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, she should seek advice from a medical professional before conceiving (becoming pregnant).

**What are my chances of conceiving?**
There is no simple answer. For women with regular menstrual cycles, your age and number of months that you have been trying to get pregnant are two factors that affect your chance of success. You and your partner have the highest chance of conceiving in the first three months of trying. For young fertile couples, the chance of conception is between 20% and 37% during the first three 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, and infrequent intercourse may decrease the chance of intercourse occurring around the time of ovulation. The highest pregnancy rates are seen when a couple has intercourse every 1-2 days during the fertile window.

**What is the fertile window?**
The fertile window is the time in a cycle when pregnancy can occur and is usually the six-day interval ending on the day of ovulation. Generally, ovulation occurs 14 days prior to the next menses (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 intercourse is most likely to result in pregnancy if it occurs within the six-day interval ending the day of ovulation.

**How do I know when I am ovulating?**
Because the fertile window is defined by the date of ovulation, it is important to know when the woman is ovulating. Several methods of determining ovulation have emerged. Cervical mucus and vaginal secretions start to increase 5-6 days prior to ovulation and peak 2-3 days prior to ovulation. These changes can be monitored to successfully 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.

**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, Touch, saliva and olive oil) used during intercourse may decrease sperm motility (movement) or viability and therefore should be avoided if possible. Others (Pre-Seed, mineral oil or canola oil) have no such affect and can be used as needed.

**Does diet affect fertility?**
Fertility is clearly 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 have all been associated with reduced fertility. Therefore, women considering pregnancy should reduce alcohol and caffeine use; and they should also avoid smoking and all recreational drugs while trying to conceive.

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