

Helping your Fertility and Preparing for Pregnancy

Why you might have trouble conceiving?

Causes of infertility are many and varied and involve male, female or a combination of factors. They include problems with:

- Producing eggs (ovulation).
- Female pelvic diseases such as endometriosis, damaged fallopian tubes, adhesions or fibroids.
- Combination of Male & Female factors.
- In 20% of couples no cause will be found & this is called Unexplained Infertility.

Female Age

- The chances of achieving a pregnancy fall sharply after the age of 35. Fertility is decreased by about half among women in their late 30s compared with women in their early 20s.
- By 40, even though a woman may be still having regular periods, the quality of her remaining eggs is reduced and the chances of conception are low. The risk of miscarriage also increased with increasing age.

Frequency and Timing of Intercourse

- Women are most fertile on the day of ovulation and the five days leading up to it. Ovulation usually occurs 2 weeks before your next period. Our bodies are not always predictable however and ovulation timing can vary from month to month.
- This may seem obvious but if you are not having intercourse around ovulation time, you are not going to conceive.
- If couples are having very frequent intercourse (i.e. 3 times or more per week) there is no need to try to predict ovulation. If sex is less frequent, however, you need to know approximately when you are ovulating.
- Accurately predicting when an egg will be released can be challenging. There are many commercial kits and apps available and, while they are helpful to reassure you that it is happening, it is not recommended that you rely on them for timing.
- Women's cervical mucus becomes more profuse and "slippery" just before ovulation and, if you notice this, try to have sex that day or night. If you don't see clear mucus, don't worry – it's not critical.
- Maximise the chance of pregnancy by having regular intercourse, i.e. every day or every second day soon after the period stops and continue to ovulation if your cycle is regular.
- There is no evidence that any sexual positions are better and it is not necessary to stay lying down, elevate your pelvis after sex.
- Some commercial lubricants may make the sperm move slower and decrease their ability to survive. You may want to discuss lubricants with your doctor/ pharmacist since there are a few lubricants that are believed to be safe for use when trying for a baby.
- Some couples experience difficulties with intercourse. Should this be the case you should discuss this further with your fertility doctor.

Diet and Lifestyle

Healthy Diet

- A balanced diet is the most sensible approach to ensuring that essential vitamins & minerals are obtained. However additional folic acid supplements are essential prior to conception. A number of widely available preparations are available for pregnant women which are suitable for pre-conception use. They should contain the required 400mcg of Folic Acid.
- Folic Acid taken 3 months prior to conception and up to 12 weeks of pregnancy has been shown to reduce the risk of having a baby born with Spina Bifida. In certain circumstances, a higher dose of Folic Acid may be advised.

BMI

- Maintain a healthy weight and BMI. Body Mass Index (BMI) is a calculation based on the weight you carry for your height. An optimal BMI between 19 – 25 is associated with the best chance of conceiving and also of having a healthy pregnancy. Being significantly underweight or over weight increases risks for mother and baby.
- Women who are not ovulating, or have no periods at all, may find that restoring their weight to the optimal range can restore ovulation & correct disturbances in their menstrual cycle.
- ***Fertility treatment is only recommended @ MFC when the woman's BMI is between 19 – 30.***

Exercise

- Regular moderate exercise e.g. walking, swimming three times weekly is advised.
- Avoid excessive physical activity. Too much vigorous physical activity can inhibit ovulation.

Smoking

- Smoking tobacco has a proven adverse effect on your fertility. Smoking as little as two cigarettes a day has been associated with a reduction in fertility in women and has been shown to significantly reduce the success rates of fertility treatments such as IVF.
- Passive smoking may affect a woman's chance of conceiving too.
- We would encourage you to consult your GP for support in stopping smoking.

Alcohol

- Excess alcohol consumption can affect female fertility, as well as harming the developing foetus. Women should be advised to drink no more than one or two units of alcohol no more than one or two times per week and avoid any episode of intoxication.

Caffeine

- Limit caffeine consumption to 1-3 cups of coffee per day before and during pregnancy.
- High levels of caffeine consumption (5 cups/day) have been associated with decreased fertility.

Medical Problems

If you have any on-going current medical problem or require medication it is essential for you to review this and any possible implications for pregnancy with your relevant medical practitioner **BEFORE** you start trying to conceive. Certain prescriptions, over the counter medications or supplements & other complimentary treatments may not be suitable for conception and pregnancy. Please consult your advising medical or alternative practitioner.

Some medical conditions that can put women at increased risk of fertility problems include:

- Infrequent or no periods.
- Endometriosis.
- Polycystic ovaries.
- Family history of early menopause.
- History of chlamydia, herpes or genital warts.
- Pelvic surgery eg for ovarian cysts, fibroids, cone biopsy.
- Abdominal surgery for bowel problems eg Crohn's disease, ruptured appendix.

Additional requirements & advice when planning for pregnancy

Ensure that you are registered with the National Cervical Screening programme and that you have an up to date normal cervical smear. Ensure that you are immune to Rubella and if not immune arrange for the necessary vaccination and follow up with your GP.