

# CHAPTER 1

## Before Pregnancy

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To truly understand pregnancy loss, we must start at the very beginning—pregnancy itself. When I meet with a client for the first time, I invite them to share their story, encouraging them to start at the earliest point that feels significant to them. This could be the moment they first learned they were expecting, or even earlier—tracing back through their fertility journey, past pregnancies, or medical history related to their menstrual cycle. Often, these early details hold key insights into their experience, emotions, and the path that led them to this moment. And it's not uncommon that clients come to me for miscarriage support and admit that while they understood that any type of pregnancy loss was possible, they never expected it to happen to them.

## **The Foundations of Pregnancy**

Pregnancy care often lacks essential guidance, resources, and support, leaving many individuals unprepared when faced with complications or an impending loss. As a result, they enter these experiences with little understanding of what to expect or how to navigate what comes next.

At the time of a positive pregnancy test, women sometimes call their doctor and ask about next steps, often thinking that the next step will be soon, and then they learn that some doctors don't see pregnant patients until at least eight weeks of pregnancy. If you're someone who knows your cycle, is actively trying to conceive, or feeling early pregnancy symptoms, then you could learn about your pregnancy around the fourth week (which is around the time of your missed period). To wait an entire month to see your doctor is where the problem begins with prenatal care. Statistics on pregnancy loss tend to focus on losses that have been clinically acknowledged, meaning there's been blood work done or at least one ultrasound. But pregnancy loss can also happen before someone has the chance to see their physician; therefore, the miscarriage itself may not be clinically acknowledged, leading to a lack of care and fueling the stigmas that come with early pregnancy loss.

Sadly, even if you are a woman who has a uterus and all the moving parts of what's required to achieve and sustain a pregnancy, it can be quite difficult to get to the end of pregnancy and be unburdened by loss.

It's generally understood that roughly one in four pregnancies end in miscarriage during the first trimester. While the risk decreases as pregnancy progresses into the second and third trimesters, it never fully disappears. Second trimester loss and stillbirth are more common than we realize with over 21,000 stillbirths happening every year in the United States. Often, it isn't until someone experiences the death of their child in utero that they truly grasp how fragile life is from the moment of conception.

For me, it was overwhelming to realize just how many obstacles stand in the way of a successful pregnancy—and how miraculous it is that any of us exist at all. At the same time, it made me question: Why did that baby survive when mine didn't? But science isn't a perfect formula and, sadly, life isn't always fair. It's a difficult way to realize those aspects of life and it makes coping all the more difficult because what we once thought we knew and what we now know are two different things. Those who have experienced pregnancy loss understand this on a much deeper level.

To start talking about pregnancy loss in the most cohesive way possible, I first discuss the foundations of pregnancy and the basics of conception, mainly because many people don't know how it all works. And it's not their fault because we truly aren't taught about the phases of our cycles, how important specific hormones are (for avoiding pregnancy and for achieving a healthy, viable one), and the risks involved between conception and the first trimester (because there are a lot).

I know firsthand from my own experiences, as well as from working with thousands of women on the topic, that many women immediately jump to, "I should have done more research" or "Why didn't I know this?" And it's not our fault—if anything, it's the education we are handed and the lack of resources that are shared with us from a young age. The good news is that we can break that cycle and continue to learn from each other, using social

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media as a tool, buying books, and supporting the women in the world whose mission it is to teach us these things. We can pass that along to others, hopefully our own children, and truly break this cycle of unawareness within our own bodies.

The good news is that by purchasing this book, you are taking a step forward. As we navigate these topics surrounding pregnancy and loss, you might feel hindsight bias pop up and tell you that you should have known this. Let's call it what it is—wishing you knew then what you're about to learn. That's a perfectly normal human response to grief and moving forward.

## The Phases of the Menstrual Cycle

Speaking in basic terms, a *menstrual cycle* is a hormonal cycle that is part of the female reproductive system. A cycle may vary in length but essentially includes the growth of a follicle, its release, and either the shedding of uterine lining, or a pregnancy that is achieved with an embryo that implants in the uterine wall.

During one menstrual cycle, you circle through four phases: menstruation, the follicular phase, ovulation, and the luteal phase. Each of these phases has a very important role in menstrual health but also in achieving pregnancy if that's your goal. You may also get an insight into your overall health once you track your cycle efficiently and understand each phase.

If you are someone who has a period tracking app, you may only note what day your cycle began on (when you started bleeding), the duration of the bleeding, and when your cycle ends (or another begins). However, there are factors to pay attention to between the beginning and end of your cycle.

You may be someone who doesn't need to focus on their menstrual cycle, maybe because you are pursuing fertility treatments such as IUI or IVF or because you are in a same-sex relationship and you aren't worried about a pregnancy. No matter what path you're on now, it can be helpful to know

more about your cycle. That way, you get a deeper insight into your reproductive health. It can be beneficial even if you are doing treatment and not conceiving at home unassisted. It's not always as cut and dried as it seems from the lackluster information we learned during the sex-ed course in middle school.

## MENSES

The first phase, *menstruation*, is also referred to as *menses*. I've had many clients who expressed their loathing of the first phase in their menstrual cycle and it's always for various reasons. Whether it indicates that another month of trying to conceive has passed and they aren't pregnant, it's triggering past pregnancy loss, or they have an unpredictable cycle and it's never something they can prepare for like some others can—there are a lot of reasons not to enjoy the menses phase.

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Amy, a client of mine (named changed to protect her privacy), has PCOS (*polycystic ovary syndrome*), which caused her to feel frustrated with her body because she never knows when her period will arrive. Trying to conceive is naturally harder for her because she doesn't always ovulate a healthy follicle due to her polycystic ovaries. She also must wait a lengthy amount of time before knowing if a cycle failed or resulted in a pregnancy. So, for Amy, the menstrual aspect of her cycle is both something she dreads but feels relieved by. I've told her countless times that it's normal to feel relieved—I bet some people reading this book can relate to that feeling as well. For someone with PCOS, getting a period marks the end of a cycle and it's often a time where you can catch your breath after holding it for 40–60 days (sometimes more).

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During this phase, you'll have your period and a menstrual bleed. The level of bleeding varies person to person but should never be too light or too heavy. I know this can be frustrating advice, seeing as we never really

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know exactly what that means. The range of “normal” bleeding during menses is as little as 5 ml and can extend to well over 100 ml. However, every resource or study seems to have a different range. It can be difficult to know if your bleeding is normal because we aren’t often measuring our blood as it exits the body. (Although you can use a menstrual disc if you want to get a better idea about how much blood you’re losing in a period.)

The main concern during this phase regarding fertility health is whether you have a period that is too light (which could indicate an issue with producing progesterone) or too heavy (which might indicate other issues like ovarian cysts, polyps, etc.). It’s important to note how many days you bleed, what your bleeding pattern is like (days of light bleeding versus days of heavy bleeding), and the consistency of the blood, such as the presence of blood clots or the thickness of blood—sometimes people will comment if their blood feels sticky or if it seems to be mixed with mucus.

If you are working with a fertility clinic during this phase, they often do what’s referred to as a *baseline ultrasound*, which is a vaginal ultrasound that looks at your uterus, fallopian tubes, and ovaries prior to medications and treatment. Even when you’re working with a fertility clinic, the details of your cycle, especially your menstruation patterns, are still important information to understand. It might help them understand if they see that your uterine lining is too thin or very thick, for example.

### THE FOLLICULAR PHASE

The second phase is known as the *follicular phase*. Estrogen is the dominant hormone in your reproductive system during this phase because your body is preparing for ovulation. During this stage, your follicles will focus on growth, thanks to estrogen and a hormone referred to as FSH (*follicle-stimulating hormone*), which increases the quality of the follicle and promotes healthy egg quality.

This phase begins after the period and lasts until ovulation happens, which varies from body to body. Since most people tend to ovulate between days 10–25 of their cycle, this phase can be long or short.

During this phase of your cycle, you may use at-home ovulation test strips. They test for a hormone referred to as LH (*luteinizing hormone*), which also helps prepare your body for ovulation. It's the signal to your fallopian tubes that they can release the follicle (or follicles) that you've been growing throughout the last week or two. Inside the follicle will be an egg and that egg is either an oocyte (an immature egg) or an ovum (a mature egg). If that follicle (and egg) is fertilized, meaning the sperm properly embeds, then that follicle would later become an embryo.

When testing for your LH levels at home, you'll notice that these tests will refer to a "peak," which essentially means your LH level is the highest it will be that cycle and that ovulation will occur within the next 48 hours.

If you're working with a fertility clinic, this might be where you take stimulating medications—whether you're doing a medicated cycle and still having sex to achieve pregnancy or doing an IUI (*intrauterine insemination*) or an IVF (*in vitro fertilization*) cycle. You will also have many appointments at the clinic during this phase, as they want to ensure that the medications are working and things are on track for your treatment.

## OVULATION

The third phase of a menstrual cycle is *ovulation*. Following a peak ovulation test or if you're charting using other methods, ovulation will occur. This is the time where your follicle is either fertilized or not. Unfortunately, it takes a few days for us to know if fertilization has occurred. This is the main event for a cycle if you're hoping to achieve a pregnancy.

When working with clients, I often say that after this point, it's out of our hands and we've done the work we can do. It's both scary to think of

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and often freeing, because the first half of the cycle is spent worrying about the timing of ovulation and hoping that you get everything done at the right time.

For those who are doing fertility treatment or working with a fertility specialist, they often are inducing ovulation with medications that stimulate the reproductive system. So instead of relying on at-home ovulation tests, you may follow the direction of your doctor, who then assists in inducing ovulation on time.

### THE LUTEAL PHASE

The final phase, and arguably the most important phase in a cycle, is the *luteal phase*. During this phase, progesterone rises (with or without the assistance of prescription medication) and, hopefully, a fertilized follicle (an embryo) will find a nice, homey spot in the uterus where it can grow and thrive.

For many potential pregnancies, this is the first hurdle. There are a lot of developmental milestones for the embryo during this time. The uterus also plays a large role during this stage, and the hormones have to be just right for implantation.

With a spontaneous or natural conception, implantation often occurs 7–10 days after ovulation. Happening earlier doesn't guarantee a positive outcome just like a late implantation won't be a warning sign for an anticipated loss. Following an insemination (through IUI or IVF), implantation of the embryo will occur within or 5–10 days. The reason why the days are different is because with an IVF transfer, the embryo is already created and so the time frame of expected implantation might be less than a spontaneous conception. If a pregnancy has occurred, it can be detected on blood work or with an at-home pregnancy test 10–14 days after ovulation and in IVF cycles, fertility clinics often do a blood test to confirm pregnancy as early as 7 days post-insemination.

## Risks Associated with Pregnancy

Pregnancy, at its baseline, is a risk to the body and mind of a pregnant human being. But the apps and the online articles don't like to talk about how fragile life is from conception because it scares the majority of their readers. It's a hard line to walk, because people should be informed and not inundated with everything that could go wrong in a pregnancy.

Following a menstrual cycle—regardless of it being unassisted conception or conception through fertility treatments—you are either pregnant or aren't and there are a lot of mixed emotions that come along with a cycle ending with either outcome.

Let's start by talking about conception that happens without the assistance of IVF and then we will circle back to including IVF into the topic because there are things to discuss from every angle of conception.

### WHEN A CYCLE DOESN'T RESULT IN PREGNANCY

When a menstrual cycle doesn't result in a pregnancy, there are a few reasons why. Either fertilization didn't happen *or* a follicle was fertilized (by sperm) but didn't survive the embryo developmental process. It's also possible that the fertilized embryo didn't implant itself on the uterine wall and after 12–14 days (in a healthy cycle), the cycle will end. The next menstrual bleed (menses) will occur, marking the end of one cycle and the beginning of another.

It's important to note that there is no current way to differentiate between these three approaches that all result in no pregnancy. When someone is struggling to get pregnant, they may assume that all the stages aren't happening and that their eggs and partner's sperm (or donor's sperm) aren't a match somehow.

However, it's important to remember that even when a cycle ends without a pregnancy, it doesn't mean that other things aren't happening in the uterus. It's just not all the right steps. Most of the time, this is related to

hormones, which highlights the importance of tracking your cycle and looking for signs that could be related to your fertility in general.

From the outside, conception seems simple, right? But it's complex and there are many minuscule steps that must happen.

### **RISKS ASSOCIATED WITH ART (ASSISTED REPRODUCTIVE TECHNOLOGY) PREGNANCIES**

Now let's say that the cycle does result in a positive pregnancy test. The first few weeks of a pregnancy are very fragile, which is why the risk of pregnancy loss is so high. Developmentally, an embryo has attached itself to the uterine wall, the ovaries are working overtime to produce hormones such as progesterone, and the embryo is growing each day, developing everything needed to become a fetus.

Things that can go "wrong" during this stage can be developmental, where the embryo simply does not develop as needed or is missing a key part of development. Blood clots can occur around the reproductive system that can be a threat to the blood flow to the pregnancy, hormonal shifts can go undetected, infections happen, and chromosomal abnormalities can occur. The risks in early pregnancy are high.

An IVF pregnancy is not exempt from risk of miscarriage or complications, even though the assumption is that IVF is some kind of guarantee. While it helps people achieve pregnancy, there is a higher risk of high blood pressure, low birth weight, preeclampsia, and placental concerns. Most people who use assisted reproductive technology (ART) are monitored based on these factors and may even see a high-risk doctor called a Maternal Fetal Medicine (MFM) physician. A pregnancy conceived with the assistance of reproductive technology and care means that the pregnant person often has more medical care earlier in pregnancy, which is helpful. The IVF protocol might include progesterone injections, blood thinners, and sometimes even antibiotics to avoid infections that can cause pregnancy loss. However, as an IVF pregnancy progresses, there's a higher risk of

preeclampsia or cervical insufficiencies, as well as something called “retained products of conception,” whether that pregnancy ends with a living child or not.

While you might see many happy pictures of pregnancy on your social media feeds and in movies or TV shows, they are often not discussing the stresses of pregnancy or of getting pregnant. Maybe those people have been lucky enough to not experience them, or maybe they only share the good news on their social media feeds. You probably don’t know what, possibly difficult, journey they had to take to get to that point.

### **ADVOCATING FOR YOURSELF**

You may be wondering how you can advocate for yourself early in pregnancy. Well, the bad news is that there’s not much you can do to control the outcome of a pregnancy, especially at this early stage. As I mentioned, even pregnancies achieved with the assistance of a fertility specialist can end in pregnancy loss, so we aren’t ever safe. This is what I refer to as a “hard truth,” because it’s something that no one else wants to tell you.

What you can do is look at your pregnancy history and ask yourself, “How would I change my experience?” Use that to fuel how you request your medical team’s support.

For example, I asked for earlier and more frequent ultrasounds. Having a missed miscarriage, I never wanted to sit with my dead baby inside my body for weeks ever again.

For you, it might be more blood work to check hormone levels, more ultrasounds, finding a new care team who is compassionate and validating, being more private about pregnancy, being more public, and so on.

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## The Physical and Emotional Journey of Pregnancy

Before someone even has a miscarriage, the beginning of pregnancy is difficult. Whether it's because the symptoms of pregnancy are weighing them down, they are overwhelmed about the changes that are coming, or they are struggling with anxiety, depression, or feeling unsupported by those around them—there are a lot of challenges that play a huge role in the emotional journey of pregnancy.

Society adds another element of pressure. There's an unspoken rule to wait until 12 weeks to announce a pregnancy on social media, even though you don't even *have* to announce on social media to begin with—that's yet another pressure. Ensuring that you're eating the right things, doing the right things, and so on—it's exhausting to live up to what society paints as the perfect pregnancy.

I remember when my husband and I were trying to conceive. I was determined to have the perfect pregnancy. From the brand of prenatal vitamins, to planning maternity fashion (even though I was a terribly unfashionable person), to thinking about what our home would look like with a baby and planning to have the best of the best. Because that's what I saw online. The societal element played such a huge role that I felt ashamed of telling anyone that we were trying to conceive. I was embarrassed that we had been trying for multiple months, plus I didn't want my employer to find out due to the fear that they would learn that I was a woman who wanted to have children. I felt like I had to keep this huge secret.

Then when I was pregnant, I kept it a secret, too. I wrote on an anonymous blog at the time because I was so lonely in my quest to parenthood that I needed to find some sort of community or connection. On that blog, I didn't show my face or use my first name so it felt like a safe space to share the innermost emotions.

Then I had my miscarriage and everything imploded. I felt like I had no choice but to tell my boss because I had to call out of work and wait three

weeks before my physical miscarriage happened. I felt like society did nothing but set me up for loneliness.

I knew by the morning after my loss that I never wanted to feel that ashamed or isolated again, so I took the route of talking very loudly about pregnancy loss. It's that feeling of being fed up with the secrets that led me to write these words and I'm thankful for that. At the same time, I'll never forget what it felt like to want to scream into the void that I had a miscarriage and that I was no longer the person everyone thought they knew. I wish that society could support pregnancy loss better. That would be much better than the loneliness that comes with navigating miscarriage after miscarriage.

### Reflection Prompts

- ◆ Prior to your first pregnancy, what do you remember about your expectations or beliefs? Did you feel well educated about your cycle and the risk of loss?
- ◆ Over time, since puberty, how has your relationship with your body changed? How has your experience with trying to conceive and/or pregnancy loss shifted that view?
- ◆ What parts of this chapter made you pause or feel something deeply? Note what resonated with you—whether it was a statistic, a shared emotion, or a new piece of information. What might you want to explore or learn more about?