



Frequently Asked Questions about Planning for Pregnancy

How long do I need to wait to get pregnant after going off the Pill?

Medically, there is no risk to the pregnancy if you conceive in your first cycle off oral contraceptives. Because ovulation can be irregular in the months following pill use, many physicians recommend waiting for 3-4 months to allow your cycles to become reestablished. This may make it easier for you to follow your cycles and time intercourse, but it is not absolutely necessary.

I've been using oral contraceptive pills for 10 years. Will it be harder for me to conceive?

Irregular ovulation is common in the first 6 months after stopping oral contraceptives. However, after this six-month time frame, fertility rates are the same as for women who have never been on the pill.

How do I know if I'm ovulating?

Women, who have regular periods with predictable flow, and no bleeding between periods, are in all likelihood ovulating normally. It is helpful to keep a menstrual diary to be able to determine when ovulation occurs. Your period will start 14 days after you ovulate, if fertilization did not occur. The first day of your menses is the first day of heavy flow, not when spotting starts.

When is my most fertile time of the month? I've heard it's "two weeks after my period".

You are most likely to conceive if you time intercourse around ovulation. In a perfect 28 day cycle (with day one being the first day of your period), ovulation would occur on day 14. However, in women with longer cycles, for example, a 34 day cycle, ovulation may not occur until day 20. (i.e. 14 days before the start of the following period).

How often should I have intercourse?

It is recommended to have intercourse every day to every other day during the week of ovulation.

How many months should it take to conceive?

Statistically, 85% of healthy couples will conceive within one year of regular unprotected intercourse. This is considered normal fertility. So, don't worry if you don't conceive on the first try. If you have a history of previous gynecologic problems, or other medical issues that you are concerned may impact your fertility, you can discuss these with your doctor.

Should I buy an ovulation predictor kit? What about recording body temperature?

If you and your partner are in good health, it is probably less stressful to "let nature take its course" for a few months and see if you conceive without the added pressure of kits and thermometers. Initially, simply keeping an accurate menstrual diary may be just as helpful in trying to predict when you will ovulate during your next cycle, and involves a lot less effort. Ovulation predictor kits try to detect the surge in hormones that occur just prior to ovulation. They are also fairly expensive. If you do decide to use one, purchase any kit that has a control line. Basal Body Temperature testing involves taking your temperature upon awakening each morning. The lowest temperature measurement occurs approximately 24-48 hours prior to ovulation in most women. Some women have found it helpful to examine their cervical

mucus to learn their cycle patterns. Cervical mucus during the ovulatory phase should be clear, thin, and elastic. After ovulation has passed, the mucus becomes thicker, darker, and more “sticky”.

When is the earliest I can find out that I am pregnant?

A urine home pregnancy test will be positive one day after a missed period. A blood test will be positive as early as 12 days after conception.

When is the soonest I can conceive again after my last baby? A miscarriage?

It is possible to conceive as soon as 6 weeks after delivery, even while breastfeeding. If you miscarry, it is best to wait for at least one normal period before trying again so that the uterine lining may cleanse itself.

What should my husband/partner be doing?

Your partner should see his physician for a check-up, especially if he has any longstanding medical illnesses. Avoid heavy alcohol and marijuana use, as both of these are associated with decreased sperm counts. Cigarette smoking and certain medications may also effect his reproductive health. It is commonly thought that excessive heat (e.g. associated with hot tubs, jockey shorts, fevers) may temporarily decrease sperm count. He should maintain a well balanced diet.

Your Health and Preparing for Pregnancy

Should I change my diet while I am trying to conceive? What about vitamins?

Increasing your intake of folic acid (also known as folate) to 0.4 mg per day to help prevent neural tube defects. Many women find it convenient to do this by taking prenatal vitamins, or standard multivitamins. If you have a family history of neural tube defects (spina bifida, or other openings in the spine or cranium), or are on seizure medications, we recommend 4 mg of folate daily. Otherwise, simply maintain a well balanced diet with fruits and vegetables, calcium sources, and lean protein. Vitamins can be purchased without a prescription.

Should I stop drinking alcohol? What about caffeine?

Large amounts of alcohol ingested in the first trimester are associated with Fetal Alcohol Syndrome. For this reason, the most conservative recommendation would be to stop alcohol intake when you begin trying to conceive. If you do continue alcohol consumption, it should be in minimal amounts. Caffeine has not been associated with birth defects. However, there are some studies that suggest that heavy caffeine use (>3 cups day) is associated with longer interval to conception.

Can I exercise? What if I want to lose weight before getting pregnant?

You can exercise as tolerated. Once pregnant, it is recommended that you do not exercise to exhaustion. A rule of thumb is not exercise if you can't carry on a normal conversation while exercising. Binge dieting and diet pills are not appropriate when trying to conceive. Eliminating high fat and high sugar foods with gradual weight loss is encouraged. Maintain your intake of fruits, vegetables, proteins and other healthy foods.

I am basically healthy, should I worry about any medical issues before trying to conceive?

Varicella (chicken pox) vaccination should be obtained for anyone who has not had the disease. If you have never chicken pox, a blood test can determine your immunity, and whether you should have the vaccine prior to pregnancy. You may also want to confirm immunity to Rubella (German Measles). The Tdap vaccine is recommended for all caretakers of children under one who have not been vaccinated within the last two years and all pregnant women during the third trimester. The yearly influenza (flu) vaccine is recommended for all women during pregnancy.

I am over 35. Should I be concerned about special risks?

More and more women are getting pregnant in their late thirties. In this group there is a somewhat higher incidence of high blood pressure and gestational diabetes. You will be screened for this during your prenatal visits. With regard to genetic issues for the baby, there is a correlation with increasing age and risk of genetic defects. The Non-invasive prenatal test (NIPT) is a screening test for fetal chromosomal abnormalities including Down syndrome, Trisomy 13 and Trisomy 18. Maternal blood is drawn during the first trimester with results available within two weeks. Genetic counseling is available if you are over 35 or have a family history of a genetic disorder.

What about inherited conditions or conditions related to my ethnic background?

If you have a family history of a specific condition or syndrome you are concerned about, genetic counseling is available to help you determine any inheritance patterns and testing needs. The Counsyl test is a universal genetic test for carrier screening. Diseases included include Cystic Fibrosis, SMA, Fragile X, Sickle cell anemia and Tay-Sachs. A full list of the diseases tested can be viewed at www.counsyl.com/diseases. If the mother is determined to be a carrier of a genetic disease, the father should then be tested. If both parents are carriers, the baby could be affected by the condition.

I have diabetes/thyroid disease/asthma/high blood pressure. Does this matter?

It is best to optimize your health as you go into pregnancy, especially longstanding conditions. Some medications (e.g. some blood pressure medicines, oral diabetes medicines) should not be used in pregnancy. See your internist or primary care physician and let them know you are planning to conceive. Blood work and medications can then be updated accordingly.

Early Pregnancy Questions

What is the best source of information for pregnancy?

A good guide to most pregnancy information and links is available on the Los Olivos website www.lowmg.com. You will receive an OB Guide at your first obstetric appointment.

When should I schedule my first OB appointment?

You should see your obstetrician by 10 – 11 weeks of pregnancy. If you are having any problems or are high risk, schedule an earlier appointment. Pregnancy confirmation ultrasounds are often done as early as 7 weeks.

I have had a miscarriage in the past, does this mean I may miscarry again? What should I do?

First trimester miscarriages are extremely common. A single uncomplicated miscarriage should not lessen your chances of carrying the next pregnancy. Speak to your doctor if you have had multiple miscarriages about any additional tests that may be recommended.

I have had some spotting since my positive pregnancy test. Should I be worried?

About one in three pregnant women will spot in the first trimester, especially after intercourse or vigorous exercise. This is not always associated with miscarriage and may occur with a normal pregnancy. If this spotting is associated with abdominal or pelvic pain, call your physician.