



# Fact Sheet

From ReproductiveFacts.org



The Patient Education Website of the American Society for Reproductive Medicine

## Optimizing natural fertility

### **What can I do to improve my chances of conceiving naturally?**

Before attempting pregnancy, a woman should make sure she is healthy enough for pregnancy by adopting a healthier lifestyle and taking prenatal vitamins. If she has a medical or genetic condition or risk of one, she should seek advice from a medical professional before conceiving (becoming pregnant).

### **What are my chances of conceiving?**

There is no simple answer. If you have regular menstrual cycles, your age and number of months that you have been trying to get pregnant are 2 factors that affect your chance of success. You and your partner have the highest chance of conceiving in the first 3 months of trying. For young fertile couples, the chance of conception is between 20% and 37% during the first 3 months. The chance of success increases to 80% by one year and 90% after two years of trying. Women over the age of 35 and men over the age of 50 have lower fertility rates.

### **How often should a couple have intercourse?**

Surprisingly, long periods of abstinence (not having intercourse) can decrease the quality of sperm. Infrequent intercourse may decrease the chance that intercourse will happen around the time of ovulation. The highest pregnancy rates are seen when a couple has intercourse every 1 to 2 days during the fertile window.

### **What is the fertile window?**

The fertile window is the time in a cycle when pregnancy can occur. It is usually the 6 days just before the day of ovulation. Generally, ovulation occurs 14 days before the next menstrual period, so a woman with a 28-day cycle will ovulate around cycle day 14 (that is 14 days after the start of her last menstrual period). That means that pregnancy most likely to happen if intercourse occurs within the 6 days right before the day of ovulation.

### **How do I know when I am ovulating?**

Because the fertile window is set by the day of ovulation, it is important to know when a woman is ovulating. There are several methods of determining ovulation. Cervical mucus and vaginal secretions start to increase 5 to 6 days prior to ovulation and peak 2 to 3 days before ovulation. These changes can be monitored to identify the fertile window in many women. Urinary ovulation predictor kits can also be used to detect the rise in luteinizing hormone (LH) that happens just before ovulation. LH is the primary trigger that results in the eggs being released from the ovary (see ASRM fact sheet titled Am I ovulating?)

### **Are there coital (intercourse) practices that can improve our chances of conceiving?**

Sperm ejaculated or released into the vagina reach the fallopian tubes within minutes regardless of position during intercourse. There is no evidence that sexual position, orgasm, or prolonged rest after intercourse increases the chance of conception. Some lubricants (Astroglide®, KY® Jelly, KY® Touch™, saliva and olive oil) used during intercourse may decrease sperm motility (movement) or survival. These should be avoided if possible. Others (Pre-Seed®, mineral oil, or canola oil) have no such effect and can be used as needed.

### **Does diet affect fertility?**

Fertility is decreased in women who are very thin or obese, but there is no evidence that normal diet variations affect women who are normal weight (body mass index 19-25) and having regular periods. The one exception is that a diet rich in mercury (found in some seafood) is associated with infertility. Smoking, heavy alcohol consumption (> 2 drinks per day), heavy caffeine consumption, and the use of recreational drugs such as marijuana have all been associated with reduced fertility. Therefore, women (and male partners) considering pregnancy should reduce alcohol and caffeine use, and avoid smoking and all recreational drugs while trying to conceive.

### **Are there reasons to see a healthcare professional sooner rather than later?**

Some couples have a health history that warrants consulting a healthcare professional either before or early in the process of trying to get pregnant.

If the woman has:

- Irregular no menstrual periods
- Negative luteinizing hormone tests,
- History of sexually transmitted infection
- Prior pelvic or abdominal surgery for any reason
- Prior history of infertility

If the male partner has:

- Known problems with the testicles or genitals
- Hypospadias (opening of the urethra not in the end of the penis)
- Sexually transmitted infection
- Problems with ejaculation
- Prior history of infertility

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**For more information on this and other reproductive health topics, visit [www.ReproductiveFacts.org](http://www.ReproductiveFacts.org)**