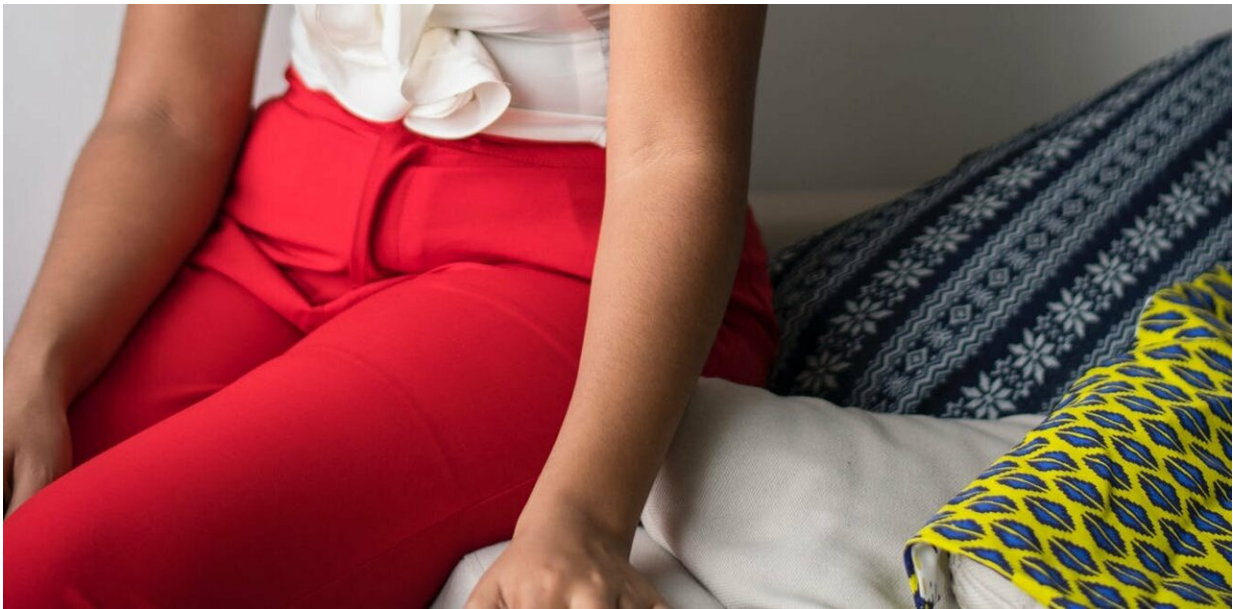


# I have PCOS and I want to have a baby, what do I need to know?

February 8 2019, by Sara Holton And Karin Hammarberg

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Polycystic ovary syndrome can make conceiving more difficult. Credit: [rawpixel/unsplash](https://unsplash.com/photos/rawpixel)

Most women want and expect to have children. But women who have a chronic health condition such as polycystic ovary syndrome (PCOS) often have concerns about childbearing, including whether they can become pregnant.

PCOS is a complex hormonal condition which affects [up to one in five](#)

[women of reproductive age](#). Most [women](#) with PCOS have elevated levels of a type of hormone called luteinising hormone, which brings about ovulation, and reduced levels of a hormone called "follicle stimulating hormone", which is essential for pubertal development and the function of women's ovaries and men's testes.

Women with PCOS also have an underproduction of oestrogen ("female" hormones) and an overproduction of androgens ("male" hormones). This causes tiny cysts on the surface of the ovaries.

Due to these [hormonal imbalances](#), women with PCOS often have irregular menstrual cycles because they don't ovulate or ovulate only occasionally. So women with PCOS are more likely to have trouble conceiving than other women.

While [most women who have PCOS become pregnant](#), they often take longer to fall pregnant and are more likely to need [fertility treatment](#) than women without PCOS.

[In a recent study by Monash University](#), women with PCOS took part in an online discussion group. They talked about their concerns about pregnancy and what they could do to improve their chances of falling pregnant, the sort of information they would like about fertility and PCOS, and when they would like to receive this information.

Their greatest worry was about whether they would be able to get pregnant. They also wanted to know how best to prepare for pregnancy and what they should do before trying to conceive. They had trouble finding up-to-date, relevant and reliable information.

## **How to increase chance of pregnancy**

As for all women, being in the best possible health [before trying for a](#)

[baby](#) increases the chance of pregnancy and gives the baby the best start in life.

According to the international evidence-based guideline for the assessment and [management of PCOS](#), adopting a [healthy lifestyle](#) – including being in the healthy weight range, not smoking, cutting back on alcohol, eating a [healthy diet](#), getting plenty of regular exercise and enough sleep – is the first thing to do to improve a woman's chances of becoming pregnant and having a healthy baby.

To get the right kind of advice and support, women planning to get pregnant should have a preconception health check with their GP. This is also an opportunity to discuss a plan of action in case the PCOS causes fertility difficulties.

For women with PCOS who are overweight or obese, a modest weight loss sometimes results in more regular ovulation, which increases the chance of pregnancy. For those who know they ovulate, having sex during the "[fertile window](#)" (the five days leading up to and including ovulation) boosts the chance of conception.

## What are my options?

If you have tried for a baby for 12 months without success (or six months if you are aged 35 or over) it's time to seek medical advice. Your GP is your first port of call, but she might refer you to a fertility specialist.

If you have very irregular or only sporadic periods, this is an indication you are not ovulating and need medical help to have a baby. The first line of medical treatment is [ovulation induction](#). This involves a course of tablets or injections to stimulate the ovaries to release an egg that can be fertilised, either during intercourse or through intra-uterine

insemination (IUI).

If this doesn't work, there may be other reasons why pregnancy can't be achieved and more invasive treatments such as [IVF may be needed](#).

[IVF](#) involves a course of injections to stimulate the ovaries to produce multiple eggs. When they're mature the eggs are retrieved in an ultrasound-guided procedure under light anaesthetic. Sperm are added to the eggs in the laboratory for embryos to form.

A few days later, an embryo is placed in the uterus where it may implant and grow into a baby. If there is more than one embryo, these can be frozen for later use if there is no pregnancy.

While IVF is safe in the hands of specialists, there are some possible [health effects](#) to be aware of, including ovarian hyperstimulation syndrome. This is an over-response to the fertility drugs that are used to stimulate the ovaries to produce multiple eggs. This can lead to abdominal pain, nausea and vomiting, rapid weight gain and blood clots.

## For more information

The [Your Fertility](#) website has more information on PCOS and fertility. The Centre for Research Excellence in Polycystic Ovary Syndrome has also produced [a list of questions for women with PCOS](#) to use in conversations with their healthcare provider and a [fact sheet](#) about PCOS, fertility and pregnancy.

While fertility problems are common among women with PCOS, it's reassuring that, overall, women with PCOS and women without PCOS have [similar numbers of children](#). And, although PCOS is associated with fertility difficulties, women with PCOS should also be aware conception is possible and effective contraception is needed to avoid

[pregnancy](#) when it's not wanted.

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