How long ovulation and the fertile window last and which days are most fertile

Ovulation: the short biological event at the center of the cycle

is the release of a mature oocyte, commonly called an egg, from a follicle in the ovary. After release, the egg is picked up by the fallopian tube, where can occur if motile sperm are present. The release itself is a relatively brief event, but the hormonal preparation leading up to it has been unfolding over many days.

After , the egg has a limited functional lifespan. Consumer and educational fertility resources commonly describe the egg as surviving for up to about 24 hours after . If fertilization does not occur during that time, the egg degenerates and pregnancy cannot result from intercourse that happens later in that cycle, unless was misestimated.

This is why the phrase " day" can be a little misleading. The egg is not available for many days after ; rather, fertility depends heavily on sperm already being present before or very soon after the egg is released.

How long the fertile window lasts

The is longer than the lifespan of the egg because sperm can survive in the

reproductive tract for several days under favorable cervical mucus conditions. Around , estrogen makes cervical mucus more slippery, stretchy, and sperm-friendly. This environment helps sperm move through the cervix and may allow sperm to remain viable for up to about five days.

Different medical and educational sources describe the in slightly different but overlapping ways. Johns Hopkins Medicine describes it as generally the five days leading up to ovulation, the day of ovulation, and the day after, for about seven days total. UCSF's START Oura Study resource describes the as the six-day period ending on the day of ovulation. Clearblue similarly explains that sperm survival of up to five days plus egg survival of up to 24 hours creates an approximately six-day fertile window.

The practical takeaway is consistent: the biologically meaningful fertile window is short, usually about six days and sometimes described as up to seven days depending on whether the day after ovulation is included. Intercourse well outside this window is very unlikely to result in pregnancy, although uncertainty in estimating ovulation can make the window appear broader in real life.

Which days are most fertile

Fertility is not equal on every day of the . The most fertile days are usually the day before and the day of . This is because sperm may already be present in the fallopian tube when the egg is released, and the egg then has its best chance of being fertilized within its short lifespan.

In practical terms, the days with the highest conception probability are clustered as follows:

Peak fertility: the day before and the day of .
High fertility: the two to three days before ovulation, especially when fertile cervical mucus is present.
Possible but lower fertility: about four to five days before ovulation, because sperm survival is possible but not guaranteed.
Usually very low fertility: after the egg is no longer viable, unless ovulation occurred later than expected.

This is why many timing strategies focus on every one to two days during the , or every two to three days throughout the cycle for couples who prefer not to track closely. If you want a deeper practical guide, an internal resource on how to may be useful.

When ovulation usually happens in the menstrual cycle

is often simplified as occurring on "day 14," but that only approximates a 28-day cycle and does not apply to everyone. A more physiologic way to think about timing is that usually occurs about 12 to 14 days before the next menstrual period starts. This interval after ovulation is called the luteal phase, and it tends to be more consistent than the follicular phase before ovulation.

For example, someone with a 28-day cycle might ovulate around day 14, while someone with a 32-day cycle might ovulate closer to day 18. Someone with a 24-day cycle might ovulate closer to day 10. These are estimates, not guarantees.

Cycle variability matters. Stress, illness, travel, sleep disruption, lactation, coming off hormonal contraception, perimenopause, polycystic ovary syndrome, thyroid disease, and other factors can shift ovulation earlier or later. If cycles are irregular, calendar-only]] calculations become less reliable. For more detail, you may want to read about and how to estimate it based on and variability.

How to estimate your fertile window

No home method can confirm the exact moment an egg leaves the ovary, but several tools can help estimate the . Many people combine more than one method because each has limitations.

Cycle tracking: Recording period start dates helps estimate when may occur, especially if cycles are regular. The main limitation is that past cycle length does not always predict the current cycle.
Cervical mucus observation: Fertile mucus often becomes clear, slippery, and stretchy, sometimes compared to raw egg white. This change reflects estrogen dominance before .

predictor kits: These urine tests detect a rise in luteinizing hormone, or LH. The LH surge typically precedes ovulation, so a positive test suggests that the is open or near its peak.
Basal body temperature: Temperature often rises slightly after ovulation because progesterone increases. This can confirm that ovulation likely happened, but it is less helpful for predicting the most fertile days in real time.
Fertility apps and wearables: These can organize data and identify patterns, but their predictions are only as good as the inputs and algorithms. They should be interpreted cautiously, especially with irregular cycles.

If tracking becomes emotionally draining, it is reasonable to simplify. Regular every two to three days across the cycle often covers the]] without requiring exact ovulation prediction. For couples who want a structured approach, a resource on the can help frame options.

Fertile window timing in irregular cycles

Irregular cycles can make timing harder to predict because the follicular phase may vary substantially. A period that arrives earlier or later than usual often means ovulation also occurred earlier or later, or in some cases that ovulation did not occur. This does not automatically indicate infertility, but it can complicate timing.

People with cycles that are consistently shorter than about 21 days, longer than about 35 days, absent for several months, or highly unpredictable may benefit from medical evaluation. A clinician can assess for common contributors such as polycystic ovary syndrome, thyroid dysfunction, hyperprolactinemia, diminished ovarian reserve, hypothalamic causes related to energy balance or stress, and medication effects.

It is also important to seek individualized advice if you are over 35 and have been trying for six months without pregnancy, under 35 and have been trying for 12 months, or have known reproductive health conditions such as endometriosis, prior pelvic inflammatory disease, recurrent pregnancy loss, or a history of chemotherapy or pelvic surgery.

Putting the timing into a realistic plan

The most medically accurate summary is also reassuringly simple: lasts about a day, but the lasts several days because sperm can wait for the egg. The best days are immediately before and at]]. Since predicting the exact day can be imperfect, it is usually better to cover the window than to chase a single moment.

A practical plan might be to have once fertile cervical mucus appears or once an]] predictor kit begins to approach positivity, continuing through the day after a positive LH test. Another low-stress approach is throughout the cycle, which usually includes the without requiring intensive monitoring.

Trying to conceive can bring hope, pressure, and disappointment in the same month. If timing sex begins to feel burdensome, if there is pain with , or if anxiety is affecting your relationship or wellbeing, it is appropriate to discuss this with a healthcare professional. Fertility is a medical issue, but it is also an emotional one, and support matters.