

Prepping Before You're Expecting

ARE YOU GEARING UP FOR A PREGNANCY? Preparing for baby making isn't only about tossing your birth control (though you'll need to do that), charting your ovulation (you'll probably want to do that), and heading to bed (you'll be happy to do that). It's also about getting your body—and your spouse's body—into tip-top baby-making shape. From the drinks you and your partner-in-procreation sip

to the medications you take, from the habits you're best off kicking to the vitamins you're best off popping—taking charge of your preconception prep will start you off on the right foot, making conception easier (hopefully) and pregnancy safer and more comfortable (ditto). So before you dive into bed to make that baby, dive into this chapter to find out what steps you should consider taking first.

Talk the Talk

Are you TTC? You probably are, if you're reading this book—yet you may not have the slightest idea of what “TTC” means (it's short for “trying to conceive”). Lots of fertility acronyms have become part of preconception-speak (check out any fertility website or message board and you'll get an eyeful), and they pop up frequently throughout this book, too. Feel a little out of the preconception lingo loop? You'll find a

full glossary of preconception acronyms in the fertility planner section (see page 254), but to get you started, here are the most commonly used ones:

TTC: trying to conceive

AF: Aunt Flo(w)—in other words, your period

BD: baby dance—aka, sex

O (or the Big O): ovulation

Your Health Prep

It stands to reason that your overall health has a lot to do with your overall fertility. After all, it takes a healthy body (make that two healthy bodies) to make a healthy baby. Which means there's no better time than now—when that baby-to-be is just a gleam in your hopeful eyes—to make sure that you and your spouse are healthy overall. Just about every aspect of your health—from the medications you take, to the immunizations you should have, to the chronic conditions that need controlling and the dental work that needs doing—can have an impact on your fertility and on your healthy pregnancy to come. So check it all out, starting with those checkups.

Preconception Checkups

“I’m young, in good health, and my periods are regular. Do I really need to see a doctor before I start trying to get pregnant?”

The best prenatal care starts long before conception (and doesn't stop at your reproductive parts), so now's a great time to schedule that full-body tune-up. Even if you've never had a sick day, it's easier to tackle health issues before baby's on board than to play catch-up after your body is already baby building (and this preconception prep is more essential still if you're living with a chronic condition). To make sure all systems are go, make an appointment with your internist and/or gynecologist—and believe it or not, with your dentist, too—for complete pre-prenatal checkups.

General health checkup. First up, a trip to the doctor who tends to your gen-

For Dads Only

Making a baby is always a two-person production (one from column Mom, one from column Dad). But as is often the case with pregnancy, preconception can be pretty female-centric. It shouldn't be. Both partners in conception have their work cut out for them before sperm meets egg. Though this entire book will be enlightening for prospective parents of both sexes, the shaded boxes throughout provide tips, advice, and information specifically geared to wannabe dads. So if you're looking to become a father, look for these just-for-you boxes. You'll find a full listing of dad-centric topics under “male” in the Index.

eral health (some ob-gyns provide basic head-to-toe care; if yours does, you'll be able to check up on your general health and your reproductive health in the same visit). On the agenda:

- A weight check. Because your prepregnancy weight has a lot more to do with your fertility and pregnancy health than you probably think, you'll be stepping right up to the scale for a baseline weight check. If that bottom line isn't where it should be (close to the ideal weight for your size and body type), your doctor will help you set some goals to get your weight conception-ready. See Chapter 2 for more on your weight and fertility.
- A thorough physical. All the top-to-bottom basics will be covered, so get ready to open up wide, take those

deep breaths, and stick out your arm for a blood pressure reading.

- A medication overview. Whether it's over-the-counter or prescription, discuss all the drugs (as well as vitamin and herbal supplements) you take. Depending on the medication (some are safe during pregnancy, others may not be), a change may be in the cards.
- A blood test. Nobody's favorite part of the checkup, but your practitioner may want to draw blood to check for the following. You'll likely need many of these tests once you get pregnant anyway, so you might as well get a head start on them now—they may not need to be repeated if you conceive within a few months of this workup. (All of these tests can also be run by your ob-gyn.)
 - Hemoglobin or hematocrit to use as a baseline during pregnancy and to test for anemia (many women have lower iron stores than they think, thanks to that monthly flow)
 - Rh factor, to see if you are positive or negative. If you are negative, your partner should be tested to see if he is positive.
 - Rubella titer, to check for immunity to rubella (German measles)
 - Varicella titer, to check for immunity to varicella (chicken pox)
 - Urine, to screen for urinary tract infection and kidney disease
 - Tuberculosis (if you're in a high-risk group)
 - Hepatitis B (if you're in a high-risk category, such as being a health care worker, and have not been immunized)
 - Cytomegalovirus antibody titers, to determine whether you are immune

to CMV (this test isn't commonly offered). If you have been diagnosed with a recent CMV infection, it's generally recommended you wait 6 months—when antibodies appear in the blood—before trying to conceive.

- Toxoplasmosis titer, if you have a cat, regularly eat raw or rare meat, or garden without gloves. If you turn out to be immune, you don't have to worry about infecting your fetus with toxoplasmosis.
- Thyroid function. Because thyroid function can affect pregnancy—and fertility—it's a good idea for everyone to be screened before conception. This is especially important if you have ever had thyroid problems in the past or have them now, or if you have a family history of thyroid disease (check with your mom and other females in the family).
- Sexually transmitted disease (STD). You may be tested for STDs at your general checkup, or you may be tested at your gyn workup.

The exam will also pick up any medical problems that need to be corrected beforehand or will need to be monitored during pregnancy. If any test does turn up a condition that requires treatment, now's the best time to take care of it. Also consider getting around to minor elective surgery and anything else medical—major or minor—that you've been putting off.

If you were a PKU baby (ask your parents if you aren't sure, or check your medical records), begin a phenylalanine-free diet 3 months before you conceive, and continue it throughout pregnancy. If you need allergy shots, take care of them now—if you start allergy desensitization now, you will probably be able to continue once you conceive. Because

Preconception Prep and Chronic Conditions

If you have a chronic health condition (such as diabetes, asthma, a heart condition, epilepsy, renal disease, high blood pressure), deciding to start trying to conceive (TTC) isn't always as easy as stopping the Pill and starting getting busy. It's likely your preconception prep will be a little more involved, and your pregnancy care a little more involved, too. But there's lots of good news—especially since you're planning ahead.

Though it's true that there are risks for a pregnancy (and baby) if a mom's chronic condition isn't well controlled, those risks can be minimized or even eliminated entirely by bringing the condition under control, preferably before sperm meets egg. With the right care and precautions, most chronic conditions are perfectly compatible with getting pregnant and having a healthy pregnancy.

But first things first. And your first

step on the road to pregnancy should be at your specialist's office (or at your internist's, if that's who oversees your condition) for a preconception appointment. He or she will evaluate how you're managing your condition and determine whether you're ready to TTC or need to make some changes in your treatment plan or your lifestyle before you get going. Maybe you'll need to tweak your diet, lose or gain some weight, or finesse your fitness. Maybe you'll need to be weaned off certain medications you no longer need or switched to others that are fertility and pregnancy safe (or alternative therapies may be integrated into your care, such as acupuncture or meditation for the relief of stress). Maybe you'll be referred to a high-risk pregnancy practitioner, or maybe you'll find that your usual ob-gyn will be able to offer up all the care you need, in a team effort with your specialist.

depression can interfere with conception (and with a happy, healthy pregnancy), it should also be treated before you begin your big adventure (see page 9 for information on the use of antidepressants when trying to conceive).

Gynecological health checkup. Your preconception checkup will include a Pap and all the standards of your annual visit. In addition to that Pap smear, your practitioner will perform a pelvic, breast, and abdominal exam, ask for a urine sample, and check for any gynecological conditions that might interfere with fertility or pregnancy, including:

- Polycystic ovarian syndrome (PCOS), if you have a history of irregular periods, excess hair growth, acne, and obesity

- Uterine fibroids, cysts, or benign tumors
- Endometriosis (when the cells that ordinarily line the uterus spread elsewhere in the body)
- Pelvic inflammatory disease (PID)
- Irregular periods
- Recurrent urinary tract infections
- An STD (if you weren't already tested). All pregnant women are routinely tested for STDs, including chlamydia, syphilis, gonorrhea, and HIV. Having these tests before conception (and getting any necessary treatment) is better still. Even if you're sure you couldn't have an STD, testing now is a good idea, just to be on the safe side.

Your Family Health Tree

Time to call your folks. Not to tell them you're expecting (you'll make *that* call soon enough), but to get the scoop on the health history on both sides of the family tree—yours and your spouse's. Dig as deeply as you can, and write down everything you unearth (you can do this on page 208), so you'll be ready to answer the family history questions you'll be getting from your practitioner. It's especially important to find out if there's a history of any medical issues (such as diabetes, high blood pressure, or thyroid disease) and genetic or chromosomal disorders (such as Down syndrome, Tay-Sachs disease, sickle-cell anemia, thalassemia, hemophilia, cystic fibrosis, muscular dystrophy, Huntington's chorea, or fragile X syndrome) in your immediate family.

Your family health tree may also clue you in on how your future pregnancy might play out. Are there twins in your future? Multiples (especially fraternal twins) can run in families, so look for trends on your side of the tree (and your spouse's, too, since some evidence indicates that identical twins can be genetically influenced by both mom and dad). Also running in families are some pregnancy complications. Ask your mom and your spouse's mom if she (or her mother) ever had preeclampsia—a

complication that can cause a pregnant woman's blood pressure to skyrocket. Research shows that sons and daughters born from preeclamptic pregnancies may carry genes related to the condition. Ask about gestational diabetes, depression (postpartum or general), and other complications, too—and have this information at the ready when your practitioner asks for it.

It'll also help to find out more about your mom's pregnancies with you and your siblings. That's because the apple often doesn't fall far from the mama tree when it comes to gynecological and obstetrical history, which means that a look at your mom's pregnancy history may give you a peek into your pregnancy future. Keeping in mind that every pregnancy is different (even for the same woman, two pregnancies may be very different), moms may predispose their daughters to any number of pregnancy or delivery scenarios—both good (no stretch marks) and not so good (lots of varicose veins). So ask your mother anything you might be wondering about, remembering that her pregnancy story may or may not foreshadow yours: How long did it take you to get pregnant? Did you have morning sickness? How long were you in labor?

Now—before you get started on baby making—is the time to get any gynecological condition diagnosed and treated because certain ones may prevent you from getting pregnant in the first place and others can complicate pregnancy. You can also take this opportunity to ask your practitioner any questions you might have—from when to stop your birth control (he or she will let you know how long you should ideally

wait, if at all, before you can start trying for that baby of yours) to how to make sense of your cycle and figure out when you're most fertile.

Dental health checkup. Here's something to smile about—you're about to make a baby. But before that positive home pregnancy test (HPT) has you beaming ear to ear, make sure your teeth and gums are ready for baby making,

too, by scheduling a checkup and teeth cleaning with your dentist. This may sound random and unrelated (after all, what do teeth have to do with making a baby?), but the fact is that gum disease is associated with pregnancy complications such as preterm labor, preeclampsia, and gestational diabetes. Gum disease also tends to get worse during pregnancy, so getting your mouth in shape now is more important than ever. Be sure, too, to have any necessary work, including X-rays, fillings, that crown you've been putting off, and gum or dental surgery completed now so you won't have to deal with it during pregnancy (or deal with an unpleasant infection from an untreated problem). If you know (or suspect) that you have plenty of dental problems that need treating, make sure you give yourself enough time to get it all finished up before you begin baby making.

Immunizations

"Do I need to get any vaccines before I become pregnant?"

That depends on which ones you've already had, and when. The blood tests you take at your preconception checkup will reveal if the relevant immunizations are already up to date. If they are, you're probably all set vaccine-wise. If they aren't up to date or you have some immunization holes that need filling in, now—before your TTC campaign begins—is the time to roll up your sleeve for all necessary vaccinations—not only for your safety, but also to protect your baby-to-be, who won't be fully immunized against these diseases until at least 6 months of age (and should you contract an illness, your new baby may catch it, too—and that would not be a good thing). Vaccines that might be on the preconception agenda include:

- Tetanus-diphtheria (Td or Tdap). Even if you had your full set of vaccinations as a child, some vaccines require boosters to keep immunities going strong. If you haven't had a tetanus-diphtheria booster in the past 10 years, you'll likely be advised to have one now.
- Measles, mumps, rubella (MMR). If you know you've never had rubella, mumps, and measles or been immunized against this trio of serious childhood diseases, or if testing showed you are not fully immune (sometimes immunity wears off), get vaccinated now with the MMR vaccine and then wait one month before you start trying to conceive (but don't worry if you accidentally conceive earlier—any risk is purely theoretical).
- Chicken pox (varicella). If testing shows you've never had chicken pox (and most women of childbearing age have either had it or have been vaccinated), it's recommended that you be immunized against it prepregnancy, at least a month before you conceive (but once again, don't worry if you get pregnant before the waiting period is up). Your immunity to chicken pox is actually really important for your baby-to-be, who won't be able to be immunized against the disease until age 1.
- Hepatitis B. If you're at high risk for hepatitis B, immunization for this disease is also recommended now. The Hep B shots come in a series of three, and if you don't finish up the series before you conceive, it's safe to continue it while you're expecting.
- HPV (human papilloma virus). If you're younger than 26, you might consider getting vaccinated against HPV, but you'll need to finish the full series of three before trying to conceive. If you become pregnant before completing the full series, you'll have to resume the shots postpartum.

Action Plan

Before you start TTC in earnest, call for appointments with your internist, your gynecologist, and your dentist to schedule thorough preconception checkups. Another item on your medical to-do list: Start looking for an ob-gyn or midwife to co-pilot your pregnancy (if the practitioner you currently see for your gynecological care doesn't do obstetrics or if you think you might want to go elsewhere for your prenatal care). That way you'll have someone to schedule that first prenatal visit with as soon as the home pregnancy test gives you the good news. If you don't know where to start looking, check out *What to Expect When You're Expecting* for tips on choosing the pregnancy practitioner who's right for you.

Whether or not you have to bare your arm for any vaccines now, keep in mind that you'll be advised to line up for your flu shot if you end up expecting during flu season.

Medications

“Will I have to stop using all medications once I'm trying to conceive, or can I wait until I get pregnant?”

It's time to take stock of your medicine cabinet, but not necessarily to empty it. As you've already figured out, it won't be medications as usual once you're expecting. During pregnancy, some of the drugs you occasionally or regularly reach for may be off limits, some may be limited, still others may be yours for the taking, as needed. But what about the medications you take before you're

expecting? Should you start thinking before you keep popping?

That'll depend on what you normally pop. Most over-the-counter and many prescription meds are considered safe while you're trying to conceive. Still, it's smart to get the green light on any medications or supplements (including vitamins and herbals) before you take them during the preconception period. That's because some (including herbal products specifically touted for fertility) may not only affect your future pregnancy, but also your chances of getting pregnant. Even something as basic (and seemingly random) as antihistamines may compromise fertility, and for a very unexpected reason: They could dry out your cervical mucus along with your nasal mucus.

Ask your doctor, gynecologist, or prenatal practitioner (if you've chosen one yet) for help figuring out what's safe to take, what should be dropped while you're TTC and while you're pregnant (and thinking way ahead, while you're breastfeeding), and what's fine while you're TTC but should be dropped or limited once you're officially expecting.

If you depend on prescription drugs to treat a chronic condition (like asthma, diabetes, depression, migraines, or any other), discuss your TTC and pregnancy medication options with the physician overseeing your care and with your gynecologist or ob-gyn. Together, you can come up with a plan that'll help keep you healthy, fertile, and ready to welcome a pregnancy (and it may or may not include the drugs you typically take, at the same or different doses). You might have to drop some drugs for as long as 6 months prior to conceiving (and, of course, while you're pregnant and while you're breastfeeding), but there are almost always safer alternatives you can switch to during your reproductive break.

For more information on vitamin supplements while you're trying to conceive, see page 60. For information on herbal medications, see page 118.

Antidepressants

"I've been taking antidepressants for the past five years, and the meds have kept my depression under control. I worry about going off them, but I wonder if they're safe to keep taking while I'm TTC and beyond."

When it comes to life changes, there's probably no bigger one than having a baby—or even deciding to take the baby plunge. But if you suffer from depression or anxiety, you may not only be wondering how your baby plans might change your life, but how they'll affect your ability to handle life—especially if trying to become pregnant might mean giving up your antidepressants or anti-anxiety meds.

Happily, many safe options (including medication options) are available for expectant moms with depression, anxi-

ety, and other mental health conditions, though your current treatment plan may be modified or changed entirely now that you're planning a pregnancy. In fact, stopping antidepressants or other meds that you really need—and slipping back into depression—can actually do you (and the baby you're hoping for) more harm than good. Being clinically depressed or extremely anxious during pregnancy (and while you're trying to conceive) can make you less likely to eat well, sleep well, or otherwise live a baby-friendly lifestyle. Studies show that women who suffer from untreated depression during pregnancy may have a greater chance of preterm delivery and are also at higher risk for postpartum depression, which can make it difficult for them to take care of and enjoy their babies after they're born.

So before you consider tossing your meds, talk to both your prescribing doctor and your prenatal practitioner (or gynecologist). Together, you can weigh the benefits of continuing medication with the potential risks. Certain medications come with more risks, others with very few. Wellbutrin (bupropion) has been proven safe during pregnancy when taken in the right doses and is probably the best choice, assuming your condition will respond to it. Paxil (paroxetine), and perhaps other SSRIs (selective serotonin reuptake inhibitors) may carry a small risk for a developing baby, and Prozac (and still other SSRIs) use during the latter half of pregnancy has been linked to withdrawal symptoms in the baby after delivery.

Now, before you become pregnant, is definitely the best time to make any treatment changes. If you and your practitioners decide that you should wean yourself off your meds or try different and safer kinds, start at least three months before you begin trying to conceive so you've got plenty of time to see

Avoid a Repeat

If you've had a previous pregnancy with any complications, or one that ended with a premature delivery or late pregnancy loss, or if you've had multiple miscarriages, talk to your practitioner about any measures that can be taken now—before you start trying again—to head off a repeat. For example, research shows that taking folic acid supplements for a year or longer before conception may reduce the risk of premature delivery. For information on preventing repeat miscarriages, see page 181.

Checking Up on Dad

Sure, you're not going to be the one doing the actual baby carrying (at least not for the first 9 months—you'll make up for it later), but you will be contributing half of the essential genetic material that makes a baby. To get your body into prime baby-making condition—so you can make the best contribution possible—you should see a doctor for a top-to-bottom checkup. After all, making a healthy baby takes the participation of two healthy bodies. A thorough physical can detect any medical conditions (such as undescended testicles, testicular cysts or tumors, or depression) that might interfere with conception or a healthy pregnancy, as well as ensure that any chronic conditions that might interfere with fertility (such as diabetes) are under control. While at the doctor's office, ask about the sexual side effects of any prescription medication, over-the-counter, or herbal drugs you might be taking. Some of the commonly prescribed medications that could affect fertility and/or libido include SSRIs like Prozac (you

might be happier, but your sperm won't be), beta blockers and other drugs for hypertension, some ulcer drugs, and some prescription pain killers (like oxycodone). Ditto for steroids and testosterone pills. They'll bulk you up but will cut back sperm production. Viagra could possibly lower your chances of conception, though the jury's still out on that one (ask your doctor for the latest). If any of the meds you take regularly are potentially fertility unfriendly, talk to your doctor about changing your treatment plan to fit your baby plans (in most cases, a different medication will do the trick). You should also consider tagging along for some genetic screening—especially if you have a family history or other indication that calls for such testing.

Need to lose weight, get blood pressure or blood sugar under control, cut down on alcohol, or seek treatment for a condition that may stand between you and that baby you and your partner are planning? Now—before the baby making begins—is the time to do it all.

how it goes—and how you're feeling. If you notice the signs of depression coming back—sleep and appetite changes, anxiety, inability to concentrate, mood swings, and lack of interest in sex (which definitely won't help your baby-making plans)—talk to your medical team again about trying a different approach. Report in with them, too, about any changes in your condition once you become pregnant (the hormonal upheavals of pregnancy trigger mood swings in every expectant mom, but depression or anxiety that's consistent and interferes with functioning isn't normal).

And keep in mind that there are plenty of alternative therapies—from psychotherapy to light therapy, meditation to biofeedback—that can boost your emotional state naturally, and can be used instead of or in conjunction with medications. Eating plenty of foods high in omega-3 fatty acids (like salmon and walnuts) may moderate mood swings, too, as may taking a pregnancy-safe DHA supplement. And don't forget the mood-lifting powers of exercise. Those feel-good endorphins that are released with a brisk walk or a swim can do your body—and your mind—good.

Genetic Screening

“Is going for genetic screening a good idea before we conceive—even if we have no reason to believe we’re at any increased risk?”

What will you and your spouse be passing along to your baby-to-be besides curly hair, thick eyelashes, athletic ability, a flair for figures, or a way with words? That’s what genetic screening can tell you before that baby-to-be is even conceived—and with news that’s almost always reassuring. Not every couple who’s in the baby planning stages needs to contemplate genetic testing, but if you or your spouse has a family history of particular conditions, or are of certain ethnic backgrounds, screening may be a good idea—and a great way to put your mind at ease. If either one of you knows (or even suspects) that you may be a carrier of a genetic disorder, talk to your practitioner about what screenings, if any, might be necessary. He or she can refer you to a genetics counselor who’ll walk you through all the odds and options. Keep in mind that many genetic disorders are recessive, which means that both you and your partner would have to test positive for your baby to be at any risk at all of being affected (and that if one of you tests negative, there’s no need for the other to be tested). If neither you nor your spouse have any genetic red flags,

you may be able to skip this part of the preconception process.

Who might consider pre-pregnancy genetic testing?

- African Americans are often screened for sickle-cell anemia, a blood disease in which blood cells are sickle shaped and have difficulty traveling freely through the blood vessels, causing pain and anemia.
- Those of Mediterranean, African, and Far East Asian descent may be screened for thalassemia, a group of genetic blood disorders all related to hemoglobin, the part of red blood cells that carries oxygen.
- Those of European Jewish (Ashkenazi) descent, and those of French Canadian, Irish American, or Louisiana Cajun descent are usually tested to make sure they don’t carry the gene for Tay-Sachs disease, which affects the nerve cells of the brain and is inevitably fatal.
- Those with a family history of inherited disorders—such as cystic fibrosis, muscular dystrophy, or hemophilia—may be tested for specific risks.
- Women with previous obstetrical difficulties (such as two or more miscarriages, a stillbirth, a long period of infertility, or a child with a birth defect).
- Couples who are blood relatives.

Your Lifestyle Prep

Next up in preconception prep: a look at your lifestyle. Now that you’re talking baby, will you have to say “later” to your morning lattes—and “nighty-night” to your nightcaps? Will you have to work out less, or (shudder)

more? Can you still spend time in hot water—or hot saunas and tanning beds? How about your monthly highlights—will making a baby send you back to your roots? In the case of some lifestyle choices, the choice will still be yours

(at least until baby's on board). In the case of others (those four-shot espresso drinks), some tweaking will definitely be on the menu (make half those shots decaf, and you're good to go TTC).

Caffeine

"Do I have to cut out coffee now that I'm trying to conceive—or can I wait until I'm pregnant?"

Lust after that latte? Crave that cappuccino? Must have that morning macchiato? There's no need to drop Joe from your life entirely now that you're making room for Junior. In fact, depending on how much coffee and other caffeinated beverages you depend on, you may be able to continue your caffeine habit as usual even as you're trying to conceive that baby, especially if you're a light coffee drinker.

Have a hefty habit? You'll probably have to trim it down to baby-making size. Not only because you'll have to cut back anyway once you're pregnant, but because keeping caffeine intake sensibly moderate now may actually help you get pregnant—and stay pregnant. Some studies have linked downing too much caffeine with lowered fertility and an increased risk of miscarriage.

What's too much caffeine when you're trying to conceive? Technically, more than 200 mg a day. Too technical for you? Here are some caffeine stats to help you see how your intake adds up. That 200 mg will buy you about 12 ounces of brewed coffee a day (that's a "tall"), or about two shots of espresso (which is why four-shot lattes will definitely put you over the top). A can of caffeinated diet cola will cost you 45 mg, and a regular cola 35 mg. Tea contributes to that tally, too, with between 40 and 60 mg per cup (whether it's iced, brewed, or green), as do energy drinks (80 mg in

Dear Joe

Wondering if you'll have to step away from the coffee-pot now that you're stepping up to the baby-making plate? You'll be relieved to hear, probably not. Although some research suggests that a heavy caffeine habit can lower male fertility, other (happier) research speculates that a little caffeine may actually help sperm swim faster—and faster swimming sperm may be more likely to hit their target faster. But until more is known, it's probably sensible for you to keep your caffeine intake moderate (no more than a few cups a day) until your conception mission is accomplished.

a Red Bull), chocolate, and some over-the-counter cold and allergy drugs. Even coffee ice cream or coffee yogurt packs a modest caffeinated punch.

But here's some news that may lift your spirits (and your sagging afternoon energy levels): You won't have to cut back any further on your caffeine once baby's officially on board. Most experts believe that up to 2 cups a day (that same 200 mg) is fine throughout pregnancy (when you'll need that energy more than ever).

If your calculations indicate that you'll need to do some cutting down on your caffeine (or if you'd like to cut it out altogether), slow is the way to go. Rather than shocking your system into extreme exhaustion (and lots of headaches and crankiness) by quitting abruptly, gradually lower your caffeine intake. Think baby steps. Substituting decaf for some of each cup you normally drink will start you on the weaning process. Keep reducing the amount of regular and increasing the amount

of decaf until your ratio is where you'd like to see it. Or order your espresso drinks with one shot of regular, another (or another two) of decaf. Eyeing that large coffee? Order a small in a large cup, then fill it to the rim with milk (hot milk for hot coffee, cold for iced). You'll cut down on your caffeine while scoring a calcium bonus (and calcium is something you'll need to be getting more of, anyway).

Eating smaller, more frequent mini-meals (each of which should contain some protein and some complex carbs) will keep your blood sugar up—and that will help lift your energy level during this possibly challenging transition. Prenatal vitamins will also help you fill in some of the energy blanks without a caffeine fix, as will regular exercise.

Action Plan

Baby in your plans? Time to put less coffee in your cup. While you're TTC (and expecting, too), limit your caffeine intake to no more than 200 mg per day. That's equivalent to a daily total of about 2 small cups of brewed coffee or about 4 diet colas. A bonus of cutting down on caffeine: You'll be more relaxed—a definite plus when it comes to conception.

Herbal Tea

"I'm not a coffee drinker but I love herbal tea. Is it okay for me to have some when I'm trying for a baby?"

That depends on what you're brewing. Some commercial herbal teas are considered safe to drink both during pregnancy and the preconception period (for instance, peppermint, citrus,

and ginger), but others may not be. How do you pick a brew that's right for you while you're trying to conceive? Since there aren't many studies on the safety of herbal teas, it isn't easy. Check with your prenatal practitioner or an herb-knowledgeable doctor who knows that you're trying to get pregnant for a list of herbs to avoid (among those usually making the list: red raspberry leaf, southernwood, wormwood, mugwort, barberry, tansy, mandrake root, juniper, pennyroyal, nutmeg, arbor vitae, and senna). Screen for those red flag ingredients—as well as any that you're just not sure about—by reading the packaging carefully before buying (or brewing) an herbal tea. Teas that are touted as fertility or pregnancy brews should also get the screening (because the Food and Drug Administration—FDA—doesn't regulate these claims, it's a case of drinker beware). If there isn't any packaging (as in bulk teas sold at health food markets) or lists of ingredients, play it safe and skip it for now. For more on the safety of herbs when you're TTC, see page 118.

Thinking of Going Green?

That cup of green tea may be brimming with health benefits, but should you go green when you're trying to make a baby? Maybe not. Green tea decreases the effectiveness of folic acid (ironically found in green leafies), a vitamin that's vital to the healthy development of your soon-to-be baby, and one of the nutrients that you should be getting your quota of during your baby prep phase. So it's smart to limit yourself to a cup a day (or a glass of iced) while you're TTC, or to switch to a black brew.

No need to read the tea leaves—or the tea leaf boxes—if you choose a traditional black tea, like Earl Grey or English Breakfast. Those are safe to sip, as long as you keep an eye on your total caffeine tally; each cup of caffeinated black tea will cost you 40 to 60 mg of your 200-mg daily limit.

Drinking

“I know I have to stop drinking once I get pregnant, but we’ve just started trying—and holiday season is coming right up. Can I keep drinking a little until I conceive?”

If you’re planning for a baby, you’re probably already planning to change your drink order from cocktail to mocktail. But when exactly should you start putting that new order in? There aren’t any hard and fast rules about alcohol drinking when you’re in the

baby-making stages (like there are for those already pregnant, who—most experts agree—should be total teetotalers). It is known, however, that heavy drinking can mess with your menstrual cycle—possibly interfering with ovulation and making it more difficult for a fertilized egg to implant in the uterus—and that can definitely put a crimp in your conception plans. And the more alcohol you consume, some research suggests, the less likely you’ll become pregnant.

What about a glass of sauvignon blanc with your supper or a beer with your barbecue? What if you can’t imagine ending the day without a nightcap? How about that holiday eggnog, now that you’ve got a different kind of egg on your mind? And what if it takes a few months to conceive—wouldn’t all that preconception abstinence be kind of wasted (especially with 9 alcohol-free months ahead of you)?

Booze and Your Boys

Hoping to toast some big baby news soon? You might want to consider swapping your accustomed toasting beverage before that big news even comes through, or cutting back on how many toasts you make during conception season. Too much alcohol (as you may have been dismayed to discover at one point or another) can impair a guy’s sexual function—a function you’re now counting on. But worse than that, research indicates that daily heavy drinking can damage sperm as well as reduce their number (in some men, even one or two beers or glasses of wine is enough to temporarily keep the boys down). Too many rounds on a regular basis can also alter testicular

function and reduce testosterone levels (not a good scenario when you’re trying to make a baby). Heavy drinking (equivalent to two drinks a day or five drinks in one sitting even once a month) by the dad-to-be during the month prior to conception could also affect your baby’s birthweight. So for best baby-making results, your best bet is to drink only occasionally and lightly—or if you find that hard to do, cut it out altogether for now. And because the future mom in your life will also be laying off the libations as she gets her body ready for the long and happy baby haul ahead, those cutbacks will probably be easier to make (besides, no fair guzzling Guinness when she’s sipping sparkling water).

Last Call

About to take the baby-making plunge, and committed to staying dry until that bundle arrives? Why not celebrate your decision with one last round (that is, if you normally drink socially—no need to start now if you don't)? Whether it's a festive get-together with friends (you don't have to tell them exactly what you're celebrating, unless you feel like sharing) or a romantic dinner-with-wine for two, toast your future with your favorite grown-up beverage one last time before you settle into your role as a designated mother-to-be.

Well, maybe. But here's the reason you might want to put in that mocktail order sooner rather than later. The timing of conception isn't a precise science. Since you won't be getting a "stop drinking" bulletin from your body the moment sperm and egg seal the deal—and chances are you won't have that fertilization heads-up for a couple of weeks after that momentous moment occurs—it's probably best to call it quits (or start cutting back a lot) once you're actively trying to get that baby on board. If you do opt for a cutting-back approach in the meantime (especially during that holiday season, or during the upcoming vacation), keep it on the light side—and when you do sip the real McCoy (or the real Merlot), sip with a side of food to slow the absorption of alcohol into your system.

Smoking

"I'm planning to stop smoking once I become pregnant—but can I keep smoking while I'm trying to conceive?"

Now's the time to kick butt. Smoking poses a whole pack of risks not only during pregnancy, but before—the most significant risk being that you'll have trouble getting and staying pregnant. Smoking can age your eggs (meaning that a 30-year-old smoker's eggs may act more like 40-year-old eggs), making conception more difficult, lowering the odds that a fertilized egg will implant in your uterus, and making miscarriage more likely. What's more, heavy smoking damages the ovaries as well as the uterus, potentially reducing fertility even further—and probably explaining why smokers are four times more likely to take longer than a year to become pregnant. A smoke-free womb is the very best gift you can give your baby-to-be, but kicking the habit now will make it

Butt Out, Dad

Are you a nicotine nut? It's time to butt out—once and for all. Not only can your smoking be harmful to your spouse's fertility, it can lower your sperm count, lower the quality of your sperm—and overall lower the chances that you'll make a healthy baby together. Plus, after baby's on board, secondhand smoke can hamper your little one's development. Same is true of so-called thirdhand smoke (the kind that lingers on clothes and hair, even if you're doing your smoking outside the house). Once baby has arrived, your smoking can pose significant health risks for that precious bundle.

If you both smoke, commit to quitting as a team. If you're the sole smoker in the house, call it quits now. Easier said than done? For sure, but you can do it—and the tips on the next pages can help.

Calling It Quits

Need to clean house of all your unhealthy habits now that you're planning to fill that house with a baby? A smoke-free womb is a very good place to start—but you may be wondering (especially if you've tried to quit before and were unsuccessful) exactly how to get started, not to mention finished. Here's how:

Give yourself props. First thing you need to do is pat yourself on the back—or on the belly you're dreaming of filling—for taking this momentous (and probably pretty daunting) step. Accept that the road ahead won't be without its bumps, but try to remind yourself that the baby bump you'll hopefully be sporting soon will make your efforts more than worthwhile.

Make a plan. Will it be cold turkey or gradual weaning? You know your body and your willpower best, so choose the method of withdrawal that you think you can live with. Pick a "last day" target that's realistic (don't choose a day that's likely to be high stress or a time of month when your willpower is already challenged) but not too far off—remember, the faster you quit, the faster you may be able to make your baby dreams come true. Plan a busy schedule for that day—preferably of fun activities in locales where smoking isn't allowed. Window-shop for baby clothes, treat yourself to a mani/pedi (or splurge on a new hairstyle), and then celebrate your accomplishment with dinner and a movie. And don't try to go it alone. Take company along to help keep you occupied—nonsmoking company.

Expect the worst, at first. Symptoms of withdrawal may begin after a few

hours, and will get as bad as they're going to get by the second or third day—but they should gradually ease up, and should be mostly gone after about five smoke-free weeks. They may include dizziness, depression, anxiety and irritability, trouble sleeping or focusing, headaches, fatigue, and restlessness. Eating regularly and well (grazing on protein and complex carbs will keep you feeling your emotional and physical best), getting some exercise daily, and staying away from excesses of caffeine and sugar (which can make you more jittery) may help while your body adjusts.

Sublimate and substitute. Figure out what you can swap those cigarettes for. If it's for oral gratification, chew gum, suck on a straw or a lollipop, nibble on raw veggies. If you smoke for stress relief, try other ways of chilling out during times of high anxiety—visualization, deep breathing, listening to music on your iPod, a swim or a workout, a warm bath, a massage (and maybe some post-massage sex). If you smoke to keep your hands busy, play with a strand of beads or fiddle with a pencil, take a knitting class, work on a Sudoku puzzle, play video games, or squeeze a stress ball or some play clay (you'll have to brush up on your technique anyway, if there's a little one in your future).

Be tough. Cheer yourself on, but also know when you need a kick in the butt, too. Try telling yourself that stopping smoking is a non-negotiable issue. When you were a smoker, you couldn't smoke in a movie theater or a restaurant or at the office—now you can't smoke at all, period.

Picture your baby. Whenever you feel like reaching for a cigarette (or whenever you're feeling sorry for yourself or sick from withdrawal symptoms), close your eyes and picture the baby of your dreams, cradled in your arms. Or flip through parenting magazines or websites full of cute baby pictures. Another reminder of your mission might help, too—a special bracelet, for instance, or locket you'll be able to fill later.

Don't play with fire (or smoke). Stay away from smokers and smoky locales—and even from places where you can buy cigarettes for now (send your spouse to the market, and do self-serve at the gas station so you won't be tempted to duck into the convenience mart for a pack). Visit with friends and family who don't allow smoking in their homes (preferably ones who have babies and children) for inspirational purposes. If you associate a certain activity or a certain food or drink with smoking, keep them off the agenda and off the menu for now.

Enlist help. It'll be easier to take one for Team Baby if your team has plenty of support. Enlist your friends and family as your cheerleaders—and to keep you honest (and smoke free). Look for empathy and advice from ex-smokers or co-quirters on message boards, particularly TTC boards (check out the Prepping for Pregnancy TTC board at WhatToExpect.com). If your spouse also has to quit, join forces and quit together.

CAM do. Lots of smokers have become ex-smokers with the help of such complementary and alternative (CAM) therapies as acupuncture, aromatherapy, and meditation. Hypnosis can be especially effective in conquering those cravings.

See your doctor. You may get more than a pep talk (though that could help, too). Your doctor can also prescribe a medication, such as Chantix or Zyban, or recommend a nicotine patch, gum, or lozenge (if you haven't already tried nicotine replacement therapies) to fast-track your quitting campaign so you can start your TTC campaign sooner. All of these options work best when they're used as part of a smoke-cessation program (you'll find plenty of these online). To get one-on-one counseling, call 800-QUIT-NOW—you'll be routed to your state's quitline.

Don't overwhelm your willpower. Need to quit smoking, but also need to drop a few pounds before you begin your baby-making efforts? Don't try to take on both campaigns at once—that will only make you more likely to fail at both. Smoking is potentially more harmful to your fertility and your future baby than those extra pounds, so cut that out before you try starting to cut calories. But do try to begin eating more healthfully in the meantime, if you can—nutritious foods can help sustain you best when your willpower gets wobbly.

Take one day at a time. Think about the weeks of withdrawal ahead of you, and you'll make yourself crazy. Instead, take 1 day—or even 1 hour—at a time. Each time you pass another 24-hour smoke-free day, commemorate it on a calendar (maybe with a cute baby sticker), and give yourself a nightly round of applause.

Try, try again. Be forgiving if you slip up and have a cigarette. Resolve to make that smoke your last. Don't beat yourself up, and whatever you do, don't give up. Hang in there. You can do it—and you've never had a better reason to!

more likely you'll conceive that baby-to-be sooner.

Pretty much the same applies to secondhand smoke (so if your spouse smokes, it's time for him to quit, too—and it'll be easier if you join forces and quit together). Just spending time in a smoky room or with smokers who have tobacco by-products lingering on their clothes, hair, and skin (thirdhand smoke) can harm your health, your fertility, and your future family. To tip the conception odds in your favor, stay as far away from cigarette smoke as you can.

Marijuana

“Is it true that smoking pot can make it harder to conceive?”

Already have your hands full with all the habit breaking (and other behavior changing) you'll have to do before you begin making that baby? Add giving up pot to your list. Here's why:

For one thing, birthweight is lower, on average, in babies of pot smokers. But getting that baby conceived in the first place may be tougher, too. Believe it or not, your pot smoking can affect the ability of your partner's sperm to fertilize an egg—whether he smokes pot or not. That's because THC—the active ingredient in marijuana—shows up in your vaginal fluids and reproductive organs (including your vagina, fallopian tubes, and uterus). When the sperm arrive, they've got the urge to merge with your egg, but they can't follow through because the THC they've been exposed to impairs their normal function, making these under-the-influence sperm too sluggish to get the very challenging job of fertilization done. The THC stays in your system, too, which means that avoiding a slacker sperm problem isn't as easy as skipping having a smoke just before you have sex.

Clearly, pot smoking and baby making don't mix. Though you may conceive even if you do continue smoking while you're TTC, it's also possible that your fertility will be compromised. Plus, while the risks of continuing to smoke during pregnancy aren't fully documented, there's plenty of speculation about how marijuana might affect an unborn baby. To be on the safe side—and the most fertile side—now's the time to quit smoking pot.

It may go without saying, but it needs to be said anyway: Using any illicit drug, including cocaine, crack, or heroin, can make conception more difficult and pregnancy much more risky, for both mother and baby. If you need help breaking any addiction, seek it before you begin your baby-making efforts.

Action Plan

Now that you've learned some of the major don'ts of the pre-conception period (don't overdo the caffeine; don't drink a lot, if at all; don't smoke; don't use drugs), you may be feeling a little daunted about the work you *do* have ahead of you (especially if you have some significant quitting to do). Habits, especially long-standing or hefty ones, can be hard to break—no matter how motivating that healthy baby reward might be. If you're having an especially hard time breaking a habit that might impair your fertility or put the baby you've been hoping for at risk (or both), get the help you need as soon as you can. Talk to your doctor and ask his or her advice. Join local support groups or online ones for the camaraderie (and help). A little company might provide all the motivation you need.

Say No to Pot Before You Say Yes to Baby

Thought you were the only one getting stoned when you smoke pot? Actually, your boys are too. According to research, the sperm of pot smokers don't behave the way they're supposed to or the way they need to in order to be good little fertilizers. Though sperm normally get washed into the cervix, going along for the ride until they approach their target (when the strength they've saved up is used to swim to the egg and forcefully penetrate its hard shell), sperm under the influence of THC (the active ingredient in marijuana) swim frantically at first, then fizzle out by the time they reach Egg Land. Sluggish and unmotivated, they're less likely to get the job done—or even to be in the right place at the right time. Meaning they get wasted—and then wasted.

What's more, THC can cut the total

number of boys on your swim team, sometimes significantly. It lowers levels of that all-important hormone of male reproduction—testosterone—and can reduce sperm count, as well as seminal fluid. Though it's definitely possible for pot smokers to conceive a baby (and many have discovered this inadvertently), it's clear that smoking does handicap fertility—which means that it could put a man with a borderline fertility issue over the top. Avoiding smoking pot just before you have sex doesn't alleviate these fertility challenges (THC can stay in your system, stored in your body fat, for a surprisingly long time), so aim to quit entirely now—before your boys start aiming for that egg. Say good-bye to pot smoking so you can say hello to a healthy baby (and seek professional help if you have trouble going it alone).

Exercise

“I'm in pretty good shape and I work out just about every day. Is it okay to keep that up while I'm trying to get pregnant?”

You don't have to be fit to be fertile (and lots of moms conceive without ever putting in a single day at the gym), but it may help. In fact, some research has suggested that a few laps around the track—or in the pool, or even around the mall—can put you on the right preconception track. A moderate exercise program that promotes overall fitness (about 30 minutes a day of aerobic exercise, strength training, stretching, and/or daily activities that get your heart going) can boost fertility, just as being in overall good health can. This may be especially true if you're packing a few extra precon-

ception pounds you're trying to lose to increase your odds of conception (and to improve your overall health). And that's not all: The right kind of exercise helps release those feel-good endorphins, making your mind and body feel its relaxed best—which, in turn, can make baby-making efforts more productive (relaxation is a key component of any conception campaign; see page 24).

That said, you can get too much of a good thing when it comes to exercise and the conception connection. Take exercise to the extreme (and what's extreme varies from woman to woman—there are no hard-and-fast rules about how hard or fast you should exercise when you're trying to conceive) and your workouts may actually work against your fertility. Regular prolonged strenuous exercise can disrupt the delicate balance

Your Workout and the Baby Race

If you're a sports nut—and not just the kind that watches other people play—it's time to take a look at your sports and workout routine now that you're about to play in the baby-making big leagues. Playing any kind of rough sports (including football, soccer, basketball, hockey, baseball, horseback riding) without wearing protective gear to prevent injury to your genitals tops the list of must-don'ts, for obvious reasons (you'll need those genitals in their best operating order). Too much cycling (and that includes spin class or cycling on the stationary bike) also makes that list because the constant pressure from a bicycle seat on the genitals may, according to some experts, damage essential reproductive arteries and nerves. Occasional, leisurely bike rides are probably not a problem, but more than 12 hours a week in the saddle (including the horseback riding kind), especially if you're mountain biking—and you could be spinning your fertility wheels.

And though a regular workout rou-

tine probably boosts your fertility by boosting your testosterone levels (a good reason to hit the gym before you hit the sack), it's probably smart not to take it to the max when you're trying to maximize your baby-making potential. Heavy-duty workouts that leave you exhausted can actually change your hormone levels and lower your sperm count—plus put you in the mood to collapse on the couch, not for love. Ditto for workouts—and post-workout hot tubs, saunas, or steam rooms—that overheat you (and those precious family jewels).

Have spectator sports always been more your speed (as in watching the game from the sofa)? You might want to jump in the game, or at least find your way to the gym or the running trails, now that you're trying to make a baby. Guys who don't work out at all—especially if they're also sporting plenty of extra padding—may be more likely to encounter fertility challenges than guys who are more fit.

of hormones needed for ovulation and conception, especially if it reduces your body fat too much (some body fat is needed to keep those female reproduction functions functioning). Clearly, if your exercise routine has been keeping you from having regular periods, conception will be challenging, at best. Even if your periods seem to be regular, in some women regularly strenuous workouts appear to throw hormone levels off enough to interfere with ovulation or implantation. If that seems to be the case with you, your body may need to slow down—and maybe trade in some of those cut muscles for a little maternal padding—before it can trade in those toned abs for a baby bump.

What's the best workout plan when you're planning a baby? Keep it moderate—keeping in mind that what's moderate for you might depend on your current fitness level (for an athlete, a 5-mile run may be like a walk in the park compared to her usual routine; for a confirmed couch potato, even that walk in the park might be challenging for starters). Though many women maintain a rigorous routine and conceive easily, others find that they need to cut back a little, or a lot. Not sure whether your workout will work with your TTC plans? Check with your practitioner.

Keep it cool, too—avoid overheating when you work out (or anytime).

Raising your core temperature excessively (to 102°F or above) isn't harmful to your fertility but it can be harmful to your pregnancy—and when you're actively trying to become pregnant, you won't know right away when you've succeeded. It doesn't mean that you can't work up a sweat, just that you shouldn't exercise in hot environments (as you would in Bikram yoga).

And speaking of yoga, keep it relaxing. Choose a workout that's non-competitive, conditions your whole body and gets your heart pumping, that's stress reducing, and that's pregnancy appropriate (so that you'll likely be able to stick with it after you conceive). Yoga definitely comes to mind (and spirit)—and it seems to provide an especially beneficial preconception (and post-conception) workout because it focuses not only on relaxation breathing but also on body awareness (and this is definitely one time you want to be aware of your body). It's good for overall body toning, but it's not physically draining—plus it's very low impact. What's more, the meditation you'll do during a yoga session may help chill you out, too. Finally, yoga can

Action Plan

It's time to exercise your right to make a baby. And there's no better place to start than exercising. Aim for 30 minutes a day combined of aerobics (to get your heart pumping), strength training (to tone your muscles), and stretching (to get yourself in shape for the pregnancy to come). No need to become an Olympic athlete, but the better shape you're in, the better your chances for conception and a healthy pregnancy.

increase flexibility—so you'll be able to wrap yourself into some more interesting baby-making positions.

Yoga not your thing? Try swimming, dancing, Pilates, mild cardio workouts, light weight training, stationary bicycling, and other low impact workouts—all of which are not only TTC appropriate but pregnancy appropriate (which means you'll likely be able to stick with the routine of your choice once you're exercising for two).

Keep Your Cool, Dad

There's nothing more relaxing after a long day or a long workout session (and nothing more mood enhancing before a baby-making session) than a soak in a hot tub. But, sad to say, a hot tub can put your baby-making plans in hot water. Male fertility plunges with frequent dips in the hot tub because sperm production is impaired when the testicles become overheated. That's why your testicles hang low—they prefer to be a couple of degrees cooler than

the rest of the body. So hot tubs, steam rooms, and saunas (and even electric blankets or exercise that excessively raises your core body temperature) are off limits until mission conception has been accomplished. The same might be said about tanning beds, which send your body temperature soaring while they bake your skin (plus set you up for premature aging of the skin and a significantly increased risk of skin cancer—so who needs them, anyway?).

Hot Tubs

“I heard it’s not safe to use a hot tub when TTC. Why’s that?”

You heard right—sort of. The no-hot-tub recommendation is actually aimed at the dad-to-be in your life, because he needs to keep his nether regions cool to keep them reproductively functional (see shaded box, previous page). As for you, it’s safe to take the plunge before you’ve conceived (and the heat won’t affect your chances of conceiving). But once baby’s on board, you’ll need to keep your cool, too—staying out of hot tubs, saunas, and other environments (like tanning beds) that can overheat. Because you never know for sure when that sperm and egg will actually get together, you might want to play it extra safe during the active TTC phase by sticking to warm tubs.

Skin Care

“Are any skin care products off limits in the preconception period?”

Time to face the happy face facts: There are very few skin-enhancing products or processes (from facials to procedures to the creams and lotions you slather on each night) you can’t indulge in now. In fact, you might as well indulge now—once baby’s on board, many of your favorite treatments may need to be shelved for the duration (including Botox and fillers, chemical peels, lasers, and a variety of skin care products).

But there is one very significant exception to this skin care free ride during the preconception period. The acne treatment Accutane can cause serious damage to a developing fetus. Not only is it strictly off limits during pregnancy, but for at least a month before you actively begin trying to conceive

(stay on those two forms of birth control required with Accutane until that waiting period is over). Topical Retin-A, which is prescribed for both zit zapping and wrinkle smoothing, usually gets the red light during pregnancy and may, too, once you’re officially TTC.

If pimples are your problem, you can try to keep your complexion all clear with over-the-counter and prescription strength topical acne fighters (including some that may have to stay out of reach during pregnancy). It’ll also pay to learn more about natural tactics for taming breakouts, since you’ll likely be relying on them more once you’re officially expecting: Eat well (foods high in essential fatty acids, vitamin C, folic acid, iron, and vitamin B₆ can help your skin look healthier), keep your face clean, and follow every wash with an oil-free moisturizer.

A Day at the Spa?

Looking for a way to chill out before baby making heats up in the bedroom? Melt tension and stress away with a good massage or another spa indulgence. There’s nothing in the spa that’s off limits right now (though once you’re actively trying you might want to play it extra safe and skip those treatments that raise your temperature significantly in case sperm meets egg before you realize what’s happened)—so detox and destress to your heart’s (and soul’s) content. A little relaxation might even bring you closer to your baby-making goal, since too much stress can actually impede fertility. No room in your budget for professional pampering? Try an afternoon of do-it-yourself treatments at home.

Time for a Mommy Makeover?

Have your heart set on a new set of veneers? Or a brightened, whitened smile? Or maybe it's laser eye surgery you'd like—the better to see your baby, once he or she is a bundle on your lap, and not just a gleam in your eye? Whatever elective procedure you've elected to try, you'll need to consider timing when you're TTC. Most cosmetic dentistry procedures (like veneers and whitening) aren't recommended during pregnancy—so you'll want to have your smile adjustment completed before baby's on board. As for laser eye surgery, not only isn't this procedure recommended during pregnancy, it's not recommended for 6 months prior to pregnancy and 6 months after giving

birth. So if you're actively trying already, you'll need to stick with the glasses or contacts until halfway through baby's first year (or 6 months after you stop breastfeeding).

And just in case you're wondering, before-baby isn't the time to consider breast augmentation or reduction. After all, your breasts will be seeing enough changes in the 9 months following conception, and in the months after birth, if you'll be breastfeeding (and, in fact, some breast surgery can impact your ability to breastfeed exclusively). If you're thinking about making any surgical adjustments, think about waiting until your baby-making days are done.

As for those wrinkles you'd rather do without, treat away for now (some treatments will be tabled after you've successfully conceived). Just keep in mind that because fill-ups or follow-ups won't be possible once you're expecting, the effects will likely wear off before you can safely repeat the procedures. Ask your practitioner about any that you're unsure about—and if you don't get the go-ahead, look at the bright side. Once you're pregnant, you'll be retaining enough fluid to fill in all those laugh lines—without a drop of collagen or Botox.

Hair Care

“What about hair coloring—should I quit that now, too?”

Ah, what moms won't do for their babies—even before they're moms. From giving up their favorite beverage to selecting a salad (when they'd really rather choose a chili cheeseburger) to skipping their regular hair coloring

appointments, hopeful moms-to-be will do (or not do) just about anything it takes to get pregnant and have a healthy baby.

Fortunately, when it comes to hair maintenance, no preconception sacrifices are necessary. There's absolutely no reason why you'd have to go back to your roots—or give up those straightening treatments or perms—while you're trying to conceive. In fact, there isn't even any consensus about whether coloring or other chemical processes should stay off the salon menu once you're expecting (most doctors either green-light coloring or ask that you hold off until the second trimester).

If you feel more comfortable quitting your coloring once you're actively trying to conceive—because you never know when you're going to hit baby bingo—go ahead. You might want to change your routine anyway (based on your practitioner's advice) now that you're looking to get pregnant. Processes that are mostly natural or that don't come into contact with the scalp—such as highlights or

lowlights—are widely considered safe. So rather than have roots to contend with in a couple of months, consult with your stylist about a pre-pregnancy hair color plan that will blend in with those pregnancy guidelines.

Tanning

“Can I continue going tanning while TTC?”

There is a dark side to preconception tanning. While there isn't any proof that tanning can keep you from reaching your fertility goals (no evidence exists on either side, actually), tanning beds can raise your body temperature to a level that can be dangerous to your developing baby when you do conceive—and there's no way of telling when you'll conceive once you begin actively trying. Plus, tanning beds aren't great for your skin or your health in general (think extra wrinkles and significantly increased risk for skin cancer). Still a fan of the tan? Sunless tanning lotions and sprays are probably fine while TTC.

Stress

“I'm a stresser by nature, so naturally I'm already stressing about how stress is going to affect my chances of getting pregnant. Help!”

Don't stress about your stress. Scientists are still trying to make sense out of the stress-conception connection, but studies so far have only linked *extreme* stress to fertility difficulties—and that's not the kind of stress that most women have (even big-time stressers like you).

How exactly does *excessive* stress impact fertility? Potentially, in several ways. First, being under lots of stress can cause the brain to release neurotransmitters that affect the hormones controlling

Chill Out Before Things Heat Up

Stress can keep a good man down, at least when it comes to fertility. Too much stress can, as you probably already know, limit libido and bring down the curtain on performance—but it can also lower testosterone levels and sperm production. So after a busy day, and before you get busy—unwind a little (or a lot), using the tips on the next few pages or your own best stress busters. The less you worry about conceiving, the more easily you're likely to conceive.

ovulation—which in turn can delay or disrupt ovulation. In fact, women who are under extreme emotional stress sometimes don't ovulate at all, even if they're getting their periods regularly. Second, extreme stress can cause fertile cervical mucus (the thin mucus that helps sperm swim to their target) to dry up altogether—making it difficult not only to pinpoint ovulation but also to conceive. And perhaps the most obvious reason why a super-stressed life can put a crimp in conception plans: Too much stress can keep couples from having frequent-enough sex (the key, after all, to getting pregnant).

Fortunately, the body is really good at adapting to just about everything—including stress. Average everyday stress is probably something your body's already used to (who isn't stressed these days?)—which means that if your stress is manageable, it's not likely to be affecting your fertility. And even if the normal stress in your life—especially once it's combined with the potential stress of TTC—does seem

to wreak havoc on your cycles (you don't seem to be ovulating on time, or your periods are less regular than usual), there's still no reason to stress over it. Chances are that as your body (and mind) learns to deal with the monthly challenge of TTC, it'll get used to this new, more stressed reality—and your cycles will normalize accordingly.

But that doesn't mean you should keep the stress up—at least not at levels that are stressing you out. Learning how to reduce stress now can help you in your conception quest—and help you handle the (happy) stress that inevitably comes with pregnancy and parenting later. So relax, take a deep breath, and check out these de-stressing tips.

- **Schedule in a chill pill.** Yes, one of the reasons you're probably stressed is there's not enough time in the day (especially once you've added in all those hours of TTC activities). Still, making time for occasional R&R breaks can really pay off, not only in helping you de-stress, but also in helping you be more productive in everything else you're doing—including all that baby-making sex (aka baby dancing). So take those breaks, and do whatever relaxes you. Read a few pages of a book you're enjoying, flip through a guilty pleasure magazine, or catch up on the latest celebrity shenanigans on a gossip site. Listen to music that soothes your soul (take your iPod to coffee breaks and lunch, or even use it while you work, if that's feasible)—or to nature sounds, if that's what gets your calm to kick in. Take up knitting—a great way to unwind and hone your skills for those booties you'll want to start whipping up soon. Start keeping a journal (you can use the one on page 256) or scrapbooking or blogging your baby-making journey. Or just take a walk.

- **Cut back where you can.** If you're like most women these days, you've probably got a lot on your plate—make that way too much. So try to cut back on those heaping servings of stressful activities, starting with those that aren't high priority (this is something you're going to have to do big time, anyway, once you have a bigger priority—a new baby). Obviously, your baby-making activities are high on your to-do list now, so rather than trying to squeeze them into a too-tight schedule—which is only going to make doing them more stressful—decide which other responsibilities can be postponed or delegated to someone else. Learn to say no to new projects before you reach overload (another skill you're wise to cultivate prebaby). If your job is adding to an unmanageable stress level (and seems to be affecting your TTC work), see if there are reasonable ways to reduce workplace stress. If not, a change of jobs

Action Plan

So you know you should lead a less stressful life, especially now that you want a baby in your life. One way to bring on the relaxation whenever and wherever: breathing exercises. Breathing is quick, it's free—and you have to do it anyway, so you might as well do it in a way that's relaxing. Pause a moment any time you're feeling hyped up (heck, pause a moment even when you're not) to do this exercise: Take a series of three deep, smooth breaths in through your nose and out through your mouth. Allow your head to rise with each inhale and drop your chin to your chest with each exhale (to stretch your neck muscles).

Sleeping Like a Baby to Make a Baby

Dreaming of a baby? Then you'll want to spend more time dreaming. Believe it or not, sex isn't the only in-bed activity that can contribute to conception. There's something else you should be taking care of when you hit the sack—getting some serious shut-eye. Just like all those other well-known keys to overall good health (eating well, exercising, getting regular medical care), catching enough z's can help improve your chances of producing a little one—who, in an ironic twist, will be the one keeping you and your z's apart once he or she is born. In fact, skimping on sleep can mess with your hormones, which can lead to irregular periods—something a hopeful mom-to-be certainly doesn't need. Not spending enough time in the sack can step up stress, too, which can also undermine your fertility (via hormonal high jinks that can delay or prevent ovulation). Plus, if you're charting your basal body temperature to help better understand your cycle (you'll read more about that in Chapter 5), you need adequate, consistent slumber to get the best results.

So take advantage of your still baby-free home (and bed), and seek the sleep

your body craves. Nap when you can, turn in early, and stay in bed late (unless you're charting, in which case it's better to maintain regular nod-off and wake-up times)—with the goal of catching 6 to 9 hours of shut-eye per night. If sleep proves elusive, turn to tried-and-true home remedies such as a consistent bedtime routine, an evening bath (add some lavender-scented bubbles), or a warm-milk or chamomile-tea nightcap. Avoid caffeine and chocolate (especially dark chocolate) during the afternoon so you're not wound up when you're trying to wind down. And if it's stress that's keeping you up, check out the relaxation tips on these pages.

Still wide awake? Ask your practitioner for help breaking out of your slumber slump. He or she can help you find a safe yet effective solution to your sleepless nights (some prescription, over-the-counter, or herbal sleep aids, including melatonin, can suppress fertility or endanger a newly conceived baby). Once you settle on a settle-down strategy, remember the advice of many an experienced mom: Store up that sleep now because you'll never get enough once your baby's on board—or in house.

or careers might be something to consider now (finances and opportunities permitting), before pregnancy weighs you down. Just make sure there are no lapses in your health insurance coverage during that transition—definitely a stressful situation you'll want to avoid at any cost.

- Unload whenever you can. Of course, the TTC process can be an emotional roller-coaster ride—you're up (maybe we did it this time!), you're down

(AF . . . again?). Letting those letdown feelings out is the best way to make sure that they don't keep you down. So vent away. Start with your spouse. Try to spend some time at the end of each day sharing feelings that need to find the nearest exit—you might be surprised to hear that he's feeling some of the same baby frustrations you are (just don't bring those feelings into the bedroom, where they could definitely derail your lovemaking). Vent to anyone else who will listen, too, especially

to those who best understand what you're going through (unload workplace stress on a co-worker; dump TTC baggage on a friend or relative who's been down that road before; share with your practitioner your concerns about stress affecting your baby-making plans). Possibly one of your best potential venting outlets: a TTC message board. There you'll find plenty of other hopeful moms who are riding that very same roller coaster at the very same time. Knowing that you've got lots of company won't necessarily make your stress go away, but it can definitely make it easier to cope with.

- Turn off. Chances are you don't get a lot of quiet time these days—surrounded, as you probably are, by the constant chatter of computers, cell phones, BlackBerries, TVs, iPods, and other accessories of the high-tech, fast-lane life. So every now and then, unplug. Power off your cell phone (you'll survive!), ban the BlackBerry, log off your instant messenger, and turn off the radio and TV. Get reacquainted with the sound of silence—and you're sure to regain some of the calm you and your body are craving.
- Sleep. Bringing stress to bed? Stress can keep you from sleeping—and not sleeping can make you more stressed. See the box on the facing page for more on getting the sleep you need.
- Stretch. Or swim. Or run. Exercise relieves stress and boosts your mood (even when you're not in the mood for it). Plus it can help you work out some of those frustrations. Build some moves into your busy day every day.
- Yoga. Or tai chi. Or Pilates. Any of these natural stress-relief techniques

can help bring you that inner serenity you're seeking. Continue with them during pregnancy (and beyond) to stay relaxed and refreshed.

- Massage it away. Head to a day spa (budget permitting) for a soothing laying on of hands—or book your partner for a couple's massage (he kneads you, you return the favor). It'll de-stress you, and hopefully put you both in the mood for baby making.
- CAM do. Explore the many Complementary and Alternative Medicine (CAM) therapies that can promise inner calm—among them biofeedback, acupuncture, and hypnotherapy. Meditation and visualization can melt the stress away, too—and you can try them at home (or at your desk). Taking a couple of minutes to daydream about a place that makes you feel safe and soothed can provide many of the benefits of actually being there. Close your eyes and visualize somewhere you've felt at peace—an ocean beach, a tranquil forest, a mountain trail, your grandma's kitchen. Mentally linger there, taking in the view, summoning up the smells and sounds—or even taking a bite of one of grandma's warm-from-the-oven chocolate chip cookies—and relax.
- Have some scents. Your nose knows what scents you find soothing. Let it lead you to essential oils, lotions, or bubble baths with relaxing aromas (lavender is especially soothing). Put a few drops of the oil into a bottle of unscented lotion and rub it onto your hands, shoulders, and arms. Or purchase an electric aromatherapy diffuser to fill your rooms with a soothing scent. (Don't stock up on that scent, though: Once you do become pregnant, a relaxing fragrance can suddenly become a nauseating one.)

- Wash it away. A warm bath is an excellent way to relieve tension. Try it after a hectic day or whenever you're stressed out (and at home). Add some soothing aromatherapy oil or salts to complete the spa experience. If there's enough room in your tub, invite your spouse to join you to get clean before you start messing around.

Stress still getting the best of you? Feeling unreasonably anxious? You might want to consider getting some professional counseling to help you learn some coping strategies that can really help you relax—and maybe even help you realize your baby dreams sooner.

Work and Fertility

“Could conditions at my job make it harder for me to get pregnant?”

You may have your work cut out for you making a baby, but that doesn't mean you'll have to cut out work to do it. Luckily, most 9-to-5 (or even 8-to-7) jobs are preconception compatible—and the vast majority of workplaces are perfectly safe when baby's on board, too. Even those jobs that might present some potential risks when it comes to conceiving and/or carrying a baby (X-ray technician, for example) can be made safer with some precautions. Here's how to play it extra safe when you're at work:

- Health care work. If you work in health care or dentistry, steer clear of exposure to dangerous chemicals and radiation (ask for a change of duties if possible or exercise extra caution by shielding yourself from any radiation and by wearing a special device that keeps track of daily radiation exposure to make sure it doesn't exceed safe levels). Be certain to take pre-

Your Other Job

So how does your day job affect your nighttime (or early morning) job of baby making? That depends on your day job. Most workplaces are fertility friendly for dads, especially with a few precautions. Jobs that involve radiation or chemical exposure are a key exception. High lead levels, as well as some organic solvents (such as those found in paints, glues, varnishes, and metal degreasers), pesticides, or other chemicals can compromise male fertility, so avoid these or limit your exposure as much as possible in preparation for conception (you don't want those sperm zapped). Contact OSHA (Occupational Safety and Health Administration; osha.gov) to find out if you need to be careful at your job site and how you can best play it safe.

If you're a road warrior—or you often tote a computer notebook for work—here's another preconception precaution you'll want to take: Keep your laptop off your lap. Research has found that men who use a laptop (on their laps) have lower sperm counts. That's because the heat from the laptop can raise the temperature in the testes, lowering sperm count and potentially reducing fertility. No need to pack up the laptop until baby's on board; just treat it like a desktop until you and your spouse conceive.

And one more thing to avoid on the job—no matter what the job—when you're in baby-making mode: excessive stress, which can take a toll on your fertility, too.

Non-Traditional Conception

Most babies are born the old-fashioned way (boy meets girl, sperm meets egg). But what if you're a girl on your own? Or a couple of girls—or a couple of guys? Today's reproductive technology makes parenting possible in just about any lifestyle scenario.

What should your preconception plans include if you're a same-sex couple (or singleton) pursuing parenthood? That all depends on the route you're planning to take. If one female partner will be carrying the baby-to-be, her preconception prep should mirror any other wannabe mama's. If conception will be occurring the natural

way, no further prep may be necessary. But if intrauterine insemination (IUI) or in vitro fertilization (IVF) plus donor sperm will be involved, Clomid and/or hormone shots may be on the agenda. If a pair of potential papas is planning to make a baby using a surrogate and sperm from one of the partners, his preconception prep should be focused on getting his boys in the best possible shape before they go to work. Either way, you'll find more about the assisted reproductive therapies (and more and more of them are available) that can help make your baby dreams a reality beginning on page 160.

cautions (as any health care worker should) when treating patients with diseases such as HIV, hepatitis B, and CMV. Gloves, hand washing, and wise judgment are good bets for protecting yourself, as is making sure all your immunizations are up to date.

- Office work. Putting in a day at the office before you put in a night of baby making? No reason why not—even if your workday keeps you in front of a computer for hours at a time. Luckily computers don't pose a threat to fertility or fetuses (some studies have linked very high levels of radiation from older-model computers to fertility difficulties, but newer computers emit lower levels and aren't implicated). If you'd like to take some easy extra precautions anyway, push the screen as far back on your desk as you can and take breaks often so you're not in front of the computer all day long (your eyes and back will be grateful for these changes, too).
- Animal work. If you work with cats, you're probably aware that toxoplasmosis, an infectious disease that can be passed to humans through cat feces, is something pregnant women need to be concerned about. And that means pregnant-to-be women should be aware of it too (since you never know when you might become pregnant, especially if you're already trying in earnest). If you're not sure whether you're immune to the disease, ask your practitioner to test you. If you turn out not to be immune, stay gloved when changing cat litter and remember to wash up after.
- Industrial work. Some chemicals (though far from all and usually only in very large doses) are potentially harmful to your eggs before conception, and later to a developing embryo or fetus. Though the risk in most cases is slight or even just hypothetical, play it safe by avoiding potentially hazardous exposure on the job. Take special care in certain fields (art, photography,

transportation, farming and landscaping, construction, hairdressing and cosmetology, dry cleaning, and some factory work). Because elevated lead levels when you conceive could pose problems for your baby, you should be tested if you have been exposed to lead in the workplace or elsewhere. Contact OSHA (Occupational Safety and Health Administration; osha.gov) for the latest information on job safety and pregnancy. In some cases, it may be wise to ask for a transfer to another position, change jobs, or take special precautions before trying to conceive.

Whatever your workplace environment, common sense should always be your first order of business. Wash your hands frequently, put on protective clothing as appropriate, and wear a mask or respirator when necessary. Talk to your doctor about your specific workplace circumstances—he or she will be able to let you know what might be dangerous and what you needn't be concerned about.

A final word on workplace issues and fertility: Extremely stressful work

A Last Hurrah

Beyond excited about getting those baby plans under way, but feel like you have an adults-only vacation you need to get out of your system first? Pack your bags and go. Whether it's Sex on the Beach (the cocktail, that is) that you're craving, along with a couple of days of sun and sand, or a wine-and-cheese tasting in the Napa Valley, or that weekend in Vegas you never got around to before (enough said)—now, before conception efforts begin in earnest, is the best time for that last hurrah. Or turn your last hurrah into a conception-moon and start your baby-making efforts with some sex on the beach (minus the cocktail).

conditions, no matter what type of job you have, can contribute to fertility difficulties. For tips on how to try to minimize stress in your life, see page 24.

Your Financial Prep

Your body might be ready for a baby, but what about your wallet? Have you thought about how a baby is going to affect your bottom line (hint: a lot)? Or your career path or priorities? Planning now for the financial changes and business decisions that'll be coming your way long before your family officially expands (from the cost

of prenatal care to the cost of a nursery, from health insurance to life insurance) is a smart component of your preconception prep. So open up the balance sheet, whip out the calculator, and start doing the baby math. And while you're at it, consider issues that can come up at your workplace (like maternity leave).

Baby Costs

“Every time we hear about the costs of raising a baby, we wonder if we can really afford it. Is there anything we can do now to prepare financially?”

Little babies do come with a hefty price tag. Factor in all the big-ticket items (including a crib, a stroller, a car seat, and, possibly, child care) plus the small ones (like baby food and diapers), and that baby bottom line adds up faster than you'd think. Before you conceive is the perfect time to start getting your financial rubber duckies in a row and plan for the financial changes you'll experience once baby makes three.

No need to tackle every budgetary line item at once (don't stress out about how you'll pay those college bills—yet), but anything you can start taking stock of now (including your stocks) will make budgeting down the road easier on your wallet and your sanity. Start small:

Tally it up. Make a list of your current expenses and then make a list of items you'll be calculating soon: diapers, bottles, formula (if you don't plan on breastfeeding or if you'll be combining breast and bottle), baby clothes, baby gear, baby food, baby toys, and so on, so you can get a clearer accounting of what your expenses really will be once your family starts to grow. Remember, there's a good chance you'll be getting plenty of those baby necessities and niceties as gifts; others you'll be able to borrow from friends and family.

Rebalance the budget. Think of ways (big and small) to cut corners and generate savings. Cut back on luxuries you can live without (passing on that morning mocha can save you at least 20 bucks a week; bringing a sandwich to work instead of eating out can save a lot more). Divert some of your current savings/investment dollars into an interest-bearing baby fund and get serious about saving even more. Look critically at

When There's a Will, There's a Way

No one likes to contemplate mortality, especially when you're just about to begin a new life that's likely to be a very, very long and happy one. But planning for a baby should also mean planning for that baby's future security—and that includes planning for your baby's care in the highly unlikely event that you and your spouse die. A will can provide for the financial security of your child (all your assets can go to your child, and depending on his or her age at your death, be managed by a responsible and trustworthy adult). But when an underage child is involved, there's more to your will than just money. If both of you die without

a will, it'll be up to the state to decide who will raise your child. And that could be a bad thing—especially if you have serious issues with your in-laws or your sister's husband and that's who the state chooses.

So think about drawing up that will soon—and definitely by the time your baby arrives. Choose a guardian who you believe will raise your child with values that best match your own, who will love your child as you would, and who will provide the healthiest and happiest environment for your precious one (and who is willing to take on the job—you definitely should ask first). And then don't give it another thought.

monthly expenditures for home and cell phone plans, cable, gym memberships, and the like, and see if you can switch to cheaper ones (often just calling to threaten a switch will secure you a lower monthly cost). Negotiate discounts on whatever you can (more businesses and services are open to this option), and if you have a skill or a service that you can barter, save more cash by trading.

Crunch your credit. Still throwing away your hard-earned money on credit card interest payments? Stop (or at least slow down) the financial bleeding and reduce credit card debt by avoiding late fees, paying more than the minimum each month, and rolling balances onto low-interest cards. Once you get out of debt, consider staying that way. Pay your full balance each month and you'll save a yearly bundle on interest—a bundle you can invest, instead, on your bundle of joy. Living within your means definitely has its rewards (and may eventually help those means grow significantly). Reconsider your rewards cards, too—now may be the time to opt out of one that offers vacation perks (how practical will that trip to Bora Bora be when you're toting baby baby?) and swap it for one that'll help put you in the driver's seat of a family-friendly car or that'll score you savings on baby gear.

Start laying that egg. No, not *that* egg, but the egg that will keep your fledgling-to-be cozy and secure in the years ahead: your nest egg. If you've been saving up for something you'd love to have but can live without (that big-screen TV, perhaps), consider socking the cash away in a savings vehicle instead (a high-interest savings account, CD, mutual funds, or bonds) so that your little nest egg can turn into a bigger one. Choose one that maximizes growth over the long term. If you haven't started saving yet, now's the time. Set aside a small amount

from your monthly paycheck to start or add to your account (paid off by those skipped lattes or bagged lunches). If your savings self-discipline is lacking (or nonexistent), enrolling in an automatic savings program may give you the tough financial love you need. Almost all banks allow you to authorize monthly (or even weekly) deductions from your checking account to your investment account. Unexpected funds land in your lap (from a tax refund or a bonus—or a lucky scratch-off)? Sure, that pair of strappy sandals would be a fun way to unload the windfall, but a smarter move would be to drop that spare change into your nest egg before you're tempted to hit the mall (besides, once you're expecting, you won't be able to squeeze your swollen dogs into those sandals, anyway). And speaking of spare change, don't forget the oldest savings trick in the book—the jar. Drop those annoying pennies (and other coins) into a jar, convert them periodically at a supermarket coin changer, and add the found money into your savings account. Fattening up your piggy bank now will help you handle the bigger expenditures that are just around the corner—plus, it'll get

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Health insurance? Check. Savings plan? Check. Balanced budget? Check(book). Sounds like a lot of financial planning to prepare for a baby you haven't even conceived yet—and pretty overwhelming if you're a finance newbie—but there's no better investment in your time right now than investing in your family-to-be's fiscal future and security. It's also a good way to avoid sticker shock down the road.

you in the savings habit (a habit that will definitely come in handy when you have a little someone else to save up for).

Be smart with your money. Look for tax-saving vehicles, such as a flexible health spending account (FHA) at work. Such accounts allow you to sock away pretax dollars that can be used for medical expenses (such as prenatal vitamins, ovulation kits, and practitioner co-pays). You can usually sign up only once a year for these plans (so plan ahead), though some will also allow you to start one with the birth of a baby.

Insurance

“Should I be changing anything about my insurance policies before I conceive?”

Now that you'll soon have more to protect than ever before (including that very precious bundle you're about to create), it's definitely time to take a critical look at (or sign up for) your health, disability, and life insurance policies. And chances are you'll find that some changes in coverage will be in order.

Health insurance. If you're like most healthy women of childbearing age, you haven't tapped into your health insurance coverage much up until now (beyond those annuals at the gynecologist and the occasional bout of flu that drags you to your internist). That's about to change—big time. You're about to discover how essential good health insurance coverage is, even if you, your pregnancy, and your baby are all completely healthy and complication free. So start doing your research now. Find out now, *before* you're pregnant (and before you even begin trying to become pregnant—since the miracle can happen a lot faster than you'd planned) if your health insurance pays for the cost

of prenatal care, birth, and well-baby care. If coverage will not start until a certain date, consider delaying your conception campaign until you're covered. Or if you plan to switch policies, be sure you make that switch before you start trying to become pregnant, since some policies consider pregnancy a preexisting condition. Compare the medical plan choices at work to see if they cover prenatal care (most do, for a low co-pay), genetic screenings (coverage varies), and fertility treatments (less commonly covered). If you don't like what you see, consider making a preconception move if you can (even to your spouse's plan, if it's better). Keep in mind that the opportunity to make this change may come only once a year (at “open enrollment” time)—if you've just missed this year's window, you may have a long wait ahead for another. But that wait might be preferable to having your pockets emptied by out-of-pocket expenses.

If you don't have health insurance and can't afford it, you may qualify for Medicaid. If you don't because your income is too high, there are low-cost health insurance programs that will cover your pregnancy as well as your child's health care after delivery. You can contact the Foundation for Health Coverage Education at 800-234-1317 or coverageforall.org to see if you qualify for state or federal programs. There are also health service organizations (such as Planned Parenthood) that can help with prenatal care once you do become pregnant. And some women's health care centers can provide some free (or pay-what-you-can) care.

Disability insurance. Though you probably don't think of pregnancy as a disability (and it typically isn't), a few women really do get too sick to work during their pregnancies or are put on precautionary bed rest. So if your fam-

ily depends on your income, you might need disability insurance to protect that income in case you have to stop working earlier than planned.

Check with your employer first to see if you're covered under your state's short-term disability insurance, which would pay a portion of your salary if you get sick. In fact, short-term disability is what covers you when you take maternity leave, too, so it's important to have even if you're not put on bed rest. Short-term disability starts as soon as you need it, but covers you only for a very limited time (6 to 8 weeks) at a portion of your salary. When that time is up, long-term disability insurance—if you have it—takes over, usually kicking in after a waiting period and then paying you some percentage of your salary (50 or 60 percent) for as long as you need it. Make sure you have both kinds—if your employer doesn't offer both, or if the benefits are skimpy, shop around for private coverage. Since you probably won't need these benefits (most pregnancies progress without a health hitch), the additional expense might seem like an extravagance. But disability insurance could help keep your family finances afloat in case the unexpected does happen. And that's what insurance is all about, after all—keeping you covered for that “just in case” scenario.

Life insurance. Again, nothing you've probably considered before—and something you've probably always associated with the much-older set. But there's no better time to think about a life insurance policy than when you're thinking about starting a new life. Although no amount of money will replace a lost parent or spouse, every parent should be insured so that his or her surviving dependents will be financially protected. You don't need a policy with a huge pay-off, but rather one that will cover costs

of living and raising your child with one less salary. There's another reason (unfair as it may be) why shopping for a life insurance policy pre-pregnancy is worthwhile: Some insurance companies charge higher rates for pregnant women. It might be even harder to get a good premium later if you end up developing a complication during pregnancy that could develop into a chronic condition postpartum (for instance, pre-eclampsia—or pregnancy-induced high blood pressure—could lead to chronic hypertension after delivery). Again, not fair, but a pretty common insurance practice.

Maternity Leave

“My friend at work (who knows I'd like to get pregnant soon) told me I should find out what my company offers for maternity leave. Is it too early to look into it?”

Maternity leave may not be right around the corner (after all, you're not even pregnant yet), but now's actually a good time to take a peek around that corner—and find out everything you can about your company's maternity leave policy. The sooner you know what's in store for your career and your income once baby's born, the easier it will be to figure out your post-delivery back-to-work plan and financial picture.

First, review your company's maternity leave policy (ask someone at Human Resources, or if you'd rather be more discreet about your TTC plans, check the benefits handbook). Find out how long your company's maternity leave is, whether or not you'll be paid (and at what rate) during your leave, if you're allowed to add accumulated sick, holiday, or personal days, and if any other work conditions are required for you to qualify for maternity leave (such as