

FREE

The **Fertility Way**



A helpful guide to support anyone who is currently on, or about to embark on their fertility journey.



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The information contained within this magazine has been produced and/or approved by the Hewitt Fertility Centre's team of clinical experts.



Choosing a fertility provider

Many people will simply assume they should visit their nearest fertility clinic, or the clinic recommended by their GP. However, the freedom to choose is entirely yours and with a little investigation you can ensure that you are choosing the clinic that will give you the very best chance of overcoming your issues.

Things to consider when choosing a fertility treatment provider:

Cost

Sadly, NHS coverage for fertility treatment is diminishing. Therefore you should be in full understanding of what costs you may incur for treatment. Be sure to establish the full cost of consultations, scans, drugs, egg transfer and possible freezing for future use before you decide which clinic to pursue your treatment with.

Success rates

Thankfully, the Human Fertilisation and Embryology Authority (HFEA) publish the most up to date success rates from all registered clinics in the UK on their website, www.HFEA.gov.uk. Be sure to compare your clinic with that of others in the area to ensure you are making the best choice.

Location

Whilst you will likely be prepared to travel to ensure you are receiving the best care, if you find yourself struggling to choose between two equally reputable clinics, location should be a deciding factor.

With multiple visits to your clinic of choice being required, ensuring that you can get to the centre easily will reduce stress, travel costs and time.

Range of procedures offered

You may be thinking that IVF is the best treatment for you. However, fertility treatment can involve a multitude of different procedures and a less invasive, uncomfortable and costly treatment may be all that is needed for you to conceive. When choosing a clinic, try to understand the range of treatments available and not just limit yourself to IVF. ICSI, IUI, DI and Male fertility treatments should also be of consideration.

Counselling and other supplementary services

Treating fertility issues is not just a matter of physical intervention but also mental. The stresses and anxieties that sometimes go along with low fertility and an inability to conceive are also something which you should be keen to address. Ensuring your clinic of choice offers supplementary services such as counselling is very important.



Why choose The Hewitt Fertility Centre?

2018 marked 40 years since the conception of the life-changing treatment, IVF. In that time, millions of children all over the world have been born as a result of the procedure.

First carried out successfully by Dr Steptoe and Dr Edwards in Oldham General Hospital, Greater Manchester; In Vitro Fertilisation (IVF) has given countless people, who would have in the past had no chance of conception, the possibility to have a child of their own without the need for adoption or surrogacy.

Carrying on the proud tradition of fertility treatment in the North West, The Hewitt Fertility Centre opened its doors as part of the Royal Liverpool Hospital in 1989 before moving to its current home in the Liverpool Women's NHS Foundation Trust in 1995.

With multiple sites across the region, including Liverpool, Knutsford and the Wigan area, The Hewitt Fertility Centre is able to welcome patients from all over the UK and beyond.

As one of the largest and most renowned fertility clinics in the UK, carrying out over 2,000 IVF cycles every year, thousands of people visit our clinics every year to overcome their fertility issues and achieve their dream of building a family.

If you are interested in pursuing treatment, or finding out more about The Hewitt Fertility Centre then please get in touch:

Hewitt.centre@lwh.nhs.uk

Liverpool: 0151 702 4121

Knutsford: 01565 653 287

Wigan: 01257 256 6251

For more information, visit our website:

www.thehewittfertilitycentre.org.uk

5 steps to take leading up to fertility treatment

1 – STRESS BUSTING

As a general rule, we all want to keep our stress levels as low as possible. However, what you may be unaware of is that stress can have a direct effect on fertility. Higher stress levels have been shown to affect the hormone linked to ovulation, making conceiving more difficult. Taking steps to improve your sleep, increase exercise, meditation and Yoga can all help with stress busting.

2 – BMI

Firstly, BMI and weight are not the same. For some people weight loss could even be counterproductive in increasing their chances of conceiving. Body Mass Index is calculated based on your age, height and proportions to give an accurate state of your health. Lowering your BMI, if your BMI number is over 35, will not only make you eligible for NHS funded treatment, but also increase your chances of the treatment being successful.

3 – SMOKING AND ALCOHOL

The likelihood is, upon first visiting your GP with your initial fertility concerns, they will have recommended that you reduce your alcohol intake and, if you are a smoker, encourage you to take measures to quit. Smoking and excessive alcohol consumption is not only damaging to a child in pregnancy, but to both male and female fertility. You may invest thousands of pounds in fertility treatment, when putting out the cigarette and cutting back on the gin and tonics - coupled with exercise and a healthy diet - may be all that was needed.

4 – FINANCES

Eligibility for NHS funded treatment will depend on your individual circumstances against set criteria. You should speak to your GP about this or contact The Hewitt Fertility Centre direct. Sadly, for those who are not eligible for NHS funded treatment, the cost of fertility treatment can be a barrier. However, with finance and refund packages available through many clinics and finance partners, there are always options available whatever your budget. When preparing to undergo fertility treatment, it is sensible to understand all of the costs you will incur beforehand so that you can plan your finances in advance. This will not only ensure that you are able to access fertility treatment for a reasonable price, but will also remove any of the anxieties and worries that might accompany hidden charges and surprise costs for treatment.

5 – KNOWING WHICH TREATMENT IS RIGHT

When most people think of fertility treatment, they think IVF. Whilst this is the most common fertility treatment, for many people it is not necessary. Less invasive and time consuming treatments such as DI or IUI can offer successful results far more conveniently, cheaply and less stressfully. Make sure you research the different types of fertility treatments so that, when meeting your consultant, you can gain a greater understanding of what might offer you the best opportunity for success.



5 *reasons you may not be getting pregnant*

1. BMI

Women who are overweight or underweight may have some difficulty conceiving. Being overweight can have a significant impact on your chances of getting pregnant and having a healthy baby. If you're overweight and planning to have a baby, then it's a good idea to start exercising and eating healthily a few months prior to trying. Being underweight can also significantly reduce a woman's chance of getting pregnant, causing hormonal imbalances that affect ovulation. A healthy BMI is considered to be between 18.5 and 24.9.

2. AGE

A woman's fertility starts to decline once she hits 30, so if you are above this age, then there's a possibility that age is impacting your ability to conceive. If you're in your 30s and have been trying for a baby for over nine months, then it's advisable to see your GP and find out what could help your chances of conception – options may include changing your health and lifestyle choices or taking prenatal vitamins.

3. FERTILITY ISSUES

Fertility issues can occur in both male and females. Conditions affecting a woman's fertility can include damage to the fallopian tubes, problems with ovulation, endometriosis and conditions affecting the uterus. Infertility causes in men include low sperm count, problems with the tubes carrying sperm, erectile dysfunction and problems ejaculating.

Around one in seven couples experience difficulties in conceiving – that's approximately 3.5 million people in the UK. If, after a year, you're still having trouble, it's definitely worth seeking help.

4. STRESS

Stress can interfere with conception so it's important to try to relax throughout the time that you're trying for a baby. Stress affects the functioning of the hypothalamus – a gland in the brain that regulates your appetite and emotions as well as the hormones that tell your ovaries to release eggs. If you're stressed out, you may ovulate late in your cycle or not at all.

5. CYCLE CONFUSION

The vast majority of women experience a normal 28 day ovulation cycle meaning that, with close monitoring and unprotected sex at the right time, they should be able to get pregnant. If you have been finding it difficult to conceive, paying closer attention to your natural cycle may be all that is needed to overcome your issues and conceive naturally.

Through monitoring your basal body temperature (lowest body temperature achieved during rest), examining cervical mucus and tracking when your menstrual cycle begins, you should be able to analyse when the most productive time is for you to attempt to conceive.

1. POOR NUTRITION AFFECTS FERTILITY

✓ True

Eating certain foods and altering your diet has shown to have a positive impact on how you ovulate. Things you should include in your diet to help you conceive include complex carbs, protein, unsaturated fats, whole milk and multivitamins.

2. YOU ALWAYS OVULATE ON DAY 14 OF YOUR CYCLE

✗ False

Menstrual cycles can vary from 24-36 days, with ovulation usually occurring 12-14 days before the next period. If you have a 28-day cycle this would be halfway between periods, so around day 14 – roughly two weeks before your period. However, every woman is different, and there's no such thing as a 'textbook' fertility cycle in women. You can use online ovulation calculators or mobile apps to help you work out when your most fertile day is likely to be.

3. IT TAKES LONGER TO GET PREGNANT AFTER YOU COME OFF THE PILL

✗ False

Your fertility returns to normal once you come off the pill. Although it may take a few months for your hormones to settle down, there's no evidence to suggest that being on the pill for a number of years, or coming off it abruptly, affects your fertility.

4. LYING DOWN WITH YOUR LEGS RAISED WILL INCREASE YOUR CHANCES

✗ False

Many women believe that this will keep the sperm closer to the cervix for longer. There's no evidence to suggest that this technique works, and sperm are able to swim to an egg regardless of which way you lie after sex.

5. DRINKING ALCOHOL WILL HARM YOUR FERTILITY

✓ True

Excessive alcohol consumption has been shown to decrease fertility in women. Drink Aware states that drinking can make women less fertile, although how it does so isn't clearly understood. A study showed that drinking between one and five alcoholic drinks a week can reduce a woman's chances of conceiving and ten or more decrease the likelihood of conception even further.

6. MOST COUPLES CONCEIVE WITHIN THREE MONTHS OF TRYING

✗ False

This is not necessarily the case. Again, the amount of time it takes to conceive generally depends on the couple, considering factors such as age, general health and how often you have sex. Most fertile couples will get pregnant within a year if they have regular sex and don't use contraception.



6 fertility myths debunked



How long does IVF take?

If you're beginning your journey through IVF treatment, you might be wondering what's in store and how long it will be before you know whether the process has been successful or not.

The length of time it takes to complete a single cycle of IVF can differ slightly from clinic to clinic however, between 6 and 9 weeks is the average length of time between your initial consultation and your final pregnancy test.

The process described below is a 'long protocol' and may differ for you as an individual as we tailor your treatment to ensure the best outcome for your individual circumstances:

● Day 1 - Consultation and initial scan

You will meet your consultant who will ask questions and perform examinations to ascertain the root of your problem and what treatment might be best suited to you.

● Day 3 - Consent appointment and drug

information You will sign the necessary permission forms and get information from your consultant on how to administer your fertility drugs.

● Day 3 to Day 15 - Suppression drug course (this may be a much shorter process for many of you)

Drugs will be administered to temporarily stop your natural ovulation cycle so that we can control when your egg collection will take place.

● Day 16 to Day 27 - Hormone boosting or 'stimulation' course

This will greatly increase the amount of eggs contained in your ovaries, meaning when your consultant comes to extract them, there will be a greater chance of success.

● Day 30 -Trigger

Telling your body to begin to release your eggs down the fallopian tubes.

● Day 32 - Egg Collection

Your eggs will be collected from your ovaries.

● Day 32 to Day 37 - Fertilisation and embryo development

Your eggs will be taken into our labs where they will be held in an incubator after being fertilised with your partner's sperm or donor sperm.

● Day 38 - Embryo Transfer

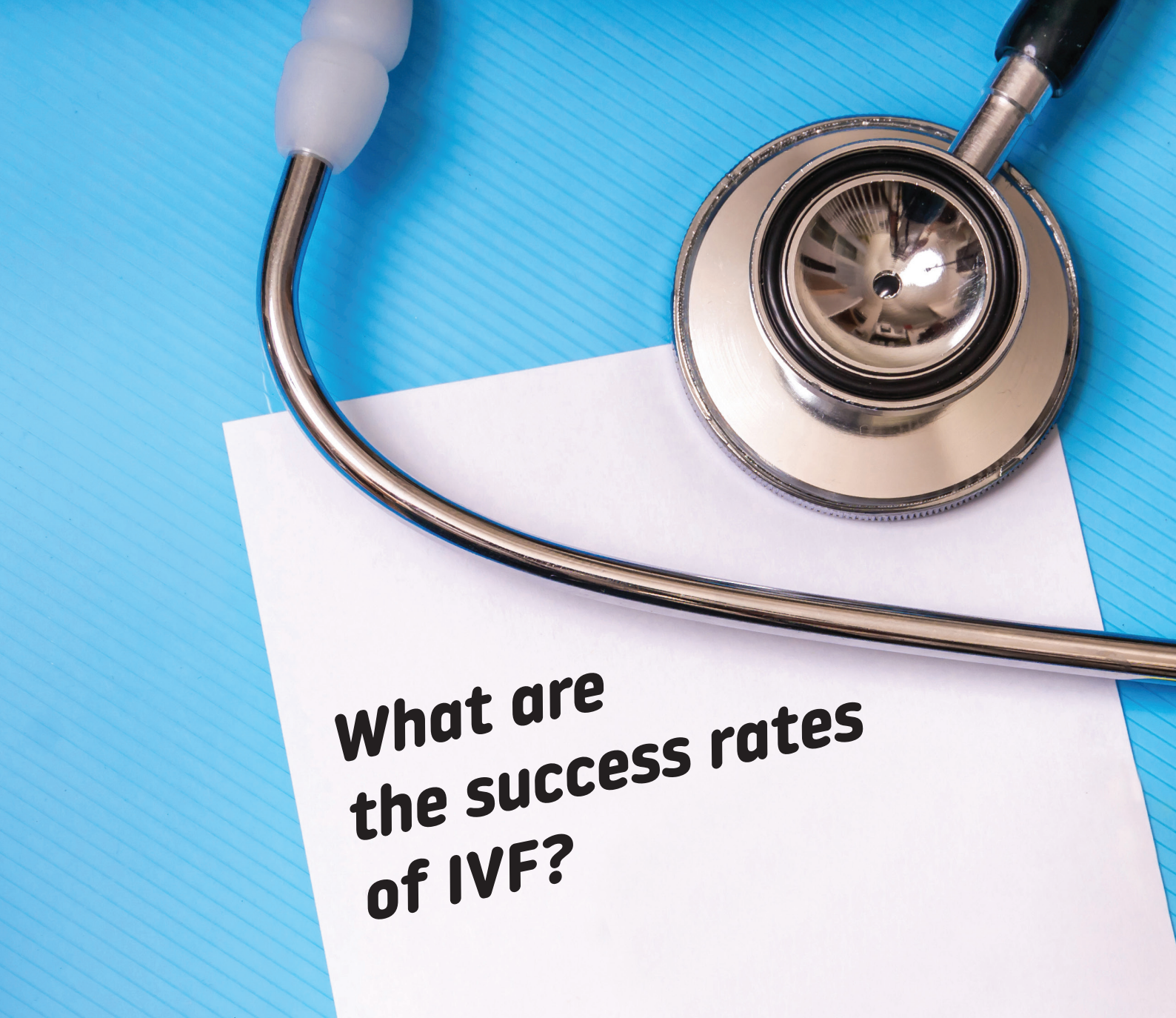
The fertilised embryo will be placed back inside your uterus, where it will hopefully attach itself to the wall and begin to develop into a baby.

● Day 45 - Pregnancy Test

Here you will find out whether the procedure has been a success or not.

● Day 60 - Pregnancy Scan

If your treatment has been successful, you will return for a scan to assess the health of the baby as it develops and grows.



What are the success rates of IVF?

IVF treatment has come a long way in 40 years, with rates of success increasing steadily but it is still far from a sure thing and you will want to ensure that you choose the clinic that is going to give you the best chance of success.

The time it takes to conceive varies from couple to couple – around 84% of couples will conceive naturally within one year if they have regular unprotected sex. For couples who have been trying to conceive for more than three years without success, the likelihood of pregnancy occurring within the next year is 25% or less.

The Human Fertilisation and Embryology Authority (HFEA) presents IVF success rates for every licensed fertility clinic. Success rates show the number of treatments carried out by the clinic in a particular year and the number of pregnancies or live births that were born as a result.

The success results published by HFEA for each clinic can be viewed online – they should only be used as a general guide. The majority of clinics' success rates are around the national average.

In many categories, The Hewitt Fertility Centre operates above the national average for fertility treatments.

Success rates will differ between clinics due to the type of patients a clinic treats (age being one factor), the type of treatment carried out and the clinic's treatment practices.



What are the chances of getting pregnant after 35?

It's common knowledge that women are most fertile in their 20s; however, the good news is that the number of women in their 30s having babies has risen in recent decades.

The Stats

The cold hard facts are that a woman's fertility starts to decline from the age of 30, dropping down a little more steeply from the age of 35.

Don't let that worry you though, because most women will be able to conceive naturally at the age of 35 and give birth to a perfectly healthy baby.

It's been suggested that there is up to an 86% success rate for couples that try for a full year who are aged 30-34. However, there is a slightly increased chance of miscarriage (this rises to 20% by the age of 35) compared to when you're trying for a baby in your 20s.

A woman in her 20s has about a 20% chance of getting pregnant during one single menstrual cycle, not per year, and by your mid-30s the chances are about 15% per cycle – so it's not a catastrophic difference, but that's not to say it won't take a little longer and be a little harder.

By the age of 40, only two in five of those who wish to have a baby will be able to do so.

How long would it take to get pregnant at 35?

It's normal for women in their 20s to get pregnant within two to three months of trying, however, for a woman in her mid to late 30s it might take six to nine months.

Although a man's fertility remains relatively high until his 50s, the proportion of men with sperm disorders has been shown to increase with age. So this is an important factor to consider if you're trying to get pregnant and your partner is a few years older.

Advantages of getting pregnant in your mid-30s

Although, biologically, it's easier to get pregnant in your 20s, it's usually much more practical to have children in your 30s.

In your 30s, it's likely you'll have a higher income and a better financial cushion. You'll also have a lot of stamina and resilience, which is crucial when it comes to parenting young children.

You also still have the energy to keep up with your children and will hopefully be able to remain financially comfortable whilst taking a break from work.

LGBTQ+ *Helping to build diverse families*

Same sex couples have a wide variety of fertility treatments available to them, all of which can help with achieving their dream of having a family in one way or another.

SOME OF THESE INCLUDE:

SPERM DONORS FOR LESBIAN COUPLES

Female same sex couples may not have any fertility issues so will only be in need of donor sperm. Often this can come from a male friend, but fertility clinics can always offer sperm donor programmes to help with conception.

DI IVF/ICSI FOR LESBIAN COUPLES WITH LOW FERTILITY

IVF/ICSI, in conjunction with sperm from a donor, can offer women who are part of a same sex couple the opportunity to achieve a successful pregnancy. In DI IVF/ICSI, eggs will be extracted and fertilisation will take place within a laboratory incubator before placing an embryo back inside the uterus where it will hopefully develop into a foetus.

SURROGACY

Surrogacy is a popular option for gay men who want to be biologically connected to their children, as well as for lesbian couples who are unable to conceive or carry a pregnancy on their own. While many people find a friend or even a family member to carry their child for them as a surrogate, many women make the noble decision to become surrogates and help strangers to achieve their dreams of having a baby.

DONATING SPERM

If you are part of a male same sex couple, you are unlikely to be in need of donor sperm but you could still take the altruistic step to ensure that other couples are able to realise their own dreams of having a family.

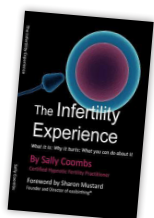
TRANSITIONING INDIVIDUALS

If you are an individual undergoing transition, one thing you may not have considered is the effect such a process can have on your fertility.

The hormone affecting drugs that you will be taking whilst undergoing transition can damage your fertility long term, therefore, many individuals take steps to ensure their fertility is preserved. This can be done via egg or sperm freezing.

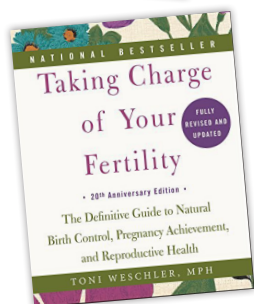
A cryopreservation lab can take your sperm or eggs before you transition and hold them safely in specialised freezing vessels for up to 55 years ensuring that you will have the power to choose the time and manner in which you will be building your own family.

Our top five fertility books



1. *The Infertility Experience* by Sally Coombs

If you're looking for support and practical help, this book is a good place to start. Written from the perspective that fertility is a journey for us all, but each journey is deeply personal and unique, the book is designed for you to be able to dip into different sections easily and covers both female and male infertility.



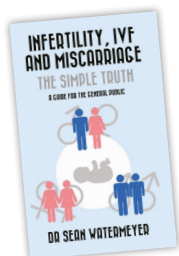
2. *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control, Pregnancy Achievement and Reproductive Health* by Toni Weschler

Author Toni Weschler is a fertility awareness counsellor and trainer who promotes fertility awareness through lectures at hospitals, clinics and universities in the USA, as well as appearing regularly on TV and radio. Her book demystifies the menstrual cycle and explains how to chart it, whether you're seeking to get pregnant or use natural family planning.



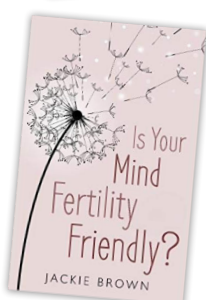
3. *More Love to Give: A Story of Secondary Infertility, IVF and the Desperate Quest for Another Child* by Helen Davies

This true story tackles the subject of secondary fertility, following Helen Davies' rollercoaster journey through four rounds of IVF in her desperate desire to have a second child following the birth of her first child. If you're trying for another baby, this is a reassuring read giving insight into the challenges of secondary infertility.



4. *Infertility, IVF and Miscarriage: The Simple Truth: A Guide for the General Public* by Dr Sean Watermeyer

This practical self-help book is written in layman's terms and will take you through the causes of infertility, IVF and miscarriage, as well as the different investigations on offer (and potential risks and outcomes). It also provides a useful step-by-step guide to IVF and highlights key points for quick reference.



5. *Is Your Mind Fertility-Friendly?: Don't Let Your Emotions Hijack Your Fertility* by Jackie Brown

Many women enter their thirties feeling anxious that they'll struggle to get pregnant, often long before they start trying. This book aims to help busy women become aware of the effect that stress and negative emotions can have on the body, including your fertility. It offers advice and self-help techniques to overcome stress and create the best environment to increase fertility.



When is the best time to get pregnant?

Your fertile window is the five days leading up to, and the day of, ovulation. You're most likely to get pregnant if you have sex within these few days, and particularly within a day or two of ovulation.

While one of your eggs will only live for around a day after being released, sperm can survive for up to a week; meaning you have a six-day window for sperm to meet an egg. It can be tricky to know the exact date of ovulation, so it's advisable to just enjoy having sex every few days.

To pinpoint your day of ovulation and increase your chances of getting pregnant there are a few things you can look out for...

How do I know when I'm going to ovulate?

If you have a 28-day menstrual cycle, then you're likely to ovulate around the middle of your cycle. But if you have a short cycle, you could ovulate within days of your period ending. And a long cycle may mean that you won't ovulate until two weeks after your period has ended.

Nearly half of all women have a cycle length that varies by more than seven days. If your menstrual cycle is different from one month to the next, then it's likely that your fertile window may vary each month, too.

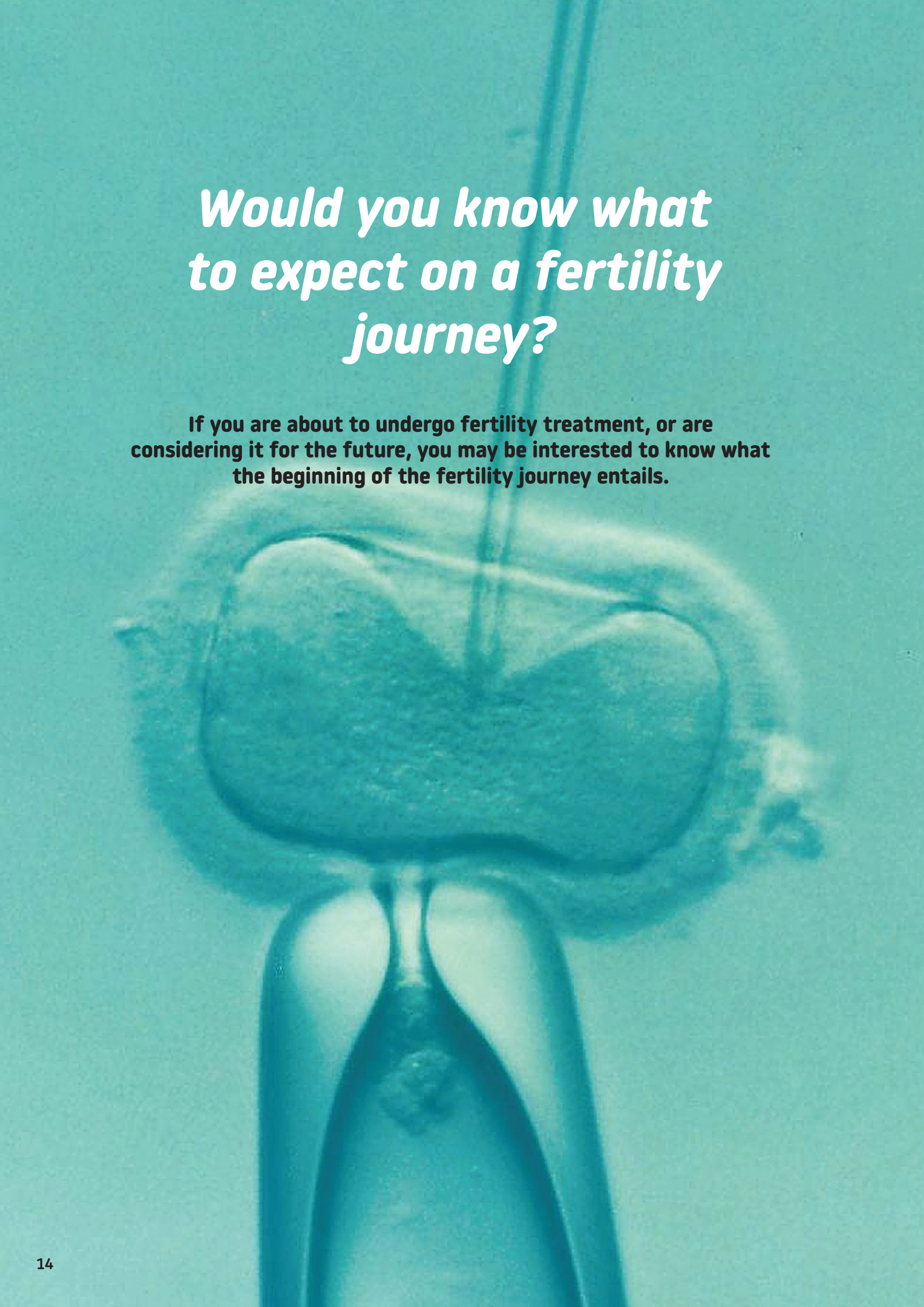
Here are a few things to look for if you want to know when you're ovulating:

- Increased vaginal discharge that's egg white in colour and stretchy – this is also known as fertile mucus.
- Slight discomfort on one side of your stomach, or ovulation pain.
- Basal body temperature (BBT). Which is your temperature when you first wake up in the morning. To record your BBT, you need to use a basal thermometer. To know when you're ovulating, look for a temperature rise compared to the previous six days of about 0.2 degrees Celsius.

Frequent sex boosts pregnancy chances

Although having sex around the date of ovulation might help to increase your chances of pregnancy, the best, and more realistically achievable thing to do is to have sex every two or three days throughout the month.

Trying to have sex around ovulation can get stressful, and being stressed may mean you have less sex. If you're going to track your ovulation, relax and try to simply enjoy having sex with your partner.



Would you know what to expect on a fertility journey?

If you are about to undergo fertility treatment, or are considering it for the future, you may be interested to know what the beginning of the fertility journey entails.

Many people may feel anxious about the unknown, but we hope that with the following information you will be able to go into fertility treatment equipped with the knowledge to feel relaxed and reassured.

● **STEP 1 – Trying**

Some people may be so eager to have a baby that even after a relatively short time they will start to worry when they are not instantly getting the results they want.

For most people, difficulty conceiving right away could be easily explained by having sex at the wrong time during your cycle, stress, or some other transient medical factors. We recommend that all couples attempt to conceive naturally for at least 12 months before seeking medical assistance (if you are over 35, that time should be reduced to 6 months).

If, after trying for a year you have not been able to conceive successfully, then you should visit your GP and ask to be referred to a fertility clinic for further investigations. Don't forget, you have the power to be referred to the clinic of your choice so, while your GP may make suggestions and recommendations, the decision ultimately lies with you.

● **STEP 2 – First Consultation**

After being referred to The Hewitt Fertility Centre, you will be booked in as soon as possible for an initial consultation; at this consultation one of our experienced doctors will try to establish an understanding of your medical history and your current state of fertility.

They will ask questions, perform scans and other tests to gain an understanding of what may be the root of your fertility concerns as well as beginning to construct an idea of what course of treatment might be best suited to you.

● **STEP 3 – Beginning Treatment**

Once your consultant has decided upon which treatment would be best suited for you, you will begin your journey. Consent forms will need to be completed and information will be given to you via, verbal, written and digital means to ensure that you have as much information as possible going forward.

● **STEP 4 – Drug treatments**

You may be pursuing a multitude of different treatment options however, for most people passing through the doors of The Hewitt Fertility Centre; you will likely be undergoing IVF or ICSI procedure. As part of this treatment you will need to administer a course of drugs, involving daily injections.

What these injections will do is manipulate your natural cycle so that we can both increase your natural egg production, and control the point at which your eggs are ready to be extracted.

Sex and fertility – conceiving is not the only thing sex is good for...

A sure-fire way to deal with stress? Sex

According to a recent small study of 46 men and women, sex can undoubtedly relieve stress, as well as improving your general wellbeing. Participants kept a diary of sexual activity and during stress tests - including public speaking and doing mental arithmetic out loud - the people who had no sex at all had the highest stress levels.

Sexercise

Another reason to consider regular romance is fitness. As many as 200 calories can be burned whilst having sex. Some studies even show that having sex for 30 minutes is as effective an exercise as going for a 15-minute run. Numerous studies have proven that a reduction in BMI makes sperm more numerous and mobile in men as well as making a woman more capable of producing high quality eggs.

Is there a best sex position for getting pregnant?

Sperm isn't impeded by standing up, sitting down, lying down or even being upside down. It will travel through the cervix, uterus and fallopian tubes regardless. What you should however be considerate of is stress. Stress can decrease your fertility and if trying different sexual positions does nothing other than lighten the mood in the bedroom, then that in itself can be positive.

Regular sex can heighten your chances of conceiving

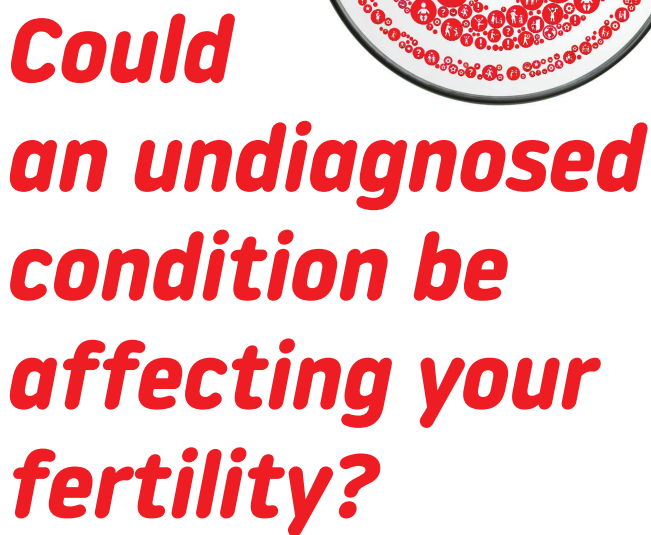
If you're trying to conceive, or even if you're not, there's no such thing as too much sex. Sex can improve your wellbeing, lower stress and anxiety levels and even help you to lose weight. Studies have shown that having sex multiple times a week, even daily, can help with conceiving.

Whilst a woman can only become pregnant while ovulating, there is another, little known, reason for creasing the sheets for the rest of the month.

A woman's immune system is her defence against invaders. Viruses, bacteria and even toxins, if detected within the body are all tackled by the immune system. Unfortunately, the immune system can sometimes struggle to tell the difference between what's ok and what isn't, meaning sperm could be stopped on its journey to the egg.

Having sex regularly familiarises the body to the sperm cells, meaning that when you are ovulating, your body is far more likely to roll out the red carpet and let the sperm do their job. So, get to it!





Many things can affect your fertility – disease, lifestyle, exposure to certain toxins, heredity, and long term health conditions.

HERE ARE A FEW HEALTH CONDITIONS THAT, IF LEFT UNDIAGNOSED AND UNTREATED, COULD AFFECT YOUR FERTILITY...

Fibroids

A collection of uterine cell tissue that forms for unknown reasons – fibroids are most likely to impact fertility when they grow inside the uterine cavity, distorting its shape and size. The most common symptoms of uterine fibroids include:

- Heavy menstrual bleeding
- Pelvic pressure or pain
- Difficulty emptying the bladder
- Constipation

Pelvic Inflammatory Disease (PID)

PID occurs when bacteria move from the vagina to the upper reproductive tract, causing infection. STIs are the leading cause of PID but there are other less common causes too – such as complications from the insertion of an intrauterine device or even douching.

Symptoms of PID include:

- Pain in the lower and/or upper abdomen
- Fever
- Painful sex
- Irregular bleeding

Obesity

If you are severely overweight and not doing anything about it, or unaware that you are carrying a couple of extra pounds then this will directly impact your ability to conceive. Studies show that women who have a Body Mass Index (BMI) over 35 have decreased fertility, even if their cycles are regular.

Endometriosis

Endometriosis occurs when the lining of the uterus grows outside the uterine cavity, creating scar tissue that makes it difficult for the fallopian tubes to pick up and move an egg to the uterus.

Symptoms of endometriosis include:

- Severe menstrual cramps
- Painful bowel movements or urination
- Abnormal or heavy bleeding during periods
- Painful sex



Should you exercise to get pregnant?

Exercise has a number of health benefits for the average person, but for the woman trying to conceive, exercise may help eliminate, or at least manage, some of the causes of infertility:

Reduced stress

Stress not only affects your overall health, it can also affect your ability to conceive. While stress doesn't directly cause infertility, it can have an adverse effect on your hormonal balance which in turn can lead to disruptions in your cycle.

Weight loss

Obesity has been linked to infertility, with numerous studies suggesting obese women are more likely to experience reproductive problems and, if they do get pregnant, experience a higher risk of miscarriage and delivery complications.

Better sleep

As with stress, a lack of sleep has been found to have an adverse effect on hormone balance within your system. As well as helping ensure your body is working as it should, a good night's sleep can help with your metabolism and stress levels.

How Much Is Too Much Exercise?

While some studies have shown that exercise can help fertility, other studies show that too much vigorous exercise may lower fertility.

However, there are no specific exercise guidelines for women who are trying to conceive. Of course, we have general exercise guidelines; we have guidelines for people trying to lose weight, for seniors and even during pregnancy. So, where does that leave you if you want to conceive?

IF YOU ALREADY EXERCISE

You should talk to your doctor if you exercise and are having fertility issues. There are some signs to look for that may tell you if you're doing too much:

Missed periods

Exercising too much may cause irregular periods or missed periods altogether. If you've always been irregular, this may not be due to exercise, but if you experience changes in your cycle and you exercise at high intensities, you may want to talk to your doctor about cutting back on your workouts.

Exercising more than seven hours a week

Some studies have shown that working out for more than seven hours a week may affect fertility.

Signs of overtraining

Overtraining can put extra stress on the body. Even if you still have your period, look for signs of overtraining such as fatigue, soreness that won't go away, insomnia or poor performance.



What foods should you eat to get pregnant?

Several factors come into play when you're trying to boost your fertility. One of them is following a well-balanced, healthy diet.

If you're trying to get pregnant, pay close attention to your diet so you can ensure you have every chance of conceiving a healthy baby. A healthy diet provides antioxidants, vitamins and minerals, which help protect the quality of egg and sperm.

HERE ARE A FEW SUGGESTIONS OF THE BEST FOODS TO EAT...

- **Complex carbs** – found in whole grains, vegetables, peas and beans. Complex carbs are digested slowly and have a more gradual effect on blood sugar and insulin. Avoid simple carbs like white bread, white rice and baked goods – these types of food can cause high insulin levels, disrupting the hormonal balance needed for reproduction and ovulation.
- **Fish** – fish is a great source of omega-3 fatty acids, especially wild fish such as salmon and shrimp, and these essential fats are believed to have a positive effect on fertility. Research suggests that a diet rich in omega-3 may help to regulate ovulation, delay ageing of the ovaries and improve egg quality. Women who are trying for a baby should have no more than two portions (140g) of oily fish a week.
- **Plant protein** – lentils, beans, nuts, seeds and grains are all sources of plant protein and are thought to be a natural fertility booster.
- **Iron-rich foods** – such as red meat, pulses, bread, green vegetables and fortified cereals. These foods will help build up your iron levels in preparation for pregnancy.
- **Lots of fruit and veg** – since dairy foods should be consumed in moderation due to their high-fat content, you can get your daily dose of calcium from vegetables such as broccoli, kale and oranges.

ARE THERE ANY FOODS I SHOULD AVOID?

- **Alcohol** - this does have some effect on hormonal balance, in addition to which there are claims that, because of its dehydrating effect on the body, it may make the cervical mucus too thick, which can hinder the sperm reaching the fallopian tubes and egg. Men should watch their alcohol intake, too, drinking no more than 14 units of alcohol a week – more than this can affect the quality of sperm.
- **Refined sugar** - consuming too much can lead to insulin resistance, which can cause or worsen polycystic ovary syndrome. PCOS is a condition that affects ovulation and is one of the most common causes of female infertility.



What is your period trying to tell you?

If you experience a heavy bleed...

If you're going through a pad every two hours, this is a sign you're experiencing a heavy bleed and it's depleting your body of its essential resources. Heavy bleeding generally suggests you have elevated oestrogen levels and can also be a sign of endometriosis, which can lead to infertility problems.

Drinking plenty of water and eating a balanced diet can help your body detoxify and lower oestrogen levels.

If you experience a light bleed...

Although this is often considered a blessing, a light period can mean that your uterine lining isn't as thick as it needs to be for the best chance of getting pregnant. Eating plenty of protein and fat can help stabilise your hormone production and boost oestrogen levels to encourage a more consistent flow and thicker lining.

If you bleed a brown-ish colour...

The colour of period blood can change throughout your cycle, and brown-ish colouring is normal toward the beginning and end of the cycle. It's usually oxidised blood caused by low-levels of progesterone - help up these levels by taking B6 supplements or eating eggs with the yolk.

If you bleed for a prolonged period of time...

Anything longer than 7 days is considered prolonged bleeding. A long period suggests ovulation is not occurring regularly or something is disrupting the uterine lining. Causes can include thyroid gland irregularities, polycystic ovary syndrome (PCOS) or elevated hormone levels.

If you suffer from bad cramps...

Cramps are actually your uterine wall muscles in spasm as they try to loosen stale, stagnant blood for a fresh and healthy lining. Severe cramps, also called dysmenorrhea, suggest that this isn't happening effectively, meaning your uterine lining isn't at its best form, potentially leading to conception difficulties.

If your periods are irregular...

It's normal for periods to be a few days late or early each month, if a little inconvenient. Stress and weight can have a huge impact on regularity. However if your period is happening more often than once a month, or you'll go by months without having one at all, this is a sign something isn't working right and that your menstrual cycle is too short or long. This can be caused by PCOS or thyroid gland irregularities; eat plenty of marine-sourced vegetables - such as nori which you will recognise as sushi wrapper - and make sure your salt contains iodine to support your thyroid.



Other treatments and technologies

1. ICSI

Much like IVF, Intracytoplasmic Surgical Implantation, or ICSI, involves the extraction of an egg and sperm cell, and the combining of them in a laboratory to make a viable embryo. The difference lies in how the two cells are combined. In ICSI treatment, extremely fine needles are used in conjunction with powerful microscopes to isolate a single sperm cell and inject it directly into the female egg.

ICSI treatment is often used when regular IVF treatment has consistently been unsuccessful, and is more commonly used with older patients who are more likely to suffer with more severe fertility issues.

2. EMBRYOSCOPE

In the past, during IVF or ICSI treatment, to examine the developing embryo scientists would need to remove the embryo from incubation for inspection. This method was flawed for two reasons. Firstly - the regular removal of the embryo would lead to changes in temperature causing damage.

Secondly, the embryo could only be monitored for a very short time, a couple of times a day; this meant that if abnormalities were developing within the embryo, they could be missed.

Thankfully, in 2009 the EmbryoScope was invented. This piece of equipment utilises a special camera within the incubation machine which takes a photograph of the developing embryo every few minutes to give the scientific staff an understanding of how well the embryo is developing.

3. EGG FREEZING

Egg freezing is utilised for numerous reasons; to preserve the fertility of those undergoing Chemotherapy - where fertility can be damaged, those undergoing fertility treatment who - for ethical reasons - do not believe in the destruction of unwanted embryos, or those who may be in the military or other life-threatening scenarios and wish to give their partner the chance to create a family in the result of their death.

More recently, social egg freezing has become increasingly popular. Women who feel that, for reasons such as career commitment, lack of a suitable partner or just freedom of choice are opting to freeze their eggs until a point in the future that they feel happier becoming pregnant.

4. PGT

PGT, or Pre-implantation Genetic Testing (PGT) involves the testing of cells from embryos created following IVF to establish whether those embryos contain chromosomal abnormalities or particular gene defects that could lead to failure of an embryo to implant, miscarriage, or genetic complications in the child born.



What happens if you are unsuccessful?

If you are one of the thousands of people who have tried numerous fertility treatments and are still unable to conceive, then you're likely to be feeling a sense of desperation and loss.

Being told that the chance of carrying your own child is unlikely is a difficult experience. However, here at The Hewitt Fertility Centre, we are devoted to ensuring that everyone has the chance of building their own family, but sometimes doing so means exploring other possibilities and avenues.

Adoption and surrogacy are both alternative paths for couples who may have tried IVF/ICSI treatments and been unsuccessful. While some people may feel that the lack of a biological connection to their child could be distressing, there are a countless number of accounts online from parents and children alike who feel just as connected emotionally and personally to their parent/child as they would if they had been together since conception.

For most people, those concerns either lessen with time or vanish completely when they realise that what truly connects families on an emotional level is our experiences and personalities, not the content of our DNA.

If you are met with the realisation that you will be unable to conceive naturally and that fertility treatments are not able to allow you to overcome those issues, it is important to embrace the psychological aspect of that and deal with the emotions that you will undoubtedly be feeling.

While psychological issues may feel like a burden that you have to carry alone, communicating those feelings with others and allowing people to help you is the healthiest thing that you can do when dealing with the grief of infertility.

Counselling, relaxation techniques and psychotherapy are all options available to you that have been proven to help people deal with all manner of grief and loss as well as anxiety and depression.

What is of paramount importance when dealing with such a situation is to be constantly conscious of it not being the end of a journey, but more of an obstacle along the way. While feelings of loss and grief are to be expected, they are almost never permanent; there are always other options for you to consider for a fulfilling life.





Your best chance of success

The Hewitt Fertility Centre has a history of making people's dreams of having a baby come true.

With success rates among the best in the UK, we provide fertility services from clinics in Liverpool, Knutsford, and the Wigan area.

Wherever you live, if you are eligible for NHS treatment you can ask your GP to refer you to us. If you are considering self-funded treatment we have financial options available to meet your needs.

Get in touch with us to find out how we can help you on your fertility journey.

Liverpool: 0151 702 4121 Knutsford: 01565 653 287 Wigan: 01257 256 6251

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