Things to do before trying for a baby

Start with a preconception health review

A good first step is a preconception health review with your GP, OB-GYN, midwife, or another trusted clinician. This is especially useful if you live with diabetes, hypertension, thyroid disease, epilepsy, autoimmune disease, polycystic ovary syndrome, depression, anxiety, or any condition that may need medication adjustments before conception. It is also worth booking if you have had a miscarriage, a preterm birth, or difficulty conceiving in the past.

Bring a list of current medicines, supplements, and over-the-counter products, including herbal remedies. Some drugs are safer to change before pregnancy than after conception, and some need specialist advice rather than an abrupt stop. This is also a chance to review your menstrual history, previous pregnancies, surgery, and any known genetic risks in the family. If relevant, your clinician may suggest preconception counseling appointment planning, medication review before pregnancy, or specialist referral for chronic disease optimization before conception.

It helps to think of this visit as gathering information, not asking for permission. You and your clinician can decide together what needs to be done now, what can wait, and what monitoring might be needed once you do become

pregnant.

Make nutrition and supplements work for early pregnancy

Early embryonic development happens before many people realize they are pregnant, which is why nutrition before conception matters. Public health guidance commonly recommends a prenatal vitamin or at least a folate-containing supplement before you start trying. Folic acid is particularly important because it supports neural tube development in the earliest weeks. Some people only need folic acid, while others may be advised to use a broader prenatal formula depending on diet, medical history, or lab results.

Diet quality matters too, but this does not mean eating perfectly. Aim for regular meals that include protein, fiber, iron-rich foods, calcium sources, healthy fats, and a variety of fruits and vegetables. If your eating pattern is very restrictive, highly processed, or inconsistent, ask a clinician or dietitian how to make it more sustainable. NHS guidance also often includes vitamin D support for some people, especially if sun exposure or dietary intake is limited.

If you are trying to change your weight, the goal should be gradual and realistic. Very low-calorie diets, rapid weight loss, and intense dieting can disrupt ovulation and leave you feeling depleted. A steady pattern of nourishing food, enough fluid, and enough sleep is usually a more useful foundation than a short-term "fertility diet."

Review substances, medications, and environmental exposures

One of the clearest preconception steps is reducing or stopping exposures that can interfere with fertility or early pregnancy. That includes smoking, vaping, alcohol, recreational drugs, and non-prescribed substances. If quitting feels difficult, that does not mean you are doing it wrong; it means you may need more support. Clinicians, pharmacists, and cessation services can help you choose an approach that fits your situation.

Medication review matters just as much as substance avoidance before pregnancy. Some prescriptions are perfectly compatible with conception, while others need to be switched, adjusted, or monitored. Never assume that "natural" supplements

are automatically safe; herbal and bodybuilding products can also be relevant. If you have a chronic condition, ask whether your current regimen is the best option for pregnancy planning rather than changing it on your own.

It is also sensible to think about environmental exposures before conception. Occupational contact with lead, solvents, pesticides, anesthetic gases, or other toxic agents may matter, as can home renovation dust, poorly ventilated spaces, or certain chemical hobbies. If your work or home environment involves repeated exposure, ask what protective steps are reasonable. Small changes in setup, ventilation, or protective equipment can sometimes reduce risk without requiring a major life overhaul.

Check vaccines, screening, and infection risk

Before trying for a baby, it is worth checking whether your vaccines and screening tests are up to date. NHS guidance specifically highlights MMR vaccination status, because rubella infection in pregnancy can be serious. If you are not immune or your records are incomplete, ask a healthcare professional how to time vaccination before conception. Depending on local guidance and personal risk, other vaccines may also be relevant.

Cervical screening is another practical item that is easy to forget when life is busy. If you are due for a cervical screening test, try to complete it before pregnancy if possible, because scheduling can be simpler and results may be easier to act on. STI testing may also be appropriate if you or your partner have symptoms, a new partner, or any infection risk. Treating an infection before conception is usually simpler than managing it after pregnancy begins.

For some families, pre-pregnancy carrier screening or family history genetic counseling may be worth discussing, especially if a known inherited condition runs in the family or you share ancestry linked with certain conditions. You do not need to know everything before you begin, but it is useful to know what questions deserve attention now rather than later.

Support fertility with movement, timing, and partner health

Exercise is usually helpful before pregnancy, especially when it supports cardiovascular fitness, mood, and sleep. The aim is generally

moderate-intensity exercise before conception, not punishing workouts or drastic training changes. Walking, cycling, swimming, strength training, and other sustainable activities are all reasonable examples if they suit your body and medical situation. If you have a history of eating disorder, pelvic pain, joint injury, or fertility treatment concerns, ask for individualized guidance rather than copying generic fitness advice.

It can also help to learn a little about cycle timing without becoming obsessive. Regular intercourse across the fertile window is often more useful than trying to perfectly time every detail. If your cycles are irregular, painful, very heavy, or absent, that is a reason to ask for medical advice before assuming everything is fine. The same is true if you have symptoms suggesting endometriosis, PCOS, thyroid disease, or another condition that could affect ovulation.

Partner health is part of the picture too. Smoking, heavy alcohol use, anabolic steroids, certain medications, obesity, overheating of the testes, and some occupational exposures can affect sperm quality. Preparing together can reduce pressure on one person and may make the process feel more cooperative and less clinical.

Prepare emotionally and make the plan realistic

Trying to conceive can bring up hope, urgency, grief, or fear, especially if you have already experienced loss or delays. Emotional preparation is not separate from physical preparation; stress, sleep disruption, depression, and anxiety can all make the process feel harder. If you have a history of mental health concerns, a proactive conversation before trying can help you identify support, coping strategies, and early warning signs.

This is also the stage to make the practical plan as realistic as possible. Think about work schedules, finances, childcare, transport to appointments, insurance or referral pathways, and who you would contact if you had a positive test or a concerning symptom. If you are a planner by nature, a simple timeline can be reassuring. If planning tends to make you spiral, keep it light and focus on just a few essentials.

Finally, remember that preparation has a limit. There is no perfect moment and

no checklist that guarantees a pregnancy will happen quickly. The goal is to improve your odds, lower avoidable risks, and enter the process with support around you. That is already a meaningful and compassionate form of preparation.