

THE (SLIGHTLY) OLDER WOMAN'S GUIDE TO GETTING PREGNANT

Is It Me Or Are Things Really Different Today? If only our bodies kept in time with our choices. It's no secret that the past several decades have brought forth a seismic shift in child bearing practices, particularly in the area of maternal and paternal age, world wide.



In the United States, from colonial times through to the late nineteenth century, the vast majority of Americans chose to marry and have children by their early to mid-twenties. Young marriage and parenthood were rational choices for people living in a society dependent upon family production¹, where children typically worked on family run farms or businesses and family was necessary for survival. Societal mores and lifestyles have changed dramatically since that time, yielding a luxury of personal choices for women in areas of their lives as diverse as the paths their careers will take, and also as to the age they will be when they opt to consider marriage and/or motherhood.

Unfortunately, evolution has not kept pace with our choices, and all too often, women realize too late that despite society's nod to the contrary, our bodies biological clocks are still ticking in time to the mores that were more common a century ago.

But What About My Cousin's Dentist's Best Friend? You Know, The 45 Year Old Woman Who Got Pregnant Naturally Without Ever Seeing a Specialist. It's true that fertility potential varies from woman to woman. There are women who conceive naturally in their forties, and these stories often fuel widespread misperceptions that every woman will be thus blessed. However, for the vast majority of us, fertility potential will take its first subtle dip at around age 27 and then accelerate at a downwards pace beginning at around age 35. For most women, conceiving naturally without some sort of outside medical support will be almost impossible after age forty. And this does not take into account other underlying causes of infertility that might be occurring simultaneously as we get older, such as fibroids, endometriosis, or polycystic ovarian syndrome.

I'm Not Loving This Information. Why Does This Happen, Anyway? Look, there's a lot we can do to keep ourselves healthy and we should do those things. Eating intelligently, exercising, not smoking, avoiding environmental toxins and sexually transmitted infections, you know the drill. But no matter how healthy you are on the inside, or how fabulous you look on the outside, your ovaries are going to continue to get older. There is no exercise or magic diet pill that will increase your ovarian reserve! Your ovaries will continue to age, and so will your ever diminishing egg supply. Aging eggs may also create higher miscarriage rates for some women, due to chromosomal damage. And already existing conditions that you may have, such as tubal damage, pelvic infections, endometriosis, fibroids, ovulation and hormonal issues, even endometrial receptivity, often escalate and become exacerbated as you get older.

Did I Mention That I'm Not Loving This Information? How About Some Good News? There is good news. First off, and I know you know this, facing the truth about your body and your choices is empowering. As always, it's up to you what works in your own personal life, and you can use or disregard all of this information as you see fit. Of course, it's better to know the deal now than to be blindsided later on. And you know what? If motherhood is something that you want or need to postpone right now, letting go of the guilt or worry about that, and learning about your options now, is a very good place to start.

I Like Options. So What's My First Step? First and foremost, learn about your own biological clock. Think you might want to get pregnant this year or next? Do you have a five year plan in place that makes sense for you? A ten year plan maybe? No matter what your plan is, your mind may really be put at ease by a fertility specialist, such as a reproductive endocrinologist.

Alternatively, are you trying to conceive right now? If so, no matter what your age, if more than three or four months go by without a positive YES showing up on that little stick, consider seeing a specialist. And if your current doctor is uncomfortable talking to you honestly and frankly about your biological clock and fertility potential, then this is the time to consider making a change.

So, to answer your question, what seems to make sense as a first step is to find an infertility specialist you trust, and be prepared to discuss the following²:

- **Reproductive history:** Your doctor will ask you about any previous pregnancies, your menstrual history, what type of contraceptive you use, sexually transmitted infections and vaginal infections, as well as previous Pap test results.
- **Medical history:** You will be asked about pre-existing medical conditions or allergies. Keep in mind that any medical conditions you currently have, such as diabetes or high blood pressure, should be well controlled before you become pregnant.
- **Surgical history:** Tell your doctor about any surgeries, transfusions, and hospitalizations you may have had.
- **Current medications:** Tell your doctor about any prescription or over-the-counter medications you are or have taken. This may be a good time to discuss the possible need for drug substitutions to decrease the risks of birth defects.
- **Family health history:** Your doctor will ask you questions about your family's health. Tell your doctor if anyone in your family has high blood pressure (hypertension), diabetes, twins, mental retardation, blindness, deafness, cystic fibrosis, congenital birth defects, ethnic-related conditions, such as Tay- Sachs disease, sickle trait/sickle cell disease, and thalassemia.
- **Home and workplace environment:** Your doctor will discuss possible hazards, such as exposure to cat feces (toxoplasmosis), environmental toxins such as lead or solvents, endocrine disruptors, and even X-rays, as these things may influence your ability to become pregnant or maintain a healthy pregnancy.
- **Your weight:** Your doctor will recommend you try to reach your ideal body weight before becoming pregnant. This means losing weight if you are overweight to reduce your risk of high blood pressure complications during pregnancy; or gaining weight if you are underweight to reduce the risk of delivering a low birth-weight baby.
- **Lifestyle factors:** Your doctor will ask you questions about you and your partner's habits that could influence your pregnancy, such as smoking, drinking alcohol, and using recreational drugs. If you or your partner participate in any of these activities, they will have to be stopped in order for you to have a healthy pregnancy. Based on your past and current sexual activity, you may also be counseled to use condoms so that infections and diseases such as Chlamydia, Gonorrhea and HIV can be avoided.
- **Exercise:** Tell your doctor what type of exercise you do. Generally, you may continue your normal exercise routine while trying to conceive unless you are instructed to decrease, increase, or modify your activities.

- **Diet:** Your doctor will ask you about your dietary habits. To ensure a healthy pregnancy, you should follow a healthy, well-balanced diet and eat a variety of foods to get all the nutrients you need. Make sure you are getting enough vitamins and minerals in your daily diet.
- **Prenatal vitamins:** Before considering a pregnancy, you should begin taking a daily vitamin that contains high levels of folic acid. Folic acid has been shown to decrease the risk of having a baby with a neural tube defect, such as spina bifida, a serious condition in which the brain and spinal cord do not form normally in the baby. Some studies have also shown that recurrent miscarriage rates decrease if the potential mom takes a daily high folate supplement³.

Your doctor will also:

- Perform a Physical Exam to evaluate your heart, lungs, breasts, thyroid, and abdomen.
- Perform a Pelvic Exam and Pap smear.
- Order Lab Tests for conditions such as rubella, hepatitis, HIV, syphilis, and others as indicated.
- Take Hormonal Blood tests to check for conditions such as polycystic ovarian syndrome, and other blood tests to check for advanced endometriosis
- Conduct a Sonogram to check for cysts, adhesions, scar tissue and fibroids
- Suggest a Day 3 FSH test, an Anti-Mullerian Hormone test and/or a Clomiphene Challenge test in order to evaluate your remaining ovarian reserve⁴.
- Discuss Genetic Counseling. Counseling can help women or couples become aware of their chances of having a child with a birth defect. Genetic counseling is often advised for women who will be 35 or older when their baby is due, for couples who have already had a child with a birth defect or for couples with a family history of genetic problems, birth defects, or mental retardation.
- Recommend Vaccines. If you are not protected against rubella or chickenpox, your doctor may recommend the appropriate vaccines and delaying attempts to conceive for at least one month.

Look, don't be shy! Ask any and all questions that you have, now is the time to do it. Hide nothing from your doctor that might be bugging you or that you think he or she should know about. And yes, this includes past abortion history if you have one and any concerns that you might have about past or present habits. Especially the ones that you don't want to talk about. Five seconds of embarrassment now could be all that's standing between you and pregnancy, later on. Just take a deep breath and talk.

Ok, Ok I Will! But I Also Want To Know About Freezing My Eggs? Good! The technology for freezing eggs has greatly improved, thanks to a new freezing technique known as vitrification. While not an iron clad insurance policy, for many women, freezing their eggs now will offer real potential for conception and pregnancy later on in life. Discuss the pros and cons of this technique as it pertains to your particular case, your age, and your current egg quality and quantity.

I May Have Mentioned That I Like Options. What Else Might Feel Like a Fit for Me? Remember that egg or embryo donation can also provide viable routes to motherhood when you are ready, as will various types of adoption, including domestic, international, or foster care adoption.

Ok, I'm Feeling Better. What Else Do I Need to Know? You are uniquely positioned, right now, to be your own best ally. Talk, listen, learn, and plan. And be proactive! Look, nobody can have "it" all, whatever that elusive "it" actually is, but if you allow yourself honesty, foresight and planning (and ok, maybe a little bit of baby dust luck thrown in too), you can certainly have most of "it" all!

The truth is, women's options for conception, pregnancy, and motherhood are more varied and better than ever before. The odds are still on your side. It's up to you to keep them that way.

END NOTES

1. Teen Pregnancy – Encyclopedia of Children and Childhood in History. 28 December 2010. .
<<http://www.faqs.org/childhood/So-Th/Teen-Pregnancy.html>>
2. WebMD. 28 December 2010. < <http://www.webmd.com/baby/guide/considering-pregnancy-see-your-doctor-first?page=2>>
3. PubMed. 29 December 2010. <<http://www.ncbi.nlm.nih.gov/pubmed/10725483>>
4. Advanced Fertility Center of Chicago. 29 December 2010. <<http://www.advancedfertility.com/testovar.htm>>

BIBLIOGRAPHY

- "Advanced Maternal Age." Available at: <http://www.fertilitycentermi.com/infertility/advanced-maternal-age>. 29 December 2010.
- "Advanced Maternal Age and Childbearing." Available at: <http://www.rscnewengland.com/for-patients/female-overview/advancedmaternal-age.html>. 29 December 2010.
- "Considering Pregnancy? See Your Doctor First." Available at: <http://www.webmd.com/baby/guide/considering-pregnancy-see-yourdoctor-first>. 28 December 2010
- "Endometriosis – What To Do When You Are Ready To Conceive."
Available at: http://theafa.org/site_images/library/ENDOMETROSIS_Fact_Sheet_Final.pdf. 29 December 2010.
- Marcus, Dr. "Age and Infertility." Available at: <http://www.ivf-infertility.com/infertility/age.php>. 29 December 2010.
- Nelen WL, Blom HJ, et al. "Homocysteine and folate levels as risk factors for recurrent early pregnancy loss."
Available at: <http://www.ncbi.nlm.nih.gov/pubmed/10725483>. 29 December 2010.
- "Ovarian reserve fertility tests – evaluation of egg quantity and quality". Available at: <http://www.advancedfertility.com/day3fsh.htm>. 28 December 2010.
- "PCOS – Lifestyle Changes and Medications That May Help."
Available at: http://theafa.org/site_images/library/PCOS_Fact_Sheet_3.pdf. 29 December 2010.
- "Teen Pregnancy." Available at: <http://www.faqs.org/childhood/So-Th/Teen-Pregnancy.html>. 28 December 2010.
- "The American Fertility Association Infertility Prevention Program." Available at: http://theafa.org/pubs/MM_Education_Final.pdf. 29 December 2010