



Preparing for Pregnancy

Question: This December I am going off of my birth control Depo-Provera. I have been on it for more than 5 years. What can and should I do to prepare my body for pregnancy? I am already taking Folic Acid, is there anything else I should do or be aware of? Thanks!

Great proactive question! I focus on three basic needs with my clients to prevent problems in pregnancy and promote low-risk birth: real food, regular activity, and reconnecting mind and body.

Let's look at the last need first, because after five years of Depo-Provera use, most women (about 80%) will have no clue where they are at in their fertility cycle. They no longer have menstrual periods or any type of menstrual symptoms, and ovulation may not return until 9 to 10 months after the last Depo shot. Do not be surprised if it takes you a year or more to restore a hormonal balance sufficient for conception.

Reestablishing a regular menstrual cycle before you get pregnant will be important for the dating of your pregnancy. It is also important for refamiliarizing yourself with how your body works through normal hormonal changes. Coping positively with menstrual changes may relate to how you cope with breast tenderness, mood swings, fatigue, and other changes common in early pregnancy.

Waiting to get pregnant until after you have charted regular periods will give you a much more accurate due date than if you do not know the first day of your last normal menstrual period (LNMP). Write down on a calendar when each period begins. When the number of days from the first day of one period to the first day of your next period starts to seem consistent (typically 28-30, but some women's periods are as short as 25 or as long as 35 days) then your periods are regular. A due date that is based on an accurate LNMP will save you lots of unnecessary anxiety and interventions throughout your pregnancy, by preventing unfounded worries over baby's size or going into labor prematurely or postdates. Some women enhance their fertility attunement by also charting bodily signals of ovulation and conception. There are several books on fertility awareness that can help you pinpoint when you ovulate. Raspberry leaf is a well-known herb used for regulating the menstrual cycle, as well as supporting optimal hormonal patterns in pregnancy and childbirth. I recommend drinking pure raspberry tea (as opposed to raspberry flavored) before, during, and after pregnancy.

How does it feel to make the shift from using birth control to using nothing - from fighting your fertility to embracing it? I think these feelings are worth examining, because letting go of any kind of control can involve deep mental/emotional/physical shifts in a woman's life. For some women (due to valid personal history reasons), their own fertility is fraught with complex issues, which are difficult to let go of and can undermine attempts to conceive and undermine pregnancy and childbirth. For other women, the decision to become pregnant fills them with an unprecedented sense of harmony and wholeness.

If you begin to find out where your fears and joys lie within the unpredictable process of bringing new life into the world, you can begin to access health care practitioners and resources that are right for you.

It is best to make dietary improvements before pregnancy, if possible. You can get into the habit now of eating safe daily sources of omega 3 fatty acids: walnuts, ground flax seeds, fresh cold water fish such as salmon, mackerel, sardines, or herring, grass-fed beef, canola oil. Bitter herbs and deep green

and bright yellow and orange vegetables are full of the minerals and vitamins most needed in pregnancy. Most pregnant women feel best on a diet low in refined carbs and high in protein. If you can smell or taste the chlorine in your water, you probably should buy a filtering system or filtered water. Give up soda – it leaches minerals, replaces water intake, and is bad for your teeth. Give up smoking – smoking does risky things to placentas and your own circulatory system, effects that are largely reversed after you quit. Even if you’ve practically lived on fast food up until now, your risk factors for high blood pressure and diabetes can drop drastically soon after you change your diet. I believe most problems in pregnancy can be eliminated by eating and living well. I like the way Ina May Gaskin, in [Ina May’s Guide to Childbirth](#), elaborates upon eating well: “This means eat food.” ...Bleached, colored, artificially preserved and flavored, uniform food products are not food. Get used to reading labels.

Getting regular activity now – at least 30 minutes every day – will optimize your blood pressure, weight, metabolism, and energy level for pregnancy. Most activities you do now you can and should continue all the way through pregnancy; your body will naturally adapt to your changing shape and balance. Yoga, bike-riding, walking, swimming, gardening, house-cleaning are all great, whole-body activities for pregnancy.

While the above basic principles will set you on an excellent course for pregnancy, I suggest a few additional actions outlined below.

You have already initiated the first one: daily supplementation with 0.4 mg of folic acid 3 months before conception. Continuing folic acid supplementation through pregnancy has been shown to help prevent neural tube defects and childhood leukemia. If you had a spinal defect yourself or have a close relative with a spinal defect, then you should take 4 mg of folic acid before conception and through the first trimester.

Another action is checking your rubella (German measles) immune status. Ask your health care practitioner to do a rubella antibody titer; if you are not immune or equivocally immune to rubella, you are at risk for contracting the virus and should receive the vaccine 3 months before you attempt pregnancy. Contracting rubella in the first trimester of pregnancy can cause abortion or congenital deformities. You can not receive the vaccine in pregnancy due to the fact it is an attenuated live virus.

If it has been a while since you had a pap smear, or you have never had one, or your last one was abnormal, I suggest you have a pap smear before pregnancy. You can have your health care practitioner rule out gonorrhea and chlamydia at the same time. These procedures may be more uncomfortable in pregnancy, and personally, I believe the cervix, that complex hidden passage-way to the uterus, should have its privacy protected in pregnancy, unless intervention is medically indicated.

Finally, if you are Jewish you may want to consider testing for Tay Sachs. If you are black, you may want to consider testing for sickle cell trait. Discuss individualized genetic testing with your health care practitioner.

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This text was originally published in the Willy Street Co-op Reader in the **Ask the Midwife** column, where Ingrid Andersson of Community Midwives, LLC in Madison, answers questions on pregnancy, childbirth and related topics. More of these articles can be found at Ingrid’s website: www.gentlehomebirth.org