

CERTIFIED WOMEN'S HEALTH COUNSELOR ONLINE COURSE: SESSION 10

- Pregnancy and Infertility - Herbal Programs vs. Medical Intervention

Pregnancy

A Guide to Creating a Pre-Pregnancy Diet Plan

Pregnancy is a wonderful time in a woman's life. Having a baby growing inside you is truly a magical experience. But for those who are trying to conceive, or those who are just thinking about it, there are some very important things that they should be doing for themselves, and their babies, before they ever feel that first flutter of a kick. Here you will learn all the information you need to create a pre-pregnancy diet plan that will help you conceive a healthy baby.



The Food-Fertility Connection

According to a pair of studies presented at the 67th Annual Meeting of The American Society of Reproductive Medicine (ASRM), better nutrition does make a difference when it comes to conceiving. In a joint study by the Harvard School of Public Health, the University of Rochester and The University of Murcia in Spain, researchers showed that a diet that was rich in lean proteins such as fish, whole grains and vegetables produced sperm with better motility. This means that the sperm of men with a healthy diet could more easily swim toward the egg in the woman's fallopian tube and fertilize it.

The second study, done at the Fertility Center of Massachusetts General Hospital found that men with a diet high in trans-fat had a lower concentration of sperm than men with healthy diets. This means those with healthier diets could more easily conceive children because higher sperm concentrations mean the chances were better that sperm would reach the egg and fertilization would occur.

What to Include

There are certain things that a woman should definitely include in her pre-pregnancy diet. Many of these elements should be continued throughout the pregnancy as well, because they help the baby develop properly.

- **A rainbow of vegetables.** Vegetables in every color of the rainbow are essential to a pre-pregnancy diet. Vegetables are rich in a number of different vitamins and nutrients, including folic acid which is essential to the development of baby's brain and central nervous system. Other great vegetables include wild yams, which have been shown to increase fertility, and even produce multiple babies. They are rich in antioxidants, which prevent cell aging, especially in eggs.

- **Consume dairy products.** Dairy products aren't just good for Mom's teeth and bones, but essential for the development of the baby's as well. Dairy products are rich in calcium, but they aren't the only ones. If a woman doesn't like milk, she can get her calcium from fortified juice or even leafy green vegetables. Almonds and tofu have calcium as well. While trying to conceive, Mom-to-be should indulge in one serving of full fat dairy per day. Some research suggests that the fat decreases the risk of ovulatory infertility. However, too much fat will just pack on pounds and interfere with fertility, so just one serving of full-fat dairy is the limit.
- **Eat lean protein.** Lean forms of protein such as chicken, turkey, and fish are essential for baby's development. In addition, lean forms of animal based protein are rich in iron and research shows that women who are deficient in iron also have fertility problems. Women should limit animal protein to 3 servings per day, as research also shows that those who eat too much protein have lower rates of fertility. If a woman wants to eat more protein, or she is a vegetarian, she can consume plant based protein such as beans or quinoa, but she should make sure that her vitamin supplement contains iron.
- **A good prenatal vitamin is essential, even when trying to get pregnant.** Because a woman won't know in advance when she'll get pregnant, taking the supplement before pregnancy is essential. These supplements fill in the holes in a woman's diet so that she can be sure her baby gets all the nutrition it needs right from the start.

What to Avoid

The foods to avoid when trying to conceive are the same ones that most people should avoid anyway because they are full of empty calories and other substances that present little if any value to mom and baby.

- **Caffeine.** Women should cut back on the caffeine while trying to conceive and throughout their pregnancy and after birth if they are breast feeding. Caffeine is a powerful stimulant and drinking pots of the stuff throughout the day is not a good idea for anyone. Too much caffeine can lead to dehydration and interfere with the absorption of vital nutrients that a baby will need in the earliest stages of life.
- **Certain types of fish.** Big ocean-dwelling fish that eat smaller fish such as shark, mackerel, swordfish and others should be avoided during pregnancy because they can contain elevated levels of mercury, which interfere with fertility and pose serious health problems to a growing baby.
- **Alcohol.** It is common knowledge that drinking and pregnancy don't mix. Some doctors say that a drink or two every now and then won't hurt an unborn baby, but the problem is that no one knows how much is too much, or when the damage to the baby occurs. So when trying to get pregnant women should just swear off alcohol altogether just to be safe.
- **Junk food.** Junk food, such as the kind found at convenience stores and in vending machines, should be avoided when trying to conceive. These things are loaded with refined sugars and starches as well as chemical preservatives that aren't good for mom or baby.

Maintaining a Healthy Weight

When a woman is trying to get pregnant she needs to maintain a healthy weight for a few reasons. First, if she is underweight she could have problems carrying a baby to full term and may experience problems during the pregnancy. If a woman is overweight, she could experience difficulties in getting pregnant as a result of polycystic ovary syndrome, which is common in overweight women, as well as experience problems with diabetes. If a woman is under or overweight, she should speak with her doctor or a registered dietician to stabilize her weight so she can have the healthiest pregnancy possible, both for her and her baby.

Pregnancy Symptoms

Some pregnancy symptoms appear shortly after conception while other early signs of pregnancy don't appear for a few weeks or even a month or two. If you're pregnant or planning to conceive, it's a good idea to become well-informed and have an idea of what to expect.



The most popular early pregnancy sign is a missed period. However, there are other bodily changes and early symptoms of pregnancy even before it's time for the menstrual cycle.

One of the first signs can be breast tenderness and pain. As the body begins to change to support the new life, hormonal changes can cause this breast pain, tenderness, and cramps in the lower stomach. Cramping early in the pregnancy is common.

Vaginal discharge is also a fairly common symptom. Many women have some sort of discharge while carrying a child and while it might seem alarming, it's usually perfectly normal. Discharge during pregnancy is normal, along with brown discharge or brown spotting, early in the pregnancy. It's a good idea to talk to your doctor about these things just in case, but this type of spotting during pregnancy and even a little bleeding early on is a pretty common occurrence.

Nausea during pregnancy is commonly called morning sickness and affects a lot of women, usually after they're about six to eight weeks pregnant. It typically goes away somewhere between 15 and 20 weeks. Breast soreness will sometimes last the entire time a woman is pregnant. Breast tissue is preparing for the production of breast milk and can even start to feel hot to the touch as the changes take place.

Even though cramps, discharge, spotting and even vomiting and nausea are fairly common experiences during pregnancy, it's important to discuss your specific symptoms with your doctor. Pain during pregnancy isn't always normal. Lower abdominal pain, especially sharp or sudden pain, could indicate an ectopic pregnancy or tubal pregnancy. It's also normal to be hungry during pregnancy or to urinate more frequently; at the same time, either of those signs could also indicate gestational diabetes.

Pregnancy Help & Info

Countless women determine their pregnancy status via an over-the-counter pregnancy test; however, a little known fact is that they can actually be wrong. It's important to visit your doctor if you think you might be pregnant because he or she can confirm your results. If you're pregnant, the doctor can also prescribe prenatal vitamins and answer any pregnancy questions you might have.

There are roughly 3 million unplanned pregnancies each year. Visiting your doctor is even more critical if your pregnancy was unplanned. Getting the right pregnancy information and learning about your options is essential in making informed decisions.

In addition to discussing your pregnancy with your doctor, pregnancy books available in any bookstores are also a great resource for pregnant women. Pregnancy magazines offer up-to-date information, tips, and advice. Pregnancy literature includes critical information such as risk factors, a healthy pregnancy diet, pregnancy facts every expectant mother should know, and other important facts about prenatal care.

One drawback of reading the information, as opposed to asking your doctor questions, is that you're faced with a mountain of the information, rather than just what you need to know. You'll read about complication statistics, pregnancy problems, and the illnesses that can arise, including gestational diabetes, complications due to the Rh factor, and other problems. It's easy to become overwhelmed; however, you should remember that if your doctor feels any problem could arise, he or she will discuss it with you. Don't dwell on all of the negative possibilities; instead, focus on taking good care of your body and getting good medical care. The first step is to find out more information from your doctor.

Resources

For more information on pregnancy help, you should check out the following websites:

- [My Fertility Awareness](#)
- [The Helpline](#)
- [Pregnancy Center](#)
- [Pregnant Teen Help](#)

Pregnancy Test

If you're getting ready to purchase and take a home pregnancy test, you should be aware that the accuracy of over-the-counter pregnancy tests is not 100%. Home tests can show a false positive or a false negative. It's best to follow up any test result that you get with a visit to the doctor for an accurate blood test to be sure of the status of your pregnancy.

Also, if you think your conception date was only a few days ago but you've missed a period, wait a few more days before you purchase a test. Your period might show up just a day or two after you spend the money and take the test.

There are many different types of pregnancy testing available, but the most common is a home test in which you urinate on a swab or stick and after a few minutes, you can see the test results. Certain hormones are present in your urine during pregnancies that aren't there otherwise; you'll test positive only if the test detects that particular hormone.



Some popular brands are First Response and EPT pregnancy tests. There are digital tests that simply say "yes" or "no" on the market today, but the tests in which a single line shows pregnancy are still available. If you haven't been pregnant very long, a faint line will show. In most cases, the darker the line, the more hormones are present in your urine.

If you test positive for pregnancy, you should let your doctor know that you think you're pregnant. A test will be run at your doctor's office to confirm it, and if you are pregnant, your doctor will schedule prenatal tests. A prenatal test is something that's run to make sure you're healthy and to head off any potential problems. If you've had a history of reproductive problems like an ectopic pregnancy (when the baby develops outside the womb), these tests are important during early pregnancy. Sometimes, genetic testing is a good idea if you have a family history of certain illnesses. A glucose test might be run later in the pregnancy to check for gestational diabetes. Prenatal testing is important for pregnant women, so be sure to call your doctor.

If you test negative, that means that the pregnancy test did not detect enough pregnancy hormones. Even if you've missed more than one period, a negative pregnancy test means that you're not pregnant. If you're having pregnancy symptoms, there's always the possibility that the test didn't work. If you are pregnant, negative test results are possible.

Creating Your Own Pregnancy Diet Plan

Pregnancy is the time to make adjustments to your diet and take note of what you consume because you are not just eating for yourself anymore. Some foods, such as seafood and sprouts, should be consumed with caution, while others, like folic acid, should be eaten more often. Meanwhile, here is a general guide to help you make smarter decisions when planning your pregnancy meal plans.

The Numbers

Eating plans during pregnancy should be nutrient-dense and healthy, as you are eating to support your own body as well as your developing baby. The March of Dimes Foundation suggests eating foods from the five food groups every day, and that a pregnant woman generally needs to add only 300 extra calories to her eating plan.

Here is a general guideline to how much should be consumed:

Whole grains: 6 ounces per day.

As a guideline, it equals:

- 6 slices of bread
- 3 cups of cooked rice, pasta, or grain
- 6 tortillas (6 inch in diameter)

Vegetables: 2.5 cups per day

- Vegetables can be measured raw, cooked, or juiced
- If the vegetable is leafy or voluminous, the suggested serving amount will consist of 5 cups of leafy greens per day.
- Be sure to go easy on the condiments, such as salt and butter, on the veggies

Fruits: 1.5 to 2 cups per day

- Fruits can be dried, frozen, fresh, juiced, or canned
- Be sure to drain the sugary juices in canned fruits prior to consumption

Dairy: 3 cups per day

As a guideline, it equals:

- 3 cups of milk or yogurt
- 4.5 ounces of natural cheese (such as cheddar and parmesan)
- 6 ounces of processed cheese (such as American cheese)

Proteins: 5 to 5.5 ounces per day

- Be sure the protein sources are lean cuts of meat
- Other protein sources include eggs, beans, legumes, and nuts
- Nut butters also fall into this category
- Fish can fulfill this category as long as they are low in mercury

Three proper meals per day, with a mid-morning snack and mid-afternoon snack, would be enough. Junk food, sweets, and fats are not included in this guide, as most of them do not provide high quality nutrients for the mom and the developing baby.

If fats are consumed, be sure they are vegetable oils and omega 3 fatty acids. It is also best to substitute sugary drinks with milk, fruit juices, and water, and if junk foods are consumed, be sure they are in moderation. Also, drink lots of water, at least 6 to 8 glasses per day!

Weight Gain

If you are not fitting into your skinny jeans during pregnancy, don't freak out! Weight gain during pregnancy is normal and healthy for yourself and the baby, assuming you are eating a normal, nutritious diet. The process should happen gradually during the pregnancy, and should not skyrocket at any particular point. In fact, most of the weight is usually gained in the last 3 months of pregnancy, and it is normal to gain a total of 25 to 35 pounds during this journey. It is typical for women to gain:

- **First trimester:** a total of 1 to 4 pounds
- **Second trimester:** 2 to 4 pounds per month
- **Third trimester:** 2 to 4 pounds per month

Keep in mind that the gained weight includes that of the baby, placenta, amniotic fluid, breasts, uterus and your own body composition. If you are experiencing weight loss or abnormal weight gain, see your doctor for a healthy weight management plan.

Other Tips:

- **“Eating for Two”:** Sometimes, women may mistakenly believe that they will need to double their caloric intake because they are eating for both herself and her baby. Instead, it means that the mother is responsible to eat a healthy diet, full of nutrients, for both herself and her baby. While it is fine to indulge in high-caloric foods once in a while, keep in mind of portion sizes and try not to use pregnancy as an excuse to indulge excessively. However, it is important to note that women expecting twins, triplets, or multiple births will most likely need a higher daily caloric intake than women expecting only one baby, so be sure to consult your doctor.

- **Food cravings:** cravings are due to hormonal changes within the body, and are totally normal. While most cravings are not harmful and odd at best, be sure to take heed of the type of food in question and take necessary precautionary steps during preparation. For example, if the food craving consists of cold cut meats, be sure to heat them to a boiling point to kill potentially harmful bacteria prior to consuming. Otherwise, consult your physician on the proper methods to protect yourself during waves of food craving.

It is the best to consult your healthcare provider on the best pregnancy meal plan for you based on your current health status. While this guide can help you create your own pregnancy diet plan, your physician can give you the best advice on the types of foods and supplements you need and the appropriate portions you should eat.

Pregnancy Support

A pregnancy support center is important for a pregnant woman. It can be scary not knowing what to expect during pregnancy. It's important to discuss your concerns with your doctor, but you should also conduct your own research. You can find a lot of information on pregnancy websites and through various community resources for pregnant mothers, such as the WIC program. Your local health department or other pregnancy organizations may also have a pregnancy center where you can get information.

Teenage pregnancy can be particularly scary, especially if it seems like there's no one to help you. Reach out and you might be surprised how much support you get from your community. The Internet offers hundreds of places you can find information and support. Pregnancy blogs are a good place to read along with the thoughts and experiences of other women who have been in your situation. You might even consider writing your own blog about pregnant life as a means of adding more information for future pregnant women in need.

Especially on large sites, there may be pregnancy forums and pregnancy chat rooms where you can discuss and read even more information. When you're pregnant, forums are a great place for fast answers. Find a website about pregnancy that has several active members and make a forum post asking about your concern. In the chat rooms, pregnant women can discuss concerns in real time. A pregnancy forum can be a friendly place to visit and can serve as a support group as well.

Pregnancy loss is common, especially for first-time mothers during early pregnancy. But even if you're only a few weeks pregnant, it can be emotionally painful. Loss support groups can help you cope with the heartbreak. Other mothers who have gone through pregnancy will understand the pain of the post pregnancy blues as well.

Caffeine During Pregnancy: Is It Safe?

Many a pregnant woman has wondered about the safety of caffeine during pregnancy. The question of whether or not to give up that beloved latte is not always a simple one to answer. Some experts say that the morning cup of Joe needs to go, while others say that it's fine in moderation. So what's a woman to do when it comes to having caffeine during pregnancy? The answer is as highly individual as the woman's pregnancy itself.

Is Caffeine Safe During Pregnancy?



This is the million dollar question. The short answer is yes...and no. The question of safety when it comes to caffeine depends on the amount being ingested. The less caffeine a pregnant woman consumes, the better, but stopping cold turkey can cause some problems for the mother as well, like caffeine withdrawals.

Research on the issue is conflicting. Some studies show that caffeine is associated with a number of problems for the fetus, but the only solid data available is based on animal studies. The type of human studies that would be required to definitively answer the question of caffeine's safety during pregnancy would be unethical as it could put the unborn baby at risk.

The issue of whether or not the consumption of caffeine plays a role in a healthy pregnancy is sort of a "chicken and egg" situation. No one really knows if it's a case of women who have healthier lifestyles have healthier pregnancies, or women who have healthier pregnancies will have healthier lifestyles. For example, morning sickness is seen as a sign of a strong, healthy pregnancy and that will hardly make a pregnant woman want a cup of coffee. But it could also be true that those who are a slave to the java are doing damage to their baby. The answer is just unclear.

The most recent information available shows that women who consume more than 200mg of caffeine per day have about a 25 percent chance of miscarriage than women who consume less than 200mg.

Problems Associated With Caffeine during Pregnancy

Caffeine, America's favorite stimulant easily crosses the placenta, which means that an unborn child is also affected by the caffeine that the mother ingests. There are multiple problems that research has at least tentatively linked to caffeine consumption during pregnancy, including:

- Miscarriage
- Stillbirth
- Preterm labor
- Low birth weight
- Increased heart rate and respiratory rate in the days following birth
- Longer amounts of time spent awake after birth
- Hyperactivity and behavioral problems in childhood

In addition, some of the most common bothersome symptoms associated with pregnancy such as heartburn and insomnia. Also, as the pregnancy progresses, it becomes harder for the mother's body to break down and eliminate the caffeine, which means that it will accumulate faster and allow even more of it to reach her baby.

How Much Is Too Much Caffeine?

The answer to this question is unclear, again, because it would be unethical to do studies on pregnant women and their unborn babies. Because of this, the March of Dimes recommends that women stick to 200mg of caffeine or less per day, with less being better. But the American Pregnancy Association defines "moderate" caffeine intake as being up to 300mg per day, stating that there is no definitive proof that moderate caffeine consumption harms

babies. Other sources say that harm to babies doesn't occur until around the 500mg mark. Since it's unclear as to where the harm to babies occurs, it's best to avoid caffeine altogether, which is easier said than done for some.

It's also important to know where caffeine is found. Coffee is the most obvious and concentrated form of caffeine, but products like tea, soda, chocolate and even some over-the-counter pain relievers (the likes of which pregnant women should be avoiding anyway) contain caffeine. The 200mg guideline from the March of Dimes equates to about a cup and a half to two cups of regular coffee per day, or five 12 ounce cans of soda.

Cutting Back On Caffeine

For those women who worship the coffee pot, a 200mg restriction can seem like torture. And for these women, stopping cold turkey could lead to problems such as headaches, excessive daytime sleepiness, fatigue, low blood pressure, problems with balance and concentration, and depression. There are some techniques that can make it easier to cut back on the caffeine:



- **Gradually switch to decaffeinated coffee.** One simple way to do this is just start mixing decaf with regular coffee in increasing amounts. There are even some varieties sold that are half caffeinated and half decaffeinated. Decaf coffee is perfectly safe during pregnancy.
- **Switch to herbal tea.** There are some on the market which are purported to be beneficial during pregnancy, such as Traditional Medicinals Pregnancy Tea. It can be made hot or iced, for those who consume large amounts of caffeinated tea during the day.
- **Switch to caffeine free soda.** Switching to caffeine free soda, or mixing caffeinated soda with caffeine free soda in the same way suggested for coffee can help those who are hard core soda drinkers, though soda is a bad idea during pregnancy for another reason. Soda is loaded with empty calories that will just pack on pounds. Gaining too much weight during pregnancy can cause several problems during the pregnancy.

While caffeine is not usually a problem for most people, for pregnant women it could be. So the best idea is to cut back or eliminate caffeine altogether, both for Mom and her baby.

Pregnancy Rhinitis: Stuffy Nose and Sneezing While Pregnant

As if all the aches and pains of pregnancy wasn't enough, there are often a number of other less than pleasant symptoms associated with being an expectant mother. Up to 30 percent of women experience an increase in congestion, sniffing and sneezing. This condition is referred to as pregnancy rhinitis, and while it won't harm Mom or the baby, it is irritating and can last for the entire pregnancy, and even after birth. The biggest concern associated with pregnancy rhinitis is not the congestion and other symptoms, but the treatment the mother uses.



What is it?

Pregnancy rhinitis is the technical name for the sniffing, sneezing and stuffy nose that many women experience during pregnancy. It is a type of allergic rhinitis, but don't worry, it doesn't mean that the mother is allergic to her baby or anything silly. It just means that pregnancy has made Mom more sensitive to the world around her. Though they can vary in severity, the most common symptoms are:

- Congestion
- Runny Nose
- Sneezing
- Headache



Why does it happen?

Many women who suffer from pregnancy rhinitis do not regularly suffer from allergies, so they wonder why it is that they suddenly are sniffing and sneezing. There are some very good reasons for this.

- The first is the increase blood volume that occurs in pregnancy. Because of this tiny blood vessels in the nose can become swollen causing the congestion and sniffing associated with pregnancy rhinitis.
- Those pesky pregnancy hormones are also at work here. The same hormones that support the pregnancy cause an increase in mucus production in mucous membranes, such as those that line the nose, and also contribute to swelling.
- If mom had allergies previously, then it's possible that they will get worse during the pregnancy. So if she is exposed to an allergen, the associated sneezing and congestion may be worse than normal.

Natural Treatments

Perhaps the simplest natural remedy for pregnancy rhinitis is just to avoid allergens. Have Daddy keep the house free of mold, dust and animal dander. Mom should also steer clear of harsh chemical cleaners. If Dad can't do it, then switch to all natural cleaners. Sometimes the chemicals and perfumes in cleaning products can irritate mom's already over sensitive nose as well.



Another great natural treatment that can provide much relief is a neti pot. A neti pot is used to irrigate nasal passages. This is great if mom is having problems with dryness and swelling. It may seem awkward to use at first, but after mom gets used to it, it's quite soothing and has no effect on the baby. Just be careful to follow the instructions carefully.

Humidifiers and vaporizers are also helpful, especially in dry climates. Often in desert climates, or in the winter when the heat is on, the air in a home can become dry, irritating sinuses. Whether to use warm or cool mist is really a matter of personal preference and which works better for each person.

Ice can be helpful as well, particularly with congestion and headaches. Ice helps reduce swelling in the sinuses that causes the congestion and headaches, and what better excuse for mom to kick back on the couch with her feet up.

Medical Treatments

While it's true that pregnant women have to stop taking many medications, there are some that are safe, in most cases. Mom just needs to check with her doctor before taking anything. Nasal decongestant sprays are safe to use during pregnancy because they aren't ingested and don't cross the placenta. These are quick and easy, but they come with a drawback. Often after continued use, congestion will come back faster and more severe than when it originally started. If mom does decide to use a nasal spray, she should start with $\frac{1}{4}$ to $\frac{1}{2}$ the suggested dose. This will help minimize any rebound problems later.

Over-the-counter decongestants are generally fine, but again, mom should check with her doctor. Also if headaches and swelling are a problem, mom can take Tylenol, but should steer clear of any other pain relievers. The reason is that any other pain relievers can lead to bleeding and clotting problems in both mom and the baby. If mom does choose to take any over-the-counter medications she needs to watch the dosing carefully to avoid overdose. If problems persist, her doctor can prescribe something that is baby safe.

Other Possible Problems

While pregnancy rhinitis is quite common, so are things like the common cold and sinus infections. If mom experiences any other symptoms, such as cough, fever, chills, discolored mucus or bleeding, chances are she has something more than just pregnancy rhinitis and she needs to see a doctor to avoid any complications that an infection may cause.

Pregnancy takes a huge toll on the mother's body. It's hard work to make the millions of cells in a beautiful new baby, so it isn't uncommon for her to catch a bug and have a hard time fighting it off. But if she doesn't have any symptoms other than those listed above, chances are it's just one of the side effects of pregnancy. And while it can be bothersome, in the end it's all worth it.

Infertility

10 Common Causes of Infertility in Women

At some point in a person's life, the urge to have a child becomes great. But for some people, conceiving a child is an impossible task. According to The Mayo Clinic, 10 to 15 percent of couples in the United States are infertile, and that may be due to any number of reasons that can affect one or both partners.

According to the U.S. Department of Health and Human Services Office on Women's Health, the common causes of female infertility are issues with ovulation. A common sign of ovulation issues is typically abnormal menstrual periods, or the complete lack of menstrual periods. Below is a list of common causes of infertility in women, most of which relate to issues with ovulation:

Polycystic Ovarian Syndrome (PCOS)

PCOS is a condition that causes the overproduction of the hormone androgen and is one of the top causes of female infertility. The hormone imbalance caused by PCOS leads to problems with ovulation, along with issues in a woman's menstrual cycle and the development of male characteristics such as a deeper voice and male-pattern baldness. This condition is often associated with obesity and insulin resistance.

Early Menopause

According to The Mayo Clinic, early menopause is defined as the lack or loss of menstruation and early depletion of ovarian follicles before a woman reaches the age of 40. Menopause is considered early if it starts before the age of 40. Certain immune diseases or even radiation therapy can trigger it.

Damage to the Fallopian Tubes

When the fallopian tubes become inflamed, this may be due to a blockage, damage or scarring, which, in turn, causes infertility. Such damage is often due to infection through a sexually transmitted disease, primarily chlamydia. Other issues that may cause a blockage to the fallopian tubes include pelvic inflammatory disease, or surgery required for ectopic pregnancy.

Endometriosis

Endometriosis is a condition where the uterine tissue grows outside of the uterus. This condition will usually affect the ovaries, eggs, fallopian tubes, uterus and even sperm function. In milder cases of endometriosis, conception is still possible since not all women will experience infertility. For such cases, laparoscopy can be used to remove any scar tissue caused by endometriosis to aid with conception.

Ovary Scarring

Another factor that affects a woman's ovulation is physical damage to her ovaries. Such damage can be caused by multiple surgeries for issues like ovarian cysts. Constant surgeries that may be extensive and/or invasive can lead to damage and scarring to the point where ovarian follicles can no longer mature properly. The end result is a complete lack of ovulation.

Pelvic Adhesions

Pelvic adhesions are defined as scar tissue that forms after pelvic surgery, appendicitis or a pelvic infection can disrupt fertility. Pelvic adhesions can change the structure of the fallopian tubes, making it difficult for a woman's eggs to travel through.

Thyroid Problems

Hyperthyroidism, which is a condition caused by an overactive thyroid, and hypothyroidism, which is a condition caused by an underactive thyroid, also can cause infertility problems in women.

Cancer Treatment

Having cancer and undergoing radiotherapy or other forms of cancer treatment could impair the function of the male or female reproductive system. Studies have shown that a decrease in a woman's fertility is one of the possible side effects of radiation for female cancer patients, depending on what particular are of the body is irradiated. Women undergoing radiation therapy should discuss with their physician the effects such treatment may have on their fertility.

Medication and Certain Health Issues

Certain medications can cause infertility in women. If medications are discovered to be the cause of infertility, a woman may be able to become fertile again by stopping the medication completely. Using drugs, drinking alcohol, smoking cigarettes, eating poorly and being overweight or underweight, contracting an STD and even excessive athletic training can also contribute to female infertility.

Age

Age is also considered a common factor for female infertility. Women over 40 have a smaller number of eggs that tend to be less healthy. The chances of a miscarriage are also higher for an older woman. A woman's age is also linked to a higher likelihood she will be suffering from certain health conditions, some of which were previously listed, that can cause infertility.

It is generally recommended that women should seek consultation from their doctors after one year of being unsuccessful at conceiving. Consultation can be done much sooner as a woman ages. For example, women aged 35 or older can seek consultation after six months of trying to conceive, rather than waiting an entire year. Women can also visit their doctors before even attempting to get pregnant. A doctor can provide general guidance and health tips to prepare a woman for pregnancy, and can also answer any questions on fertility.

10 Common Causes of Male Infertility

We understand this is a "woman's health course" and it's important to talk about male infertility as this has a huge effect on woman being able to conceive. Here are some common causes of fertility problems in men.

Hormonal Issues

When there is a deficiency in testosterone, the predominant male hormone, defective sperm production can take place and lead to male infertility. Hormonal problems can be present at birth (due to genetics) or developed later in life, usually due to damaged pituitary glands in the brain. Problems with other hormones, such as FSH, LH, or androgens, can also impact male fertility factors. Some of hormonal-based medical conditions include hypogonadism, Kallmann syndrome, and panhypopituitarism.



Anatomical

Structural abnormalities of the male reproductive organs will certainly play a factor in male fertility. For example, some genetic abnormalities can cause the testes of a fetus to never properly descend outside the body. Some infants may also be born with blocked tubes responsible for delivering sperm; hence, even if ejaculation can take place, there may not be any sperm present in the fluids. Injuries later in life, or having a vasectomy, can also change the structural integrity of the male reproductive tract.

Environmental Factors

Environmental factors, such as pollution or occupational hazards, can definitely wreak havoc on sperm quality and count in men. Exposure to pesticides, mercury, radiation, second-hand smoke, paint, or heavy metals (fumes included) also has the same effects. Hence, be sure to take occupational safety measures to decrease such risks.

Medications and Treatments

Treatments involving radiation, such as chemotherapy, can significantly alter the fertility of men, especially if it is near the reproductive organs. Having frequent x-rays done near the testicles can also affect sperm production. Certain medications intended to treat hypertension, depression, and arthritis can also effect ejaculation and sperm functions, causing male infertility.

Other Underlying Medical Conditions

Sometimes, male infertility is a symptom of other underlying medical conditions. For example, a condition known as immunological infertility happens when the man's own body attacks his sperm for unknown reasons. Obesity, kidney disease, and other metabolic diseases can also decrease male fertility levels.

Diet

What you put in your mouth can affect your fertility! Malnutrition, specifically a deficiency in vitamin C and zinc, can cause infertility in men. Anemia also has similar effects. Since there are male prenatal vitamins on the market, be sure to take one daily in preparation of starting a family, along with a nutrient-rich diet and daily exercise.

Lifestyle Habits

Excessive drinking, smoking, recreational drug use can significantly decrease sperm count and the mobility of sperm cells. Anabolic steroid abuse, often known to produce large muscles, can also have testicular shrinkage and infertility as side effects. Wearing tight pants, underwear, or the habit of using laptops directly on the lap can also decrease sperm production due to the elevated temperature. Stress and irregular sleep schedules also increase the potential for male infertility.

Psychological/Behavioral Issues

For some men, the problem lies in a more intimate place – between the sheets. Erectile dysfunction (also known as impotence), is increasingly affecting men nowadays, and is often accompanied by other health problems. Premature ejaculation also prevents the sperm from entering the female reproductive system. Another psychological condition, known as ejaculatory incompetence, prevents a man from ejaculating during sexual intercourse, even if he can ejaculate normally through masturbation. Fortunately, factors of a behavioral nature may be corrected through therapy or addressing personal issues.

Sperm Abnormalities

For a sperm to be able to properly fertilize an egg, it needs to fit three criteria: count, motility and morphology. If the sperm count is lower than 20million/mL, the chances of fertilization dramatically decrease. For some men, sperm may be completely absent in the semen. Then, if the sperm cannot move in a straight line, or is too slow, it may never be able to reach the egg for fertilization; normal motility is considered 60 percent and above. Lastly, morphology considers the shape of the sperm body and the presence of the tail. An abnormally shaped sperm cannot properly penetrate the egg, and can contribute to male infertility.



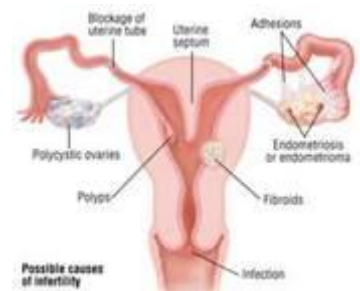
Age

Although a man's "biological clock" surpasses a woman's, it still has an expiration point. While there is no specific age that deems the sperm's ability to fertilize unviable, older men tend to produce lower quality sperm. In term, such sperm cannot fertilize eggs as easily as the sperm of a younger man. In fact, research has shown that men can go through andropause, similar to that of menopause in females. Male sex hormone production significantly decreases along with libido and the rate of erectile dysfunction increases.

If male infertility plays a factor in your life, be sure to see an urologist for tips to improve the chances of conceiving.

Female Infertility Treatment Options

Infertility affects millions of couples around the world. Many couples struggle for years to get pregnant, regardless of age, ethnicity, and religious background or financial status. The ability to conceive and sustain a pregnancy is a complex process that relies on several factors for success. Infertility is defined as a condition that affects the ability to successfully achieve conception.



What is Female Infertility

Many people mistakenly assume that the woman has the underlying condition that leads to problems with fertility. Female infertility, in which the infertility is a direct result of the woman only, accounts for only one-third of infertility cases. Of the remaining cases, male infertility is responsible for one-third of all cases, and combined fertility conditions or unknown causes make up the other one-third.

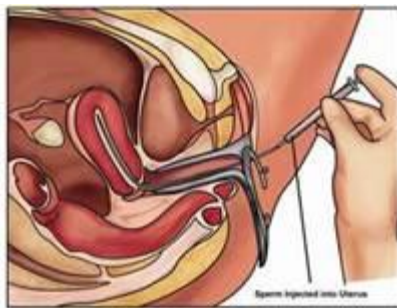
Female infertility occurs when the woman has an underlying condition that prevents her body from conceiving and successfully maintaining a pregnancy. Female infertility includes not only the inability to get pregnant, but also the inability to have a viable pregnancy. Repeat miscarriages that occur during the first and second trimester are forms of infertility.

What Is Unexplained Infertility

Unexplained infertility accounts for roughly 10 percent of infertility cases. Unexplained infertility does not mean that there is no cause for infertility; it means that the underlying cause has not yet been detected. Fortunately, most couples will eventually discover an underlying cause that can be addressed in hopes of successfully conceiving. Sometimes all that is needed is more time. Many couples who have been diagnosed with unexplained infertility have successfully conceived and delivered a baby after many years of trying.

Non-Surgical Treatment Options

Most doctors will prefer to use the least invasive method to help couples conceive. The most common type of non-surgical infertility treatment is hormone therapy. This involves the use of medications to help induce ovulation and prepare the woman's body for successful implantation of a fertilized egg. These medication cycles are often used several times, if necessary, before advancing to more invasive, surgical techniques.



Assisted reproductive technologies, such as Intrauterine Insemination (IUI) is often used in conjunction with hormone therapy to maximize the chances of conception.

In addition, most doctors will instruct women on the importance of maintaining a healthy lifestyle. This includes moderate exercise, a nutritious diet, limiting stress, employing relaxation techniques and avoiding alcohol and cigarettes.

Women of advanced maternal age may wish to skip non-surgical treatments and instead opt for more aggressive infertility treatment because of the decline in fertility and the limited time factor involved.

Surgical Treatment Options

There are a variety of surgical treatments that can be used to treat underlying conditions in the woman's body that may interfere with a successful pregnancy. This includes surgical procedures to unblock fallopian tubes, repair structural abnormalities of the uterus, and remove uterine fibroids and to scrape away excess scar tissues from prior surgeries. Laparoscopic procedures, in which a thin camera is inserted into the uterus, can be performed to detect unknown causes of infertility.

When to See a Doctor

Couples who have been unable to conceive should schedule an appointment with their physician after 12 months of trying. Women over the age of 35 may wish to schedule a visit with their doctor even sooner. The American society of Reproductive Medicine recommends that women over the age of 35 should seek medical advice after 6 months of trying to conceive.

What to Expect During Your Visit

During your visit, your doctor will give both you and your partner a detailed health history questionnaire. It will include general health questions, as well as questions about your sexual history. You will both be asked to provide details about the number of sexual partners you had in the past, past birth control methods, any history of sexually transmitted diseases, your recreational drug use, etc. It is important to answer all questions honestly, as this will help your doctor recognize possible factors that may be contributing to your infertility.

You will have your weight and blood pressure checked. Your doctor will likely inquire about your eating habits, any fluctuation in weight, whether or not you smoke or drink alcohol and your emotional health. Blood tests will be ordered to check your hormone levels and for any possible underlying conditions.

Male Infertility Treatment Options

In nearly 30 percent of all infertile couples, male factor infertility is the underlying cause. The inability to conceive and successfully maintain a pregnancy can be frustrating ordeal for many couples, but there are several treatment options available that may be able to help you conceive.

What Is Male Infertility?

Infertility is the inability to conceive a child following an extended period of unprotected intercourse. Male infertility refers to the basis of the infertility lying within the man. Many factors can affect male fertility, including:

- Low sperm count
- Abnormally shaped sperm
- Sperm that cannot swim or obstructions that interfere with the release of sperm
- Certain diseases or illnesses
- Injuries
- Underlying health issues
- Unhealthy lifestyle

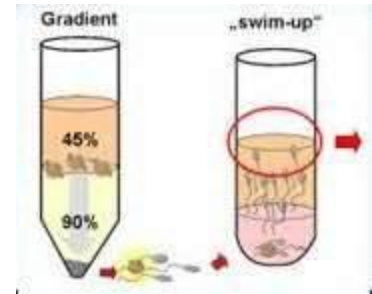
What Causes Male Infertility?

In order to achieve pregnancy, the male needs to create healthy sperm that are able to arrive at his partner's egg. Sperm must then penetrate the egg and have the ability to fertilize it. If any of these steps are unattainable, conception will not occur. If the male body is not producing enough testosterone, he may not be able to sustain adequate sperm production. Additionally, if there is a blockage in the tubes which carry the sperm, a poor sperm count or decreased motility of sperm will occur.

Male infertility can also be caused by underlying medical conditions such as an infection within the reproductive organs, a varicocele, retrograde ejaculation, metabolic disorders and testicular cancer, among other conditions. In addition, environmental factors such as high exposure to chemicals or toxins may contribute to a low sperm count. Likewise, certain medications, illegal drug use, alcohol abuse, stress, vitamin deficiency and obesity can all lead to the development of male infertility.

Types of Non-Surgical Treatments

Depending upon the cause of the male infertility, it is possible to seek out non-surgical treatments such as drug therapy. Drug therapy is a good option for treating any underlying infections that may be causing a problem with fertility. Medication can also be effective for improving sperm production and treating any hormonal imbalances. For an identified low sperm count, sperm washing is an option that may be considered. Sperm washing refers to the process of separating strong, healthy sperm and preparing them for insemination. If sexual dysfunction is a suspected cause of male infertility, the attending physician may suggest medication or counseling as a treatment option.



Types of Surgical Treatments

Surgical treatments may be necessary if the male infertility is unable to be treated with a non-surgical approach. Surgery is used to treat reproductive tract blockages and varicoceles. A varicocele refers to the swelling of the veins that drain the testicles. In addition, a surgeon may need to perform sperm retrieval, which is a minimally invasive out-patient procedure. Sperm retrieval is used when blockages cannot be corrected, if the man has had a vasectomy or if there is a congenital defect in the reproductive tract.

Herbal Therapies

Many people believe that herbal supplements may help with male infertility. Consider using Vitamin C, Zinc, Selenium, Vitamin E, Vitamin B12, and Asian Ginseng to improve sperm count and quality. Always consult your doctor before starting an herbal supplement regimen. In high doses herbal supplements may cause harm. Home remedies to consider include increased frequency of sex, having intercourse during your partner's most fertile time and limiting the use of lubricants that tend to slow down sperm.

Comments by Amanda Bears, Fertility Advocate



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Infertility affects 7.3 million people in the United States, that's 1 in 8 couples that will have infertility. Infertility is a medical condition that many do not realize they have, until it's been over a year of trying to conceive with unprotected sex. 30 percent of infertility is due to male factor infertility.

Here are some medical causes that can have an impact on fertility- causing infertility.

Anovulation

This is lack of ovulation. A lot of women who are overweight, or have an underlying health condition, such as PCOS, thyroid imbalances, or sometimes even over exercising - mainly athletes.

Late Ovulation

Most physicians have a text book ovulation day, which is day 14. However over the years this has become a myth. Late ovulation is classified as being after day 19. The later the ovulation the less chances per year a woman have to conceive. This can be problematic. Often times a woman's uterine lining will also thicken, creating complications for the developing embryo to implant.

Short Luteal Phases (the second phases of the cycle)

Progesterone dominates the second half of the menstrual cycle. Progesterone prepares the uterus for implantation as well as helps the sperm meet the egg. Luteal phases are textbook 14 days long. However as this does vary between woman to woman, a woman's luteal phase must be at least 12 days long to ensure a viable pregnancy. Progesterone drops at the end of the luteal phase about three days prior to a new cycle starting. The shorter the luteal phase, the less chances a woman will have for a viable pregnancy.

Infertile Cervical Fluid

Just days before ovulation occurs, the hormone estrogen will rise, creating cervical mucus to be egg white looking. This type of cervical mucus helps the sperm meet the egg, and live somewhat longer. If a woman lacks fertile cervical mucus, either because of being too acidic, or lacking, she will then not be able to conceive.

Hormonal Imbalances (such as polycystic ovary syndrome [PCOS])

PCOS unfortunately affects 5 million women in the United States. PCOS can cause serious infertility complications.

Insufficient Progesterone Levels

The size of the developing follicle that holds the mature egg is what determines a woman's progesterone levels. If the developing follicle is not mature enough, or did not retain to a certain size before releasing the egg, the less progesterone will be produced. The follicle turns into a Corpus Luteum Cyst, which is what secretes progesterone during the luteal phase.

Occurrence of Miscarriages

Unfortunately 1 in 4 women will experience a miscarriage. Often times it is due to a chromosomal abnormality of the embryo. However certain vitamin and mineral deficiencies can also be a factor, or even imbalanced hormones:

- Irregular or abnormal bleeding
- Vaginal infections
- Urinary tract infections
- Cervical anomalies
- Breast lumps
- Premenstrual syndrome
- Endometriosis
- Sexually transmitted diseases
- Unaware of fertility- meaning unaware of ovulation time during a cycle

Genetic

A Robertsonian translocation in either partner may cause recurrent spontaneous abortions or complete infertility:

- General factors
- Diabetes mellitus, thyroid disorders, adrenal disease
- Hypothalamic-pituitary factors
- Kallmann syndrome
- Hyperprolactinemia
- Hypopituitarism

Inadequate Hypothalamus Function

Inadequate functioning of the hypothalamus, resulting from poor feedback mechanisms or stress. The hypothalamus is extremely sensitive to emotions as well as to xenobiotics (chemicals that mimic hormones), which are derived from plastic waste and hormone fed animals, and which may reduce stimulation of the pituitary gland. Genetic factors or tumors can also affect hypothalamic-pituitary access. Prolactin (from stress or breastfeeding) also inhibits pituitary release of the Follicle Stimulating Hormone (FSH) and prevents ovulation.

Low Ovarian Reserve

This is due to a lower egg supply. This condition is sometimes called early menopause but that is not an accurate description. While the egg supply may be lower, the other aspects of menopause are not present.

Women in their 40s will have naturally lower ovarian reserves than women in their 20s or 30s simply because they are approaching the end of their childbearing years. When lower ovarian reserves are found in younger women it means that they are somehow depleting their supply of eggs more rapidly than is typical.

A woman with diminished ovarian reserve may experience no symptoms other than difficulty conceiving but her blood work will reveal elevated FSH (follicle-stimulating hormone) levels. This is an indicator of decreased ovarian function.

As with many conditions that impact ovarian function, the exact cause of diminished ovarian reserve is not known. The condition may be congenital or medical. There may be other factors that contribute, too. Researchers have explored links between diminished ovarian reserve and variables such as environmental exposure (cigarette smoking, for example) or trauma (such as might be experienced during surgical procedures to remove ovarian cysts or endometriosis in the uterus or other locations).

Slow Oestrogen Production

Weak response of the follicle, lack of oestrogen precursors, poor quality follicles, or FSH resistance.

Overproduction of Cortisol

Stress causes adrenal over-stimulation, and the result is the increased production of cortisol, the long-term stress hormone, which uses up much-needed progesterone. The long-term effect is low oestrogen, progesterone and testosterone.

Too high/Low Progesterone Level

Too low or too high a progesterone level can result in cyst formation and endometriosis, PMS, breast tenderness and painful periods. Too high a level may cause early ovulation with ovum maturity, and too low a level may cause delayed ovulation and poor ovum maturation as well as delayed periods.

Cervical Cancer

Cervical cancer is the 2nd most common cancer worldwide in women under 45 and the third leading cause of cancer deaths among women worldwide after breast and lung cancer. Cervical cancer develops in the cervix – the low, narrow neck of the uterus that opens into the vagina. The cervix protects your uterus.

The main cause of cervical cancer is a virus called Human Papilloma Virus (HPV). The virus can be transmitted during sex or even sometimes during intimate genital skin to skin contact. Every woman risks catching the virus. Up to 80% of women will be infected with some type of virus at some time in their lives. This is why it is so important to have regular Pap smear tests to detect abnormalities. A Pap smear test involves taking a swab of your cervix. This involves a doctor, gynecologist or nurse using a special brush device to gently take a few cells from the surface of your cervix. These are then examined under a microscope for possible early abnormalities. Should abnormalities be found, you will quickly be contacted and advised on further tests and possible treatment.

Low Oestrogen Levels

Low oestrogen levels will cause LH not to trigger ovulation, without which no ovarian progesterone is produced. When progesterone levels are too low, or there is poor tissue response to progesterone, the endometrium remains immature and the result is delayed heavy and painful periods.

Blocked fallopian tubes due to endometriosis, pelvic inflammatory disease or surgery

Physical problems with the uterine wall (sometimes caused by certain birth control methods)

Uterine fibroids

BPA's and GMO's

Unfortunately because of certain chemicals that are in our foods today, and environmental factors, over time can cause infertility. Did you know that BPA is one of the reasons why men and women suffer from infertility? GMO's also impair fertility.

Vitamin and Mineral Deficiencies

These can also be a cause of infertility. Due to our diets, many individuals do not supply their body with the adequate amount of vitamins needed per day. Over time, this can cause a deficiency, which can also have an impact on hormones. An imbalance of hormones will cause the endocrine system to fall out of balance.

Unknown Infertility

Certain blood panel testing can be done to determine what the possible cause of infertility is. However about 10 to 15 percent of couples diagnosed are also diagnosed without a reason, "Unknown Infertility". This means that all blood work on both partners, sperm analysis, and other testing came out "normal", and the couple is left with no known causes or answers as to what is causing their infertility diagnosis.

Celiac Disease or a Gluten Intolerance Can also Impact Fertility

Studies have shown that those who are affected by gluten can have complications in their pregnancy or trouble getting pregnant.

A research team led by Stephanie M. Moleski, MD, of Thomas Jefferson University Hospitals in Philadelphia, presented an abstract of the study data at the American College of Gastroenterology Annual Meeting 2012. In the abstract, Moleski points out that women with biopsy-proven celiac disease had significantly high rates of fertility and pregnancy complications, and gave birth to less children than those without this disease. Since this is an abstract, the study data and conclusions should be regarded as preliminary until they appear in a peer-reviewed journal, where they can be given a full context and be more widely scrutinized.

For the recent study, Moleski and her colleagues' recruited patients treated for celiac disease at Thomas Jefferson University Hospitals, as well as members of the National Foundation for Celiac Awareness and the Gluten Free Intolerance Group, to respond in an anonymous internet based survey about fertility and pregnancy. Women without celiac disease also completed the survey and served as a control group.

The survey asked questions about celiac diagnosis, history, menstrual history, fertility, spontaneous abortions (miscarriages), and pregnancy outcomes. Approximately 1,000 women completed the survey. Of those, 473 had physician diagnosed celiac disease, while 298 women had been confirmed for celiac from a small bowel biopsy. The researchers used the group with biopsy proven disease to compare against 560 women without the disease.

The data collected had showed that 41.2 percent of women with celiac disease had increased infertility, compared with 36.5 percent of the women without the disease. Women with celiac disease also had more consultations with fertility specialists and higher rates of miscarriages, preterm delivery, and cesarean sections, compared with the women who did not have this disease.

Additionally though women with celiac disease were shown to have a short duration of fertility, and experience menopause younger. The data also revealed the differences between women with and without this disease. In all, 22.4 percent of women with the disease had consulted with fertility specialists, compared with 19 percent of those without. Also 43.3 percent of Celiac's had a history of miscarriages, compared with 36.6 percent of those without this disease. Compared with the women who do not have this disease, women with it also had higher rates of cesarean delivery. Lastly, rates of preterm delivery were 23.2 percent for celiac women, and 14 percent for those without the disease, while those with celiac disease were also slightly older getting their first period.

Among reporting a history of miscarriages, more than 80 percent occurred prior to their diagnosis of celiac disease. Moleski concluded that the analysis of data collected by her team shows a clear relationship between celiac disease, fertility, and pregnancy outcomes.

Evening Primrose Oil

There are herbal ways to help CM (cervical mucus) like Evening Primrose Oil, if it is taken with water. We usually take no more than 1500mg's. And after we ovulate we do less than that (as it helps with menstrual cramps)

RRL can get rid of cysts, shrinking them.

Preseed is the most sperm friendly lube out there for those who suffer vaginal dryness.

Some ladies use Mexican wild yam for progesterone.

Progesterone cream (OTC) will not sustain a pregnancy to help a luteal phase. Because the progesterone needed needs to get into the blood stream fast.

Many women will try and avoid medical fertility treatments as much as they can, either for various reasons or their insurance will not cover it. Women who do not ovulate tend to turn to "Soy Isoflavones", which are taken as the fertility drug Clomid, however they do not work the same, and are not the same. Here is more information on it ([LINK HERE](#)).

Here are the "Seven Sins" of prenatal Vitamins ([LINK HERE](#))

This has to do with health, and why infertility is on the rise: ([LINK HERE](#))

Also, we have a great deal of information on ARTS. ARTS is Artificial Reproductive Technologies. This is about using fertility drugs to help conceive. ([LINK HERE](#))

For ANY type of support regarding infertility, <http://www.Resolve.org> is by far one of the best support systems anyone could use for the struggles of infertility.

Herbal Program for Pregnancy From Footprints on the Path

There are several herbs which have been famous throughout history for preparing mothers for childbirth. Herbs can shorten labor and lessen the likelihood of complications both throughout pregnancy and in childbirth.

Primary Formula

- Nature's Prenatal

Herbals

- NF-X
- Red Raspberry – A general pregnancy tonic
- Herbal Trace Minerals or Herbal CA (Natural Calcium)
- 5-W – For the last 5 weeks only
- Yellow Dock – Supplies organic iron
- Super Algae or Liquid Chlorophyll – For the trace minerals
- Papaya Mints or Anti-Gas Formula w/Lobelia – To eliminate gas
- Everybody's Fiber, Psyllium Hulls or Psyllium Seeds
- Bilberry Concentrate – To strengthen blood vessels
- Dandelion – Throughout pregnancy to prevent jaundice

Vitamins

- Folic Acid Plus – For the first 6 weeks to prevent birth defects
- Syner Protein – During last trimester to prevent toxemia
- Love & Peas – For vegan protein
- Super Supplemental, Super Trio, VitaWave or Thai-Go
- DHA – For development of the infant brain

Essential Oils

- Ylang Ylang or Peppermint
- Clary Sage – During labor in massage oil on stomach and lower back
- Jasmine – Childbirth pain, stress/depression

Stretch Marks

- Herbal Trim or Aloe Vera + Vitamin E Complete – Externally
- Flax Seed Oil – Internally
- Essential Oils: Myrrh or Lavender – In massage oil
- Mandarin + Jasmine, Lavender, Sandalwood or Frankincense

Morning Sickness

Cessation:

- Peppermint Oil – Few drops on tongue
- Ginger with honey as a tea
- Red Raspberry – Sip tea
- Papaya Mints – Chew for relief
- Mineral Chi Tonic or Ionic Minerals
- Essential Oils: Mandarin

Prevention:

- Liver Cleanse Formula – To detoxify liver
- Nature's Prenatal (Internally) + Pro-G-Yam Cream (Externally)
- Gastro Health – For 3 months prior to eliminate bacteria
- Red Raspberry – To adjust hormone levels
- Anti-Gas Formula w/Lobelia

Childbirth

- 5-W – Take the last 5 weeks of pregnancy for labor and delivery
- Red Raspberry – For childbirth and afterbirth pain
- Black Cohosh or Slippery Elm – for birthing pain
- Anamu – As an aid to childbirth
- APS II w/White Willow or Valerian T/R – For after-birth pain
- Uva Ursi – Reduce after birth hemorrhaging and to shrink womb
- Essential Oils: Jasmine – For pain relief and to relax muscles; Mandarin – To calm and reduce stress

Nursing:

- Nature's Prenatal – Vitamins and Minerals
- Red Raspberry – Mother's tonic
- Catnip & Fennel or Marshmallow – To increase butterfat
- Blessed Thistle – To enrich and oxygenate
- Alfalfa or Barley Juice Powder – To enrich milk
- Herbal CA or Skeletal Strength – To enrich milk
- Fenugreek & Thyme – To increase flow
- Folic Acid
- Vitamin C w/Bioflavonoids
- Essential Oils: Clary Sage or Geranium

Cessation:

- Sage and/or Parsley – To dry
- Black Walnut or Yarrow

Breast Infection

- IN-X (Infection Formula)

Sore Nipples

- Herbal Trim or Aloe Vera – Externally

Diet

- Eat plenty of eggs, nuts, seeds, whole grains, and raw foods.
- No cigarettes, alcohol, street drugs or artificial sweeteners.
- Add Syner Protein to diet during the third trimester to prevent toxemia.
- Vegans may use Love & Peas.

Postpartum

- FCS II (Female Corrective Formula) – For postpartum weakness
- Wild Yam + Pro-G-Yam Cream – To increase progesterone
- DHA – To combat postpartum depression
- Essential Oils: Jasmine + Bergamot or Clary Sage

Pregnancy and Nutritional Supplements From Footprints on the Path

Safe Herbs during Pregnancy

| | | |
|--------------|--------------------|---------------|
| Alfalfa | Echinacea Purpurea | Lavender E.O. |
| Marshmallow | Red Raspberry | Rose Hips |
| Slippery Elm | Yellow Dock | |

Avoid During Pregnancy

| | | |
|-----------------------|----------------------------------|------------------------|
| Aloe Vera Juice | Anamu | Artemisia Combination |
| Barberry | Bayberry | Black Cohosh |
| Black Walnut | Blessed Thistle | Blood Build |
| Blue Cohosh | Blue Vervain | Brain Protex |
| Burdock | CX | CBG Extract |
| CLT-X | Cascara Sagrada | Clary Sage E.O. |
| Clean Start | Cordyceps | DHEA-F |
| DHEA-M | Damiana | Dieter's Cleanse |
| Dong Quai | E-Tea | Ephedra, Chinese |
| False Unicorn | Female Comfort | Fennel |
| Flash-Ease | Frankincense | GABA Plus |
| Ginseng | Glyco Essentials | Golden Seal |
| Green Tea Extract | He Shou Wu | Helichrysum E.O. |
| Hista-Block | Hops (1 st Trimester) | KB-C |
| Kava Kava | Kidney Activator | JP-X |
| Jasmine E.O. | Joint Support | Juniper Berries |
| LB-X | Liquid Cleanse | Lobelia |
| Lung Support, Chinese | Ma Huang (Ephedra) | Marjoram/Sweet E.O. |
| Master Gland | Melatonin | Mood Elevator, Chinese |
| Mugwort | Myrrh E.O. | Nattozimes Plus |
| Natural Changes | Nature's Phenyltol | Nerve Control |
| Nutri-Burn | Oregon Grape | PLS II |
| PS II | Passion Flower | Paw Paw |
| Pregnenolone | Pro-Pancreas | RG-MAX |
| Rosemary E.O. | Safflowers | Sage |
| Sarsaparilla | Saw Palmetto | Senna |
| Sinus Support EF | Spleen Activator | Stress Relief |
| Tiao He Cleanse | Trigger Immune | Triple Relief |
| Una de Gato | Urinary Maintenance | Uva Ursi |
| Vari-Gone | Wild Yam | Wood Betony |
| Wormwood | X-A | X-Action Gel |
| Yarrow | Yucca | |

Avoid During Postpartum Weakness

| | | |
|----------------------------------------|------|-------------|
| All Cell Detox | IN-Z | LB-X |
| Lymph Gland Cleanse (also -HY version) | | Target P-14 |
| Yerba Santa | | |

*Always check with NSP for contraindications when pregnant

CERTIFIED WOMEN'S HEALTH COUNSELOR ONLINE COURSE - SESSION 10 QUESTION & ANSWERS

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP, PC: _____
PHONE: _____
FAX: _____
E-MAIL: _____

Please be sure to fill out the information above, complete the test and e-mail or mail it back to us at iridology@netzero.net or P.O. Box 485, Weimar, CA, 95736-0485. We will grade your question & answer session and will let you know if we have any questions or concerns. **Please use a separate sheet to do this assignment.**

1. What is oestrogen?
2. What is a luteal phase?
3. What should you include in a pre-pregnancy diet?
4. What should pregnant women avoid in their diet and why?
5. What is the average weight gained during pregnancy?
6. What is a neti pot and what is it used for?
7. What are the causes of infertility in women?
8. What are the causes of infertility in men?
9. What is unexplained infertility?
10. What is an IUI and why would someone need one?
11. What is sperm washing and how is it done?
12. Why do you need progesterone?
13. What does it mean to have a "low progesterone level" and how does it affect someone's changes of getting pregnant?
14. How can B.P.A.'s and G.M.O.'s affect someone's changes of getting pregnant?
15. How many mg of Evening Primrose Oil should a woman take if they are having problems getting pregnant?
16. What are the seven sins of prenatal vitamins?