

# WHY IS IT IMPORTANT TO PLAN YOUR PREGNANCY?

A healthy pregnancy is best achieved when the couple optimises their health prior to conception. While some can conceive in a few months, for others it might take longer. The chances of conception for a couple in a single month of planning, during the woman's fertile period is around 15% and 70-80% of couples conceive within the first year of planning.

## DECIDE YOUR REPRODUCTIVE PLAN AHEAD

As infertility is on the rise globally, due to genetic, lifestyle and environment factors, pre-pregnancy planning becomes critical. Today, pregnancy requires as much research and planning as one's education, career, choosing a partner or buying a home. Understanding and being aware of the fertility status of both partners can help conceive easily whenever you plan.

## PRIORITISE YOUR HEALTH

Taking care of your sexual health can improve your overall health, protect your fertility and improve chances of having a healthy baby. Whether you are planning your first, second or even third pregnancy, monitoring your health and preparing your body suitably can help you get ready for the healthiest pregnancy possible.

## TIPS TO IMPROVE CHANCES OF A HEALTHY PREGNANCY:

See a doctor before conception to discuss any current medical conditions that could affect pregnancy, any current medications that you might need to change, vaccinations that you might need, and steps to follow before pregnancy to prevent certain birth defects.

Women must modify their lifestyle ahead of conception. Smoking, drinking alcohol and using certain drugs can cause complications during pregnancy including premature birth, birth defects and infant death. Consult specialised healthcare professionals to help with counselling, treatment and other support services.

Women must also start necessary supplements at least one month before conception and continue the same during pregnancy, to help prevent major birth defects of the baby's brain and spine.

It is important to reach and maintain a healthy weight, as both overweight and underweight individuals are at risk of serious health problems during pregnancy. The focus should not be on short-term dietary changes, but more about adopting a lifestyle that includes healthy eating and regular physical activity.

Sharing your family's health history with your doctor can be important in predicting your child's health.

Once you are pregnant, make sure you continue all your new healthy habits and see your doctor regularly throughout pregnancy for prenatal care.

## AVOIDING UNINTENDED PREGNANCIES

Having a proper reproductive health plan also helps in preventing unintended pregnancies. The fertile period for the woman starts about 4 days prior to ovulation and ends on the day of ovulation. Hence, a woman with a regular 28 days cycle is fertile between days 10 to 16. This is however not applicable for those with irregular cycles.

It helps to consult a doctor beforehand and seek advice regarding birth control. Use the effective contraception method suggested by the doctor correctly and consistently if you choose to delay or avoid pregnancy.

## ASSESSING FERTILITY

Infertility or the inability to conceive a child can cause a fair amount of stress and unhappiness. While many couples seek help early, others take time to get the required help.

## TIPS TO ENHANCE FERTILITY

- Eat a healthy high protein nutritious diet at least 6 months before planning pregnancy avoiding fast food, artificial colours, preservatives, taste makers, canned foods, and caffeinated drinks
- Avoid alcohol and smoking
- Stay physically active by adopting exercise regimen like yoga, workouts, swimming or games like badminton
- Ensure adequate sunlight exposure
- Enjoy a harmonious relationship with your partner. Plan short holidays during the fertile period to be away from work related stress factors
- Avoid night shifts as they affect hormone release patterns
- Any problems related to sexual dysfunction faced by the male or female partner like erectile dysfunction, premature ejaculation, decreased libido or vaginismus and painful intercourse need to be addressed early on in your marital life. Don't ignore them until you plan a family



Significant advances have occurred in the diagnosis and treatment of reproductive disorders over the past decade. This has led to almost 80% of infertility cases to be diagnosed and treated.

It is recommended that couples who have not become pregnant after 1 year of having regular sexual intercourse without using any birth control, consult a fertility specialist. However, if the woman is older than 30 years of age, she must seek medical care if she hasn't become pregnant after 6 months of trying. Women with irregular menstrual cycles must also see a doctor. Medical help is also advised for couples facing problems during the act of sexual intercourse or with a family history of genetic problems.

Initial evaluation includes examination and tests to find out the reason behind subfertility. For women a pelvic scan and a few blood tests are carried out while for men a semen analysis is performed.

## TREATMENT OPTIONS AVAILABLE FOR SUBFERTILITY

In subfertility, the possibility of conceiving naturally exists, but takes longer than average. Certain steps can be followed

to overcome subfertility.

## Natural cycle monitoring and timed intercourse:

For women with irregular ovulation, ultrasound monitoring can be done to determine ovulation, to time intercourse accordingly.

## Ovulation induction and timed intercourse:

Fertility drugs are used to induce ovulation in women with irregular cycles. Additionally, ovulation is tracked via ultrasound and dates are suggested for timed sexual intercourse. This method offers a success rate of 5-10% per cycle.

## Intrauterine insemination (IUI):

This involves placing washed sperm into the woman's uterus during ovulation. This procedure helps those with mild male factor infertility and unexplained infertility. IUI is often done in conjunction with ovulation-stimulating drugs. Success rate is 15-18% per cycle.

## Minimally invasive surgery:

Surgical procedures like Laparoscopy and Hysteroscopy help diagnose and treat various uterine conditions that lead to fer-

tility problems, thereby enhancing fertility.

Laparoscopy involves inserting a narrow telescope like camera through a small incision in the abdomen to visualize abdominal and pelvic organs including uterus, fallopian tubes and ovaries. Since the incision is very small, and large incisions on the abdomen are avoided, it is also called key-hole surgery or minimally invasive surgery (MIS).

Hysteroscopy is the inspection of the uterine cavity by endoscopy, using a hysteroscope which is a thin long tube (telescope). This system is passed inside the uterus through the vagina and the camera attached is connected to a TV screen or monitor. A distension media (liquid or gas) is used to distend the uterine cavity which provides space and vision for the surgery. The instruments are passed through the hysteroscope and the surgical procedure can be performed.

## IN VITRO-FERTILIZATION (IVF):

When conservative methods fail to achieve pregnancy, IVF is suggested. For IVF, multiple eggs are collected from woman's ovaries after stimulating with hormone injections and fertilised with the partner's sperm in a special laboratory. Once the embryos develop for 2-5 days, the doctor puts them back into the womb. Success rate is approx. 40-60%.

IVF is recommended for those facing fertility problems including Tubal Factor (Damage to Fallopian Tubes due to infections or surgery), Endometriosis, Male Factor Infertility (very low sperm count/Azoospermia where sperms have to be retrieved surgically from the testis), Diminished Ovarian reserve, Age related subfertility (advanced age for women), Women with anovulation & Polycystic Ovarian Syndrome (PCOS) where simple treatment options like ovulation induction and IUI have failed and in cases of Unexplained Infertility (seen in 30% of sub fertile couples).

In case the couple fails to conceive with the above procedures, they will be evaluated further and may need more advanced fertility procedures. As these procedures can be complicated, patients need to consult with doctors who can explain the process comprehensively, while offering dedicated care.

## IVF - MYTHS AND FACTS!

### 1) IVF can resolve all infertility issues

There are many assisted reproductive procedures available today which can help childless couples conceive and IVF is just one of them.

### 2) IVF is only for the rich

IVF is a little expensive but cheaper than many other surgeries.

### 3) IVF has a 100% success rate

The success rate of IVF is about 40% in couples below the age of 35. Also, the success rate of IVF depends on factors such as age, cause of infertility and biological and hormonal conditions.

### 4) IVF babies are born with birth defects and malformations

The absolute risk of delivering an IVF baby with malformations is low. The risk of an abnormal foetus in spontaneous or IVF babies is the same as in the general population.

### 5) IVF is not safe

It is a safe procedure with only about 2% of patients standing the risk of becoming unwell from ovarian hyperstimulation syndrome.

### 6) IVF leads to multiple pregnancies

Although there are cases of multiple pregnancies with this procedure, reducing the number of embryos transferred, particularly in younger women, can minimize this risk.

### 7) IVF requires a person to be admitted in the hospital

The hospital admission is only for few hours during the egg-collection procedure. It does not require overnight admission.

### 8) Bed rest is needed during and after the IVF treatment.

Not true. It is, by and large, an out-patient treatment. Only on the day of egg-collection one might have to take off from work. During the entire treatment period normal routine activities can be carried out. There's no need to put your life on pause after the embryo transfer.

### 9) IVF pregnancies result in caesarean births.

IVF pregnancies are just like naturally conceived ones and not an indication for caesarean section. Couples who have tried to conceive for many years or those with higher chances of multiple pregnancies can opt for elective caesarean delivery. A normal vaginal delivery is possible following IVF.



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