

FACTSHEET

INFERTILITY AND SEX

The emotional traumas which are associated with fertility problems are well known to those who long for children. Counselling and support networks can offer support, but some of the most intimate problems which couples encounter are often not discussed because of embarrassment, lack of knowledge or maybe simply because of lack of time in clinics. The purpose of this leaflet is to answer some of the many questions couples ask.

Why is making love so disappointing now?

Often couples trying to conceive may feel that the whole purpose of sex is simply to make a pregnancy. When the pregnancy does not occur, it can feel as if making love has been a failure. It is not surprising that fertility problems can have a devastating effect on the sexual relationship.

It must be remembered that this sexual relationship has other benefits. Not only does making love have an immediate physical pleasure, it also provides a physical closeness which gives the comfort and support which is essential for all relationships. It is often very difficult to preserve these other pleasures when life is dominated by the desire to conceive.

Are we doing it right?

Many couples ask if there is any way their chances of conceiving can be improved by changing their way of making love. As long as the semen reaches the vagina, then there is a chance of pregnancy and there is no evidence that altering the position of making love, or adopting a specific position afterwards, will have any beneficial effect on the chance of pregnancy. It is also perfectly normal for some semen to come out of the vagina after intercourse.

When should we make love?

Women are only fertile for a few days each month, and whilst you should make love then, it will not help to concentrate activity only at this time. Attempts to determine the fertile time are not always accurate and avoiding sex at other times could actually prevent a pregnancy by missing the best time for conception.

As a general guide, a woman will ovulate and be fertile about 14 days *before* her expected period. To work this out you need to know the usual length of your cycle, and to take 14 days away from that. Day one is the first day of your period, and you count from that through until the start of the next period and then take 14 away from the total to find out when you are likely to be ovulating.

At this fertile time, there will often be a change in the mucus which comes from the vagina; it becomes clear, similar to egg white. This would be a good time to make love, but generally if you are having intercourse 2-3 times a week, you should be hitting your most fertile time.

How often should we make love?

As discussed above, there are many beneficial aspects of making love apart from fertility so the main answer to this question is: as often as you want. It is not a good idea to wait until your fertile period because you might miss it. More importantly, a long period of abstinence while waiting for the right day can result in a *reduction* in the quality of your sperm which would decrease the chances of conceiving.

There is no harm in making love very frequently as long as it is what you both want, but it is unlikely to increase your chances of conceiving. As a general rule, it should be noted that sperm can remain active within the woman's tubes for at least 3 - 4 days after sex. Therefore, making love two or three times a week should ensure that sperm are available most of the time and will give the best chance of conceiving.

How will all the investigations affect us?

It is very common to find that the process of being investigated is intrusive and it may feel as if someone is watching you all the time. Finding a cause for the infertility may also lead to feelings of blame' and 'fault'. The stress of this often causes conflict which may be reflected in the sexual relationship. If a cause is found which means that there is no chance of conceiving, there may then seem to be no reason to make love any more.

The only time you may be asked not to make love is before a test to check the fallopian tubes with either an operation or an x-ray test. This is to ensure that you are not pregnant when these tests are done, but your clinic will let you know if you need to abstain.

Can we continue making love when having treatment?

Generally it is advised that you should continue with your normal sex life during treatment although this may be difficult if drugs have been given to stimulate the ovaries as there may then be some discomfort. There is no evidence that making love before or after treatment such as IVF will reduce the chances of pregnancy. However, many couples find the stress of the treatment overwhelming and therefore sex may be avoided at this time. If treatments or tests require you to make love at a specific time or to abstain for a while, your clinic will explain this to you.

We have a problem with sex. Can we achieve a pregnancy still?

Some couples are unable to have full intercourse because of psychological problems and this is usually best helped by seeing an appropriate counsellor. Others may have physical problems which cannot be corrected by surgery or drugs. If a semen sample can be produced, it is possible to identify the fertile time and artificially insert the semen at that time. It may even be possible for you to do this yourselves at home but the clinic should be able to give appropriate advice.

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