

Best practice fertility advice

Difficulty conceiving affects 1 in 7 couples in the UK. The main causes of infertility in the UK are:

- Unexplained infertility (no identified male or female cause)
- Ovulatory disorders
- Tubal damage
- Factors in the male causing infertility
- Uterine or peritoneal disorders

In about 40% of couples disorders are found in both the man and woman. Female fertility and (to a lesser extent) male fertility, decline with age.

How often to have sexual intercourse

You should have vaginal sexual intercourse every 2-3 days to optimise the chance of pregnancy.

Smoking

Women - Smoking or passive smoking is likely to reduce your fertility.

Men - There is an association between smoking and reduced sperm quality.

Alcohol

Women - Current UK Chief Medical Officer advice (January 2020):

- If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking alcohol in pregnancy can lead to long-term harm to the baby - the more you drink the greater the risk.

Men – Current UK Chief Medical Officer (July 2017):

- Drinking alcohol excessively can affect the quality of sperm. The UK Chief Medical Officers' recommendation is to drink no more than 14 units of alcohol a week, which should be spread evenly over three days or more.

Body weight

For both men and women, a BMI of 30 or over is likely to reduce fertility.

A normal BMI is 19-25.

If a woman is not ovulating and has a high BMI, they will be advised to lose weight and if their BMI is low, they will be advised to gain weight.

Work

Some occupations involve exposure to hazards that can reduce male or female fertility.

Medicines and drugs

A number of prescriptions, over-the-counter and recreational drugs interfere with male and female fertility.

Tight underwear

There is an association between elevated scrotal temperature and reduced sperm quality.

Caffeinated beverages

There is no consistent evidence of an association between the consumption of caffeinated beverages (tea, coffee, cola) and fertility problems.

Complementary therapies

The effectiveness of complementary therapies for fertility problems has not been properly evaluated and further research is required before they can be recommended.

Preparing for pregnancy - Folic acid

Women who are trying to get pregnant should take folic acid tablets (0.4 mg a day) before pregnancy and up to 12 weeks into the pregnancy to reduce the risk of a neural tube defect.

If you have previously had a baby with a neural tube defect, are taking medication for epilepsy, have diabetes or have a BMI of 30 or over, a higher dose of 5 mg of folic acid a day is recommended.

Cycle lengths

It is very important to work out the woman's cycle lengths. If cycles are regular (25-42 days), most women are likely to be ovulating. Counting from the first day of one period (red bleeding, ignoring brown discharge) to the first day of the next period tells us the cycle length. For example, if a period starts on 1st June and the next period starts 30th June the cycle length is 30 days.

It is not uncommon for some women to bleed only very occasionally. Even if it appears there is no pattern to your bleeding, still calculate all your cycle lengths (even if it is 60, 90 or 100 days).

You should not be advised to use charts of your body temperature (known as basal body temperature) to check whether you are ovulating normally, as they are not a reliable test for this. Nor have ovulation predictor kits been shown to improve pregnancy rates.

Please bring the list of all period dates and cycle lengths to every appointment.

Cumulative probability of conceiving a clinical pregnancy

Cumulative probability of conceiving a clinical pregnancy calculated from the number of menstrual cycles and within different age categories (assuming vaginal intercourse occurs twice per week).

Age category (years)	Pregnant after 1 year (12 cycles) (%)	Pregnant after 2 years (24 cycles) (%)
19–26	92	98
27–29	87	95
30–34	86	94
35–39	82	90

Table reproduced with permission: Dunson DB, Baird DD, Colombo B [2004]. Increased infertility with age in men and women. *Obstetrics and Gynaecology* 103: 51–6).

Rubella (German measles)

Women should be offered a blood test to find out whether they are immune to rubella. If you are not immune you should have a rubella vaccination before you try to become pregnant, because infection with rubella during pregnancy can harm unborn babies.

Cervical smear tests

Ensure you are up to date with your smear tests.

Counselling

Counselling is available to both women and men. If you feel this would be beneficial and you would like an appointment with the women's health counsellor please call Tel:01733 673425.

Tests for men

Prior to referral to the fertility clinic you will need to have had a semen analysis carried out. Your GP surgery will arrange this for you.

Tests for women

Before referral to the fertility clinic you will need a progesterone blood test, to confirm if you are ovulating. This is usually carried out 7 days before your period is due. If your cycles are irregular the progesterone blood test can be done on day 21, 28, and 35 of your cycle. If you do not currently have periods there is no need to have the test carried out. Your GP surgery will also need to arrange a chlamydia screen and rubella screen for you.

Fertility Clinic contact details:

- Please view www.womenshealthpeterborough.co.uk then 'Fertility' section to find out more about our service
- If you have an 'Attend Anywhere' video consultation the link for the video call is: <https://nhs.vc/rgn/gyne> and you must use either Google Chrome or Apple Safari browser
- If you would like to contact the fertility team, please call the fertility nurse: Telephone Number for both Fertility Clinic's: 01733 - 673750
- Women's Health Outpatients, Peterborough City Hospital, Bretton Gate, PE3 9GZ.
- Hinchingbrooke Hospital, Parkway, Hinchingbrooke, Huntingdon PE29 6NT.

Residency

Patients who are not British / EU citizens and do not have Indefinite Leave to remain in the UK may be chargeable for their fertility appointments, investigations and treatment. If this is relevant for you please contact the Ordinary Residency Team on: 01480-418748 or 01480-847407. They will be able to clarify your residency status and advise on charges.