

Chapter 1 : Birth Control Patch: Side Effects, Effectiveness and Costs

Path Pregnancy Clinic is a solution for men and women experiencing the intimidating and often overwhelming situation of unplanned pregnancy. We offer guidance and support for those in the Boise area in a caring, judgment-free environment.

Are you feeling overwhelmed and sad after experiencing a miscarriage or still birth? Are you devastated due to losing a baby late in pregnancy? Did you have a failed embryo transfer that felt like you lost your baby? Losing a baby at any point during pregnancy can be a physically and emotionally devastating experience. It can feel like your whole world has fallen apart. You are not alone. You may feel like you have lost a part of yourself, Your dreams and hopes for the future have been shattered. In spite of its prevalence, however, few people understand what it feels like to lose a baby in pregnancy. After a miscarriage or still birth you may feel: You may feel like you are out of tune with the rest of the world, like you are living in a haze. The worst of all you may feel that it will never end. If you have experienced still birth your grief may be even greater. In fact, studies show that women who have had a pregnancy loss are up to three times more likely to experience depression. Miscarriage and still birth are an invisible loss to the world at large. It is a very real loss to you and your partner, but it may be unrecognized by other people. Although it feels like a death, there is nothing tangible to mourn as your baby was never born. This can make it difficult to comprehend your grief. There are no common memories of time spent together, only a lost dream and hopes for your future with a child 2. You may feel alone in your grief. Your family and friends may not fully appreciate the extent of your loss and how difficult it is for you. There are no rituals to mourn miscarriage. Unlike other losses, there are no established rituals such as a memorial or religious service to help make the loss more tangible and to help you say good bye to your baby. Research shows that higher distress after pregnancy loss is associated with the following factors: Men and women tend to bond with their developing fetus differently. As a woman, you may feel the loss more deeply as the baby was growing in your body. Your partner may feel it was only a setback and may recover more quickly. Mothers tend to be more open and expressive about their loss. Mothers tend to want to discuss their loss. Fathers on the other hand, tend not to share their feelings so much. Men often believe in taking action and solving the problem. They may bury themselves in work, for example, and they tend to return to their normal routines more quickly. Differences in Grieving Styles, can Strain Your Marriage Fathers may question why their partners continue to grieve intensely for a longer time and may think their partner is overreacting. Mothers may think the father is not caring sufficiently, which can increase their feelings of being alone. Studies show that a year after a miscarriage one third of women say they felt distant from their partners, while one third felt their relationship had improved. If you are feeling stuck in feelings of sadness, anger or guilt due to miscarriage or still birth, counseling can help. Therapy can successfully reduce sadness, depression and anxiety and help you resolve your grief more quickly.

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My absence has been both spiritually and physically prescribed for me by the universe. My beloved soul mate, Serge, and I are, at present, expecting our first child. A miraculous turn-of-events and a unique shift in his, and my, daily focus. The metamorphosis going on within my body has drawn all of my energy and attention for many months now. All spiritual pursuits have been swept aside and my grasp on myself has been necessarily loosened. The gauntlet has been thrown down that has challenged us both to simply allow and embrace, as change and beauty have taken on different meanings in our lives, day by day. Though some of my spiritually-minded, health conscious friends have managed to keep up with these ideals during pregnancy, I myself cannot imagine yoga or meditation in the same light at the present moment. What inspires me has become much more simple than that. These are the keys to my heart while in pregnancy. Some may call it mundane, but I see it as a different form of the One divine. Of course, there is certainly nothing mundane about two souls mingling their energies in loving creation and then inviting another divine spirit to inhabit that creation. It is, however, a very physical process. It can remove one, somewhat involuntarily, from dwelling on the spiritual mysteries of life and ground you sharply in physicality, at least for a time. When I look upon this process with awareness and non-judgement I can see its mechanisms more clearly. For the one carrying the child, and I think for the fathering partner as well, it is a path-working, a catharsis, requiring reassessment of both self and selflessness. The shamans would recognize it as a meeting with inner truth. As you grapple with this life-changing event, you begin to assess your own childhood, your experiences with children, how you became the adult that you are, and also what you still wish to achieve in life. This is deep and penetrating work, not to be tackled by the faint-hearted. At the same time you are forced to assess very mundane realities such as finances, living arrangements, time management, medical insurance and any number of other real world concerns. Some of these things will require attention and drastic change in the coming weeks and months. Meanwhile, inside the womb, the baby is taking all that it can from the mother, in terms of energy, nutrients, etc. What mattered to Mom before may be of little consequence during the growth phases of pregnancy. Friends and family may find this hard to absorb, but so does Mom. Certainly her diet, physical and spiritual states are very important for herself and the growing baby. But if this was a main focus before pregnancy, she may feel unable or unwilling to pay attention to it now. Or, if work, business, socializing, crafting, gardening or other such pursuits were her mainstay beforehand, she may now become much more insular, preferring to focus on walking, reading, cooking, planning and other new pursuits. A woman in transition from maidenhood to motherhood is not a predictable element, because in essence she is no longer the same person. She is becoming herself, all over again. I have found that, during this pregnancy, I am still willing and able to do some of the spiritual things that took up much of my life before, but that I am drawing within much more. I only feel comfortable carrying on channeling or meditation for myself, by myself, or perhaps just a few family members and friends. I feel certain that this is more of a learning phase than a permanent change. A woman entering motherhood must learn how to prioritize and how to focus first on the home sphere if she is to maintain a happy relationship with her partner and to also raise a child who feels that they are loved and appreciated and who feels confident in asserting themselves in the home environment. Talking to other pregnant friends and to loved ones who have recently become mothers, I see two distinct mindframes at work. The one says that becoming a parent is hard work, an inconvenience, something that they wish they could undo. The other takes in stride both the pregnancy and the changes that occur in life after birth, embracing and allowing the child-rearing to become a positive life shift. I do not know where I presently, or will later, fall on this scale. My plans for the future have changed, but not dramatically. Writing, channeling, teaching and simplifying are all still major aspects of the life I am building. On this inward journey I have reassessed my relationship with myself, and am still drawing conclusions there. I have reassessed my relationship with the past and now see it for the abstract thing that it is, meaning it is no longer

happening to me over-and-over again in my head. I have reassessed my relationship with other women and discovered that my being particular about who I surround myself with is, indeed, the right thing for my spirit and my family. In short, the path-working has been both troubling and freeing and I feel a much more personal understanding of why the drab-looking cocoon is required before the world can be beautified by the butterfly. At the same time that I, myself, have been experiencing a downshift in my normal spiritual and worldly pursuits, I have felt a definite upswing in other abilities and interests. The deepening of empathy in pregnancy has been one of the most surprising things to me. For me, it resulted in extreme levels of sensitivity to pain and suffering. Even more sensitive than I was to begin with—which is quite a bit. I can no longer watch movies or news programs that gave me no trouble before. Any form of emotional upset, either real or pretend, on the part of other people, has become so deeply scarring that I have to turn away, even from relatively innocuous things such as teeny-bopper movies and political commentary shows. Once you begin walking the path toward motherhood, you can see that any child could be your child, any creation your creation. Likewise, as your pregnancy carries onward and you see 3-D ultrasounds are miraculous or feel your baby for the first time, you might begin to equate yourself with the Earth, or the Universe. It is a fitting metaphor and no doubt intentional on the part of the Creators. Inside of you, where all the the water and nutrients that you take in dwell, you are creating an unseen future life. It will grow and change, all within a dark, wet, warm and stable world. But, when the time is right, just like the seedling below ground, it will emerge from that reality into the opposite world. Once it comes into this bright, dry, cool and changeable world, it cannot go back. All creation must always move forward, and you are the one on whom it will rely for safety, love and sustenance. Each woman who gives birth comes to know the position of the life-giving Mother Earth. Thus, among other things, I have become so very tied to nature and her generously provided resources. One day spent in silence by a lakeshore can erase months of stress and toil in a big city office. We have all the we need, but we have forgotten the difference between need and want. What I need is calm, quality time with my family. Somehow this is as clear as crystal now. My husband and I can find time everyday to talk to the tummy-dweller and read the same storybook over-and-over, but before I could not make the same five minutes for creating a podcast or cooking a home-made breakfast. I also need to be out in nature, a little bit, every day. Camping, canoeing and walking on beaches have all become a big part of how I see myself when I see a me that is at peace. What I want is for us all to be forever happy, healthy and in fully-aware love with each other. I also want a acre farmstead, mortgage-free, to write a best seller and to become an Irish citizen some day. Laughable but, easy to simplify—if you get what you need, then not getting what you want is easier to accept. Or as John Lennon said. Will I deal gracefully with any ups and downs that are encountered along the way? Will I achieve all that I dream of and make a better life for myself, my husband and children? Will birth, whether at home or in the hospital, be as easy as taking a pee. What is definite is that I have the greatest of faith in nature, in my body, in love and in my spirit to carry me through and teach me beautiful lessons along the way. Perhaps waiting to know myself before having children has aided in shaping the positive feelings that I have about impending parenthood and will be helpful in the adjustments beyond.

Chapter 3 : Placental Development and Early Pregnancy Pathology | GLOWM

The Path To Pregnancy - A Daily Guide To Conception Updated on October 3, Your path to pregnancy begins with the very first day of your menstrual period and ends with the delivery of the baby, about 40 weeks later.

Prior to becoming a midwife, Kristi was a registered nurse at St. She graduated from Frontier Nursing University with her degree as a nurse midwife in May, Kristi offers prenatal care and services to women in our community. She attends births at St. Kristi is passionate about offering families with education to optimize health in pregnancy and to help prepare for parenthood. Kristi moved here from Port Angeles, Washington and has three children ages 11, 13 and Since retiring I have enjoyed much more family time. I have an 89 year old father, a husband Garry , two grown daughters and one son-in-law plus 2 adorable granddaughters that I am privileged to regularly assist in caring for. I have enjoyed learning new skills and volunteering for Path Pregnancy Clinic since it opened last year. My husband and I are avid mountain bikers and also enjoy skiing, camping and many other outdoor activities. I am a nurse at St. I went to Carroll College in Montana. I have personal experience in the adoption community by placing a baby for adoption. I enjoy hiking, cooking, traveling, and meeting new people. Pregnancy Consultants Julie R. Clinic Volunteer Julie is a teacher and has volunteered to teach a variety of subjects at Cole Valley and her church. She is married to Terry and they have three children, Trenton, Katie, and Micah. In her free time, Julie most enjoys playing sports, traveling, hiking, and cooking with her family. She volunteers at PATH because of her love for children and belief that each life is precious to our Creator. Julie has worked in the healthcare field as a secretary and administrative assistant for the past 13 years. Prior to that Julie worked in banking and was a church secretary. Julie loves reading and crafting - her latest craze is the Silhouette. Julie and her husband have two married sons and four grandchildren. A recent high school graduate who enjoys getting the chance to post more on Instagram as she extends her marketing knowledge. She loves helping those in need and has been given the chance to do so by working with JEMfriends, a local nonprofit supporting youth who age out of foster care. Shea has also had the opportunity to work with young girls as a volleyball coach and enjoys playing volleyball herself. High, and Boise High. After graduating from Northwest University with a BA in Secondary Education he spent two years as a public school teacher, six years as a professional media technician, and has been an ordained Pastor since You can find him spending time with family, playing board games, serving as Pastor of Eagle LifeChurch, and watching reality TV. He also enjoys volunteering at his kids schools and helping build community in Eagle. He likes graphic design, public speaking, music production, and all things creative. Brad is passionate about helping people experience the life they were created for. Michael also practices small estate planning when requested. Michael is passionate about issues related to women and children, and has a beautiful wife and two dynamic children. Michael has been advising Path prior to the occupation of the Broadway building, and is excited to continue in his involvement as a Board Member of Path Pregnancy Center. Michael can be found with his wife and kids in the mountains or on the lake during any free time he may have. Josh Cramer Board Member Josh and his wife, Grace, are high school sweethearts Capital High here in Boise , married weeks after graduating from college, and now have three daughters of their own. His awe for women and birth developed through the births of their three daughters; at the same time Grace followed a calling to support women in labor as a doula. At his core, Josh wants to see Jesus glorified in His church and throughout His creation. Christie Blom Board Member Christie has been working with women facing unplanned pregnancies for over twenty years. She fell in love with this ministry while doing research as a graduate student and became involved soon after serving as a volunteer, director, grant writer, consultant, and now board member. Christie, her husband Johan and their three daughters enjoy the outdoors and travelling. They have been as far as South Africa and visited the three major oceans in one year, a major milestone. She really loves the beach and Jesus, but not in that order. Pregnancy Services Path Pregnancy Clinic is a solution for men and women experiencing the intimidating and often overwhelming situation of unplanned pregnancy. We offer guidance and support for those in the Boise area in a caring, judgment-free environment. Path Pregnancy Clinic is a valuable resource when facing pregnancy-related questions, concerns, and options. If

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you or a loved one is experiencing early pregnancy symptoms and are seeking advice, contact Path Pregnancy Clinic. All of our services are provided at no cost in a confidential and caring environment.

One of the plagues of pregnancy is morning sickness, which is a partial misnomer, in that some women get it throughout the day or even in the evening.

Placental and decidual histology in spontaneous abortions: Detailed description and correlations with chromosome number. The greater the fetal age assessed by the circulation, the greater the likelihood of euploid conceptus. Those decidual and placental features not associated with ploidy represent the end-stage, common pathology of impending abortion. In our hands, no single feature is as useful as the equation that included all histologic features, maternal age, and the gestational age at loss calculated from the last menstrual period. Some have not confirmed the utility of specific lesions to diagnose aneuploidy. Why is estimation of likely ploidy clinically useful? There is increased risk of chromosomally normal pregnancy loss after an abortion with a normal karyotype. The same consistency in karyotype of loss can be seen among certain couples with recurrent aneuploid pregnancy loss. Nondisjunction has the same statistical probability of occurring in a recurrent aborter with antiphospholipid antibodies as in another woman the same age without recurrent loss. An aneuploid pregnancy loss does not, therefore, exclude the diagnosis of a chronic condition that would cause loss of euploid pregnancies as well. Pathologic examination of products of conception POC should include but not be limited to tissue documentation of the fact of pregnancy. Confined placental mosaicism is a genetic circumstance not neatly classified by the above schema. An early divergence of cell lineage between placenta and fetus may lead to discordance of the genetic composition of the trophoblast and the conceptus; 94 placental post-mitotic errors may also lead to confined placental mosaicism. Kalousek has described three different forms of confined placental mosaicism. The subject of mosaicism is outside of the scope of this review. Other more subtle features of placental dysmorphogenesis have been described and ascribed to specific conceptus karyotypes. Aneuploidy is a less common but still significant finding in pregnancy loss after the first trimester. Liveborn infants are often dysmorphically anomalous; their maldevelopment is paralleled by relatively poor intrauterine growth symmetrically involving both the fetus and placenta. Most profound intrauterine growth restriction is seen in trisomy 18, with trisomy 13 and trisomy 21 showing progressively less severe effects. Most autosomal aneuploidies or heteroploidies are associated with growth-restricted infants. Trisomic placentas may have irregularly shaped villi and atypical stromal migrating trophoblasts. A single umbilical artery is frequent in trisomy 18. In monosomy X, villi tend to be small with resultant apparent increased intervillous space and either acellular and fibrotic or irregularly hypercellular. The villous trophoblastic layer is hypoplastic with infrequent syncytial budding. Triploid conceptions, especially those with a diploid maternal genome digyny, may be nonmolar. In these cases there is usually scant tissue less than expected for dates. Microscopic features may be relatively normal without trophoblastic proliferation. Tetraploid villi are large, round, and without trophoblastic proliferation. An Introduction to Fetal Physiology. Is oncofetal fibronectin a trophoblast glue for human implantation? Am J Pathol 116: 1005-1010. The role of the endometrium during embryo implantation. Hum Reprod 15 Suppl 6: The phagocytic activity of human first trimester extravillous trophoblast. Hum Reprod 13: 1005-1010. Collagen phagocytosis by human extravillous trophoblast: J Soc Gynecol Investig 6 3: Diversity in phagocytic signaling. J Cell Sci 116: 1005-1010. Trophoblastic invasion of human decidua from 8 to 18 weeks of pregnancy. Trophoblast invasion and the establishment of haemochorial placentation in man and laboratory animals. The physiological response to the vessels of the placental bed to normal pregnancy. J Pathol Bact 163: 1005-1010. In The Human Placenta, Chap 7. Perinatal outcome of pregnancies after assisted reproduction: Am J Obstet Gynecol 187: 1005-1010. Complications of medically assisted conception in 3, cycles. Fertil Steril 70 4: Echographic and anatomic studies of the maternotrophoblastic border during the first trimester of pregnancy. Am J Obstet Gynecol 187: 1005-1010. Anatomical studies of the uteroplacental vascularization in the first trimester of pregnancy. Am J Obstet Gynecol 187: 1005-1010. Onset of maternal arterial blood flow and placental oxidative stress. A possible factor in human early pregnancy failure. Am J Pathol 163: 1005-1010. Investigation of abnormal first-trimester gestations by color Doppler imaging. J Clin Ultrasound 21 8: Absence of intervillous blood flow in the first trimester of human pregnancy. Lateral

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Chapter 5 : Guided By Nature, Walking The Path of Spiritual Pregnancy: A Photo Essay

About. Path of Life is a Christian organization that compassionately cares for people facing the results of, and issues related to, sexual expression apart from God's design.

Photos by Lindsey Lowe Photography I blinked and my pregnancy is already almost half over! I had my twenty-week anatomy ultrasound on Monday, and can feel the baby wiggling around in my belly almost constantly. For those of you that are interested, I wanted to pop in and share a bit about our journey to pregnancy. I mentioned in my baba ganoush post a couple weeks ago that I received an infertility diagnosis just a few months before I got pregnant, and wanted to share more about it in case anyone else is going through something similar and also to help end the silence in which infertility issues are often shrouded. For the past several years, my period has been irregular. It started when we moved from MA to TN in the late summer of , and at first I thought it was due to stress from the move. Fast forward a year or so, and I had missed two entire periods although not consecutively in a year. I mentioned this to my primary care doctor, who cavalierly suggested I lose pounds. She explained that fat was estrogenic, and that extra hormones from fat stores could be throwing things off. I lost over 20 pounds in the following year, but my cycles were more sporadic than ever. He offered no explanation for the irregular cycles and did not seem concerned about my prospects for future pregnancy. Right after our wedding in September, we stopped using protection and started trying to conceive. I also started having hot flashes at the beginning of January They happened many times each day and were extremely unsettling as well as uncomfortable. Since we wanted to have a baby soon, I was nervous. I went back to my OB in February. He was extremely dismissive noticing a pattern here? When I asked why, pointing out that my symptoms missing periods, hot flashes aligned with early menopause, he said that at 32 I was just too young. Although doctors like to call it something different in women under 40, it can actually happen at any age! He begrudgingly agreed to test my hormone levels again. I had my blood taken and left his office feeling angry and patronized. Needless to say, I never went to see him again—but I did have to take a phone call from him a week or so later with my results. My TSH thyroid-stimulating hormone and prolactin came back normal, but my FSH, or follicle-stimulating hormone, was 98—a sky-high, menopausal level. In healthy women of reproductive age, FSH should never go above 20 or so. It rises a bit once each month to encourage your ovaries to grow egg follicles, and then goes back down. I tried and failed not to start crying on the phone with that stupid doctor, and spent the rest of the day crying on the phone with my parents and close friends and being somewhat comforted by my sweet and amazingly level-headed husband. I went to see Dr. Scotchie at Tennessee Reproductive Medicine, and although she was much nicer and more informative than my OB, the results came back the same my FSH was slightly lower at 72, but she said a small decrease like that did not mean much. She explained that for women like me, the options were generally adoption, donor eggs, or donor embryos. My estrogen was still normal, but she explained it would likely decline, and then she would prescribe hormone replacement therapy to mitigate the effects of menopause which include fun things like a drastic increase in osteoporosis risk. My diagnosis was premature ovarian failure or primary ovarian insufficiency, which is the name given to the condition in which your ovaries stop working before age Ben and I decided we would try for a while to get pregnant on our own anyway, perhaps even with an experimental protocol of hormone therapy to reduce FSH and hopefully kick-start ovulation that Dr. Scotchie had agreed to try with us. Scotchie if there was anything I could do in terms of diet or lifestyle to regulate my cycles, increase my fertility, or improve my chances of getting pregnant. They said no, although Dr. Scotchie did point out that losing some weight would make pregnancy easier and reduce the risk of complications. I thought they were probably wrong. Even before seeing either of those doctors, I had read WomanCode by Alisa Vitti and started following some of the advice in her Flo Living protocol, including giving up caffeine and limiting sugar. Also, the book makes an important point, which I had suspected all along: They are a symptom of some kind of problem, and can and should be addressed right away. I did more research into dietary changes and supplements for fertility, and came across the website To Make a Mommy , which is written by a woman named Anna Rapp with high FSH like me who

had two children naturally. Anna recommended many dietary and lifestyle changes, as well as supplements and additional resources. I avoided caffeine, dairy, alcohol, sugar, and gluten. I included plenty of protein and vegetables with each meal and chose low-sugar fruits. I avoided exposure to toxins like BPA by limiting my use of plastics. I started supplementing with wheatgrass powder to lower FSH and maca root powder to regulate cycles in my morning smoothies, and took co-enzyme Q10 pills to improve egg quality. I was already taking prenatal vitamins, and started taking additional Vitamin D3 and magnesium glycinate. I did a little yoga every single day, even if it was just a few quick sun salutations in the morning that took literally three minutes. Less than two months after implementing most of these changes, I got my first period of at the end of March. On Day 3 of my cycle, I headed to Tennessee Reproductive Medicine for another blood test and an antral follicle count via ultrasound. My FSH came back at 15, which is much closer to the normal range than before although on Day 3, it should be below 10 or so. In an antral follicle count, all your mature follicles are counted during a transvaginal ultrasound. Although only one egg is typically released each month when a woman ovulates, many follicles grow and mature as candidates each cycle. One follicle is chosen to eventually release its egg. Normal, healthy women should have a total of twenty to thirty mature follicles on Day 3. Antral follicle count is believed to be an indicator of ovarian reserve, or how many viable eggs a woman has left. Only the ones that have grown over the past couple of months as candidates for ovulation can be seen and counted. My antral follicle count was dismal: Nevertheless, I tried to remain hopeful. When you are conceiving naturally, it only takes one good egg. I ordered a cheap kit of 20 pregnancy tests and 50 ovulation predictor kits on Amazon. Ovulation predictor kits OPKs work by measuring the level of LH, or luteinizing hormone, in your urine. This hormone spikes right before ovulation and then goes back down for the rest of the month. The kits arrived on April 6th, which was day 11 of my cycle. I started using them right away, and about a week later, on April 12th or cycle day 17, I was excited to get a positive! However, then I got another positive, and another. I did some research about why ovulation predictors would come back positive if you were not in fact ovulating, and some sources said that pregnant women can test positive on OPKs because HcG, the pregnancy hormone, is similar in structure to LH. I waited until the next morning so I could take advantage of the higher hormone levels in first morning urine, and on Sunday, April 15th, I took a pregnancy test. I was sure it would be negative. Although false negatives are common in early pregnancy, false positives are not: Somehow, we had managed to catch that one good egg. For those of you paying close attention to cycle dates, this means I ovulated very early, right after my period. My period began March 27 and since I kept track of all baby-making attempts, I know we conceived on March 31st cycle day 5 or April 3rd cycle day 8. Are you interested in pregnancy posts, or will you just be waiting for the next piece of edible content? Have you had any infertility struggles or difficulty getting pregnant? This post contains affiliate links to books that helped me on my infertility journey. If you make a purchase on Amazon after clicking one of my links, I receive a small commission the price you pay is not affected. Thank you so much for supporting my site!

Chapter 6 : Private Path To Pregnancy â€” blog.quintoapp.com

I blinked and my pregnancy is already almost half over! I had my twenty-week anatomy ultrasound on Monday, and can feel the baby wiggling around in my belly almost constantly. For those of you that are interested, I wanted to pop in and share a bit about our journey to pregnancy. If you're just.

A Photo Essay by Rashmie on July 14, Last night, as I felt a part of me engulfed by sheer exhaustion, of the body as well as mind, I found myself inadvertently browsing through an old collection of photographs on the laptop. So momentous were the memories associated with these pictures that I felt goosebumps on my arms and a shiver down my spine. I was walking through visuals from a time of my life that was nothing if not life-changing. Those pictures were from the last few days before I gave birth to my second child â€” Sufiana 2. I felt love within me, for myself. I felt grateful that I was able to do all that I wanted to. I was more than weeks pregnant then. I was, on my part, relaxed that my midwife was with me, just in case, for, we were traveling more than 60 kms away from home. To tell you the truth, I was even looking forward, in my heart of hearts, to be able to birth my baby in the middle of nowhere â€” in the heart of nature. To be fearful was not me â€” not at that time. Such supreme trust I had in my body and spirit. I need to reclaim that! But then, my baby was in no hurry. She wanted me to enjoy this nature trek and some more. She wanted me to decorate the room where I planned to birth her. She wanted to see me making more art on leaves, about leaves, read some more Sufi poetry and go shop for that birth attire I wanted to wear when in surges of labour. Those dense and deep forests with ancient trees that kissed the skies reaching as high as metres energized me with their aura, the aroma and beauty. Robert Frost had noticed. Carl Jung , the founder of analytical psychology , studied and wrote much about the power of the unconscious. He had famously said: Not just during those nine months but much before that. Even before I conceived my second child, my spirit was getting into a space of wanting that child from deep within. I could smell her body as I cuddled her and the smell lingered on my mind hours after I woke up. It was a journey strewn with signs , and I was able to recognize them because of the spiritual quality of my being at that time. Actually, that divine power is always within us. Only, we are able to tap within it â€” into that age-old inner wisdom, into the divine feminine â€” when we are in an aware, fear-less, compassionate and joyful state of being, which I was â€” supremely vulnerable, intuitive, sensitive, child-like joyful and wildly creative. How you play with light will make or mar your picture. You can lift an ordinary, mundane setting to inspiring heights by using light as the artist, as the paint and the brush. For me, natural sunlight it is all the way and back home! Nothing can beat it. The essence of being â€” thriving, and not merely surviving. A heart that holdsâ€¦! Dance of natureâ€¦! The wildness of the nature resonated with my own spirit during that time. I was basking in their colourful or intense green presence and the over flow of oxytocin was filling me up with magical joy! While the chap cooked rice and dal, this turkey entertained us with its queer behaviour â€” loud and shrill mating calls and agitated display and dance of wings. To stand in the aura of that ancient tree was mind-blowing as well as humbling. Look at that bulge, the roundness, the life within! Do you also see a womb and a baby within, in this picture?! Beautiful even when worn out The network on the forest floorâ€¦! Flowing with the tide and yet holding on to its ownâ€¦! Craft, chisel, paint, create. Show Up to a brand new creative morning.

Chapter 7 : Path of pregnancy (Book,) [blog.quintoapp.com]

Path to Mom is a go-to platform for you to celebrate the journey of motherhood by learning from other Mom's experiences and comprehensive coverage of issues from pregnancy to parenting.

Chapter 8 : Path of pregnancy. Vol. 1 (eBook,) [blog.quintoapp.com]

New Path Pregnancy Resource Centers in Bellefontaine, Marysville or Richwood, Ohio can help you find those answers. Everyday, women and men of all ages face the challenge of an unexpected pregnancy. Having an untimely pregnancy

can cause immediate stress, confusion, doubt and fear.

Chapter 9 : The Path-working of Pregnancy – Awaken Light: Spiritual Wisdoms and Channeled Inspiration

Private Path To Pregnancy is really a total guide to conceiving naturally and but devoid of the unnecessary invasive therapies. It delivers a variety of distinctive tactics and methods to choose which methods would perform efficient for you.