

**Psst!**

Plan to Stay in Shape Today

# Fertility **or** infertility



2<sup>nd</sup> edition

 **familiprix**



## **Planning? Conceiving? What to expect.**

**You've decided to have a baby!  
We bet you're excited and happy  
about it — founding a family is such  
a wonderful event!**

But you may have many questions.  
When should I stop using contraception?  
What is the best time for relations?  
Am I fertile? There's so much to know.

This guide can help. It's divided into three sections. The first one describes how the menstrual cycle works. The second explains how fertilization typically occurs. A final section discusses infertility. After reading it, you'll know more about the mysteries of fertility, and no doubt be better equipped to tackle the challenges surrounding this sometimes-lengthy process.

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# The menstrual cycle

During each menstrual cycle, variations in hormone levels cause the ovaries to produce an egg (**ovum**). This egg can be fertilized by a sperm cell. Eggs develop in **follicles** (small pouches) in the ovaries in a process triggered by estrogen levels. A woman's estrogen level generally remains constant. Still, it rises dramatically (**estrogen spike**) once the follicle is ready, or mature, causing the follicle to rupture and release the **egg** into the ovary.

The egg then travels to the uterus via the **fallopian tube**. This is the point at which it can be fertilized by a sperm cell. Each month the uterus lining, called the **endometrium**, swells and thickens to prepare to receive and nourish the potential fetus. If the egg is fertilized, it implants itself in the endometrium and begins its growth in the uterus. If it hasn't been fertilized, it is expelled from the body simultaneously as the endometrium. This is menstruation.

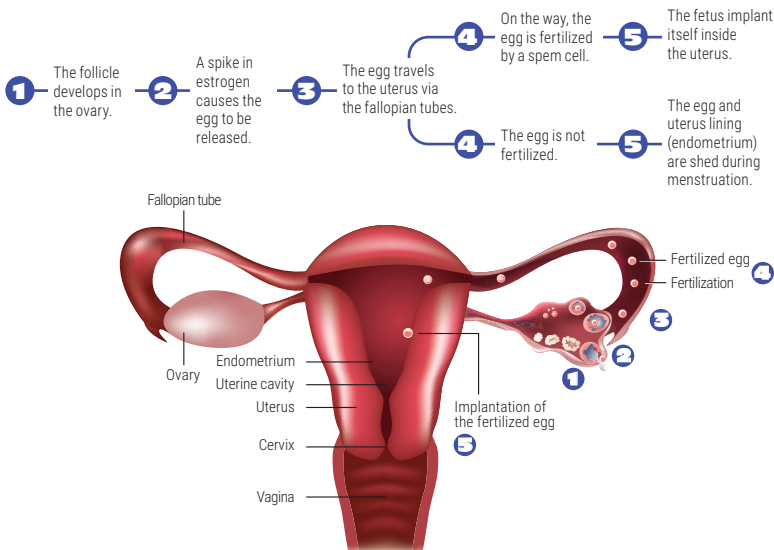
## Glossary

**Endometrium:** Lining of the uterus where the embryo burrows in (implants itself) and begins to grow after fertilization.

**Follicle:** Circular groupings of cells in which eggs form and develop. The follicles are located in the ovaries.

**Ovary:** Organ situated on either side of the uterus. Ovaries secrete progesterone and estrogen and produce the eggs, which, if fertilized, develop into pregnancy.

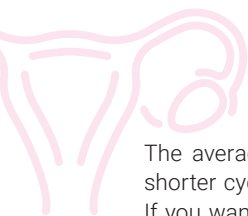
## The menstrual cycle



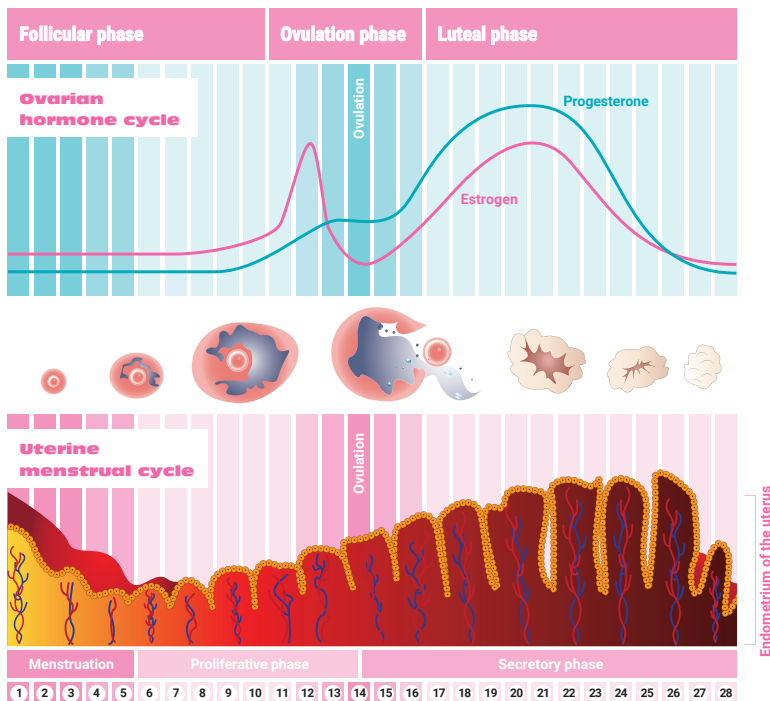
**Estrogen spike:** Rise of hormones in the woman's blood. This estrogen spike causes the ovaries to release the egg.

**Fallopian tubes:** Where fertilization occurs. The tubes transport the fertilized egg to the uterus. If the egg remains unfertilized, it is expelled during menstruation.

**Uterus:** Organ about the size of an upside-down pear where the fertilized egg implants itself and grows into a fetus.



The average menstrual cycle lasts 28 days. Some women, however, have shorter cycles—as little as 21 days—and others longer ones—up to 35 days. If you want to get pregnant, the important thing to know is how long YOUR cycle is. Traditionally the first day of menstruation marks the first day of your menstrual cycle.



**IMPORTANT!** The estrogen spike corresponds to ovulation and always occurs 14 days before the first day of a woman's period, no matter how long her menstrual cycle is.

## Contraception

There are several methods of contraception, so it is essential to choose the one that best suits your needs and lifestyle.

**Oral contraceptives** or birth control pills, the **vaginal ring** and **patches** work by keeping hormone levels constant in the body. They prevent estrogen from peaking and block the ovary from releasing an egg. They also thin the endometrium, which impedes egg implantation, and alter the cervical mucus by creating a barrier to sperm. In other words, they replace the natural menstrual cycle with an artificial menstrual cycle.

As for the **hormonal IUD**, it thins the endometrium, hindering the implantation of the fertilized egg. It also thickens the cervix's mucus, making the passage of sperm much more difficult, and in some women, it can even prevent ovulation.

### Myth

Hormonal contraception can cause infertility.

### Reality

Some women take the pill continuously, without stopping each month, but this does not affect fertility. The same is true for taking the pill over several years or using an IUD. Contraceptives can create a slight hormonal imbalance after they are stopped, so it is sometimes more difficult to resume your normal cycle and know your new cycle length, but this is temporary.



## **If I want to get pregnant, when should I stop using contraception?**

If you are using contraception, you must stop using it to conceive. For example, if you use a mechanical method such as a male condom, you should stop using it. However, if you are using a contraceptive method such as the pill, IUD, injection, patch, or ring, ovulation resumption varies from one method to another, and also from one woman to another.

However, it is important to remember that after stopping any contraceptive, conception is only possible when **ovulation resumes**. Ovulation may occur within the first month of stopping for some women or after several months for others. Each woman is different, and there is no single precise recipe.

## **IMPORTANT!**

If you're planning on getting pregnant, it is strongly recommended that you take a folic acid supplement to prevent malformation of the neural tube, the most common form being spina bifida. Ideally, you should begin taking folic acid three months before conception.

Some medications are also contraindicated during pregnancy. If you have any questions about this, ask your healthcare professional.

## Questions to ask your healthcare professional

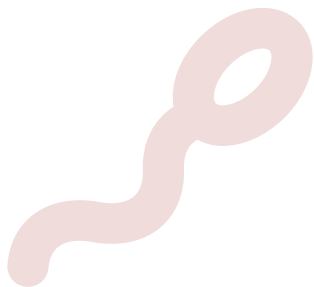
# My fertility

## When am I fertile?

First of all, women are fertile for a limited number of days per month whereas men are fertile all the time. If a couple wants to conceive, it's important they know when the woman is fertile, i.e., when a sperm cell can fertilize the egg. It will put the odds in their favour!

A woman's **fertility window** is determined by when she ovulates. To calculate when that window opens during a regular menstrual cycle, you'll need to do some math. But first, there are three rules you need to know:

- 1** Ovulation occurs **14 days** before menstruation.
- 2** Sperms can live up to **five days** in a woman's body.
- 3** An egg cell has a very short lifespan of about **24 hours**.



If a woman has a 28-day menstrual cycle, when is she fertile?

## Step 1

Subtract 14 days from the menstrual cycle's total length to know when the egg will be released:

$$28 \text{ days} - 14 \text{ days} = \text{day } 14$$

## Step 2

Subtract 5 days from the day of ovulation because a sperm cell from an earlier sexual relation can still be in the woman's body:

$$14 \text{ days} - 5 \text{ days} = \text{day } 9$$

## Step 3

Since the fertilizable egg can live for 1 day after being released, add this to the day of ovulation:

$$14 \text{ days} + 1 \text{ day} = \text{day } 15$$

Therefore, a woman with a 28-day cycle is fertile from **day 9 to day 15** of her cycle. Obviously, the closer you have sex to the time of ovulation, the greater your chances of fertilization.

Do the exercise with the average of your past cycles, and you will have a better idea of your fertility window.

## How can I know that I am fertile?

Nowadays, there are several ways to find out when you are fertile. Whether you choose the classical approach of taking your body temperature or use higher-tech methods like fertility monitors, you can have a clear idea of when you're ready to get pregnant.

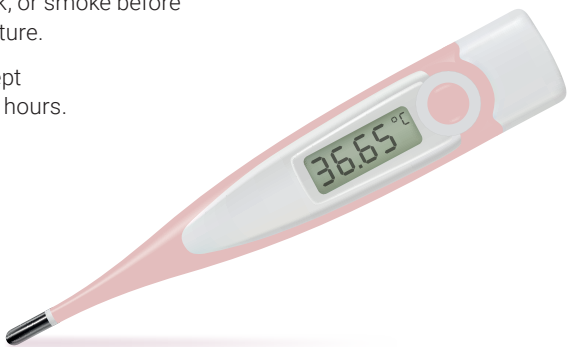
### Body temperature method

This method consists of monitoring your basal body temperature, i.e., your temperature at rest. Body temperature generally varies during the menstrual cycle, thus indicating when ovulation has occurred. A basal thermometer is best—it is designed precisely for this purpose and offers greater accuracy.

#### How should I take my temperature?

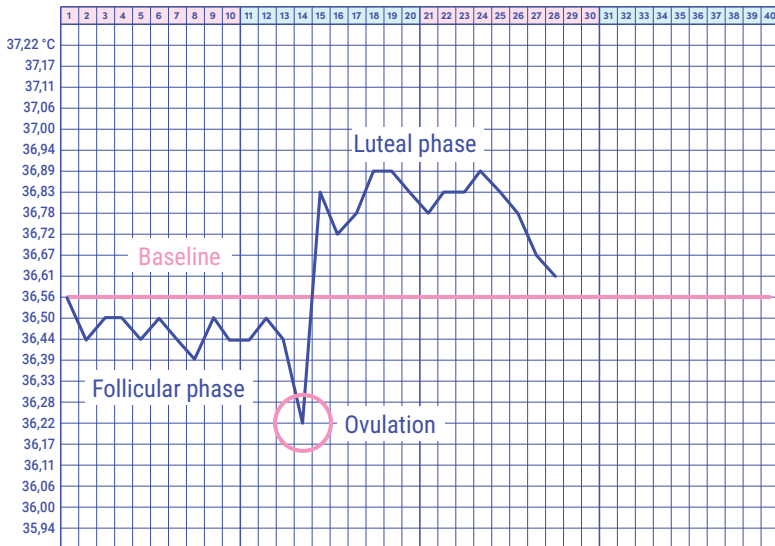
For greatest accuracy, be sure to proceed as follows:

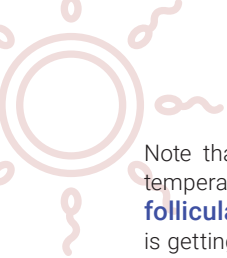
- 1** Ideally take your temperature in **the morning** before you get out of bed, for 30 to 60 seconds, at about the same time every day.
- 2** Do not drink, eat, talk, or smoke before taking your temperature.
- 3** Be sure you have slept for four consecutive hours.



Note down your temperatures on a chart (included with the thermometer you purchased or available on the Internet). This chart will reveal when ovulation is most likely to occur. The chart should look like this:

## Basal temperature chart





Note that the chart divides into two phases. The first one shows lower temperatures, between 35.5°C and 36.6°C. This phase is called the **follicular phase**—the time during your menstrual cycle when the follicle is getting ready to release an egg. The chart then shows a temperature rise, to between 36.1°C and 37.2°C. This is the **luteal phase** during which the endometrium thickens. Note that this is only an average! Your temperatures could be higher or lower and still be perfectly normal. If unsure, consult your healthcare professional.

Your fertility window opens in the **transition period between the two phases**. Your body temperature will drop below its usual level. This is called the **nadir** and is when **ovulation** occurs. Once your temperature starts to go back up on the chart, this normally means that you have ovulated.

There are, however, several drawbacks to the body temperature method. Although the procedure is simple enough for anyone to do, you must be very disciplined about taking your temperature every morning. You must also have a predictable menstrual cycle. In addition, certain factors can alter your readings—an infection, stress, alcohol consumption, irregular sleep, and even some medications.

What's more, you can use the results only after taking your temperature for a second month—the first month is to create a **baseline chart**. The method is considered reliable 70% of the time.

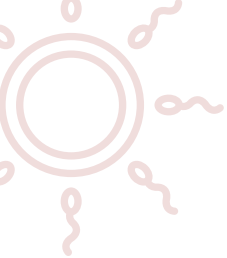
## Cervical mucus method

Sometimes it is possible to combine a temperature reading with the onset of certain changes that the body undergoes during ovulation. For example, cervical mucus, which is the liquid secreted by the cervix (usually whitish, sticky, elastic, and viscous), becomes clearer, more liquid, and abundant during ovulation. The mucus may even stretch a few centimetres between the fingers at this time. These changes make it easier for the sperm to move. After ovulation, the mucus returns to its thicker, more opaque appearance. Observe and note the sensations in the vulva at the end of each day to recognize the changes. This method alone is about 60% effective.

By combining the three techniques (calculation of the ovulation date, basal body temperature and cervical mucus method), you will increase your chances of knowing more precisely your fertile period and the time of your ovulation.

Some smartphone applications offer an intuitive interface to use these methods to target your fertile period and increase your chances of conceiving. Most of them also offer practical advice to help you in this beautiful project.





## Ovulation test

Ovulation tests are sold in pharmacies and come with a series of test strips. You'll need to take several tests on several consecutive days to identify your point of optimal fertility. Both the standard and digital versions are more accurate and provide better results than the basal temperature method. They are considered reliable 90% to 100% of the time. However, they also require you to know the average length of your menstrual cycle so that you take the tests around your biggest fertility window.

### How do they work?

Ovulation tests are designed to detect luteinizing hormone (LH) in the urine. This is the hormone that causes the estrogen spike that triggers ovulation. Ovulation is estimated to occur 24 to 36 hours after an increase in LH in the urine. If a test returns a positive result, that means you are fertile that day and the next. For the test to be as accurate as possible, it is recommended you test your first urine of the morning because it contains a greater concentration of hormones.

## How do I perform the test?

First, check the test's expiration date. If it has passed, the results will probably be wrong. Most tests use reactive strips. Since it's best to protect them against contact with moisture, take them out of the package only once you are ready to use them, then place them in the stream of urine. You may also collect urine in a clean, dry container and dip the strips in.

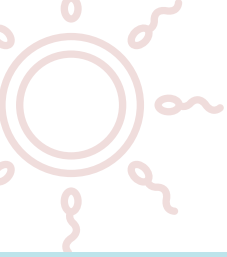
You can also find **digital fertility monitors** on the market that determine the fertility period more accurately by measuring changes in two hormones. The monitor uses a series of ten urine-soaked sticks and displays the fertility status every day. The first month simply serves as a benchmark by recording personal data and establishing a picture of the optimal fertility window. The device stores the data and prompts you to test in subsequent months based on your hormonal profile. These monitors are very accurate but they require discipline and are quite expensive.

Be sure to follow the instructions provided with your test kit to properly interpret the results of the different brands available.

Certain medical conditions and the use of certain medications (including those taken to help with ovulation) may affect the test results. Talk to your healthcare professional.

## IMPORTANT!

Make sure you always read the instructions provided with the test. It is vital that you perform the test precisely when indicated by the manufacturer. If it says to take a reading after three minutes, for example, make sure you do so precisely after three minutes.



### Myth

During sexual relations, the woman must assume certain positions to promote fertilization of the egg by the sperm cell.

### Reality

No position works better than another for fertilization. One thing a woman can do, however, is remain lying down for ten minutes following having sex, to help the sperm cells travel to the cervix.

### Myth

If I perform a vaginal douche with baking soda, I have more chances of having a boy, and if I use vinegar, it will be a girl.

### Reality

The child's sex is determined randomly during fertilization. Vaginal pH has no impact on the child's sex.

What's more, vaginal douches are not recommended, especially ones with products that could alter the vagina's pH, as this could cause infection and be a barrier to fertility.

## Myth

Evening primrose oil promotes sperm cell motility, vitamin C improves sperm cell quality, and root vegetables help the embryo implant itself in the uterus.

## Reality

No studies prove that certain foods are better than others for promoting sperm cell quality or embryo implantation. However, all women wishing to get pregnant should watch what they eat and follow a healthy diet. Choosing foods rich in vitamins and nutrients is a good habit to have, but probably not one that will help you get pregnant.

## Myth

Alcohol, especially champagne, aids fertilization.

## Reality

Women looking to conceive are urged to avoid alcohol as it can harm the embryo. This is one "tip" you're best to ignore!



### A word on lubricants:

Lubricants can interfere with sperm survival and motility. If you need a lubricant, some manufacturers offer lubricants that are specifically designed not to harm sperm. Although their names may suggest that they increase fertility, this is not true. They do not increase fertility, but they do not harm.

## I think I'm pregnant, but how can I know for sure?

First, your body will send you clues that you are pregnant. For one, your periods will stop. Some of the following signs and symptoms may also appear:

- Morning sickness
- Fatigue
- Tender or swollen breasts
- Bloating

For some women, however, there may be no signs at all.

If you think you're pregnant and you want confirmation, it is recommended that you take a pregnancy test. There are two types of tests:

- 1** Over-the-counter tests sold in pharmacies that measure hormone levels in the urine.
- 2** Blood tests performed with bloodwork.

Blood tests, which are 100% reliable, are prescribed by your doctor and analyzed in the laboratory to determine whether or not you are pregnant.

## Pregnancy test

Pregnancy tests from pharmacies work the same way as ovulation tests, but they check for a different hormone—human chorionic gonadotrophin or hCG, the one secreted by the placenta. It is found only in healthy, pregnant women. It doesn't matter whether the test is digital or not as long as it is approved by Health Canada.

### When should I take the test?

Given that the test detects hCG in the urine, which is not secreted until an embryo has implanted itself, you're best to wait 14 days after sexual relations or until the day your period is set to start to take a urine pregnancy test. Ideally, you should wait 7 to 14 days after your expected menstrual period. If you do the test too early, it may not detect the hormone even if you are pregnant (see the paragraph on Efficacy on page 22).

### How do I perform the test?

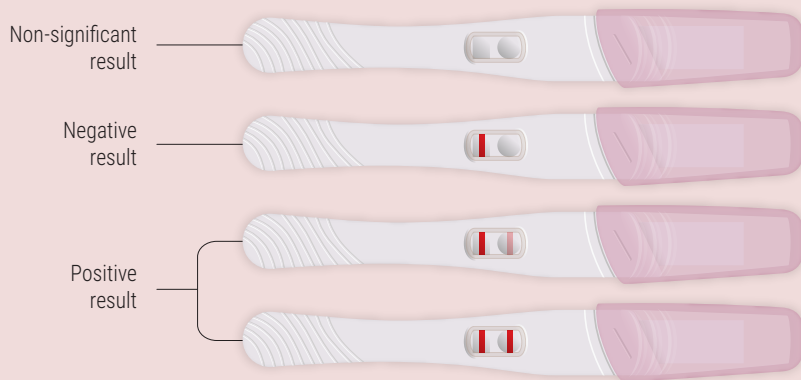
As for ovulation tests, it's best to use your first urine of the morning, because it's more concentrated. Check first to make sure the test kit is not past its expiry date, then remove it from its package without touching the reactive strip. Next, place the strip in the stream of urine or collect urine in a clean, dry container and dip the strip in. **Wait the number of minutes indicated on the test packaging.**

**It is essential to follow the test instructions carefully.**



## How do I know what the results mean?

It is essential to follow the manufacturer's instructions on the box to interpret the pregnancy test. In most cases, it takes between 2 and 10 minutes to get the result. Be sure not to keep negative tests longer than this time, as a false positive result may appear after a few hours. For non-digital tests, make sure that a band appears in the control area; otherwise, the test is not valid. If a second line appears in the result area, then the test is positive, **regardless of the intensity of the line**. Digital tests are easier to interpret because the result window will show "yes" or "no," or "pregnant" or "not pregnant." However, they are more expensive.



## Efficacy

Urinary pregnancy tests often claim to be 99% reliable, but they are rarely used in ideal, controlled conditions. As we explained, the closer to fertilization you take your test, the less accurate it will be.

The reason is that the placenta and fetus gradually release the detectable hormone into the urine, and the hormone concentration doubles every two days. Experts recommend testing 7 to 14 days after your expected period to avoid false negatives.

Some companies claim that their tests can detect pregnancy up to six days before your period is expected. However, since the concentration of hormones in the urine is still low, you are much less likely to get a positive result. That means the egg may have been fertilized, but it is still too early for the test to tell. This potentially results in a false negative.

The chances of getting a false positive (the test says you're pregnant, but you are not) are very low with these tests. Although the hCG hormone may be abnormally present in the case of certain illnesses, it is generally only secreted by pregnant women. Whether you want to get pregnant or not, if you obtain a positive result, the odds are very strong that you are indeed pregnant. You'll need to see your doctor to confirm the pregnancy with a blood test and ensure everything is fine.

### In summary:

- 1** Choose a Health Canada–approved test that is not past its expiry date.
- 2** Wait until the first day your period is late to ensure the result is as reliable as possible.
- 3** Take the test using the first morning urine, because it has the greatest concentration of hCG.



## Miscarriage

Miscarriage is one of the greatest fears of any couple expecting a child. This is a natural termination of pregnancy that usually occurs in the first 20 weeks.

### 1 in 5 pregnancies end in miscarriage

The vast majority of miscarriages occur before 12 weeks. However, the risk is greatly reduced if the fetus is alive and well at 8 weeks. After 12 weeks, it is quite rare to lose the baby and is usually caused by a problem with the cervix.

Knowing this, some women may prefer to wait until they have had their first appointment before telling anyone. It's a personal decision, so it's up to you to decide what's best for you.

### Symptoms of a miscarriage

- Vaginal bleeding
- The sudden disappearance of pregnancy symptoms (such as decreased nausea or breast pain)
- Heavy periods
- Abdominal pain similar to contractions

### When should I see a doctor?

If you experience heavy bleeding (more than one sanitary napkin per hour), severe abdominal pain, and/or loss of consciousness, go to the emergency room.

Talk to a healthcare professional if you do not have these symptoms but are worried. They will be able to reassure you or direct you to the appropriate professional if necessary.

Most women who have had a miscarriage will have a normal pregnancy afterward. If, unfortunately, you experience repeated miscarriages, you should consult your doctor to determine the cause, if possible.

### **What will the doctor do?**

Although there is no treatment to stop a miscarriage, you should consult a healthcare professional if you suspect one.

### **Drug treatment**

Some medications can help expel the tissue. The doctor may also prescribe medication for nausea and pain. A follow-up ultrasound will be necessary to ensure that the tissue is completely expelled.

### **Curettage**

After more than ten weeks, the doctor will likely perform a curettage. This short medical procedure allows for a complete expulsion of the tissues.

### **Natural expulsion**

You can also let nature take its course. However, you should have regular follow-ups with your doctor until the miscarriage is complete.



## **Real loss**

A miscarriage is a painful experience. It is important not to trivialize this loss. It is a loss in its own right. Don't hesitate to talk about it and ask for help if you need it.

Since miscarriages usually occur early in the pregnancy, dads often feel helpless in the face of their partner's feelings. We must not forget them in this ordeal; they are also in pain.

It will take some time to get through this ordeal like any other loss. Stay strong!

## Questions for my healthcare provider



# Infertility

**Becoming pregnant does not always happen in the first month of trying. It can take several months to succeed.**

Even when all the conditions appear just suitable for fertilization, normal couples (those with sexual relations and no problems with infertility) are estimated to have a 15% to 25% chance of conceiving in any given month. This means the odds of getting pregnant within six months of trying are relatively high. However, after several months or even years, certain couples may learn that they have infertility issues.

Only your doctor or a fertility clinic can diagnose infertility after both the woman and the man undergo a series of tests.

Infertility can be defined as the inability of a woman under 35 years of age to conceive after a full year of regular, unprotected sexual relations. This figure is adjusted after six months of trying for women over 35. About 16% of couples are estimated to have trouble procreating, and the proportion of infertile couples is said to have doubled since the 1980s. Many point to the fact that more and more today, couples delay their decision to have a child for personal or work-related reasons. Later in this section, we'll see what a vital impact age can have on fertility.

## Female infertility

In about 40% of cases, infertility is attributable to the woman. Below are the most frequent causes:

CAUSE	EXPLANATION
<b>Age</b>	Age is an important factor for women trying to start a family. It is estimated that fertility begins to decline around the age of <b>35</b> . This loss of fertility is explained by a decrease in the number of available eggs and their quality. However, nothing is absolute, and a woman can remain fertile even after the age of 35. It is estimated that 91% of women can become pregnant by the age of 30, and 77% by the age of 35.
<b>Ovulation problems</b>	Some women have trouble ovulating; some do not ovulate at all while others ovulate every other cycle, for example. This disorder may be due to a hormonal imbalance, which causes irregularity in cycles. Several factors may be involved, including a marked weight change, too much stress, an illness, or an excessive amount of physical exercise.
<b>Polycystic ovary syndrome</b>	Polycystic ovary syndrome is estimated to affect <b>6-8% of women</b> of childbearing age. Women with PCOS usually have several cysts (a type of tissue sac) on the surface of the ovaries. Other symptoms may also be present, such as acne, increased hair growth, and metabolic problems (obesity, onset of diabetes, etc.). A blood test is usually sufficient to make a diagnosis. This problem can usually be reduced and even resolved by lifestyle changes (especially weight loss) and medication. For more information, ask your healthcare professional.



CAUSE	EXPLANATION
<b>Endometriosis</b>	Endometriosis comes from the word “endometrium” and plays a role in <b>38% of infertility cases</b> . It has a significant genetic predisposition (if your sister or mother has it, you are more at risk of getting it). As previously mentioned, the endometrium is the inner lining of the uterus. In some women, endometrial tissue is found outside of the uterus, e.g., in the fallopian tubes or vagina, on the ovaries, etc. Over time, small scars tend to form, which may restrict the mobility of the fallopian tubes and ovaries and eventually lead to infertility. Some women have no symptoms, while others may suffer pain during menstruation and sex.
<b>Blocked fallopian tubes</b>	The fallopian tubes carry eggs from the ovaries to the uterus. However, they may become blocked, preventing eggs from entering them to be fertilized by sperm. The causes of this blockage may vary, but it often occurs following an infection or surgery performed for sterilization purposes or ectopic pregnancy—i.e., when the fetus develops outside the uterus, like in one of the fallopian tubes, for example.
<b>Hygiene and lifestyle</b>	Too much <b>caffeine</b> can increase the risk of miscarriage. Women who wish to get pregnant are advised to limit their coffee intake to one or two cups per day.  <b>Weight</b> is also a major factor to consider if you're having trouble conceiving. Both extremes (weight that is too high or too low) may lead to difficulties.

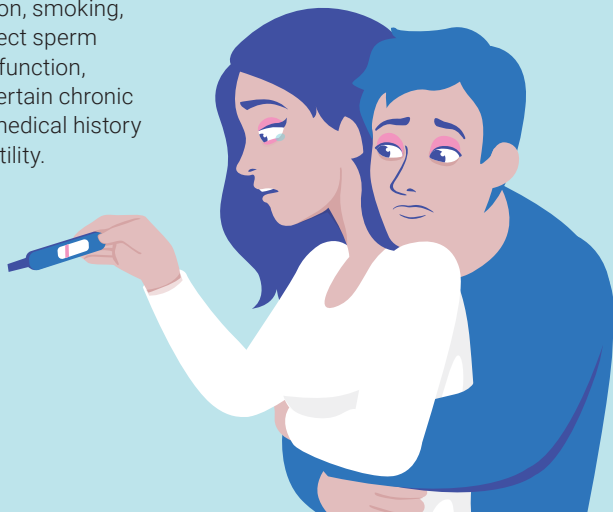
CAUSE	EXPLANATION
<b>Hygiene and lifestyle (cont.)</b>	<p>Weight loss in the 5% to 10% range may be enough to help some women conceive. A healthy weight and a good diet bring all kinds of benefits, including potential results for women suffering from infertility.</p> <p><b>Smoking</b> increases the risk of infertility in both men and women. Women who smoke have more difficulty getting pregnant due to the toxic compounds found in cigarettes. Furthermore, women who smoke during pregnancy are at a higher risk of having a premature birth and an underweight baby. Men who smoke have sperm of lesser quality. For all these reasons, couples having trouble conceiving are recommended to stop smoking.</p> <p><b>Drug use</b> can also interfere with the ovulatory cycle and should be avoided by women wishing to get pregnant.</p> <p><b>Exposure to heat</b> in therapeutic baths or hot tubs, for example, may alter the quality of sperm once it is inside the woman.</p> <p><b>Stress</b> can have an impact on both male and female fertility. Managing stress can be a good way to increase your chances of conceiving. Why not try some relaxation techniques or yoga? Also, remember that you are not alone in this process and that you can ask for help.</p> <p>In short, having a healthy lifestyle can aid conception. Eating well, drinking water, being physically active, and getting adequate rest: are good habits to adopt, whether or not you are trying to conceive!</p>
<b>Unexplained</b>	<p>For some couples, the cause of infertility may remain undetermined despite extensive testing. This is referred to as unexplained infertility, which accounts for about 10% of infertility cases.</p>



## Male infertility

An estimated 35% of infertility cases are attributable to the man. As in the case of women, age can be the cause, along with alcohol consumption, smoking, and drug use, which affect sperm production. Erectile dysfunction, ejaculatory disorders, certain chronic diseases, and a man's medical history can also affect male fertility.

Although there are many causes, the most common ones involve a reduction in sperm quantity and quality.



CAUSE	EXPLANATION
<b>Oligospermia</b>	Some men naturally produce less sperm.
<b>Azoospermia</b>	Some men have no sperm in their semen at all. This doesn't necessarily mean that they don't produce any, but it may mean that the ducts that carry sperm to the outside of the penis are blocked.
<b>Asthenospermia</b>	Poor sperm motility which makes it hard for sperm to find their way to the egg.
<b>Teratospermia</b>	A high number of abnormally shaped sperm make it difficult to fertilize an egg.

## **What to do if you or your partner are infertile?**

As mentioned, there are many causes of infertility. Treatment should be tailored to each couple's situation.

### **Psychological impact**

Infertility is first and foremost something that couples go through together. Both partners have to deal with emotional challenges and heartache. Fertility treatments are not always easy. They often involve frequent clinic visits, taking medication, receiving injections, undergoing examinations, etc. All of these steps suddenly take on a great deal of importance in the day-to-day lives of the people involved.

Some partners will see their dream of having a child threatened and experience a mountain of emotions, from stress to anger, sadness, isolation, and feelings of helplessness that can lead to a loss of self-esteem and marital problems.

The need to have sex on demand takes the spontaneity, pleasure, and satisfaction out of this intimate act. However, every person and couple reacts differently to this emotional journey. Various types of psychological counselling (individual, couples, group) are available to help improve stress management. The goal is to be guided through this challenging journey as well as overcome and even break the isolation from family and friends.



## Medication and surgery

Women with ovulatory disorder can try certain drugs to force the cycle by stimulating or triggering ovulation. These drugs increase the number of hormones released into the bloodstream, which stimulates the ovaries and thus increases the hormone surges. Ovarian stimulation and monitoring are often used alongside the fertility techniques discussed below.

Surgical interventions can address specific underlying fertility problems in women, such as endometriosis, ovarian cysts, and blocked fallopian tubes.

Some treatments and surgeries may be attempted for men, depending on the type of infertility.

If nothing works despite all attempts, artificial insemination or in vitro fertilization may be another possibility.

## Intrauterine fertilization

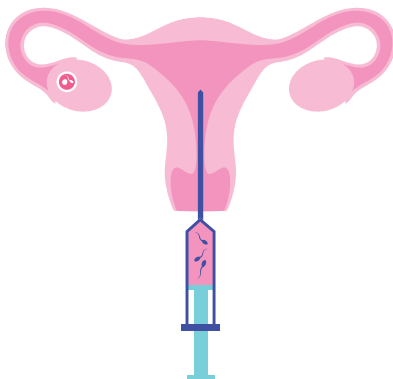
To facilitate conception, we can manually carry the sperm further into the woman's genital tract using specific tools. This is called insemination, which means the doctor takes the sperm from the spouse or donor and carries it into the woman's uterus through the vagina with a thin nylon tube. Fertilization is therefore a natural process.

This technique is painless, and the woman can quickly return to normal activities. Intrauterine insemination is used when sperm have difficulty reaching the fallopian tubes, either because they have a mobility problem or because the woman's cervical mucus is less conducive to this movement. The average success rate is 10-15% per cycle, and it is recommended to try at least five or six times before declaring the procedure a failure.



**1**

The spouse's or donor's  
semen is collected  
in the lab.



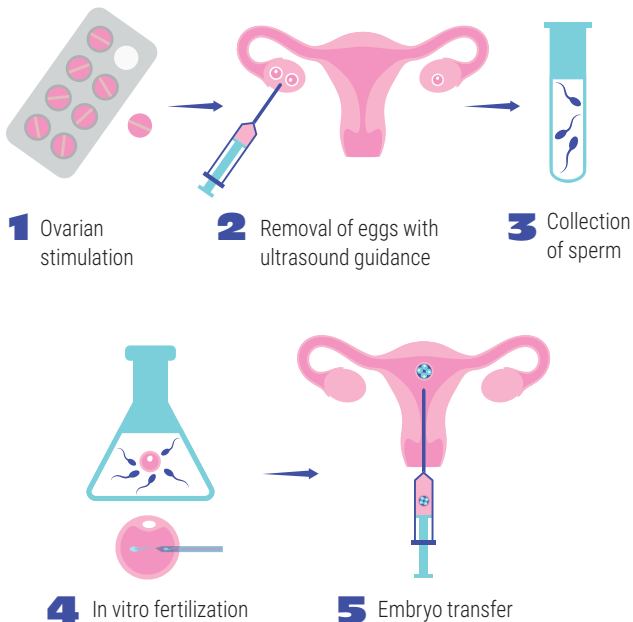
**2**

Catheter  
insemination.



## In vitro fertilization

Sometimes, insemination is not enough to get the woman pregnant. A more advanced (and expensive) technique exists and consists of creating the meeting of the egg and the sperm outside the woman's body, that is, in vitro. To do this, a live egg sample is taken from the woman, and a healthy sperm sample is taken from the man. The procedure is often well tolerated by the woman due to local anesthesia or sedation. The sperm is then purified to keep only the spermatozoa. The eggs and sperm are then brought together in the laboratory. The fertilized eggs are then collected 3 to 6 days after fertilization and implanted in the woman's uterus, called "embryo transfer". Some clinics specialize in this type of procedure.



After 12 months (or 6 months if you are over 35) of unsuccessful attempts to conceive, do not hesitate to talk to your doctor. They can recommend the best method for you. Also, ask about fees and check if any assistance programs are available for your situation.

### What about adoption?

Unfortunately, despite their efforts and the medical techniques available, some women remain unable to conceive. For couples in this situation, adoption may be a viable solution. Even for fertile couples, adoption or foster parenting can be an enriching experience that gives a child a second chance.





## **In conclusion**

Planning a family is often an emotional process. Sometimes the path to achieving this can be more challenging for some people. Don't hesitate to talk to your healthcare professional, who can direct you to the various resources available.

# Sources and useful links

## Association des obstétriciens et gynécologues du Québec

[gynecoquebec.com](http://gynecoquebec.com)

## Familiprix website

[familiprix.com](http://familiprix.com)

## Government of Canada

[canada.ca/en/public-health/services/fertility/fertility.html](http://canada.ca/en/public-health/services/fertility/fertility.html)

## McGill University Health Centre

[cusm.ca](http://cusm.ca)

## Ministry of Health and Social Services (International Adoption Secretariat)

[adoption.gouv.qc.ca](http://adoption.gouv.qc.ca)

## Naître et grandir

[naitreetgrandir.com/en/feature/](http://naitreetgrandir.com/en/feature/)

## Ordre des psychologues du Québec

**Péloquin, Katherine**, « L'infertilité, une réalité sociale et conjugale sur laquelle il faut se pencher », Cahier recherche et pratique, vol. 3, n° 2, novembre 2013  
[ordrepsy.qc.ca/cahierrecherche](http://ordrepsy.qc.ca/cahierrecherche)

## Profession Santé en ligne

**Marcel, Lyianne** (septembre 2013), « Méthodes de détection de l'ovulation »  
[professionsante.ca](http://professionsante.ca)

**Marcel, Lyianne** (juin 2013), « Mise à jour sur les tests de grossesse »  
[professionsante.ca](http://professionsante.ca)

## Sainte-Justine UHC

[chusj.org](http://chusj.org)

## Society of Obstetricians and Gynaecologists of Canada

[sogc.org](http://sogc.org)

## **In this guide**

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**My fertility**

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