

Fertility Awareness for People with Ovaries



LGBTQ Reproductive Options

Fertility awareness is a set of techniques that help you to get to know your ovulation and menstrual cycle. If you are trying to conceive, it is essential to understand how your cycle works, and when you are ovulating. This info sheet is an introduction to fertility awareness for people with ovaries. It is written for women and trans people with ovaries who are trying to conceive.

There is a list of books and further information at the end of this info sheet. This info sheet is part of a series on LGBTQ reproductive options. For specific information about insemination, please refer to our info sheets on insemination with fresh and frozen sperm. All our info sheets are available in our library: lgbtqpn.ca/current

Timing is Everything

A human egg is able to fertilize for about 24 hours, and you typically only ovulate once per cycle. Even if you release two eggs in a cycle, the ovulations will occur close together.

Fresh sperm can be viable for up to 5 days after sex or insemination. Frozen sperm are only able to fertilize an egg within 24 hours of insemination. If you are trying to conceive with frozen sperm, timing is especially important.

The best timing for insemination is *before* ovulation occurs – with fertility awareness, you are trying to predict when you will ovulate. Once you know you have ovulated, it is generally too late to conceive.

Other fertility tracking methods

There are a lot of different ways to figure out when you are ovulating. Some methods use simply counting days, other methods are very high-tech. Fertility awareness techniques can be used with other methods, or it can be used on its own.

Cycle Monitoring

Cycle monitoring is when a fertility clinic is monitoring you through bloodwork and ultrasound to track your fertility and pinpoint when you will ovulate. You may wish to use fertility awareness in combination with cycle monitoring. Some people find it empowering to understand their cycle through a combination of cycle monitoring and fertility awareness.

How can I use fertility awareness?

If you are trying to conceive, you can use fertility awareness to find the right timing to inseminate with fresh or frozen sperm.

If you are not trying to conceive, you can use fertility awareness to learn more about your body, to know when to expect changes in your cycle.

If you are trying to avoid pregnancy, you can use fertility awareness to identify the fertile phase of your cycle, and avoid sex that could make you pregnant at the time.

If you are taking fertility medications, they may change some of your fertility awareness signs, so you may not be able to use fertility awareness accurately. If you are taking fertility medications, you should be monitored by a fertility clinician.

Cycle monitoring is usually done in a fertility clinic, please refer to our info sheet on cycle monitoring.

Home Ovulation Prediction

Ovulation predictor kits and fertility monitors can be used to complement or confirm fertility awareness techniques.

Please read the instructions in your kit or device carefully.

The Calendar or Rhythm Method

If your cycle is very regular, and you always ovulate on day 14 of your cycle simply counting days and knowing when you will ovulate may work for you. Fertility awareness is not the calendar method or rhythm method. Fertility awareness uses fertility signs to predict ovulation and to help you confirm when ovulation has occurred.

Learning your Menstrual Cycle

Fertility Awareness Techniques are very low-tech, non-invasive ways to learn more about your ovulation signs, your menstrual cycle, and your fertility. The most important part of reliably predicting ovulation is charting your fertility signs so that you know what your patterns are. Generally, charting your fertility signs for one, two or three cycles before you try to conceive will give you a good idea of what your typical patterns are.

There are four phases in your cycle:

1. Menstruation
2. Follicular Phase
3. Ovulation
4. Luteal Phase – fertilization & implantation

Menstruation

Day 1 – the first day when you are bleeding bright red blood.

Some people have a few days of spotting, with brown blood before their Day 1.

Typically, menstruation lasts 3-7 days.

Follicular Phase

During each cycle, many eggs are prepared to ovulate, but only one or two follicles become the dominant follicles. One egg matures within each dominant follicles, and then one or two eggs are released at the time of ovulation.

In the follicular phase, estrogen levels rise, which prompts the uterus to develop a thick lining, called the endometrium.

Reproductive Options

For more detailed information on donor insemination, IVF, and surrogacy – consult our other info sheets, which are all available on our website.

LGBTQpn.ca/current for the full list.

Fertility Awareness for People with Ovaries



The length of your follicular phase can vary. People who have variable or irregular cycles will find their follicular phase is longer in long cycles and shorter in short cycles.

Ovulation

When the estrogen levels from the developing eggs are high enough, it triggers the release of a hormone called luteinizing hormone (LH) from the pituitary gland. The release of LH matures the egg and weakens the wall of the follicle, leading to ovulation. Ovulation is when the egg is released from the dominant follicle.

Once the egg is released, it travels from the ovaries to the fallopian tubes and into the uterus.

Luteal Phase

After the egg is released, the empty follicle turns into a corpus luteum. The corpus luteum produces progesterone, which stimulates changes in the uterine lining to prepare for an embryo to implant.

The length of the luteal phase varies from person to person, and can be anywhere from 10 days to 14 days. For most people, their own luteal phase stays the same from cycle to cycle.

Fertilization and Implantation

If the egg meets sperm, fertilization may occur during the luteal phase. Fertilization is when the egg and the sperm combine and begin to form an embryo. If the egg does not meet sperm, or the egg and the sperm do not combine, there will be no embryo.

If the egg and the sperm form an embryo, the embryo may then implant in the lining of the uterus and continue to develop. When implantation is successful, the embryo secretes a hormone, HcG, which sends the signal to your body to the corpus luteum on your ovary to keep producing progesterone to support the pregnancy.

No Fertilization or Implantation

If your body does not get a hormone signal from the developing embryo, the corpus luteum stops producing progesterone. When the progesterone levels drop, your uterus will expel the uterine lining, and menstruation begins and the cycle starts over.

Cycle Length

Many people believe their cycle is irregular because it is not 28 days long. In the follicular phase of your cycle, your cycle can be affected by stress, eating and exercise habits, travel, or other factors. This means that a fertile cycle can be longer than 28 days.

In a 28 day cycle, ovulation typically occurs on day 14. But it could occur on day 15, 16, 17 and still be a regular 28 day cycle.

If your cycle varies a bit or even a lot from cycle to cycle, it does not mean that you are not fertile. It might simply mean that the length of your follicular phase varies.

If you always have cycles longer than 28 days, this also does not mean that you are not fertile. It can be a warning sign of fertility challenges, or it could just mean that your follicular phase is long.

If you have cycles that are shorter than 28 days, it can be a warning sign of fertility challenges, especially if your cycle is shorter than 21 days. If your luteal phase is not long enough, generally, at

least 10 days, it can mean you have a problem with ovulation. If your follicular phase is not very long, it could mean that the eggs are not mature when ovulation occurs.

Cycle length on its own does not give you much information about fertility challenges.

Charting Your Fertility

There are a few signs that you will pay attention to with fertility awareness:

- Basal Body Temperature (BBT)
- Cervical Mucus
- Cervical Position and Texture
- Your own specific signs

Charting is an important component of tracking your fertility over time. Charting your temperature requires a very complex and visual chart, or using an app. If you are charting your temperature, you would typically record other signs along with the temperature. If you are only charting other signs, you may simply use a calendar or a sheet of paper. Through charting your cycle over time, you may notice patterns in your mood, hunger, energy levels, or sleep patterns that are linked to your cycle.

Basal Body Temperature (BBT)

Basal body temperature, or the temperature of your body at rest, is lower during the follicular phase, before ovulation. To measure basal body temperature (BBT), you need to use a specific basal thermometer, and you will need to take your temperature every day, at the same time every day, before you move or get out of bed.

Many people find BBT is inaccurate for them if they have interrupted sleep, sleep different hours, drink alcohol, or have a fever. However, if BBT works for you, it is a very accurate way to confirm when ovulation has occurred.

BBT can only help you properly time an insemination if you notice the pre-ovulation dip in your temperature. Not everyone has this dip, and it might not be detectable for you in a particular cycle. Once you have confirmed ovulation with a temperature rise, it is too late to inseminate in that cycle.

How BBT Works

Typically your resting body temperature will range from 97.0 to 97.5 degrees Fahrenheit (F) in the morning. Immediately before ovulation, the temperature will drop briefly.

Soon after ovulation, progesterone causes your body temperature to rise until you menstruate. Identifying this temperature rise on a chart will let you know that ovulation has occurred.

If your BBT remains elevated past the time that your menstrual period is due, it could be a very early indicator of pregnancy. If you are not pregnant, your BBT will drop back to your pre-ovulation level right before menstruation starts.

How to use BBT

BBT is a very complex fertility awareness technique. If you are interested in learning to use Basal Body Temperature to track your cycle, consult the book *Taking Charge of Your Fertility*, which is listed in the resources section.

In order to use BBT you must track your temperature on a chart, every morning. There are also apps to help you keep track of your chart. Because the patterns of BBT charts are only visible a few days later, BBT is not helpful in predicting ovulation within a particular cycle unless you notice the pre-ovulation dip, along with other fertility signs. Over time, BBT can give you insight into how your body works and help you confirm that you ovulated when you think you did.

People who are trying to conceive use BBT in combination with other fertility awareness techniques.

Cervical Mucus

You may have already noticed that your cervix has different types of discharge throughout your cycle. The texture, amount, and colour of your mucus varies throughout your cycle.

How Cervical Mucus Works

During menstruation, you cannot distinguish menstrual blood and the endometrial lining from any cervical mucus.

Immediately after menstruation, you will observe one pattern of cervical mucus, over time, you will learn whatever is typical for you.

Leading up to ovulation, you will notice more cervical mucus, and wetter cervical mucus. At the time of ovulation, cervical mucus can be very watery, or very slippery, or stretchy. The most fertile cervical mucus is stretchy and slippery, like egg whites.

After ovulation, the cervical mucus dries up and all fertile cervical mucus disappears. You will then notice that the typical non-fertile pattern of mucus returns, until menstruation.

Right before menstruation, you may notice the return of a slippery and stretchy mucus, this does not mean you are ovulating again. You might also notice a bit of brownish blood, or light pink blood, which is called spotting, for a day or two days before menstruation.

How to Check Cervical Mucus

Like with BBT, you will likely want to chart your cervical mucus on a chart or an app – it does not have to be complex, many people simply use a calendar or a sheet of paper to identify patterns.

Many people find it convenient to observe changes while using the bathroom. You will generally need to reach inside your body, near your cervix, to find some cervical mucus to examine. Try to check your mucus at the more or less the same time every day, for your whole cycle, to see how it changes.

- Does your vagina or the area around your cervix feel dry, moist or very wet?
- Quantity: Can you find some cervical mucus?
- Colour: Are your secretions clear, white, yellowish?
- Texture: Is your cervical mucus very stretchy and slippery, creamy or sticky feeling?
- Texture: Is your cervical mucus wet or dry, or maybe even crumbly? Is it stretchy like egg whites?
- Blood: a very small quantity of blood, no more than a few spots, might be mixed with very fertile cervical mucus at the time of ovulation. You might never have noticed it before, but it is a good indicator of ovulation.

Sexual arousal, the presence of semen, use of lubricants or spermicides, or menstrual blood will mask the texture or quantity of cervical mucus. Taking an antihistamine can dry up your mucus, and a decongestant can make your mucus more liquid. A yeast infection or a bacterial infection can also affect your cervical mucus.

Taking fertility medications will change your cervical mucus. If you are taking fertility medications, fertility awareness is not an appropriate technique for you to rely on to predict your ovulation.

Cervical Position

The cervix is the opening to your uterus. Throughout your cycle, your cervix moves around a bit.

During menstruation, the cervix opens a bit to allow blood and endometrial tissue to flow out from your uterus.

In the follicular phase, before ovulation, your cervix will feel firm, and be low, you may be able to reach it easily. It will feel closed and dry.

Around the time of ovulation, the cervix softens, opens, lifts and becomes very receptive to sperm, allowing them to enter the uterus and fallopian tubes.

After ovulation, the cervix again becomes firm and the opening of the cervix, the os, is closed.

To check the position and texture of your cervix:

Wash your hands prior to checking your cervix. Check the position of your cervix around the same time each day. Most people find it easy to check cervical position, texture, and cervical mucus at the same time. Many people find it easy to check their cervix while they are sitting on the toilet.

Gently insert one or two fingers inside your body. Reaching back you should be able to feel your cervix.

- Does your cervix seem easy to reach (low) or difficult to reach (high)?
- Does your cervix feel soft (like your lips) or firm (like your nose)?
- Does the entrance of your cervix feel slightly open or closed?
- Does your cervix feel dry, moist or very wet?
- If you are charting your fertility signs, record your observations.

Your Own Specific Signs

Hunger, sleep, headaches, or energy levels may be linked to parts of your menstrual cycle. If you are charting your fertility signs, you might also want to make note of other feelings you have that might be linked to your cycle. Many people notice that migraine headaches are linked to hormone changes, other people have noticed sleep disruptions are linked to hormone levels. Food cravings during or leading up to menstruation are common as well.

You may notice your own signs that can help you identify what is happening in your body throughout your cycle. If you are trying to conceive, remembering your typical pre-menstrual signs can help you know what is typical for you and what might be an early sign of pregnancy.

What to do with fertility awareness information

Through fertility awareness, you can gather information about your body and your cycle.

If you are trying to conceive through having sex with a partner or home insemination with fresh sperm from a known donor, co-parent, or partner, understanding fertility awareness and using your own charts can help you determine when to inseminate.

If you are inseminating with the help of a healthcare provider, fertility awareness can help you determine the right timing before going to the clinic for your insemination.

If you are trying to conceive with a fertility clinic and are doing cycle monitoring, having your own fertility awareness information may help you understand what your doctor is finding out through cycle monitoring. You might also have information about your cycle that can help you navigate making medical decisions with your healthcare provider.

You may wish to use fertility awareness with using ovulation predictor kits and fertility monitors, or you may find fertility awareness methods are more useful to you. Fertility awareness methods are also low-tech and generally are lower cost than other fertility tracking methods. Many people use fertility awareness in combination with other methods of fertility tracking.

Gathering information over Time

Over a few months before you begin trying to conceive, gather detailed information on your cycle by charting some or all of the fertility signs.

It may be very clear that you ovulate regularly, with a distinct pattern of signs leading up to ovulation. If you find your chart confusing, or unclear, it might be time to consult with an expert on fertility awareness who can help you. If you can clearly interpret your chart, but it shows that you are not ovulating, or that you are having problems with one part of another of your cycle, it may be time to consult with a fertility focused health care provider.

Once you can clearly identify that you are ovulating over time, and you can clearly identify the signs of ovulation approaching in a cycle, then you have all the information you need to be trying to conceive.

Timing to Conceive

Please refer to our info sheets on insemination for more detailed information.

If you are using fertility awareness methods to time your attempt to conceive, you will likely want to become very familiar with your cycle over one to six months before you start trying to conceive.

The tricky part of timing your insemination properly is predicting your ovulation a day or a few days ahead. If you are inseminating with frozen sperm, you want to time your insemination as close as possible to the time of ovulation, but before you ovulate.

If you are inseminating with fresh sperm or having sex with a partner who produces sperm, you want to time your attempt to conceive before ovulation, but the timing is more flexible, since fresh sperm will be active inside your body for up to five days after ejaculation, leading up to ovulation.

Bringing in Additional Expertise

If you have been trying for some time without success, or if you want to make sure your interpretation of your charts is correct, you may wish to consult with a health care provider who can go over your charts and experiences with you to provide some guidance. Naturopathic doctors, midwives, OBGYNs and family medicine doctors who have expertise in fertility may be willing to help you analyze your charts and provide recommendations. In Ontario, most midwives do not provide preconception care at this time. Midwives in other jurisdictions may offer remote services. We expect that midwives will have more capacity to provide care in the near future.

Cycle Monitoring in a Fertility Clinic

Cycle monitoring is a different way of looking for the same clues and cues as fertility awareness, with a bit more information and precision.

In cycle monitoring, a team of doctors, nurses, sonographers, and lab technicians are looking for the same information in a different way. Cycle monitoring starts on Day 3 of your cycle. You will visit the clinic every few days to have ultrasound and bloodwork monitoring throughout menstruation and your follicular phase.

If you are taking fertility drugs, you may medication leading up to your cycle, or you may begin medication during menstruation and through your follicular phase.

In most clinics, an ultrasound technician will use internal ultrasounds (clinically: transvaginal ultrasound) to count the number of follicles and measure them. Follicles get bigger as your approach ovulation.

Using blood draws, they will monitor your hormone levels, including follicle stimulating hormone (FSH), luteinizing hormone (LH), and progesterone.

Insemination will take place during the time of ovulation. If you are doing IVF, the eggs will be retrieved at the time of ovulation. You may use a medication to help time ovulation.

During your luteal phase, you may take progesterone supplementation, particularly if your levels are low or if your eggs were retrieved for IVF. Some clinicians may ask you to come in for a blood draw 7 days after ovulation to establish your progesterone levels.

Even if you are doing cycle monitoring with a fertility clinic, you may wish to do your own fertility awareness monitoring as well in order to learn more about your body and help your clinical team treat you. Fertility medications can change your fertility signals, but you may still find this information valuable.

Key terms

Menstrual cycle

The process of ovulation and menstruation.

Cervix

The opening to the uterus.

Estradiol

Estrogen produced in the ovaries.

Luteinizing Hormone

A hormone produced in the pituitary gland. A surge of LH triggers ovulation and development of the corpus luteum. This is the hormone that ovulation predictor kits test for.

Progesterone

A hormone secreted by the corpus luteum after ovulation and in early pregnancy.

HcG - Human chorionic gonadotropin

A hormone generally specific to pregnancy, it is produced by the placenta after implantation. This is the hormone that pregnancy tests detect.

Corpus luteum

A corpus luteum forms on the ovary during ovulation. In the follicular phase, the follicle develops, containing the ovum. At ovulation the follicle ruptures expelling the ovum into the fallopian tube, becoming the corpus luteum. The corpus luteum then releases progesterone after ovulation, until menstruation.

Fertilization

When an ovum and a sperm meet, an embryo is created. This is called fertilization. It can happen inside a body, usually in the fallopian tube, or through IVF, or *in vitro fertilization*. For IVF, fertilization involves removing eggs from a person's body before fertilization in a lab.

Embryo

A fertilized egg and sperm combine and begin to divide to form many cells, called an embryo.

Implantation

The embryo implants in the endometrium, the lining of the uterus, to begin a pregnancy.

Insemination

Placing sperm or sperm and semen into your body to create a pregnancy.

Additional Resources

Directory

Our website has a directory which lists professionals who have expressed a commitment to providing competent and welcoming care to LGBTQ parents, gestational carriers prospective parents, and their children. While the emphasis is on listings within the greater Toronto area, it includes listings from across Ontario. Please visit lgbtqpn.ca/directory

Well Persons' Conception Program

If you are interested in timing your own insemination and then going to a clinic to inseminate with frozen sperm from an unknown donor, this program may be a good fit for you.

<http://hannamfertility.com/the-well-persons-conception-program/>

Trio Fertility

Dr. Judith Perry is a family doctor with expertise in fertility care. She can offer insemination with frozen sperm from unknown donors. <http://triofertility.com/>

Maia Midwifery Classes and Webinars

This midwifery collective in the US offers in person and online workshops and individualized consultation on topics related to preconception health and fertility awareness.

<http://maiamidwifery.com/classes-webinars/>

Taking Charge of Your Fertility

Weschler, Toni. 2015. *Taking Charge of Your Fertility, 20th Anniversary Edition: The Definitive Guide to Natural Birth Control, Pregnancy Achievement, and Reproductive Health.*

This large paperback book is widely available. Earlier versions are still accurate, but may not include the most updated information about assisted reproduction.

<http://www.tcoyf.com/>

The website includes apps for charting your fertility on both iOS and Android and additional information as well as forums to engage with other people who are interested in charting and fertility related topics.

The LGBTQ Parenting Network supports lesbian, gay, bisexual, trans, and queer parenting through training, research, resource development and community organizing.

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This information is provided as a community resource by the LGBTQ Parenting Network, a program of Sherbourne Health Centre.

Every effort is made to ensure that this information is as current and accurate as possible, but we cannot guarantee the accuracy of the information. Readers should verify the information before acting on it.

We welcome reports of errors and omissions as well as suggestions.

For updates, visit: lgbtqpn.ca/current

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