PREPARATION

# Preparing for pregnancy: which tests a couple should have before conceiving

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A complete pre-pregnancy checklist for the woman and the man: tests, ultrasound, vaccination, folic acid. How many months ahead to start, and what really matters.

Most women see a doctor once there are already two lines on the test. That is normal and safe — but it is far wiser to come a few months earlier. The reason is simple: the most important processes in a baby's formation — the neural tube, the heart, the limbs — take place in the first 8 weeks, often before the woman knows she is pregnant. They can only be influenced before conception.

This planned preparation is called preconception care. It is not about "running a hundred tests just in case", but about a few specific steps with proven benefit.

## How far ahead to start

Ideally — 3 months before the planned conception. That interval is not arbitrary:

- folic acid reaches the required concentration in the tissues in about 4–12 weeks
- the sperm maturation cycle takes about 72–74 days, so any change in the man's lifestyle shows up in a semen analysis only after 2.5–3 months
- that is enough time to find and treat an iron deficiency, a thyroid disorder or an infection that would otherwise surface during pregnancy
- rubella vaccination, if it is needed, requires a pause before conceiving.

If you are planning a pregnancy after 35 or already have diagnosed gynaecological problems, come earlier — 6 months ahead.

## Step 1. A visit to the gynaecologist

The foundation of all preparation is a conversation and an examination. The doctor establishes:

- the regularity and character of the cycle — the cheapest “indicator” of the state of the hormonal system
- the course of previous pregnancies, births, miscarriages and missed miscarriages
- past operations, especially on the pelvic organs
- chronic illnesses and medication you take continuously (some of it needs replacing before conception)
- hereditary diseases in both partners’ families.

Then comes a gynaecological examination, a Pap test (cervical cytology, if it has not been done in the last 1–3 years), a swab for flora and PCR for sexually transmitted infections. And a pelvic ultrasound — it shows the state of the ovaries, the thickness and structure of the endometrium, and any fibroids, polyps or cysts.

You can book a consultation in the gynaecology section or as part of the pregnancy planning programme.

## Step 2. Tests for the woman

The basic set that makes sense for almost everyone:

Blood, general condition

- a full blood count with differential
- ferritin — the main measure of the body’s iron stores. A latent iron deficiency with normal haemoglobin is very common, and it is precisely what later turns into anaemia of pregnancy
- fasting glucose, and HbA1c where indicated

- blood group and Rh factor of both partners. With an Rh-negative woman and an Rh-positive man it is important to know this in advance
- biochemistry and a coagulation profile — where indicated.

Hormones

- TSH — essential. A hidden thyroid disorder affects both the ability to conceive and the development of the baby's nervous system. This is one of those tests that genuinely changes the outcome
- with complaints or cycle irregularities — prolactin, FSH, LH, oestradiol, AMH, testosterone, DHEA-S
- vitamin D (25-OH) — deficiency is common at our latitude, especially in autumn and winter.

Infections

- HIV, hepatitis B and C, syphilis — for both partners
- rubella IgG — a key test. If there are no antibodies, you need to be vaccinated before pregnancy and wait at least a month. Rubella during pregnancy is one of the most dangerous infections for the foetus
- IgG/IgM for toxoplasma and cytomegalovirus — these results should only be interpreted with a doctor; they are a frequent cause of needless panic.

The whole set can be done within our laboratory diagnostics — more convenient than collecting tests from different laboratories with different reference ranges.

## Step 3. Tests for the man

The main mistake here is to assume preparation concerns only the woman. A male factor is present in roughly half of all cases of couple infertility, often combined with a female one.

The minimum for a man:

- tests for HIV, hepatitis B and C, syphilis

- a semen analysis — if there is any doubt, past infections, operations, varicocele, or if the couple is over 35 and time matters
- a consultation with an andrologist if the semen analysis is abnormal or there are complaints.

Lifestyle changes matter no less for the man than for the woman, and they show results after 2–3 months: giving up nicotine, limiting alcohol, normalising weight, avoiding hot baths and saunas — and above all, categorically giving up anabolic steroids, which can completely suppress the body's own sperm production.

## Step 4. Vitamins: what is really needed

The supplement industry offers dozens of "complexes for mothers-to-be". The list with proven benefit is short.

Folic acid — essential. 400 µg (0.4 mg) a day, starting at least 1 month and ideally 3 months before conception, and continuing through the first trimester. It lowers the risk of neural tube defects. For women who have already had a pregnancy with this condition, who take glucose-lowering medication, have epilepsy or are severely obese, the doctor may prescribe a substantially higher dose — that decision is made individually.

Iodine. In a region with iodine deficiency (and western Ukraine is one) iodine supplements prescribed by a doctor lower the risk of nervous-system development disorders in the child.

Vitamin D. Prescribed on the basis of a test result, not "the same for everyone".

Iron. Only with a deficiency confirmed by ferritin — taking it "preventively" without indication is not advisable.

Everything else is as indicated. A multivitamin does not compensate for smoking, chronic lack of sleep or untreated hypothyroidism.

## Step 5. Lifestyle over the 3 months

Things that sound banal, but whose effect on the outcome outweighs most tests:

- Nicotine. Smoking lowers ovarian reserve, worsens sperm quality and raises the risk of miscarriage. Vapes and heated tobacco are not a safe alternative
- Alcohol. No safe dose in pregnancy has been established, so it is sensible to stop at the planning stage
- Weight. A BMI of roughly 18.5–25 improves the chances of conceiving and lowers the risk of complications. Both excess weight and a marked deficit are equally harmful
- Physical activity — moderate and regular: 30 minutes of walking or swimming every day is better than three exhausting workouts a week
- Sleep — 7–8 hours. Chronic lack of sleep directly affects hormonal balance
- Dentist. Treating your teeth before pregnancy is simple; during it, harder and more stressful
- Medication. Review with your doctor everything you take continuously, including supplements and “herbs”. Some drugs need to be replaced with safer alternatives in advance.

## When a genetics consultation is needed

Not for everyone, but in these cases it is worth it:

- there are hereditary diseases, birth defects or intellectual disability of unknown cause in the family
- the partners are related
- a history of two or more miscarriages, a missed miscarriage or a stillbirth
- the woman is over 35
- a previous child has a genetic condition

- you want to know about carrier status — a test that shows whether you and your partner are asymptomatic carriers of the same recessive disease. People usually do not know about such conditions until an affected child is born.

More about the available tests in the genetic diagnostics section.

## How long to wait for a pregnancy after you start trying

A healthy couple under 35 conceives within a year in roughly 85% of cases. So the general rule is:

- under 35 — see a doctor if there is no pregnancy after 12 months of regular intercourse without contraception
- over 35 — already after 6 months
- straight away, without waiting — if the cycle is irregular or absent, there have been operations on the pelvic organs or testes, known semen-analysis problems, two or more pregnancy losses, or the woman is over 40.

The main thing is not to "wait a little longer" for years. Time is a factor in its own right, and in reproductive medicine it does not work in your favour.

## Frequently asked questions

Do I need a break after stopping the contraceptive pill? No special break is needed — you can start planning from the first cycle after stopping. How long it takes for a regular cycle to return varies.

Can I take folic acid without a prescription? A dose of 400 µg a day is considered the standard preventive one. But precisely because some women need a much higher dose, it is worth discussing with a doctor.

We are both healthy — do we need tests? The minimum set — yes. The most important conditions at the planning stage (latent iron deficiency, a thyroid disorder, no immunity to rubella, an asymptomatic infection) have no symptoms at all.

How much does preparing for pregnancy cost? The scope depends on your history, so the cost is set individually after a consultation. Current prices for tests and appointments are in the relevant section of the site.

Where to go in Ivano-Frankivsk? A couple's complete preparation — consultations, laboratory, ultrasound, genetics — can be done in one place at the Ekstramed clinic. To book an appointment: the contacts section.

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This article is for information only and does not replace a consultation with a doctor. The scope of tests and the dosage of medication are decided by the doctor individually.