How to increase chances of getting pregnant

Understand the biology of conception

an oocyte released at ovulation. The embryo then travels through the fallopian tube and implants in the uterine lining several days later. Because the oocyte remains fertilizable for only about 12 to 24 hours after may remain capable of fertilization in the female reproductive tract for several days, the timing of is especially important.

The American Society for Reproductive Medicine as the 6 days ending on the day of ovulation. this interval, particularly in the several days and on the opportunity to be the oocyte is released. can miss the highest-probability interval.

In typical cycles, about 14 days before the next menstrual necessarily on day 14 of the cycle. For example, someone with a 35-day cycle [[mamaspedia_link:59|may ovulate]] around day 21, whereas someone with a 24-day cycle may ovulate around day 10. This is why cycle length, cycle regularity, and ovulation signs are more useful than assuming a universal ovulation day.

Time intercourse effectively

The is appropriately timed intercourse. Expert guidance supports intercourse every 1 to 2 days . There is no need for prolonged abstinence to "save ; in fact, limiting intercourse to a day may reduce the chance of is misidentified.

If cycles are regular: estimate ovulation as approximately 14 days before the expected next period, then have intercourse every day or every other day during the 5 days before ovulation and on ovulation day.
If cycles vary: predictor kits, cervical mucus observations, or fertility tracking to identify a broader fertile interval, and avoid relying on calendar estimates alone.
If tracking feels stressful: having intercourse every 2 to 3 days throughout the cycle is a reasonable alternative for many couples, because it usually covers the without intensive monitoring.

Sexual position, remaining lying down after have to meaningfully improve rates. Lubricants may motility in laboratory settings, but real-world evidence is mixed; if vaginal dryness is an issue, a clinician about fertility-friendly lubricant options.

Use ovulation tracking wisely

Ovulation tracking can be helpful, particularly when cycle length is not completely predictable. However, no method is perfect. The goal is not to achieve exact certainty but to identify the fertile days early enough to time intercourse before ovulation.

Ovulation predictor kits: These urine tests detect the luteinizing hormone surge that usually precedes ovulation. They are useful for many people, but results may be less reliable in conditions associated with persistently elevated LH, such as some forms of polycystic ovary syndrome.
Cervical mucus: Fertile cervical mucus often becomes clear, slippery, stretchy, and egg-white-like in the days before ovulation. This sign reflects estrogen-driven changes that facilitate sperm survival and transport.
Basal body temperature: Temperature rises slightly after ovulation due to progesterone. This can confirm that ovulation likely occurred, but because the rise happens after ovulation, it is less useful for predicting the best days for intercourse in the same cycle.
Cycle-tracking apps: Apps can organize data, but predictions based only on past

cycle length are estimates. They are most useful when combined with physiologic signs such as LH testing or cervical mucus.

If there are very irregular periods, skipped periods, cycles commonly shorter than 21 days or longer than 35 to 40 days, or symptoms such as excess androgen effects, galactorrhea, severe pelvic pain, or abnormal bleeding, it is prudent to seek medical assessment rather than relying only on tracking.

Optimize preconception nutrition and supplementation

Nutrition before pregnancy matters for both fertility and early embryonic development. The clearest universal recommendation is folic acid supplementation. Many guidelines recommend at least 400 micrograms of folic acid daily before conception and during early pregnancy to reduce the risk of neural tube defects. Some individuals need higher doses, for example those with certain antiseizure medications or a prior pregnancy affected by a neural tube defect, but dosing should be individualized by a clinician.

Evidence for specific fertility diets is less definitive in people without ovulatory dysfunction, but several dietary patterns are biologically plausible and consistent with general cardiometabolic health. Diets emphasizing vegetables, fruits, whole grains, legumes, nuts, unsaturated fats, fish, and poultry, while limiting processed meats, refined carbohydrates, and trans fats, may support reproductive health. Some literature suggests potential benefit from lower glycemic load patterns and higher omega-3 intake, although these should be interpreted as supportive rather than curative interventions.

Prioritize micronutrient adequacy: folate, iodine, vitamin D, iron, zinc, and B12 status may matter, especially in restrictive diets, heavy menstrual bleeding, malabsorption, or limited sun exposure.
Choose safer fish options: fish can provide omega-3 fatty acids, but pregnancy planners should avoid high-mercury fish and follow local public health guidance.
Moderate caffeine: high caffeine intake has been associated with lower fecundability and pregnancy risks in some studies. Many clinicians advise keeping caffeine intake moderate when trying to conceive.
Avoid alcohol when pregnancy is possible: because early pregnancy may be unrecognized, avoiding alcohol while trying to conceive is the most cautious approach.

Support a healthy weight and metabolic environment

Body weight can complications, and response to fertility treatment. Both obesity and underweight status are associated with reduced fertility in some populations. The mechanism is often endocrine and metabolic: insulin resistance, altered gonadotropin secretion, androgen excess, leptin pathways function and endometrial receptivity.

Weight-related advice should be individualized and non-stigmatizing. For some people with anovulation related to obesity or insulin resistance, modest weight reduction may improve ovulation. For others, especially those with undernutrition, eating disorders, or excessive exercise, restoring energy availability may be essential. Extreme dieting is not recommended when trying to conceive; abrupt nutritional restriction and is not compatible with .

Regular physical activity supports cardiometabolic readiness. However, very intense exercise combined with low body weight or low caloric intake can disrupt the hypothalamic-pituitary-ovarian axis, causing luteal phase abnormalities or anovulation. A clinician or dietitian can help tailor a plan for people with irregular cycles, athletic amenorrhea, obesity-related metabolic disease, or prior bariatric surgery.

Reduce exposures that impair fertility

Several exposures have consistent associations with reduced fecundability or poorer reproductive outcomes. Smoking is among the most important modifiable risks. It is associated with diminished ovarian reserve, earlier menopause, increased miscarriage risk, and adverse pregnancy outcomes. Secondhand smoke may also be harmful. Stopping smoking before conception benefits fertility and reduces pregnancy and neonatal risks.

Recreational drugs should be avoided when trying to conceive. Cannabis, cocaine, opioids used outside medical supervision, anabolic steroids, and other substances may affect ovulation, sperm production, sexual function, implantation, and pregnancy safety. Anyone using substances regularly should seek medical support; abrupt discontinuation of some substances can require supervision.

Alcohol: heavy intake can reduce fertility and is unsafe in pregnancy. Because pregnancy is often not recognized immediately, abstinence while trying is a cautious strategy.
Caffeine: moderate intake is commonly considered acceptable, but high intake should be reduced. Discuss an appropriate limit with a healthcare professional, especially with prior pregnancy loss or other risks.
Environmental heat for men: frequent sauna or hot tub use, high scrotal heat exposure, and some occupational heat exposures may negatively affect spermatogenesis.
Endocrine-disrupting chemicals: evidence varies, but minimizing unnecessary exposure to certain pesticides, solvents, and high-heat plastic food contact is a reasonable precaution.

Do not overlook male fertility

Male factors contribute to a substantial proportion of infertility. Sperm concentration, motility, morphology, DNA integrity, ejaculation frequency, sexual function, and reproductive tract anatomy all matter. Optimizing only the female partner’s cycle timing can miss an important part of the conception equation.

For sperm health, general medical optimization is important: avoiding tobacco and anabolic steroids, limiting alcohol, maintaining a healthy weight, treating sleep apnea when present, and reviewing medications that may affect testosterone, ejaculation, or spermatogenesis. Febrile illness can transiently reduce sperm parameters because sperm development takes approximately 2 to 3 months; therefore, changes in health or exposures may take time to be reflected in semen quality.

Some evidence supports dietary patterns rich in antioxidants, zinc-containing foods, omega-3 fatty acids, fruits, vegetables, nuts, fish, and poultry. However, supplements should not be used as a substitute for medical evaluation when indicated. Men with a history of undescended testes, testicular cancer, chemotherapy, pelvic surgery, varicocele, erectile or ejaculatory dysfunction, very low libido, or prior abnormal semen analysis should consult a clinician earlier.

Review medications, medical conditions, and vaccinations before pregnancy

Preconception care is not only about fertility; it is also about entering pregnancy as safely as possible. Chronic conditions such as diabetes, hypertension, thyroid disease, epilepsy, kidney disease, inflammatory bowel disease, autoimmune disease, depression, and severe asthma should be optimized before conception when possible. Poorly controlled disease can affect ovulation, implantation, miscarriage risk, congenital anomaly risk, and maternal health.

Medication review is essential. Some medications are compatible with pregnancy, some require dose adjustment, and some should be changed before conception. Do not stop prescribed medication without medical advice, particularly for epilepsy, psychiatric illness, hypertension, autoimmune disease, anticoagulation, or endocrine disorders. The safest plan often involves balancing fetal safety with the risk of uncontrolled maternal disease.

Vaccination status should also be reviewed before pregnancy. Immunity to rubella and varicella is relevant because live vaccines are generally given before, not during, pregnancy. Influenza and COVID-19 vaccination may be recommended depending on current guidance and individual risk. A clinician can advise on timing, contraindications, and documentation of immunity.

Know when to seek fertility evaluation

Many couples conceive within the first several months of appropriately timed unprotected intercourse, but evaluation is important when the probability of an identifiable factor increases. Common guidance is to seek evaluation after 12 months of regular unprotected intercourse if the female partner is younger than 35, after 6 months if she is 35 or older, and sooner if she is 40 or older or if there are known risk factors.

Seek earlier care for irregular or absent periods, known polycystic ovary syndrome, endometriosis, prior pelvic inflammatory disease, recurrent miscarriage, prior ectopic pregnancy, pelvic surgery, chemotherapy, or radiation exposure.
Seek earlier care if the male partner has a history of testicular disease, infertility with a prior partner, anabolic steroid use, chemotherapy, pelvic

surgery, erectile dysfunction, or ejaculatory problems.
Seek prompt care for severe pelvic pain, heavy abnormal bleeding, positive pregnancy test with one-sided pain or dizziness, or symptoms suggesting ectopic pregnancy or acute illness.

A fertility evaluation may include menstrual and ovulatory assessment, ovarian reserve testing, thyroid and prolactin testing when indicated, semen analysis, uterine cavity evaluation, and tubal patency assessment. The appropriate workup depends on age, history, duration of trying, and clinical findings.