Public Health Association AUSTRALIA

# Fertility and Preconception Health

## Policy Position Statement

**Key messages:**

Women and men should be empowered with adequate fertility and preconception health-related knowledge to enable informed reproductive decisions.

Health promotion programs and campaigns should include information about the impact of lifestyle factors on fertility and reproductive outcomes. Research should be undertaken to inform fertility and preconception health promotion strategy development and implementation, and evaluation of outcomes.

Fertility and preconception health promotion should be an intrinsic part of women's and men's sexual and reproductive health and family planning education and services.

**Key policy positions:**

1. Medicare Item Number for reproductive health and preconception care appointments should be created.
2. Expansion of existing national fertility and preconception health promotion programs and services, inclusive of targeted interventions for special populations.
3. An integrated sexual and reproductive health education strategy should be developed and integrated into all health professionals' education.
4. The integration of fertility and preconception health in health education and health promotion programs, including those with an impact on chronic disease.

**Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

**Responsibility:** PHAA Women's Health Special Interest Group

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**Date adopted:** September 2025

**Citation:** Fertility and Preconception Health: Policy Position Statement. Canberra: Public Health Association of Australia; 2013, [updated 2025]. Available from: URL



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# Fertility and Preconception Health

## Policy Position Statement

### PHAA affirms the following principles:

1. Women and men should be empowered with comprehensive fertility and preconception health-related knowledge to enable informed reproductive decision-making.
2. Fertility and preconception health promotion should be an intrinsic part of sexual and reproductive health education and family planning services for all individuals.
3. Health promotion programs and campaigns should incorporate evidence-based information about how lifestyle factors affect fertility and reproductive outcomes.

### PHAA notes the following evidence:

4. Parenthood is a life goal for most people.[1] Contrary to the common stereotype that parenthood is more important for women than men, studies indicate men desire parenthood as much as women do.[2,3]
5. Optimal parental preconception health improves reproductive outcomes.[4]
6. Preconception exposures of both parents can influence pregnancy, birth, and child health outcomes, either adversely or positively. For example, paternal exposures can affect sperm quality and reproductive outcomes, but adopting healthy preconception behaviours, such as consuming nutrient-rich, minimally processed foods, avoiding tobacco and excessive alcohol, and managing stress, can improve fertility and contribute to healthier pregnancies and children. This underscores that preconception health is a shared responsibility, not solely a maternal one.[5,6]
7. Whereas potentially modifiable factors that adversely affect fertility and reproductive outcomes include increasing female and male age; parental obesity, smoking and alcohol use; poor diet; physical inactivity and lack of appropriately timed intercourse during the fertile window of the menstrual cycle.[7-10]
8. Several modifiable factors can positively impact infant and child health outcomes. These include maternal folic acid supplementation before and during early pregnancy, maintaining a healthy weight, and adequate birth spacing. Conversely, several modifiable factors can adversely affect infant and child health outcomes. These include maternal alcohol intake, obesity, and excessive interpregnancy weight gain;[11-12] and certain occupational exposures such as maternal contact with solvents, which have been associated with congenital anomalies in offspring.[13]
9. Improving early fetal life environments, beginning from the preconception period, can reduce the risk of non-communicable diseases and promote healthier life course outcomes for offspring. Educational programs that raise awareness about early human development, including the role of nutrition, environmental exposures, and health behaviours before and during early pregnancy, are critical. Embedding such content in preconception education and health promotion programs can empower individuals to make informed choices that benefit both current and future generations.[14]
10. In Australia, current trends that tend to reduce the chance of people achieving their childbearing aspirations and increase the risk of obstetric and neonatal complications include:



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- Age of childbearing is increasing;[15]
- Over two thirds (65.8%) of adults are overweight or obese;[16] and
- One in ten (10.6% adults are daily smokers.[16]

11. Declining fertility rates are often portrayed as being the result of women delaying childbearing to pursue other life goals, such as career and travel. However, research indicates that the lack of a partner or one willing to commit to parenthood is a main reason for the postponement of childbearing.[3]
12. Emerging technologies such as egg freezing and Anti-Mullerian Hormone (AMH) testing are increasingly promoted to women as viable options for avoiding age-related infertility. However, studies indicate that many women do not receive adequate counselling regarding the limitations, costs, success rates, and broader implications of these interventions.[17, 18]
13. Increasingly, people use assisted reproductive technology ("ART") to overcome age-related infertility. In 2016, almost one quarter of women accessing ART were aged 40 years or older. The chance of a live birth per started treatment cycle was 25.5% for women aged 30-34 but 5.6% for those aged 40-44.[19]
14. A national survey of Australian men and women aged 18 to 45 years who were planning to have a child found the majority underestimated, by about 10 years, the age at which male and female fertility starts to decline; about 40% were unaware of the adverse effects of obesity and smoking on fertility and had inadequate knowledge of when in the menstrual cycle a woman is most likely to conceive.[20] There is emerging evidence about the efficacy of fertility and preconception health education interventions, with studies reporting positive effects on knowledge, behaviour, or maternal and neonatal health outcomes.[21-27]
15. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing.
16. Healthcare professionals may not feel confident discussing preconception health and fertility with patients. Insufficient knowledge and patient acceptance have been cited as barriers to discussion.[28-31]
17. There are barriers to accessing appropriate fertility and preconception health services, including the absence of a specific Medicare Item Number for fertility and preconception consultations, limited services in regional and remote areas, and disparities in genetic carrier screening.[32]
18. Special populations including LGBTQIA+ individuals,[33] persons with disability,[34, 35] and persons from migrant and refugee backgrounds[36] require access to tailored fertility and preconception health services that meet their needs.

## PHAA seeks the following actions:

19. Family-centred preconception health services should offer tailored, individualised support prior to conception to all individuals and couples, including both reproductive partners, as well as single people planning pregnancy through assisted reproduction or donor conception, and those with complex, chronic illnesses.
20. Research should be undertaken to inform fertility and preconception health promotion strategy development, implementation, and evaluation of outcomes.
21. Research should be undertaken on how to improve the uptake of preconception care guidelines, such as the recent RACGP and RANZCOG guidelines, by health professionals and gauge women's and men's attitudes towards preconception care.



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22. Development and implementation of an integrated sexual and reproductive health education strategy in teaching and health professionals' education, which includes fertility and preconception health optimisation.
23. Expansion of existing national fertility and preconception health promotion programs and services, including targeted interventions for special populations, should be prioritised and coordinated by government health agencies, public health organisations, healthcare providers, and community-based groups to ensure accessibility, equity, and cultural relevance.
24. The integration of fertility and preconception health into health education and health promotion programs, including those targeting chronic disease prevention, should be led and implemented by governments, healthcare institutions, educational bodies, and non-profit organisations to ensure coordinated and effective delivery.
25. The government should lead efforts to increase public awareness about factors influencing fertility, the benefits of optimising preconception health, and the limitations of assisted reproductive technology in addressing age-related infertility, in collaboration with healthcare providers and community organisations.
26. Create an extended Medicare Item Number for reproductive health, including fertility management or optimisation and preconception health care, including genetic and infectious disease screening and behaviour change counselling.

## PHAA resolves to:

27. Promote the Melbourne proclamation, *Advancing sexual and reproductive wellbeing in Australia* adopted by the Family Planning Alliance and PHAA in 2014.

**First adopted 2013, revised in 2016, 2019, 2022 and 2025**

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