

Response to the letter: 'Sexual and reproductive health clinical consultations: preconception care' by Chingara et al

We welcome the opportunity to respond to the letter from Chingara *et al*¹ written in response to our recent article published in this Journal.² We appreciate many of the important points raised by these authors including the need for preconception care to be embedded into routine clinical care. We completely agree with Chingara *et al*¹ that there is significant work to be done to better develop preconception health interventions and education tools, and to target these appropriately. Not only are many people using contraceptive methods that do not require a consultation with a healthcare professional to stop or remove them, many pregnancies in the UK are unplanned or ambivalent, and further work is also needed to understand this.³ Our article² aimed to provide practical education in the interim for clinicians to provide opportunistic preconception care in sexual and reproductive health consultations which, while aspirational, we believe is achievable in this specific setting.

We recognise that many aspects of preconception care would benefit the whole population and not just those considering pregnancy, but more evidence is needed to support a coordinated strategy. We look forward to

research and recommendations from the UK Preconception Partnership to lead this initiative. With the recent campaigns by prominent organisations such as the Faculty of Sexual & Reproductive Healthcare (FSRH) and the Royal College of Obstetricians & Gynaecologists (RCOG) bringing attention to the crisis in access to sexual and reproductive healthcare, we hope that further funding will be made available to improve equitable access to care, in line with the FSRH Hatfield Vision.^{4 5}

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Contributors AH drafted the response, which was reviewed and edited by JK and NH.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; internally peer reviewed.

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BMJ Sex Reprod Health 2025;0:1.
doi:10.1136/bmjshr-2025-202733

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