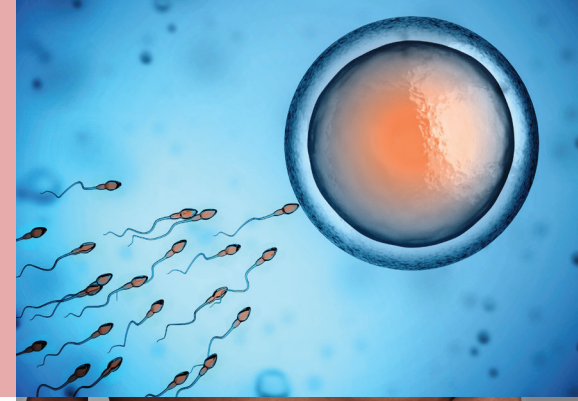
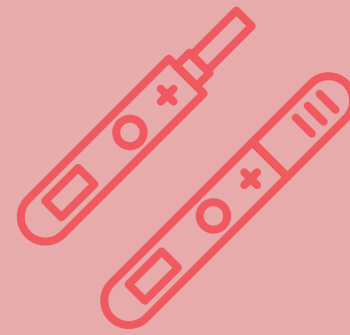


my expert  
midwife.

# fertility + conception in the uk

an information gap

January 2022



## introduction

Annually, there are 3 million people in the UK trying to conceive. For those who don't fall pregnant in the first few months of trying, many head online, looking for information to help them conceive. Unfortunately, what is available is often brief, incomplete or incorrect. Registered midwives at My Expert Midwife have reviewed the available information and made recommendations on what needs to change to save time and heartache for parents-to-be and help ease pressures on the NHS.

We also consulted 164 people who had tried to conceive in the last 5 years, and for whom it had taken longer than three months to conceive, to gain a personal perspective from those who had recently embarked on their own conception journey.



## declining birth rates

People's approach and attitudes to having a family have changed and fewer people are starting families than in decades past. The last 50 years has seen a gradual decrease in the birth rate in the U.K., with the last five years showing a consecutive yearly decrease [ONS 2020].

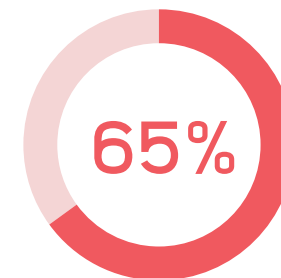
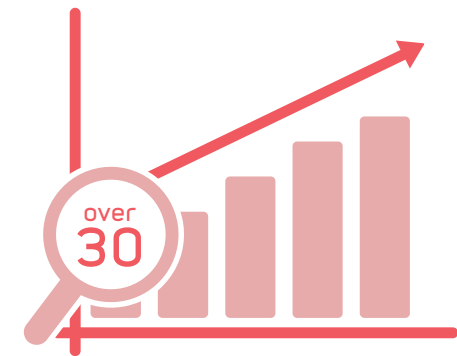
## people are having families later in life

Conception rates amongst women over 30 are on the rise as those amongst women under 30 are on a decline. Combined with the increase in women with medical conditions, it's likely that more people are taking longer to conceive.

Half of all couples will actively plan to get pregnant and only one third of those will conceive in the first month. 80% of all couples who are trying to conceive will do so in the first year of trying and 98% will conceive within two years. The remaining 2%, however, will need assisted conception with the help of a reproductive specialist.

The length of time it takes to conceive impacts the psychological wellbeing of parents to be, and also puts pressure on the health system. Couples can present to GPs looking for help, only to be told to come back after 12 or 24 months of trying. It is in the interests of everyone to give couples trying to conceive as much information and help as possible in the first year of trying for a baby.

Providing accurate information on trying to conceive is essential to improve the monthly chances of natural conception for those trying for a baby.



Our research showed that 65% of respondents sought assistance from a medical professional to help them conceive and of those who sought advice from their GP, 29% did so before they had been trying to conceive for 12 months

## the information

When planning to start a family, the first step most couples will take, even before contacting their GP, is to do a quick google search for advice and information.

Research into online search data shows over 100,000 monthly searches for queries around 'getting pregnant' and 'trying to conceive' and related topics.

However, the information that is available isn't always complete, accurate or consistent. Midwives at My Expert Midwife reviewed the top page of results for search terms 'getting pregnant' and 'how to conceive' in the UK and found that:

- > *Age bias:* Most of the information provided, even by the NHS website, is relevant for couples under 30 who have no underlying medical conditions. This type of information can give inaccurately optimistic information to older couples and those with underlying medical conditions about their chances of conception
- > *Irrelevant:* Most of the information available is from North American websites and is relevant for the US health system. This advice cannot be easily applied to the UK model of care, where self-care is the first course of action for most couples
- > *Brief:* Information on more well-known brand websites, although accurate, was brief and offered general advice and information rather than step-by-step advice on actions people could take to help them conceive. Even the NHS website simply offered people two paragraphs of general advice and signposting to their GP for further information if they have certain medical conditions or have been trying for a baby for over a year
- > *Incomplete:* Little information was found about lifestyle and fertility. Many of these issues are either not discussed for fear of causing offence (raised body weight, diet and lifestyle) or an assumption has been made that the information is so well known that it's no longer reinforced - for example, men should wear boxers not briefs to keep testicles cool

### our research...

showed many couples accessing non-UK websites for advice and information  
39.5% of those surveyed said they accessed US site WebMD.com and 29.6% accessed MayoClinic.org

As a result, many couples could be left in the position of being unsure as to the validity of the information they're using and, in extreme cases, following incorrect advice, especially if they are from non-medical sources. Some sex couples have an even greater difficulty in accessing information that's relevant to them and applying this to their circumstances.

## are people informed about how best to conceive?

From our research we found that although 92.5% of respondents were tracking their menstrual cycles when they were trying to conceive, and 78% were using ovulation sticks, less than half (38.8%) knew to track their basal body temperature. This can help women identify when they are most fertile and help maximise the chances of conception.

In addition, 87% of respondents reported seeing various myths associated with trying to conceive, including:

81.4%

said they saw advice about raising your legs immediately after sex to help the chance of becoming pregnant

50%

remembered reading/hearing advice about sperm count reducing the more you have sex

18%

remember seeing advice about not ejaculating for a long time to create 'super sperm'

*At best,* people may be missing opportunities to maximise their chances of conceiving naturally, at worst they may be following incorrect or damaging information.



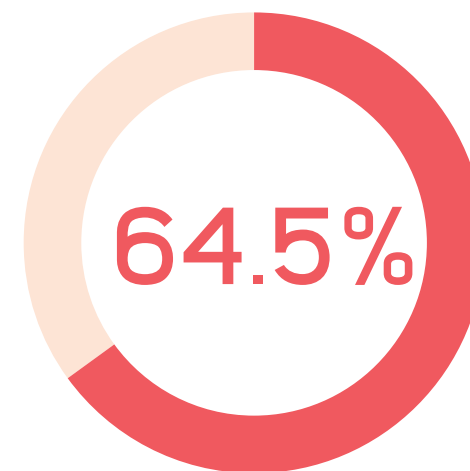
## why is self-care information about fertility important?

In the UK, most couples will not be referred to a fertility specialist unless they have been actively trying for a baby for year, are in a same-sex couple or have a pre-existing fertility-related condition, although the NHS website does state that 'Fertility treatment funded by the NHS varies across the UK. Waiting lists for treatment can be very long in some areas. The eligibility criteria can also vary.' This gives couples a 12-month window in which they are advised to practice self-care to help them conceive.

For those that go on to fertility investigations and treatment, many couples find the process mentally and physically draining. They find it causes emotional turmoil, in some cases places financial pressures on themselves and puts huge pressure on their relationships, all of which lead to increased anxiety and depression (Gameiro et al 2012). In fact, a study in 2018 (Rooney, 2018 ) found that most couples would benefit from talking therapies during their journey to parenthood, such is the often gruelling effect it can have on both partners, especially if they are unprepared.

Personalising the information that couples need to conceive and providing them with in-depth information and step by step advice should help to reduce the knowledge gap for those trying to conceive - especially for those over 30 and/or with medical conditions where different factors can influence a couple's fertility.

If couples were made aware of how their own personal circumstances affected their fertility they may make lifestyle changes earlier in their journey and some may be able to avoid the impact of fertility investigations and treatment.



**64.5% of respondents agreed that there wasn't enough support and information available for couples trying to conceive.**



Making accurate information available and easy to access should see an increase in the conception rate for those couples who are not delaying conception through choice, remove some of the burden to the NHS and reduce the need for costly and arduous fertility treatment for some parents-to-be.

## so, what is needed

What is needed is a 'one stop hub' of high-quality, in-depth information using a variety of communication platforms: videos, blogs, guides, eBooks, webinars - all designed to improve people's chances of conception each month. There also needs to be access to low-cost Trying to Conceive Kits that are curated to provide everything that is needed and nothing that is not - no frills and not for profit.

By offering in-depth content and information relevant to different circumstances, it can be tailored to support all couples. This also removes some of the burden facing the NHS now.

It's now more important than ever to offer couples access to information which could remove the need for fertility investigations and treatment for some couples.

## the role of the midwife in preconception care

A 2018 report outlined the impact of preconception health as well as ways to improve birth outcomes and address inequalities through embedding preconception care. The report pinpointed maternity services as crucial in the delivery of preconception care to women in the inter-pregnancy period.





# a complete, clinically accurate information hub for all, with non-profit resources

The team of registered midwives at My Expert Midwife has created a free-to-access information hub which provides clinically accurate, complete information about trying to conceive. Featuring advice for women and men, videos on the biology behind male and female fertility and practical tools such as ovulation charts and a downloadable Your Guide To Trying To Conceive book, the hub aims to give everyone the best possible chance of conceiving naturally - or accurately tracking cycles and body changes to help inform medical professionals if assistance or investigation is required.

## a not-for-profit kit

For couples who would like more help with trying to conceive, the team at My Expert Midwife has also developed a non-profit **Trying To Conceive kit** where people can access a low-cost resource containing three-months' worth of ovulation sticks, a thermometer to track basal body temperature, a printed **Your Guide To Trying To Conceive book** and an ovulation chart. The kits are available at a non-profit price of just £15.00 for a three-month kit.

Planning and preparing to become pregnant is associated with better outcomes and improved health for women, children and families. At My Expert Midwife we want to reach out to as many people as possible who would like more information when they are trying to conceive. This is why our not-for-profit Trying to Conceive Kit was developed by midwives to help support those who need more information on their journey when trying to conceive.

Whether people want to know more about fertility before trying for a baby, or for those already trying to become pregnant, the Trying to Conceive Hub and Kit can help improve understanding of the subject and offer reassurance and support.

my expert midwife.

your guide to trying to conceive

helping you through your journey, every step of the way



#1 how female fertility works



**the reproductive system**

The female reproductive system comprises of the ovaries, fallopian tubes, uterus, cervix and vagina, as well as the external genitalia.

**Ovaries**  
Each ovary contains hundreds of female germ cells (ova) which are called an ovum or 'egg' which mature ready to be fertilised to develop the future egg. When a female ovulates, the egg is released from the ovary and travels down the fallopian tube, where it will meet and possibly fertilise the sperm.

**Fallopian Tubes**  
They all lead to the uterus and, if fertilisation occurs, the egg is transported into the uterus by the fallopian tubes, which are responsible for the transport of the fertilised egg.

**Uterus**  
The uterus is the muscular organ that receives the fertilised egg and provides the environment for the embryo to develop.

**Cervix**  
The cervix connects the uterus to the vagina. It is a part of the reproductive system and is responsible for the transport of sperm into the uterus.

**Vagina**  
This is a muscular tube which connects the uterus to the outside of the body. It is the birth canal and is responsible for the transport of sperm into the uterus.

male reproductive organs



**how long is sperm stored for in the male body?**

Sperm take around 14 days to mature in the epididymis. After they mature, they develop in the testis where they can be stored for up to 3-6 months.

**True...**

- ✓ Sperm can be stored in the testis for up to 3-6 months.
- ✓ Sperm can be stored in the epididymis for up to 3-6 months.

**False...**

- ✗ Sperm are not stored in the bladder.
- ✗ Sperm are not stored in the prostate.
- ✗ Sperm are not stored in the vas deferens.

#3 having sex for pregnancy



**having sex for pregnancy**

Planning to get pregnant should be fun and not a chore. If you have been trying without it happening for a while, soon if you may start to feel the stress creeping in.

This part of the guide aims to help you understand you have everything it takes to get pregnant. It's about understanding your body and how it works, and how you can support your body and mind to help you get pregnant.



# introducing our trying to conceive kit

Exclusively available at [myexpertmidwife.com](http://myexpertmidwife.com)

## what's included:

- 12 x luteinising hormone (LH) strips (ovulation strips) & instruction leaflet

These strips test your urine to detect levels of luteinising hormone (LH) during your cycle. LH is present in low levels throughout your cycle and rises sharply around 24-36 hours before ovulation occurs. When plotted on your chart it will help you to see when ovulation is most likely to occur during your menstrual cycle.

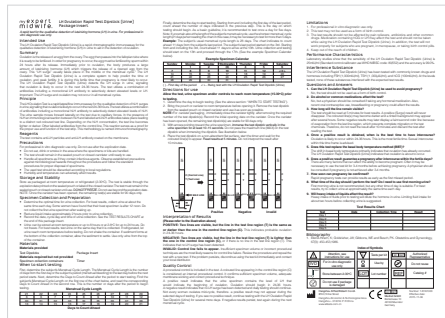
x12



- 3 x pregnancy test strips & instruction leaflet

These pregnancy testing strips can accurately indicate whether you are pregnant by detecting human chorionic gonadotropin (hCG), a hormone your body starts to produce around 6 days after fertilisation. For more accuracy wait until the first day after your period was due.

x3



Instruction leaflet

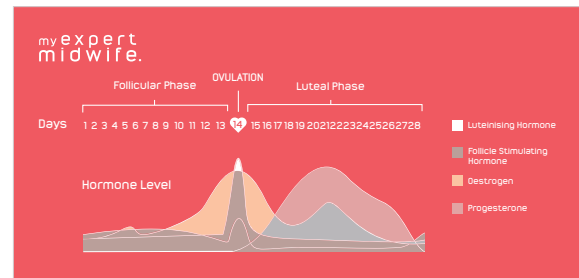
- 1 x digital thermometer

The thermometer will enable you to track and chart your basal body temperature (BBT) each day when you wake. Tracking your BBT can help you identify when ovulation is occurring.



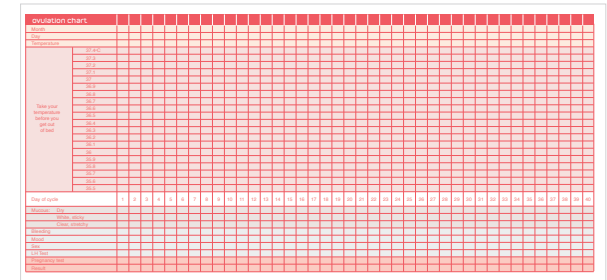
- 1 x testing chart

This specially designed chart is for you to track your personal cycle. By using several indicators on the chart for ovulation, you can understand when it is more likely to occur.



### Key to using these charts

- This handy chart will take you through 3 menstrual cycles; the average cycle is 28 days, though some are longer and some are shorter. Documenting changes during entire cycles will help you get to know your own pattern.
- Using the digital thermometer provided, take your daily basal body temperature (BBT). Most accurate when taken immediately after waking and before getting up. Your temperature drops slightly around the 12th day of your cycle, then rises once ovulation has occurred.
- Chart your mucous appearance daily - Is it wet, dry or sticky? Mucous that is stringy and has a raw egg white appearance indicates you are at your most fertile.
- Chart any changes in your mood - e.g. tearful or irritable are common but you may not notice any changes.
- Note any physical changes - breast tenderness, nipple pain, abdominal pain, increase in smell sensitivity.
- Using the luteinising hormone (LH) ovulation test sticks provided from around day 12 of your cycle, chart your results. A surge of LH signals that ovulation is likely to happen with 24-36 hours.
- Also record the days you are bleeding onto the chart.
- To increase your chances of becoming pregnant, aim to have sex at least every other day during your fertile days.



### further info

- Remember - a healthy diet and lifestyle for both you and your partner can improve your chances of success. Reducing a high BMI or increasing a low BMI can aid conception.
- Make sure you are up-to-date with your smear tests.
- Taking pre-conception supplements can boost background nutrition, health and wellbeing, as can reducing alcohol, smoking and stress where possible.
- If you have polycystic ovarian syndrome, the LH test is not accurate, however, charting your ovulation cycle using temperature and mucous changes is helpful.
- Bleeding after sex, or pain during sex should be reported to your GP.



- 1 x guidebook

The guidebook is key to learning more about female and male fertility as well as helping you to navigate your TTC journey.



## authors

The Trying To Get Pregnant hub and kit has been written and curated by our in-house midwives:



### *Lesley Gilchrist*

R.M. MSc. [Clin. Res.] BSc.[Hons] [Mid.]  
Registered Midwife + co founder

A highly qualified registered midwife who has worked in some of the largest teaching hospitals in Europe. She has extensive experience as a labour ward co-ordinator and as a community midwife, and is now an expert in pregnancy, childbirth and postnatal care with a particular interest in birth trauma.



### *Karen McEwen*

R.M. MSc. [Clin. Res.] BSc.[Hons] [Mid.]  
In-house Midwife

Karen trained as a midwife at The University of Leeds and during her career has worked at numerous hospitals in West Yorkshire. As well as working in the Delivery Suites, Karen was a founding member of the Leeds Homebirth Team, working to support women and helping to develop midwives' skills in physiological birth.



### *Malena Monteverde*

R.M. BSc.[Hons] [Mid.] BA [Hons]  
In-house Midwife

Malena initially trained as an adult nurse at the John Radcliffe Hospital in Oxford before becoming a midwife. She worked for the Leeds Teaching Hospitals Trust for 17 years, as a labour ward midwife and co-ordinator and, later, as a community midwife. She is passionate about providing women with the care and support necessary during their own birth as mothers. She's an advocate for women's rights and choices throughout their childbearing experience [and beyond].

## about My Expert Midwife

My Expert Midwife was founded in 2017 by midwife Lesley Gilchrist and massage specialist Claire Charlton, inspired by their understanding of the reality of the physical recovery challenges that women face during pregnancy, childbirth and beyond.

At the heart of our business is a team of expert registered midwives with a combined 140+ years of experience in midwifery; alongside specialist expertise in clinical research, breastfeeding, new-born development, complementary therapies, nutrition and preconception and led by our CEO + Clinical Director Lesley Gilchrist R.M. MSc. [Clin. Res.] BSc.[Hons] [Mid.].

Our midwives' clinical knowledge and experience of what parents-to-be, pregnant women and new parents need supports the efficacy and necessity of our products and services. We talk honestly about the issues that parents-to-be and new parents will worry about; and tackle taboos, to provide our consumers with credible and effective solutions through our innovative products and services.



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