Might Want a Baby Someday? Preserve Your Fertility Now
If you think you may want to get pregnant later in life, you need to take certain steps right now to help keep your body in peak baby-making shape

By Isabelle Stinson-Gerard - November 2011

Sitting around a coffee table of junk food and wine, our group of late 20-something to late 30-something ladies was celebrating. One of our own had landed her dream job as an editor at a top-notch magazine in New York City just shy of her 38th birthday. We all aspired to be the type of woman Carol is—strong, intelligent, a go-getter who won’t take no for an answer. So it was a shock when Carol suddenly broke down into tears.

Between sobs, Carol confessed she and her husband had been trying to conceive for just under a year, and were at their wits end because she could not get pregnant. “I read all about women conceiving in their 40s, so I thought to myself—you can just put it off, too. I wasn’t even sure if I wanted a kid. I figured I’d wait until my career was locked down, then I’d decide. But as it turns out, you can’t just switch on your fertility like that. There were things I should have been doing, or paying attention to, all along. I had no idea.”

Like Carol, women are waiting longer and longer to get pregnant. In fact, many of us spend our 20s and the majority of our 30s trying not to get pregnant. We’re so focused on our careers, our independence, waiting for the right partner to come along, worried about money, jobs and security. For some of us, our health also takes priority, but for many it doesn’t. We gain weight, we don’t exercise regularly, and we take for granted that we will be able to have a child by the usual route whenever we choose. Unfortunately, statistics, and the health field, say otherwise.
Your Fertility: The Big Picture

Women reach their reproductive peak in their 20s, and by age 35, the risk of infertility jumps to 22 percent. Today, many women are waiting to attempt first pregnancy over the age 36. More than 27,000 babies were born to mothers over 40 in 2010—nearly three times the total of 20 years ago and up by 50 per cent fro the past decade.

Biologically speaking, when a woman is born, she has has 1-2 million eggs. At puberty, she has has 400,000; by age 30, 87 percent of those are gone; at age 40, 97 percent of those are gone. That leaves 12,000 eggs, but most of them are less viable and you're more likely to experience a difficult pregnancy. When you're 25, your chance of getting pregnant is about 10 percent per cycle. When you’re 40, it jumps down to 2-4 percent per cycle depending on your health status.

According to the Center for Disease Control (CDC), approximately 7.3 million U.S. women of reproductive age in 2010 had an impaired ability to have children; 2 million were infertile, or unable to conceive a child. With so many women struggling to conceive, it can seem inevitable that any woman over a certain age will struggle, too. For that reason, many women are turning to medical treatment before natural remedies, figuring it’s the surest way to get pregnant. This however may not be the case.

Is treatment the solution?

There has been a huge increase in media coverage of technologic advances in the treatment of infertility in the last decade. There are advertisements everywhere for In
Vitro Fertilization (IVF), freezing your eggs, and other medical treatments deemed as immediate solutions for couples struggling to conceive. Such treatments have even been featured in episodes of popular television shows like *Brothers and Sisters* and *Desperate Housewives* on ABC, featuring older female characters turning to IVF when they haven’t succeeded in getting pregnant naturally. Such a media environment leads many to think that, with some magic treatments, they can also get pregnant over 40, with medical help.

Dr. Anne Baldwin, a Los Angeles based Gynecologist, says, “A possible negative effect of the extensive media coverage of infertility treatments is that it provides women with false expectations about the ability of technology to help them should they have difficulty conceiving.” In Baldwin’s experience, “My patients come to me after they have been trying to conceive for a few months, and have been unsuccessful. They immediately want the number of doctor who can provide IVF and other fertility services. They don’t realize that such treatments should be viewed as final resort, and that the treatments themselves can’t act alone; you need to be at a healthy weight, for example, for many of the treatments to take. There are many other things women can start doing today to increase their chances of conceiving eventually.”

One thing many of the advertisements for infertility solutions don’t mention is how expensive the treatments are. In a follow-up conversation with Carol, I learned that she and her partner had initially looked into IVF, and decided against it. When I asked her what made her change her mind, she said, “The cost. I was shocked at how expensive the treatments were—as much as 1,500 per treatment—and our insurance would not cover it. While I am fortunate to have a well paying job, I am still paying off school loans
and other debt, as is my husband. We decided to try natural remedies that were less expensive, or even free, before taking on further financial responsibility.”

In addition to cost, infertility treatments can be invasive, painful, and not as successful as commonly thought. According to the fertility department at the National Institutes of Health, treatments such as IVF are about 70% effective, but they can take several years to be successful.

“When a patient comes to me and their body isn’t in good shape to begin with—they don’t eat well, they haven’t been exercising regularly, they have an infection that was never treated—it will take longer for the fertility treatments to be effective” says Dr. Abbaa Sarhan, a fertility specialist in Washington, D.C. “More often than not, I send them home with a list of things they need to do before we can discuss treatments—loose 15 pounds if they’re overweight, or if they are underweight—gain 15 pounds. A woman’s body needs to be ready not only get pregnant, but also to maintain the pregnancy. For that reason, it is best if women start planning for eventual pregnancy at least three years before they actually start trying. When they start the whole process at age 40, it becomes much more challenging and lengthy, resulting in fewer successes.”

Infertility, or even the fear of infertility, can take a great emotional toll on a woman. While it’s true that nothing can guarantee your ability to get pregnant, or stop the clock on the most important fertility factor—age—there are lifestyle changes that woman can make immediately without costly treatments, to increase your odds of not only getting pregnant, but also of having a healthier pregnancy, delivery, and baby.

**An ounce of Prevention can go a long way: What should you start doing today?**
There are a lot of recommendations out there for how to preserve a woman’s fertility, both medically proven and otherwise, which can leave any woman feeling overwhelmed. To help sort out what are the most important preventative measures to infertility that women in their 20s and 30s should be focusing on, we reached out to experts in the field of reproductive health:

1. **Make an Appointment with both your Doctors**

   “The first step to taking charge of your fertility,” says Dr. John Grossman, the Director of Department of Prevention at George Washington University, in Washington, D.C. “is to make an appointment with your regular doctor. If you don’t have one, now is the time to find someone.” It’s crucial not only to get an annual Pap Exam from your gynecologist, but also a physical exam from a primary care physician. Grossman explains, “Many young women think that they’re covered by simply getting an annual Pap Exam, but the truth is that most gynecologists are only concerned with what is going on inside your reproductive organs and not the rest of your body. By getting an annual physical exam, you can make sure that the rest of your body in is good physical shape. Together, your physicians can catch specific fertility-damaging health issues like Diabetes, endometriosis [when cells from the lining of the uterus grow in other areas of the body and cause irregular bleeding], and heart disease.” So book those appointments, and get a full body exam to determine where your health-trouble areas are.

2. **Use condoms**
Condoms aren’t only useful for preventing an unwanted pregnancy they’re also a crucial factor in your ability to conceive. In fact, the most common preventable cause of infertility is Sexually Transmitted Diseases or Infections (STDs/STIs). If you contract an STD/STI such as Gonorrhea or Chlamydia (which can be in your system and not cause symptoms), and it goes untreated, it can cause serious health conditions and permanently damage your reproductive system.

According to the CDC, over one million cases of Chlamydia are reported each year in the U.S. (and those are only reported cases), the majority of which occur among those under age 25. “One condition, caused by untreated Chlamydia, that I see more frequently that I would like to, mostly among my patients who don’t make annual visits, is pelvic inflammatory disease which leads to the scarring of your reproductive organs, and the blocking your fallopian tubes, causing infertility” says Dr. Baldwin.

During the annual Pap Exam, women need to make sure to ask their gynecologist to run the full series of STI tests along with HIV, even if sexual partners have not changed in the last year. “I always tell my patients that you can never be too sure. We’d like to think that our partners are always loyal to us, but things can happen. For that reason, I like to run all the typical tests regardless of the number of partners they’ve had over the last year. I also send my patients home with an order to make sure that their partner also gets tested,” stresses Dr. Baldwin. When it comes to STIs and trying to get pregnant, both you and your partner need a clean bill of health.

3. Maintain a Healthy Weight
Next to preventing STIs, your weight is the second most important factor in preventing infertility. The Office of Women’s Health at the U.S. Department of Health and Human Services estimates that 12 percent of infertility cases are due to weight problems, equally divided between underweight and overweight. The “fertility zone”, or the ideal weight range, is a body mass index between 20 and 24. “If you’re overweight, you have a greater likelihood of irregular periods and ovulation disorders, but loosing as little as 5 percent of your body weight can make help restart your ovulation. If you have the opposite problem, and are underweight, you may not ovulate at all, since body fat is what triggers your hormones to release an egg,” explains Grossman.

A combination of a healthy diet and regular exercise can help a woman to loose weight, or gain weight, but simply hitting the right weight isn’t enough. “We tell patients that they need to have maintained a healthy weight for at least a year before any treatments can really be effective,” says fertility specialist Sarhan. Since weight is the main determinant of regular, healthy, ovulation cycles, getting to a healthy weight and staying there, is a lifestyle ideal . One’s annual physical can help a woman track, since weight is charted with each visit. “Women tend to gain an average of 3.5 pounds a year after they turn 30”, says Dr. Baldwin, “that can really start to add up at a time when their bodies need to be on schedule to conceive”.

4. Quit Smoking

There are lots of reasons to quit smoking—lung cancer, increased risk of breast cancer—and fertility is one of them. The American Society for Reproductive Medicine (ASRM) estimates that smoking is linked to 13 percent of infertility cases, and can
permanently damage aspects of the reproductive system. Tobacco causes eggs to deteriorate faster than they normally would for age, and can bring on early menopause up to four years sooner than for non-smokers. Smoking also increases the risk of early miscarriage and ectopic pregnancy, a serious condition where the egg implants in your fallopian tubes or ovaries instead of in the uterus. Finally, should one end up IVF, smoking will reduce chances of success by 34 percent. For all these reasons and more, quitting cigarette smoking should take priority.

Fortunately, once a woman quits smoking, her fertility level will return to normal in about a year, but of course she won’t get back the additional eggs she was harming while smoking. A report released by the CDC also found that women who were exposed to secondhand smoke for six or more hours a day as adults were 36 percent more likely to have trouble getting pregnant, so encourage partners need to quit, as well.

5. Brush & Floss

“Several studies have indicated that a woman’s oral health may be related to her reproductive success,” says Dr. Grossman. One of the studies found that women who needed fertility treatments had higher levels of gum bleeding and inflammation than those who conceived naturally. “However, there could be confounding factors associated with this,” continues Grossman, “a woman who brushes, flosses, and gets a professional cleaning every six months as prescribed is likely to take care of herself in other ways; its hard to tell.” Since good oral health is essential for other aspects of your body and disease prevention, its better to be on the careful side, “think of this as yet another reason, or incentive, to brush and floss your teeth twice a day,” concludes Grossman.
6. Improve your diet

In addition to maintaining a healthy weight, Dr. Sarhan encourages women to make sure they’re eating the right kinds of food. “Several studies have shown that women who consumed more healthy unsaturated fats, like avocados and olive oil, rather than saturated fats or trans fats, are less likely to experience infertility due to ovulation problems,” Sarhan explains. Dr. Baldwin agrees with Sarhan and adds, “patients who have switched from processed grains, such as white bread and white rice, to whole grains, such as whole wheat bread and brown rice, have experienced improved regularity of their ovulation cycle.” Both doctors also suggest consuming more plant- based proteins, such as beans, rather than meat. “The animals that provide our meat are so pumped full of hormones, that some studies have shown that consuming meat more than twice a week may interfere with your fertility,” Baldwin notes.

7. Take a multivitamin

Ideally, women would get all of their vitamins from eating a healthy diet of whole foods, but unfortunately that isn’t the case for the majority of us. Therefore, “every woman of reproductive age—even if you’re years from trying to get pregnant—should take a multivitamin that contains folic acid,” says Dr.Michael Lu, the Director of the Child and Family Health Training Program and Associate Professor of Obstetrics and Gynecology at the University of California Los Angeles. Folic acid stimulates ovulation
and giving an embryo the essential proteins needed for survival. One study sponsored by ASRM found that women who regularly took iron supplements in their 20s were 40 percent less likely to have fertility problems in their 30s. Women need at least 40 milligrams of iron and 400 micrograms of folic acid to get the benefits, the amount included in most multivitamins (not necessary and you are difting back to second person)

8. Watch your stress level

The last, and possibly hardest, thing to pay attention to is stress level. Women are experiencing more stress than ever, with responsibilities both at work and at home, and trying to stay calm amongst the chaos is challenging. “Now is the time to find out what helps you relax, experiment until you find your method, and then incorporate it into your daily life,” Grossman advises. Whether its yoga, long walks, or listening to soothing music, the goal is to stay level and keep perspective.

It is possible

Carol and her husband were able to conceive naturally just a few months after our gathering, and she gave birth to a healthy baby girl last September. Though every woman is different, Carol’s methods were exactly what have been suggested: “My first step was to gain some weight, as I had been underweight for as long as I could remember. I started consuming more healthy fats, and more whole foods, and watching the processed goods. Once I got to a healthier weight, I made sure to maintain it.” “I also started walking the 28 blocks home from my office at the end of the day, and practicing regular yoga, to keep my stress in check. Worrying about my fertility actually made me more anxious, which caused my periods to become irregular, and I needed to find a way to chill out.”
Interestingly, when asked what the most important change she made was, Carol said she actually thinks it was her attitude about her health. “Although the desire to have a baby prompted me to change up my health habits, I noticed that I was also experiencing a great satisfaction in knowing that I was taking care of myself, and felt healthier than I’d ever felt before by following what was recommended for women trying to conceive. The biggest change I noticed was that I was able to sleep soundly for the full eight hours, something I hadn’t been able to do since I was in high school. I wish I had realized how being in good health could have improved my life earlier on, everything would have been so much easier!”

Do it for yourself

Incorporating these healthy behaviors in your life isn’t just important for preserving your fertility, but also for your general health, regardless of whether or not you choose to have a baby someday. Making even the slightest positive change will make you a better career woman, a stronger person, and happier overall. In short, do it for yourself first. “Your health status is the key to your future, it determines what you can and cannot accomplish, both in your personal life and your professional life,” concludes Dr. Baldwin.
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Overall: Wow engaging, smart, to the point with a wonderful message – stay healthy. The wiring is really excellent – it flows fast and there are no places that ‘stop the reader‘ cold. More importantly this is an important message that in particular needs to get out to the audience who reads magazines, newsletters, and the like. If people don’t get all this by now who know what are why they are doing what they do. Meanwhile here are some specific comments:

Content: The content is superb – you have the facts but one is not overwhelmed by them. They support your arguments.

That goes for the organization too – you go from a human interest story to a social phenomenon of interest to most women of child bearing age. You detail the issue and then the reason for the issue and then the solution as well as resolution with Carol actually getting pregnant.

Love your interview comments – especially notion that bodies need to be ready to get pregnant.

Writing. I let me commend you on achieving a great tone. Or subjective quality that is at once compelling and never patronizing. That is why you need to drop the second lerson POV which can be commanding and patronizing – you do not want that. So your biggest writing issue is Point of view. Its appropriate you start in first person plural – that’s okay – Carol tell her story in 1st person singular / that’s okay – the problem is on page 2 when you start describing the problem in omniscient voice and then in the next paragraph you switch to second person – that is not okay – you must stay consistent and in general I second person POV is considered to strident to be maintained as a voice for very long. So I would just stick with third person omniscient as long as you can – you can always go back to n 1st person plural as well at the end.

Another more minor issue is that of word clusters – too much of the same word in a sentence or paragraph.

Anyways I love the uplifting end – its just great.

GOALS / OBJECTIVES / STRATEGY / APPROACH: 11/12
ELEMENTS OF A GOOD STORY (CONTEXT, ARGUMENT, EXAMPLES, INTERVIEWS): 12/12
WRITING STYLE ACCESSIBLE: 5/6
INNOVATIVENESS / CONTRIBUTION: 6/6
OVERALL PRESENTATION: 4/4

38/40