

*Conceiving
Conception*
The Workbook

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Workbook Resources

Exercise 2: The mirror

What I love and how that makes me feel	How do I feel about the parts I think are less desirable?

Exercise 3: Conversations with your womb

My womb is...

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What does she need you to hear?

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Exercise 4: Connecting with your womb

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Exercise 5: Period tracking

Day	Flow (L-M-H)	Energy (L-M-H)	Mood (L-M-H)	Temp	How do you feel?
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Exercise 1: Outcome measures

I strongly disagree	I somewhat disagree	I feel neutral	I somewhat agree	I strongly agree
1	2	3	4	5

Statement	Score Today	Review Score (at a later date)
When it comes to important relationships, I know I can keep them going.		
My ability to deal with conflict remains strong despite the challenges I am facing.		
I enjoy seeing my friends and other social interactions.		
I feel at ease with everything going on in my life at the moment.		
Everything in my life is going the way I want it to.		
I prioritise my mental health.		
When I consider the future, I feel optimistic.		
I feel physically fit and well.		
I can find joy in life, events and things.		
I am kind to myself.		

Exercise 2: The assessment

1. What brings you to therapy?

.....
.....

2. When I ask this question, I say nothing else, but just listen to what they have to say. So how about you? What made you buy this workbook? Apart from the obvious, what made you buy it now? What's happened? I need you to consider what was the trigger to take the step to go through this workbook.

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3. What goes through your mind when you feel like this?

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4. Explore this a little more, and remember: we're not settling for your first answer.

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5. What physical symptoms do you notice?

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6. Consider how these feelings make you feel physically.

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7. How do you cope?

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8. What helps?

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9. What helps initially but eventually makes you feel worse?

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.....

10. What does this tell your inner fertility therapist?

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.....

11. How do you think therapy may help?

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12. Now we understand why you're here, how do you think having your own inner fertility therapist might help you?

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.....

13. What do you find triggers your symptoms on a day-to-day basis?

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.....

14. This could be things such as social media. So what are your triggers?

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15. When/where/with whom is the problem worse?

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.....

16. Let's add some context – what circumstances are particularly difficult?

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.....

17. What do you do to feel better?

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.....

18. The real question here is: does it actually end up making you feel better in the longer term?

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.....

19. What makes it feel worse?

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.....

20. What things are you doing more or less of because of how you are feeling?

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.....

21. Now I'd like to start to understand your fertility story. How long have you been trying to have a baby? When did you start?

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.....

How long have you tried naturally?

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.....

Have you had rounds of IVF?

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.....

Have you ever been pregnant?

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.....

Have you experienced any miscarriages? You may or may not be aware that miscarriage is an important part of this story. It is, so take your time with this.

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.....

Have you had a 'biochemical' pregnancy?

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.....

Have you had an ectopic pregnancy?

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.....

Are you currently undergoing treatment?

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Have you had treatment in the past?

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.....

Do you already have any children?

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.....

– If yes, how was the pregnancy? (in detail)

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– How was the birth? (again, I want detail)

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– How have your relationships been affected?

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– What impact has this problem had on your work/family/hobbies/social life?

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Exercise 3: Quick-fire questions

1. Do you have any thoughts/images/impulses or rituals that you can't easily stop?
2. Do you try to ignore these or put them out of your mind?
3. Are you uncomfortable or embarrassed being at the centre of attention?
4. Do you avoid work/social situations where you feel you may be scrutinised?
5. Do you worry a lot of the time about a variety of topics?
6. Do you worry about worrying?
7. Are you afraid of going out of the house, being in crowds or taking public transport?
8. Are you overly concerned you might have a serious illness that doctors haven't found?

Exercise 5: Brief life history and timeline

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What was your mother like?

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What do you know about her background?

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What was your parents' fertility history? Easy pregnancy?

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Difficult delivery?

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What did you see of your mother and father's relationship?

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What about any siblings you may have?

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Where were you in the order of siblings?

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How did you get on with your siblings?

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What was your experience of school like?

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Did you enjoy school?

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What were you like at school?

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How was university/college?

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What other people were significant to you during your childhood?

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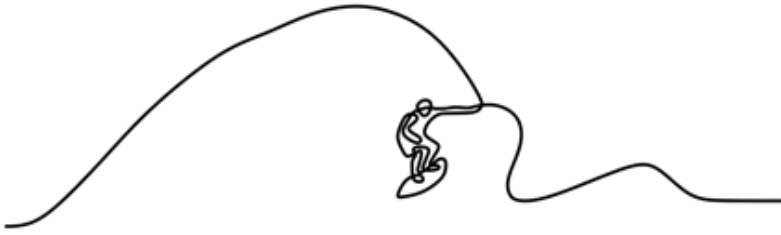
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YOUR TIME-LINE

Fill out your time-line below in the blank spaces with significant events for each stage in your life

D.O.B _____	AGE 1-5	AGE 5-10	AGE 10-15
• •	• •	• •	• •
	AGE 15-20	AGE 20-25	AGE 25-30
• •	• •	• •	• •
	AGE 30-35	AGE 35-40	AGE 40-45
• •	• •	• •	• •

Chapter 6



Tick whichever box you instinctively feel is closest to the 'real' you feel right now:

	Never	Rarely	Sometimes	Often	Very Often
I find it very hard to be at peace with myself and the world					
I have problems with my tummy					
I have a very short fuse and can quickly become angry					
I have felt light-headed on a few occasions					
I find it difficult to get to sleep					
I have feelings of being overwhelmed					
I have feelings of nervous tension					
I have feelings of dread					
I have had shaking hands					
I am always worrying					

Exercise 1: Childhood memory

How do you think you will feel when you are pregnant?

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.....
.....

How do you think you will look when you're pregnant?

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.....
.....

What do you think your own labour and childbirth will be like?

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.....

Do you have nightmares about the birth?

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Are you unable to feel the joy of pregnancy as your thoughts are preoccupied by the birth?

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Are you noticing any physical symptoms when people ask you about the birth?

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Have you considered harming yourself or terminating the pregnancy?

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.....

Have you ever found yourself wishing you hadn't become pregnant?

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.....

Do you feel as though this problem is so big that no one can help?

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.....

Are you preoccupied by your thoughts about the birth?

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Are you finding that you avoid making a birthing plan?

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Do you feel afraid that you may panic when the time comes?

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Is your fear affecting your relationship or sex life?

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Is it interfering with your diet or physical activities?

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Does it affect your work or your sleep?

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.....

Control

	Things I CAN control	Things I CAN'T control
I CHOOSE <i>TO</i> ACT		
I CHOOSE <i>NOT</i> TO ACT		

Exercise 6: Journaling

Journal

Date:

How was my sleep?	Poor – OK – Good
How many hours did I sleep for?	6 – 7 – 8 – 9 – 10
What is my energy level like?	Poor – OK – Good
How do I feel my concentration ability is?	Poor – OK – Good
How have I been eating?	Poor – OK – Good
Have I kept myself hydrated?	Poor – OK – Good
How do I feel overall?	Low – OK – Upbeat

Please consider the following statements:

1. What am I feeling?
2. What is my feeling temperature? How do I feel from 1 to 10?
(10 being anxious, 1 being calm)
3. What am I thinking?
4. What's the proof that it will happen?
5. What's the proof that it won't happen?
6. So what if it happens?
7. How can I deal with it?
8. What can I say and do to help me get through this?
9. What's my feeling temperature now?

Now list three things you're grateful for:

1.
2.
3.

Now list two people you're grateful for:

1.
2.

Chapter 7



So what do you see here?

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Exercise 1: The sinking ship

So...who gets the seat?

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Now, what did you notice? Write your observations here.

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Exercise 3: The Cube Test

Cube - Write your answers here.

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Ladder - Write your answers here.

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Horse - Write your answers here.

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Flowers - Write your answers here.

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Storm - Write your answers here.

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Cube - Write your interpretations here.

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Ladder - Write your interpretations here.

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Horse - Write your interpretations here.

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Flowers - Write your interpretations here.

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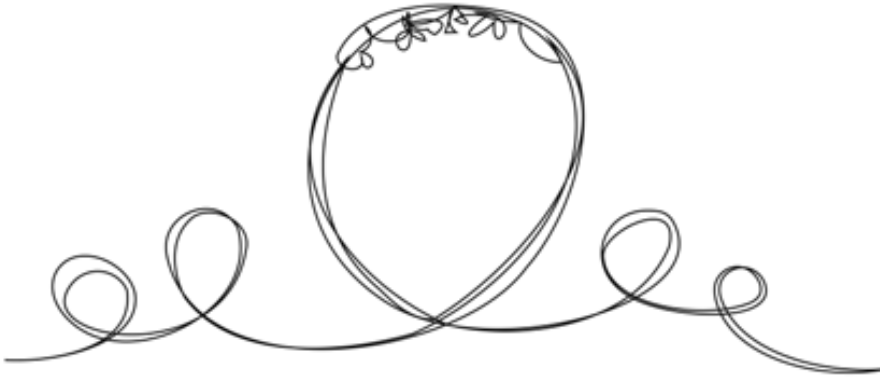
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Chapter 8



Exercise 1: Identifying your emotional state

Note five emotions that match your current emotional state here.

1

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2

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3

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4

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5

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Now note down the five active emotions that match your emotional state right here in this moment.

1

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2

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3

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4

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5

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How do you feel?

1

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2

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3

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4

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5

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Exercise 3: Breathing: 4–7–8

What do you notice?

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Exercise 4: Compassion

Write here

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Write here

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Exercise 1: Timeline

Exercise 2: Saying goodbye

Goodbye letter

To

I am saying goodbye because

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Saying goodbye makes me feel

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Something I want you to know

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I will always remember

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From

Exercise 3: Miscarriage

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Exercise 4: Speaking to your baby

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Journal

Date:

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