Advice for Women Who Want to Have a Baby

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We are now living in a contraceptive culture, where the average person is likely to come across much more information about how not to conceive than about how a woman can become pregnant. This is unfortunate for many couples, who want children but who haven't been able to "catch the brass ring" of pregnancy. If information regarding conception were more readily available, a number of these couples might be able to resolve their infertility problem. Researchers in this field have learned that simple know-how often is all that is necessary when there is difficulty conceiving. In fact, over the last 25 years, one out of every eight couples seen at our infertility clinic in St. Louis has conceived within three (3) months, with no treatment other than some basic information as to when, how frequently and how to have intercourse for the best chance of pregnancy. In some instances, the husband and wife had been attempting to conceive for ten years or longer and in several cases for 20 years.

Many people don't realize that it may take the average couple trying to achieve pregnancy, six to nine months to success. Infertility specialists see no reason to think that a problem exists until a couple has been trying unsuccessfully for at least one (1) year. However, even those who are just beginning, or for whom only a few months have passed (especially if they have a reason for wanting to begin pregnancy now rather than later), may find the directions given here useful.

WHEN:

For conception to take place, intercourse must occur near the time of a woman's ovulation—that is, when an egg is released from her ovaries. One can be reasonably secure in predicting the time of ovulation only if the woman menstruates with some regularity. It matters very little how many days there are between her menstrual periods, as long as the periods occur at regular intervals.

The average menstrual month runs approximately 28 days. It always is counted from the first day of the menstrual flow, not from the last, as so many women believe. For example, if the flow is first noticed on awakening on March 5th of in the afternoon or evening of that same day, March 5th is counted as day number 1 of a new menstrual month. Most women, who ovulate regularly, do so approximately 14 days before the onset of menstrual flow. Thus a woman with regularly recurring 28-day menstrual month would ovulate on day 14 of her menstrual cycle (March 18th, if her last period began on March 5th). In actual fact, however, the time of ovulation cannot be pinpointed quite that exactly. In other words, ovulation usually occurs sometime between the 13th and 15th day of the menstrual month in a woman with regularly recurring 28-day menstrual cycle. A woman who menstruates regularly every 30 days can anticipate ovulating on the 16th day (again, give or take 24 hours) of her menstrual month—which is 14 days before the onset of her next period. A woman who menstruates regularly every 32 days can anticipate ovulation sometime between the 17th and the 19th day, and a woman, whose period occurs regularly every 26 days, can expect to ovulate between the 11th and the 13th day of her shorter menstrual cycle.

If a woman's menstrual cycle is 21 days one time, 45 days the next time, frequently skipping 1,2 or 3 calendar months—attempts to predict ovulation by this method are of no value. A woman with this degree of menstrual irregularity should consult her doctor whenever she and her husband decide that pregnancy is in order for them, rather than first spend a year in "trial-and–error" attempts.

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HOW FREQUENTLY:

It might be supposed that the more frequently a couple has intercourse during the wife's 3-day fertile period, the better the chances of pregnancy. This probably would be true if there were only the woman to consider; however, it overlooks the facts of male sexual physiology. We have known for some time that it can take a normally fertile man 30-40 hours to return to his usual level of sperm production after he ejaculates, whether the ejaculation occurs during intercourse, during masturbation or in his sleep (a "wet dream" as it is sometimes called). Thus, if a couple has intercourse too often around the time of ejaculation, the normally fertile husband may become relatively infertile temporarily, so that when he ejaculates, the number of sperm in the ejaculation is markedly reduced. A man who normally has a low sperm count (and so is markedly infertile under the best of circumstances) may take as long as 48 hours after ejaculation to return to him usual level of sperm production.

Thus, taking into account both female and male physiology, we suggest that a husband and wife trying to conceive will have the best chance (assuming her menstrual month is 28 days) if they follow this schedule: have intercourse on the 9th night of the menstrual month, on the 12th night, on the 14th morning, on the 15th night and at no time in between. A woman whose menstrual month is longer or shorter than 28 days will have to adapt this pattern to her own particular needs. See the preceding information under "WHEN". This kind of scheduling may sound somewhat unspontaneous and therefore, unappealing, until you understand the reasoning behind it. The pituitary gland begins to stimulate sperm production in the male immediately after ejaculation. Sexual activity on the 9th night, then, is not suggested with the thought that it will cause conception. It simply is a means of stimulating the husband's sperm production. On the other hand, intercourse on the 12th night, the 14th morning and the 15th night, with intervals of 30-36 hours, provides relatively complete coverage of the wife's ovulatory period, maintaining active sperm in the genital tract during most of the time when she is theoretically capable of conceiving. At the same time, this spacing allows the husband's sperm count to return to his own highest level of fertility.

While it has been necessary to present this information about timing in starkly clinical terms so that it can be clearly understood, it obviously is not necessary to carry out the suggestions in a starkly clinical fashion. For some couples, the desire to conceive can become so intense that it turns into an overwhelming goal to be achieved at the expense of feelings of warmth, love and interest. It is very easy for a husband and wife to become uptight when they go to bed with a calendar and a stopwatch. The tension that this may create can only add another possible barrier to conception, since mental tension and its physical by-products have long been suspected as a possible cause in certain instances of infertility. Try not to lose sight of your feelings for each other. Weave them pleasurably into each attempt to conceive. Not only will this provide immediate emotional gratification, but also, it will allow you to strengthen the qualities in your relationship (the sense of warmth and security, which you want to share with the children you hope to have).

HOW:

Are there specific coital techniques that provide the best chance of pregnancy? For most couples trying to conceive, the best position for intercourse is the most commonly used one, with the wife lying on her back and the husband above. This is the coital position that gives the best chance of pregnancy for any woman whose

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uterus is in the anterior position, resting on top of the bladder—as it is in about 50 to 75 percent of all women who have not had children. For the woman whose uterus is not anterior, other positions for intercourse sometimes are recommended.

A doctor should be consulted for more specific advice.

It also will improve the chance for conception if the woman's hips are elevated. Elevation of the hips can be accomplished by folding a pillow in half and tucking it under her hips with the ends beneath the small of her back. Propped up this way, she is more likely to retain seminal fluid until the sperm have had a chance to make their way into the cervix (neck of the womb), thus starting their long journey to the end of the fallopian tubes, where fertilization takes place. Sexual activity can proceed as it usually does, including whatever is pleasurable to husband and wife, up to the moment of penetration. At that time, to ensure the deepest possible penetration, the wife (propped on the pillow) may fold her knees into her chest and the spread them as far enough apart to make room for her husband.

From here on, there are certain things the husband can do to increase the chances of success. When he feels that ejaculation is imminent, he should penetrate as deeply as possible and then stop the thrusting movements of active intercourse, so that ejaculation occurs while the penis is held quite still and deep within the vagina. This technique is suggested because approximately 60-70% of all sperm are in the first few drops of ejaculate. If, in the normal to-and-fro thrusting of intercourse, the glans, (head of the penis), is near the vaginal outlet rather than deep inside the vagina at the instant of onset of ejaculation, the most important part of seminal fluid may not come into contact with the neck of the womb.

For physiological reasons, too complex to go into here, the chances of pregnancy also are improved if the husband withdraws immediately after ejaculation. As he does so, he should place his hands beneath his wife's hips and raise her gently, in case the pillow has become flattened. The wife then should bring her knees carefully together until they are once again pressed against her chest. Her husband can make her comfortable in this position, with her hips still propped on the pillow. The wife should remain in this position for approximately an hour's time. By doing this, it enables the cervix to drop into the pool of seminal fluid that has formed near the back of the vagina and on its posterior wall, thus giving the sperm full access to the neck of the womb. At the end of the hour, the pillow can be removed and the wife can stretch out comfortable in bed. If it is nighttime (if the couple has been following the schedule suggested and it is the 12th or the 15th night of the cycle), it will help if the woman remains in bed and simply goes to sleep.

After morning intercourse (on the 14th), it is perfectly all right for her to get up and move about after an hour of resting, knees on chest, on the pillow. She probably will notice that she loses ejaculate when she gets up out of bed, just as she normally does when she rises immediately after intercourse. However, during the hour spent on the pillow, most of the sperm will have had a very good chance of entering the cervix.

In addition to fundamental information about the physical techniques for conception detailed here, there are a few common sense warnings that need to be cited. When pregnancy is desired, no artificial lubricant should be used during intercourse that has been timed for the wife's fertile period. If she had trouble lubricating, the couple should attempt coitus anyway, even if it is somewhat uncomfortable. Products such as Vaseline and lubricating

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jelly have some contraceptive effects. Therefore, many couples fail to conceive over a period of years, not because either is infertile but simply because they use such lubricants.

It is also advisable to avoid douching during the fertile period, since douching also may lower chances of pregnancy. Many women are concerned about cleanliness and odor. However, external washing of the genital area copes quite sufficiently with both.

In addition, we would like to point out that although it is not necessary for a woman to have orgasm during intercourse in order to become pregnant, there is no reason why she shouldn't experience orgasmic release during her fertile period, whether orgasm occurs during intercourse or is achieved by some other form of stimulation, either before or after the husband's ejaculation.

As noted earlier, these instructions may sound somewhat dry and clinical. Yet, many couples have failed to conceive for want of such simple information. Surely, the time has come to relieve couples of the burden of sexual ignorance that our culture has placed upon them—and for that matter, on all of us.