

“Just relax and you’ll get pregnant!”

6 Fertility Myths Every Woman Hears

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Like it or not, your girlfriends and sisters and co-workers who are already moms have a lot of opinions on childbirth and parenting. And they are likely to share them with you every chance they get—even *before* you get pregnant.

How should you respond to their well-intentioned suggestions when it comes to boosting your chances of starting – and growing – your family? Well, if it’s your grandmother doling out the advice, you might choose to simply smile and say “thank you.” For everyone else’s sake, here are some facts to help you sort out the real from the rumors about infertility.

MYTH ONE:

“Infertility is a woman’s problem.”

It surprises many people to learn that one-third of infertility can be attributed to male factors, such as low sperm count, poor sperm motility and abnormally shaped sperm. Another one-third can be attributed to female factors, such as ovulation problems, blocked fallopian tubes or endometriosis. Other cases are due to a combination of problems in *both* partners or to unknown causes.

If you have been trying to get pregnant and it’s not happening as quickly as you had hoped, it may be time to see an infertility specialist. It is essential that both the man and the woman be evaluated during the infertility work-up.

MYTH TWO:

“It’s all in your head. Just relax and you’ll get pregnant!”

Infertility is a disease of the reproductive system. While there are several studies that link stress to infertility, there is no clinical evidence to prove that taking a vacation or curling up with a good book will cure infertility.

As you might expect, couples dealing with infertility often experience a great deal of stress while they are trying to conceive. Getting a massage or attending a yoga class can certainly help to relieve some of the anxiety. In general, couples who find ways to modulate stress while undergoing fertility treatments overwhelming stay in treatment longer and most *will* eventually become pregnant.

MYTH THREE:

“When it comes to getting pregnant, 40 is the new 30.”

While you might look younger than your mother did when she was your age, your eggs don’t necessarily reflect your youthful appearance. Age is perhaps the No. 1 variable that affects fertility.

The ability of a woman’s ovaries to produce good genetic quality eggs declines with age, especially after age 35. In fact, a recent study found that women typically lose 90 percent of their eggs by the time they are 30 years old, and 97 percent are gone by the age of 40. This means that as a woman ages, her odds of getting pregnant drop significantly.

Women in their 30s should talk to their doctor about the anti-müllerian hormone (AMH) test, which can estimate what is called “ovarian reserve” by measuring the number of follicles developing in the ovaries at a particular time. If AMH levels are satisfactory, a woman may feel confident putting off childbearing

for another year or so—although yearly testing is suggested. If she is thinking about waiting to have children and her AMH levels are below normal, she might reconsider as her “window of opportunity” to conceive may be shorter than anticipated.

MYTH FOUR:

“It’s easier to get pregnant the second time around.”

While having a child does indicate that a person was fertile at one point in his or her life, it doesn’t guarantee that he or she will be fertile in subsequent attempts to get pregnant. The Centers for Disease Control and Prevention reports that 11 percent of couples who already have a child go on to experience secondary infertility.

Secondary infertility is caused by many of the same problems that lead to primary infertility, such as ovulatory disorders in women or poor sperm quality in men. Age also plays a role, particularly if you were a lot younger when you had your first child or you had a late start to family building. Therefore if you have been trying to grow your family – and six months or more have passed – it may be time to seek the help of an infertility specialist.

MYTH FIVE:

“I was overweight and I got pregnant! The numbers on the scale don’t matter.”

Experts agree that being too thin or too heavy can impact your chances of conceiving. Women who don’t consume enough calories every day risk not being able to ovulate normally and become pregnant.

Conversely, being overweight can also have negative consequences on your ability to conceive, since obesity can interfere with hormones and ovulation. Several studies have also linked obesity in men to a low sperm count. The bottom line: a good diet and exercise will not only promote good health, but it could also increase your odds of getting pregnant.

MYTH SIX:

“Be patient! It just takes time.”

Infertility is a medical condition that may be treated. As many as 50 percent or more of couples who seek an infertility evaluation will respond to treatments and will achieve a successful pregnancy.

According to the American Society for Reproductive Medicine, you should seek the care of a specialist if you are unable to achieve pregnancy after 12 months of unprotected intercourse. If you are over the age of 35, the time of trying to conceive is reduced to six months. You should also seek the care of a specialist if you have had more than one miscarriage.

So although patience may be a virtue, “waiting it out” might not be in your best interest. Talk to an infertility specialist to discuss your treatment options, based on your age, reproductive health and other circumstances.

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