18.5 and 24.9](#) have the ideal body weight for a healthy pregnancy.

## Food and diet

Generally speaking, women who are planning to become pregnant should eat a normal healthy balanced diet. There is particular advice for pregnant women about foods and drinks to avoid. [See the separate leaflet called Diet and lifestyle during pregnancy.](#)

## Medication

It is known that certain medicines are safe in pregnancy. For example, paracetamol at normal dose is safe and useful for headaches, backache and other aches and pains that may occur during pregnancy.

However, some medicines are not safe and may be harmful to a developing baby, particularly in the first few weeks of pregnancy. Therefore, it is sensible to tell a doctor or dentist who is prescribing medication that a pregnancy is being planned. The advice may be to take the medication, to stop it once a positive pregnancy test has been achieved or to change the medication.

It is advised not to take medicines that can be bought over the counter (including herbal remedies) unless they are known to be safe in pregnancy. The pharmacist will be able to advise about this.

Women who are already on regular medication should seek medical advice before becoming pregnant. It may be that this medication is not safe for use in pregnancy and a safer alternative may be advised. In some cases, a specialist referral may be needed to discuss this. Medication which may need to be changed includes:

- Medication for epilepsy.
- Medication for diabetes type 1 or type 2.
- Medication for mental health conditions such as depression, bipolar disorder or schizophrenia.
- Medication for high blood pressure, particularly pills which are angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers such as losartan or candesartan.
- Medication for high cholesterol, such as statins.

**If you have an unplanned pregnancy, discuss with your doctor as early as possible any medication that you take. In some cases, the risk of taking the medicine has to be balanced against the risk of not taking the medicine and your condition not being treated.**

## Infections

### Rubella (German measles)

Women planning to become pregnant for the first time should check that they are immune to rubella before becoming pregnant. A pre-pregnancy blood test can be requested from most surgeries without the need for an appointment. Most women are immune to rubella, as they have been immunised as a child. However, childhood immunisation against rubella is not 100% effective and therefore should be checked. If you are not immune, you can be immunised.

**Note:** you should not become pregnant for one month after the injection and ideally until your immunity has been confirmed by a further blood test.

The rubella virus causes a mild illness in adults but can seriously damage an unborn baby, especially in the early stages of growth.

### Chickenpox

Having chickenpox when pregnant can cause a severe illness and there is some risk to the developing baby. A vaccine is offered to healthcare workers (doctors, nurses, etc) who have not previously had chickenpox and so are not immune and may catch chickenpox. (About 1 adult in 10 has not had chickenpox as a child.) Non-immune healthcare workers should consider having this vaccination before becoming pregnant.

## Hepatitis B

A mother who is [infected with hepatitis B](#) has a high risk of passing it on to her newborn baby. Women at high risk of catching hepatitis B, you should be [immunised against this virus](#) before becoming pregnant. People at increased risk and who should be immunised include:

- Those whose job puts them at risk of contracting hepatitis B – for example, healthcare personnel and staff at daycare or residential centres.
- Those who inject recreational (illicit) drugs.
- Those who change sexual partners frequently.
- Those who live in close contact with someone infected with hepatitis B.

## Consider your working environment

Certain jobs and workplaces may pose a risk to a pregnancy, in particular to the early stages of pregnancy. This includes women who:

- Work with raw meat. Raw meat is sometimes contaminated with bacteria such as listeria and toxoplasma. If these bacteria infect adults, they may cause [listeriosis](#) or [toxoplasmosis](#) but usually cause little harm. However, these germs can cause serious problems to an unborn child if their mother becomes infected during pregnancy.
- Work with certain animals. For example:
  - It is important to avoid contact with sheep and lambs at lambing time. This is because some lambs are born contaminated with germs such as listeria, toxoplasma and chlamydia, which may affect an unborn baby.
  - Cats and kittens often carry toxoplasma germs – especially in cat poo (faeces). So, cleaning out cat litter trays and handling cats and kittens can be a risk.
- Are at risk of contracting [hepatitis B](#) through their work – for example, healthcare workers or those who work in residential centres. Immunisation should be offered against this virus.

- Work with chemicals, fumes, radiation, etc. Some may be toxic to an unborn baby.

Women who think that their occupation may pose a risk to a pregnancy should discuss this with their employer before becoming pregnant. A change in job, or in working practice, may be necessary. This may need to be discussed with an occupational health doctor.

There are [information guides from the Health and Safety Executive \(HSE\) website](#). They also have an information line for women with a health and safety concern at work but who do not wish to discuss their intention to become pregnant with their employer.

## Medical conditions

Women with certain medical conditions may benefit from advice **before** becoming pregnant. Women with any of the conditions listed below would be advised to continue using [contraception](#) until having had a discussion with a GP. Women with an unplanned pregnancy and any of these conditions, should seek medical advice as soon as possible. **Do not stop any medication without advice from a doctor.**

### Diabetes

**It is extremely important that diabetic women seek medical advice BEFORE becoming pregnant.** This is because good control of blood sugar levels, both before pregnancy and in early pregnancy, can reduce various risks.

Diabetes increases the risk of [miscarriage](#) and stillbirth. It also increases the risk of the baby being born with abnormalities, or becoming seriously ill after birth.

However, good control of sugar levels starting before pregnancy can reduce these risks. You should be referred to a specialist in diabetes, and your medication (and/or insulin) may be changed.

You will have checks on your eyes and your kidneys. You will work with your specialist together to get your blood glucose levels within a very tight range. The better the control before pregnancy and during early pregnancy, the better the outcome. [See the separate leaflet called Diabetes and pregnancy.](#)



## **Epilepsy**

**Many treatments for epilepsy are not safe to take in pregnancy.** This should be discussed with an epilepsy specialist BEFORE becoming pregnant. Some women may need to be switched to another medication. However, it is risky to have fits in pregnancy too, so it is important not stop medication suddenly without specialist advice. It is advisable to keep taking [contraception](#) until you have had this discussion. [See the separate leaflet called Epilepsy and seizures.](#)

## **High blood pressure**

As discussed in the medication section above, there are some blood pressure tablets which should not be taken during pregnancy. Women on [medication for high blood pressure \(hypertension\)](#), should ideally discuss this with a GP before becoming pregnant.

## **Mental health**

Women taking medication for [depression](#), [anxiety](#), [bipolar disorder](#) or [schizophrenia](#), should seek medical advice before becoming pregnant. The risks of taking medication in pregnancy will need to be weighed against the risks of becoming mentally ill if the medications are stopped.

Women with a past history of severe mental health illness should be under the care of a specialist who can monitor you during pregnancy. You should have access to details about who you should contact if you feel you are becoming unwell.

## **Hereditary conditions**

People with a history of a condition that runs in families may wish to have [genetic testing](#) before planning a pregnancy. This will help assess the chances of having that condition. Examples of conditions which may run in families include:

- [Huntington's disease.](#)
- Neurofibromatosis.
- Tuberous sclerosis.
- [Marfan syndrome.](#)
- Adult polycystic disease.

- Achondroplasia.
- Cystic fibrosis.
- Tay-Sachs disease.
- Gaucher's disease.
- Friedreich's ataxia.
- Congenital adrenal hyperplasia.
- Spinal muscular atrophy.
- Duchenne muscular dystrophy.
- Fragile X syndrome.
- Haemophilias A and B.
- Glucose-6-phosphate dehydrogenase deficiency.

### Other medical conditions

Other conditions for which it is best to see a doctor before becoming pregnant include:

- Thyroid problems – an underactive thyroid gland (hypothyroidism) or an overactive thyroid gland (hyperthyroidism).
- Kidney disease, such as chronic kidney disease.
- Rheumatoid arthritis, especially if taking medication.
- Having previously had deep vein thrombosis or pulmonary embolism, even if not currently on treatment.
- Heart disease.
- Blood conditions such as sickle cell anaemia or thalassaemia.

### Screening tests

Pregnant women in England, Scotland and Wales and those at high risk in Northern Ireland are offered a screening test for sickle cell disease and thalassaemia. Some women may wish to have the screening test before becoming pregnant, especially if their family origins make these diseases more likely.

People from families originating from Africa, the Caribbean, Southeast Asia, Sardinia, Greece, Turkey or Cyprus are more likely to have one of these conditions or to be a carrier for one.

Genetic testing is a rapidly developing area of medicine. It may be possible that more tests will become available to detect carriers of various diseases. When they become available, these may be tests to consider before becoming pregnant.

## Cervical smear

All women from the age of 25 should have a [three-yearly cervical smear](#) to check for early pre-cancer changes to the neck of the womb (cervix). (In the UK women are invited every three years between the ages of 25 and 49, and every five years between the ages of 50 and 64.) This cannot be done in pregnancy or for three months after a baby is born.

So, if thinking of becoming pregnant, it is sensible to check whether a smear is due and, if it is due, to have it before becoming pregnant.

## Summary and checklist

Most pregnancies go well and without any major problems. But, it is wise to reduce any risks as much as possible. So, below is a reminder of things to consider before becoming pregnant, and as soon as you realise you are pregnant:

### Things you should do now

- See your doctor to discuss pregnancy if you have any long-standing medical condition or take any regular medication.
- Check that your cervical smear is up to date and request a blood test to check to see if you are immune to [rubella](#) (German measles). You should not need an appointment to request this.
- If you have [diabetes](#) or are on medication for [epilepsy](#) see a doctor sooner rather than later; continue contraception until any plans to control your medical condition are in place.
- Take folic acid tablets before you become pregnant and until 12 weeks of pregnancy.

- Eat a healthy diet.

## Things you should stop or cut down on

- Alcohol – you are strongly advised not to drink at all.
- Smoking – you are strongly advised to stop completely.
- Street (illicit) drugs – you are strongly advised to stop completely.

## Other things to consider

- Immunisation against hepatitis B if you are at increased risk of getting this infection.
- Immunisation against chickenpox if you are a healthcare worker and have not previously had chickenpox and so are not immune.
- Your medication – including herbal and 'over-the-counter' medicines. Are they safe?
- Your work environment – is it safe?
- Medical conditions in yourself, or conditions which run in your family.
- Screening tests for [sickle cell disease](#) and [thalassaemia](#).

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## Further reading

- [Feldman HS, Jones KL, Lindsay S, et al](#); Prenatal alcohol exposure patterns and alcohol-related birth defects and growth deficiencies: a prospective study. *Alcohol Clin Exp Res.* 2012 Apr;36(4):670–6. doi:
- [Diabetes in pregnancy - management from preconception to the postnatal period](#); NICE Clinical Guideline (February 2015 – last updated December 2020)
- [De-Regil LM, Pena-Rosas JP, Fernandez-Gaxiola AC, et al](#); Effects and safety of periconceptional oral folate supplementation for preventing birth defects. *Cochrane Database Syst Rev.* 2015 Dec 14;12:CD007950. doi: 10.1002/14651858.CD007950.pub3.
- [UK Chief Medical Officers' Low Risk Drinking Guidelines](#); GOV.UK, August 2016
- [Valproate use by women and girls](#); Department of Health, GOV.UK
- [Antenatal care](#); NICE guidance (August 2021)

- [Ni W, Gao X, Su X, et al](#); Birth spacing and risk of adverse pregnancy and birth outcomes: A systematic review and dose-response meta-analysis. Acta Obstet Gynecol Scand. 2023 Dec;102(12):1618-1633. doi: 10.1111/aogs.14648. Epub 2023 Sep 7.

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