

Exercise and physical activity for fertility



What the evidence actually shows

The research on exercise and fertility is reassuring in one important way: moderate physical activity is not proven to damage fertility. A review of 34 studies found that the overall evidence is insufficient to define a clear relationship between physical activity and spontaneous fertility in women or men. In other words, there is no strong basis for telling most people that normal exercise is causing infertility.

At the same time, the evidence is not uniform enough to give a one-size-fits-all answer. Studies differ in how they measure exercise, how they define fertility outcomes, and whether they account for age, body mass index, underlying conditions, and lifestyle factors such as smoking or stress. That is why the same amount of exercise may look neutral in one study, helpful in another, and unhelpful in a third.

For medically literate readers, the key term to know is fecundability, meaning the probability of conceiving in a given menstrual cycle. Research on fecundability suggests that the effect of exercise may vary by intensity and by the population studied, rather than being uniformly good or bad.

How exercise may support fertility indirectly

Even when the direct fertility effect is uncertain, exercise can still support the biology that makes conception more likely. Regular movement can improve cardiometabolic health, help regulate insulin sensitivity, and support healthier body composition. These changes matter because reproductive hormones and metabolic signaling are closely connected. In people with insulin resistance or weight-related ovulatory problems, improving metabolic health may improve the chance of ovulation and regular cycles.

Exercise may also help through less obvious pathways. Better sleep, lower perceived stress, improved mood, and a stronger sense of control can all matter during the often emotionally demanding process of trying to conceive. While emotional wellbeing is not a substitute for medical treatment, it can shape adherence, recovery, and day-to-day resilience.

For many people, the most useful frame is not "exercise as a fertility treatment" but "exercise as part of a fertility-supportive lifestyle." That distinction is important. Movement alone cannot correct every cause of subfertility, but it can improve the physiologic environment in which conception and pregnancy begin.

When exercise may work against fertility

More is not always better. Very high training loads, repeated intense workouts, and inadequate recovery can create a mismatch between energy expenditure and energy intake. This is often discussed as low energy availability: the body may perceive that it does not have enough fuel to support both daily function and reproduction. In that setting, menstrual disturbances, suppressed ovulation, or luteal phase disruption can occur.

The concern is not exercise itself, but chronic strain without enough nutrition or rest. People who combine heavy training with restricted eating, significant weight loss, or persistent fatigue may be more vulnerable. In fertility terms, the warning signs are often indirect: cycles becoming longer, shorter, absent, or much less predictable; recovery worsening; or exercise becoming compulsive rather than supportive.

Some observational work has also linked very vigorous activity with reduced fertility in certain groups, although that relationship is not consistent across studies. The practical takeaway is not to fear vigorous exercise automatically, but to notice whether training volume, intensity, and fueling are working together or pulling your body out of balance.

Body weight, walking, and who may benefit most

One of the more interesting findings in the literature is that exercise effects may depend on body weight status. In a systematic review and meta-analysis of female fertility, walking for at least 10 minutes at a time was associated with improved fecundability among women with a body mass index of 25 kg/m² or greater. In that same cohort, vigorous activity of more than 4 hours per week was also associated with improved fecundability. This does not mean everyone with higher body weight should exercise more intensely, but it does suggest that movement can be particularly useful when it improves metabolic health.

For people with overweight or obesity, moderate regular exercise may support ovulation by helping improve insulin sensitivity and reducing inflammatory burden, especially when paired with sustainable nutrition and sleep habits. The goal is not rapid change or punishing workouts. The goal is a realistic, repeatable routine that the body can recover from.

It is also worth saying clearly that body size is not the only determinant of fertility, and exercise should not be used to blame yourself for a difficult conception journey. If cycles are irregular, if there is known polycystic ovary syndrome, endometriosis, male factor infertility, or unexplained infertility, exercise is only one piece of a larger clinical picture.

Exercise while trying to conceive or using fertility treatment

If you are trying to conceive, a preconception workout plan should be practical, not extreme. For many people, that means steady moderate activity that feels sustainable, plus enough food, hydration, and sleep to recover. Walking, cycling, swimming, strength training with appropriate loads, and other forms of moderate-intensity exercise before conception are commonly compatible with fertility-focused care, provided they do not trigger excessive fatigue or menstrual disruption.

If you are undergoing assisted reproductive technology, exercise discussions become even more individualized. Some guidance suggests that moderate exercise may improve quality of life and may be beneficial for certain patients, while very intense or excessive exercise may reduce IVF success in some settings. That does not create a universal ban on movement during treatment. Instead, it argues for a personalized conversation with your fertility team about timing, intensity, and any procedure-related precautions.

Because fertility treatment often comes with uncertainty and emotional strain, many people find it helpful to focus on what exercise is doing for them today: supporting circulation, mood, and a sense of routine, rather than chasing a perfect outcome. That mindset can reduce pressure while still protecting reproductive health.

A balanced approach and when to ask for help

A reasonable fertility-supportive approach usually sits between two extremes: neither sedentary living nor relentless training. The best routine is the one you can maintain without losing your cycle, your recovery, or your sense of wellbeing. For some people, that is daily walking plus two or three strength sessions a week. For others, it may mean reducing training volume, adding rest days, or eating more consistently around workouts.

It is especially sensible to seek medical advice if you have irregular or absent periods, a history of stress fractures, signs of overtraining, eating disorder symptoms, or difficulty conceiving for longer than expected. A clinician can help assess whether exercise is appropriate, whether labs or imaging are needed, and whether any underlying hormonal or reproductive issue deserves attention. In some cases, a registered dietitian, sports medicine clinician, reproductive endocrinologist, or pelvic health physical therapist can be helpful partners.

The bottom line is reassuring: exercise is usually a fertility ally when it is moderate, sustainable, and well fueled. The goal is not to stop moving, but to move in a way that supports the reproductive system rather than overwhelming it.