

Pre-pregnancy risk factors are common among women of reproductive age

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Researchers want to improve the recording of pregnancy risk factors in GP medical records for their women patients after a Monash University-led audit found a concerning number were at risk.

Published in *BMJ Sexual & Reproductive Health*, the [audit](#) of 10 Melbourne general practices found a significant number of women patients aged 18–44 had conditions that could complicate pregnancy.

This included a [mental health condition](#) (28%), obesity (24%), possibly using medication that could cause [birth defects](#) (17%), smoking (14%), asthma (13%), [high blood pressure](#) (7%), thyroid disease (6%) and diabetes (5%).

First author and Monash University SPHERE Center for Research Excellence Ph.D. candidate, Nishadi Withanage, said it was the first audit of its kind.

Withanage said the results demonstrated a large burden of risk among women visiting GPs, and highlighted the potential of electronic medical records (EMRs) to identify those who could most benefit from preconception care.

"Preconception care refers to interventions provided before pregnancy that reduce adverse pregnancy outcomes and optimize maternal and [child health](#)," she said.

"While Australian general practice is ideally placed to provide preconception care it is currently not routinely provided and there is no systematic way to identify women who may most benefit from preconception care in these settings.

"Utilizing electronic [medical records](#) to identify those most at risk and invite them to receive preconception care might be a way forward."

Withanage said documenting medical and lifestyle preconception health risk factors could help primary care providers identify and provide preconception care to women who may benefit.

She said while the study highlighted the potential for EMRs to be used to instigate preconception care, they were currently not used for this purpose.

"Initiatives to support and improve the quality of information recorded in EMRs are warranted," she said. "We also recommend changes to the EMR software such as including a structured field for recording reproductive intent."

If EMRs are to be used to improve preconception care, GPs will need to maximize their use of existing structured fields and ensure data is regularly updated. They could prioritize recording information in structured fields instead of free text in clinical notes, for efficient retrieval during subsequent consultations.

"Involving receptionist staff and practice managers in providing feedback reports on preconception health data quality can enhance the completeness of the EMR," Withanage said.

"We do not anticipate that there will be any privacy issues. However, prior to implementing a system that instigates preconception care based on an EMR-generated risk profile, it is important to investigate acceptability towards this from both the providers' and consumers' perspectives."

More information: Nishadi Nethmini Withanage et al, Preconception health risk factors documented in general practice electronic medical records, *BMJ Sexual & Reproductive Health* (2024). [DOI: 10.1136/bmj.srh-2023-202038](https://doi.org/10.1136/bmj.srh-2023-202038)

Provided by Monash University

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