



5

REASONS
YOU'RE STILL
NOT GETTING
PREGNANT

(EVEN THOUGH YOU'RE DOING
EVERYTHING RIGHT)



SALLY VARLEY

Balance. Believe. Conceive.

1.

You're Missing the Fertile Window

Once upon a time, more than 100 couples took themselves off to a fertility clinic because they'd been trying to conceive for over a year without success.

To their dismay, they discovered that only 12% of them were accurately pinpointing when ovulation was occurring... all that time they'd been missing the fertile window.

When you think about it, you've only got 12 chances a year to conceive if you're trying to do things naturally. Don't be one of the 88% who don't know when those 12 opportunities are.

Now I know this might make you shout, "Impossible! I use Ovulation Predictor Kits (OPKs)" but these too can actually block baby-making in a couple of ways.

Firstly, OPKs do not detect ovulation. They can pick up on the surge in Lutenising Hormone (LH) that occurs 12-36 hours before ovulation and in fact, triggers it. But if you don't test frequently enough, it might be another reason you're missing the window.

Which leads me to point 2.

2.

You're not having Enough Sex

Apparently couples who use OPKs have less sex and given that not everyone ovulates on day 14* and the egg only hangs around for 24 hours, you really need to be making the most of the whole week leading up to ovulation.

In the presence of fertile mucus, sperm can survive in the cervix for up to 5 days, so far better to have some swimmers lurking around already rather than only getting jiggy with it once or twice a month when you “think” you’re ovulating.

Plus, performance anxiety anyone?!

***if you have a much shorter or longer cycle than 28 days you could actually be ovulating as early as day 10 or as late as day 23!**

There are various natural ways to spot when you’re approaching ovulation but you have to know what to look for. This is one of the things we address on my “Balance your Cycle, Boost Your Fertility” programme.

3.

Your Vitamin D levels are too Low

Vitamin D deficiency has been linked with a number of fertility problems, including PCOS, endometriosis, uterine fibroids, abnormal sperm function and reduced IVF success.

If you live in the northern hemisphere, you're likely to be low on Vitamin D because (apart from some crazy heatwaves in recent years) you don't need me to point out we never get as much soleil as we'd like, here in the soggy old UK.

Vitamin D helps to produce anti-Müllerian hormone (AMH), which is the measure of a woman's ovarian reserve. It can also potentially improve your egg quality, which will of course boost your chances of conceiving.

Signs and symptoms of Vitamin D deficiency include things like fatigue, bone pain, muscle weakness/aches/cramps and mood changes, like depression.

Be aware though that other vitamin and mineral deficiencies can cause these symptoms too. For example; lack of magnesium and EFAs (Essential Fatty Acids) as well as anaemia and poor gut health.

Do ask your GP to test you if you're not sure what your levels are and then figure out your dosage needs accordingly. I myself take and recommend a top quality, organic Vitamin D3 supplement from Synergy Worldwide.

Just head to the [Supplements page](#) on my website if you'd like to get some Sunshine Vitamin in your life too.

4.

You've got an MFTHR mutation and don't know it

If you have a history of infertility or recurrent miscarriage, one possible culprit is a genetic variation that reduces your ability to metabolise folate.

Say what?

Folate is the synthetic form of Folic Acid that's used in supplements. It's known to be really important for fertility right from the development of a healthy egg and ovulation through to fetal growth.

The thing is, around 40% of women have a genetic mutation in the folate metabolism gene (called MTHFR), and studies show this might increase the risk of miscarriage.

The good news is that it appears you can really reduce this risk by taking the right supplements.

If you have a history of recurrent miscarriage or failed IVF cycles, but haven't yet had any genetic testing, the most cautious approach is to take a prenatal vitamin with folate in the form of methylfolate, just in case you do have this gene mutation.

It might make sense for your partner to also take a methylfolate supplement, because research shows that when a father has folate metabolism defects, it increases DNA damage within sperm which could also contribute to miscarriage.

5.

Male Factor Infertility

When TTC, it's extremely common for the woman to take on 95% of the baby making responsibility. We're often the only action taker - having blood tests, giving up all our vices, exercising, taking vitamins and getting the early nights.

And more often than not, the man carries on exactly the same with his normal lifestyle, which may or may not be that healthy. Both partners sometimes falsely believe that men can just procreate whenever they want, right into old age. I blame Mick Jagger.

But this isn't true!! Men's sperm is just as affected by age and poor lifestyle and it accounts for 50% of that kid you're trying to create.

Comedian Rhod Gilbert recently shared how he and his wife have endured numerous failed fertility treatments (she has endometriosis) but it wasn't until 5 YEARS down the line that he had his sperm tested and was found to be infertile himself.

Imagine the stress, expense and heartbreak they could have avoided if they'd known that sooner?

We women are "lucky" in a sense that we usually discover our fertility issues sooner because problems with our menstrual cycle will have been alerting us to them for years.

Men, on the other hand, often don't have any symptoms even though there are many contributors to male infertility including imbalanced sex hormones, chromosomal abnormalities and DNA fragmentation.

So be sure to get your fella checked out too if you're having fertility issues because those male factor problems account for 35-40% of all cases where couples struggle to conceive.



A Side Note:

Secondary infertility can take couples by surprise, especially when falling pregnant was easy first time around. A client of mine had this experience. Their daughter was conceived very quickly, so when they wanted to have a sibling for her, they expected the same thing again.

But nothing happened and after a few years, they finally went for tests. Not only did they discover that her menstrual cycle had changed and they'd been getting their timing wrong (as per point #1), the husband's sperm count had also dropped to sub-fertile levels. This alone meant they'd probably never have conceived again naturally even if they had been hitting the fertile window each month. They went on to have IVF which was successful on the second round and now they have a gorgeous son too.

If you're reading this guide, then you're probably struggling to conceive or sustain a healthy pregnancy and I want you to know that help is available. Many couples put off testing and treatment, waiting for a miracle or thinking they should just "try a little longer" first. This is a mistake because some causes of infertility worsen with time.

So basically, the sooner you get help and work on your health, the more likely fertility treatments will work for you.



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For more information about my
"Balance Your Cycle, Boost Your Fertility" programme,
please email me at: sally@sallyvarley.com
and we can have a chat about whether it's a good fit for you right now.

And if you're not in there already, hop over to Facebook and join my free, women only group "Boost Your Fertility with Sally Varley" for lots of tips and info on how to naturally balance your cycle and boost your fertility. I'd love to see you there!