


# Fertility

Factsheet by  HEART  
In Collaboration with Irene Khan  
and Dr. Roohi Jeelani



**Fertility:** the natural ability of an individual or couple to reproduce through normal sexual activity.


**Ovulation:** A part of the menstrual cycle when a ripe egg (ovum) is released from your ovary in response to a hormonal signal. The ovum moves into the fallopian tube where it is available for fertilization. If fertilized, the egg may travel to the uterus and implant to develop into a pregnancy.

**Follicle Stimulating Hormone (FSH):** the main hormone responsible for producing mature eggs. Your FSH is returned as a numerical value with an ideal range for your age. Low FSH results signal anovulation (when the ovary doesn't release a mature egg), while extremely high FSH levels can indicate the onset of menopause.

**Morula:** an early stage embryo – typically Day 3. There are 16 cells. Sometimes, depending on the patient's treatment plan, it may be recommended to transfer a “day 3” embryo – a morula – to a woman's uterus during an IVF cycle.

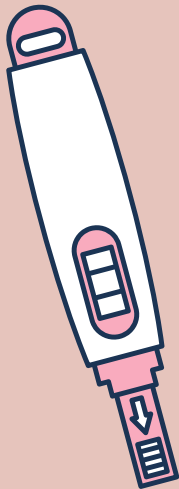
**Blastocyst:** the stage of an embryo where cells are rapidly dividing and distinction between cells that will become the baby begin to appear apart from those that will become placenta. This typically occurs around day 5 – 7 and an embryo must reach this stage in order to hatch and implant in a uterus. An embryo can be frozen at this stage. In addition, most embryos are transferred to the uterus at this stage.

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## How To Track Ovulation



### Ovulation Predictor Kit

OPKs are urine tests used to track an increase in a luteinizing hormone that indicates ovulation will occur in 12-36 hours.

### Saliva Ferning Kits

There are changes to saliva during ovulation. For this method, place a drop of saliva on the lens provided in the kit. After five minutes, check and observe if crystal like structures form. If so, ovulation will occur within 24-72 hours.

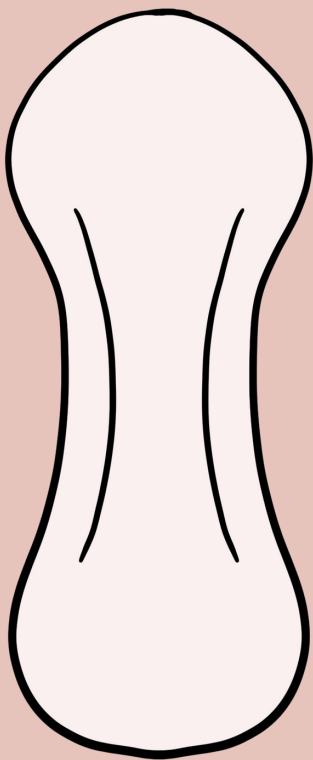


# Basal Body Temperature

Use a basal body thermometer or regular thermometer and take your temperature in the morning before you get active - it should be at the point of rest. Start charting your temperature on the first day of your period and continue to chart at the same time every morning using the same thermometer. You will notice a spike in your chart on the days after you ovulated. To increase chances of conceiving, make note of the patterns in your cycle and plan to have sex the days before your usual spike to catch the day you ovulated.



# Cervical Mucus Charting



1. **DRY:** Following the END of your menstrual cycle, you may notice that your vagina feels dry and there are no secretions released.
2. **STICKY:** The next type of secretion is dry sticky and may be white, yellow, cloudy or opaque. It may look or feel pasty.
3. **CREAMY:** Next is a creamy secretion that feels more wet. Some describe it as lotion like. It has a slippery quality to it.
4. **EGGWHITE:** The stretchy, clear and lubricative secretion is the most wet and indicates the highest fertility.

# What to Explore/Questions to Ask

It's important to ask what your medical history and other tests may indicate about your fertility. With your physician, explore how your age and lifestyle may impact your fertility and ask for a general timeline on diagnosis and treatment. If you are infertile, thoroughly explore possible treatment plans and the potential side effects associated with each plan. Make sure to find additional resources for support as infertility can be emotionally and physically challenging.

**Fertility Treatments** If you and your partner are having difficulty conceiving, fertility treatments may help increase your chances of having a baby. Fertility treatment refers to medications that stimulate egg or sperm production and procedures that involve the eggs, sperm, or embryos, but treating infertility can go beyond fertility treatments. Treatment can also include surgical interventions, lifestyle changes, weight loss, or treatment of an underlying medical condition. A treatment plan will depend on the causes behind your infertility, and your personal circumstances.