



**PREPARING**

**FOR PREGNANCY.**

We're experts at getting people pregnant.

**repromed**  
Fertility Specialists.



# Preparing for Pregnancy

Trying to get pregnant can be both exciting and stressful. There are many factors that influence fertility and if you're planning a pregnancy, we recommend you prepare yourself. Below are some of the things you should take into consideration. Some will help you in reaching your goal of pregnancy and others are preventative measures to ensure the health of your baby.

## FERTILITY AND PHASES OF THE MENSTRUAL CYCLE

There are many methods used to predict ovulation. These include measuring changes in temperature, saliva, urine and vaginal mucus. However, due to a number of external influences they are not always reliable.

Simple maths is often very helpful. The average woman's menstrual cycle lasts about 28 days but it's perfectly normal for a cycle to last anywhere from 24 to 34 days. On average, ovulation occurs 14 days before the start of your period. However, it is normal for a woman to ovulate anywhere from 12 to 18 days before menstruation.

Determine your cycle's length by counting the days from the first day of your period up to, but not including, the first day of your next period. Once you know how many days your shortest cycle is (eg. 28 days) and how many days your longest cycle is (eg. 30 days) then subtract 14 from these numbers ( $28 - 14 = 14$  and  $30 - 14 = 16$ ). The earliest you are likely to ovulate is on day 14 and the latest you are likely to ovulate is on day 16 of your cycle.

When trying to fall pregnant it can be helpful to keep a record of your menstrual cycle and ovulation calendar. An ovulation calculator will give you an indication of your fertility window based on the length of your cycle. Please remember that ovulation calculators are just a guide to determine your ovulation date. There is a reliable progesterone blood test that can be used to confirm ovulation.

## HEALTHY DIET

A good healthy diet will include fruit and vegetables each day, and good quality protein, such as in lean meat, fish, eggs, pulses (e.g. beans, lentils). You also need to consume complex carbohydrates, whole grains, plenty of calcium (preferably in the form of low fat dairy products). It is best to avoid excessive additives such as colours, flavours and preservatives and keep to a relatively low fat diet which includes mainly healthy fats.

## WEIGHT

Weight issues are important for both men and women when considering fertility. Obesity increases the risk of heart conditions, diabetes and hormonal imbalances, which can lead to infertility. If you are overweight, your body mass index (BMI) will be  $> 25$ . The closer to a BMI of 25, the better, and remember any weight loss in this situation will improve your fertility. See a dietician and exercise physiologist for expert individualised advice.

Women who are underweight (BMI  $< 20$ ) are also at risk of reduced fertility. If you are underweight and your period cycles are long or irregular, a small weight gain may be beneficial, or cut back on strenuous exercise.

## FITNESS

You will benefit from being fit prior to pregnancy. For women who are unfit, developing at least a moderate level of fitness is advisable. However it is also best to limit intense or high impact exercise and no more than 4 hours high intensity exercise per week is recommended. For an exercise program tailored to your specific needs we recommend seeing an Exercise Physiologist when preparing for pregnancy or if you become pregnant. Men should also aspire to a reasonable level of fitness.

## SMOKING

Smoking can affect the fertility of both males and females, causing erectile dysfunction and increased DNA damage to sperm and eggs. Smoking when pregnant can not only increase the risk of miscarriage, but also stillbirth, neonatal death or low weight babies. It's advisable to give up if you are a smoker. Quit or other support services can offer assistance if required.

## ALCOHOL

Women should stop all alcohol while trying to conceive and during pregnancy, while men should aim to keep to current 'safe drinking guidelines' – average 2 drinks/day maximum, with several alcohol free days each week and no more than 4 standard drinks in one session.

## DRUGS

Certain drugs have been found to adversely affect male fertility, including:

- Recreational / illicit drugs
- Antihypertensives
- Psychotherapeutic agents
- Chemotherapeutic agents
- Hormones (anabolic steroids)
- Antibiotics

Effects can include:

- Direct gonadotoxic effects which means direct harm to the testes
- Alterations in the production and release of hormones
- Erectile dysfunction
- Direct effects on libido.

## CAFFEINE

Both men and women need to aim for < 200mg of caffeine a day, which equals a maximum of 1-2 cups of coffees or glasses cola/energy drinks, or 2-3 cups of teas, and not too much chocolate either! If you need to cut down, do so slowly to reduce the impact of withdrawal symptoms.

## HEAT

Both men and women should avoid excessive heat from baths, saunas or spas when trying to conceive and during pregnancy. Men should also avoid any other situations where their scrotal area is unable to keep cooler than the rest of the body. Keep laptops on the desk and off the lap!

## EMOTIONAL HEALTH

Maintaining a positive state of mind also improves your health and well-being, and your chances of a successful pregnancy. A degree of stress in life is inevitable, but how you deal with it is important.

At Repromed we provide counsellors for individuals and couples. Our counsellors have extensive therapeutic experience and have specialised skills and knowledge in the field of infertility.

## FOLATE AND IODINE

Women should take 500 micrograms of Folic Acid (also known as Folate) and 150 micrograms of Iodine per day for a minimum of 1 month before falling pregnant and for at least the first 3 months of pregnancy to reduce the risk of your baby having a defect in the neural tube such as spina bifida. Pregnancy multivitamins such as Elevit and Blackmores Pregnancy Gold contain additional nutrients which are beneficial and can be taken throughout pregnancy.

## RUBELLA

A blood test can show if you are immune to rubella. If not, immunisation will be recommended. Similarly it is recommended that women preparing for pregnancy have a blood test to check their immunity to varicella. If you are not immune, you can be immunised to reduce the risk of infection in pregnancy.

## CERVICAL SCREENING TEST

Be sure to update your cervical screening test if it's nearly due. It's better to have one a bit early than be due in the middle of a pregnancy and find out that you have an abnormality on your test that needs attention.

## THE EFFECTS OF AGE ON FERTILITY

Both men and women have a reproductive lifespan. As women are born with all the eggs they will ever produce, age becomes an issue. Female fertility declines slightly at 30 years and there is a significant decline around 37 to 38 years of age. By the time a woman is 40 years old her fertility is a quarter of when she was 30. The miscarriage rate increases with age from about 1 in 7 for women aged less than 25 years to about 1 in 2 at 40 years of age.

## SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections (STI) may impact a couple's fertility. Chlamydia is a common STI caused by the bacterium, *Chlamydia trachomatis*. In women, an untreated infection can spread into the fallopian tubes and cause the tubes to become blocked at the very ends. This is known as hydrosalpinx. Scar tissue can develop around the fallopian tubes that makes it more difficult for the tube to "pick up" the egg at the time of ovulation. This can lead to infertility and an increased risk for ectopic (tubal) pregnancy.

In men, if the infection is left undetected and untreated it can cause epididymitis – an infection in the ducts of the testicles where sperm mature. Epididymitis can manifest in shrinking of the infected testicle, abscesses, and infected sores in the surrounding scrotum area. This can ultimately lead to infertility.

Other infections that may impact fertility include:

- Gonorrhoea
- Syphilis
- HPV
- Herpes
- Genital warts
- HIV
- Hepatitis B

## INFERTILITY

With today's busy lifestyles, many couples plan carefully to ensure the time is just right to fall pregnant and start a family. For the vast majority of couples, pregnancy occurs naturally within 12 months of trying to conceive. However, for up to 20 per cent of couples it's a different story. They keep trying and nothing happens, or they achieve pregnancy only to miscarry.

Infertility is defined as the inability to conceive after a year of unprotected intercourse, or the inability to carry pregnancies to a live birth. There are many possible causes of infertility among males and females:

- 40% of infertility is due to female factors alone
- 40% of infertility is due to male factors alone
- 10% of infertility is due to both female and male factors
- Up to 10% of infertility remains unexplained

There may also be male or female genetic factors that affect an embryo's ability to develop and this may cause infertility or repeated miscarriage.

## PRE-CONCEPTION GENETIC SCREENING

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists recommends that all couples consider Preconception Genetic Screening, also known as Reproductive Carrier Screening, prior to falling pregnant.

The aim of Preconception Genetic Screening is to identify couples who are at risk of having a child with a significant medical condition (e.g. cystic fibrosis, spinal muscular atrophy and Fragile X syndrome) due to an error in a single gene. Repromed offers an expanded carrier screening test which tests for more than 200 genetic conditions.

Up to 70% of individuals will be found to be a carrier of a genetic condition, and around **1 in 40** couples will be found to be at risk of having an affected child. Repromed has a genetic counsellor and clinical geneticist available for couples who are interested in carrier screening or who need a discussion about reproductive options if they are found to be a carrier.

# Seeking Assistance

It is recommended you seek advice if you have not been successful after 12 months of unprotected sex if you are under 35 years of age, or after 6 months of unprotected sex if you are over 35 years of age. However if you feel like it is taking too long there are a few simple steps you can take on your journey to fulfil your dream of having a family. By getting others involved does not mean you have given up, it just means you are seeking consultation and fact gathering and it does not mean you have to do anything.

1. Ask your GP or Specialist for a referral to Repromed where you will have a consult with an experienced Fertility Doctor and together develop a strategy on helping you achieve your dreams.

2. Have a Repromed Fertility Health Check.

A Fertility Health Check includes:

1. Anti-Mullerian Hormone (AMH) Blood Test
2. Semen Analysis
3. 45 minute consultation with one of our Fertility Doctors to review your results and discuss available options

**To book your Fertility Health Check contact Repromed on (08) 8333 8111.**

For any further information please visit **[repromed.com.au](https://www.repromed.com.au)**

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