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Introduction to Pregnancy

Pregnancy

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. Pregnancy comes with some cost, however, for a pregnant woman needs also to be a responsible woman so as to best support the health of her future child. The growing fetus (the term used to denote the baby-to-be during early developmental stages) depends entirely on its mother's healthy body for all needs. Consequently, pregnant women must take steps to remain as healthy and well nourished as they possibly can. Pregnant women should take into account the many health care and lifestyle considerations described in this document.

This article should only be considered to be an overview of pregnancy. It will hopefully introduce you to some new ideas, and help you to learn about aspects of pregnancy that you may not have previously encountered, but it does not contain or provide all the information you will need to make informed choices as you go through your own actual pregnancy. Be sure to see your doctor when you become pregnant. Share with him or her any questions or concerns you may have about your pregnancy. Your doctor, and other specialized health care providers including nurses and midwives, will be some of your more important allies during your pregnancy. They are in the best position to guide you through the process and to make authoritative recommendations that will best benefit your baby-to-be's development and future health and welfare.

Having made the decision to become pregnant, there are a few things you can do to increase your likelihood of conceiving. In this next section, we discuss several methods for predicting the best time of the month to try to become pregnant, including natural planning and over-the-counter options.

Counting Days. Timing is an important consideration for women who want to become pregnant through regular sexual intercourse. A woman is most likely to become pregnant during ovulation, which is the time when her egg is released from one of her two ovaries. Women with 28-day menstrual cycles (where 28 days occur between the start of one period and the start of the next period) will be most fertile between 13 and 15 days after the start of their last period. Not all women have 28-day period cycles, however. You can reliably estimate when you will ovulate by subtracting 14 days from the length of your personal cycle. For example, if you have a 30-day cycle, you would subtract 14 from 30 to arrive at 16, meaning that you are most likely to be fertile about 16 days after the start of your last period.

Sperm only stay active for several days once they are inside a woman's body. Therefore, it is a good idea to have sexual intercourse no less than every other day during the middle third of your menstrual cycle, if you want to maximize your chances of getting pregnant. For example, if you have a 28-day cycle, you should plan to have sex every other day from day 9. If you have a 30-day cycle, you should start having every-other-day sex starting on day 10. Timing sexual intercourse to occur during ovulation can increase your likelihood of pregnancy (assuming your calculations are correct).

Cervical Mucous Monitoring. The cervical mucous is a lubricating fluid that coats the cervix, which is the opening between the vagina and the uterus. This mucous plays a special role in assisting pregnancy. During ovulation, it forms a "corridor" or pathway through which sperm can travel en route to the uterus. The cervical mucous also supplies sperm with nutrients that help them survive for up to five days within the woman’s body.

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You can predict when ovulation will occur by examining and recording the consistency of your cervical mucous as it changes throughout your menstrual cycle.

In order to retrieve some cervical mucous for examination, insert one (clean) finger into your vagina, circle it around your cervix and vagina, then hook your finger so as to gather the mucous. Next, place the retrieved mucous between two fingers (usually the thumb and index finger), and stretch the fingers apart so that you can see whether the mucous breaks apart or stretches. Before and after ovulation the cervical mucous is cloudy and breaks apart easily. However, during ovulation the cervical mucous usually becomes clear, slippery and stretchable. It will often stretch an inch or more before breaking apart. The consistency of cervical mucous during ovulation has been likened to that of raw egg white.

In order to maximize your chances of conceiving, you should time sexual intercourse to occur when your cervical mucous is clear, slippery, and stretchable. Be aware, however, that other factors besides ovulation can influence the consistency of the cervical mucous, including your age, any medications you might be taking, and whether or not you might have an infection. If you choose to use this method, it is important that you monitor yourself frequently throughout the month so that changes will be most obvious when they occur.

Basal Body Temperature (BBT) Monitoring. A variety of hormones (chemicals occurring naturally in the body that act like switches to turn things on or off) regulate the various parts of a woman's normal menstrual cycle. The hormones released during ovulation cause women's body temperature to rise. Careful daily measurement of a woman's basal body temperature (abbreviated as BBT; basal means "resting" or "baseline") can thus indicate when she is about to ovulate.

To monitor your basal body temperature, begin taking your temperature on the first day of your period, before you get out of bed in the morning. You should take this measurement before getting out of bed, because once you do get out of bed, that activity may cause your body temperature to rise. For best results, use a mercury thermometer or a thermometer specifically labeled for recording basal body temperature. Modern electronic thermometers are generally not sensitive enough to detect the slight changes in temperature that occur during ovulation. Continue taking your temperature each day for 2 to 3 months, recording your temperature on a chart or graph each morning so that you develop a record of your BBT.

As you examine your temperature measurements across several different menstrual cycles, you will likely see a pattern emerge. Your temperature is likely to dip down just before ovulation occurs and then rise by about 1 to 1 1/2 degrees (F) after ovulation occurs. In most women, this slight rise in temperature generally will continue until several days before the next period is due, at which point it drops down again. For best results you should time sexual intercourse to correspond with the rise in your basal body temperature.

By itself, basal body temperature monitoring helps you to know the length of your cycles, and helps you predict when ovulation is likely to happen. When combined with ovulation predictor kits (discussed below) and other methods, BBT becomes an effective tool for helping you to know the best times to conceive.

Ovulation Predictor Kits. Although natural (day, temperature) monitoring methods work well enough to suit the needs of many women, some women like the convenience and additional accuracy offered by over-the-counter ovulation predictor kits (or OPKs). These kits are actually small-prepackaged chemical detector tests which are sensitive to changes in Luteinizing hormone found in a woman’s urine. Rising levels of Luteinizing hormone generally indicate that ovulation will occur within the next 24 to 48 hours. Hence, every-other-day sexual intercourse should be timed to start when a positive OPK test result has been obtained.

OPKs are most useful for women who have regular menstrual cycles of 25 to 35 days duration. Your best bet is to combine the use of OPKs with the other methods of detecting ovulation, such as day counting or basal temperature monitoring so that you will have a good idea of what time of the month

you should start testing your urine. OPKs are a good way to detect ovulation before it happens, while methods like BBT tell you that ovulation has already occurred.

If you were using birth control pills prior to trying to become pregnant, it may take you several months before your fertility levels return to normal. In recognition of this fact, doctors typically recommend that women stop using birth control pills two to three months prior to when they hope to become pregnant. Irregular period durations are also normal while your body is readjusting to life without birth control. Every woman's experience is different. It may take you longer than three months to become pregnant, or you may become pregnant the first month after you stop taking the pill.