

BEFORE THE BUMP

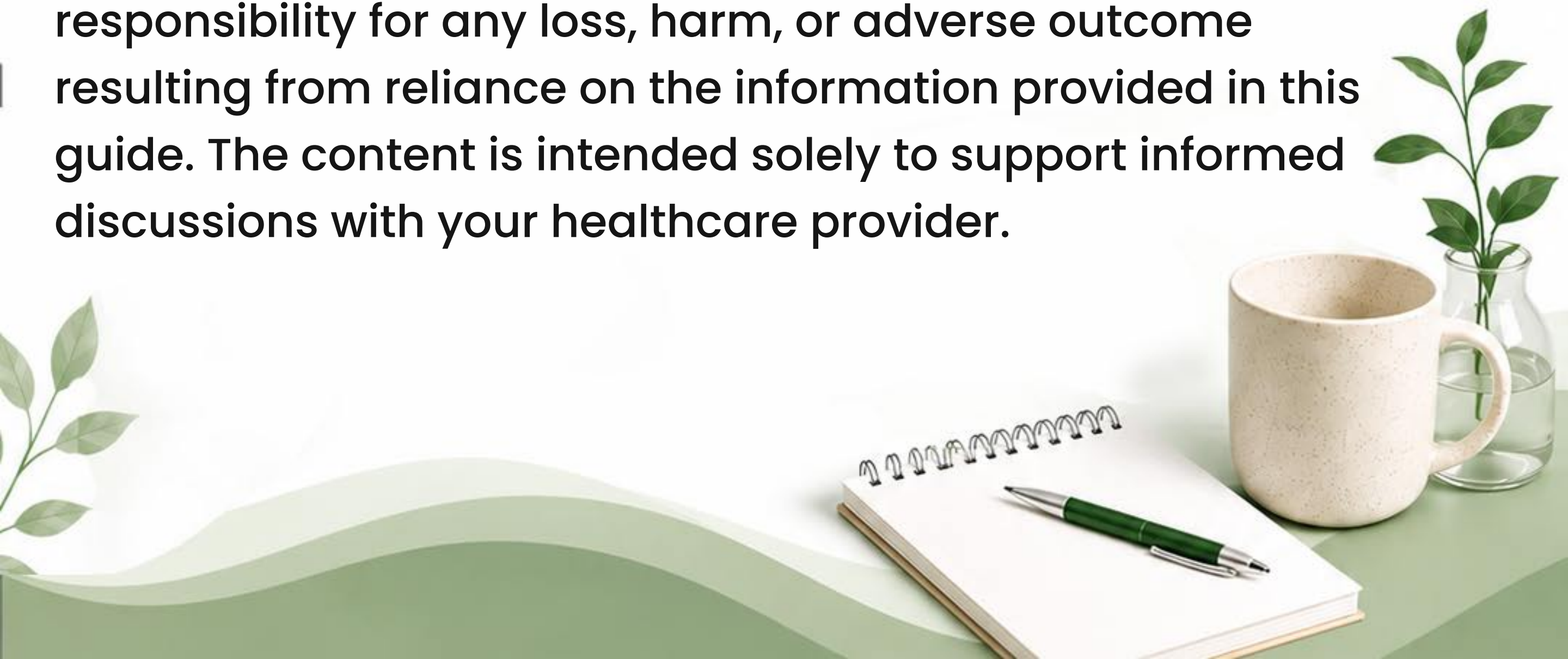
A **fertility, natural conception** and
pregnancy planning workshop



Your Take-Home Guide

A practical guide based on the Before the Bump fertility workshop by Pregatips, Navbharat Times and Maitri.

Important: This guide is for education and awareness. It is not a fertility test, diagnosis or substitute for personalised medical advice. Please consult a doctor before making any high-impact decisions, as only a qualified medical professional can assess your case, and give you personalised advice and treatment. Each case, and factors impacting fertility and outcomes of pregnancy are different for everyone and may require investigation. Pregatips and Navbharat Times do not guarantee any fertility or pregnancy outcome and do not take responsibility for any loss, harm, or adverse outcome resulting from reliance on the information provided in this guide. The content is intended solely to support informed discussions with your healthcare provider.

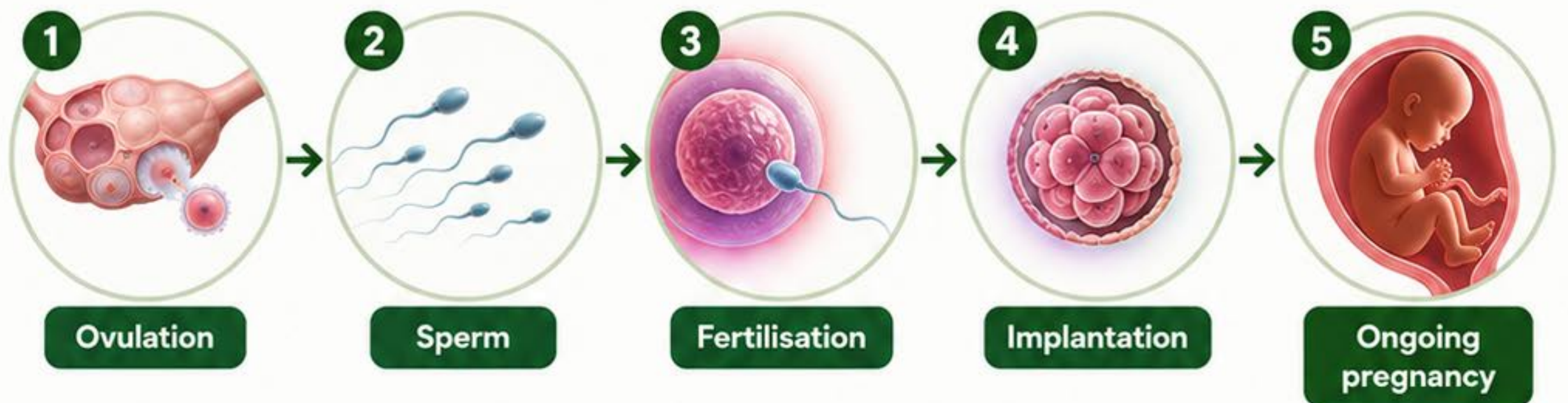


Understand Natural Conception



What needs to come together?

Natural conception depends on several processes working together, including:



For conception to occur, an egg needs to be released, sperm needs to reach and fertilise the egg, and the resulting embryo needs to successfully implant and develop.

This is why fertility cannot be reduced to one factor alone.

Your fertile window



14

The fertile window refers to the period around ovulation when intercourse can result in pregnancy.



Ovulation usually occurs 14 days before your next period starts. That day, and five days before it, is the ovulation window.



Your period length is counted from the first day of bleeding (Day 1) of one period to the first day of bleeding of the next period.



Your exact fertile window may vary depending on your cycle and when you ovulate.



If you have irregular periods, calculating your ovulation window can be tough. While using ovulation kits can help, consulting a doctor who can help you may be the best way forward.



While assessing your periods, note the following, these will be useful if consulting a doctor too:



Regularity



**Flow (heavy, normal or scanty;
and if any changes noticed in the flow)**



Duration



**Pain or cramps (anything beyond the
normal, that stops you from executing
daily activities)**



Painful intercourse



**Intermenstrual bleeding
(bleeding between cycles)**



Ways to tell you're ovulating:



1. Using an ovulation kit

Use it in the ovulation window.
First pee in the morning is ideal.



2. Cervical mucus:

Clear, stretchy, egg-white like fluid is indicative of ovulation.



3. Body basal temperature (BBT):

Use a BBT thermometer, and not a regular one.

- **Before ovulation:** Temperatures stay lower, usually ranging between 96.0°F and 97.5°F.
- **After ovulation:** Temperatures increase by 0.5°F to 1.0°F and stay high until your next period starts.



4. Tracking apps,

even though they may not be suitable for all, especially those with irregular periods.



What is your body telling you: What to Track



Tracking can help you understand your cycle and provide useful information to discuss with your doctor. These pointers below, are good to track and note, to be able to tell the doctor when you visit.



Period

First day of each period, Cycle length, Changes in your usual pattern



Ovulation

Ovulation predictor kits, if appropriate for you, Changes in cervical mucus, Other signs your doctor has advised you to monitor



Symptoms

Significant period pain, Unusual bleeding, Pelvic pain, Other recurring symptoms



Lifestyle

Sleep, Physical activity, Tobacco/alcohol use, Major changes in weight or health

Some other factors that influence female fertility include ovulatory disorders, tubal factors, cervical mucus factors, and implantation defects. Your doctor may prescribe tests or further assess your situation depending on what your case needs.

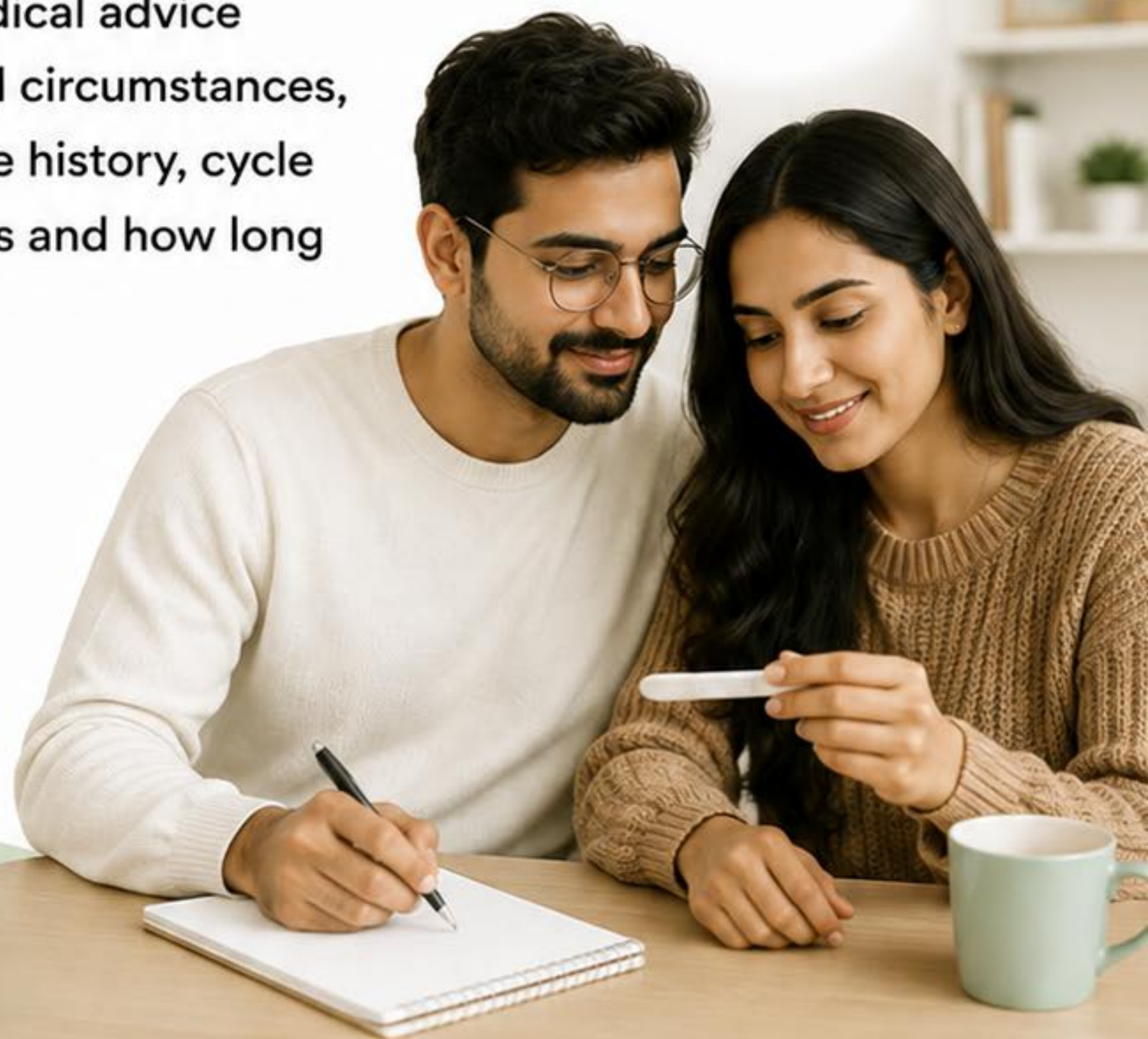
WHEN SHOULD YOU CONSIDER MEDICAL ADVICE?

One of the most important takeaways from the workshop:



Don't wait indefinitely if something feels off.

The right time to seek medical advice depends on your individual circumstances, including age, reproductive history, cycle pattern, medical conditions and how long you have been trying.



You may want to speak to a doctor if:



You have been trying to conceive for an extended period without success – age here plays a crucial role.



Your periods are consistently irregular or absent



You have concerns about ovulation



You have PCOS, endometriosis, fibroids, polyps or any other existing reproductive health concerns



You have experienced recurrent pregnancy losses – each pregnancy loss or miscarriage should ideally be examined thoroughly



You have symptoms or medical history that concern you



You simply have questions about your fertility and don't know where to start



Don't think of seeing a doctor as “giving up on natural conception.”

Self evaluation factors:



Age



BMI



Menstrual cycle regularity



Duration of trying to conceive



Smoking and alcohol



Sleep, stress



Partner lifestyle factors



Hormonal or lifestyle disorders



Previous miscarriage/
pregnancy loss



Family medical history
(thyroid, diabetes etc)



A consultation can help you understand your situation and make a more informed decision about whether to continue trying naturally, investigate a concern, or consider other options.



WHAT TESTS & SCANS MIGHT A DOCTOR DISCUSS?

The tests a doctor recommends depend on your age, medical history, cycle pattern, duration of trying, previous pregnancy history and other factors.

Depending on your situation, your doctor may discuss areas such as:



Blood tests: To check general health, sugar, thyroid or any other underlying conditions.



Ovulation assessment: To understand whether and when ovulation is occurring.



Ultrasound: An ultrasound may be used to assess the uterus and ovaries and, in some situations, monitor follicular development.



Hormonal or other blood tests: These may be recommended depending on your symptoms and clinical history.



Total assessment: In some situations, your doctor may recommend evaluating whether the fallopian tubes are open.



Semen analysis: Fertility is a couple's issue—not only a woman's issue. Assessment may also include the male partner when appropriate.

Tips to Improve Fertility



Avoid substances – smoking, drinking or any other kind of substances



Be cautious of excess weight gain, and be within a healthy BMI



If you take supplements for fitness, or are on regular medication for any other condition, discuss these with your doctor. Some medicines and supplements hamper fertility adversely.



Temperature management: excessive exposure to heat, through saunas etc can be harmful for fertility, for men.



Improve lifestyle habits, like sleep, reducing stress.



Maintain a healthy diet, with protein, leafy greens, healthy fats and more.



Consult a doctor about starting Folic Acid



QUESTIONS TO ASK YOUR GYNAECOLOGIST

Note down whichever ones are applicable to you, for your next consultation.

1. Trying or planning to try — no known issues

Natural conception & timing

- Is my cycle length/pattern actually normal for conceiving, or is there anything I should adjust?
- What's the actual fertile window I should be timing intercourse around, based on my cycle?
- Are there lifestyle, diet, or supplement changes worth making now to improve our natural chances?

Clinical/baseline

- Is there anything in my medical history or family history I should get checked before trying?
- Is there a baseline test worth doing now, or should we wait and see?
- What's a normal timeframe before you'd want to see me again if we're not conceiving?



2. Trying for more than a year

Natural conception & timing

- Could anything about my natural cycle be working against us that we haven't identified yet?
- Are there natural/lifestyle factors still worth adjusting, or have we likely exhausted that avenue?
- Is it still reasonable to keep trying naturally while we investigate, or should we pause for results first?

Clinical/diagnostic

- Given we've been trying for [X months], what tests should we be doing now rather than waiting further?
- Can we get both partners tested in parallel, rather than one after the other?
- At what point would you refer us to a fertility specialist rather than continuing here?



3. For PCOS

Natural conception & timing

- Can I improve ovulation naturally through diet/weight/Insulin management, or do I need medication regardless?
- Is there a natural window each month where I'm more likely to ovulate, even if my cycle is irregular?
- Does trying naturally longer reduce our chances, or is it safe to keep trying while managing PCOS?

Clinical/diagnostic

- Based on my symptoms, do I need an ultrasound or bloodwork to confirm PCOS, or has that already been established?
- Am I ovulating regularly, and how would we know for sure?
- If natural approaches don't restore regular ovulation in a few months, what's next?



4. Miscarriages

Natural conception & timing

- Is there anything about the timing or way we're trying naturally that could reduce future risk?
- Should we wait a certain number of natural cycles before trying again, or is there no medical reason to wait?
- If no clear cause is found, is it still reasonable to keep trying naturally, or would you recommend assisted options sooner?

Clinical/diagnostic

- How many losses would typically prompt a miscarriage loss workup, and are we at that point?
- What tests are involved (genetic, hormonal, structural, clotting)?
- If everything comes back normal, does that change our chances going forward?



3 Month Roadmap: What to do next

Roadmap A — Basic Fertility Readiness

Who this roadmap is for

- Actively trying to conceive (no flagged concerns)
- Planning to conceive within the next year



Month 1 — Understand Your Baseline



Start tracking your cycle (app, or BBT + cervical mucus) to learn your own pattern — not so diagnose anything, just to know it



Note cycle length and regularity over this first month as a reference point



Both partners: general health check-up if it's been a while (routine bloodwork, no fertility-specific tests needed yet)



Start prenatal vitamins/folic acid if planning to conceive within the year



Month 2 — Build Supportive Habits



Nutrition: shift toward whole foods, reduce processed sugar, ensure adequate healthy fats



Movement: moderate, regular exercise (avoid sudden intense or high impact)



Sleep: aim for consistency in sleep/wake timing



Reduce common endocrine disruptors at home



Partner: reduce alcohol, avoid smoking, moderate heat exposure (hot tubs, laptop-on-lap use)



Month 3 — Refine & Continue



Review your tracked cycle data — do you have a sense of your fertile window now?



Adjust habits based on what you've noticed (e.g., sleep disruption, stress patterns)



If actively trying: continue this rhythm



If planning within the year: use this quarter as a foundation-building phase



Roadmap B — Trying >1 Year or Flagged Condition

Who this roadmap is for



Trying to conceive for more than 12 months, less than 35 years of age



More than 35 years of age



Recurrent pregnancy loss (2+)



Diagnosed or suspected PCOS / irregular periods



Month 1 — Baseline & Specialist Input (don't wait)



Book a specialist consult now — don't wait out the rest of the quarter



Get baseline bloodwork done if not already, and assess results with the help of a doctor: AMH, FSH, TSH, prolactin, Vitamin D, B12



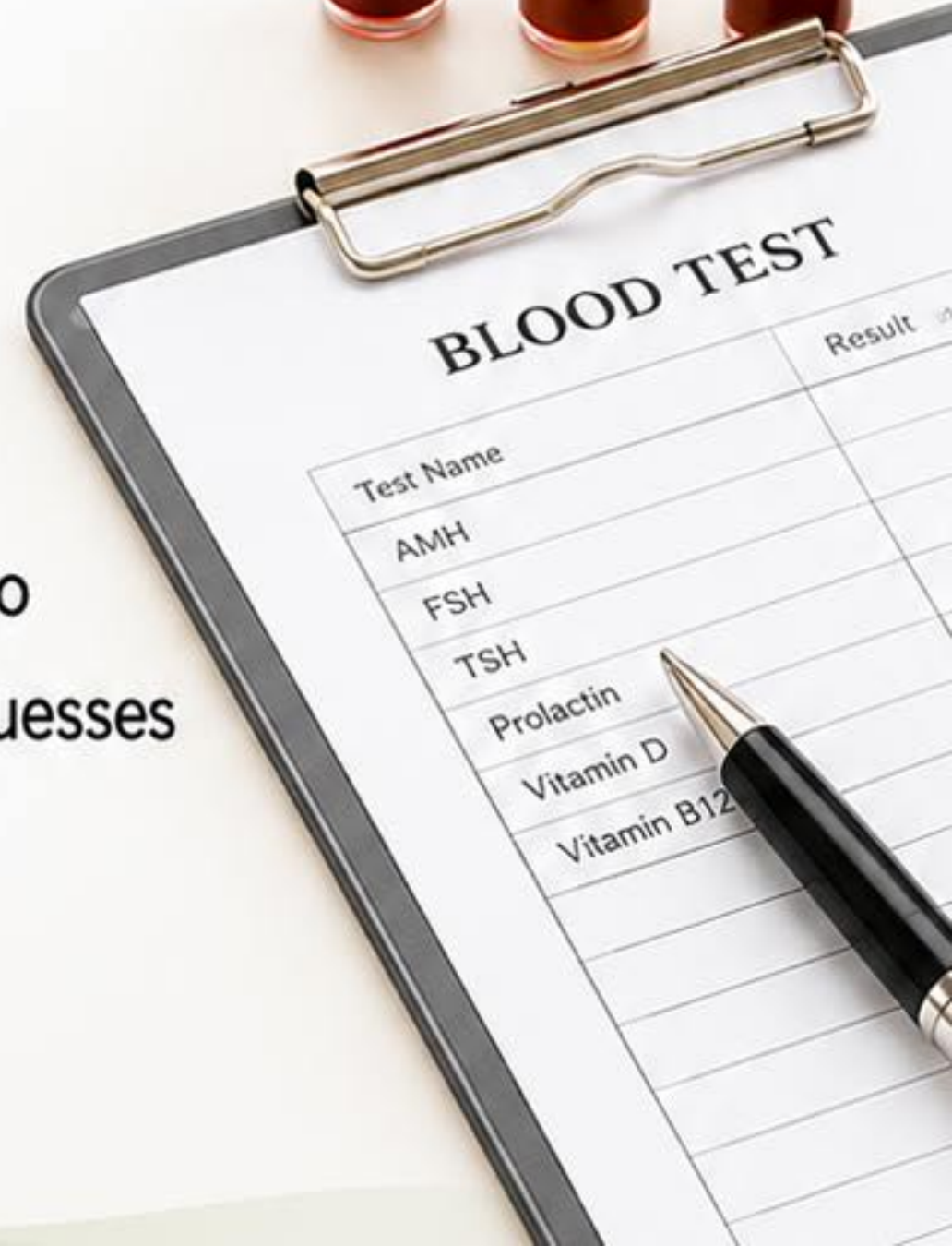
Partner: semen analysis, done in parallel, not after



If recurrent loss: ask specifically about karyotype testing, thyroid panel, and clotting factor screening



Start or continue structured cycle tracking so you walk into appointments with data, not guesses



Month 2 — Targeted Lifestyle & Medical Follow-Through



Follow up on any abnormal Month 1 results with your specialist



If PCOS: begin insulin-management-focused nutrition changes (lower glycemic load, consistent meal timing)



If recurrent loss: discuss luteal phase support options with your doctor



Reduce endocrine disruptors at home (plastics, check cosmetic ingredients — phthalates, parabens)



Partner: reduce alcohol/smoking, minimize heat exposure



Address sleep consistency — affects hormone regulation measurably



Month 3- Re-evaluate & Decide Next Step



Review 2–3 months of tracked cycle data with your specialist — is ovulation happening consistently now?



Revisit bloodwork if anything was borderline in Month 1