THE
FERTILITY
plan checklist

Smart Fertility Choices

Use this checklist to structure your fertility plan. For each of the items described, ask yourself this question: “Am I being proactive in this area?”

- Kym Campbell
Manage your weight

Getting to a healthy weight 6 months prior to trying to conceive is well understood to make a significant difference in your capacity to fall pregnant thanks to the relationship between body fat and reproductive hormones. Being too thin or overweight can result in poor ovulation.

Manage your fitness

Exercise is awesome of course, but while working out can be great for managing your weight, as well as enhancing your mental health, be careful as too much exercise can effect or even stop your menstruation. Regular running can especially affect your menstruation.

Avoid potentially harmful foods

Examples of foods which may be unhelpful if you are trying to get, or stay, pregnant include:

- Soy
- Artificial sweeteners
- Sugar, especially high fructose corn syrup
- Nitrates and nitrites
- Caffeine
- Process Foods

In Summary: Eat real food, not things that come packaged. And don’t be fooled by “sugar free” or “fat free” marketing. Sugar substitutes still break down into sugar and “fat free” products contain even more sugar than normal fat products. The myths have finally been busted on saturated fats being bad for you so don’t be scared to eat butter and animal fats.

Also remember that things you wouldn’t normally think contain sugar may actually contain quite a lot, like breads, cereals, sauces, and jam. High GI carbs quickly break down into sugar as well!
Eat beneficial foods

Examples of foods which may help improve your chances of falling pregnant include:

- Fats
- Meat
- Poultry
- Beans
- Complex carbohydrates and grains
- Green vegetables

Supplement your diet

Seeing a Functional or Integrative Practitioner and having a range of tests for various vitamin and mineral deficiencies can really help boost the hard work you’re doing with your diet and exercise and in some cases can cure whatever is preventing you from getting pregnant.

*To learn more about how functional medicine can help with fertility, (click here!)*

Don’t try to do this on your own. You need a medical professional to guide you. And be wary of supplement brands as many supplements are not manufactured correctly and your body will not absorb the nutrients in them. Potentially beneficial supplements include:

- Folic acid
- Vitamin A
- Vitamin B1 (Thiamin)
- Vitamin B2
- Calcium
- Iron
- Magnesium
- Zinc
- Vitex: The Fertility (Riboflavin) Herb
- Vitamin B3 (Niacin)
- Vitamin B6
- Vitamin B12
- Vitamin C
- Vitamin D
- Vitamin E
- Black cohosh
- Traditional Chinese herbs such as, liquistium, rehmanii and white peony.
But don’t OD on supplements!
There are reports that zinc, along with vitamins A, D, B6, and C can be detrimental to either you or your baby’s health if taken in excessive doses so it’s best to take these supplements under the guidance of a qualified physician.

Avoid potentially harmful herbs
The following herbs may be potentially harmful to your fertility:
- Saint-John’s-wort
- Echinacea
- Ginkow Biloba
- Some herbal teas

Check all your medications
Some non-fertility related medications might impact your fertility. Examples you may not have considered include:
- Vitamin A skin cream
- Non-steroidal anti-inflammatories
- Immunosuppressants and steroids, such as cortisone and prednisone (asthma medication)
- Some blood pressure medications
- Thyroid medications
- Anti-psychotic and anti-seizure medications
- Cytoxan
- Domperidone

You can check the safety of any medication you are on by visiting the FDA's pregnancy registry, (click here)

Manage your mind
Stress and anxiety is a great way to kill your sex-drive and also has a physiological effect on the receptiveness of your body to fall pregnant. Consider doing some of the following:
- Mindfulness meditation – (To learn more, click here)
- CBT
- Self-compassion
- Learning relaxation techniques
- Lifestyle changes
- Yoga
- Go on a holiday!

Quit smoking
Smoking is the same as feeding your eggs poison. Enough said.

Limit your alcohol
Excessive drinking messes with your fertility, but avoiding alcohol all together isn’t a must. “Moderation” is the word here, with 1-2 drinks per week being acceptable.

Choose your drugs wisely
Heroin and cocaine are both associated with ovulatory dysfunction, while LSD and laughing gas have a proven connection with infertility.

Avoid chemical exposure
Many household chemicals have been found to reduce fertility. Examples of chemicals to avoid include:

- House paints
- Pesticides
- Some hair and beauty products
- BPA plastics
- Some household cleaners

Quit douching
While many of you may be as confused as I was when I learnt what vaginal douching was - for those of you that do it, be aware that it’s a great way to harm your chances of getting pregnant.

❤️ PRECONCEPTION CHECKS

Get your exams
The best way to find out if anything is wrong is to have an examination by an obstetrician/gynaecologist. Most good doctors will advise that you have an examination annually so if it’s been a while since you’ve done this “house-keeping” chore,
you better put it on your to-do list also. While you’re at it, consider getting your fertility tested too (see below).

**Blood Test**

There are a lot of blood tests that will tell you how your reproductive health is going. Ask your doctor about these:

- SMA12 – evaluates overall health
- CA125 – rules out risk of ovarian cancer
- T3 and T4 – measures basic thyroid function to uncover “hidden” fertility problems
- Estrogen, progesterone, FSH, LH – hormone tests for cycle irregularities
- TORCH diseases – toxoplasmosis, rubella, cytomegalovirus, ad herpes

**Avoid STD’s or get them treated**

Besides ageing, STD’s are the single greatest threat to a woman’s fertility. Almost any STD can damage your reproductive capacity and many people who have them don’t show symptoms. Watch out for the following in particular:

- Gonorrhea
- Chlamydia Trachomatis Infection
- Condyloma Acuminata (genital warts)
- T-Mycoplasma Infection
- Human Papillomavirus (HPV)
- Syphilis
- Vaginitis

**Genetic diseases**

In order for a genetic birth defect to occur both parents must carry the recessive gene. While the likelihood is very low, experts recommend that if both you AND your partner fall into the following categories, then it might be worth getting tested for their related genetic conditions:

- Thalassemia major is common among Asian and Mediterranean couples
- African-American couples are more likely to suffer from Sickle cell anaemia
- Jewish couples have a higher incidence of Ta- Sachs disease
Know your cycle

“Doing it” at the right time is the most important thing you can do to get pregnant and this means knowing your cycle. After ovulation your egg only remains at its peak fertility for less than 24 hours so you want to make sure there are some swimmers either waiting at the arrivals hall, or at least on their way to the airport to greet their guest.

Ways to monitor and predict when you are likely to ovulate include:

- Basal body temperature
- Checking your cervical mucus
- Saliva checks using proprietary saliva monitors
- Urine checks using proprietary ovulation monitors

* Kym’s recommendation: The best fertility monitor I know of for predicting ovulation is OvaCue and for women with irregular cycles and PCOS it is the only way I know to successfully know when you ovulate. I used it for years and love it.

You can check it out here - OvaCue Fertility Monitor, (click here!)

Some practical considerations

There are plenty of anecdotes that support the idea that if you’re having good sex with someone you love, then you’re more likely to get pregnant. There are even plenty of rational medical theories explaining why this is the case! You probably don’t need me to tell you this but here are some practical pointers to make your love making more productive...
 Reproductive, that is:

- Bacteria found in saliva can hurt your partner’s fragile sperm
- Same goes for anal sex
- The high temperatures of hot-tubs can mess with both your eggs as well as his sperm
- Don’t do-it in the water. The chemicals found in most pools create a hostile environment for sperm
- Keep off electric blankets
- Vibrators are fine, but make sure they’re washed well with warm soapy water
- Use water-based lubricants as oils can interfere with the sperm’s swimming

*NOTE: To be safe the only lubricant I have ever used was Pre-Seed. If you haven’t heard of Pre-Seed, check it out here, (click here!)

LOVE & SEX

The most productive positions

<table>
<thead>
<tr>
<th>Sex positions that encourage pregnancy:</th>
<th>Sex positions that discourse pregnancy:</th>
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</thead>
<tbody>
<tr>
<td>- Knee to chest</td>
<td>- Sitting</td>
</tr>
<tr>
<td>- Doggy style</td>
<td>- Standing</td>
</tr>
<tr>
<td>- Lying on your side</td>
<td>- Woman on top</td>
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<tr>
<td>- Missionary</td>
<td>- Bending over</td>
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Credible “old-wives tales”

The following tips have SOME credible support from the medical community:

- Get plenty of sun exposure – this helps with Vitamin D production
- Make love with the lights on – this helps regulate ovulation
- Limit movement for 20 minutes after intercourse and help the sperm get to where they need to go by propping a pillow under your pelvis
- Use the quick-withdrawal method – the first bit has the most sperm so a quick withdrawal keeps the concentration of swimmers high
- Do-it often
MALE INFERTILITY

Get him tested too

Given that there's a 50% chance that if you're having trouble conceiving it's his fault too, it really makes sense to get his “guys” checked out. With a quick squirt in a cup from your bashful partner, a lab can check the following factors that determine sperm efficacy:

- Sperm count – the more, the better
- Sperm quality – the percentage of sperm that are healthy
- Sperm motility – how good the sperm are at swimming

In addition to a general physical examination, there are a range of fertility blood tests you might need to pester your partner into:

- T3 and T4 thyroid function test
- FSH and LH hormone tests
- Testosterone
- Prolactin

His lifestyle

What's good for the Goose is good for the Gander. Pretty much everything listed above relating to diet and exercise; herbs and medication; and environment and lifestyle are equally applicable to HIM as they are to you so using all your powers of persuasion to get him on-board with the new healthy living regime will go a long way to getting you pregnant too.

Consider using antioxidants if applicable. For more information (click here!)

Other fertility threats for men

Your partner’s testis contain almost all of your partner’s reproductive potential. Anything that threatens them could reduce his ACTUAL potential to get you pregnant.

Things to warn him about include:

- Tight spandex shorts and pants
- Sports trauma
- Cycling over 100 miles per week has been shown to increase impotence
- The Mumps – unless he is 100% certain he had the Mumps as a child, your partner should avoid anyone who may have the disease
- Steroids

Educate yourself about age related fertility decline

This is not something that I wanted to ever hear about or believe (and I am sure you don't either!) but it is the unfortunate reality. Your fertility declines with age. In order to not be caught unaware, educate yourself about when this begins to happen and what you can do about it.

For more information on this important topic, (click here!)

ASSISTED REPRODUCTIVE TECHNOLOGY

When to get help

While there's no hard and fast ages for how long to keep trying before seeking medical help, here's a guide based on everything I've read to date:

- If you're under 34, I'd “try” for 6 months before seeking medical help, and I would be considering IVF after 12 months of failed attempts
- If you're 34 – 37, I'd have 3 shakes of the sauce bottle before seeing a doctor, then I would be looking at IVF after 6 months of failed attempts
- If you're 38 or over when you're ready to start having a babies, I'd go straight to an IVF specialist

Who to get help from if doing IVF/IUI

If doing IVF be careful when working with any doctor that is not a fertility specialist (e.g. do not see an obstetrician/gynaecologist/endocrinologist). I spent years going to doctors who were not fertility specialists and because of this did not get the optimum help that I could have.

More and more doctors in obstetrics, gynaecology, etc are also offering IVF services but IVF is still a very new and constantly
changing technology and doctors who only do it as part of their service most likely will not be as up to date about the latest techniques and procedures.

ART options

Any pregnancy book, or website you will visit (including SmartFertilityChoices.com) will give you the run-down on a range of assisted reproductive technologies but here is some additional tips as I have heard it from the top fertility specialists:

- Intrauterine insemination (IUI) a.k.a artificial insemination is good for dairy cows, but is a poor option if you’re over 34. The reason I say this is because if you fail to get pregnant using IUI then you’re none-the-wiser as to why.

- IVF, although more expensive than IUI, serves as a great diagnostic tool, which enables every step of the fertility process to be monitored so doctors can see what caused you to not get pregnant because it’s all happening in the petri-dish right in front of them. It is the BEST diagnostic tool out there to figure out what in the process is not working.

- IVF also avoids many of the hazards that will stop your bun from rising especially if you include intracytoplasmic sperm injection (ICSI), which pretty much takes most of HIS fertility problems out of the equation.

- Pre-implantation genetic diagnosis (PGA) testing, although, expensive is a fantastic tool if you are doing IVF and over 35 because it can test for chromosomal abnormalities in your 5 day blastocyst prior to you putting one back in.

- Gamete Intra-fallopian Transfer (GIFT) is a thing of the past thanks to advances in IVF technology.

Egg freezing if you are not yet ready for kids and over

Egg freezing is an option worth consideration if you’re over 30. It is well accepted that from a medical perspective, the “best time” to freeze your egg is before age 35, however a recent study showed that egg freezing at age 37 gives you the best bang for your buck from an economic point of view.
If you are further interested in this topic and want more information, (click here!)

REAL family planning with ART

One of the most important questions, that few fertility specialists will ask, is how many children would you like to have? The number of children you wish to have will have just as much influence on your choice of assisted reproductive technology as your age.

For instance, if you’re in your mid-thirties and think you might like to have 3 children spaced 3 years apart (as recommended by many experts) then freezing a clutch of fertilized embryos now for your second and third child may be a great option for you. If you are already struggling to fall pregnant, you may be successful with the first child but the 2nd and 3rd will be much harder to have as fertility declines with age.

For more information on age-related fertility decline, (click here).

Pre-IVF diagnostics

IVF is a big expense emotionally, and physically, as well as financially. If you’re thinking about doing IVF, then ask your fertility specialist about getting some of these (more successful) diagnostic tests done first which will help determine the kinds of IVF procedures which are best for you:

- Clomiphene Challenge Test – a blood test that indicates your fertility status
- Estrogen Test – a blood test that indicates your fertility status
- Color Doppler and Pregnancy Success Tests – an ultrasound exam that determines your ability to fall pregnant
- AMH Ovarian Reserve Test – checks to see how many eggs you have left
A note from Kym Campbell at Smart Fertility Choices

My name is Kym Campbell and I am the founder of Smart Fertility Choices; a website aimed at empowering women with the knowledge they need to battle infertility by covering a range of topics from natural fertility solutions and emotional support to assisted reproductive medicine and fertility preservation.

After four years of quietly struggling with infertility myself, I became motivated to be a voice for those dealing with the very common issue.

The Fertility Plan Checklist aims to provide a list of everything I wish I had known about protecting your fertility in your 20’s. I hope it gives you an idea of what is to come in the future. Wishing you all the best on your fertility journey!

Xo Kym