INTRODUCTION

Pre-conception care can be defined as “interventions that optimize women’s health before pregnancy with the intent to improve maternal and new born health outcomes” or “a set of interventions that aim to identify and modify biomedical, behavioural, and social risks to a woman’s health or pregnancy outcome through prevention and management”¹. Hence, it is aimed at identifying and modifying biomedical, behavioural, and social risks through preventive and management interventions². The main purpose of implementing the pre-pregnancy clinic is to prevent pregnancies which are unplanned, too early or too close³. In Malaysia, pre-pregnancy care services were first introduced in the year 2002. It was then expanded to Sarawak in the year 2011, whereby primary health care is the main providers of the service. Provision of pregnancy care services in Malaysia is based on the Perinatal Care Manual, which was published by the Division of Family Health Development under Ministry of Health, Malaysia in 2013 ⁴. The target groups for the services were, a) prospective couples intending to get married, b) women who are married, planning a pregnancy, c) women in reproductive age group (15-44 years of age) and more specifically, it was designed to serve the a) women above 35 years old without medical illness, planning a pregnancy, b) clients with obesity, c) clients with medical illnesses) clients with previous miscarriages/stillbirths/early neonatal death, e) clients with inherited abnormalities, f) clients with babies who have inherited abnormalities, g) clients with congenital structural abnormalities, h) clients with babies with congenital structural abnormalities, and i) clients with family history of genetic disorders. The whole service to be given both in outpatient department and in hospital level especially through specialty clinic.

The major activities during pre-pregnancy visits are: a) screening for risk factors (history taking, physical examination and clinical laboratory tests), b) Identification of pre-pregnancy risk factors, c) right management according to identified risk factors and d) referral to pre-pregnancy care clinic⁴ However, the rate of utilisation and knowledge pertaining to pre-pregnancy care among women in Malaysia remains