

A Natural Fertility Primer

While we know we don't need to tell you about the birds and the bees, there still exist some misperceptions surrounding the finer points of fertility. This isn't surprising given that not all of the prevailing wisdom of recent decades has held up, and some questions remain unanswered. Still, there is now consensus within the medical community on most issues. What follows is a distillation of the latest research and expert opinion on sexual practices, diet and lifestyle choices that optimize natural fertility. The goal is to provide you with practical guidelines for increasing your chances of conceiving naturally.

What is “normal” fertility?

Women are most fertile during their first three months of unprotected sex, after which fertility begins to decrease. By their late 30s, relative fertility has decreased by half for most women. “Infertility” is a disease generally defined as the inability to conceive following 12+ months of regular unprotected intercourse. For women over 35, it is often advised that treatment be sought after 6 months of regular unprotected intercourse. Fertility in men also decreases with age, but the effects are relatively insignificant compared to women and aren't appreciable before age 50.

Trying to conceive

The likelihood of getting pregnant increases with the frequency of intercourse. In fact, having sex every day or every other day following the end of your period offers the best chance of conceiving in a given month, and having sex just once a week cuts that likelihood in half. Contrary to popular belief, frequent ejaculations *do not* decrease male fertility. On the other hand, a long period (5+ days) of abstinence may negatively impact sperm counts. A short period of abstinence (2 days) has no impact.

Another common misperception involves sexual positions and post-coital practices. Neither has been proven to impact the probability of conception—so there is no need to lie still, hips raised, etc. following intercourse. There is also no evidence that female orgasm plays a role in fertility, or that any sexual position can influence infant gender.

Commercially available vaginal lubricants (e.g. KY Jelly, Astroglide, and Touch) have been shown to inhibit sperm motility in vitro, and therefore may adversely impact fertility. They should be avoided by couples hoping to conceive. (Mineral oil, canola oil, and Pre-Seed can be used.)

The fertile window & monitoring ovulation

A woman's “fertile window” occurs in the 6 days leading up to ovulation, with her most fertile time falling in the 2 days before ovulation. Aging does not generally affect the parameters of the “fertile window”. The time of peak fertility varies considerably from woman to woman, and is difficult to predict accurately. In fact, even women who monitor their cycles (through cervical mucus or other methods) are only able to accurately predict ovulation 50% of the time. This is another reason why frequent intercourse is advised.

That said, it's important to recognize that following a strict schedule—not to mention infertility itself—is stressful, and it may impact your desire to have sex. The frequency of intercourse therefore needs to be a personal choice.

The best way to predict ovulation at home is by tracking cervical mucus; the probability of conception is highest when mucus is slippery and clear. There are other methods for predicting ovulation, including kits that monitor basal body temperature and luteinizing hormone (LH) levels in the urine—but tracking cervical mucus works as well or better.

Diet and Lifestyle Considerations

Common sense prevails with regard to diet and lifestyle, and the guidelines for living and eating healthy apply equally to fertility. Fertility rates decrease in women who are very thin or obese, but within a normal range and with normal variations in diet, no changes have been detected. No special diets have been linked to increased fertility, including those that are vitamin-enriched or low fat. The only certainty is that women attempting pregnancy should take a daily folic acid supplement (at least 400 units) to reduce the risk of neural tube defects.

There is no evidence to indicate that either alcohol or caffeine, when used in moderation, adversely affects fertility. In the case of alcohol, moderate is defined as consuming one drink a day. Higher levels of consumption (2+ drinks/day) are considered detrimental. Obviously, during pregnancy no alcohol should be consumed. Moderate caffeine consumption is defined as 1-2 cups per day, and only high levels of consumption (more than 5 cups/daily) have been linked with decreased fertility. With caffeine, these guidelines also apply during pregnancy.

Smoking has been definitively shown to decrease fertility in women. It has also been linked to an increase in the risk of miscarriage (for both natural and assisted pregnancies). Studies linking smoking to decreases in male fertility have thus far been inconclusive.

Though research on marijuana and other recreational drugs is thin, couples trying to conceive are advised to avoid them. Women's exposure to industrial levels of pesticides, solvents, and certain toxins can affect fertility; for men, similar results come from exposure to heavy metals.

And to dispel those last couple of surviving myths...sauna bathing has not been shown to decrease fertility in women (and is safe during pregnancy), and men do not need to concern themselves with exposure of the testicles to heat sources. No link to decreased fertility has been proven.

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