

Reproductive Wellness  
Acupuncture & Integrative Medicine

# The Secret to Conception

Teaching The Womb

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The Secret to Conception: Teaching The Womb  
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# Chapter 1:

## Introduction

It seems to so many in the general population that pregnancy is the simplest and most natural thing on Earth for women to do. But, for so many of us, that just isn't the case. Most doctors like to believe that Reproductive Medicine is about hard science, but it isn't. We can examine sperm and ova under the microscope. We can even watch videos of microscopic sperm penetrating the egg until one finally makes its way through! But there isn't a doctor alive who can explain that one miraculous moment when egg and sperm become something more than what they started as. That moment belongs to the magic of conception.

Just as we can't really explain that magical moment of conception with scientific facts, there also appears to be some mystery about why women *don't* become pregnant. Yet, in reality, fertility challenges can be resolved far more easily than we think, *if* we believe that they can.

The secret to conception lies in your relationship with something far more significant than your fertility specialist. The secret to conception lies in your connection with mind, body, spirit, and

partner. The secret to conception lies in the phenomenal power of your stated intention.

Through this book and its accompanying workbook and CD, we will help you uncover all of the elements that have stood in your way. We will facilitate your connection to your spirituality and your relationship with your partner. We will help you gain the ability to ask, believe, and receive all that you desire, including children. While these strategies may not yet be familiar to you, they have enabled millions to achieve their goals, and are easy to learn and practice.

*Take the first step in faith.*

*You don't have to see the whole staircase, just take the first step.*

***Martin Luther King, Jr.***

## **To access the audio files:**

Please visit

<http://www.reproductivewellness.com/fertility-meditation-audio-file/>

## Chapter 2:

### Infertility and You: Why Me?

*After two years, and more than a hundred thousand dollars spent,  
I sat in the fertility specialist's office and stared blankly at him.  
"What?" I said, somehow not understanding the words that had left his mouth.  
"It's not possible for you to have a baby," he repeated quietly.  
"What?" I thought again to myself. "But women are designed to have babies,"  
I proclaimed. "Not all women can," he said.  
I sat there, stunned, while he put together a list of referrals for me.  
He suggested I see a counselor to help me manage the news.  
"Can she help me get pregnant?" I queried.  
"No one can help you get pregnant," he said with resignation.*

*Twenty years later, I can only smile  
at how wrong he was as I listen to my children in the other room.  
Boy, did he underestimate the power of my intention  
and the benefit of Integrative Medicine!*

Every year, nearly six million women become pregnant. About 60% of those women have live births, but nearly a third lose their

pregnancies. Of those that lose pregnancies, more than one million are to planned termination. Another 700,000 pregnancies are lost to ectopic and molar pregnancies, miscarriage, and stillbirth.

Whether or not you have been able to conceive, you are among that 30% who has been unable to maintain a healthy pregnancy. You are among the hundreds of thousands of women who wonder, “Why me?”

There is no single answer to infertility. In reality, the majority of people who experience obstacles to fertility are not given any particular reason for their inability to spontaneously reproduce. Most are simply told that they have “unexplained fertility”. But, what is unexplained now, will be discovered through your journey.

In the words of W. Clement Stone, “Whatever the mind of man can conceive and believe, it can achieve.” There’s no telling how powerful this statement is when applied to women!

## **Chapter 3:**

# **Who's on First? Demographics, Statistics, and Data on Infertility**

As the Baby Boomers edge into seniority, much of the subsequent generation has placed a greater focus on developing careers than creating a family. Many have decided to delay families while getting their careers in order, only to discover that when it was finally "convenient" to have children, it was no longer easy or feasible for their bodies.

Infertility is now rampant amongst our generation- (30-45 year olds) affecting about 25% of reproductive-aged couples, leaving many with heartache and guilt. In 1997, it was estimated that approximately 6.1 million people were diagnosed with some form of infertility. Research suggests that 9% of those of reproductive age suffer from infertility.



## **Chapter 4:**

### **Integrative Medicine and Fertility**

#### **Challenges: Fertility by Harvard**

Based on early work done by Alice Domar, PhD of the Harvard Medical School, Reproductive Wellness uses relaxation techniques and cognitive behavioral practices to ease the emotional stress and depression in couples diagnosed with infertility. These techniques have shown a 35% increase in take-home baby rates!



## Chapter 5:

### Honing the Harvard Model

If you explore the field of fertility intervention online, you will find hundreds, if not thousands, of clinicians and facilities that are trying to provide all that is required to fulfill the desires of childless couples. It seems as if *everyone* has some kind of solution for fertility, but far fewer offer a well-integrated treatment protocol with interventions provided by highly trained and licensed professionals.

Not only have many of the staff at Reproductive Wellness been certified by Harvard Medical Center in Mind/Body Medicine for the treatment of infertility, but all of the staff has been extensively trained in their own specialty fields. There is a commitment and devotion to our clients, but also to the quest for continued expansion of our knowledge base.

The Harvard model incorporates Western medicine with psychotherapy, Cognitive Behavioral Therapy, Group Therapy and Psychoeducation, Dance and Movement Therapy, Meditation, Yoga and Nutrition. At Reproductive Wellness, we move the treatment of

infertility into the 21<sup>st</sup> century with the addition of Acupuncture and Herbal Medicine, The Arvigo Technique for Maya Abdominal Massage (ATMAM), and Intuitive Psychotherapy.

## Chapter 6:

# Cultivating & Implementing a Solution

Our team members take a different approach to fertility than many other clinicians:

- We believe in the power of mind, body and spirit to impact, *positively and negatively*, your choices, expectations and experiences in life.
- We believe that you have the potential to change the way you interact with self, other and world, and that, in so doing, you will change your outcome.
- We believe that, for many childless couples, gaining awareness and improving connection with mind, body and spirit will also result in improved fertility.

### **Section 1: Mapping out an Integrative Plan**

Any treatment plan can be integrative if it combines a number of different approaches for the achievement of a singular goal. In the treatment of infertility, an integrative plan is one that includes, but is not limited to, interventions offered by physicians, fertility specialists,

Immunologists, physical medicine specialists (acupuncture, herbalist, PT, massage, yoga, nutrition), vibrational medicine specialists (drumming) and energy medicine specialists (Reiki, Intuitive consultation).

## **Section 2: The Primary Integrative Medical Plan**

Some couples desire to conceive and manage pregnancy in the most natural way possible. They may opt to avoid any kind of Western treatment for infertility, eliminating interventions such as IVF. These couples utilize a Primary Integrative Medical Plan, often directed by an Acupuncturist or Naturopathic Doctor (ND). Treatment often includes weekly acupuncture, massage, yoga, and group therapy, as well as daily herbs, meditation, and breathwork. The goal of the Primary Integrative Plan is to bring the body, mind and spirit into complete balance and to *restore* the body's fertility.

## **Section 3: The Collaborative Plan: East Meets West**

As with many things, it is often the blending of the two worlds that provides optimal care for the couple with fertility challenges. With a comprehensive treatment plan, the couple can enjoy the benefits of all available modalities to enhance their fertility.

Many research studies have shown the fertility-enhancing value of integrative medical therapies. One clinical Acupuncture study recently demonstrated the ability to optimize endometrial receptivity, resulting in almost double the pregnancy rate than that of IVF or ICSI alone.

These therapies can also significantly enhance the likelihood that you will deliver a healthy baby. Additional benefits of integrative medical practices include resolution of fallopian tube obstruction, fibroids, endometriosis, and menstrual irregularities.

The key to the best collaborative plan is to make sure that you feel comfortable with the clinician directing your plan, and all those that provide care for you. For truly collaborative care, clinicians must recognize the value of all strategies and interventions that are included in the treatment protocol and must have unwavering faith in your power to invite conception and healthy pregnancy into your life.

What lies ahead is a collaborative program designed to help you achieve these goals!

#### **Section 4: Putting the Pieces Together**

In order to move through and past your fertility challenges, we believe that you'll need to address a number of different areas. By improving and enhancing the following factors, you will increase your potential for conception and healthy pregnancy:

1. Self-awareness
2. Partner-awareness
3. The Relaxation Response
4. Obstacle-Awareness
5. Negative Self-Talk
6. Healthy Emotional Expression
7. Assertive Communication
8. Effective Listening
9. Communication with your Partner

10. Relationship Challenges
11. Nutrition
12. Wellness through Movement and
13. The Evolved Partnership

## **Chapter 7:**

### **Fertility 101: It's All in Your Head**

At the core of our philosophy is the idea that beliefs, ideas and “self-talk” can influence experience, performance and function. The Law of Attraction suggests that whatever ideas, you place your energy in, will come to fruition. Unfortunately, if we are stressing about whether or not our menses will arrive that month, confirming our lack of pregnancy, odds are that we’ll be putting tampons and maxipads into our grocery carts the next day. The body doesn’t know the difference between positive and negative thoughts and feelings, it only experiences intensity. So, when we place significant energy into an idea, the universe provides us with that very item—even if it’s the very thing we’ve feared. In order to reap the benefits using the Law of Attraction, you have to learn to limit the amount of energy spent on negative or worrisome ideas, and increase the intensity of all that you desire. This is how thoughts become things.

#### **Section 1: The impact of beliefs, historical messages, and ideas on fertility**

Research shows that ideas and circumstances that are associated with stress impact the body's biochemistry and creates stress responses, such as anxiety, illness, and yes, infertility.

What are the **beliefs** that you hold about yourself? Your partner? Your relationship? Pregnancy? Your life? Are you caught in any gender traps at work or at home? Your responses to these questions identify how you think and feel about your fertility and whether your beliefs support the forward movement you desire or inhibit your progress towards connection and conception.

The **values** that you and your partner hold may also greatly impact your health, wellness and fertility. Values are those ideas, activities, and commitments that you feel strongly about- as an individual, or as a couple. Shared values support connection in relationship, and provide a strong foundation for family. Sharing values, even when there may be some minor discrepancies, allows partners to “be on the same page.”

Values include, but are not limited to achievement, advancement, adventure, affiliation, autonomy, balance, community, creativity, decision-making power, economic security, emotional well-being, altruism, accumulation of wealth, honesty, humor, independence, influencing people, intellectual challenge, justice, location, love, physical challenge, physical environment, project identity, recognition, respect, religious/spiritual conviction, service, stability, structure, tranquility, and variety.

## Chapter 8:

# Fertility 102: Well, It May Have SOMETHING to Do with your Body

### Section 1: Primary vs. Secondary Infertility

Primary infertility refers to infertility which is associated with a biological or anatomical challenge or disorder. Primary infertility *prohibits* conception and successful implantation and growth of the blastocyst.

There is much debate about how secondary infertility is defined. While many define secondary infertility as the inability to conceive despite healthy reproductive function, there are numerous other elements that can be incorporated into the definition. In the broadest definition, secondary infertility can be caused by a wide range of issues, including:

- Age
- Irregular ovulation
- Endometriosis
- Hostile cervical mucus

- Abnormal uterus or pelvis
- Impact from prior birth experience
  - Scar tissue can develop following Caesarian section, as well as from internal tearing during childbirth
- Miscarriage
  - Process may prompt hormonal, environmental, immunological, and even physiological problems changes that inhibit conception and successful implantation.

## **Section 2: Female Factors**

There are many conditions associated with female factor infertility. Some of those medical challenges include:

- Uterine and Pelvic Abnormalities
- Hostile Cervical Mucus
- Irregular Ovulation
- Polycystic Ovarian Syndrome

### **Uterine and Pelvic Abnormalities**

#### **Abnormal Uterus**

For a pregnancy to be taken to term, it requires conception, successful implantation of the blastocyst in the uterus and maintenance of the pregnancy to approximately 40 weeks. Some of the issues which can prevent normal implantation or growth of the fetus in the uterus include:

- Birth defects (e.g. tipped uterus, bifurcated uterus)
- Uterine fibroids
- Insufficient endometrial lining

- Presence of endometriosis in the uterus.

### **Pelvic Abnormalities**

Pelvic abnormalities which are separate from issues which may appear in the uterus, include, but are not limited to:

- Anatomical problems with the vagina or cervix
- Disease and/or damage to the fallopian tubes
- Endometriosis which compromises the fallopian tubes, or is present in the pelvic cavity
- Adhesions and/or damage to the pelvic cavity.

**Pelvic adhesions** can result from infection, endometriosis and physical trauma (including trauma due to surgical procedures) to the area.

### **Hostile Cervical Mucus**

During a healthy menstrual cycle, the cervix produces slippery mucus just prior to ovulation. This mucus facilitates the movement of the sperm towards the fallopian tubes and promotes fertilization of the ovum. If the mucus is too thick, it can prevent sperm from passing through the cervix, rendering it “hostile” to conception efforts. Some of the obstacles associated with hostile cervical mucus include:

- Mucus contains antibodies to sperm, creating “sperm allergy”, killing sperm during the journey towards the fallopian tubes.
- Thickness of mucus prevents abnormal sperm from moving through successfully. In addition, insufficient amounts of seminal fluid may also be insufficient for passage of the sperm through the cervix.

- Damage to or infection of the tubes or cervix can prevent movement of the sperm to the tubes.
- Inadequate estrogen stimulation may be associated with hostile cervical mucus.

### **Irregular Ovulation**

Nearly 40 percent of infertile women are affected by an ovulatory problem. Irregular ovulation refers to the absent or irregular release of an unfertilized egg by the ovaries. Ovulatory issues may be evidenced by any of the following patterns:

- Primary amenorrhea – lack of a first menstrual cycle
- Secondary amenorrhea – lack of menses after initial menstruation
- Polymenorrhea – more than one menstrual cycle within a 26-day period
- Hypomenorrhea – significant reduction in the length and volume of menses
- Premature Ovarian Failure- a stop in the normal functioning of the ovaries in a woman younger than age 40 which may or may not result in the end of reproductivity.

These ovulation issues are typically associated with hormonal shifts experienced by the body, although other factors can also play a part. Additional culprits may include:

- The onset of premature menopause
- Polycystic Ovarian Syndrome
- Chemotherapy
- Presence of tumors
- Historical or current infections
- Heavy exercise
- Significant weight change

- Hyperprolactinemia (excessive production of prolactin).

### **Polycystic Ovarian Syndrome (PCOS)**

PCOS is the most common metabolic disorder affecting women today, and goes undetected in approximately 75% of the women who have this disorder. While women of all ethnic groups may suffer from PCOS, there is an increased incidence in women who are Hispanic, Native American and Asian. It occurs in as many as 10% of women in their childbearing years and can wreak havoc with their fertility.

PCOS was initially identified in 1935 and was known as Stein-Leventhal syndrome. Whether incidence of this syndrome has increased, or diagnosis has just been better as physicians have become more equipped to identify and treat PCOS, this has become one of the most common culprits in infertility.

The mechanism in PCOS is an excessive production of androgens, or “male hormones” (although we all have them), that inhibit normal ovulation. Instead of producing and ripening one large ovum, or egg, each month, women with PCOS may develop many, tiny, fluid-filled, non-cancerous cysts on their ovaries (which, in turn, increases the androgen level even further).

Typical signs and symptoms associated with PCOS include:

- Irregular menses (when not taking Oral Contraception)
- Extremely light menstrual periods

- Overweight, even if only by 5-10% of body weight
- Excessive hair growth (on the face, pubic region, and abdomen particularly)
- Acne
- Increased levels of testosterone
- Infertility

Other symptoms that may accompany PCOS include:

- Insulin Resistance Syndrome (IR)
- Type 2 Diabetes Mellitus
- High blood pressure
- High cholesterol
- Cardiovascular Disease.

Treatment for PCOS is grounded in lifestyle change. By improving nutrition, increasing exercise, lowering cholesterol and avoiding tobacco and other toxins, the impact of PCOS may be significantly diminished. In addition, treatment with medication such as Metformin (Glucophage) may improve hyperinsulinism, menstrual regularity, and fertility.

### **Section 3: Male Factors**

Male factor infertility refers to the inability of a man's sperm to fertilize an ovum.

Male fertility depends on three primary elements:

- There must be adequate spermatozoa production by the testes.

- The sperm must be able to travel unobstructed through the seminal duct.
- The sperm must reach the ovum without fail.

These elements often go awry and produce the following fertility challenges:

- Low sperm count: this is defined as less than 20 million sperm per milliliter (the “normal” sperm count is 200 million per ejaculate).
- Low sperm motility: this is defined as less than 50% of the sperm having purposeful forward movement towards the ovum.
- Poor sperm morphology: this is defined as less than 30% of the sperm having normal form and shape.

#### **Section 4: Unexplained Infertility**

And then, there’s “unexplained infertility”- the diagnosis which so many couples come in with these days. This condition describes a couple’s inability to conceive, despite healthy reproductive function, and in spite of repeated and varied efforts to conceive and maintain a pregnancy. It is this “diagnosis” which is most responsive to Integrative Medical efforts (although all the conditions mentioned above can be improved or altered using Integrative Medical treatments). These interventions move outside the “normal” fertility box and explore the impacts of all elements and systems on fertility, rather than those associated with just the reproductive organs. We like to refer to this group of folks as challenged by **“yet to be explained infertility.”**

With all of the above mentioned conditions, it is important to not self-diagnose based on the criteria given. Having a

Reproductive Endocrinologist or Fertility Specialist evaluate and diagnose your condition is essential in determining the best and most appropriate treatments available. That being said, it would be ideal to receive a comprehensive evaluation and diagnosis from your Integrative Medical provider simultaneously. This will allow you to gather all the information necessary to move forward, and will allow your medical providers time to communicate and set a collaborative plan.

## **Section 5: Stress: The Hidden Fertility Factor**

Stress is everywhere. It can come from sources we perceive as positive and sources that we perceive as negative. Stress that comes from “positive” sources is referred to as *eustress*. An example of a *eustress* event might be getting married. An example of *distress* is getting mugged. When we experience stressors, our body, mind and spirit all generate responses. **It is when we are under *distress* that the body’s “Stress Response glands”, the Adrenal glands, are most negatively affected.**

The body generates a primitive biochemical reaction to the stressor enabling fight or flight. This is typically a high cortisol response that may be in our best interest, *or not*.

If we consider the primitive origins of the high cortisol response, it makes great sense: if you are hunting woolly mammoth, and one suddenly turns on you, you definitely want your body to generate chemicals to help you get the heck out of there, FAST!

However, as much as the biochemical reaction was imperative in *that* situation, most of us are not physically

putting ourselves in life or death situations on a day-to-day basis (excluding first responders like fire fighters).

And normally, it would be OK to have a few unnecessary chemicals, but cortisol has a not-so-funny side effect for women. Any guesses what that might be?

Put yourself back into the age of the woolly mammoth- see the herds coming towards the tribe. You have to run fast for cover. Are there any members that might not make it, because they are not fast enough? What end do you see for the aged and the pregnant?

Those circumstances didn't allow for old age. And pregnancy was biologically contraindicated during times of high stress and conflict (it's no coincidence that late Spring was a birthing time: food was aplenty and stress was at an annual low). The body's generation of cortisol inhibited pregnancy at times when to be so was an impediment to the person and to the tribe. Remember Darwin and "Survival of the Fittest"?

So, let's move into the current day. Your work is filled with deadlines, your mortgage is due and the cat needs a root canal. Your body generates a little cortisol to give you enough energy to manage all the balls in the air. You and your partner have high hopes of becoming pregnant. Ovulation is paired with wild sex. Two weeks later, you pull out the pregnancy test. What do *you* think the result will be?

### ***Sighting Stress***

Learning to better identify stress in our lives takes work. Most of us approach our lives and work with great intensity and don't perceive stress when it is relatively low or even

moderate. Our “stress alarm” goes off when stress is extreme and we feel completely overwhelmed- often when it is too late.

“Body mapping” allows you to attend to the messages from the body that help you realize when you are experiencing stress. Learning to listen to your body can help you better realize when stress is on the rise, and to take measures to reduce or avoid the stressors creeping into your life.

Some common physical signs of stress include:

- Furrowed eyebrows
- Dilated pupils
- Tightness in the throat; frequent sore throat
- Tightness in the shoulders (shoulders that seem to “stand up” on their own)
- Tense and aching neck
- Constricted arteries
- Fast pulse
- Shallow breathing
- Distended stomach (bloating)
- Possible incontinence
- Possible diarrhea
- Cold fingers and feet
- Clammy palms
- Rigid pelvis
- Numb genitals
- Large muscles contracted and difficult to stretch (including gluts and lower back)

## ***Body Mapping***

While conventional Western medicine has us listen to very specific messages from our anatomy about stress (“Oh, my back aches!”), Traditional Chinese Medicine (TCM) has us listen to the *emotions* stored in our bodies so that these messages are easier to understand *and resolve*.

The Chinese believe that certain emotions are stored in specific parts of the body, and that when an excess of that emotion exists there, the body experiences tension, as well as other symptoms in that part of the body.

From head to toe, those areas are:

- From the eyes to the throat, the body may harbor sadness. The typical “lump in the throat” is a sign of unexpressed sadness.
- From ear to ear at the jawline, the body may hold happiness and joy. Ever been so happy that you just beamed incessantly, and then experienced tightness in your jaw or even a headache?
- Anger is experienced as a crown around the top of the skull, or as low as the temples.
- Frustration is said to live at the base of the skull, extending out across the shoulders.
- The “weight of the world” is said to be held between the shoulder blades- the “Atlas” area may ache in response to excess responsibility and financial stress.
- In the heart, the body stores the ecstasy, as well as the agony, of love.
- From the sternum to the intestine, the body may hold anxiety and despair. Recall those expressions “butterflies in the stomach” as well as “in the pit of my stomach”.

- From the abdomen to the knees, the body holds fear. How often have you heard, “I felt weak in the knees” or “I felt as if my knees were going to give out beneath me”?
- In the lower back lives hopelessness, when one’s *being* is insufficiently supported.
- And in the feet, lives the flexibility to roll with it all and still stay centered (pain comes when the body can not do so).

### ***Stress-Inducing Thoughts***

In addition to the information we get from our bodies, we also must attend to the part that our minds play in the stress game.

Self-talk, or the tapes that we often play in our minds (our internal narration) can have both positive and negative effects. Some of the specific kinds of negative self-talk that induce or maintain stress include:

- Making mistakes is terrible.
- It is essential to be loved by everyone.
- I must always be competent.
- Every problem has a perfect solution.
- If others criticize me, I must have done something wrong.
- I can’t change the way I think.
- I cannot show weakness or cry.
- Strong people do not ask for help.
- Everything is within my control.
- Other people should always see things the same way I do.
- People should do what I want because they love me.

- The world ought to be fair.

Negative self-talk can impact not only one's sense of well-being, but can also affect health and fertility.

## **Stress Reduction**

In order to give yourself the best odds for conception and healthy pregnancy, it is imperative that you identify and combat all sources of stress in your life. By removing or minimizing stressors, you are likely to reduce your corticosteroid (ie. Cortisol) load, and improve your immune and physical function.

The following are a few tips for stress reduction:

- Increase your awareness about what causes your stress.
- Anticipate stressors and rehearse a healthy coping response.
- Simplify your life.
- Experience life as a participant when you can, or as an observer when stress is high.
- Reward yourself when you manage or avoid stress successfully.
- Maintain good nutrition
- Avoid alcohol, drugs and other toxins (though they provide immediate relief, they require a significant amount of energy from the body to eliminate them later).
- Exercise regularly, using movement that is associated with increased fertility (research suggests that 30 minutes of exercise daily can enable the body to remain healthy!)

- Sleep well.
- Use time management skills.
- Prepare for the coming day before you go to sleep.
- Communicate to others assertively. Say “no” when it’s in your best interest to do so.
- Exercise your leisure skills: HAVE FUN!
- Use Integrative Medicine as you desire.
- Employ relaxation techniques such as:
  - Mindful Meditation
  - Basic Autogenic Training
  - Progressive Relaxation
  - Passive Progressive Relaxation
  - Guided Imagery

## Chapter 9:

### Nutrition: Feeding for Fertility

We all know what an impact proper nutrition can have on our bodies, so it's no surprise that what you eat can also greatly influence your ability to reproduce. The good news is this is one part of fertility that you can control. This section will help teach you how. That age-old phrase, "You are what you eat" becomes really meaningful when conception is your goal! But, if you're striving to invite pregnancy into your life, then *life change* rather than diet is the goal with nutrition. Rather than encouraging you to jump through hoops and get on a fad diet, we encourage you to consider some new habits, ones that are particularly effective in promoting conception and a healthy lifestyle.

#### Section 1: The Skinny on your Diet

The first step to any lifestyle change is taking stock of what you're currently doing. We all like to think we eat healthy, but there's nothing like a nutrition journal to help you see the cold clear facts. Record what you eat every day for one week. When we say everything you eat, we mean it - even that bite

of half a cookie that you ate at work, or those five French fries you stole off your spouse's plate!

## **Section 2: Fertility Diet 101**

Now that you know what you're eating, let's get to the basics of what you should be eating. Eating for fertility is really no different than eating for your general health. First and foremost, your diet should be varied. Research has shown that even the healthiest diets are often void of certain essential nutrients, so the best way to ensure that you're getting all the different vitamins you need is to mix it up.

According to the Dietary Guidelines for Americans 2005 report, your diet should emphasize fruits, vegetables and milk products. It should also include lean meats and proteins like poultry, fish, beans, eggs and nuts. You should also be taking a prenatal vitamin daily. Not all prenatal vitamins are created equal, please consult with your Herbalist or Integrative Medical team for recommendations on what is best for you.

## **Section 3: Nutritional Guidelines for Fertility**

### **Get plenty of essential fatty acids, preferably from unprocessed plant sources and deep-sea fish**

The essential fatty acids play a key role in ovulation. Eat fish, fish oil, non-hydrogenated cold-pressed oils such as flaxseed and pumpkin-seeds, eggs, raw nuts and seeds and dark-green and winter vegetables like broccoli, cauliflower, beets, carrots, kale, collards, cabbage, turnips, rutabaga and brussels sprouts. Avoid trans fatty acids like shortening, margarine, lard and animal fat and hydrogenated vegetable oils, which are found in many processed foods. Another key fatty acid is omega 3, which can be found in deep-sea fish oil. They increase the

blood flow to the uterus, boost the immune system and are essential in brain development.

**Eat organic foods and hormone-free meats whenever possible**

Organic foods are necessary for optimum hormonal functioning because many of the pesticides, chemicals and hormones used to treat produce and animal products contain synthetic estrogen like substance, which have a negative effects on organs and the endocrine system. Avoid processed foods and juices. The processing most food undergoes eliminates much of the natural nutrition present in the original fruits, grains and vegetables. Most of the canned, prepared foods contain preservatives and miniscule original food value.

**Add more cruciferous vegetables like cabbage, broccoli, brussels sprouts and cauliflower to your diet**

Cruciferous vegetables contain a compound - DIM, that stimulates more efficient use of estrogen by increasing the metabolism of estradiol. Excess estradiol is associated with breast and uterine cancer, moodiness and low libido. Adding DIM to your diet allows the estradiol to breakdown, which can eliminate estradiol's negative effects.

**Supplement your diet with a natural, high-potency multi-vitamin and mineral complex with iron, folic acid and B vitamins**

The vitamins and minerals important for reproductive health (vitamins A, C, E, B complex, zinc and selenium) enhance fertility.

**Other supplements:**

- Blue-green algae, micro-algae contain chlorophyll, amino acids, minerals, vitamins and steroid building blocks. Chlorella and Spirulina nourish the endocrine, nervous and immune system; regulate metabolism and repair tissue. Chlorella and Spirulina are only appropriate if you have high temperatures during cycle days 1-14.
- Wheatgrass and other cereal grasses are tonifying and curative. They nourish blood and essence; enhance immunity and restores hormonal functioning.
- Vitamin B6 helps the body metabolize excess estrogen, produce adequate progesterone and lower elevated prolactin levels.
- Coenzyme Q-10 assists mitochondrial function, the powerhouse of each cell.
- Folic acid is extremely important in cell division and prevention of Neural Tube Defects.
- Fish Oils are extremely important for balancing hormones and nourishing the endometrial lining. 2000mg per day in two doses.

### **Eliminate caffeine, nicotine and alcohol**

Caffeine, nicotine and other stimulants should be avoided. Nicotine is ten times more concentrated in the uterine than it is in plasma. Nicotine also ages the ovaries and makes the eggs resistant to fertilization. If you require assistance waking up in the morning, use green tea over coffee. It contains less caffeine and volatile oils. Coffee constricts the vessels while tea opens them. Green tea has an anti-oxidant benefit coffee does not.

**If at all possible, avoid unnecessary medication and drugs, including over-the-counter preparations**

Non-steroidal anti-inflammatories (NSAIDs) like ibuprofen can inhibit ovulation.

If you have scanty cervical mucus or vaginal dryness, avoid decongestants, antihistamines, Mucinex, and excess supplemental vitamin C. You may use Guaifenesin, an expectorant that thins all mucus secretions. Preferably, use natural sources such as beech wood. Avoid vaginal lubricants other than egg whites.

**Avoid junk food, excessive stress, too little sleep, too much exercise or anything taxing to the immune system**

You should give your body every chance to be its strongest and healthiest so it can nourish your child. Late hours, bad food or excessive stress of any kind means your body has to dedicate its precious resources to keeping you healthy instead of making a baby.

## **Section 4: Fertility Busters**

Of course, when eating for fertility there are also certain foods you should avoid. Keep in mind that any food can still be enjoyed in moderation, but that by staying away from some foods, your body will be healthier, and therefore more fertile.

### **Some Guidelines:**

#### **Take caution with:**

- Foods high in saturated fats
- Processed foods
- Foods high in refined sugar
- Fish high in Mercury like shark, swordfish, tilefish and king mackerel. (For more information on mercury levels in fish please visit [www.gotmercury.org](http://www.gotmercury.org))

- Alcohol
- Caffeine

### **Tips:**

- Pump up on iron (monthly menses can drain the system, so make sure you replace wisely!)
- Take caution when eating ready-to-eat meats, soft cheeses, and unpasteurized dairy products as they can become infected with the bacteria *Listeria*. Pregnant women are significantly more likely to experience negative impacts from this bacteria.
- Don't panic over protein: The American Dietetic Association suggests consumption of two to four servings of up to 3 ounces of protein a day, including fish, lean meats, nuts, and legumes.
- Fill voids with vitamins: If you recognize that there are voids in the nutrients that you are consuming, you can add these missing links through supplements.
- Fathers-to-be: Increase your intake of zinc and selenium-rich foods (oysters, extra-lean beef tenderloin, baked beans, and dark chicken meat to name a few), vitamin C and antioxidants!

## **Section 5: Fertility Diet Tips**

Now, if you're getting depressed thinking about avoiding some of your favorite foods and wondering how you're going to incorporate five servings of fruits and vegetables a day into your diet, just keep reading! Here are some simple recommendations for incorporating these fertility rich foods into your diet, while making them so enjoyable that you won't miss a thing!

### **Vegetables**

- Pick up pre-washed bags of salad greens and add baby carrots or grape tomatoes for a salad in minutes.
- Roast veggies on a cookie sheet with a little olive oil and salt at 425°, for 20 minutes. They become more flavorful.
- Grill vegetable kabobs as part of a barbecue meal.
- Include chopped vegetables in pasta sauce or lasagna.
- Try a main dish salad for lunch. Go light on the salad dressing.
- Plan some meals around a vegetable main dish, such as a vegetable stir-fry or soup.
- Use cut-up vegetables as part of afternoon snacks.
- Use canned pumpkin in recipes for soups, breads and muffins.
- Add spinach to an omelet along with chives, tomato, bell peppers and onion.
- Keep pasta sauce and canned tomato products on hand.
- Shred red cabbage into salads.

### **Legumes/Beans**

- Use hummus as a veggie dip, or spread on whole wheat pita bread.
- Buy baked beans, without much added sugar and salt.
- Combine beans with pasta.
- Add canned beans to salads. Rinse first.
- Eat split pea, lentil, minestrone, or white bean soups.

### **Fruit**

- Sprinkle berries and wheat germ on yogurt.
- Mix frozen berries into hot oatmeal.
- Keep dried blueberries, cranberries and prunes on hand. Watch the calories in dried fruit.

- Add mandarin orange slices to a spinach salad with some chopped red onion.
- For dessert, have baked apples, pears, or a fruit salad.
- As a snack, spread peanut butter on apple slices or top frozen yogurt with fruit.
- Try applesauce as a fat-free substitute for some of the oil when baking cakes.

### **Whole Grains**

- Buy only whole grain bread.
- Substitute brown rice for white.
- Get rid of refined/sugary breakfast cereals.
- Choose cereal, bread, and crackers with at least 3 grams of fiber per serving.
- Use whole grain tortillas and pitas for sandwiches and wraps.
- Substitute whole wheat or oat flour for up to half of the flour in recipes.

### **Protein**

- Use omega-3 enriched eggs.
- Substitute canned salmon for tuna.
- Use lean ground turkey breast in tacos, burritos, and pasta sauce.
- Enjoy roasted turkey breast with cranberry sauce year round.

### **Fats/Nuts/Seeds**

- Add ground flaxseed, wheat germ, or nuts to cereals, oatmeal, and yogurt.
- Toss nuts or seeds on top of a salad.
- Make peanut butter and jelly sandwich on whole wheat bread.

To help you evaluate your nutrition and diet please refer to chapter 11 of the workbook.



## **Chapter 10:**

# **Relaxation: Letting Go of Control**

The Relaxation Response is the inherent or trained response to the experience of stress in the body. It is designed to diminish stress and enable the body to function more optimally.

Invoking the Relaxation Response requires attention to the breath, as well as to the muscle groups in the body. There are many ways to promote relaxation in the body. Some of the techniques that can be useful include, but are not limited to:

- Mindful Meditation
- Autogenic Training
- Progressive Relaxation
- Passive Progressive Relaxation
- Guided Imagery.

### **Mindful Meditation**

Many are wary of trying meditation because they believe that it will be difficult to learn, or that it's just too darn hokey. Yet, meditation is

nothing more than focusing on your internal state and learning to quiet the mind, body and spirit, *at will*, with the help of the breath. To experiment with Mindful Meditation, review the exercise in Chapter 12 of your Fertility Workbook.

### **Autogenic Training**

Autogenic Training incorporates a set of “suggestions” for the body with basic meditation. Suggestions are aimed at enabling the body to feel heavy and warm- much like you feel just before you drift off to sleep. To experiment with Autogenic Training, review the exercise in Chapter 12 of your Fertility Workbook.

### **Progressive Relaxation**

For some people, it is difficult to engage the body to relax (they can't quite talk themselves into it). For this reason, there are other styles of relaxation that physically *require* the body to relax through competing instructions.

Instead of just *telling* your body to relax, you may have to *induce* relaxation by first contracting each muscle group, then relaxing it. When a muscle contracts for any period of time, its natural response to the contraction is *release*. The release response is experienced as a deepened relaxation in the muscle. To experiment with Progressive Relaxation, review the exercise in Chapter 12 of your Fertility Workbook.

### **Passive Progressive Relaxation**

For some, it is easier to use simple, relaxation-inducing messages to the body parts to achieve the complete Relaxation Response. *Passive* Progressive Relaxation allows you to sequentially relax parts of the body by sending soothing messages one at a time, rather than requiring the muscle to work so that it will relax. These messages may take

verbal, visual or kinesthetic forms. To experiment with Passive Progressive Relaxation, review the exercise in Chapter 12 of your Fertility Workbook.



## **Chapter 11: Yoga: Movement for Life**

Yoga has been shown to greatly help promote general relaxation and reduce anxiety, stress and depression. Research suggests that yoga may also significantly help to promote conception on a physiological level.

Reproductive Wellness has researched and developed a combination of practices specifically to improve the conditions necessary for conception and pregnancy. By using Reproductive Wellness Fertility Yoga one can enhance the self-regulation of hormonal imbalances, increase circulation and stimulation of both female and male reproductive organs. With the increased blood flow that nourishes the endometrial lining the possibility for a successful conception and implantation greatly improves, and enables couples to better manage their emotions with conscious awareness.

Anger, frustration, and stress (arising from infertility or any aspect of life) generate chemical responses similar to an immune system response. By using Reproductive Wellness Fertility Yoga practices

one can essentially shut off, or at least slow down, these “fight or flight” responses, thereby decreasing levels of stress hormones such as cortisol and adrenaline (all of which are counterproductive to conception). Reproductive Wellness Fertility Yoga can assist in resetting a woman’s biological clock and hormonal balance, including menstrual cycle regularity.

With regular practice, Reproductive Wellness Fertility Yoga enables individuals to better connect to their bodies and their partners, to experience greater relaxation and sets an optimal foundation for healthy pregnancy.

## **How Yoga Improves Fertility**

Yoga Asana (postures) and Pranayama (breathwork) are instrumental in preparing the body, the mind and the spirit for conception. Yoga can increase your chances of conceiving by working on 3 different levels.

### **1. PHYSICAL**

The physical benefits of yoga can be addressed through the postures (asana). The emphasis of the postures are to open up the hip and pelvic region in *both men and women* in order to break down any scar tissue and release tight musculature that can impede optimal circulation to the reproductive organs. Other postures work on creating strength in the pelvic floor area to prepare for childbearing and childbirth. All postures increase awareness of the body with special emphasis on the pelvic and abdominal region so that the practitioner can *feel* what is going on in his or her body and create more relaxed and receptive conditions for conceiving.

Recommended Asana:

- ❖ The Morning Series
- ❖ Hip Opening Series
- ❖ Mula Bandha – lifting the pelvic floor
- ❖ Standing Poses
- ❖ Viparita Karani Sequence

## 2. PHYSIOLOGICAL

The benefits of yoga go way beyond the physical form of the poses. Regular practice of the appropriate asana sequences create significant changes in the practitioner's physiology and work to restore *balance* where it is needed most. The two most important physiological effects are on the endocrine system and the nervous system.

**Endocrine System:** Responsible for hormone regulation and reproductive health.

**Nervous System:** Moving from a *sympathetic* (fight or flight) state to a *parasympathetic state* (which is *essential* for the reproductive system to work).

Recommended Asana:

- ❖ The 5 Tibetans – to stimulate the endocrine system
- ❖ Inversions (Sarvangasana – shoulder stand) for the pineal and thyroid gland
- ❖ Chest openers and Twists - for the adrenal glands
- ❖ Restoratives – to move towards a parasympathetic state

## 3. MENTAL / EMOTIONAL

This is the most important aspect to address when working to create a new life. The stress of trying to conceive can actually

be the one thing that is preventing it from happening. Yoga works to bring calmness to the mind and emotions by bringing your attention to the breath and bringing you into the present moment. Its aim is to connect with your heart and inner wisdom in order to find the joy that is already there. In Yoga, we rediscover our sense of oneness with all things and learn tools to manifest what you want through visualization and imagery.

Recommended Asana/Pranayama/techniques:

- ❖ Ujayi and Bhamari breath
- ❖ Body Scan / Guided Imagery / Yoga Nidra
- ❖ Increased awareness of the pelvis and internal organs
- ❖ Letting go of the old and making way for the new
- ❖ Preparing for baby/ Setting Intention
- ❖ Meditation

There are many types of Yoga that one can practice, but fertility yoga utilizes the gentler forms of Yoga, such as Hatha, Kripalu and Couples' Yoga. Those who are experiencing fertility challenges should avoid the more strenuous forms of Yoga including bikram yoga (also known as hot yoga) and ashtanga yoga.

## Forms of Fertility Yoga

- **Hatha Yoga:** This form of Yoga is performed slowly and methodically. Students use postures that encourage breathing, meditation and improved posture.
- **Kripalu Yoga:** This type of yoga helps to increase awareness of the mind, body, and spirit through a series of easy to perform postures.
- **Couples' Yoga:** In couples' yoga, positions are performed with the help of a partner. The movement

and interdependence bring couples together, improves communication, and enhances interconnectivity.

The many yoga postures are identified and described for your use in the Secret to Conception Workbook, Chapter 13.



## **Chapter 12:**

# **Guided Imagery: Fertility by Design**

### **The Communicating Body**

The body is a perfect mechanism that is constantly trying to do the best that it can, given all the requirements presented to it. Our bodies try to communicate with us about all that we experience. If we work several hours without eating, our bodies will send us physical, then cognitive messages that we have hunger and need to provide calories to the system.

If we are met by a stranger in the parking lot when we leave work late at night, our bodies fill us with adrenaline and our minds inform us that the circumstances could be dangerous. Our bodies prepare us to fight or flee.

And, after each of these events, no matter how we respond to the messages, our bodies imprint all that information. Simply, our bodies remember.

## **The Emotive Body**

Far below the surface, in the unconscious mind, our “emotive bodies” try to make sense of the information that comes from all that we experience. As a result, the body generates a certain wisdom. That inner wisdom can be accessed and can help us better hear and understand the body’s messages. Inner wisdom often paves the way to fruition and conception.

In many of the relaxation exercises that we have done, we have asked that you listen to your body. If you would like to learn to listen at a different level, through which we give voice to the parts of your body that may be inhibiting the reproductive process, turn to Chapter 14 of your Fertility Workbook. These exercises utilize a series of images and stories that allow you to identify obstacles and challenges to conception, as well as opportunities for growth and health.

# **Chapter 13:**

## **Cognitive Behavioral Interventions:**

### **Cognitive Restructuring for Reproduction**

As was noted in Chapter 7, self-talk, beliefs and values all can have a significant impact on fertility, and sometimes the solution comes not through direct intervention on the reproductive organs, but instead through cognitive correction.

#### **Beliefs**

Beliefs are ideas that have been grouped together about specific topics. We have beliefs about ourselves and our places in the world. We have beliefs about others. We even form beliefs about events that happen.

#### **Locus of Control**

While our beliefs about what happens to us are important, it can be our beliefs about *why things happen that* are even more important. These beliefs create our locus of control: things

either happen “outside” of our control, or they happen “inside” of our control.

Those with infertility issues that have an *internal locus of control* experience the infertility as a problem that they have created, or one that exists solely inside them. When those people are also optimists, they believe that whatever fertility challenges they have are temporary and resolvable- within their control. When those individuals are pessimistic, they see themselves as flawed and the infertility as evidence of their failure.

Those with an *external locus of control* see the fertility issues as outside of themselves. These folks perceive that the problems or challenges result from circumstances that they have no control over. Those that are optimistic, and have external loci of control, are likely to see the fertility challenges as something *they* cannot change, and therefore not worthy of their concern. Those that are pessimists, and have external loci of control, are likely to be very negatively affected by their beliefs. Not only do they see the solutions to their issues as outside of their control, but they also see these challenges as more permanent.

## **Cognitive Therapy**

Having considered what and why we believe what we do, we turn to the question of *how* we maintain those ideas, beliefs and self-talk. This is the field of Cognitive Therapy.

Clinical scientists like Beck and Ellis believe that events are accompanied by cognitions or “self talk” that then lead to emotions. So, for a woman who is repeatedly unable to become pregnant on her own, she may have the thought, “I can’t get pregnant!” and may then have feelings of helplessness,

frustration, and eventually, grief, WHETHER OR NOT SHE IS TRULY UNABLE TO CONCEIVE. Those thoughts become self-fulfilling prophecies as biochemical imprints from the repeated thoughts bar the path to fertility. Luckily, when those unconscious cognitive obstacles are moved into the conscious realm, new ideas and self-talk can replace old, inhibitive mental chatter.

## **Cognitive Distortions**

When addressing infertility issues with Cognitive Behavioral Therapy (CBT), it is important to evaluate cognitive distortions as well as negative self-talk.

We are all guilty of some distorted thinking. Our distortions are unique to our experience- there may be a set of common distortions but how we misperceive the world depends on what our individual issues and experience is. For instance, for those of us raised in families where “guilting” is frequent, “shoulds” and “musts” are going to be part of our daily vocabulary.

In Cognitive Behavioral Therapy (CBT), there are a number of cognitive distortions that are described in the literature. These include, but are not limited to the following:

1. **Filtering:** You perceive and overemphasize all the negatives in a situation and filter out all the positives. It is very common for a woman who is trying to become pregnant to look at the presentation of her menses as a BAD event. From a healthier perspective, we could appreciate the menses as another opportunity to clear out toxins that inhibit pregnancy.

2. **All or nothing thinking:** Things are either all good or all bad. This rigidity generates thoughts that you are either perfect or a failure. Couples come in for treatment at all stages of infertility. Often, couples that have all or nothing thinking will believe that if they haven't conceived in the first few months of trying, they will never be able to become pregnant and have therefore, failed.
3. **Overgeneralization:** You make overarching conclusions about circumstances or events based on a single factor or component. If one bad thing happens, you take it to mean that everything is going down the tubes.
4. **Mindreading:** Without any communication from others, you believe you know how they feel about things, and particularly about you.
5. **Catastrophizing:** Whether or not there is evidence to support it, you expect disaster. You are constantly engaged in a series of "What ifs?"
6. **Personalization:** You are constantly comparing yourself to others and perceive the reactions and behaviors of others as response to you.
7. **Control Fallacies:** If you have an external locus of control, you are likely to see yourself as a victim much of the time. If you have an internal locus of control, you may see yourself as always to blame.
8. **Fallacy of Fairness:** You believe that you know what's fair, and resent it when others don't agree with you. But, who said life's supposed to be fair?

9. **Blaming:** If you have an external locus of control, you often blame others for your life circumstances. If you have an internal locus of control, you blame yourself for every challenge that arises.
10. **Shoulds:** You maintain an internal list of rules about how people should behave and how things should go. You feel guilty or anxious if you're unable to maintain those standards.
11. **Emotional Reasoning:** You perceive feelings as fact. "I feel fat, therefore I must BE fat."
12. **Fallacy of Change:** You believe that others will change to suit your needs if you convince them enough. You believe that your state of mind relies on the willingness of others to change.
13. **Global labeling:** You take a few insignificant items or issues and perceive them as evidence of a negative global judgment.
14. **Being right:** You go to any lengths to prove that you are right. Being wrong is unacceptable.
15. **Heaven's Reward Fallacy:** You "keep score", knowing that in the end, you'll get yours. When you don't, you are resentful and bitter.

*Consider how you may distort what you hear, and the impacts that it may have on you- and your fertility.*

## Altering self-talk

In addition to cognitive distortions, we are all vulnerable to negative self-talk from time to time. Self-talk describes the voice or voices in our head (not the crazy kind!). Sometimes self-talk is described as “old tapes” or internal narrative. Self-talk, at its simplest, is the way that we talk to ourselves about the choices we are making and their impact on our lives.

Self-talk can be positive or negative. Positive self-talk, such as “Good job!” when you have performed well, enhances your self-esteem and increases the likelihood that you’ll make that choice again. We also use positive self-talk when we need to calm down. When trying to keep an argument from escalating, we might say to ourselves, “Calm down” or “Chill out.”

Negative self-talk, on the other hand, can be very detrimental to our well-being, sense of self, *and* our reproductive wellness. Imagine the argument from the last example, what if you said, in your mind, “That jerk!” instead of “Calm down”? How would that change the scope and intensity of the argument? Far more dangerous are the negative self-statements such as “I can’t” or “we won’t” *have a baby*.

Consider what fills your head, **and** *where it my have come from*.

In order to eliminate negative self-talk, we must first become aware of it. Once aware, we must make conscious choices for more positive and healthy self-talk.

The process by which we do this (clinically) is referred to Cognitive Restructuring. We can also utilize techniques from Rational Emotive Therapy (RET) in order to transition negative self-talk into rational, or reasonable, self-talk or thought.

Exercises to promote healthy, positive self-talk are available in Chapter 15 of your Conception Workbook.



## Chapter 14:

# Emotional Expression: Getting to the HEART of the Matter

Just as negative thoughts can produce unhappy results, feelings can also have major impacts on your reproductive wellness.

$E = MC^2$  (*Einstein's formula for Energy = Mass \* Speed of light<sup>2</sup>*)  
or  
(E)motion = Energy in Motion

Feelings, or emotions, are a unique component of our well-being. Unlike thoughts, which can be organized, mapped, and molded for rationality, feelings follow their own course. And, as much as we imagine thought being located in our brains, we often experience our emotions throughout our bodies- rather than in our heads.

*How does it feel to experience emotion?*

Most folks experience emotion as energetic. Because emotion functions as energy, it can be experienced and managed energetically. Many people describe happiness as feeling “alive” and vibrant. Anger is often described as a “bristly” feeling- almost electric. Anger, whether in you or in someone else, is easily felt, because the energy of anger is projected outwards from the body.

Whether you believe in Bioenergetics, or other sciences associated with the energy of emotion, it is hard to deny that feelings, especially intense ones, impact us and those around us.

*Consider the energetic messages that you are relating through emotion. They may have an even greater impact than you thought.*

## Chapter 15:

# Learning to Listen: First to Yourself, Then To Your Partner

### Getting in-tu-it with our partners

We all know that in relationships, it is important to listen to our partners.

*But what does that really mean?*

The most important part of listening to your partner, is learning first, to listen to yourself. “Listening in” is simply a tool to help you get “into it” or I-N-T-U-I-T.

Intuition is nothing more than listening at a greater intensity than you might normally use.

When you listen in, the easiest messages to receive and decipher are feelings. Thoughts, which are more complex in their code, are often miscommunicated and misinterpreted.

Feelings are relatively pure, simple, and easy to read – if you’re really listening.

One of the hardest parts of listening in, or intuiting, is remembering to clear the decks ahead of time.

*Imagine cooking an onion in a frying pan. Now, place the onion in a dish. Suddenly, you have the urge to make fried apples. Do you place the battered apples in the pan you’ve just cooked onions in, or do you first clean the pan?*

In the same way that you would want to clean that spicy pan first, so that you could savor the sweetness of the apples, it is imperative that you “clear the decks” before you try to really listen in to your feelings or anyone else’s. Thankfully, “clearing the decks” takes little more than deep breathing and a little relaxation.

*If you have an argument with your partner, how easy is it for you to really glean how your partner feels?*

Some would say, “Easy!” and would suggest that when someone is angry, it’s pretty simple to see.

*But, what about the feelings that rest below the surface? How do you access those?*

When we experience feelings that are uncomfortable, our desire is often to tune out and turn off. When we numb out or “dissociate”, the feelings go beneath the surface and we operate as if in neutral. Unfortunately, negative or painful feelings eat away at us, ***even outside our awareness.***

In order to avoid the negative impacts of discarded or denied feelings, it is imperative to learn to *feel* in your waking state. That means, take a deep breath, wash the world away, and *FEEL*.

Uncomfortable feelings can be as prohibitive to pregnancy as negative thoughts. If you do not like the physical experience of emotion, you may tune out, limiting your body's ability to function. As much as you are able to tell your body to shut down when you feel bad, you also shut out positive messages about pregnancy and conception.

Whether or not you inhibit or tune out emotion, the ability to conceive actually takes two- meaning that stagnant emotion, FOR EITHER OF YOU, can inhibit this process. That means that you and your partner must be responsible enough to both experience and EXPRESS your emotions.

If your partner is struggling with emotion, tune in, and turn on!



## Chapter 16:

# Communication Skills: Learning the Language of Love

### Communication 101

We like to believe that what we have to say is important. Yet, so much of what we *say*, is less important than what we *do*, according to research. According to these studies, 85% of our communication is received non-verbally, leaving a measly 15% actually being *heard*.

*So, how does that affect our ability to understand one another?*

For most of us, it screws things up royally!

If you're like the rest of us, it requires improving all forms of communication so that we're heard, respected, and get what we want!

Verbal communication skills are rather easy to improve:

- Assertive communication can be learned easily and is highly effective.
- Listening skills (though they may appear to be non-verbal forms of communication) are also easy to improve.

Altering non-verbal skills requires a little more effort!

“Listening in”, and listening to others, are primary skills that are required before you can verbally address others with your needs. In order to best evaluate how well you listen, take a few moments and complete the “Receiving Messages” inventory in your Conception Workbook.

*How well did you score on the “Receiving Messages Handout?”*

*Was there any information that you gained that surprised you?*

## **Defining Communication**

Communication is the art and skill of receiving a message that has been sent by another, and effectively responding to that message.

Often, when we communicate, we are misunderstood, not because we haven’t spoken clearly, but because we haven’t really heard what was said.

We also know that *how* you listen may affect your understanding of others.

## Differing Sensory Modalities = Potential for Sensory Mismatches

We all have different sensory modalities that we use to listen and interpret what has been communicated to us.

There are a number of modalities that we use to understand and communicate with one another. These include:

1. Verbal
2. Visual
3. Auditory
4. Olfactory
5. Taste
6. Kinesthetic
7. Sensate

*Which do you use primarily? Secondly?*

*Are there those that you don't use well?*

*Which modalities does your partner use?*

Once we have a grasp of *how* we listen, we must learn to apply effective listening skills.

## Effective Listening

Following these steps in order to listen optimally:

1. Use good basic listening habits:
  - Pay attention (to both the spoken, and unspoken messages)
  - Listen to the whole message (Zip it!)

- Hear the message before evaluating or judging it (Breathe deeply and allow your partner to share the entire message).
  - Paraphrase what you've heard for verification of the message (Reflect back what you have heard in your own words).
2. Avoid bad listening habits
- “Selective Attention”: listening when it suits you won't improve your partner's sense of feeling “heard”
  - “Pseudolistening”: listening when you're attending to other tasks increases the likelihood that you will miss important data, and that you will provide your partner with only *some* of your attention.
  - Listening without hearing: when you are engaged in determining what you're going to say next, or rehearsing your response or argument to your partner's position, you won't gain a clear understanding of what has been said (and it will show through!).
  - Interrupting: our grandmothers and first grade teachers couldn't all have been wrong about the impacts of this bad habit!
  - Disclosing too much too soon: this bad habit can both overwhelm the speaker and may also reflect your urge to respond before the entire story has been told.
3. Define the issue
- Why is the issue being addressed?
  - Has this issue been addressed before?
  - If so, was the issue resolved before?
4. Use passive listening skills at first:
- Let your partner do the talking.
  - Be aware of how your partner is communicating in addition to what is being said.
  - Keep your opinions to yourself for now!
  - Empathize with your partner.

5. Use active listening skills after the issue has been reviewed
  - Your questions can help avoid or resolve possible misunderstandings. In order for your questions to be well-received, use the following techniques:
    1. Paraphrasing
      - Put into your own words, what you believe you have heard.
    2. Clarification
      - Ask questions to identify and improve your understanding of what has been said.
    3. Personalization
      - Offer personal examples of how you can relate to help your partner feel less isolated and to experience your understanding of the issue. But remember, this is to assist your partner to feel heard and understood. It is **not** an opportunity for you to shift the attention to yourself!

Helpful tips:

- Explore the problem.
- Ask open-ended questions (Avoid those questions that can be answered with “yes” or “no”).
- Avoid “leading” questions (These are really just efforts on your part to impart your own opinions!).
- Make sure that your non-verbal communication matches your spoken message.
- Together, identify solutions for the issue.
- After you’ve reached resolution, review the process that you went through together.

## Speaking to be heard!

By definition, assertive communication:

- Is open, honest, direct and appropriate expression of one's thoughts, wishes, feelings and opinions.
- Does not violate one's own rights or those of another to be treated respectfully.
- Does not cause undue anxiety or guilt.

Many people get confused between aggressive communication and assertive communication. To clarify:

- Non-aggressive behavior disregards what you want/are
- Aggressive behavior disregards what your partner wants/is
- Assertive behavior considers what each party wants/is

As was mentioned previously, much of what is communicated is expressed non-verbally. So, if you want to be taken seriously, you have to assume the assertive stance! Make sure that your posture matches your message.



## *How do you carry yourself?*

As noted above, the assertive posture requires that you:

- Stand tall, shoulders back, head up
- Make consistent eye contact
- Keep your voice steady in pitch and volume
- Make sure that your gestures match your message
- Keep your body “open” rather than “closed”
- Keep your hands and feet calm

You may also want to try *thinking* assertively!

- Focus on positive expressions of your message
- Don't negate yourself or your needs.

In order to really espouse the assertiveness that will enable you to get all that you desire, it will also benefit you to assume the assertive *emotional* stance:

- Regulate your co-dependence
  - Co-dependence refers to the state of one's self-esteem relying on the thoughts, feelings, opinions, or actions of another human being
  - Read self-help books
  - Watch Oprah!
  - See a therapist
  - Join CoDependents Anonymous (CoDA)
- Use your Bill of Rights to remind yourself what you deserve!

We all have the following rights:

1. I have the right to change my mind.
2. I have the right to say “no!”
3. I have the right to ask for favors.
4. I have the right to ask for emotional support.

5. I have the right to spend time doing what I want to do.
6. I have the right to disagree with others.
7. I have the right to be treated with respect.
8. I have the right to make my own decisions.
9. I have the right to reject others' advice or suggestions.
10. I have the right to say "yes!" to things I want to do.
11. I have the right to take a vacation or day off.
12. I have the right to put my needs and wants ahead of those of others.
13. I have the right to express my feelings.
14. I have the right to compliment myself.
15. I have the right to accept or reject others' criticisms of me.
16. I have the right to accept others' compliments of me.
17. I have the right to be close to others.
18. I have the right to be physically and emotionally healthy.
19. I have the right to be sexually fulfilled.
20. I have the right to desire great things.

In concert with your assertive emotional and physical stance, assertive communication requires healthy verbal expression. Some of the skills which may improve your chances of being heard and respected include the following:

- Language
  - Don't apologize
  - Use direct, simple, clear language that is at the level of your audience or "target"

- Style
  - Approach your task with the attitude that you “can” rather than that you “can’t”
- Protocol:

When in doubt, use the Assertive Communication Template:

1. Describe
  1. When you...
2. Express
  1. I feel...
3. Specify
  1. I want... would like... would appreciate...
4. Consequences
  1. If you do... (state the reward)
  2. If you don't (state the action you will carry out)

Using all the tools in your toolbox will surely allow you to be heard!

*If you partner, or your treatment team, really **heard** you, how would this impact your thoughts, beliefs, feelings, and desire for conception?*



## Chapter 17:

# Impacts of History: Putting Down Old Baggage

How many times have we heard our friends say, “I don’t know if I want to stay with him- he’s got so much **baggage!**”, or “She’s just not good marriage material- she just has too much baggage from the past!”???

We all come from somewhere, and most of us dated and had relationships before we met and committed to a partner. That means that most of us had experiences that colored our worlds, **and may affect** how we are in our current relationships.

But, whether or not you have had significant or intense experiences in relationships, or even in your family of origin, these circumstances and episodes need not negatively impact your life. Old business does not necessarily become *baggage*- as long as you deal with it.

Some of the challenging experiences that life presents include, but are not limited to:

- Parental divorce
- Loss of a parent or grandparent
- Geographic moves
- Loss or absence of friendships
- Emotional or psychological abuse
- Verbal abuse
- Physical abuse
- Sexual abuse or trauma
- Accidents
- Being a victim of crime
- Loss of relationship
- Divorce
- Custody disputes
- Birth or death of a child
- Infertility
- Financial distress
- Legal problems
- Incarceration
- Chronic or terminal illness
- Surgical alterations or reconstruction
- Loss of job or career change

Some people are able to take these kinds of events in stride and keep moving forward without much effort. But most people are floored by having to manage even a single issue from this list. When issues double up or we endure several of these challenges at the same time (or over time), it becomes harder and harder to manage, without impact to our sense of security and serenity.

The secret to managing stressors and transitions is to provide yourself with the time to examine, experience, and emote about all that has happened. When you prioritize your emotional life, your body does not need to retain reminders of these challenges, not to alert you later to grieve or process the events further. You build up baggage when you stuff the contents of your emotional life into those virtual suitcases inside, and fail to empty them out at an appropriate time (when you feel safe to do so).

*Consider this:*

*You currently do not have the baby that you desire so much to grow and raise. You have feelings about this idea, and about this process. Allow yourself time to feel ALL of the feelings that you have about this. Then, breathe deeply and let go of all of the tension your body has stored in response. Now, envision the baby that you desire. Feel the baby growing inside you (or your partner or surrogate). Feel the joy building up in you so that your cheeks begin to warm, glow and spread into smile. Feel your scalp tingle with joy and excitement. Feel your dream and desire become reality.*

*The secret to putting down baggage is to experience life, feel and respect your emotions and thoughts, release the tension from your body, and to regain access to all that you desire. **The secret is to direct your energy into the reality you desire.***



## Chapter 18:

# Commitment to Life: Building a Relationship that Will Weather any Storm

Commitment is described and honored by many great authors:

*In a time when nothing is more certain than change, the commitment of two people to one another has become difficult and rare. Yet, by its scarcity, the beauty and value of this exchange have only been enhanced. ~Robert Sexton*

*I love thee to the depth and breadth and height my soul can reach. ~Elizabeth Barrett Browning*

*True love stories never have endings. ~Richard Bach*

*When you're in love you never really know whether your elation comes from the qualities of the one you love, or if it attributes them to her; whether the light which surrounds her like a halo comes from you, from her, or from the meeting of your sparks. ~Natalie Clifford Barney*

*Love does not consist of gazing at each other, but in looking together in the same direction. ~Antoine de Saint-Exupery*

## **a. Building Relationships for the Long Haul**

### **1. Unwavering Faith**

Long ago, you committed to a journey with your partner, but did it include all this? Most couples would say, “No!” Love, relationship, career and family are what most couples visualize and desire. So, the prospect of being unable to achieve all that you desire can not only frustrate and disappoint a couple, but can destroy the very fabric of their relationship if the commitment to one another is insufficient.

*Attaining all that you desire requires unwavering faith and commitment to one another.*

### **2. Components of Healthy Relationship**

In addition to that foundation, there are also some additional components that all healthy marriages can incorporate to help weather the storm:

- Individuality:
  - The process by which a person develops a sense of self and maintains him/herself as a separate but interactive individual. More simply, individuality allows the person to be independent but connected.
- Acceptance (of self and others):

- Acceptance of self includes the recognition of one's strengths and deficits, of one's values, beliefs, and opinions, and of one's feelings and thoughts. It refers to the acceptance of responsibility for the feelings one has, the actions one takes and the consequences one must manage.... Acceptance of another refers to not taking responsibility for the other person's feelings, thoughts and actions. Accepting your partner's quirks, habits, and style doesn't mean that you agree with what s/he does or says, it means that you accept his/her right to be separate and equal.
- Honesty:
- In order to be honest with someone else, it is imperative that the individual be honest him/herself. It is so easy to lie to ourselves and to "snow white" the truth, so that we don't have to face the hard stuff. It is so much easier to accept, if we only need to accept the positive. It is often much more difficult to own up to the negative realities that may be part of our current and past lives.... When both parties are able to be honest with themselves, they can learn to be honest with each other.... Honesty within the relationship allows each partner to be respected by the other,

even when the truth may be difficult to swallow.

➤ Respect:

- An individual who develops respect for oneself learns that positive qualities and actions increase a sense of self-esteem. This esteem inhibits an individual from putting oneself at risk and is a reminder that he or she is worth protecting.

➤ Consideration:

- When an individual respects his or her partner, he or she is considerate of the partner's beliefs, interests, values, needs, desires, goals (to name a few things); and tries to avoid putting the partner down, making fun of him or her, or minimizing his or her importance.
- Consideration refers to the honest attention paid to oneself and to others.

➤ Communication & Understanding:

- One way that couples can learn to be considerate of one another's needs, desires, thoughts, and feelings is through open, honest, assertive communication. Clear communication permits each party to maintain his/her own opinions and thoughts and to share them with another who agrees to respect them. Additionally, communication between

the partners can promote understanding (both within each individual and between the partners).

➤ Trust:

- When the relationship promotes individuality, acceptance, honesty, respect, consideration and assertive communication, it will also likely enhance trust between the partners. As with acceptance and respect, the individual must first learn to trust him/herself before real trust can be invested in a partner. In order to trust oneself, one must know one's boundaries and be able to predict one's behavior.
- Trust develops from understanding and accepting one's values, beliefs, feelings and position in the world.... The trust that is developed between two people can allow them to become vulnerable with one another, to reveal their true selves and to be affected by one another.

➤ Vulnerability:

- Physical and emotional vulnerability are some of the hardest components of intimacy to achieve in a relationship. It requires trust, strength, and risk from both partners and demands that control be shared rather than placed within one

individual or the other. It means agreeing to be open to the impact that another person may have on one's life and being.

➤ Mutual Sexual Interaction:

- Mutual sexual interaction can provide some of the best nourishment, play, and replenishment that a committed relationship can offer.
- Five basic conditions need to exist between two individuals for a healthy sexual relationship to develop. These include consent, equality, respect, trust and safety- all of which are required for the creation of intimacy between partners. For the promotion of healthy sexuality, partners must be compatible on a number of different levels:
  - Sexual orientations must be compatible, although they may not be the same.
  - Both partners must be aware of the level of sexual emergence of their partner and this must be in accordance with the desires of each person.
  - Sexual interests of the couple must be equitable. This means that the types of sexual interactions, degree of involvement, and use of sexual

enhancement aids must be agreed upon prior to the sexual interaction.

- Finally, couples must agree on rules and boundaries of their sexual relationship for sexual activity to be healthy and nourishing.

➤ Empathy:

- Empathy must exist for oneself as well as for one's partner. Empathy for self may involve looking at a part of oneself and allowing emotions to surface and be accepted.... Learning to empathize with another individual involves taking his/her perspective for the purpose of experiencing and being sensitive to the emotions associated with that perspective.
- When shame and emotional pain are overwhelming, the idea that someone is willing to walk around in your shoes for even a moment, in order to get closer to you and to help ease your pain, is often more rewarding than the most expensive material gift.

➤ Compassion:

- Compassion, much like empathy, allows the individual to become more nurturing to self and others. Compassion refers to the experience of emotions which power acts of assistance, concern and love.

➤ Congruence

- When a relationship has all of these qualities and attributes, it has a greater chance of enduring bad times and good. And, given some kind of congruence, or mutual interests, desires, values and beliefs, this kind of relationship can promote health and happiness over the ages, and to adapt to the transitions and countertransitions that both partners experience.

*These definitions are provided with the permission of Sage de Beixedon, author of Lovers & Survivors: Living with and Loving a Sexual Abuse Survivor by deBeixedon, S. (1995). Band, OR: RDR Publishers. pps. 100-116.*

Developing these components may take a lifetime of being together. But, if the two of you are committed to keeping your love healthy and alive, it will be worth the effort! Whether or not children join you in your relationship, you can unite and bond as a couple for healthy, enduring love and enjoyment.

If you desire to ritualize your recommitment to one another, considering writing such a ceremony, or consider the ceremony presented in Chapter 19 of the Fertility Workbook!

# **Chapter 19:**

## **Family Alternatives**

### **Section 1: Surrogacy**

It is possible that even after making significant life changes and exploring all that we have to offer, you may not conceive a healthy pregnancy on your own. When faced with that conclusion, couples must explore their feelings and beliefs about the other alternatives available.

After exhaustive investigation and intervention, some couples discover that the female partner cannot maintain a pregnancy. In that situation, surrogacy can be a valid alternative to consider.

A surrogate is a woman who carries a pregnancy for another woman. The first surrogate pregnancy occurred in the United States in 1985. Surrogates can be either known or anonymous. Known surrogates include relatives or friends who volunteer to carry the pregnancy or are paid in some way for the service. Anonymous

surrogates can be arranged privately or through surrogate programs such as Organization of Parents Through Surrogacy (OPTS), a national support group and resource for persons interested in surrogacy.

A surrogate may carry a genetically-related fetus, or one that shares none of her genetic material. In the former circumstance, a “traditional” surrogate both donates one of her own eggs to a couple, and carries the fetus that is generated from the male partner’s fertilization of that egg. Because the female partner is not genetically-related to the fetus carried by the surrogate, she or the couple must legally adopt the child after birth.

Traditional surrogacy may also be considered by a woman who has a genetic disease that may be transmitted to her child or who has a medical problem that precludes pregnancy.

For traditional surrogacy, the surrogate is inseminated with the male partner's sperm via ICI or IUI near the time of ovulation. IVF is not necessary for traditional surrogacy. The success rates for gestational or traditional surrogacy can vary depending on male and female fertility factors.

In the second circumstance, referred to as gestational surrogacy, the egg is either provided by the female partner or by another egg donor. The sperm is donated either by the male partner or by a sperm donor. The gestational carrier may be given hormones to prepare her uterus for embryo transfer. The embryos from the infertile couple are then transferred to the carrier's uterus by IVF.

There are many reasons why a couple might consider using a gestational carrier. Some women have functional ovaries but have no uterus, due to genetic issues, illness, injury, or surgical removal (i.e. hysterectomy). A gestational carrier may also be considered by a woman whose uterus is malformed or who is otherwise incapable of carrying a pregnancy. For women who do not have ovaries or whose ovaries cannot produce usable eggs (due to declining ovarian function or premature ovarian failure), gestational surrogacy can provide a solution. Additionally, if pregnancy could be life-threatening to a woman due to severe medical problems, then a gestational carrier could be the best option for a couple wanted to reproduce.

## **Surrogacy Evaluation**

The evaluation of the infertile couple for gestational surrogacy includes a complete medical history from both partners. In addition to a complete physical exam, some assessment of how well the female partner's ovaries function may be recommended. The male partner's semen quality should also be analyzed. Infectious disease testing is recommended for the couple and the gestational carrier. The evaluation for traditional surrogacy involves thorough testing of the surrogate and the male partner.

## **Screening Surrogates**

Surrogacy guidelines are not as well established as they are for donor sperm and donor eggs. The ideal surrogate is relatively young, has previously carried a pregnancy without complications, and does not have any habits, such as smoking, alcohol, or illicit drug use, risky sexual

behavior, or medical disorders such as diabetes or Rh sensitization, that could jeopardize the health of the fetus. A complete medical history and physical exam should be performed as well as screening for infectious diseases. An evaluation of the surrogate's uterus may also be recommended, and psychological evaluation is strongly recommended.

Surrogacy programs vary in the amount of information given about the surrogate. Some programs offer the couple the opportunity to select and interact with the surrogate, while other programs maintain the confidentiality of the surrogate.

## **Psychological Issues**

Most experts recommend that infertile persons seek professional counseling prior to proceeding with third party reproduction because of the many psychological issues surrounding these processes. Psychological screening and evaluation are also recommended for all donors and surrogates.

Consulting a mental health professional who is familiar with issues in third party reproduction can be extremely beneficial. It is important that all parties are comfortable with the procedure as an alternative means of having a family. If the donor or surrogate is known to the couple, then it is important to resolve any potential ambivalent feelings that the couple, the donor, or the surrogate may have. The issue of confidentiality should be addressed and the extent of the relationship after birth between the child and the donor or surrogate must be determined prior to starting treatment.

The resolution of the ethical, moral, and legal issues relating to third party reproduction has lagged behind the technical capabilities in reproductive medicine. Reproductive technologies make it possible for a child to have five parents: genetic mother, gestational mother, rearing mother, genetic father, and rearing father. Because of the relative newness of third party reproduction, the long-range psychological consequences to a child resulting from third party reproduction are not yet known.

For further information regarding surrogacy, see the following websites:

<http://www.extraconceptions.com/surrogate-faq.html>

<http://www.conceptualoptions.com/surrogacy.htm>

<http://www.adoptuskids.org/resourceCenter/aboutFosterCare.aspx>

**Resources for exploring surrogacy can be located at:**

<http://www.surrogacy.com/legals/>

<http://www.surrogacylaw.com/surrogacylaw/resources.htm>

<http://www.nationalfertilitylaw.com/surrogacy.htm>

**Surrogacy Articles and Resources available at** (<http://www.therainbowbabies.com/Surrogacy.html>):

*Choosing A Surrogate Mother*, by Katharine Swan :: Be sure to discuss all possibilities with her and find out where she stands – even if the questions seem overly intimate. After

all, if she becomes a surrogate mother for your baby, you will soon be sharing more than just a conversation. Read here to find out what you should be asking about. [more »](#)  
*Ten Important Surrogacy Things*, by [Judith E. Beckett, R.N.](#) :: Choosing a surrogate for your child might not be the single most important decision you will ever make but it's right up there. Put aside all romantic dreams and fantasies, set high standards, and be patient. Wait for the perfect match for you! [more »](#)

*My Two Dads, My Two Moms* :: This article from the American Fertility Association provides some valuable insights on gay and lesbian family building. [more »](#)

*Donating Your Eggs*, by [Katharine Swan](#) :: Weighing the decision to become an egg donor and what you need to consider. [more »](#)

*Finding Your Family: Message Board Acronyms*, by [Judith E. Beckett, R.N.](#) :: Ever wonder what SAHD or HTH stood for when cruising around the surrogacy message boards? After reading this article, you'll be an acronym expert, and you won't be ROFL, IMHO. [more »](#)

*Projected Surrogacy Costs: What to Expect When Planning Your Family*

## **Section 2: Adoption**

Some couples hold cultural or emotional beliefs that prohibit them from considering or utilizing surrogacy to create a family. Adoption provides another alternative to raising a child genetically related to the couple, and does not require any of the physical components required for conception. Whether couples are physically unable to conceive, or are averse to using methods beyond natural strategies to conceive, adoption can bring joy to couples yearning for a little one to love.

Adoptions can be accomplished through private adoption networks or attorneys, or can be completed through public agencies. Adoptions can be closed (where the birth parents have no information or contact about the child following the adoption) or can be open (where contact with the birth parents is incorporated into the child's life to whatever degree the adoptive family desires). Adoptions can be accomplished in the state or country in which the adoptive family resides, or may be international.

Some of the websites which may be particularly useful for couples considering adoption include:

[http://travel.state.gov/family/adoption/info/info\\_458.html](http://travel.state.gov/family/adoption/info/info_458.html)

<http://www.childwelfare.gov/adoption/adoptive/>

<http://www.adoptioninformation.com/>

<http://adopting.adoption.com/adopt/getting-started-with-adoption.html>

For an extensive list of books about adoption, see <http://www.comeunity.com/adoption/books/index.html>

### **Section 3: Fostering**

For some couples who are unable to conceive their own biological child, and are unwilling to consider surrogacy or adoption, fostering a child can be a wonderful option.

Fostering a child is not for the faint of heart. It requires an enormous amount of love and patience on the part of

both parents, but can be extraordinarily rewarding. Children who are placed in the foster care system have often been exposed to significant trauma, and require more attention and compassion than other children. And, while the care is designed to be temporary, foster parents must help their foster children feel a sense of consistency and permanence (a tall order when you know that the child will not remain with you forever!).

Foster parents may provide for brief, short-term or long-term care for these children. Some couples enjoy providing emergency response and support, and prefer to avoid long-term bonding with these children. Other parents enjoy providing long-term foster care, and may even adopt their foster child after a period of time if the child is eligible for adoption. No matter what kind of support you may desire to give, if fostering children intrigues you, explore the questions in Chapter 20 of the Secret to Conception Workbook.

Some of the resources available for those who wish to foster children include:

<http://www.nfpainc.org/>

[http://adoption.about.com/od/fosterin1/a/fosterbasics.  
htm](http://adoption.about.com/od/fosterin1/a/fosterbasics.htm)

[http://www.dss.cahwnet.gov/cfsweb/FosterCare\\_310.ht  
m](http://www.dss.cahwnet.gov/cfsweb/FosterCare_310.htm)

And for assistance for those who decide to foster, there's *Practical Tools for Foster Parents* by Lana Temple-Plotz, M.S., Ted P. Stricklett, M.S., Christena B. Baker, M.S.W., and Michael Sterba, M.H.D., published by Boys Town Press.

## **Section 4: Living and Loving Child-Free**

For other couples, when their efforts to conceive do not succeed, they see it as an opportunity to remain focused solely on one another. Couples who approach infertility this way can create a healthy, loving partnership devoted to achieving personal and relational goals. The couple may initially grieve the loss of the family opportunity, but eventually seizes the opportunity for conceiving a new life together- one that they can enjoy, without raising children.



## Chapter 20:

### About the Authors

#### About Marc Sklar, Licensed Acupuncturist (L.Ac)

Marc Sklar is the owner of Reproductive Wellness & Acupuncture San Diego in San Diego, California. He has extensive experience and expertise in treating and resolving the causes of chronic health issues with classical Acupuncture, Chinese Medicines and functional medicine. A culmination of studying world religions and ancient healing techniques, combined with extensive world travel, gives Marc Sklar a unique understanding of the human body and spirit. A Board Certified Herbalist and Oriental Medicine Practitioner, and Fellow of the American Board of Oriental Reproductive Medicine, Marc approaches his patients with an open mind, compassion and a medically integrative perspective.

Marc's passion for health, Chinese medicine and healing the human body and spirit started from a young age. Marc has been dealing with chronic digestive disorders for most of his

life. It is through this, his personal journey, that he found his love for Chinese medicine. At the suggestion of one of his past acupuncturists Marc began studying Chinese medicine. Once he began he never looked back. You see, Marc has been helping friends and family most of his life; he was always the person people turned to for guidance and help. Chinese medicine was a natural progression in the healing arts for Marc and his professional career displays this. From the onset of Marc's clinical endeavors he has been successful in helping patients heal and take control of their lives. With Reproductive Wellness & Acupuncture San Diego, Marc has been able to continue to practice the medicine he loves in the greatest city in America; San Diego.

Marc works closely with patients to return them to optimum health, collaborating with a patient's entire wellness team of physicians and health practitioners, when necessary. Marc constantly strives to integrate traditional and complementary care in order to effectively improve and maintain his patient's life-long health.

### **About Sage de Beixedon Breslin, Ph.D.**

As a Licensed Psychologist and Consultant for more than a decade, Sage has accumulated experience with diverse people and issues.

She has lived and worked in all regions of the United States and in Europe, developing an appreciation for many cultures, languages, faiths and personal and professional styles. Her clients come from all walks of life: from hotel maintenance to high-powered executives; from grocery clerks to government officials; and from school teachers to security professionals.

Her corporate clients have varied in size, industry and geographic location. Sage has consulted with healthcare, financial, manufacturing, political, academic and technological teams, to name a few. Whether working with a team of six or six hundred, Sage's style allows all to feel at ease.

As a consultant, Sage works primarily with corporate executives and high-security government personnel. She has provided forensic evaluation, assessment, debriefing and consultation to all branches of the armed services, as well as to employees of other security organizations.

Sage's clients all have one thing in common: they are seeking to liberate themselves from internal and systemic constraints so that they can achieve their goals and live their dreams.

While trained analytically at Northwestern University, Sage now infuses the traditional structure with contemporary, innovative techniques for a powerful, transformational approach.

As an educator, Sage has taught at both college and graduate school levels for nearly a decade. She has taught courses as basic as "Assertive Communication" and "Chemical Dependency" to topics as challenging as "Human Sexuality" and "Domestic Violence Prevention".

Sage presents seminars and workshops on a variety of topics. She speaks on issues from fields such as Domestic Violence, Sexual Trauma, Integrative Medicine, Intuition, Stress Management, Women's Issues and Eating Disorders.

Sage has published more than a hundred articles and has a book entitled, *Lovers & Survivors: Living with and Loving a Sexual*

*Abuse Survivor.* She is a frequent contributor to the Chicken Soup for the Soul series and has chapters in a number of motivational books. In addition, she has both authored and edited more than two dozen courses for Zur Institute, providing online continuing education courses for clinicians worldwide. Books and courses can be purchased on this website using the **SHOP** feature.

## **Chapter 21:**

# **About REPRODUCTIVE WELLNESS & ACUPUNCTURE SAN DIEGO**

At Reproductive Wellness San Diego, our primary goal is to help our patients return to a state of wholeness and vital health by using the best tools for the unique needs of each patient. Thus we do not limit ourselves to one style of acupuncture; rather we use the best combination of methods appropriate for each person's unique situation to achieve superior results. In addition to acupuncture, we also employ many non-needle therapies. Here is a brief description of some of these highly effective adjunctive therapies.

### **Non Needle Therapies**

#### **Functional Medicine**

Functional medicine addresses the underlying causes of disease, using a systems-oriented approach. This system of medicine addresses the whole person, not just an isolated set of symptoms. It takes into account the interactions among

genetic, environmental, and lifestyle factors that can influence long-term health and complex, chronic disease. In this way, functional medicine supports the whole body and allows the body to function optimally.

### **Moxibustion Therapy**

Moxibustion, involves burning an herb called mugwort directly on or above acupuncture points. Moxa adds heat and stimulates the points in a similar way to acupuncture. Like acupuncture, moxa is used for wide variety of disorders and is effective with many conditions. While needles can move energy and build or tonify the organ systems of the body, moxa is a way to actually add energy into the body's system. Moxa produces a sensation of heat and sometimes redness around a particular area, but it is not painful and often has a relaxing effect. The use of moxa enhances treatment and often allows the practitioner to use fewer needles than would be required without the moxa. Children respond especially well to moxa, and moxa can often be used in place of needles with young kids.

### **Acupressure**

Acupressure utilizes the same theory as acupuncture without using needles. Points can be massaged by hand directly by the acupuncturist or points may be gently stimulated using a wide variety of tools including derma-rollers and magnetic point stimulators. This is particularly appropriate for children who are not yet comfortable with needles or when more subtle stimulation of the acu-points is indicated. Acupressure is also helpful for diagnosis and your practitioner will often massage a point with acupressure before using a needle.

## **Cupping Therapy**

In Chinese Medical Theory many types of pain are said to be caused by stagnation. This condition arises when energy or blood becomes trapped in the skin and/or muscle tissue and is unable to move. Cupping stimulates the circulation within the superficial muscle layers and benefits conditions such as arthritis, musculoskeletal pain, headache, common cold, and cough. Small glass or plastic cups are placed over specific areas and a vacuum is created under the cup using suction. This creates a non-painful tugging sensation on your skin. The cups are usually left in place for a period of several minutes. We also employ a technique called sliding cupping where the cups are moved around over a large area such as your back to help increase circulation in the tissues. Cupping creates areas of redness which generally resolve in about three to five days.

## **Nutritional Recommendations**

At Acupuncture San Diego we believe that a healthy, balanced, whole foods diet is one of the most important aspects of maintaining health. The digestive system is an integral part of the immune system and plays a significant role in a person's sense of well-being. For example, scientific evidence has demonstrated that there are more serotonin receptors in the gut than in the brain. Thus, a functional digestive system is actually one of the crucial keys to health and happiness. Therefore, along with our own recommendations based on Chinese dietary therapy, we often recommend a consultation with one of our wellness team providers to further reinforce vital digestive health and wholesome eating habits.

## **Breathing Exercises**

It is the single most important change you can make to create a profound shift in your health immediately. The Chinese word for energy is the same as the word for breath. Thus, proper breathing automatically improves energy, focus, concentration and sense of well-being.

## **Qigong (pronounced Kchee-gongM)**

Qigong is a powerful system of healing and energy medicine from China. It is the art and science of using breathing techniques, gentle movement, and meditation to cleanse, strengthen, and circulate energy throughout the body. Qigong practice leads to better health and vitality and a tranquil state of mind. Qigong has been shown to improve posture and respiration, induce the relaxation response, cause favorable changes in blood chemistry, and improve self awareness and concentration. Research suggests that Qigong may be beneficial for Asthma, Arthritis, Cancer, Cardiovascular Disease, Chronic Fatigue, Fibromyalgia, Headaches, Pain, and a wide variety of common ailments. Your acupuncturist may show you some simple Qigong techniques that you can begin doing right away. By practicing these simple exercises on a daily basis, you will not only have more energy, but you will receive greater benefits from your acupuncture treatments.

## **Meditation**

Like Acupuncture, Meditation strengthens and integrates mind, body and spirit and helps to cultivate focus, clarity, creativity, stamina, vitality, emotional stability and mindfulness in all actions. A daily meditation practice also expands one's sense of connectedness to the natural rhythms of life. Current research affirms what saints, sages, athletes,

artists, and successful business people already know: Regular meditation results in less stress, more ease and greater enjoyment of life amidst the many challenges of modern living. We offer a monthly meditation group to help you establish your own meditation practice.

At Reproductive Wellness San Diego our holistic approach works with a wide variety of ailments and is effective for people of all ages. Thus, we have successfully treated young children suffering from asthma and allergies, athletes recovering from injuries, professionals suffering from anxiety and exhaustion, over-worked parents and older folks with joint and pain issues. As is often the case with acupuncture treatment, many of our patients actually come in with a specific ailment in mind, but later find that many of their other long standing problems and pathologies improve with regular acupuncture treatment as well.

Ultimately, the people who get the most benefit from acupuncture treatment are those who are committed to regular preventative care in addition to making healthy lifestyle choices. Our goal in treatment is to help you resolve your issues as quickly as possible, and to serve as a resource and partner to help you reach your highest potential and long-term goals in life.

For more information about Fertility, Pregnancy and Postpartum or other health concerns:

- ✓ Visit our website [www.ReproductiveWellness.com](http://www.ReproductiveWellness.com)
- ✓ Like us on Facebook for daily tips and information
- ✓ Call to schedule a Complimentary First Consultation at one of our San Diego Locations

**858 381 2281**



