

Preparing for Pregnancy: Health Checks for Both Partners

A Complete Preconception Health Guide for Women and Men — Medical Tests, Folic Acid, Vaccination, Genetic Screening, Fertility, Sexual Health, Lifestyle and the Supportive Role of Unani Medicine

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A Message From Dr. Nizamuddin Qasmi

When a couple comes to me and says:

“Doctor, we are planning a baby. What tests should we do before pregnancy?”

I consider this one of the best times to intervene in reproductive health.

Many people first visit a doctor only after the pregnancy test becomes positive.

But by then, some of the most important early events in fetal development have already started.

ACOG explains that the major organs begin developing during the first weeks of pregnancy, which is one reason health problems, medicines, nutritional deficiencies and preventable infections are better reviewed:

before conception whenever possible.

CDC's updated July 2026 pregnancy-planning guidance similarly emphasizes discussing:

existing medical conditions,

medicines and supplements,

vaccinations,



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lifestyle

before pregnancy and recommends beginning folic acid before conception.

This does **not** mean that every healthy couple should undergo dozens of expensive blood tests.

Good preconception care is not:

“Order every available test.”

It is:

identify important risks before pregnancy, correct what can be corrected, protect maternal and paternal reproductive health, and enter pregnancy in the healthiest practical condition.

Another principle is equally important:

Preparing for pregnancy is not only a woman's responsibility.

The man's health matters because sperm contribute half of the genetic material of the embryo.

His:

smoking,

alcohol or drug exposure,

medicines,

testosterone or anabolic-steroid use,

obesity and metabolic health,

testicular history,

infections,

sexual function,

occupational exposures

can all become relevant.

India's **2025 FOGSI–UNFPA preconception-care initiative** specifically frames preconception health as care for women **and couples**, emphasizing nutrition, chronic-disease control, reproductive health, infection prevention, lifestyle, mental health and genetic assessment.

My preferred message to couples is therefore:



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Do not wait for a positive pregnancy test to start preparing for pregnancy.

Preconception care is preventive reproductive medicine.

What Is Preconception Care?

Preconception care means:

healthcare provided before pregnancy with the aim of improving the health of the future mother, future father and future pregnancy.

WHO describes the period before conception as an important opportunity for interventions that can improve:

maternal health,

pregnancy outcomes,

child health.

This may include:

nutrition,

folic acid,

management of diabetes and hypertension,

vaccination,

infection screening,

medication review,

genetic counselling,

smoking cessation,

mental-health support,

environmental-risk reduction.

Preconception care is therefore much broader than:

“fertility tests.”

A couple may be perfectly fertile and still benefit substantially from preconception care.

Preconception Care Is Not the Same as Infertility Evaluation

This distinction is important.



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Preconception care asks:

“How can we enter pregnancy as safely and healthily as possible?”

Infertility evaluation asks:

“Why has pregnancy not occurred?”

A healthy couple who has just started trying usually does not require:

semen analysis,

HSG,

AMH,

fertility hormones

simply because they want a baby.

Those tests are used when there is:

infertility,

a known fertility risk,

a specific clinical indication.

Good medicine avoids:

both under-testing and over-testing.

When Should Preconception Care Begin?

Ideally, important health issues should be reviewed:

before attempts at conception begin.

Some actions—such as folic-acid supplementation—should begin at least:

one month before pregnancy.

WHO recommends **400 micrograms of folic acid daily from the time a woman begins trying to conceive until 12 weeks of pregnancy.**

ACOG similarly recommends at least 400 micrograms daily beginning at least one month before conception for average-risk women.

Some couples need considerably more preparation time—for example:

uncontrolled diabetes,

significant obesity,



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epilepsy requiring medication adjustment,
genetic-carrier status,
lack of rubella immunity,
active STI,
cancer treatment planning.

So:

there is no single perfect starting date.

The earlier a correctable risk is identified, the more options we have.

The First Preconception Question: Is Pregnancy Medically Safe Right Now?

Before discussing vitamins or fertile days, I want to know whether either partner has a condition that needs attention first.

For the woman, important conditions can include:

diabetes,
high blood pressure,
thyroid disease,
epilepsy,
significant heart disease,
kidney disease,
autoimmune disease,
obesity or significant underweight,
psychiatric illness,
severe anaemia,
HIV,
hepatitis,
previous serious pregnancy complications.

ACOG specifically recommends optimizing chronic illnesses such as:

diabetes,



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hypertension,

psychiatric disease,

thyroid disease

before pregnancy where possible.

The 2025 FOGSI–UNFPA Indian preconception brief likewise emphasizes early identification and management of:

diabetes,

hypertension,

thyroid disorders,

anaemia

and careful review of potentially teratogenic medicines before conception.

Why Medical Conditions Matter Before Pregnancy

Pregnancy produces major changes in:

blood volume,

heart workload,

glucose metabolism,

thyroid physiology,

kidney function.

A health condition that is only mildly problematic outside pregnancy can become more important once pregnancy begins.

For example:

uncontrolled diabetes

around conception can increase the risk of fetal abnormalities.

uncontrolled hypertension

can increase maternal and pregnancy complications.

untreated thyroid disease

can affect both maternal and fetal wellbeing.



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WHO includes control of diabetes before and during pregnancy among measures that may reduce congenital-disorder risk.

Therefore:

preconception care is not merely fertility optimization—it is pregnancy-risk reduction.

Health Checks for the Woman Planning Pregnancy

The exact investigations should be individualized.

A sensible preconception consultation commonly reviews the following areas.

1. Blood Pressure

Blood pressure should be known before pregnancy.

Previously unrecognized hypertension can become much more important after conception.

If high blood pressure is present, we need to ask:

how severe is it?

is there kidney or cardiovascular involvement?

are current medicines pregnancy-compatible?

Some antihypertensive medicines require modification before or during pregnancy.

The woman should:

not stop medication suddenly without medical advice.

The goal is controlled blood pressure using an appropriate pregnancy-compatible plan.

2. Weight and Body Mass Index

Both significant:

underweight,

overweight/obesity

can affect reproductive and pregnancy health.



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ACOG recommends trying to reach and maintain a healthier weight before pregnancy when possible because abnormal BMI is associated with:

infertility,

maternal complications,

fetal complications.

But weight management should be realistic and respectful.

A woman should not feel:

“I must reach a perfect number before I deserve pregnancy care.”

Even modest improvement in:

nutrition,

metabolic health,

physical activity

can be valuable.

3. Anaemia and Haemoglobin

Anaemia is especially relevant in Indian preconception care.

Possible causes include:

iron deficiency,

vitamin B12 deficiency,

folate deficiency,

haemoglobin disorders.

The 2025 FOGSI–UNFPA framework specifically includes prevention and management of anaemia among core preconception interventions.

Depending upon history and local practice, a clinician may request:

haemoglobin,

complete blood count,

iron/ferritin studies when indicated.

If anaemia exists:

find the cause rather than simply taking iron indefinitely.



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4. Blood Sugar / Diabetes Assessment

Not every healthy young woman requires every diabetes test.

But glucose assessment becomes particularly important when there is:

known diabetes,

obesity,

PCOS,

previous gestational diabetes,

strong family history,

other metabolic risk.

India's current preconception framework emphasizes screening and optimization of diabetes before conception.

If diabetes is already known, pregnancy should ideally be planned when glycaemic control is:

appropriately optimized.

5. Thyroid Assessment

Thyroid disease is common in reproductive-age women.

Testing becomes particularly relevant with:

known thyroid disease,

irregular periods,

infertility,

previous thyroid treatment,

suggestive symptoms,

some high-risk histories.

Different organizations vary regarding universal preconception thyroid screening.

Therefore I avoid saying:

“Every woman absolutely needs every thyroid test.”

Instead:



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thyroid testing should be used when appropriate to the woman's history and local clinical guidance.

India's 2025 preconception framework gives thyroid disorders particular emphasis.

6. Folic Acid — One of the Most Important Preconception Interventions

For an average-risk woman planning pregnancy:

400 micrograms of folic acid every day

should begin before conception.

CDC recommends beginning at least:

one month before pregnancy.

WHO recommends 400 micrograms daily:

from the time attempts at conception begin until 12 weeks of pregnancy.

Why?

Because adequate folic acid reduces the risk of:

neural-tube defects

such as:

spina bifida,

anencephaly.

Some Women Need Higher-Dose Folic Acid

Higher-dose folic acid may be indicated in selected high-risk women.

Examples can include certain histories such as:

a previous neural-tube-defect pregnancy,

some antiseizure medications,

other specific medical risks.

The exact dose should be clinician-directed.

WHO recommends **5 mg daily** for women who previously had an affected fetus or baby.

ACOG uses a **4 mg daily** high-risk regimen in selected women.



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These higher doses should not simply be self-prescribed because:
the indication matters.

7. Prenatal Vitamins

A prenatal vitamin may provide:

folic acid,

iron,

iodine and other nutrients

depending upon the product.

But:

more is not always better.

Very high vitamin doses can also be harmful.

Patients should avoid combining several multivitamins without reviewing the total amounts.

ACOG recommends reviewing the patient's:

diet,

vitamin supplements,

key micronutrients

as part of prepregnancy care.

8. Vitamin D, Vitamin B12 and Other Nutrients

Testing for every micronutrient is not necessary in every person.

Assessment may be particularly useful when:

diet is restricted,

deficiency is suspected,

malabsorption exists,

previous deficiency has been documented.

Vegetarian or vegan patients may require particular attention to:



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vitamin B12,

iron,

protein,

iodine

depending on diet.

The correct goal is:

adequate nutrition—not excessive supplementation.

9. Medication Review

This is one of the most important preconception checks.

Bring a list of:

prescription medicines,

over-the-counter medicines,

pain medicines,

skin treatments,

vitamins,

herbal medicines,

Unani medicines,

bodybuilding or gym products.

ACOG specifically states that prepregnancy medication review should include:

herbal remedies and nutritional supplements,

because patients may not think of them as medicines even though they can affect pregnancy.

Do Not Suddenly Stop Necessary Medicines

A common mistake is:

“I am planning pregnancy, therefore I will stop every medicine today.”

This can be dangerous.



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For example:

uncontrolled epilepsy,

uncontrolled hypertension,

uncontrolled psychiatric disease,

uncontrolled thyroid disease

may create greater pregnancy risk than an appropriately selected medicine.

ACOG advises patients not to stop prescribed medication before discussing it with a healthcare professional because the benefits of continuing treatment may outweigh potential risks.

The correct approach is:

review → substitute when needed → optimize dose → monitor.

Herbal and Unani Medicines Also Need Review

“Natural” does not automatically mean:

safe in pregnancy.

Some medicinal herbs have:

uterine effects,

hormonal effects,

liver interactions,

drug interactions.

For many traditional formulations:

high-quality pregnancy-safety data are limited.

Therefore I advise women planning pregnancy to tell their physician about:

every Unani medicine,

herbal powder,

capsule,

syrup,

oil,

supplement.



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Responsible Unani practice includes:

knowing when a formulation should be modified or stopped before pregnancy.

10. Vaccination Review

Vaccination status should ideally be checked:

before pregnancy.

Some vaccines can be given during pregnancy.

Others are preferably given before conception.

ACOG recommends reviewing immunity or vaccination status for vaccines including:

measles-mumps-rubella,

hepatitis B,

varicella,

age-appropriate routine vaccines.

Rubella Immunity

Rubella infection during pregnancy can cause severe congenital disease.

A woman who is not immune may need:

MMR vaccination before pregnancy.

CDC advises avoiding conception for approximately:

one month after MMR vaccination.

ACOG likewise recommends administering rubella-containing vaccination before pregnancy where necessary.

Therefore:

checking rubella immunity before conception can prevent a difficult problem after pregnancy starts.

Varicella — Chickenpox

Varicella infection can also cause important pregnancy complications.

The varicella vaccine is:



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not given during pregnancy.

CDC advises nonpregnant women receiving varicella vaccine to avoid conception for:

one month after each dose.

Therefore, a woman without:

vaccination,

previous confirmed immunity

may benefit from assessing her status before pregnancy.

Hepatitis B Vaccination

Hepatitis B is particularly important because:

it can be sexually transmitted,

it can be transmitted from mother to baby,

vaccination is highly effective.

The FOGSI–UNFPA 2025 framework includes hepatitis B vaccination among important preconception infection-prevention measures in India.

CDC now recommends that adults have hepatitis B screening at least once using the:

triple panel

consisting of:

HBsAg,

anti-HBs,

total anti-HBc.

Whether all three are needed preconception depends on:

previous testing,

vaccination,

risk.

HPV Vaccination

If age-eligible and incompletely vaccinated, HPV vaccination can be discussed before pregnancy.



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HPV vaccination is not routinely administered during pregnancy.

If pregnancy occurs in the middle of a vaccination series:

remaining doses can generally be deferred until after pregnancy.

Preconception is therefore a useful opportunity to review HPV protection.

Influenza and Tdap

Influenza vaccination is important for women who will be pregnant during flu season.

Tdap is specifically recommended during:

each pregnancy

at the appropriate gestational period, regardless of previous vaccination.

Preconception counselling is a good time to:

review records,

explain what vaccinations will be needed later.

11. STI Screening

Before pregnancy, STI testing is not one universal package for every couple.

Testing should be based on:

age,

symptoms,

sexual history,

previous infections,

partner risk.

Important infections may include:

HIV,

syphilis,

hepatitis B,

hepatitis C,

chlamydia,



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gonorrhoea.

CDC emphasizes that STIs can be completely asymptomatic and may affect:

pregnancy,

mother,

baby.

If either partner has a known or suspected STI:

diagnose and treat it appropriately before trying to conceive whenever possible.

Why STI Treatment Before Pregnancy Matters

Untreated infection may create problems such as:

pelvic inflammatory disease,

tubal damage,

pregnancy complications,

neonatal infection.

An active STI can also be transmitted repeatedly between partners.

Therefore:

partner management matters.

Treating one person but leaving an infected partner untreated can result in:

reinfection.

12. HIV Testing

Knowing HIV status before pregnancy is valuable.

Modern HIV treatment allows people living with HIV to have healthy pregnancies while dramatically reducing transmission risk when appropriate treatment and viral suppression are achieved.

ACOG recommends HIV testing as part of reproductive/preconception care.

A positive result is not the end of reproductive planning.

It is the beginning of:

specialist preconception care.



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13. Syphilis

Syphilis can have devastating effects on pregnancy if untreated.

It is:

diagnosable,

treatable.

Preconception diagnosis is therefore highly valuable in people who require screening.

WHO identifies syphilis screening and treatment as important components of reproductive and maternal health.

14. Hepatitis C

Hepatitis C is now curable with highly effective antiviral therapy in most people.

If active hepatitis C is identified before pregnancy, specialist management can determine whether:

treatment should be completed before conception.

This may be preferable to discovering infection unexpectedly during pregnancy.

15. Rubella and Varicella Immunity

These are different from ordinary STI testing.

They answer:

“Is the woman protected from infections that could be harmful during pregnancy?”

Depending upon vaccination records and local protocols, serological testing may be considered.

Vaccination can then be completed before conception when necessary.

16. Genetic and Family-History Assessment

A careful family history can identify couples at increased risk of passing on:

inherited blood disorders,

metabolic diseases,



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muscular disorders,
intellectual-developmental syndromes,
other genetic conditions.

Ask about:

congenital anomalies,
unexplained infant deaths,
repeated miscarriages,
known inherited conditions,
consanguinity.

India's 2025 FOGSI–UNFPA framework specifically includes:

genetic and family-history assessment

and mentions:

thalassemia,
sickle-cell disease

as conditions where genetic counselling may be appropriate.

Thalassemia Screening — Particularly Important in India

Thalassemia deserves special attention in Indian preconception care.

A healthy-looking adult may be:

a carrier.

Carriers often have no serious illness.

But if:

both partners are carriers,

there may be a substantial risk of an affected child.

FOGSI's 2025 clinical recommendations strongly encourage haemoglobinopathy-carrier screening and highlight the value of testing:

before conception whenever possible.

ACOG similarly explains that preconception carrier screening provides couples more time and reproductive options.



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What Happens If One Partner Is a Thalassemia Carrier?

The other partner should generally be tested.

If both partners carry a clinically important haemoglobin abnormality, they should receive:

genetic counselling.

Depending on the exact disorder, reproductive options may include:

natural conception with prenatal diagnosis,

IVF with preimplantation genetic testing in selected circumstances,

donor gametes.

The objective is:

informed reproductive choice.

Consanguineous Marriage

When partners are biologically related—for example cousins—the probability of sharing certain recessive genetic variants can be higher.

This does not mean:

every consanguineous couple will have an affected child.

But detailed family history and:

genetic counselling

may be more valuable.

17. Previous Pregnancy History

A woman preparing for another pregnancy should discuss previous:

miscarriage,

ectopic pregnancy,

preterm delivery,

preeclampsia,

gestational diabetes,



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fetal growth problems,
congenital abnormalities,
stillbirth,
caesarean complications.

ACOG notes that previous pregnancy complications can influence risk in a subsequent pregnancy and should be reviewed during prepregnancy care.

A previous problem does not guarantee recurrence.

But it may change:

testing,
medication,
monitoring.

Recurrent Pregnancy Loss

A couple with repeated pregnancy loss requires more than:

“Try again and hope.”

The correct evaluation may depend on:

number and timing of losses,
maternal age,
uterine factors,
genetic factors,
endocrine disorders.

ASRM's updated 2026 recurrent-pregnancy-loss guidance emphasizes optimizing maternal health, medicines and lifestyle before another pregnancy.

18. Menstrual and Ovulatory Health

For the female partner, I ask:

Are cycles regular?

How long are they?

Are periods absent?



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Are they very painful?

Is there abnormal bleeding?

Regular cycles make ovulation:

more likely.

But irregular cycles can suggest:

PCOS,

thyroid disease,

elevated prolactin,

hypothalamic dysfunction,

diminished ovarian activity.

A woman with markedly irregular or absent periods does not need to spend a year simply:

“trying harder.”

The cause deserves evaluation.

19. PCOS Before Pregnancy

PCOS may involve:

irregular ovulation,

insulin resistance,

obesity,

androgen excess.

Preconception care should address:

metabolic health,

cycle pattern,

weight where appropriate,

diabetes risk,

fertility plans.

Many women with PCOS conceive successfully.



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But identifying metabolic risks before pregnancy may improve care considerably.

20. Endometriosis

A history suggestive of endometriosis may include:

severe menstrual pain,
deep painful intercourse,
chronic pelvic pain,
previous endometrioma.

A woman with known significant endometriosis may deserve:

earlier fertility planning

rather than automatically waiting a full year if pregnancy is delayed.

21. Previous PID or Ectopic Pregnancy

A history of:

pelvic inflammatory disease,
ectopic pregnancy,
hydrosalpinx

raises concern for:

tubal health.

That does not mean infertility is inevitable.

But if pregnancy is delayed:

earlier tubal evaluation may be reasonable.

Preconception counselling allows us to identify such risks before valuable time is lost.

Health Checks for the Male Partner

This section is frequently neglected.

When couples prepare for pregnancy, the man should not simply be told:

“Your job is finished once intercourse occurs.”

Male health deserves attention.

1. Reproductive History

I ask about:

previous pregnancies fathered,

undescended testis,

testicular torsion,

severe testicular injury,

mumps orchitis,

genital surgery,

varicocele,

chemotherapy,

radiotherapy,

infertility history.

This can identify men who may benefit from:

earlier fertility evaluation.

2. Is Semen Analysis Needed Before Every Pregnancy?

No.

A healthy man whose partner has just started trying to conceive does **not** automatically require a semen analysis.

But semen analysis is appropriate when:

pregnancy has been delayed long enough to meet fertility-evaluation criteria,

a known male reproductive risk exists,

previous fertility problems exist.

AUA/ASRM guidelines recommend reproductive history and semen analysis as core components of the:

initial male infertility evaluation.

The key phrase is:



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infertility evaluation—not routine testing of every healthy man before conception.

3. Testosterone and Anabolic Steroids

This is one of the most important questions I ask men.

Some men take:

testosterone injections,

testosterone gels,

bodybuilding anabolic steroids

because they believe these improve:

masculinity,

strength,

sexual function,

fertility.

But external testosterone can:

suppress sperm production.

AUA/ASRM explicitly states that testosterone monotherapy should **not** be prescribed to men interested in current or future fertility.

ASRM also warns that exogenous testosterone can suppress spermatogenesis.

Therefore:

tell the fertility physician about all testosterone or steroid use.

Do not suddenly stop prescribed hormone treatment without medical supervision, but do not hide it.

4. Erectile Function

A man may have completely normal sperm production but pregnancy cannot occur efficiently if intercourse is prevented by:

erectile dysfunction.

Trying to conceive can itself create:

performance anxiety.



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ASRM recommends assessing erectile and ejaculatory dysfunction during fertility care because these problems can directly interfere with conception.

This is particularly important in my focused practice because:

sexual health and fertility are closely linked.

5. Ejaculatory Function

Ask whether ejaculation:

occurs normally,

happens inside the vagina,

is absent,

goes backward into the bladder.

Problems such as:

anejaculation,

retrograde ejaculation,

severe delayed ejaculation

may interfere with natural conception.

These conditions deserve diagnosis rather than simply telling the couple:

“Try more often.”

6. Testicular Examination

Men with:

testicular asymmetry,

very small testes,

palpable varicocele,

scrotal abnormalities

may need clinical evaluation.

Not every man needs:

scrotal ultrasound.



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Examination and reproductive history usually determine whether imaging is appropriate.

7. Male Weight and Metabolic Health

Male obesity can be associated with:

hormonal changes,

reduced testosterone,

sexual dysfunction,

poorer semen parameters in some men.

A healthy lifestyle benefits:

general and reproductive health.

However, no man should be told that weight loss alone will correct every fertility problem.

Structural, hormonal and genetic infertility still need diagnosis.

8. Smoking and Tobacco

Both partners should ideally stop:

cigarettes,

bidi,

smokeless tobacco,

vaping/nicotine products.

ASRM's 2024 review found substantial evidence that smoking impairs female fecundity and is associated with poorer reproductive outcomes; male smokers also show reductions in several semen parameters.

Therefore:

smoking cessation is a couple's preconception intervention.

Secondhand smoke should also be minimized.

9. Alcohol



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For the woman planning pregnancy, the safest strategy is:

stop alcohol once pregnancy is being attempted.

CDC states that alcohol can harm pregnancy and advises cessation when preparing for pregnancy.

For men, chronic heavy alcohol use can adversely affect:

testosterone,

semen parameters,

sexual function.

ASRM notes that heavy alcohol consumption has been associated with poorer male reproductive markers.

10. Cannabis and Recreational Drugs

Cannabis and other recreational drug use should be discussed openly.

The evidence regarding cannabis and natural fertility is not completely consistent, but major professional bodies recommend avoiding recreational drug exposure during:

preconception,

pregnancy.

ASRM advises reproductive-age men and women about potential reproductive concerns associated with tobacco and marijuana.

11. Occupational and Environmental Exposures

Both partners should consider exposure to:

pesticides,

solvents,

lead,

mercury,

heavy metals,

radiation,

excessive heat,



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industrial chemicals.

CDC specifically advises reducing exposure to toxic substances and environmental contaminants when preparing for pregnancy.

ACOG similarly recommends reviewing workplace and environmental exposure before conception.

For men, some occupational exposures may affect:

sperm production.

For women, some exposures may affect:

pregnancy development.

Male Heat Exposure

The testes are positioned outside the abdomen because sperm production functions best at a temperature slightly below core body temperature.

Men trying for pregnancy do not need to live in fear of every warm bath.

But chronic excessive heat exposure may be relevant in selected situations, particularly occupational exposure.

Avoid extreme repetitive exposures where practical.

Should Men Take Fertility Supplements Before Pregnancy?

Many products claim to:

increase sperm,

boost testosterone,

improve fertility.

AUA/ASRM advises men with infertility that the clinical usefulness of antioxidant and vitamin supplements remains:

uncertain.

Therefore:

a supplement is not a substitute for semen analysis and diagnosis when infertility exists.

For a generally healthy man:



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balanced nutrition,
smoking cessation,
appropriate exercise,
treatment of disease
are more rational foundations.

Genetic Health Is a Couple's Issue

Genetic preconception screening should not be viewed as:

a female test.

If one partner carries a condition, the reproductive significance often depends on:

the second partner.

This is especially clear with:

thalassemia,

sickle-cell disorders,

other autosomal recessive conditions.

The 2025 FOGSI thalassemia guidance strongly supports partner screening and genetic counselling in the Indian setting.

Blood Group and Rh Factor

Knowing blood group and Rh status can be useful, particularly for planning obstetric care.

Rh incompatibility is no longer managed by avoiding pregnancy.

Modern obstetric care uses:

anti-D immunoglobulin

when indicated to reduce alloimmunization risk.

Therefore, if the woman is Rh-negative and her partner is Rh-positive:

do not panic.

It is a manageable obstetric issue.



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Do Both Partners Need HIV, Hepatitis and STI Testing?

Not every low-risk couple requires exactly the same panel.

Testing should consider:

history,

previous results,

vaccination,

sexual exposure,

symptoms.

But pregnancy planning is an excellent opportunity to ensure major transmissible infections have not been overlooked.

India's recent preconception guidance explicitly includes:

STI/RTI screening,

infection management

as important components.

Dental and Oral Health

Preconception is also a good time to address:

untreated dental infection,

gum disease,

overdue dental care.

A woman does not need perfect teeth before pregnancy.

But significant infection or required dental work is often simpler to manage:

before pregnancy.

Good oral hygiene is part of general health.

Mental Health Before Pregnancy

Mental wellbeing matters for:

conception attempts,



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pregnancy,

parenting.

Preconception care should review:

depression,

anxiety,

severe stress,

eating disorders,

previous postpartum mental-health problems.

Pregnancy should not be used as a reason to abruptly stop:

antidepressants,

psychiatric medication.

Instead:

medication risks and untreated-disease risks should be reviewed together.

ACOG includes psychiatric illness among conditions that should be optimized before pregnancy.

India's IAP preconception consensus and the FOGSI–UNFPA approach also recognize:

mental-health assessment

as a component of preconception health.

Relationship Safety

Preconception counselling should also create a safe opportunity to discuss:

intimate-partner violence,

sexual coercion,

reproductive coercion.

ACOG recommends screening for intimate-partner violence during prepregnancy counselling.

A healthy pregnancy plan requires:

physical and emotional safety.



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Previous Cancer Treatment

Both men and women with previous:

chemotherapy,

radiotherapy

may have altered reproductive potential.

If cancer treatment is planned but has not started:

fertility preservation should be discussed urgently.

Options can include:

sperm cryopreservation,

egg freezing,

embryo freezing

depending on the patient and circumstances.

Do not wait until after gonadotoxic treatment to ask whether fertility can be preserved.

Medication Review for the Male Partner

Men should also review medicines.

Some medications may affect:

sperm production,

sexual function,

hormones.

Especially relevant are:

testosterone,

anabolic steroids.

Men should not stop medically necessary treatments without advice, but fertility planning should be discussed with the prescribing doctor when relevant.

How Much Exercise Is Appropriate?

For most adults:



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regular moderate physical activity

supports:

cardiovascular health,

metabolic health,

healthy weight,

mental wellbeing.

ACOG recommends approximately:

150 minutes of moderate physical activity per week

for general prepregnancy health when medically appropriate.

Extreme exercise combined with inadequate nutrition may disrupt menstruation in some women.

Balance is preferable to extremes.

What Should the Couple Eat?

There is no scientifically proven:

“fertility superfood diet”

that guarantees conception.

A healthy diet should generally emphasize:

vegetables,

fruit,

whole grains,

pulses/legumes,

nuts,

adequate protein,

appropriate dairy or alternatives,

micronutrient-rich foods.

India's 2025 FOGSI–UNFPA preconception framework similarly promotes:

balanced diets,



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adequate protein,

fruits and vegetables,

fortified foods.

ASRM concludes that specific dietary patterns or individual macronutrients have not been reliably proven to dramatically improve natural fertility in otherwise healthy couples, although healthy nutrition is encouraged for general reproductive health.

Vegetarian and Vegan Couples

A vegetarian diet can be healthy during preconception and pregnancy.

But attention should be given to:

protein,

iron,

vitamin B12,

iodine,

calcium,

vitamin D

depending on the diet.

Supplements should be individualized.

Should Couples Avoid All Caffeine?

No.

There is no strong evidence that modest caffeine intake prevents conception.

ASRM reports that moderate caffeine consumption—roughly one to two cups of coffee daily—is not clearly associated with adverse fertility or pregnancy outcomes, while very high intake should be avoided.

Once pregnancy begins, follow current obstetric recommendations regarding caffeine limits.

Preparing for Pregnancy and the Fertile Window



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Once preconception health is reasonably optimized, intercourse timing becomes relevant.

The fertile window is approximately:

five days before ovulation plus ovulation day.

ASRM describes the highest natural conception probability during intercourse every:

one to two days through the fertile window.

But timing should not dominate the relationship.

Regular intercourse:

two to three times per week

often provides good fertile-window coverage without obsessive monitoring.

When Should a Couple Start Fertility Evaluation?

For couples without known fertility problems:

Female partner younger than 35

Evaluation is generally considered after:

12 months.

Female partner 35 or older

After approximately:

6 months.

Woman over 40

More prompt evaluation is reasonable.

Earlier assessment is also appropriate when there is:

irregular or absent ovulation,

known tubal disease,

severe endometriosis,

previous significant PID,

known male-factor risk,

sexual dysfunction preventing intercourse.



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Do not spend years taking general fertility tonics when a specific fertility diagnosis may be present.

Do Healthy Couples Need AMH Before Trying?

Usually:

No.

AMH can be useful in selected fertility evaluations because it gives information about ovarian reserve.

But it is not:

an egg-quality test,

a natural-pregnancy test,

a universal preconception test.

A young woman does not need to buy an AMH test simply because she plans to conceive next month.

Testing should answer a meaningful clinical question.

Do Healthy Couples Need Semen Analysis Before Trying?

Usually:

No.

But earlier semen analysis may be reasonable when the man has:

previous infertility,

testicular disease,

undescended testes,

chemotherapy,

genital surgery,

major sexual dysfunction.

Once infertility evaluation becomes appropriate, male and female assessment should proceed:

in parallel.



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Do Couples Need HSG Before Trying?

No.

HSG examines:

tubal patency.

It is not a routine preconception test for every woman.

It becomes relevant when:

infertility exists,

tubal disease is suspected,

previous PID or ectopic history changes the risk assessment.

Avoid unnecessary invasive testing in otherwise low-risk healthy couples.

Do Couples Need Every Hormone Tested?

No.

There is no routine need for a healthy regularly cycling woman to order:

FSH,

LH,

prolactin,

AMH,

insulin,

multiple fertility hormones

simply because pregnancy is planned.

Hormone testing should be:

history-driven.

Examples:

irregular periods → ovulation/endocrine assessment;

galactorrhoea → prolactin may be relevant;

known thyroid disease → thyroid tests;



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infertility → structured fertility work-up.

A Practical Preconception Check-Up for the Woman

Depending on her history, the visit may include consideration of:

blood pressure,
weight/BMI,
medical-history review,
pregnancy history,
medication and supplement review,
folic acid,
vaccination status,
anaemia/CBC assessment,
diabetes screening when indicated,
thyroid testing when indicated,
STI/HIV/syphilis/hepatitis assessment according to risk,
rubella/varicella immunity where appropriate,
genetic/carrier screening,
thalassemia/haemoglobinopathy assessment,
menstrual and fertility history,
mental-health review.

This is:

individualized preventive care,
not a fixed laboratory package.

A Practical Preconception Check-Up for the Man

Depending on history, it may include:

general medical history,
weight and lifestyle,



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smoking/tobacco/alcohol/drugs,
medication review,
testosterone/steroid exposure,
diabetes or chronic disease assessment,
STI risk,
vaccination,
family/genetic history,
testicular history,
sexual function,
occupational exposure.

Semen analysis becomes appropriate when:

fertility problems exist,
significant reproductive risk is identified.

The Unani Perspective on Preparing for Pregnancy

In Unani medicine, health before conception has traditionally been approached through the broader condition of the body rather than only the reproductive organs.

Important traditional concepts include:

Mizaj — constitutional temperament

and attention to:

Quwwat or functional strength,
digestion,
nutrition,
sleep,
physical activity,
sexual wellbeing,
reproductive function.

From an integrative perspective, these ideas can be valuable because successful pregnancy preparation really does involve:



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whole-body health.

The future mother is not merely:

ovaries,

uterus.

The future father is not merely:

sperm count.

Metabolic health, nutritional health, sleep, mental wellbeing and sexual function can all matter.

How Unani Medicine Can Be Useful Before Pregnancy

The most responsible role of individualized Unani care is to support areas such as:

balanced nutrition,

digestive wellbeing,

healthy weight,

sleep,

general physical wellbeing,

sexual health,

menstrual wellbeing,

selected functional reproductive problems.

For men it may also address selected aspects of:

general reproductive health,

sexual confidence,

lifestyle.

This can make Unani medicine particularly useful as part of:

a structured preconception-health programme.

Unani Research and Male Reproductive Health

Clinical research within Unani institutions has explored formulations for:



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oligospermia.

For example, a National Institute of Unani Medicine observational study evaluated a traditional compound formulation in 30 infertile men with low sperm counts.

Other Unani publications have compared formulations used in men with idiopathic oligospermia.

These studies are useful because they show an effort to scientifically evaluate traditional treatments.

But their limitations matter.

Some were:

small,

uncontrolled,

preliminary,

based on semen parameters rather than pregnancy/live-birth outcomes.

Therefore:

these studies do not prove that one Unani formulation should be given to every man preparing for pregnancy.

Unani Treatment Should Be Diagnosis-Led

Suppose a man has:

azoospermia.

A general tonic is not enough.

We need to know whether the cause is:

obstruction,

severe testicular failure,

hormonal disease,

genetic disease.

Suppose a woman has:

bilateral tubal blockage.



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A general fertility formulation cannot create a passage through dense structural scar tissue.

Suppose a woman does not ovulate because of:

uncontrolled thyroid disease.

Treating thyroid disease is fundamental.

Therefore:

the diagnosis must guide the treatment.

This is the model of integrative Unani medicine I prefer.

Unani Medicine Cannot Replace Folic Acid

This should be stated clearly.

There is strong evidence that:

folic acid reduces neural-tube-defect risk.

No Unani herbal formulation has comparable evidence allowing it to replace recommended:

folic-acid supplementation.

A woman can receive responsible Unani supportive treatment **and** still take the folic acid she needs.

These approaches do not conflict.

Unani Medicine Cannot Replace Vaccination

Similarly, no herbal medicine replaces:

rubella immunity,

hepatitis B vaccination,

varicella vaccination when indicated.

Vaccines act through:

specific immune protection.

Unani medicine may support general health but should not be used as a substitute for proven infection prevention.



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Unani Medicine Cannot Replace Genetic Screening

Mizaj assessment cannot determine whether a person carries:

beta-thalassemia,

sickle-cell gene,

another pathogenic variant.

These require:

appropriate laboratory/genetic testing.

Traditional medicine becomes stronger—not weaker—when it incorporates accurate modern diagnosis.

Review Unani Medicines Before Conception

This is particularly important.

Patients sometimes believe:

“It is herbal, so I can continue it automatically during pregnancy.”

That is unsafe reasoning.

Some traditional ingredients lack:

reproductive toxicology data,

pregnancy-safety studies.

Therefore, once pregnancy is planned:

every formulation should be reviewed.

At Saira Health Care, I believe a good Unani physician should know when:

supportive treatment can continue,

medicines should be modified,

a formulation should be stopped.

Special Preconception Planning by Dr. Nizamuddin Qasmi

When a couple consults me before pregnancy, I do not begin with:



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“Which fertility medicine should I prescribe?”

I begin with questions.

For the woman

Are periods regular?

Any PCOS or thyroid disease?

Any previous pregnancy or miscarriage?

Previous ectopic pregnancy?

PID or STI history?

Any chronic medical condition?

Which medicines and supplements are you taking?

Are vaccinations complete?

Is anaemia present?

Any family history of genetic disease?

For the man

Have you fathered a pregnancy before?

Any testicular disease?

Any testosterone or steroid use?

Smoking or alcohol?

Any major chronic disease?

Any sexual or ejaculation problem?

Any family history of inherited disease?

This is how preconception treatment becomes:

individualized.

What “Special Treatment” Means at Saira Health Care

Special treatment does not mean:

one medicine for every couple.

It means:



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identifying preventable risks before pregnancy begins.

The plan may include:

correcting anaemia,
improving metabolic control,
reviewing medicines,
folic acid,
vaccination,
STI treatment,
genetic counselling,
thalassemia screening,
treating sexual dysfunction,
fertility evaluation when indicated,
supportive Unani care.

For one couple, the most important intervention may be:

folic acid.

For another:

rubella vaccination.

For another:

stopping testosterone that is suppressing sperm.

For another:

controlling diabetes before conception.

That is what personalized reproductive care means.

Patient Example — Healthy Couple Planning Their First Pregnancy

The woman is:

27,
regular 28–30-day cycles,
no medical history.



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The man is:

healthy,

no reproductive risk.

They usually do not require:

AMH,

HSG,

semen analysis,

extensive hormone panels

before trying.

Their priorities may be:

folic acid,

vaccination review,

healthy lifestyle,

medication review,

appropriate intercourse timing.

This is enough for many couples.

Patient Example — Woman With Diabetes

Here pregnancy planning is more medical.

Before conception I want:

glucose control optimized,

medicines reviewed,

complications assessed when relevant.

Pregnancy should preferably begin in the best achievable metabolic condition.

This can reduce preventable risks.

Patient Example — Woman Taking Anti-Seizure Medication

Do **not** stop medication yourself.



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We need:

neurologist/physician coordination,

medicine review,

appropriate folic-acid planning,

seizure control.

An uncontrolled seizure disorder can itself be dangerous during pregnancy.

Patient Example — Woman Not Immune to Rubella

She may need:

MMR vaccination before pregnancy.

She should then generally avoid pregnancy for approximately:

one month after vaccination.

This is much easier to manage before conception than after pregnancy is already established.

Patient Example — Both Partners Have Thalassemia Trait

This couple needs:

genetic counselling.

The issue is not fertility.

They may conceive perfectly normally.

The issue is:

risk to the child.

Preconception diagnosis gives them more reproductive options than discovering carrier status late in pregnancy.

Patient Example — Husband Uses Testosterone Injections

He believes testosterone is increasing fertility.

In reality, exogenous testosterone may suppress:

LH,



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FSH,

sperm production.

If pregnancy is desired, he needs:

male reproductive assessment.

AUA/ASRM specifically advises against testosterone monotherapy in men seeking current or future fertility.

Patient Example — Couple With Erectile Dysfunction

All preconception blood tests may be normal.

But if effective intercourse does not occur:

pregnancy opportunity is reduced.

Sexual-disorder treatment becomes:

preconception treatment.

This is a major reason I consider Sexual Disorders and Infertility together rather than as completely separate specialties.

Patient Example — Woman With Previous PID

She has regular ovulation but had severe PID in the past.

If she has not yet started trying:

preconception counselling is useful.

If pregnancy later does not occur:

tubal evaluation may deserve an earlier place in the fertility work-up.

There is little value in repeating antibiotics indefinitely when the question becomes:

tubal function.

Patient Example — Couple With No Risk Factors but They Want “Every Test”

More testing is not always safer.

A large indiscriminate panel can generate:

false-positive results,



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anxiety,

unnecessary treatment,

expense.

I prefer:

history first → targeted examination → tests that answer a real question.

Common Preconception Mistakes

Mistake 1: Starting folic acid only after the pregnancy test is positive

The neural tube begins developing very early.

Folic acid should ideally be started:

before conception.

Mistake 2: Stopping important prescription medicines without advice

This can make the underlying disease dangerous.

Mistake 3: Assuming herbal products are automatically safe

Pregnancy safety should be reviewed for:

all supplements and traditional medicines.

Mistake 4: Ignoring the male partner

Pregnancy health begins with:

two people.

Mistake 5: Ordering fertility tests in every healthy couple

Preconception care is not synonymous with:

AMH,

semen analysis,

HSG.



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Mistake 6: Ignoring vaccines

Live vaccines such as:

MMR,

varicella

are better addressed before pregnancy when indicated.

Mistake 7: Ignoring STI history

Untreated infection can affect:

reproductive health,

pregnancy,

partner.

Mistake 8: Taking testosterone to improve male fertility

It may do the opposite.

Mistake 9: Delaying known medical problems until after pregnancy

Diabetes, hypertension, thyroid disease and other conditions are often easier to optimize:

before conception.

Mistake 10: Believing one “fertility tonic” prepares both partners for pregnancy

Preconception needs are highly individualized.

Frequently Asked Questions

Do we need a medical check-up before trying for pregnancy?

It is advisable, particularly if either partner has:

chronic disease,



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medicines,

previous pregnancy complications,

reproductive risk.

ACOG and CDC encourage prepregnancy health counselling.

How early should we start preparing?

At least:

one month before pregnancy

for folic acid.

Some health conditions need several months of optimization.

Should both husband and wife prepare?

Yes.

This is one of the most important messages in modern preconception care.

India's 2025 FOGSI–UNFPA framework specifically promotes health optimization of women and couples before conception.

What is the most important supplement before pregnancy?

For the average-risk woman:

folic acid 400 micrograms daily.

WHO recommends this from the time she begins trying for pregnancy until 12 weeks' gestation.

Do all women need 5 mg folic acid?

No.

Higher doses are for selected high-risk situations.

Use clinician-directed dosing.

Should men take folic acid?

Routine folic-acid supplementation for prevention of neural-tube defects is directed primarily at:

the woman who may become pregnant.

Men should instead focus on:

balanced nutrition,

general health,

relevant deficiency correction.

Should I start a prenatal vitamin before pregnancy?

Yes, a suitable prenatal vitamin can be useful.

Check that it contains appropriate:

folic acid.

Avoid taking several overlapping multivitamins.

Should I stop all medicines before trying?

No.

Never stop important prescribed medicines without medical advice.

Some medicines need:

continuation,

substitution,

dose adjustment.

Are Unani medicines safe before pregnancy?

Some may be appropriate, but all should be reviewed.

“Herbal” does not automatically mean pregnancy-safe.

Do I need a thyroid test?

It depends on your history and local clinical approach.



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Testing is particularly important when there is:

known thyroid disease,

irregular cycles,

infertility,

symptoms or other risk.

India's current preconception framework places strong emphasis on thyroid-health assessment.

Do I need HbA1c?

It is particularly important in women with:

known diabetes,

significant diabetes risk.

Not every healthy young adult automatically requires the same metabolic test panel.

Should haemoglobin be checked?

Assessment for anaemia is often valuable, particularly in India where anaemia remains a major reproductive-health issue.

The FOGSI–UNFPA framework specifically includes prevention and treatment of anaemia.

Should we test for thalassemia before pregnancy?

Preconception carrier testing can be very valuable, particularly in India.

FOGSI's 2025 recommendation strongly supports haemoglobinopathy-carrier screening and partner evaluation.

What if only one partner is a thalassemia carrier?

Test the other partner.

If only one carries the relevant recessive disorder, the risk of an affected child is usually much lower than if both are carriers.



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What if both are thalassemia carriers?

They should receive:

genetic counselling

to understand reproductive options.

Should we have HIV testing before pregnancy?

It is strongly recommended as part of reproductive and pregnancy care.

Knowing status early allows appropriate treatment and planning.

Should we test for syphilis?

Testing is appropriate according to risk and reproductive-care protocols.

Syphilis is particularly important because untreated maternal infection can seriously affect pregnancy.

Should hepatitis B be checked?

It is useful to know:

infection status,

immunity,

vaccination status.

CDC recommends adult HBV screening at least once in a lifetime using the triple panel.

Do I need rubella testing?

If immunity or vaccination history is uncertain, assessment may be useful.

If nonimmune, vaccination before pregnancy can be considered.

Can I conceive immediately after MMR?

CDC advises avoiding pregnancy for approximately:

one month after vaccination.

Can varicella vaccine be given during pregnancy?

No.

It should be administered before pregnancy when indicated, with pregnancy avoided for approximately one month after vaccination.

Should my husband be vaccinated too?

He should be appropriately vaccinated according to:

age,

medical history,

risk.

His vaccination can also reduce household exposure to preventable infections.

Do we need blood-group testing before pregnancy?

It can be useful.

Rh-negative status is:

manageable

with appropriate obstetric care.

It is not a reason to avoid pregnancy.

Should we do AMH before trying?

Not routinely in every healthy woman.

AMH is a marker of ovarian reserve—not a universal preconception fertility score.

Should my husband do semen analysis before trying?

Usually not if both partners are healthy and have just begun trying.

It becomes appropriate if:



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fertility is delayed,
male reproductive risk exists.

Does a normal semen analysis guarantee pregnancy?

No.

Fertility is a:

couple-level process.

Should we do HSG before trying?

Not routinely.

HSG is used when:

tubal assessment is clinically indicated.

Should we test hormones before pregnancy?

Only when there is a reason.

Do not order every reproductive hormone simply because pregnancy is planned.

Should we stop smoking before pregnancy?

Yes.

Both partners should stop tobacco use.

Smoking can impair female fertility and is associated with poorer semen parameters and reproductive outcomes.

What about vaping?

It should not be considered a proven safe fertility alternative to cigarettes.

ASRM warns that electronic nicotine-delivery systems may also have reproductive risks.

Should the woman stop alcohol before trying?

Yes.

CDC advises stopping alcohol when preparing for pregnancy.

Should the man stop alcohol?

Heavy drinking should be reduced or stopped.

Chronic excessive alcohol consumption can affect:

sexual function,

reproductive hormones,

semen quality.

What about cannabis?

Both partners should avoid recreational drug use when preparing for pregnancy.

Can obesity affect fertility?

Yes, in some men and women.

It can also increase pregnancy risk.

Weight management should be individualized.

Can being very underweight affect pregnancy?

Yes.

ACOG notes that underweight status is associated with risks including:

low birth weight,

preterm birth.

How much exercise is recommended?

For most healthy adults, around:

150 minutes of moderate activity per week

is a reasonable general-health target.



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Do we need a special fertility diet?

There is no single scientifically proven diet that guarantees pregnancy.

A balanced nutrient-rich diet is the best general approach.

Should we avoid all coffee?

Not necessarily.

Moderate caffeine intake is generally acceptable; very high intake should be avoided.

Does the man need to avoid hot baths?

Occasional normal heat exposure is unlikely to determine fertility alone.

Repeated excessive heat exposure may be relevant to some men.

Does testosterone improve sperm?

No.

External testosterone can suppress sperm production and should generally not be used as monotherapy in men seeking fertility.

Does gym steroid use affect fertility?

Yes.

Anabolic androgenic steroids can suppress natural testicular sperm production.

Men should disclose their use honestly.

Can erectile dysfunction prevent pregnancy?

Yes.

If effective intercourse does not occur, pregnancy opportunity decreases.

Sexual-function treatment may therefore be part of fertility care.

Can premature ejaculation cause infertility?

Most premature ejaculation does not prevent conception if ejaculation occurs inside the vagina.

If ejaculation consistently occurs before penetration, it can interfere.

Can vaginismus affect conception?

Yes.

If penetration cannot occur, the couple needs:

sexual-health evaluation,

treatment

rather than simply waiting for pregnancy.

Can previous PID affect pregnancy planning?

Yes.

It may increase concern about:

fallopian-tube damage.

A woman does not automatically need HSG before trying, but infertility after significant PID may justify earlier tubal assessment.

Does previous ectopic pregnancy mean we cannot conceive naturally?

No.

Many women conceive naturally after an ectopic pregnancy.

But future pregnancy should be evaluated early for location, and tubal history may affect fertility planning.

Should women with PCOS prepare differently?

They may benefit from additional attention to:

ovulation,

metabolic health,



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weight,

diabetes risk.

Many women with PCOS can conceive successfully.

Can Unani medicine improve preconception health?

It can be used as part of individualized supportive care for:

nutrition,

digestion,

general wellbeing,

sexual health,

metabolic and reproductive health

when clinically appropriate.

Can Unani medicine replace folic acid?

No.

Folic acid has strong evidence for preventing neural-tube defects.

Can Unani medicine replace rubella or hepatitis vaccination?

No.

Vaccination provides specific immune protection.

Can Unani medicine replace thalassemia screening?

No.

Carrier status requires:

laboratory/genetic testing.

Can Unani medicine replace treatment of diabetes or hypertension?

No.



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These conditions must be medically controlled before pregnancy.

Unani care may support broader lifestyle and wellbeing in selected patients but should not replace essential disease management.

Is every fertility herbal medicine safe in early pregnancy?

No.

Any formulation used around conception should be reviewed because pregnancy may begin:

before the woman realizes she is pregnant.

A Message From Dr. Nizamuddin Qasmi to Women Planning Pregnancy

My advice is:

prepare before the pregnancy test becomes positive.

Start folic acid.

Review your medicines.

Know your vaccination status.

Address:

diabetes,

thyroid disease,

hypertension,

anaemia

when present.

And if you take:

herbal,

Unani,

nutritional products,

tell your doctor.

The first few weeks of pregnancy are too important for preventable risks to be discovered late.



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A Message to Men Planning Fatherhood

Please do not think:

“Pregnancy preparation is only for my wife.”

Your health matters too.

Stop:

smoking,

recreational drugs.

Avoid:

anabolic steroids,

unnecessary testosterone.

Review:

chronic diseases,

medicines,

occupational exposures.

If you have a history of:

undescended testis,

testicular injury,

chemotherapy,

infertility,

ejaculation problems,

seek advice early.

A healthy pregnancy begins with:

two healthy reproductive partners.

A Message to Couples About Fertility Tests

Do not assume that preparing for pregnancy means:

doing every infertility test before you start.



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For a young healthy couple with:
regular cycles,
no major reproductive risks,
the best first steps may simply be:
preconception medical review,
folic acid,
vaccination,
healthy lifestyle,
regular intercourse.

Tests such as:

AMH,

HSG,

semen analysis

are valuable when:

they are clinically indicated.

Testing should answer a question.

A Message About Unani Medicine

As a physician trained in Unani medicine, I believe preconception health is an area where integrative care can be particularly meaningful.

The Unani approach reminds us that reproductive health is influenced by the condition of the:

whole person.

Nutrition, digestion, sleep, physical health and sexual wellbeing deserve attention.

However, responsible Unani practice should integrate—not ignore—modern preventive medicine.

I do not believe a patient should have to choose between:

folic acid and Unani medicine,

or:



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vaccination and Unani medicine.

Evidence-based preventive measures should be used where they are proven.

Unani medicine can then provide:

individualized supportive care.

This approach protects:

the mother,

father,

future pregnancy,

credibility of traditional medicine.

Saira Health Care's Contribution to Sexual Disorders & Infertility

At **Saira Health Care**, our particular contribution to preconception care comes from working at the intersection of:

sexual health + male infertility + female infertility + reproductive medicine.

Couples planning pregnancy may present with questions such as:

“Which day should we try?”

“Should my husband have semen testing?”

“I have PCOS—what should I do before pregnancy?”

“My husband takes testosterone—is that a problem?”

“I had PID—are my tubes safe?”

“We are thalassemia carriers—what are our options?”

“I am taking Unani medicines—can I continue after conception?”

These questions require:

individualized answers.

The objective is not simply conception.

The objective is:

the healthiest realistic conception, pregnancy and reproductive future.



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Dr. Nizamuddin Qasmi's Specialized Clinical Approach

In my specialized clinical practice focused on **Sexual Disorders & Infertility**, I divide pregnancy preparation into several questions:

Is the woman medically ready for pregnancy?

Is the man reproductively healthy?

Are medications compatible with pregnancy planning?

Has folic acid been started?

Are vaccinations up to date?

Does either partner require STI treatment?

Is genetic carrier screening indicated?

Is thalassemia screening relevant?

Are cycles regular?

Is intercourse functioning normally?

Is infertility evaluation already required?

Then I decide whether the couple primarily needs:

reassurance,

lifestyle support,

Unani supportive treatment,

correction of nutritional deficiency,

sexual-disorder treatment,

fertility investigation,

specialist referral.

This prevents both:

unnecessary testing

and:

dangerous delay.

Current Medical Understanding — 2026 Update



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Preconception medicine has received renewed international attention.

WHO published a **2025 report on strengthening and reframing preconception health services**, emphasizing the preconception period as an important opportunity to improve maternal and child outcomes.

CDC updated its public pregnancy-planning guidance in **July 2026**, reinforcing several core recommendations:

review medical conditions,

review medicines,

review vaccinations,

take 400 micrograms of folic acid,

stop alcohol, smoking and drugs,

reduce toxic exposures.

India has also moved toward a stronger preconception-care model.

The **FOGSI–UNFPA “Sampoorna Swasth Janm Abhiyan” brief**, published in November 2025, identifies core components including:

nutrition,

chronic-condition management,

reproductive health,

infection prevention,

lifestyle-risk reduction,

genetic/family-history assessment.

Indian professional guidance has also placed greater attention on:

thalassemia and haemoglobinopathy carrier screening

because carrier detection before conception gives couples the widest range of informed reproductive choices.

For male reproductive health, the AUA/ASRM infertility guideline amended in 2024 continues to emphasize:

male reproductive assessment when infertility is present,

semen analysis as a foundational test,

avoiding exogenous testosterone when current or future fertility is desired.



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Therefore, the modern understanding of pregnancy preparation is:

not “get the woman pregnant first and address health afterward.”

It is:

optimize both partners before conception whenever possible.

Conclusion

Preparing for pregnancy is one of the most valuable preventive-health opportunities available to a couple.

Preconception care should begin before pregnancy whenever practical because important fetal development starts very early.

The most important steps for the woman include:

review of chronic medical conditions,
blood-pressure and metabolic assessment where appropriate,
correction of anaemia,
medication review,
vaccination review,
infection/STI assessment,
genetic and family-history assessment,
reproductive-history review.

And one intervention should begin before conception in almost every average-risk woman:

folic acid 400 micrograms daily.

Vaccination deserves particular attention.

If the woman is not immune to:

rubella,
varicella,

vaccination should generally be completed before pregnancy where indicated, followed by the appropriate waiting period before conception.

Hepatitis B protection and STI status should also be reviewed according to:

history,

risk,

vaccination.

In India, haemoglobinopathy screening deserves particular attention.

FOGSI's 2025 guidance supports carrier screening for:

thalassemia,

related haemoglobin disorders,

with partner testing and genetic counselling when required.

The future father's health is equally important.

Men should review:

smoking,

alcohol,

recreational drugs,

testosterone and anabolic steroids,

medications,

testicular history,

sexual function,

occupational exposures.

External testosterone is especially important because it can suppress:

sperm production.

Routine semen analysis is not required for every completely healthy couple before trying.

But it should be performed when:

infertility evaluation is indicated,

important male reproductive risk factors exist.

Similarly:

AMH,

HSG,



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extensive hormone testing

should not be ordered automatically in every healthy couple.

Preconception medicine should be:

targeted rather than indiscriminate.

From the **Unani perspective**, preconception care fits naturally with the system's attention to:

Mizaj,

nutrition,

digestion,

physical wellbeing,

sexual health,

reproductive health.

Unani clinical research has explored treatments for reproductive disorders such as:

oligospermia,

although current direct evidence remains limited and many studies are preliminary.

Therefore, individualized Unani medicine can make a useful supportive contribution to:

general health,

nutrition,

digestive health,

sexual wellbeing,

selected reproductive problems.

But responsible Unani medicine should **not** replace proven preconception interventions such as:

folic acid,

vaccination,

control of diabetes,

control of hypertension,

STI treatment,

genetic carrier screening,



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medically indicated fertility evaluation.

At **Saira Health Care**, my approach is therefore:

assess both partners → correct preventable health risks → start folic acid → review medicines and traditional remedies → update appropriate vaccines → identify infections → evaluate genetic risk → address sexual dysfunction → investigate fertility only when indicated → integrate responsible Unani supportive care.

My most important message to couples is:

A healthy pregnancy begins before conception.

And:

preparing for pregnancy is not only about the woman's body—it is about the health, reproductive function and informed choices of both partners.

That is how we move from simply trying to achieve pregnancy toward planning:

a healthier pregnancy, healthier parents and the best possible beginning for the future child.

About the Author

Dr. Nizamuddin Qasmi

**Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility**

Qualifications & Professional Training

BUMS — Hamdard University, Delhi

MD

CGO

Certificate in Infertility — MGBIMS, Delhi

Certificate in Urology — London, UK

Masters in Male Infertility — MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health — ISRH, UNFPA

Dr. Nizamuddin Qasmi is a well-qualified physician with a **specialized clinical focus on Sexual Disorders & Infertility** at Saira Health Care.

His clinical approach to pregnancy preparation recognizes that healthy conception depends upon:

female reproductive health,



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male reproductive health,
sexual function,
general medical health,
infection prevention,
nutritional wellbeing,
evidence-based fertility planning.

Depending upon the couple's individual circumstances, assessment may include:

menstrual and ovulatory history,
previous pregnancy history,
chronic-disease review,
medication and supplement assessment,
nutritional and anaemia assessment,
vaccination review,
STI screening,
thalassemia or genetic-carrier assessment,
semen analysis where clinically indicated,
male reproductive assessment,
sexual-function assessment,
fertility evaluation when conception has been delayed.

Where clinically appropriate, individualized Unani treatment may be integrated to support:

general physical wellbeing,
nutrition,
digestion,
sexual health,
reproductive health.

At **Saira Health Care**, the objective is not simply:

“How quickly can pregnancy occur?”



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The more important questions are:

Are both partners medically prepared?

Is conception occurring safely?

Are preventable pregnancy risks being addressed?

Is fertility evaluation needed?

Are sexual-health problems preventing conception?

and:

How can traditional and modern reproductive care be integrated responsibly for the healthiest possible pregnancy journey?

Medical Disclaimer

This article is intended for professional education and general public awareness. It does not provide individualized medical advice and does not replace consultation with an appropriately qualified physician, obstetrician-gynaecologist, fertility professional, genetic counsellor or other relevant healthcare provider.

Not every couple needs every preconception laboratory test.

Investigations should be chosen according to:

age,

medical history,

reproductive history,

family history,

medication use,

fertility history,

infection risk.

Women planning pregnancy should generally take at least **400 micrograms of folic acid daily** beginning before conception unless their healthcare provider recommends a different dose because of individual medical risk.

Prescription medications should not be stopped abruptly without medical advice.

All herbal, Unani and nutritional supplements should be disclosed before conception because pregnancy-safety evidence varies between products.



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Women requiring MMR or varicella vaccination should follow recommended waiting intervals before attempting conception.

Men seeking current or future fertility should tell their healthcare provider about testosterone or anabolic-steroid use because external androgens can suppress spermatogenesis.

Unani supportive treatment should not replace folic-acid supplementation, vaccination, genetic screening, STI treatment, chronic-disease management or evidence-based fertility investigation when these are clinically indicated.