

CHECKLIST FOR WOMEN: PROTECTING FERTILITY AND PREPARING FOR CONCEPTION

It is optimal to begin preparing 12 months before a planned pregnancy. Remember — completing every step on this checklist does not guarantee a problem-free conception. Likewise, not completing every step does not mean pregnancy will be impossible.

This checklist is for informational purposes only and aims to raise awareness among women preparing for pregnancy.

1. Protecting fertility from air pollution and toxins

- I check air quality (e.g. AQI, Airly apps) and limit outdoor activity on days with high pollution levels.
- I use air purifiers in cities or areas with poor air quality (including the bedroom).
- I regularly clean/replace filters in air purifiers/conditioners I use.
- I avoid contact with pesticides, solvents and paints (use gloves, protective equipment and proper ventilation).
- I choose high-quality foods (not all “bio/organic” supermarket products guarantee better quality; often buying from local sellers, markets or produce stands is a better choice).
- I minimise contact with parabens and phthalates. I choose cosmetics and detergents that are phthalates, parabens and BPA free.
- I limit exposure to microplastics.

2. Protecting fertility from pathogens and supporting the reproductive microbiome

- I have completed — in consultation with my doctor — a Pap smear and HPV test (HPV increases the risk of infertility and pregnancy complications).
- I have done — in consultation with my doctor — PCR testing for Chlamydia, Mycoplasma and Ureaplasma, including my partner testing (these infections are silent but damage the fallopian tubes; treatment often requires both partners).

- I have checked — in consultation with my doctor — IgG/IgM antibodies for Toxoplasma and CMV (knowing your immunity protects your future baby).
- I have done — in consultation with my doctor — a urinalysis and urine culture (urinary tract infections can interfere with embryo implantation).
- I have discussed and implemented — with my doctor — a vaccination plan before and during pregnancy, especially for HPV, hepatitis B and rubella (seasonal flu and COVID boosters may also be worth considering). This helps protect the fetus from infections and developmental complications.
- I regularly undergo — in consultation with my doctor — gynecological ultrasound and hormonal tests (early detection of cysts, endometriosis, PCOS).
- I avoid raw meat, steak tartare, and sushi with raw fish (risk of *Toxoplasma*, *Listeria*, *Salmonella*).
- I thoroughly wash fruits, vegetables and herbs — even organic ones (parasite eggs and soil bacteria are present in organic products as well).
- I do not use the same cutting board for meat and vegetables.
- I avoid cheeses made from unpasteurized milk (*Listeria* can cross the placenta).
- I wash my hands after contact with raw meat, phones, door handles.
- I use nitrile gloves when cleaning, gardening or handling a cat litter (I avoid cleaning the litter box myself if possible).
- I avoid touching my face during cooking or cleaning.
- I avoid hot jacuzzis and shared saunas.
- I use gentle intimate hygiene products free from SLS and microplastics (to maintain vaginal microbiome balance).
- I avoid any intimate washes or lubricants containing glycerin, PEGs or silicones (they disrupt the vaginal microbiome).
- I replace towels, underwear and sponges regularly (moisture promotes bacterial and fungal growth).

- I deworm pets every 3 months and perform stool checks.
- I avoid contact with people who have infectious diseases.
- I use gynecological probiotics (they strengthen mucosal immunity).
- I change underwear daily and wear breathable, cotton fabrics.
- I avoid antibiotics unless medically necessary (they disrupt gut and vaginal microbiota).

3. Avoiding substances that impair fertility

- I do not smoke.
- I avoid passive smoking — even at work or at home.
- I completely avoid recreational drugs, stimulants, marijuana and alcohol — full abstinence before conception.
- I avoid excessive caffeine (maximum 1–2 cups of coffee per day, not more than 200 mg of caffeine). I do not drink energy drinks.

4. Supplementation (always in consultation with a doctor), diet and healthy lifestyle

- I supplement folic acid in active folate form. *For a healthy woman without genetic risk factors who is only beginning to prepare for pregnancy, the usually recommended dose is 400 µg daily for at least 3 months before conception. Women planning pregnancy should start supplementation no later than 3 months before conception at 400–800 µg daily (dose determined by the physician). If risk factors are present — such as MTHFR mutation, overweight, insulin resistance or previous miscarriage — higher doses of 800–1000 µg are typically recommended (physician's decision). For women who previously gave birth to a child with a neural tube defect, a therapeutic dose of 4000 µg (4 mg) daily is necessary, always under medical supervision.*
- I have discussed with my doctor (after blood tests) additional supplementation: prenatal supplements or individual supplementation of vitamin D3, B12, C, E, zinc, selenium, iodine or iron.

- I eat healthily and regularly, and I do not drastically reduce calorie intake (any weight reduction should be supervised by a doctor and/or dietitian — reproductive functions are among the first to shut down when the body tries to conserve energy).
- I eat vegetables and fruits daily (minimum 5 times a day).
- I include foods rich in omega-3 fatty acids (e.g. fatty fish, flaxseed, walnuts).
- I maintain a healthy body weight (BMI 18.5–24.9, or otherwise if recommended by my doctor).
- I engage in regular, moderate physical activity (minimum 150 minutes weekly, minimum 7,000 steps per day).
- I prioritize healthy sleep — at least 7–8 hours per night.
- I know and use stress-reduction techniques (e.g. relaxation techniques, diaphragmatic breathing, walks — stress can stop ovulation).
- I limit screen exposure in the evening (blue light).
- I have completed a dental check-up — oral health affects pregnancy outcomes. Bacteria and toxins from inflamed gums can enter the bloodstream, raising inflammatory cytokines, which disrupt ovulation, worsen egg quality and interfere with embryo implantation. During pregnancy, the same microbes can reach the placenta, causing inflammation and increasing the risk of miscarriage, preterm birth and preeclampsia.
- I have consulted all other health concerns with appropriate specialists, so that no unresolved medical issues remain before pregnancy (e.g. internist for general health check, ENT specialist for chronic respiratory infections, specialist consultation for managing chronic conditions during pregnancy, dietitian consultation, etc.).



Do you know how many subtle, often overlooked factors can undermine fertility? Many couples don't — and the consequences frequently mean lost time, unnecessary costs, and emotional strain. You deserve clarity. You deserve preparation. And you deserve to protect what truly matters.

Don't let misinformation, environmental exposures or preventable missteps stand between you and the family you hope to build. Your health, your resources, and your future parenthood are worth safeguarding. "In vitro - facts, risks, pitfalls" is a rigorous, evidence-based guide designed to support you through every stage of the IVF journey.

Clear, practical and empowering, it helps you recognise common pitfalls, prepare your body responsibly, ask the right questions — and meaningfully increase your chances of success.

This material is for informational and educational purposes only. It does not constitute medical advice or a medical diagnosis. Any decisions regarding health, treatment or supplementation should be made after consulting a physician. The author of this checklist is not liable for any consequences resulting from using it independently.



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