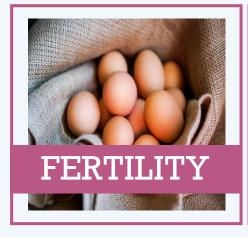
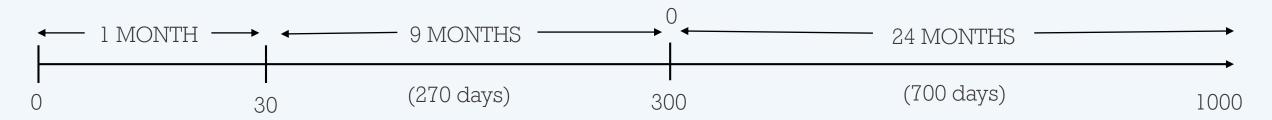


THE FIRST 1000 DAYS









Do you know someone who has struggled to conceive?

1 in 6 couples struggle to conceive





5 dietary changes improved infertility by 69%

Obstet Gynecol. 2007 Nov;110(5):1050-8.

Diet and lifestyle in the prevention of ovulatory disorder infertility.

Chavarro JE1, Rich-Edwards JW, Rosner BA, Willett WC.

Author information

Abstract

OBJECTIVE: To evaluate the relation of a dietary pattern and other lifestyle practices to risk of ovulatory disorder infertility.

METHODS: We followed a cohort of 17,544 women without a history of infertility for 8 years as they tried to become pregnant or became pregnant. A dietary score based on factors previously related to lower ovulatory disorder infertility (higher consumption of monounsaturated rather than trans fats, vegetable rather than animal protein sources, low glycemic carbohydrates, high fat dairy, multivitamins, and iron from plants and supplements) and other lifestyle information was prospectively related to the incidence of infertility.

RESULTS: Increasing adherence to a "fertility diet" pattern was associated with a lower risk of ovulatory disorder infertility. The multivariable-adjusted relative risk of ovulatory disorder infertility comparing women in the highest with women in the lowest quintile of the "fertility diet" pattern score was 0.34 (95% confidence interval 0.23-0.48; P for trend<.001). This inverse relation was similar in subgroups defined by women's age, parity, and body weight. A combination of five or more low-risk lifestyle factors, including diet, weight control, and physical activity was associated with a 69% lower risk of ovulatory disorder infertility and an estimated population attributable risk of 66% (95% confidence interval 29-86%).

CONCLUSION: Following a "fertility diet" pattern may favorably influence fertility in otherwise healthy women. Further, the majority of infertility cases due to ovulation disorders may be preventable through modifications of diet and lifestyle.

LEVEL OF EVIDENCE: II.

Dietary
patterns
which helped
improve
fertility



DIET RICH IN MONOUNSATURATED FAT AND LOW IN TRANS FATS



INCREASING PLANT PROTEIN INTAKE



LOW GI



HIGH FAT, RATHER THAN LOW FAT DAIRY PRODUCTS



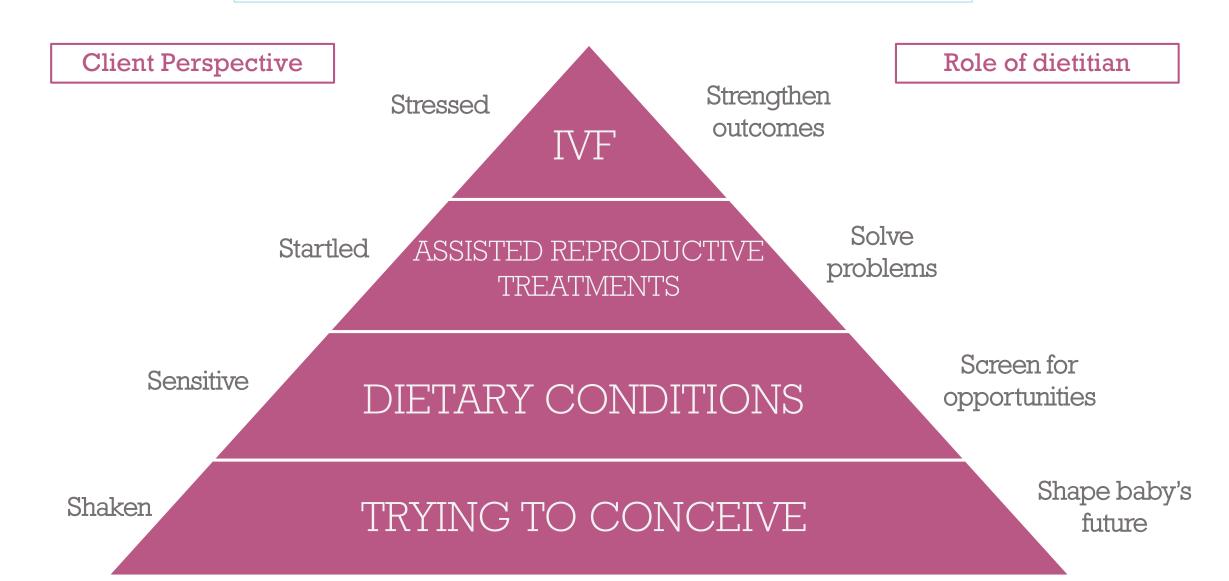
FOLIC ACID SUPPLEMENTATION

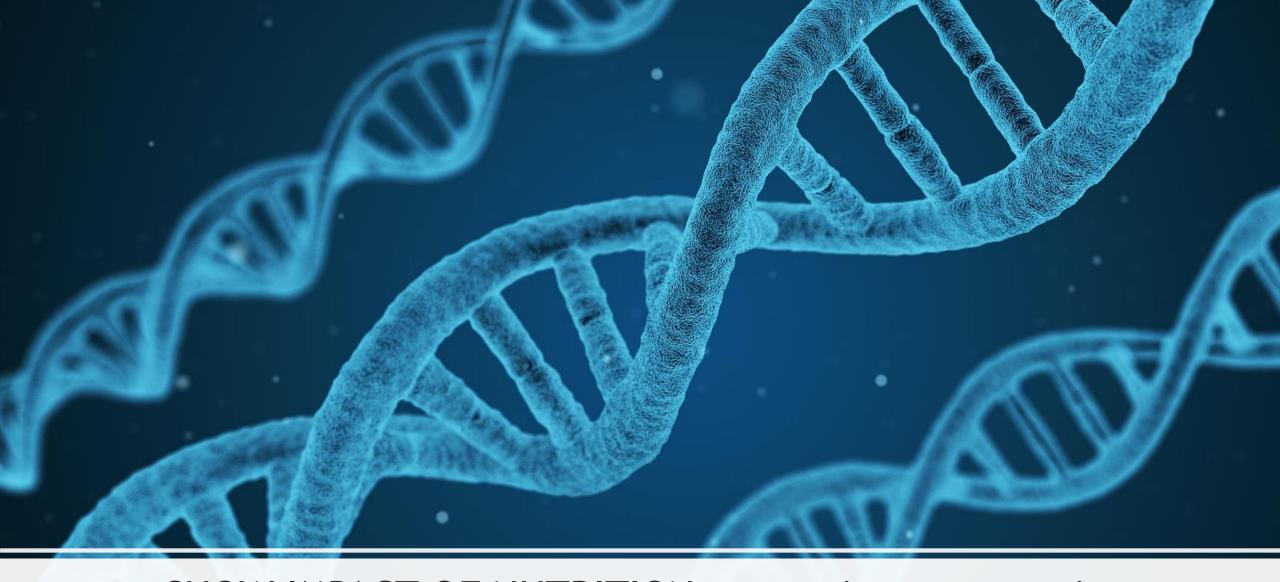


HIGHER INTAKE OF IRON, ESPECIALLY FROM PLANT SOURCES



Lack of referrals





SHOW IMPACT OF NUTRITION - genetic programming

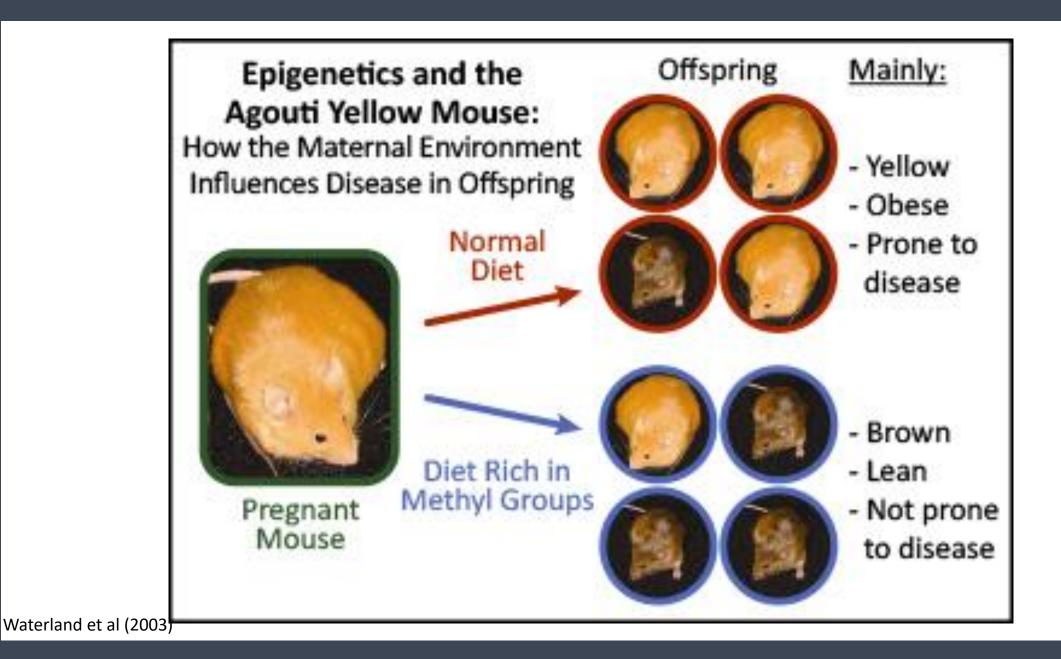
Changes in gene function that do not involve changes in the DNA sequence

Epigenetics



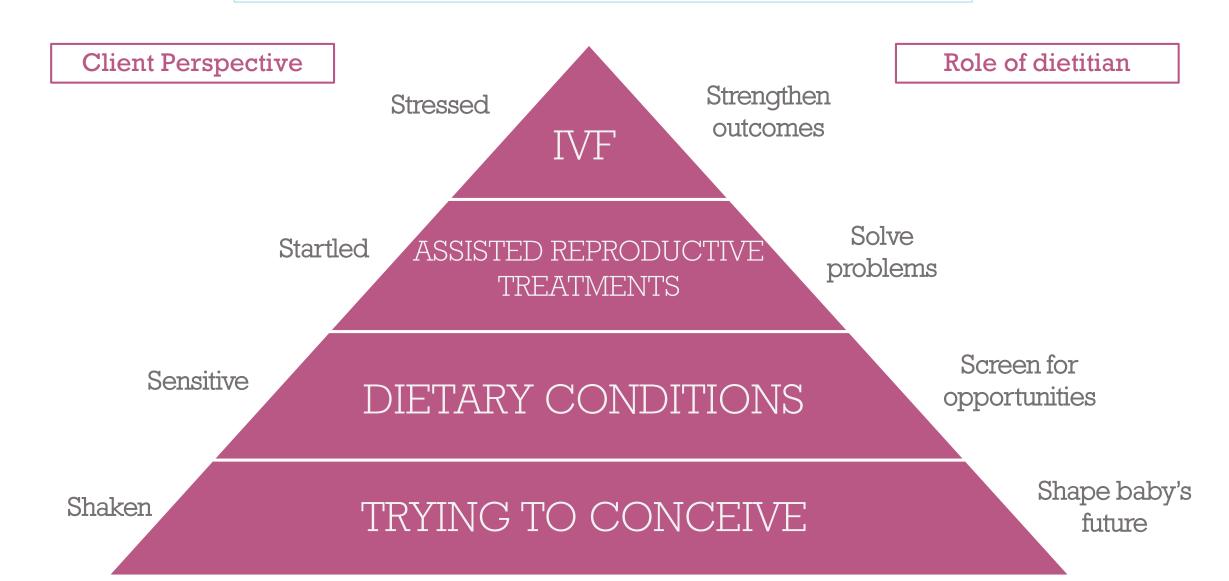


The same set of genes but with different expression of those genes



ELN can help to prevent....







SCREEN FOR OPPORTUNITIES – undiagnosed Coeliac Disease

Undiagnosed/untreated Coeliac Disease

- Decreased nutrient absorption
- Undiagnosed CD is 3 x higher in women with infertility

Thyroid conditions

- Thyroid disease 4-5x more common in women than men
- Disruption to menstrual cycle (eg altered cycle length & bleeding), hormone imbalance

Cushing's syndrome

■ Too much cortisol causes rapid weight gain & irregular or non- existent menstrual cycles

Endometriosis

- 30-50% of women have reduced fertility
- Excessive tissue growth may impede ovulation, egg transfer or implantation



Krassas et al (2000), Bulleti (2010), Butler et al (2011)



PCOS

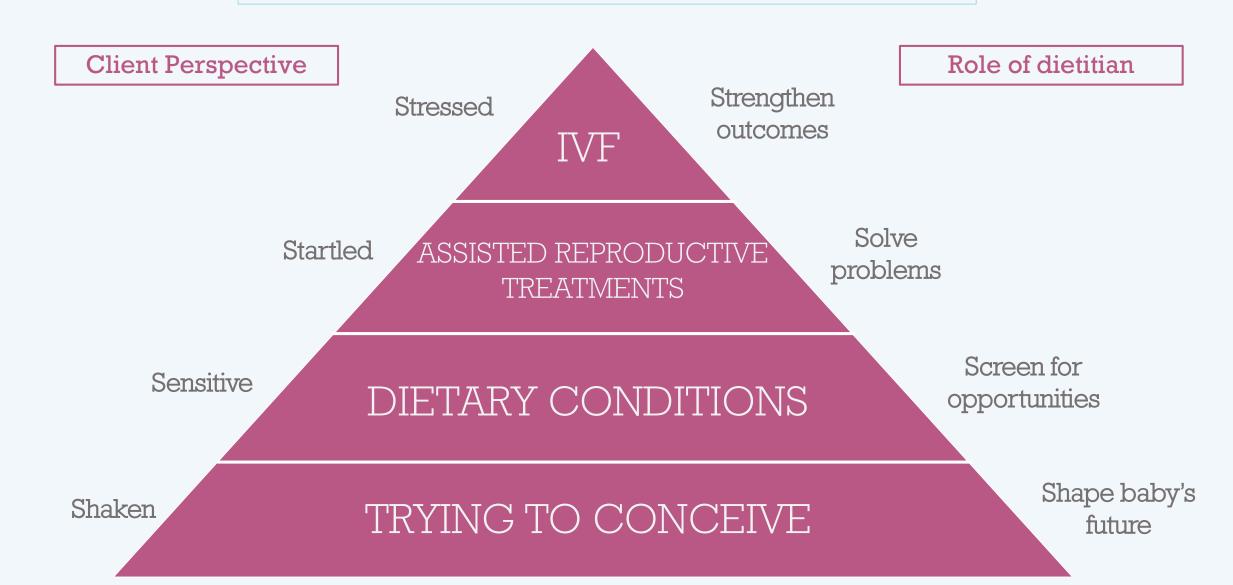
- Affects 12-21% of women of reproductive age
- Can cause ovulatory dysfunction

Insulin resistance

- 60 % of overweight individuals have IR
- Increases metabolic abnormalities (excess androgens, spontaneous abortions)

Diabetes (Type II)

 Increased risk of infertility due to IR, greater risk of spontaneous abortion, foetal abnormalities and pregnancy complications & early menopause



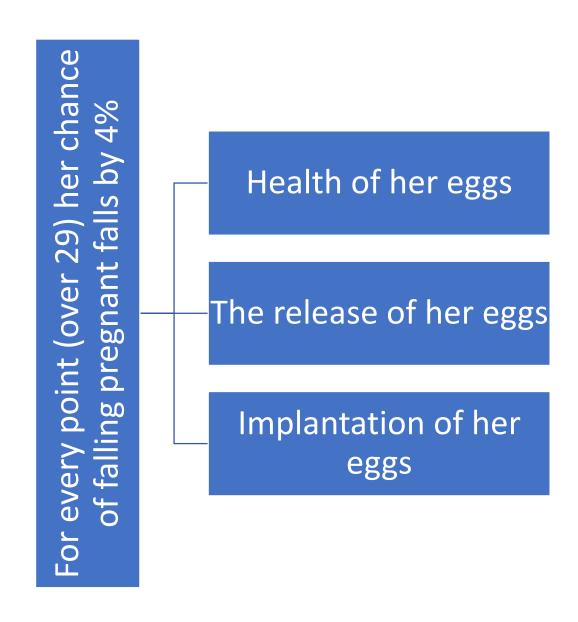


SOLVE PROBLEMS - body fat

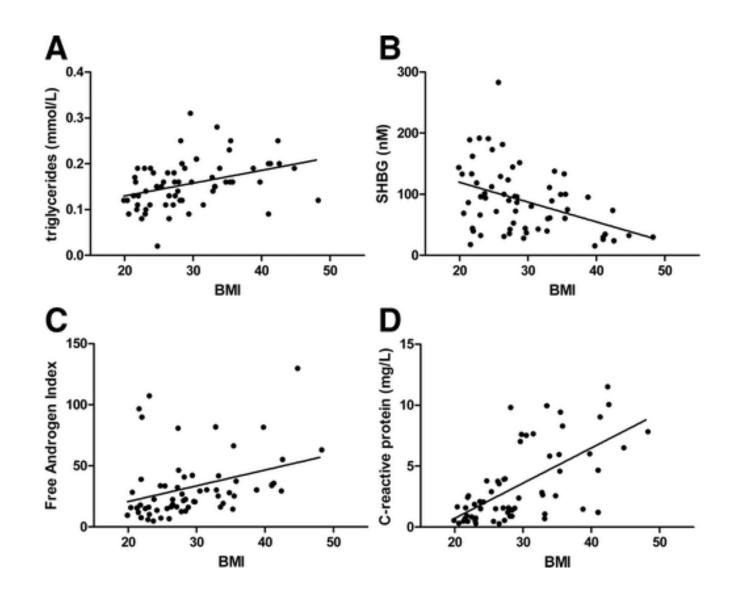
Body fat is crucial for the production of the female hormone oestrogen

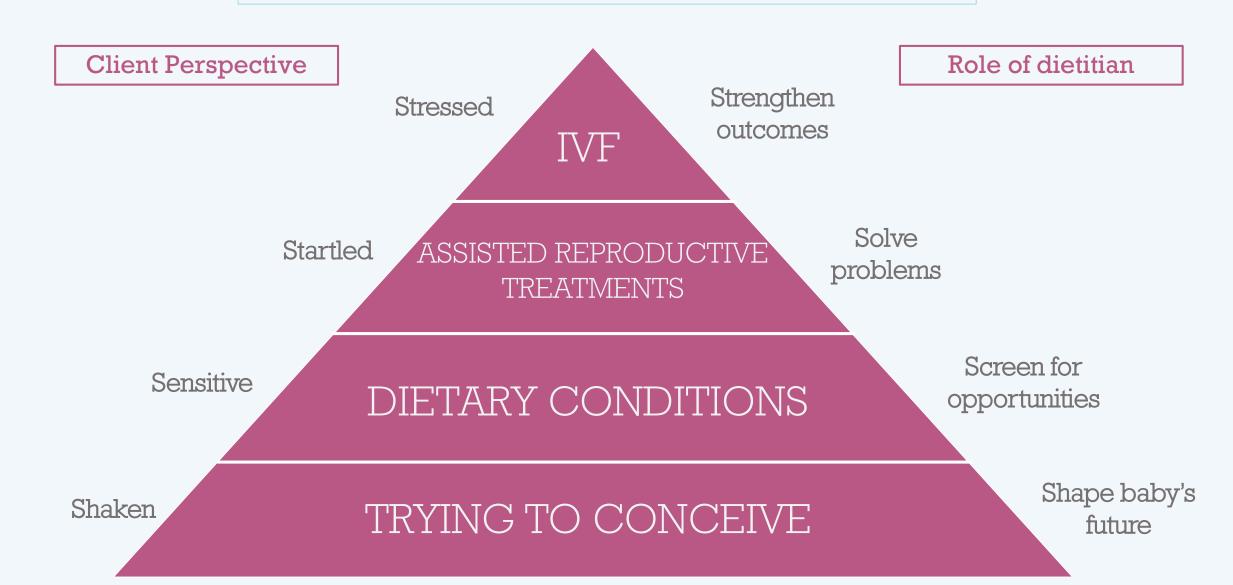
- Affects hormone production, making process of ovulation more difficult
- Reduced production of oestrogen
 - Imbalance with other sex hormones (FSH, SHBG)
 - Ovulatory dysfunction
 - Amenorrhea
 - Delayed puberty

Menstrual Function	BMI <18.5
Regular Cycle	5 (10.42%)
I Amenorrhea	6 (12.50%)
II Amenorrhea	7 (14.58%)
Oligomenorrhea	20 (41.67%)
Dysmenorrhea	3 (6.25%)
Menorrhagia	2 (4.17%)
Menometrorrhagia	5 (10.42%)
Total	48 (100%)



- ➤ Overweight women have high levels of fat and inflammation surrounding eggs → impacts developmental potential
- ➤ Women with obesity have 'disorganised' DNA
 - ➤ Leading reason for difficulty with fertilisation







- Some rat studies suggest galactose may impact ovulation
- Possibly why full cream milk appears to be a better choice than low fat milk for fertility

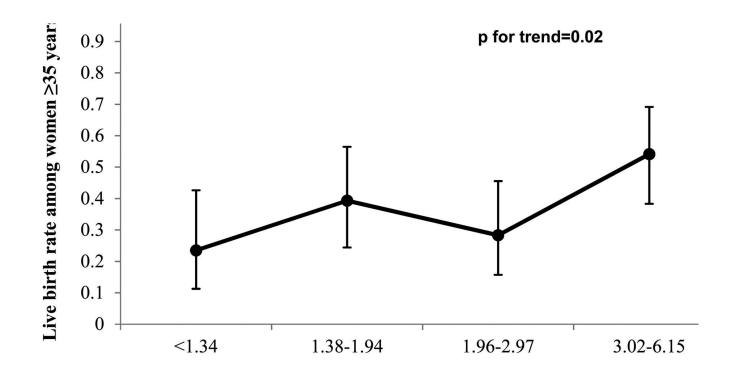


- Fertility Risk Factor Study
 Greenlea et al (2003)
- 322 cases and controls
- drinking ≥ 3 glasses cow's milk per day had a 70% lower risk of infertility than those who did not consume milk



Afeiche et al (2016)

- Prospective cohort study of 232 women undergoing IVF
- 32% difference in implantation rates between top and bottom quartiles, 29% difference in pregnancy rates and 16% difference in live births
- Impact of IGF1?



THE FERTILITY FASTRACK FRAMEWORK ™ FOOD **NUTRITION BODY FAT** PREGNANCY **PLAN SUPPLEMENTS** STRESS

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tendant is one

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Thank you!





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