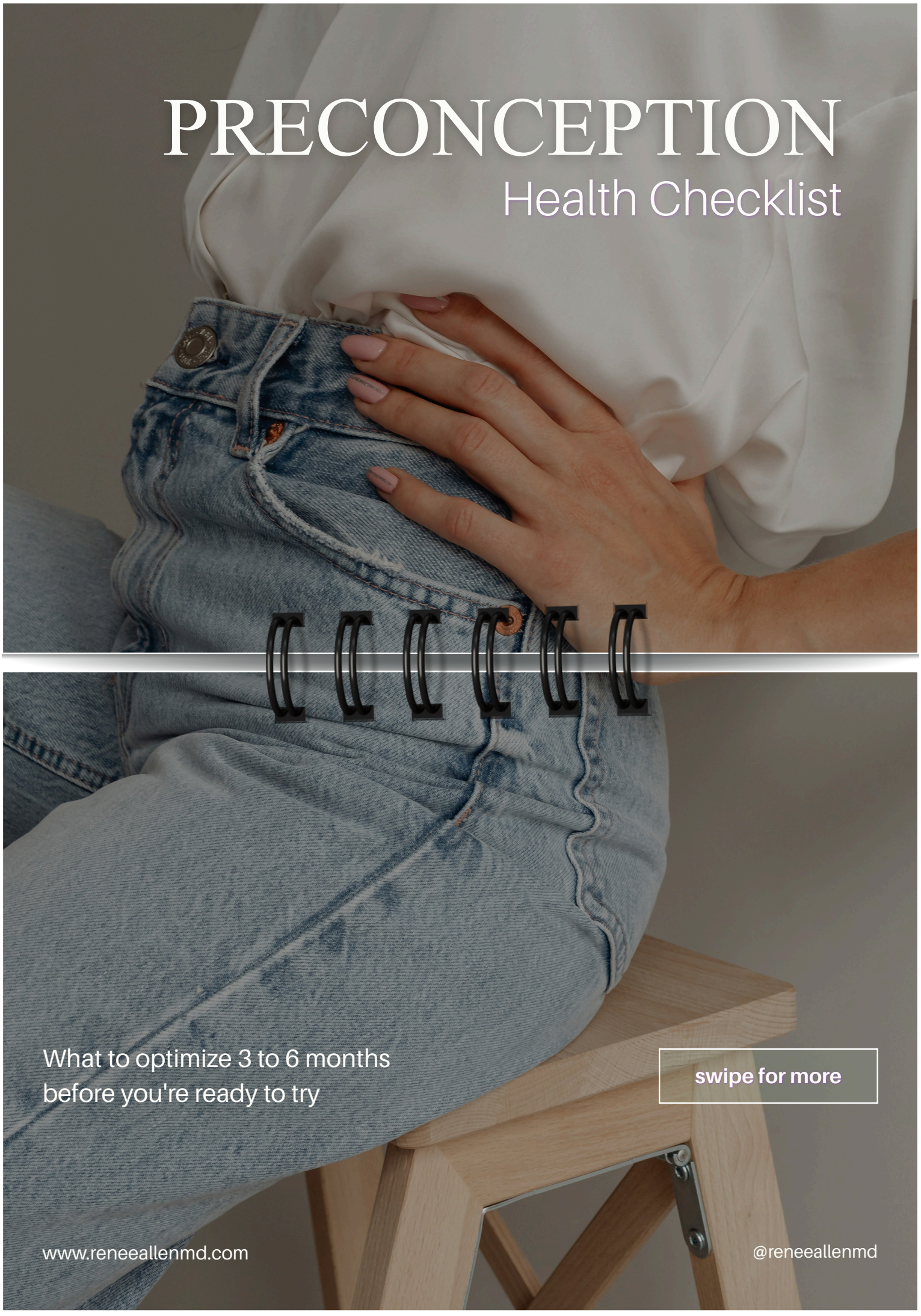
PRECONCEPTION
Health Checklist
What to optimize 3 to 6 months
before you're ready to try
swipe for more
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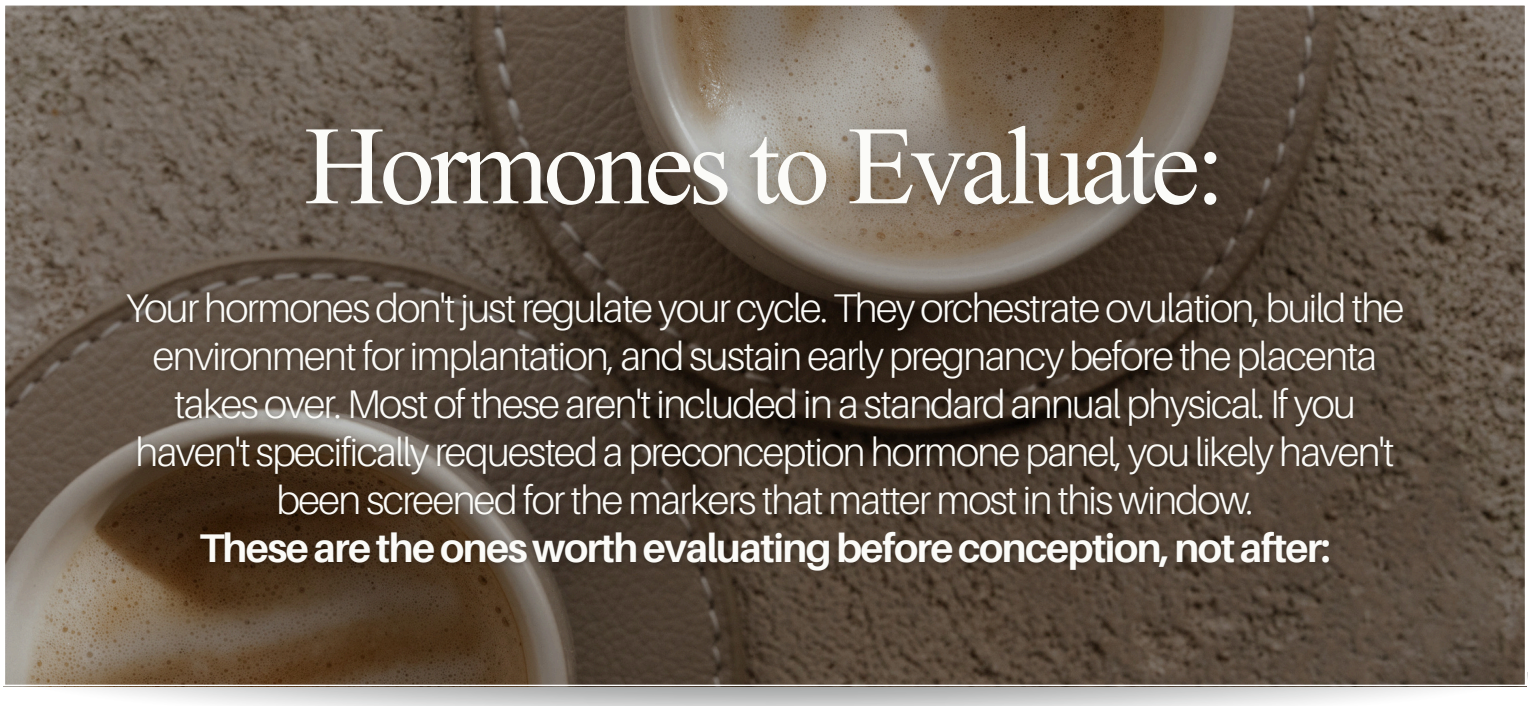
THE 90 DAY WINDOW

Every egg you ovulate spends roughly 90 days maturing inside your body before it's released. During that window, your hormonal, metabolic, and nutritional environment directly shapes its quality.

That means the 3 to 6 months before conception aren't downtime. They're the most modifiable window in your reproductive timeline.

This checklist covers the five areas we evaluate in our preconception program. Use it to understand what matters, ask better questions at your next appointment, and walk into pregnancy with clarity instead of assumptions.



Hormones to Evaluate:

Your hormones don't just regulate your cycle. They orchestrate ovulation, build the environment for implantation, and sustain early pregnancy before the placenta takes over. Most of these aren't included in a standard annual physical. If you haven't specifically requested a preconception hormone panel, you likely haven't been screened for the markers that matter most in this window.

These are the ones worth evaluating before conception, not after:

Thyroid (TSH, Free T3, Free T4, Antibodies)

Target TSH between 1.0 and 2.5 for preconception. Standard "normal" isn't tight enough. Free T3 confirms your body is converting to the active form. Antibodies screen for autoimmune thyroid patterns that can flare in pregnancy.

Progesterone (Luteal Phase, Day 19-21)

Ideally drawn 5-7 days after ovulation. Low progesterone means the uterine lining may not support implantation. Signs: short cycles, premenstrual spotting, worsening PMS symptoms.

Estradiol

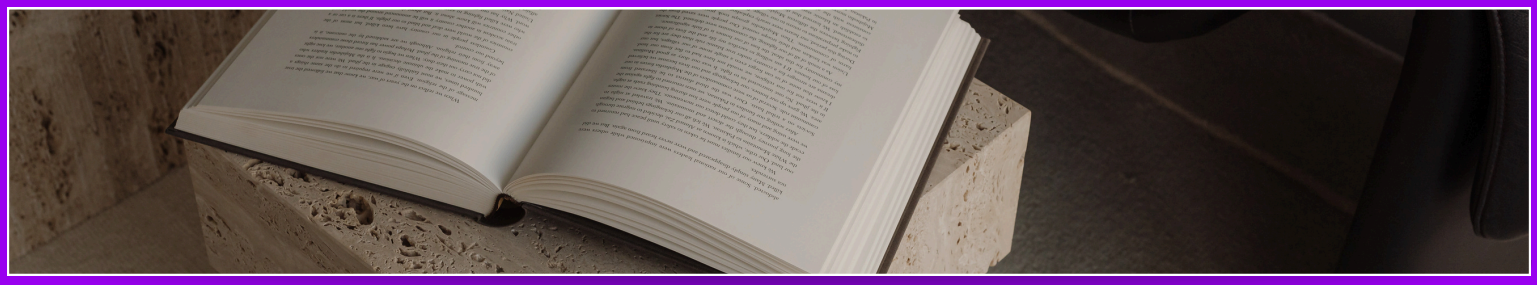
Drives follicle development and lining growth. Evaluate alongside progesterone to assess the balance between the two.

Testosterone + DHEA-S

Elevated testosterone may signal PCOS or adrenal dysfunction. Low DHEA-S may indicate diminished ovarian support. Both affect ovulation and egg quality.

Fasting Insulin + HOMA-IR

Fasting glucose alone misses the picture. Insulin resistance increases oxidative stress in the ovarian follicle and damages egg mitochondria. This is the metabolic driver behind many fertility challenges.



Labs To Request

With Optimal Preconception Ranges

Knowing what to test is half the equation. Knowing what the numbers should look like for preconception is the other half. The ranges below reflect optimization targets, not just general population norms.

Lab	Standard "Normal"	Preconception Optimal
TSH	0.5 - 4.5	1.0 - 2.5
Free T3	2.0 - 4.4	Upper half of range
Free T4	0.8 - 1.8	Mid to upper range
TPO Antibodies	< 35	Negative preferred
Progesterone (Day 21)	> 1.0	> 10, ideally 15-25
Fasting Insulin	2 - 25	< 8
HOMA-IR	< 2.5	< 1.5
Ferritin	12 - 150	> 40, ideally 60-80
Vitamin D	30 - 100	50 - 80
hs-CRP	< 3.0	< 1.0

Note: Ranges are general guidelines. Your provider will interpret results in the context of your full clinical picture.

Print this page or screenshot it for your next appointment. These are the numbers worth tracking, and the conversation worth having with your provider before you start trying.

Nutrients That Affect Egg Quality and Early Pregnancy

A prenatal vitamin is a smart first step. But it's designed to cover broad minimums, not to address the specific gaps that influence egg quality, implantation, and early development. Testing your levels first turns supplementation from a guess into a strategy.

Ferritin (stored iron)

Adequate ferritin supports healthy placental development and gives your body the reserves pregnancy draws from heavily in the first trimester. Target: above 40, ideally 60-80. Most prenatals don't contain enough to build stores on their own.

Vitamin D

Optimal vitamin D levels support immune regulation, healthy implantation, and a stronger foundation for early pregnancy. Target: 50-80 ng/mL. Many women benefit from 4,000-5,000 IU daily to reach and maintain that range.

Folate (methylfolate, not just folic acid)

Folate supports neural tube development in the earliest weeks of pregnancy. Methylfolate is the active form your body can use directly, which matters for women whose genetics make converting folic acid less efficient.

Omega-3 Fatty Acids (EPA/DHA)

Omega-3s support a healthy inflammatory balance and contributes to fetal brain development. Therapeutic levels typically require a dedicated supplement beyond what most prenatals provide.

CoQ10

CoQ10 supports energy production in the egg during its 90-day maturation window. This is especially supportive for women over 35, when cellular energy efficiency naturally shifts.

The goal isn't to take more supplements. It's to take the right ones at the right doses based on where you're actually starting. Your levels determine your plan.

Lifestyle Factors That Move the Needle

You can't supplement your way past a lifestyle that's working against you. These five factors influence your hormonal and metabolic environment every day, and small, consistent shifts during the preconception window compound into meaningful change by the time conception matters.

Blood Sugar Stability

Prioritize balanced meals with protein, fat, and fiber at every meal. Minimize blood sugar spikes that drive insulin surges and ovarian inflammation. Consider a continuous glucose monitor for 2-4 weeks to see your patterns.

Sleep (7-9 hours, consistent schedule)

Sleep regulates the hormones that govern ovulation, cortisol rhythm, and cellular repair. Fragmented or insufficient sleep disrupts all three.

Stress Regulation

Chronic stress elevates cortisol, which competes with progesterone production and disrupts the HPA-ovarian axis. The goal isn't eliminating stress. It's building recovery into your routine.

Toxin Exposure Reduction

Endocrine disruptors in plastics, personal care products, and household chemicals can interfere with hormone signaling. Switch to cleaner products where practical. Avoid heating food in plastic. Filter your drinking water.

Alcohol

Even moderate alcohol consumption affects hormone metabolism, sleep architecture, and inflammatory load. Consider reducing or eliminating during the preconception window.

Perfection isn't the goal, progress is. Focus on the 2-3 areas where you have the most room to improve and build from there. The body responds to consistency, not intensity.

Your Preconception Action Plan

Here's what the timeline looks like when you put it all together.
Think of this as your roadmap from "someday" to "ready."

4 - 6 Months Before Trying:

- ☐ Schedule a preconception hormone evaluation (not just an annual physical)
- ☐ Run the full lab panel on Page 4
- ☐ Start or switch to a methylfolate-based prenatal
- ☐ Test ferritin, vitamin D, and omega-3 levels
- ☐ Begin targeted supplementation based on your results

2 - 4 Months Before Trying:

- ☐ Recheck any values that were being corrected
- ☐ Confirm thyroid is optimized to preconception targets
- ☐ Assess luteal phase progesterone if not done in the first round
- ☐ Stabilize blood sugar patterns and reduce inflammatory load
- ☐ Audit personal care products and household exposures

1 Month Before Trying:

- ☐ Confirm labs are in the preconception optimal column
- ☐ Review your plan with your provider
- ☐ Start trying with confidence that your foundation is built

Every woman's timeline will look a little different depending on what her labs reveal. The structure stays the same: test, optimize, confirm, then try.

READY TO START?

This checklist gives you the framework. A preconception evaluation gives you the answers.

We built our practice around optimizing women's hormonal health across the lifespan, from your first hormone questions through perimenopause and beyond. Preconception is one of the most important windows in that timeline, and it's one we take seriously.

What your first visit includes:

→ Comprehensive hormone and metabolic panel tailored to where you are right now
→ Full nutrient assessment
→ Results review with personalized optimization recommendations
→ Follow-up plan with timeline for retesting