Recommendations

5.1 #		Preconception risk factors	
5.1.1	EBR	Women with PCOS should be counseled on the adverse impact of excess weight on clinical pregnancy, miscarriage and live birth rates, following infertility treatment.	❖❖❖❖ ⊕○○○
5.1.2	CR	Consistent with routine preconception care, in women with PCOS planning pregnancy, weight, blood pressure, smoking, alcohol, diet and nutritional status, folate supplementation (higher dose in those with BMI > 30), exercise, sleep and mental, emotional and sexual health should be considered and optimised to improve reproductive and pregnancy outcomes and overall health.	❖❖❖❖
5.1.3	PP	A reproductive life plan and age appropriate education on optimising reproductive health, is recommended in adolescents and women with PCOS, including healthy lifestyle, prevention of excess weight gain, and optimising preconception risk factors.	
5.1.4	PP	Healthcare professionals are encouraged to seek permission and if given, to assess weight and body mass index and initiate a dialogue on the importance of weight and lifestyle on women's health before pregnancy. This requires caution to avoid weight stigma and needs to consider the cultural, social and environmental determinants of health (see 3.6).	
5.1.5	PP	Chronic conditions such as diabetes, high blood pressure, anxiety, depression and other mental health conditions, should be optimally managed and women should be counseled regarding the risk of adverse pregnancy outcomes.	

Justification

General population recommendations highlight the vital role of healthy lifestyle, optimising weight, smoking cessation, omitting alcohol, exercise and management of mental health issues to optimise reproductive outcomes, especially in high-risk groups, which includes in PCOS. It is recognised that the role and degree of weight loss preconception, remains controversial (see Chapter 3). A strong recommendation was provided for 511 despite the certainty of evidence, as the highest level of study design available for this clinical question is observational studies, which impacts on certainty. Also, recommendations here are expected to improve efficacy and potentially reduce infertility treatment costs and optimise outcomes. Women with infertility and their healthcare professionals are attuned to the need for preconception care and are likely to accept these recommendations and consider them feasible. In antenatal care, recommendations for screening and monitoring in PCOS can only be informed by increased risks in pregnancy in PCOS with a lack of PCOS specific preconception intervention studies. These recommendations are also guided by WHO, Federation of Gynaecology and Obstetrics (FIGO) and general population guidance. Additional resources may be required in implementation. These important recommendations are likely to impact policy, funding and clinical practice as they confirm the adverse impact of higher weight on fertility and pregnancy outcomes after fertility treatment.