



# INFORMATION FOR THOSE WHO ARE TRYING FOR A BABY

Patient information Leaflet

October 2017

#### About fertility problems:

Fertility problems affect one in seven couples in the UK. Most couples (about 80/100 couple) who have regular sexual intercourse (once every 2 to 3 days) and who do not use contraception will get pregnant within a year. About 90 out of 100 couples who are trying to get pregnant do so within 2 years.

Women become less fertile as they get older. For women aged 35, about 94/100 who have regular unprotected sexual intercourse will get pregnant after 3 years of trying. For women aged 38, however, only 77/100 will do so. The effect of age upon men's fertility is less clear.

If you have not been able to get pregnant after 2 years of regular unprotected sexual intercourse either one, or both, of you may have a fertility problem.

In men, a fertility problem is usually because of low numbers or poor quality of sperm (30%). A woman may have fertility problems because she does not produce eggs regularly (25 %) or because her fallopian tubes are damaged or blocked and the sperm cannot reach her eggs (20%).

For a quarter of couples with infertility, no reason can be found for their problem. This is known by healthcare professionals as having unexplained fertility problems.

In 40% of couples there may be a problem in both partners

The use of the word 'you' in the following information may refer to men or women or a man and a woman together as a couple, as appropriate.

#### Pre-pregnancy advice:

There may be some things you can do to improve your chances of getting pregnant. Your doctor will tell you more about the following points.

#### How often to have sexual intercourse:

To give yourselves the best chance of success, you need to have sexual intercourse every 2 to 3 days throughout the month. You do not need to time it to coincide with the days when the woman is ovulating (that is, when her ovaries are producing eggs).

If you are under psychological stress, it can affect your relationship and is likely to reduce your sex drive. So if, as a result, you do not make love as often as usual, this may also affect your chances of getting pregnant.

#### Alcohol:

Alcohol passes through the blood stream into a developing baby's system and this can interfere with the development of the baby inside the womb. If you are a woman trying to get pregnant you should not drink more than 1 or 2 units of alcohol per week.

A unit of alcohol is about the same as a small glass (125mls) of wine or a half-pint of beer or lager.

If you are a man, your fertility could be affected if you drink more than 3 or 4 units of alcohol a day. Drinking excessive amounts of alcohol can affect the quality of a man's sperm.

#### Smoking:

Smoking may reduce fertility in women. Breathing in someone else's cigarette smoke (known as passive smoking) may also affect a woman's chances of getting pregnant. For men, there is a link between smoking and poorer quality of sperm, and this could have some effect on a man's fertility. Stopping smoking will improve your general health.

In the future if a referral to IVF is needed both partners must be non-smokers, so it can be good motivation to quit smoking if you are planning a baby.

If you smoke, your doctor should offer you help to stop if you wish. The NHS smoking helpline can also provide advice and support -the phone number is 0800 169 0 169 and the website is [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

#### Body weight:

The range of healthy weight is defined by a measurement known as the body mass index (BMI). Your BMI is calculated by dividing your weight in kilograms by your height in metres squared (that is, your height in metres multiplied by itself). (BMI → weight in kilogram/height in metres x height in metres)

A healthy weight is one that gives a BMI of between 20 and 25. Women who have BMI more than 30 can take longer to conceive than women whose weight is in the normal range.

If you are overweight (you have a BMI of more than 30) and you have irregular periods, or no periods at all, losing weight may increase your chances of getting pregnant. If your weight gets down to the normal range, your ovaries may start working again.

In the future if a referral to IVF is made a BMI less than 30 is needed. If you are planning a baby it may be a good motivator to lose weight by having a healthy diet and exercising regularly.

Evidence shows that women who take part in group exercise and diet programmes have a better chance of getting pregnant than those who try to lose weight on their own.

If you are underweight (you have a BMI under 19) and you have irregular periods, or no periods at all, you may find that if your weight gets back up to the normal range your ovaries will start working again, and so improve your chances of getting pregnant.

If you are a man and you are overweight (you have a BMI of more than 30), your fertility is likely to be lower than normal.

#### Tight underwear for men:

Some studies have suggested that wearing tight fitting underwear could reduce the quality of a man's sperm, because it raises the temperature in the testicles.

#### Your work:

Certain types of work condition expose people to things (such as X-rays and pesticides) that can affect their fertility. Your doctor should ask you about the work that you do, and should advise you about any possible risks to your fertility.

#### Medicines and drugs:

A number of prescribed and over-the-counter medicines can interfere with your fertility. Your doctor should therefore ask you both about any medicines you are taking so that they can offer you appropriate advice. They should also ask you about drugs you may have obtained yourself (including recreational drugs, such as cannabis and cocaine, and anabolic steroids).

#### Caffeine:

Drinking caffeine in the forms of Teas/Coffees/fizzy drinks/energy drinks should be done in moderation. If IVF is needed maternal caffeine consumption has adverse effects on the success rates of assisted reproduction procedures, including IVF treatment.

#### Folic acid:

Women who are trying to get pregnant should usually take folic acid tablets (0.4 mg a day). Taking folic acid when you are trying for a baby and for the first 12 weeks of pregnancy reduces the risk of having a baby with conditions such as spina bifida or anencephaly (these are known as neural tube defects, where parts of the brain or spinal cord do not form properly).

If you have previously had a child with neural defect, or you are taking medication for epilepsy or your BMI >35, your doctor should recommend that you take a larger dose of 5 mg a day.

#### German measles (Rubella):

If you are pregnant and contract German measles (Rubella) in the first 12 weeks, serious damage could be done to your unborn baby. Your doctor should offer you a test to find out whether you are immune to German measles. If you are not immune you should be offered a rubella vaccination before you try to become pregnant. You should be advised to avoid pregnancy for 3 months following your rubella vaccination.

#### Cervical smear tests:

Your doctor will want to know when you last had a cervical smear test and what the result was. If a cervical smear test is due, you should be offered the test before you try to get pregnant. This is because if any abnormalities in cervical cells are missed early on, it could delay treatment of any fertility problem. It is also more complicated to treat abnormalities of cervical cells if you are pregnant.

#### What happens if you have a fertility problem?

If you are concerned that you may have a fertility problem, your doctor should first ask you about aspects of your lifestyle, your general health and your medical history that could be affecting your chances of having a baby. This is known as an 'initial assessment'.

If you have been trying to get pregnant for more than 1 year, your doctor should offer you tests to check the man's sperm and to check if the woman is ovulating or if her fallopian tubes are blocked (although you should not be offered tests to check whether your fallopian tubes are blocked until the results of semen tests and tests to find out if you are ovulating are known).

If there is already a known reason for your infertility problems (such as having had treatment for cancer that could have affected your fertility), you should be referred for specialist treatment.

### What you can expect from your care ?

Any decision you make on investigation and treatment will affect both you and your partner. You should therefore be seen together as a couple whenever possible.

You have a right to be involved in and make decisions on your care and treatment. To be able to do this, you need to understand what is involved and what your choices are. Your healthcare team should therefore tell you about this and give you more information. They should encourage you to ask questions if there is anything you do not understand.

Any investigation of your fertility problems should take place in an environment that enables you to discuss sensitive issues, such as sexual problems, if you wish.

If you are diagnosed with a fertility problem, you should be treated by a specialist team. They should tell you about your diagnosis in a sensitive and tactful manner, and give you information about appropriate support groups which you can contact if you wish. If there is anything that you do not understand, your healthcare team should give you information in writing, or in some other form you can easily access and understand (if you do not speak or read English, for example, or if you have a disability).

### Reference:

NICE Guidance CG 156 Assessment and treatment for people with fertility problems.

For further support/information

[www.choose-to-change.co.uk](http://www.choose-to-change.co.uk)

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

<http://guidance.nice.org.uk/CG156>

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

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