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Planning to Become Pregnant

This leaflet offers advice if you are planning to become pregnant. The aim is to plan ahead to reduce the risk of harm to the baby and to reduce the risk of pregnancy complications. If you take any regular medication, or have a long-term medical condition, see your doctor to discuss any changes which may need to be made. Do this before you are pregnant ideally, in case anything might affect your baby.

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

If you are already pregnant, you may find [Diet and Lifestyle during Pregnancy](#) more help.

When should I have my next baby?

A recent study showed that mothers should wait for 12 to 18 months after giving birth before getting pregnant again. This is because shorter gaps between pregnancies raise the risk of [premature birth](#) and smaller babies. This increase applies to women of all ages, but the risk is highest among women aged 20-34.

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 their health.

Folic acid supplements

You should take [folic acid tablets \(supplements\)](#) if you are thinking about becoming pregnant. Ideally, do this from at least one month before you get pregnant; continue taking them until at least the end of the 12th week of pregnancy. This is even if you are healthy and have a good diet.

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. When you are pregnant, you need a good supply of folic acid to help with the development of the baby. If you take folic acid tablets in early pregnancy you reduce the risk of having a baby born with a spinal cord problem such as [spina bifida](#).

Folic acid is a naturally occurring vitamin which your body needs. By taking these supplements you are making sure that you have a good, regular amount of folic acid which you need especially during pregnancy. You can buy folic acid tablets from 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 benefits.

For most women, the dose is 400 micrograms (0.4 mg) a day. If you have a higher risk of having a child with a spinal cord problem then the dose is 5 mg a day. You need a prescription for this higher dose - that is, if:

- You have had a previously affected pregnancy.
- You or your partner have (or have a family with) a spinal cord defect.
- You are taking [medication for epilepsy](#).
- You are obese - especially if your body mass index (BMI) is 30 or more.
- You have [coeliac disease](#) or [diabetes](#).
- You have [sickle cell anaemia](#), or [thalassaemia](#).

Ideally, start taking folic acid tablets before becoming pregnant. The common advice is to start from the time you start to plan to become pregnant. If the pregnancy is unplanned then start taking folic acid tablets as soon as you know that you are pregnant.

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. If you are at risk of having a low vitamin D level, it may be worth starting to build up the level in your body *before* you become pregnant. The following might make you more at risk of vitamin D deficiency.

- We obtain much of our vitamin D from sunlight, so you might be more at risk of low levels if you do not have much exposure to sunlight. For example, if you only go out covered up or if you are housebound.
- If you are of South Asian, African, Caribbean, or Middle Eastern family origin.
- If your diet is low in vitamin D. For example, if you eat no oily fish, eggs, meat, or vitamin D-fortified margarine or breakfast cereal.

- If you are overweight, with a BMI which is more than 30.

You can buy supplements from a pharmacy. [See also the separate leaflet called Vitamin D Deficiency for more information.](#)

Alcohol

Before becoming pregnant, consider how much alcohol you drink. Once pregnant, the advice will be to avoid all alcohol, at least for the first three months, and ideally throughout your pregnancy. So if you are planning a pregnancy, it is wise to cut down your alcohol intake and ideally to stop altogether. If you do this, you won't find you have been drinking alcohol before you realised you were pregnant. [See the separate leaflet called Diet and Lifestyle during Pregnancy for more information](#) about the possible damage alcohol can cause a developing baby.

If you think you are dependent on alcohol and may not be able to stop drinking without help then see your doctor for advice. [See also the separate leaflet called Alcohol and Sensible Drinking for more details.](#)

Smoking

Smoking can be harmful to your baby, as well as to you, so should you become pregnant, you are strongly advised not to smoke. See the separate leaflets called [Pregnancy and Smoking](#) and [Quit Smoking \(Smoking Cessation\)](#) for more information about the harm smoking can cause. It may take some time to quit, however. So if you smoke, ideally it is worth working on this *before* you become pregnant. Also more options are open to you to help you give up smoking when you are not pregnant. [See the separate leaflet called How to Quit Smoking for more information.](#)

Recreational drugs

[If you take or inject recreational \(illicit\) drugs](#), you are strongly advised to stop before becoming pregnant. It is best to postpone the pregnancy until you are off drugs. If you have an unplanned pregnancy you should aim to stop the drugs as soon as possible. If you are unable to do so, see your doctor for advice and a referral to a community drug team. [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

If you are [overweight or obese](#), try to [lose some weight](#) before becoming pregnant. 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 more overweight you are, the greater the risk. Being underweight is also associated with problems in becoming pregnant and complications in pregnancy. If your BMI is between 18.5 and 24.9, you have ideal body weight in preparation for pregnancy.

Food and diet

Generally speaking, you should eat a normal healthy balanced diet if you are planning to become pregnant. There is some special advice for pregnant women about foods and drinks to avoid. You may wish to refer to this so that if you think you might be pregnant, you can start to follow this advice straightaway. [See the separate leaflet called Diet and Lifestyle during Pregnancy.](#)

Medication

The effects of some prescribed medicines have been well studied and 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 - in particular, if you take them in the early weeks of pregnancy. Therefore, always tell a doctor or dentist who prescribes medication for you that you intend to become pregnant. Also, don't take medicines that you can buy over the counter (including herbal remedies) unless they are known to be safe in pregnancy. The pharmacist will advise you about this. Always tell a doctor or dentist who prescribes your medication that you intend to become pregnant.

If you already take regular medication, it is extremely important that you discuss this with a doctor before becoming pregnant. It may be that this medication is not safe for use in pregnancy and you will be changed to a safer alternative. In some cases you will be referred to a specialist 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 are on any medication which needs changing, continue using [contraception](#) until this has happened. This is so that you do not become pregnant whilst on medication which may harm your baby. 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)

If you plan to become pregnant for the first time, you should check that you are immune to [rubella before becoming pregnant](#). See your practice nurse for a pre-pregnancy blood test. Most women are immune to rubella, as they have been immunised as a child. However, childhood immunisation does not work in every child and you may not be immune. [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 but can seriously damage an unborn baby, especially in the early stages of growth. So, until you know that you are immune (from the result of the blood test), you should avoid anyone who has rubella, especially in the first 16 weeks of pregnancy.

Chickenpox

[Having chickenpox when pregnant](#) can be a nasty 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. If you are not sure if you have had chickenpox, a blood test can check if you have previously had it.

Hepatitis B

A mother who is [infected with hepatitis B](#) has a high risk of passing it on to her newborn baby. If you are 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

If you think that your job may pose a risk to a pregnancy then ideally you should discuss this with your employer before becoming pregnant. Certain jobs and workplaces may pose a risk to a pregnancy, in particular to the early stages of pregnancy. For example:

- If you work with raw meat. Raw meat is sometimes contaminated with germs, such as listeria and toxoplasma. If these germs infect adults, they may cause [listeriosis](#) or [toxoplasmosis](#), but may cause little harm. However, these germs can cause serious problems to your unborn child if you become infected when you are pregnant.
- If you work with certain animals. For example:
 - You should 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 you and your 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.
- If your job puts you at risk of contracting [hepatitis B](#), you should be immunised against this virus. For example, if you are a healthcare worker, or work at a daycare or residential centre. (Women with hepatitis B can pass on the infection to their child at childbirth.)
- If you work with chemicals, fumes, radiation, etc. Some may be toxic to an unborn baby.

The above are just examples. In short, if you think that your occupation may pose a risk to a pregnancy then you should discuss this with your employer before becoming pregnant. A change in job, or in working practice, may be necessary.

You and your employer may wish to download [information guides from the Health and Safety Executive \(HSE\) website](#). They have an information line if you have a health and safety concern at work but do not wish to discuss with your employer your intention to become pregnant.

Medical conditions

Women with certain medical conditions may benefit from advice **before** becoming pregnant. If you have any of the conditions listed below, it would be sensible to continue using [contraception](#) until you have discussed with your doctor that you are considering becoming pregnant. If you have an unplanned pregnancy and have any of these conditions, see your doctor as soon as possible. Do not stop any medication without talking with your doctor.

Diabetes

If you have diabetes, it is extremely important to see your doctor BEFORE you become pregnant. This is because good control of your sugar levels, both before pregnancy and in early pregnancy, can reduce various risks. Diabetes increases your risk of [miscarriage](#) and stillbirth. It also increases the risk that your baby will be born with abnormalities, or become seriously ill after birth. However, good control of sugar levels starting before pregnancy can reduce these risks. You will 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. This is why you should plan ahead and see your GP or specialist before you get pregnant. [See the separate leaflet called Diabetes and Pregnancy.](#)

Epilepsy

Many treatments for epilepsy are not safe to take in pregnancy. See your doctor or epilepsy specialist to discuss this BEFORE becoming pregnant. You may need to be switched to another medication. However, it is risky to have fits in pregnancy too, so do not stop your medication suddenly without discussing it with your specialist. It is advisable to keep taking [contraception](#) until you have had this discussion. [See the separate leaflet called Epilepsy and Planning Pregnancy.](#)

High blood pressure

If you are on [medication for high blood pressure \(hypertension\)](#), ideally see your GP before becoming pregnant. As discussed in the medication section above, there are some blood pressure tablets which should not be taken if you are pregnant. Your doctor will advise if you need to change and may refer you to a specialist for further advice.

Mental health

If you are taking medication for [depression](#), [anxiety](#), [bipolar disorder](#) or [schizophrenia](#), see your doctor to discuss this before becoming pregnant. You and your GP or mental health specialist will need to weigh up the risks of taking medication in pregnancy against the risks of becoming mentally ill if you stop. It may be that your medication will be changed to be safer in pregnancy. Unfortunately, there is not much information available on how safe most medication is in pregnancy. Your doctor will explain what is known about your medication, and together you can make a decision about whether you need to stop or change.

If you have a past history of severe mental health illness, it is best to 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

If your family has a history of a condition that runs in families, you may wish to have [genetic testing](#) before planning a pregnancy. This will help work out your 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 you are on medication.
- If you have ever had [deep vein thrombosis](#) or [pulmonary embolism](#), whether or not you are 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. If you or your partner or either of your families originate from Africa, the Caribbean, Southeast Asia, Sardinia, Greece, Turkey or Cyprus, it may be worth having a screening test before pregnancy. See your doctor to discuss this. 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 you are thinking of becoming pregnant, check with your doctor or nurse to see if your smear is due. If it is due, 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. Even if you do not, it may be worth visiting your doctor or practice nurse to check your cervical smear is up to date and to have a blood test to check to see if you are immune to [rubella](#) (German measles). Your doctor or nurse will advise if any other tests are needed.
- 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](#).

Further reading & references

- [Antenatal care for uncomplicated pregnancies](#); NICE Clinical Guideline (March 2008 - updated February 2019)
- [Diabetes in pregnancy - management from preconception to the postnatal period](#); NICE Clinical Guideline (February 2015 - last updated December 2020)
- [Valproate use by women and girls](#); Department of Health, GOV.UK
- [UK Chief Medical Officers' Low Risk Drinking Guidelines](#); GOV.UK, August 2016
- [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:
- [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.

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