a DIY guide to babymaking

this is how we did it

♀ + ♂ = ☺️
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Introduction
This is a zine about preparing your body for pregnancy, which is one way to
grow your family. A number of friends and friends-of-friends (queers and allies)
have come to us for impregnation tips. It can be a tricky process and we did a lot
of research and prep work to conceive. We thought it would be helpful to put
together a zine that consolidated this information not just for friends, but for
anyone interested in DIY babymaking (insemination by yourself/yourselevs
without medical intervention). Conception has increasingly become a
medicalized process, and we want to share information about how you can boost
your own fertility prior to insemination, and, ideally, get pregnant by yourselves.

For those of you who are interested in being pregnant, especially if you don’t
have access to lots of free sperm, we encourage you to be as prepared and
empowered as possible before you start trying. The process can take a long time,
so if you’re thinking you might one day like to become pregnant, you might want
to start some of the steps now so that you won’t have to delay the process further
once you’ve decided you’re ready to get pregnant. If you prepare your body for
pregnancy and do end up needing medical intervention, you will know that your
body is in a good place to benefit from the medicine. We encourage working
toward pregnancy in ways that are aligned with your values and goals. We
understand that despite all sorts of natural preparation and medical interventions,
some people are not able to get pregnant or carry to term in spite of trying very,
very hard, and this zine is in no way an indictment of these efforts. We
understand that pregnancy may not be possible for everybody. Just as in all
aspects of life, we can work hard to influence our destiny, yet sometimes some
things are beyond our control.
Many people expressed surprise that we had a DIY conception, assuming when they see two women having a baby that it necessitates a highly clinical, desexualized process. We decided to try making a homemade baby and were lucky enough to have success—both with conception and then later with giving birth to our baby at home. We got access to a lot of great information and complimentary care and did our best to make the process fun. While not everyone who wants to has the ability to get pregnant or has access to free, fresh sperm, we think anyone who is trying to get pregnant (including people using frozen sperm, IVF, etc.) can benefit from preparing their bodies for conception and pregnancy before they start trying. We hope that these methods help to boost your fertility, lessen stress and anxiety, and help you to feel empowered in the process.

This zine reflects a DIY ethos, but we also encourage people to seek skilled complementary care providers and, if necessary, medical assistance. Getting pregnant can be an act of love and engagement with the cosmos. If you find yourself frustrated, stressed, or bullied into spending lots of money, you may want to take a step back. Charting ovulation just by itself can be daunting, so try to be patient with yourself and to make the process pleasurable. Your body is an amazing system—it can be super cool to learn how recognize its patterns, right? We really should be taught how to chart ovulation in high school health class, so we don’t have to start figuring all this stuff out when we’re nearly perimenopausal!

This zine offers just a small overview of what we did, methods we found helpful, and resources we found valuable. If any of these methods intuitively appeal to you, there are a number of resources and experts in the field in the Bay Area and beyond. This is by no means a comprehensive guide, but we hope it may be helpful to you or anyone you know who wants to make a baby.

Love,

Angie and Amber
**Preparation**

Once you’ve decided you want to become pregnant, you can prepare your body to optimize your chances for conceiving and carrying to term and also to get your mind and spirit ready for the process.

**Stress Reduction**

Most sources seem to agree that stress can interfere with getting pregnant. So, the first thing to do is to look at ways of reducing your stress level (this is why it’s good to start preparing before starting any possible medical interventions because dealing with medical system can be very stressful). Acupuncture or massage can help reduce your stress. Practicing yoga, meditation, walking, or other fun exercise can reduce your stress. Or, if these things add stress, you may consider doing less.

For people who try for multiple cycles to become pregnant, the disappointment (and cost of sperm) can be really stressful, so take good care of yourself/yourselves. Try to make the process as loving and fun as possible.

**Complementary Care**

Pursue expert complimentary care we worked with Laura Stropes, licensed acupuncturist and Traditional Chinese Medicine herbalist in Berkeley who specializes in ob/gyn and fertility. She is a wonderful care provider; if you can see her, please do: (510) 326-9597. Otherwise find a complementary care provider who you like a lot and who specializes in fertility. Acupuncture is an excellent method to boost and encourage fertility.

You may also want to spend time checking out the Maia Midwifery website (http://www.maiamidwifery.com/). Try to get your hands on a copy of the out-of-print *The New Essential Guide to Lesbian Conception, Pregnancy & Birth* (from now on we’ll refer to it as *The New Essential Guide*) by Stephanie Brill, Director of Maia Midwifery & Preconception Services. There are used copies floating around and it is available at some libraries. Many of the methods we talk about come directly from the book. Also the Fairhaven Health website (http://www.fairhavenhealth.com/) has good information.
Figuring Out When You Ovulate/Ovulation Prediction
This can be difficult, which is why it’s good to start this early in your process. Get a basal body thermometer (it has two decimal points for more precise temperature readings) and take your temperature first thing every morning—before you open your mouth or get out of bed or talk or do anything else. Have it handy on your bedside table, under your pillow, or otherwise very nearby. Record your temperature information in a journal or on a fertility chart. There is a free downloadable fertility chart on the Maia Midwifery website. There is also an app, and there are other charts out there—the Maia one is cool because it also has spaces for charting many other variables including your mood changes, sexual desires, and dreams which can indicate ovulation. Taking your temperature is not necessarily predictive of when you will ovulate, but rather helps you to know when you have already ovulated.

We liked following what The New Essential Guide calls “the rule of three,” meaning that you find and rely on three ovulation prediction techniques that work for you even if they are not sanctioned by the medical establishment. Early on, we used temperature charting, ovulation predictor kits, observing and recording changes in the cervix and cervical mucous. Later I was so f@*#ing sick of peeing on those plastic disposable strips/ovulation predictor kits, spending lots of money on them and frustrated by their unreliability, that we relied on: recording changes to my cervical opening and cervical mucous + using the Fertile Focus handheld microscope (surprisingly inexpensive, available from the Fairhaven Health Site) + matching these up with temperature changes—these three worked the best for us.
<table>
<thead>
<tr>
<th>Fertility</th>
<th>None</th>
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<tbody>
<tr>
<td>Month(?)</td>
<td>Year</td>
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| Day of Cycle | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| Date       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Phase of Moon |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inseminations/Intercourse |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bleeding |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ovulation (pain, pressure, sensation, which side) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cervical Changes (bleeding, spotting, cervices, color) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mucus color & Consistency (dry, wet, viscid, frothy, sticky, clear, yellow, white) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lend (Blemish) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Ovulation Predictor Kit/ Monitor |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Prenatal Care |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mood Changes (upset, depression, ovulation, hallucination, psychosis, ire, tremors, irritability, headache, sleepiness) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sexual Desire (increase or decrease in libido, menstruation, sex with partner) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Appetite or Food Cravings |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Breast Changes (Painful or swelling) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cramping |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stress |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sleep Changes and Dreams |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Notes, comments, details, dreams (also see back of form) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Fertile
Not Fertile
Transitional
Here is a list of ways some people use to track their fertility:

- Charting basal body temperature
- Charting phases of the moon
- Feeling ovulation
- Monitoring cervical changes—noting the size and shape of the os, the position of the cervix (high, low, etc). Monitor with a speculum and mirror, or by touch. While many people are able to use a mirror, flashlight, and pillows to see their own cervical opening, I found it impossible to look at my own cervix using a speculum, so Angie did this for me. She always said “hello” sweetly to my cervix and then drew a picture of my os.
- Monitoring cervical mucous—touching it to measure texture and stretchiness. We found that my cervical mucous increased exponentially when I started drinking Fertility Tea regularly and also that long q-tips (available from a medical supply store) were helpful because without them, the slippery, egg-white-like mucous always seemed just out of reach.
- Monitoring saliva ferning using the Fertile Focus handheld microscope. This is super cool—patterns in your saliva indicate stages of your cycle. The microscope is about the size of a lipstick case and costs about $27. Unlike disposable ovulation predictors, you can use the microscope over and over again.
- Ovulation predictor kits (OPKs)
- Mood changes
- Sexual desire
- Appetite or food cravings
- Breast changes
- Cramping
- Stress
- Sleep changes
- Dreams
At first we found charting very confusing, but it started to make sense after a few months. The Maia midwifery folks recommend charting for at least 3 months before inseminating. Other people say to start a year in advance. Start as soon as you can so that you figure out your own “rule of three” and to normalize the charting process so it is not stressful. For us, monitoring, changes to my os and cervical mucous were the two clearest indicators of when I would ovulate and the ferning microscope was the most intriguing. Talk to friends and others about which ovulation predictors they found useful.

I was surprised by how little information the Kaiser fertility workshop offered me. Basically they only talked about OPKs, temperature charting, fertile mucous inspection and the suggestion that men don’t wear tight undies or pants. Their charts were pretty disparaging about getting pregnant in your late 30s, whereas the Maia folks have a lot of success with helping women who are older get pregnant and chalk it up to effective charting, living a fertile lifestyle, and perfecting timing/inseminating earlier in your cycle than the medical establishment generally recommends.
Eat, Drink, and Supplement
As soon as I thought I might want to become pregnant, I started taking a prenatal vitamin daily. I did not drink caffeine and alcohol—eliminating these from your diet will increase fertility. I worked to eliminate my exposure to toxins and tried to eat healthy, organic, balanced meals and healthy snacks. I drank lots of filtered water. I took Vitamin D and Vitex supplements, in addition to Laura Stropes’ very specific Traditional Chinese Medicine herbal prescription—different pills for different parts of my cycle tailored to my constitution. I also went to her for acupuncture two times/month.

There are so many different philosophies about what to eat. Some people advocate vegetarianism (fierce midwife Ina May Gaskin is a proponent); some people are super into fermentation for healthy microbiota (Sandor Katz); others think meat should be eaten either medicinally or as a staple. Become as educated as possible about nutrition and figure out what works for you. Whatever your inclination, be empowered and as healthy as possible during preconception. Eat a lot of protein, fresh fruits and veggies of course, as much organic as possible. Drink a lot of water—ideally good, clean, purified water (not bottled in plastic).
Recipe for Herbal FertiliTea
In a quart size jar, toss in a small handful of each herb:
   Red Raspberry Leaf
   Nettle Leaf
   Red Clover
   Oat Straw
Fill the jar with boiling water and let it steep overnight (or at least for four hours). Strain and drink the tea throughout the day. You can store the tea in the fridge for up to four days.

You can get these herbs at Rainbow Grocery in SF or order them online from Mountain Rose Herbs (www.mountainroseherbs.com/), a bulk organic herbal supplier in Oregon, among other places.

Once I started regularly drinking the herbal fertility tea recommended in The New Essential Guide my stretchy, cervical mucous increased A LOT. It is a good idea to drink this tea daily if possible and ideally starting three months before inseminating, as they increase in effectiveness. You can continue to drink the tea throughout pregnancy and while breastfeeding.

These herbs nourish and tone the uterus, balance hormones, relax the nervous system, and are gentle and safe to use in combination with fertility medications.
Sex tones your uterus!

It is good uterine exercise and prepares your uterus for pregnancy.

Sex can make the process fun!
Age

If you’re nearing 40, or older, do whatever you can to get your hands on The New Essential Guide, take a Maia Midwifery conception class, or talk to them directly so you can make sure you are perfecting your timing. We found that the medical establishment is rude about age, treating women over 35 as though we were guaranteed to have a difficult time getting pregnant. They actually term any pregnancy for women over 35 “geriatric pregnancy.” Interfacing with the medical establishment was for us very upsetting; we cried after every appointment, and this turned us off from the hospital all together. There are of course wonderful care providers out there; we have friends who have found fantastic doctors and medical midwives. It’s always a good idea to do your research and work with people who are supportive of you and your choices. We understand that economics and access to queer-positive providers can be difficult.
Getting Sperm

If you do not have a partner who naturally produces sperm, getting sperm can be a tricky roadblock. There are a couple of options: known donor/fresh sperm or sperm bank/frozen sperm. These are complex decisions to make. In many parts of the US, gay people are restricted from adopting children, making it potentially difficult to use a known donor. We encourage you to find out as much as possible about your options. Look for points at which you can do things yourself with the help of your friends and community members. Make sure you are legally protected. Know that a highly medicalized process/buying sperm from a bank are not the only options. We found that asking male friends to donate sperm was not as scary as we thought it would be. They were flattered to be asked, though maybe not prepared or interested at the time to supply. Luckily, we had a male friend who was honored to give us this amazing, unconditional gift and it all worked out.

Since we used a known donor, we can elaborate on this process from experience. A “known donor” is someone you know who is willingly supplying you with sperm so that you can conceive a baby. The benefits of using a known donor/fresh sperm are:

- Having a personal relationship with the donor—knowing their personality, values, and quirks; possibility of having a relationship of some kind with the child (a kind of uncle, “super uncle”, family friend, or co-parent, etc.)
- Generally better conception rates for conception with fresh sperm
- It’s cheaper than the sperm bank—most people don’t pay their donors for sperm, although there can be cost incurred from travel, health screening/medical tests, and drawing up donor agreements. If you have to inseminate many times, access to free donor sperm can add up to major savings.
Risks of using fresh sperm/known donor:
- It’s always risky to put someone’s sperm inside your body—there are health risks. There is a list of tests your donor should have (STDs, HIV, hepatitis, etc. Consult The New Essential Guide or other resource for the full list.) Still, even if the sperm passes all these tests with flying colors, fresh sperm is not going through the same rigorous quarantine process that frozen sperm is subjected to through sperm banks/hospitals. With a known donor, you have to have a lot of trust (for safe-sex practices/abstinence, regular testing, etc.).
- Risk of legal issues/sperm donor possibly wanting to have parental rights. The donor has to rescind parental rights through the adoption process, meaning that the mother’s partner has to adopt the child. It’s wack, and hopefully the laws will change, but he or his family could potentially claim custody of the child. This is a reason many people choose to use a sperm bank, or in the state of California have a doctor present during insemination. Again, when using a known donor there has to be a lot of trust. Drawing up donor agreements is helpful, but they do not necessarily stand up in court.

- Laws vary state to state and are changing, so check with the National Center for Lesbian Rights (www.nclrights.org) about your rights, and get legal support.
Hey Guys—How’s it Hanging?
Boosting Your Sperm Count

Just as birth control falls on women, so too does the discourse around fertility/infertility consider women’s bodies the site for failure or success. Sperm counts have been on a major decline in the last fifty years, so much so that “normal” has been recalibrated. Low fertility is very common, but there are things you can do to improve it! If you are using a known donor or male partner, there are things he can do to increase sperm count and sperm health: herbal remedies, traditional Chinese medicine, and healthy lifestyle choices. Unfortunately, environmental risk factors and toxins that damage sperm may be beyond our control as individuals. As with everything, try to limit exposure and lead a healthy lifestyle as much as possible. It’s a good idea for your donor or male partner to have a semen analysis done, so that you know if you need to boost it you can take steps.

- Avoid other activities that might overheat sperm/testicles like long bicycle rides, hot tubs, and saunas. Also sitting too long can be problematic. Get up and walk around every hour or so if you have a desk job (you should do this anyway!). Don’t use your laptop placed on your lap—place it on a desk. Avoid keeping your cell phone in your pants pocket.
- Avoid caffeine, alcohol, drugs, cigarettes, steroids, and some prescription medications.
- Frequent ejaculation boosts sperm production—ideally every day or multiple times a day, except for 2-3 days prior to donating/inseminating. For the sperm count to be high for impregnation, it’s important to save up for a couple of days.
- Take vitamins: Vitamin C, Zinc, Folic acid and B-12, Vitamin E, Selenium, Arginine, Coenzyme Q10, L-carnitine, Glutathione, Pycnogenol, and Essential Fatty Acids (consult The New Essential Guide for dosage).
- Drink lots of water—at least 2 quarts (8 cups)—especially good, filtered water. Avoid water bottled in plastic bottles.
- Eat healthy, organic foods.

- Stress is a major inhibitor of sperm count. Stress-reduction techniques like yoga, meditation, exercise, etc. or restructuring your life in a more self-affirming way may help. Sleep is important too.
- Acupuncture and traditional Chinese medicine—again we recommend going to a practitioner with expertise in fertility treatment.
- Avoid tight pants and underwear—boxers not briefs! This helps the sperm to not be overheated.
Donor Agreements
Get help with this. The Maia Midwifery website has a sample Known-Donor contract on their site: http://www.maiamidwifery.com/downloads/Sample_Known_Donor_Agreement.pdf
Putting It In
There are a few different methods that we know of for putting sperm inside your body for the purpose of getting pregnant: The old fashioned way (fucking a man or pre-op transwoman). Turkey-baster method (otherwise known as self-insemination. This is done not with an actual turkey baster, btw). IUI (intrauterine insemination—inserting the sperm directly in the uterus via a tube through the cervix). You can inseminate in the comfort of your own home, although IUI has to be done by a midwife or medical practitioner, and they may or may not be willing to do this at your home. (It doesn’t hurt to ask.) You can make the experience of insemination as enchanting and wild as you want—have a ceremony, light candles, play music, have hot sex, whatever makes it special and meaningful for you.

⚠️ IMPORTANT! 

*It is very important to align insemination with ovulation!* Timing is key! Once you know when you are going to ovulate, you can figure out the optimal time to inseminate. Follow the Maia Midwifery method: inseminate earlier in your cycle than is usually recommended by the medical establishment (which often has people inseminating too late—at or after ovulation). Again, we recommend *The New Essential Guide* to help you figure out how to time insemination with your ovulation. Fresh sperm lives in your body and has a complex, amazing trajectory into your uterus for two to three days. So if using fresh sperm, ideally inseminate once two of your signs line up, and then again a day or two later/as close to ovulation as possible. If you only have one chance to inseminate in a month, wait until all three signs match up or when you intuitively feel it’s the right time. There is a shorter window for frozen sperm: its lifespan is 18-24 hours, so it’s super important to have the timing just right—when three peak fertility signs line up for vaginal insemination. If you’re doing IUI, the timing needs to be even *more* accurate—ideally eight hours within ovulation.

Self-Insemination (aka the Turkey Baster Method)
There are infinite ways of doing this. It is helpful if insemination can be a sexual experience—having sex or masturbating and orgasming prior to insemination reduces acidity in the vagina to support conception. It also opens the cervix, helps the woman’s body to retain more sperm, and draws the sperm into the uterus. Have fun with this. Be creative.

You can self-inseminate with fresh or frozen sperm. Again, reference *The New Essential Guide* for details on the process.
This is how we did it:
We found it helpful to inseminate while on vacation. This helped the process to be stress-free and more fun. First, we sterilized some small glass jars. Then, we made an altar, lit candles, meditated, chanted, and had hot sex. Afterward, our amazing, wonderful donor came over and did his business in the bathroom into one of the glass jars. Covering jar with a lid and then a towel to keep the sperm airtight and out of light exposure, he politely delivered this most generous gift and departed. Mama-to-Be#1 put the jar in her armpit for 10-15 minutes for the sperm to stay warm and liquefy. Then using a 10-cc needle-less syringe, she drew up the sperm into the syringe, expelling any air (it is a good idea to practice this with water and another syringe ahead of time so you are comfortable with how to do this). Mama-to-Be#2 reclined on her back with some pillows under her bum for elevation. MTB#1 located MTB#2’s cervix and gently inserted the syringe so that the tip was aimed toward the cervix and slowly depressed the syringe to release the sperm. Then, slowly removed the syringe, being careful not to pull out any sperm. MTB#2 relaxed, breathed, and remained in this comfortable, supported position for 15 minutes allowing the sperm to coat the cervix and swim upstream. Then, she turned on her side for 5 minutes; turn on her stomach for 5 minutes, and then the other side for five minutes. Then turned again on to her back for another hour or so.

It was, for us, a cosmic, spiritual experience.

Then we inseminated again two days later, although we had a strong sense that she conceived the first time.

Our baby was born April 23, 2013.
this is how we did it

for a pdf of this zine or more information
www.angiewilson.org