

## Preconceptual FAQ's: While attempting to conceive

The following is meant to provide answers to frequently asked questions during the preconceptual period. This information may be useful to you as you undergo fertility treatment. We welcome you to discuss the following issues or any other fertility-related concerns with us.

***Lifestyle and environment:*** Certain lifestyle choices and environmental factors have been shown to influence fertility. Prior to and during fertility treatment, we recommend the following:

- Avoid cigarette smoking (male and female partners)
- Limit alcohol consumption to 4 or fewer drinks per week
- Limit caffeine intake to less than 2 cups a day
- Avoid use of marijuana or any other recreational drugs
- Avoid direct exposure to perchlorethylene (dry cleaning industry), toluene (printing business), ethylene oxide, herbicides, fungicides, pesticides

***Exercise:*** If exercise is part of your daily or weekly routine, you may continue to do so as long as it is comfortable. However, there are times during fertility treatment and perhaps during early pregnancy that your doctor will recommend that you refrain from or limit exercise. Specifically, if you are undergoing in vitro fertilization and/or embryo transfer, exercise should be avoided on the day of egg aspiration and for 48 hours following the embryo transfer. In addition, if your ovaries are stimulated to make multiple eggs, you may feel uncomfortable with some forms of exercise and should limit it to such exercise as walking, stationary biking, swimming and yoga. You should not sky dive, scuba dive, bungee jump, rollerblade, mountain bike, water ski, or horseback ride during these times.

***Medications:*** Many over-the-counter and prescription medications may be taken during fertility treatment. If we prescribe it to you, we believe that it is safe. In addition, the following ***may*** be taken during fertility treatment according to the directions on the bottle:

Pain relievers:	Tylenol, regular or extra strength, Tylenol with codeine, Vicodin.
Decongestants:	Sudafed, Afrin nose spray, TheraFlu, Tylenol Cold
Cough Medicine:	Robitussin DM, Vicks Formula 44.
Antacids:	Tums, Maalox, Milk of Magnesia, Mylanta.
Laxatives:	Metamucil, Colace, Citracel.
Hemorrhoids:	Tucks, Anusol HC, Witch Hazel.
Antibiotics:	Penicillin, Ampicillin, Keflex, Macrobid, Flagyl, Doxycycline
Herbs:	Cranberry, Echinacea.
Yeast infections:	Gyne-Lotrimin, Diflucan (only if prescribed), Mycolog (external use only).
Aspirin:	Baby Aspirin (if specifically prescribed)

The following medications generally *should not* be used during fertility treatment, unless specifically approved or recommended by your doctor:

Pain relievers:	Motrin, Advil, Aleve, full-strength aspirin, non-steroidal anti-inflammatory drugs
Herbs:	Hormonally –active herbs, Black cohosh, feverfew, garlic, ginseng, St. John's Wort, goldenseal.
Decongestants:	Benadryl, anti-histamines (Claritin, Allegra, Zyrtec)

***Recommendations for preconceptual counseling for birth defects and genetic disorders:***

Birth defects are abnormalities which are present at the time of a baby's birth. They occur in approximately 3% of pregnancies. It is possible that you may be at increased risk for certain types of birth defects and therefore may want to consider special counseling and/or testing prior to achieving pregnancy.

- 1) **Structural birth defects:** When some part of the baby's body did not form correctly or completely, this is a structural birth defect. For example, neural tube defects (e.g. spina bifida, anencephaly) result when the coverings over the spinal cord or brain do not close properly. The folic acid in your prenatal vitamins can help prevent neural tube defects, but must be taken before pregnancy (that is, while you are attempting to conceive) and in early pregnancy to be effective. There is no single cause of structural defects, but certain medical conditions such as diabetes can be associated with a higher risk.
- 2) **Intracytoplasmic sperm injection:** For men who have very low sperm counts and require ICSI, we recommend that further genetic testing be done, including a test to count the number of chromosomes (karyotype), and a specific test to look at the male chromosome (Y chromosome deletion). There have been reports of infertility in male children born after ICSI using sperm of men with severely decreased sperm counts.
- 3) **Birth defects due to infection:** If certain infections are acquired by the mother during pregnancy, they can cause abnormalities in the baby. Rubella (German measles) and varicella (chickenpox) are two examples. If you have not already had these diseases or been vaccinated, you should be vaccinated at least one month before becoming pregnant.
- 4) **Prenatal Screening for Genetic Disorders:** It is possible that you are unknowingly a carrier of a genetic disorder that could be passed on to your offspring. Some inheritable diseases are more common among individuals of certain ethnicities. For example:
  - African-American: Sickle cell
  - Caucasian: Cystic Fibrosis
  - Ashkenazi Jewish: Tay-Sachs, Canavan disease, Cystic Fibrosis, Familial Dysautonomia
  - Asian: Thalassaemia

Blood tests can be performed either before conception (preconceptual) or early in pregnancy to find out whether either parent is a carrier of certain genetic defects that could affect the health of the baby. If you fall into one of the above ethnic categories, you may want to consider preconceptual testing.

In addition, based on recommendations made by the American College of Obstetricians and Gynecologists, if you answer "yes" to any of the following questions, we strongly encourage genetic counseling. You may choose to meet with the genetic counselor while you are undergoing fertility treatment or after you have achieved pregnancy. Once you have had a chance to talk with a genetic counselor, it is entirely your choice whether or not you wish to be tested. We have included two very informative brochures which may help you decide.

Pre-Conceptual FAQ's continued

Screening questionnaire:

- Will you be 35 years or older when your baby is due?
- Will the baby's father be 50 years or older when your baby is due?
- If you or your partner are of Mediterranean or Asian descent, do either of you or anyone in your families have thalassemia (an inherited disorder that causes anemia)?
- Is there a family history of neural tube defects?
- Have you or the baby's father ever had a child with a neural tube defect?
- Is there a family history of congenital heart defects?
- Is there a family history of Down syndrome?
- If you or the baby's father are of eastern European Jewish, French Canadian, or Cajun descent, is there a family history of Tay-Sachs disease (severe neurological condition, usually fatal by 5 years of age) ?
- If you or the baby's father are of eastern European Jewish descent, is there a family history of Canavan disease (severe neurological condition, usually fatal by 3 to 5 years of age)?
- If you or the baby's father are African American, is there a family history of sickle cell anemia or sickle cell trait?
- Is there a family history of hemophilia?
- Is there a family history of muscular dystrophy?
- Is there a family history of cystic fibrosis?
- Is there a family history of Huntington's disease?
- Does anyone in your family or the family of the baby's father have cystic fibrosis?
- Is anyone in you or the baby's father's family mentally retarded? If so, was that person tested for fragile X syndrome?
- Do you, the baby's father, anyone in your families, or any of your children have any other genetic diseases, chromosomal disorders, or birth defects?
- Do you have a metabolic disorder such as type 1 or type 2 diabetes or phenylketonuria?
- Do you have a history of pregnancy issues (repeated miscarriages or a stillborn baby)?

*Your signature below indicates that you have read and understand these guidelines and that you have received a copy of this handout and the two pamphlets on birth defects and genetic disorders for your reference.*

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**PATIENT NAME**  
(Print)

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**PATIENT SIGNATURE**

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**DATE**