

Your preconception health guide

Preparing your mind and body for pregnancy

The three to six months before you start trying to conceive are a powerful window.

Small, positive changes during this time can improve your fertility, support a healthier pregnancy and give your future baby the best possible start. This guide walks you through the key areas of preconception health, whether you're preparing as a couple, becoming a solo parent, or planning a pregnancy with donor eggs or sperm.

Important: Every body and every journey is different. This guide offers general, evidence-based recommendations, but your GP or fertility specialist can tailor advice to your individual health, history and circumstances. If you have questions at any stage, we're here to help.

Book a preconception check-up

Why it matters:

- A check-up three to six months before trying gives you time to act on the recommendations
- Chronic conditions such as diabetes, thyroid disease, asthma and epilepsy are best managed before pregnancy
- Some medications aren't safe in pregnancy and may need to be adjusted or replaced
- Some vaccinations require a waiting period before you conceive

What to cover with your doctor:

- A review of medical, surgical and family history for everyone whose eggs or sperm will be used
- All medications you take, including over-the-counter and herbal supplements
- Your cervical screening test, if it's due
- Vaccination status – rubella, chickenpox (varicella), whooping cough and influenza
- Screening for sexually transmitted infections
- Blood tests as recommended – iron, vitamin D, thyroid function and blood group
- Genetic carrier screening for conditions such as cystic fibrosis, spinal muscular atrophy and fragile X syndrome, where relevant

Nutrition and supplements

If you'll be carrying the pregnancy:

- Take folic acid (at least 400 micrograms daily) for a minimum of one month before conception and the first three months of pregnancy
- Some people need a higher dose of folic acid – your doctor will advise if this applies to you
- Take iodine (150 micrograms daily) to support your baby's brain development
- Your doctor may recommend checking your vitamin D and iron levels, and supplementing if necessary
- Avoid high-dose vitamin A supplements

Everyday eating:

- Build meals around vegetables, fruit, wholegrains, lean protein and dairy or fortified alternatives
- Include oily fish two to three times a week, but limit high-mercury fish such as shark (flake), marlin and swordfish
- Keep caffeine to around 200mg a day – about one to two coffees
- Practise good food safety now as it's a habit that matters in pregnancy

Healthy lifestyle changes

Why it matters:

- These changes support anyone contributing eggs or sperm, and the person who will carry the pregnancy
- If you're using donor eggs or sperm, your donor has already completed a thorough health screening. Your focus is preparing your own body
- Making changes together with a partner or support person makes them easier to sustain

Steps to take:

- Quit smoking and vaping – both affect egg and sperm quality (Quitline: 13 78 48)
- Avoid alcohol and recreational drugs while trying to conceive – there is no known safe level of alcohol in pregnancy.
- Work towards a healthy weight range – even a 5-10% change can improve ovulation
- Aim for 2.5 to 5 hours of moderate exercise each week
- Prioritise seven to nine hours of sleep each night
- Manage stress in ways that work for you – movement, mindfulness or counselling
- Review workplace exposures to chemicals such as pesticides, solvents and heavy metals

If you're providing sperm

Why it matters:

- Sperm take around three months to mature, so changes made now show up later
- This section applies if your own or your partner's sperm will be used – donor sperm is already rigorously screened

Steps to take:

- Avoid prolonged heat – spas, saunas and laptops resting on your lap
- Quit smoking, limit alcohol and never use anabolic steroids or illicit drugs
- Maintain a healthy weight and stay active
- Review medications and occupational exposures with your doctor
- Consider a semen analysis if you have any concerns

Understanding your cycle and timing

What to know:

- Your fertile window is the five days before ovulation, plus the day of ovulation itself
- Ovulation usually occurs around 14 days before your next period begins
- Cycle tracking apps, ovulation kits and cervical mucus changes can help you learn your pattern
- Genea's bulk-billed ovulation tracking service can be really helpful to learn the optimal timing for intercourse – contact our team to request a referral
- If you're conceiving through intercourse, having sex every two to three days removes the pressure of pinpointing ovulation exactly
- If you're conceiving through IUI or IVF, your care team will manage timing, but knowing your cycle is still valuable
- Irregular or absent periods are worth discussing with your doctor as they can signal conditions like PCOS or thyroid issues

Planning with donor eggs or sperm

What to consider:

- Donor conception counselling is part of every donor journey in Australia – it's a supportive space, not a test
- Think about what matters to you in choosing a donor, and whether a clinic-recruited (someone you select through a clinic's donor bank) or known donor (someone you arrange personally, such as a friend or family member) feels right for you
- Consider how you feel about future contact between your child and their donor
- Openness from an early age is recommended – start thinking about how you'll share your child's story with them
- When donation is arranged through a clinic's formal process, donors have no legal parental rights or responsibilities
- Informal sperm donation, arranged outside a clinic, presents many risks and is not advised – it usually doesn't involve adequate medical testing or oversight, and many recipients feel pressured into intercourse or other undesirable situations

Emotional and practical readiness

Feelings you might experience:

- Excitement and anticipation about starting or growing your family
- Anxiety about whether conception will happen quickly
- Pressure from timelines, family expectations or comparing yourself with others
- Differences in readiness between you and your partner
- A mix of confidence and doubt about parenting solo, if that's your path

Ways to support yourself:

- Talk openly with your partner or support people about hopes, expectations and timelines
- If you're becoming a solo parent, start building your village – the practical and emotional supports around you
- Plan the practical side – finances, leave entitlements and work arrangements
- Reach out for counselling support if worry starts to take over

Need support?

We're here to support you throughout your journey with us.

When to seek specialist support

Most couples conceive within a year of regular, unprotected sex, but you don't have to wait if something doesn't feel right. See your GP or a fertility specialist if you're under 35 and haven't conceived after 12 months, or if you're 35 or older and haven't conceived after six months. Seek advice sooner if you have irregular cycles, endometriosis, PCOS, a history of pelvic infection or testicular problems, or any known fertility concerns.

If you're single or in a same-sex couple and will be using donor eggs or sperm, there's no need to wait. Speak with a fertility specialist ahead of time, as the donor timeline is often a bit longer. Age is the single biggest factor affecting fertility, so a fertility assessment can give you valuable information about your options at any stage.

Contact your Genea fertility counsellor for guidance specific to your family's situation.

