



By Kristin A. Bendikson, MD, USC Fertility

# Fertility Q&A



## MY HUSBAND AND I WOULD LIKE TO START A FAMILY. WHAT SHOULD WE KNOW BEFORE WE TRY TO CONCEIVE?

So you have decided you want to have a baby. What next? Though many people know what to do, there are always ways you can improve your chances. Here are a few tips to make your path to a baby a little straighter, shorter, and easier.

### THE FERTILE WINDOW

First be aware of the *fertile window*, a six-day-long period during your menstrual cycle that ends 24 hours after ovulation. Intercourse is most likely to lead to a pregnancy when it occurs in the three-day period ending on the day of ovulation. Once the egg is ovulated, it survives in the fallopian tube for a 24-hour period—the only opportunity for it to be fertilized.

Sperm, unlike the egg, can live in the fallopian tube and the cervix for three to five (even seven) days. Therefore, having intercourse before you ovulate is very important. Ideally, there should be sperm waiting for the egg in the fallopian tube (from intercourse in the several days preceding ovulation); once you ovulate the egg, another batch of sperm should enter the fallopian tube (from intercourse during the fertile window after ovulation).

With this in mind, the first step in planning for pregnancy is to figure out what time of the month you typically ovulate. The easiest and least time-consuming method to track your ovulation is to use urine ovulation kits. Detecting the luteinizing hormone (LH), these kits test for something called the *LH surge*, which precedes ovulation. When the kit tests positive, you will ovulate sometime during the next two days. You can also monitor your cycles through cervical mucus testing or by testing your basal body temperature. If you choose to monitor your cycle through basal body temperature, however, be aware that by the time your temperature has risen, you have already ovulated and it is too late to conceive.

In general, ovulation can be measured by these guidelines: You will ovulate two weeks before your period in a non-pregnancy cycle. Therefore, if you have 28-day cycles, you will ovulate around cycle day 14; if you have 35-day cycles, you will ovulate around cycle day 21. If your cycle length varies, your day of ovulation will also vary.

For women who have very regular periods, once you have established the time interval in which you typically ovulate, you can plan to have intercourse during the fertile window in future months, focusing on the three-day period before ovulation. If you are having intercourse during the fertile window, continuing to test for ovulation each month will not necessarily enhance your chance for pregnancy. If the length of your menstrual cycle varies by more than a few days each month, it may be helpful to continue to test for ovulation each month, as the cycle date of ovulation will also fluctuate.

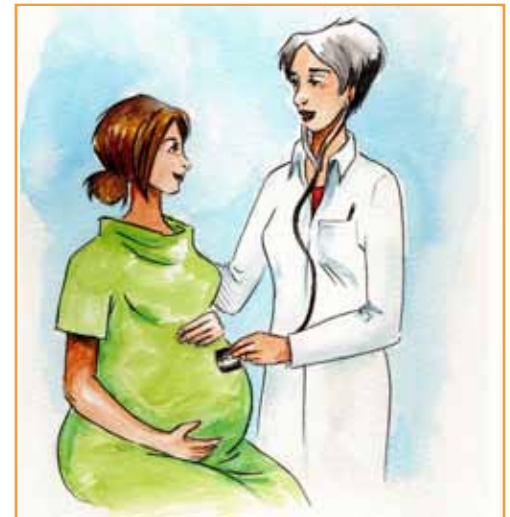
In addition to monitoring ovulation, the chances for pregnancy can be easily optimized by increasing the frequency of intercourse soon after your period stops. Just be sure to consult a physician if your cycles are very irregular and the length is greater than 35 days or shorter than 21 days.

If you are using lubricants during intercourse, use only those that don't impair sperm motility. Avoid K-Y Jelly,<sup>®</sup> Astroglide,<sup>®</sup> olive oil, and even saliva, as they have all been shown to inhibit sperm motility even in small amounts. Mineral oil, canola oil, and a lubricant named Pre-Seed<sup>®</sup> have not been shown to have a negative impact on sperm.

### FOR OPTIMAL RESULTS, OPTIMIZE YOUR HEALTH

With fertility, as with so many health issues, you will realize the best results when you remember to treat your body like the temple that it is. Simple steps to optimize your lifestyle include stopping smoking, limiting alcohol consumption to the time before your fertile window, and minimizing caffeine intake. Cigarettes have been linked to infertility, miscarriages, preterm birth, and low-birth-weight infants. Alcohol has been associated with miscarriages and fetal alcohol syndrome. Although it is fine to ingest small amounts of caffeine, large amounts have been linked with increased miscarriage rates. Be sure that you do not come into contact with any chemicals or toxins that could be harmful.

Many women don't realize that maintaining good health can affect not only the well-being of their pregnancy but also their ability to conceive. You should optimize both your nutrition and weight before conceiving. Being underweight can lead



### MYTH VERSUS FACT

There are some myths related to fertility and conception. Let's discuss a couple:

**MYTH:** Having intercourse every day increases your chance of pregnancy.

**FACT:** Pregnancy rates are similar whether you have intercourse every day or every other day.

**MYTH:** Lying flat or elevating your legs for an extended period of time after intercourse will improve your chances of getting pregnant.

**FACT:** There is no evidence that either of these practices will improve the odds of conceiving. This is because sperm is found in the cervical canal within seconds of intercourse and is thought to travel into the fallopian tubes in less than two minutes. There is also no evidence that positioning during intercourse affects the chances of conceiving.

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to infertility and low-birth-weight babies. Obesity has been linked to infertility as well as to increased miscarriage. In addition, excess weight can lead to many problems during pregnancy, including high blood pressure, diabetes, and overweight infants. If you exercise, keep it up. Maintaining a fitness routine during pregnancy is beneficial. Preparing your body for pregnancy is an important first step on your journey to becoming a parent. Take a prenatal vitamin with folic acid before you conceive, as early folic acid has been proven to decrease the risk of neural tube defects. Do not take excess vitamins, however, and discuss any herbal or nutritional supplements with your doctor.

Ideally, you should consult your doctor before you start trying to conceive. If you have any medical conditions, review them—and your family history and ethnic background—with your obstetrician. Some diseases require special care during pregnancy, some diseases can be inherited, and some medications may need to be discontinued, as they may be harmful to the baby. Many untreated medical problems can affect your ability to conceive. You should also check to see that your vaccinations are up-to-date.

## THE NEXT STEP

If you haven't conceived in one year, you should consult your obstetrician or a fertility specialist. If you are over 35, you should seek advice after six months.

You are about to set off on an amazing journey. Trying to conceive can be stressful, especially if doesn't happen right away. Keeping these tips in mind can improve your chances of becoming a parent. ❀

*Kristin A. Bendikson, MD, joined USC Fertility after finishing her residency at Harvard Medical School and completing her subspecialty training in reproductive endocrinology and infertility at the internationally renowned Center for Reproductive Medicine and Infertility at Cornell University Medical College, under the direction of Zev Rosenwaks, MD. Kristin holds the title of assistant professor of obstetrics and gynecology in the Division of Reproductive Endocrinology and Infertility at the USC Keck School of Medicine. She is currently the principal investigator of several research projects, including the study of zygote intrafallopian tube transfer for women of advanced reproductive age, aging of the uterine endometrium, and vitamin D and its role in infertility. Her goal is to provide the highest-quality care for her patients and to help them fulfill their desire of having a healthy baby. In addition, she strives to guide her patients throughout what can be a trying and difficult journey by providing them with the support and the personal attention they need. A fertility expert, teacher, and researcher, Kristin is also a married mother of two.*