



8 Tips to achieving pregnancy -- faster.

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1. See your doctor before trying to get pregnant.

Speak to your Ob-gyn, or at least your family physician, before you try to conceive. Have a complete physical to confirm that you are in good health and your body is ready to carry a baby. Your Doctor will probably suggest a number of things that will help you have a successful pregnancy and a healthy baby. They will check to be sure that you do not have any infections, sexually transmitted diseases, or other health issues that may affect your chances of getting pregnant, or the baby's health. You may need to make some personal lifestyle changes such as abstaining from smoking, drinking alcohol, or abusing drugs when trying to get pregnant. (This goes for both him and her) Though these may seem like common sense many couples try to conceive while still smoking, drinking or using drugs. Smoking, drugs, and alcohol can affect both your fertility and your unborn child. You will also need to begin taking prenatal vitamins, folic acid and make some diet changes such as reducing caffeine, eating more fruits and vegetables, etc. If you are hoping to achieve a successful pregnancy soon, so that you can produce a healthy, happy baby, you need to be sure that you are starting with a clean slate. Give your baby the best start, right from conception, by being certain that the providers of that life are at their healthiest.

2. Use a fertility chart!

No one form of monitoring is effective in determining when and if you are ovulating. Fertility charts consider a number of fertility signs allowing you to know what your body is doing and when. A proper fertility chart monitors your BBT, cervical position and cervical fluids and additional fertility signs. It is important to remember that BBT charting is the only DIY means of determining if you have actually ovulated. Monitoring cervical position and cervical mucus changes tell you if ovulation is apt to occur soon. BBT charting works best if combined with an ovulation prediction kit, saliva kit and/or cervical information. Charting helps you determine when and if you ovulate each month, and allows you to look back to determine if you timed intercourse right. A large number of couples have found that by charting the things their body is telling them, they can time intercourse and become pregnant much sooner. The basics of BBT, cervical fluids and cervical position can be enough, but one cannot monitor too many fertility signs. I strongly recommend the use of my book, '*The Fertility Workbook*' regardless if you are just beginning to try or have been trying for a while now.

3. Do not assume you are ovulating by picking a number and counting on a calender!

There are many misconceptions about ovulation, and this is one of the two biggest myths that frustrates me! A common misconception is that you ovulate on day fourteen of your cycle. This is often referred to as the ‘calendar method’ and is incorrect for the majority of women. It is based on the assumption that you have a ‘regular’ 28-day cycle and ovulate mid-cycle. WRONG, this method is not an accurate means of predicting ovulation. Many women do not ovulate on, or even near, day fourteen. The only way to KNOW when you ovulate is to chart your personal cycles on a fertility chart. After charting for a while, you can determine the usual length of your luteal phase, thus allowing you to count from the end of your normal cycle length so you can monitor closer when you are most apt to ovulate. Luteal phases, like menstrual phases vary from person to person. Charting is the only means of knowing exactly when you ovulate thus allowing you to determine the length of your normal luteal phase. ‘*The Fertility Workbook*’ explains, in detail, how determining the length of your luteal phase can help you estimate your most fertile time.

4. Ovulation prediction kits, fertility monitors and saliva microscopes are not stand alone tests!

This is my other pet peeve! Though all of these items are fairly effective, none actually tells you if you ovulate, just that ovulation may occur soon. Using these items, to predict when you might ovulate, can help improve your chances of getting pregnant. OPKs detect the LH surge that occurs from 3 - 48 hours before ovulation. The catch is that this surge may be detected ‘after’ ovulation has occurred. Fertility monitors are expensive, but can be a worthwhile investment. Fertility monitors, like OPKs, read the LH surge but they are better because they do monitor the changes in other hormones such as estrogen. A saliva test microscope is much cheaper than a Fertility Monitor and is a worthwhile investment. All are easy to use and will tell you when you are at your most fertile time. If using these forms of monitoring, one needs to remember that, once the LH surge has occurred, there is no need to continue using the tests in that cycle. All are most effective when combined with testing, not alone.

5. Your most fertile time is before, and at the time of ovulation (not after).

Many couples are very confused about when the woman is most fertile. Timing intercourse around ovulation is a very simple issue. You have a small fertile window each cycle where you may become pregnant. There is a maximum time frame of six days, but you are unique. You need to determine your ‘fertile window’. Your cycle hopefully has clear phases to it, but you need to monitor your cycles to determine your unique fertile window. You may be lucky enough to have the maximum six days, or unlucky enough to have the minimum few short hours. After ovulation occurs, the egg should survive approximately 24 hours. Sperm should live in the womans’ body for approximately 72 hours. With these two things put together, that is what is used to create the idea that the woman is most fertile the two days before, and the day of, ovulation. Having the sperm there, waiting for the egg when it is released is the best option. If you wait until you have ovulated, it could already be too late.

6. Share intimate time that does not ‘have’ to lead to sex.

Trying to conceive, especially if it doesn't occur right away, can be an extremely testing time for a couple. Sex can actually become a job or function of reproduction. The focus on ideal positions, ovulation times, etc. removes all of the intimacy that a couple should have and is not very enjoyable. Couples need to try to plan some romantic evenings and do different things to spice up their love life. This is great advice for any couple, but especially important for those who are actively trying to get pregnant. Too often the focus becomes timing intercourse for ovulation and away from a normal sex life when the woman is not ovulating. Sex, when the woman is not ovulating, will not result in pregnancy; but sex is supposed to be something special between two adults, not just for reproduction. A regular sex life will help reduce some of the stresses on both the man and the woman.

7. Position can affect the amount of available sperm.

It only takes one sperm to fertilize an egg but maximizing the amount of sperm that makes the trip is never a bad thing when trying to conceive. When possible, avoid sexual positions with the woman on top. The missionary position is the best position for couples, when trying to get pregnant. It never hurts to use gravity to your benefit, standing or sitting after sex will allow sperm to leak out. Many specialists suggest placing a pillow under your hips to help keep the sperm in longer. Use this time to relax, allow the sperm to stay in the vagina as long as possible, and maybe share some better cuddle time. Research has also shown that having an orgasm during sex can increase your chances of getting pregnant. It has been suggested that the motion of some women's orgasms may help pull the sperm deeper into the uterus faster. Most couples become pregnant within a year of trying. If you have not become pregnant after a year of trying, consult your doctor for advice. Trying means: being sure to time intercourse every cycle when the woman is most fertile. That means at least twice (only twice if the male has sperm issues, as often as you want if not) during the three most fertile days each cycle.

8. Get a ‘Family Planning Coach’.

Getting pregnant is not just a physical thing. As time goes on even the most fertile couple can find it difficult and frustrating. Age, fertility level, timing of intercourse and so much more are all part of how soon a woman becomes pregnant. As a couple get older, odds are higher that it will take longer to become pregnant. If there are signs of problems or the woman does not become pregnant in the first 12 months of trying, as laid out in *‘The Fertility Workbook’*, then fertility assessments and possible treatment become part of the trying process. So how do you work through all of this, how do you make decisions that can affect the chances of having a baby, or even looking at alternative forms of creating your family. You need a ‘Family Planning Coach’ to bounce ideas off, to help you work through the emotional stresses of trying to conceive. If you seek out this kind of help in the early part of trying to conceive, you should not require counseling. Friends and family have no idea what to say or do. Those in treatment want you to continue, your coach is a neutral party who is only interested in helping you decide what you need and want to do.