



mira

The Ultimate
Guide to Fertility

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Blog

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Introduction

Like most people you got the basics about sex and pregnancy in high school health class. Now that you are trying to conceive it all seems a little more complicated than you remember.

Don't worry! This e-book will walk you through the basics of fertility, getting pregnant naturally, and what to expect if you have a hormone imbalance.

What to expect:

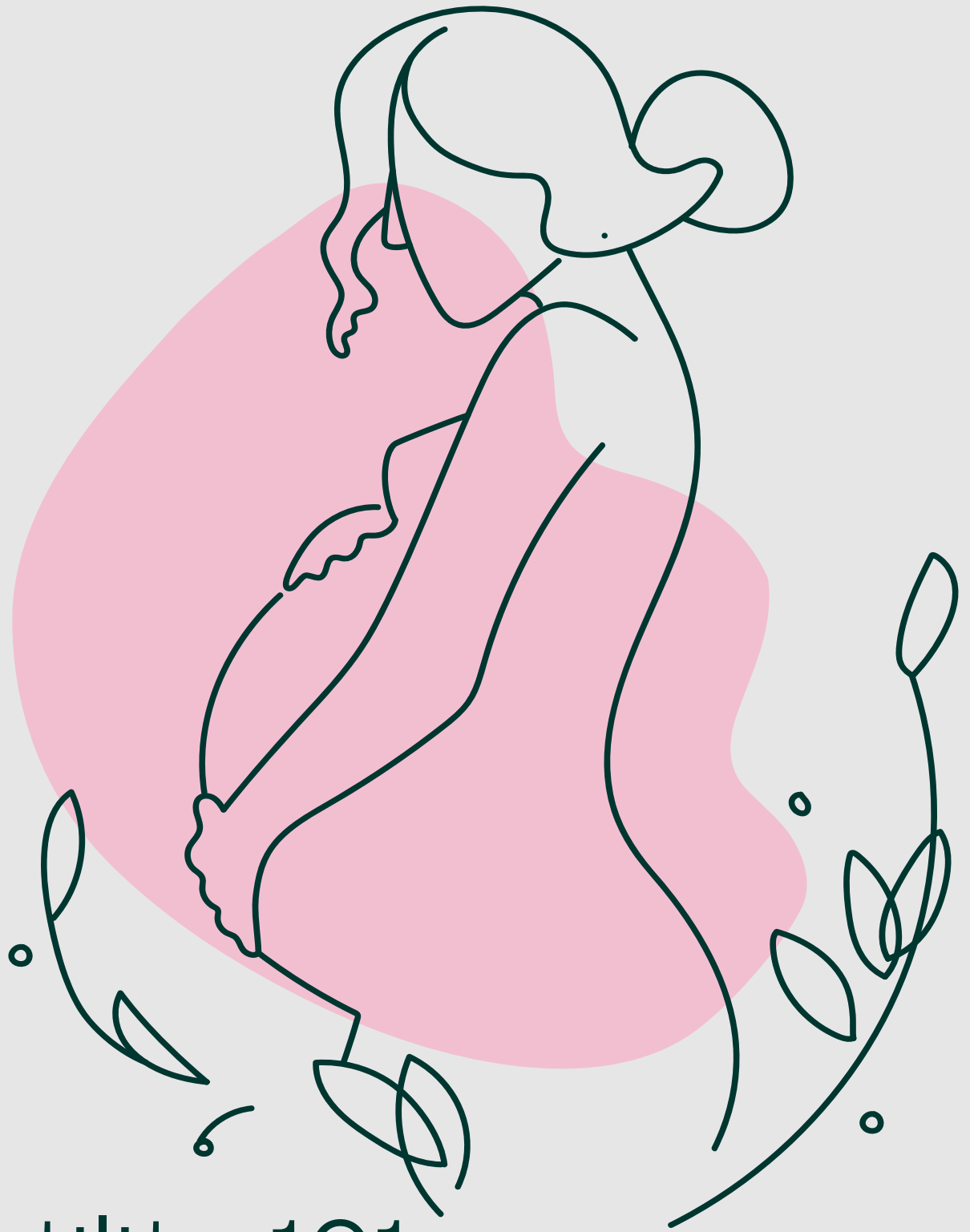
- Fertility 101 or what you wish you would have learned in school
- Trying to conceive roadmap
- Lessons and tools for creating an optimal fertile state
- Steps to take positive control of factors affecting your fertility

And bonus material:

- Fertility abbreviation dictionary
- [Free fertility meditation](#) from our partner Circle & Bloom
- TTC check-list

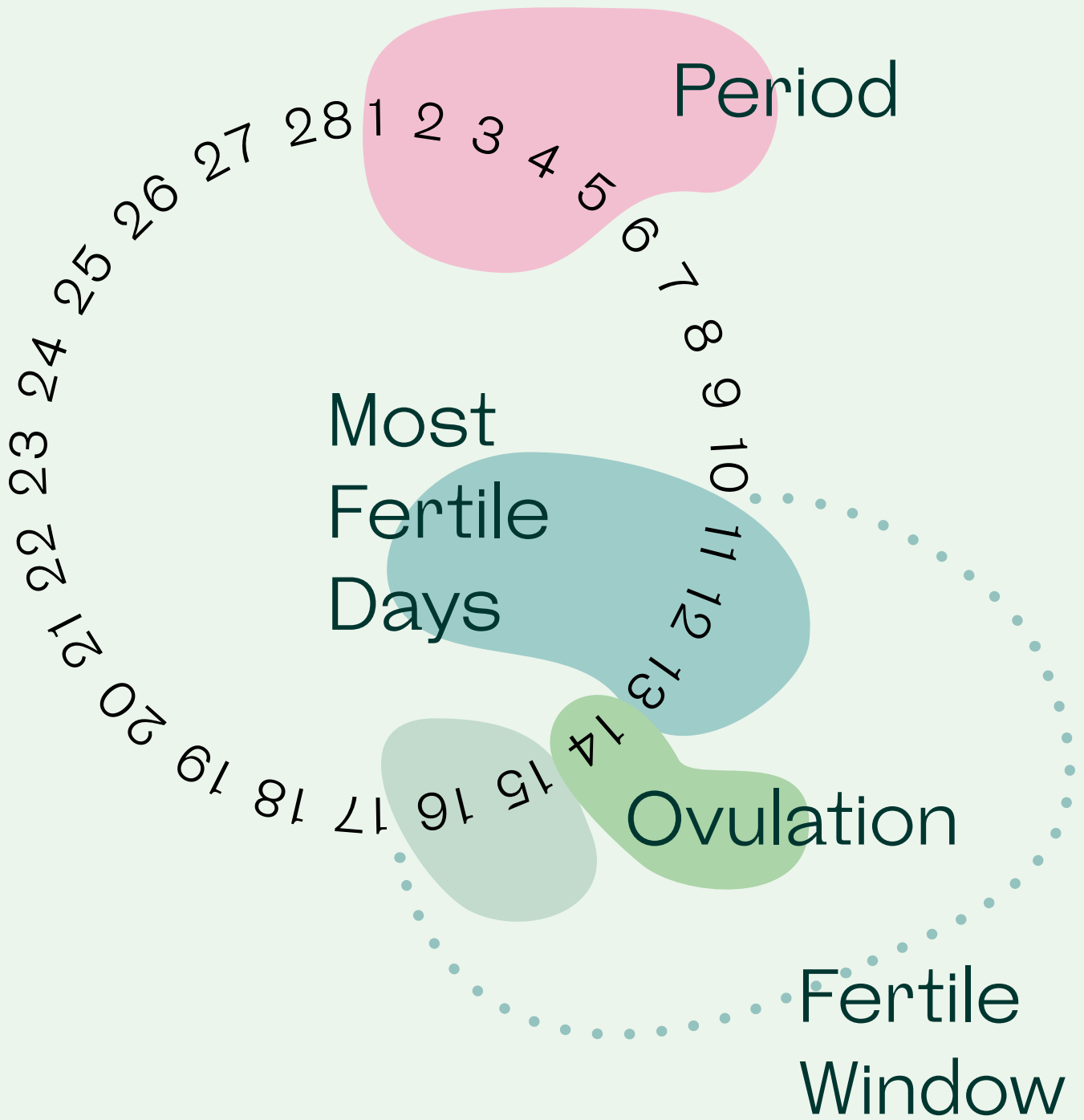
This e-book will give you everything you need to start your TTC journey. You can have the confidence you have done all you can to enhance your chances of conception and a healthy, happy baby.

So let's get started!



Fertility 101

Everything you wish you would have learned in high school health class!



Menstrual Cycle

Your body is always going through cycles with your brain and ovaries responding to the changes in hormones. Your menstrual cycle is more than just your period. In fact, it begins on the first day of your period and ends on the first day of your next period.

The menstrual cycle is made up of four phases - menstruation, the follicular phase, ovulation, and the luteal phase.

Your reproductive system is regulated by two hormones: the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH). FSH stimulates the follicles while LH triggers ovulation.

These two hormones travel down to the ovaries where levels of estrogen and progesterone are regulated. The hormone estrogen is responsible for secondary female characteristics and rises 4-5 days before ovulation. Progesterone level goes up after ovulation, preparing the body for implantation.

Follicular Phase

The follicular phase starts your menstrual cycle. This phase starts on the first day of your period and lasts until the day of ovulation. It ranges from 7-40 days and the length varies from woman to woman.

In this phase your brain releases GnRH which triggers your pituitary gland to release FSH that stimulates the growth of many eggs. The FSH travels with your bloodstream to the ovaries. Upon arrival a dominant follicle is developed into a mature egg.

The dominant follicle starts producing estrogen. Your estrogen levels start to rise 4-5 days before ovulation and reaches its peak approximately one day before ovulation.

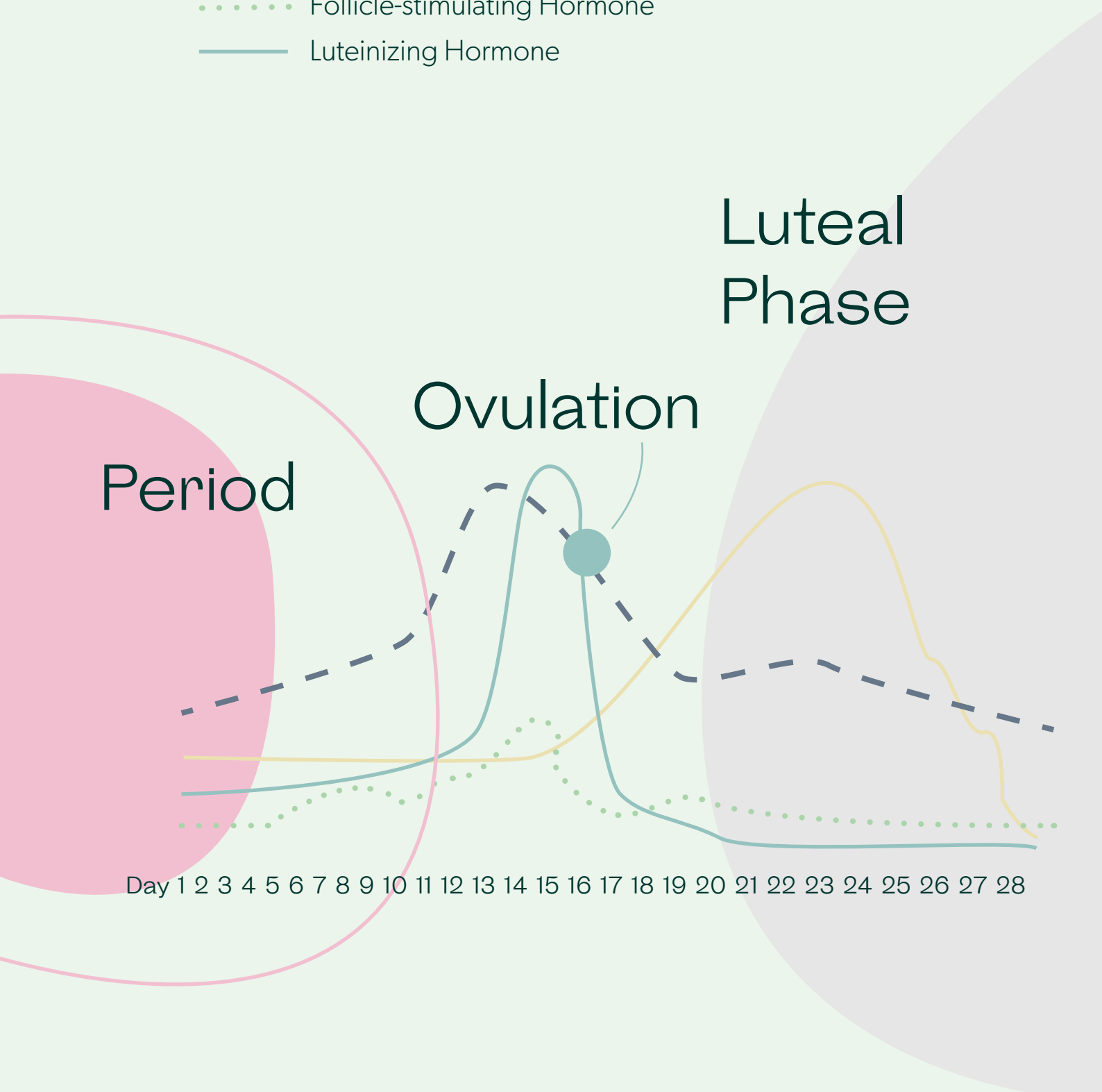
Ovulation

The estrogen peak tells the brain an egg is mature. The brain then releases the luteinizing hormone or LH, which informs the ovarian follicle to release the egg into the fallopian tube. This process is ovulation.

Ovulation often happens 12-24 hours after the LH surge. After the egg is released, it has only up to 24 hours of life span to be fertilized by the sperm. Your chance of pregnancy is zero on the day after ovulation. You have your peak fertility between the LH surge and the day of ovulation.

The good news is that sperm can survive inside a woman's reproductive tract up to 5 days with the help of fertile mucus. So you are fertile during the 5 days leading to ovulation as well. Testing your estrogen level together with the LH is a good method to find your fertile days because it rises about 5 days before ovulation.

- Estradiol
- Progesterone
- Follicle-stimulating Hormone
- Luteinizing Hormone



Luteal Phase

After the mature egg is released, your body is busy with preparing for implantation. The corpus luteum produces progesterone, which thickens the lining of the uterus for the implantation of the fertilized egg. If you are pregnant, the corpus luteum will continue to make progesterone to help sustain your pregnancy.

If the egg is not fertilized, the corpus luteum will start to shrink. It stops making progesterone and no more hormone supports the uterine lining. The shedding of the lining leads to your next period.

The luteal phase ends when your period begins. The first day of your period is the first day of the follicular phase, and the cycle starts over again.

You can determine phase length by tracking your cycle. Count the days between ovulation and the first day of your period.

That is how long your luteal phase is. Some tracking methods are:

-
- Basal body temperature (BBT) charting
 - Ovulation calculators/calendars
 - Checking cervical mucus
 - Hormone tracking monitors
 - Ovulation prediction kits (OPKs)

To correctly track your cycle and luteal phase, you need personalized feedback. The Mira analyzer is part of [Mira's advanced fertility tracking kit](#) and measures LH levels in mIU/mL. This lets you see your exact hormone levels.

The automatic charting and AI-powered cycle personalization show your LH levels and surges. You can monitor peaks, declines, and menstruation through the app to detect your luteal phase.





Why Is It Important to Know Your Luteal Phase?

Progesterone is crucial for the luteal phase. For women trying to conceive (TTC), it's important to know about progesterone levels because:

-
- Progesterone from the luteal phase thickens the lining of the uterus.
 - Thick lining is needed for implantation.
 - Short luteal phases (less than ten days) may indicate low progesterone levels.
 - Low progesterone levels can prevent conception.

While you cannot track progesterone levels without a physician, you can monitor LH and estrogen levels by [tracking fertility hormones](#) at home. If you notice your luteal phases are less than ten days, make an appointment with your OBGYN to check your progesterone levels.

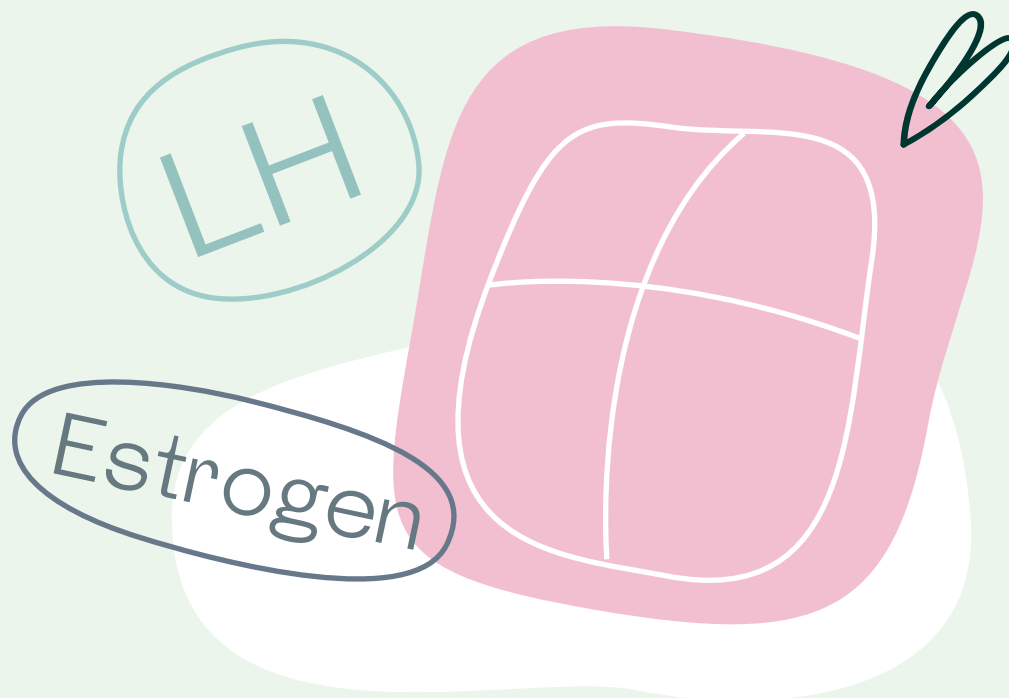
Fertile Window

You may think you have an equal chance of pregnancy at any time during a cycle, but this is not true. You are most fertile on a few days before you ovulate and the day of ovulation.

A few days after the period, your body starts to produce a hormone called estrogen. Estrogen is considered a good predictor of your fertile window because it helps to increase the thickness of the uterus wall and creates a mucus environment that is sperm-friendly.

High estrogen level triggers a sharp increase in the luteinizing hormone. This is considered the “LH surge”. The LH surge triggers the release of a mature egg into the fallopian tube, which is what we know as “ovulation”.

24-36 hours after the LH surge, ovulation usually happens. This is why LH is a good indicator of ovulation and your peak fertility days. It then decreases sharply. The entire LH surge lasts about 2 days.



The Egg lives up to 24 hours after ovulation. Beyond 24 hours, the chance of conceiving is zero. Your fertile window starts from the day of Estrogen surge, reaches peak fertility at LH surge, and ends at 24 hours after ovulation. Body temperature rises 12 hours after ovulation, so it identifies the last 12 hours of the fertile window instead of capturing the entire 6 days of the fertile window.

You can find your fertile window using the Mira fertility tracker. This palm-sized hormone tracker tracks and shows you your actual hormone concentration. It is intended for home use, but it has the accuracy of hospital-grade lab equipment. Mira measures your LH and Estrogen concentrations in urine. The data is automatically synced with the Mira App, which optimizes the ovulation prediction based on your personal health. It is accurate, easy to use, and smart.

Conception

When you are TTC it can seem like something that was always explained as simple is actually really complicated. It is true conception involves a surprisingly complicated series of steps. Everything should happen in its time and fall into its place for a successful result – a healthy pregnancy.

Step 1 - Ovulation

If you are trying to conceive you are probably tracking your ovulation already. Each menstrual cycle, a certain number of eggs start to grow and develop in follicles.

The dominant egg stands out, breaks off the follicle (that is ovulation) and starts traveling down to the fallopian tube. The egg stays there from 12 to 24 hours, waiting for a single sperm to fertilize it.

Step 2 - Sperm Transport

During intercourse, a man ejaculates over 40 million sperm cells at a time. Once inside the vagina, these sperm swim up, towards the fallopian tubes. The sperm cells are looking for a mature egg to fertilize.

The sperm can live in a female body for up to 5-6 days if the environment is favorable. The cervical mucus in the vagina nourishes the sperm with all necessary ingredients and prevents it from drying up.

Step 3 - Fertilization and Embryo Development

The egg is surrounded by a special membrane (zona pellucida), that performs two very important functions:

1. it is receptive only to human sperm;
2. once a single sperm penetrates the egg, this membrane becomes impermeable to all other sperm.

The fertilized egg is called an embryo. The single-cell embryo is called a zygote. In the next 5-7 days, it undergoes several cell divisions, and in the end, it turns into a mass of very organized cells called a blastocyst.

Step 4 - Implantation

Once the embryo reaches its blastocyst stage, it is ready to implant. It rapidly travels from the tube to the uterus. Implantation happens when the fertilized egg attaches itself to the uterine wall. It usually occurs 6-12 days after ovulation, and it is considered the beginning of pregnancy.



Fertility 202

Getting Pregnant Naturally

Unless you already know of fertility issues, you begin your journey to conception trying to get pregnant naturally.

Fertility Roadmap

Everyone's road to pregnancy looks different, but there are some basic guides on any fertility roadmap that can help you along the way.

Once you decide the time is right for pregnancy you should start having regular unprotected sex. Most couples get pregnant within six months to a year. If you are under 35 years old you should try to get pregnant for one year before seeking help. For those over 35 it is recommended to wait 6 months before seeking help.

During this time you increase your chances of conceiving by getting to know your own cycle and fertile window. Using Mira you can pinpoint your best days for conception. You can also help increase your chances of pregnancy and of bringing a healthy baby into the world with the right preparation and lifestyle changes.

See Your Doctor

Once you decide to start trying for a family it is best to see your OB or doctor. They will be able to review your medical history and run basic tests to ensure you are in good health. If you have had certain gynecological or health conditions your doctor may refer you to an infertility specialist.

Tests to expect:

-
- Pap smear
 - Blood panel
 - Regular physical
 - Review of current medication

There are also lifestyle changes and considerations when trying to get pregnant.

Birthcontrol Withdrawal

When you decide to begin your journey to parenthood the first and most obvious step is to stop using contraception. Depending on what type of contraception you've been using there are certain things to take into consideration.

Non-hormonal methods

If you've been using a barrier method such as condoms, cervical cups, or a non-hormonal copper IUD then you can begin trying right away.

Hormonal methods

Hormonal [Birth Control](#) takes the following forms:

- Birth Control Pill (also called oral contraceptives)
- [Birth Control Shot/Injection](#) (also called [Depo Provera](#))
- [Birth Control Patch](#)
- [Vaginal Ring](#)
- [Hormonal Intrauterine Device \(IUD\)](#)
- [Contraceptive Implant](#)

Hormonal birth control stops your body from ovulating, changes the cervical mucus, and makes endometrium thin and inhospitable for a fertilized egg. Once you stop taking a hormonal birth control it can take 2-4 weeks for your regular period to return. It is best to wait to start TTC until after you've experienced a return to regular periods.

Fertility Diet and Supplements

There is no magic diet that will get you pregnant. However, you can control the nutrition going into your body, which can play a big factor when trying to conceive and preparing for a healthy pregnancy.

The tenets of [the Fertility Diet](#) are from a large, scientific study done at Harvard on diet and fertility. These five tips will help give you a better understanding of this diet.

- Focus on Quality, Unprocessed Carbs
- Eat the Good Fats
- Include More Plant Based Proteins
- Yogurt, Cheese and Ice Cream...It's Ok!
- Your Weight Matters

Along with the foods you eat, it is important to include prenatal vitamins as soon as you decide to start TTC. [Prenatal vitamins](#) are one of the best things you can do for your body and nutrition when preparing for pregnancy. They can help reduce the risk of pregnancy complications, birth defects and chronic diseases for your future little one. We recommend looking for vitamins that have:

- Folic acid
- Iron
- Vitamin C
- Calcium
- Omega 3's

Keep in mind you can take all of the prenatal vitamins in the world, but if you do not have a healthy diet to complement them it will not do much for you. Eat your veggies!

Exercise

Getting regular exercise is important for maintaining a healthy weight. Being over or underweight can make it more difficult to get pregnant and progress with a healthy pregnancy.

Before starting any new exercise programs be sure to check with your doctor. A good option for both physical and mental health while TTC is yoga. This form of exercise has been found to reduce stress, increase circulation, increase body awareness, and decrease inflammation.

Stress & Sleep

Preparing for pregnancy can be an emotional and stressful rollercoaster ride, especially if your ride hits any bumps along the way. It's important to remain optimistic and be sure you are not comparing yourself or journey to others.

Being stressed while preparing for pregnancy, can make matters worse. In order to [manage that stress](#), we recommend to consult your doctor, NOT Google if you have any questions. Also, trust yourself throughout this process, connect with others who are on the same journey as you and breathe every now and then!

If you need help managing and decreasing stress consider trying a fertility meditation practice. You can give it a [try for free](#) with our partner

Circle & Bloom.

[Getting enough sleep](#) will help you manage stress and keep your hormones balanced. Besides you're going to wish for that extra sleep when you've got a little one keeping you awake.

Sex

Intercourse during your fertile window gives you the best chance for getting pregnant. Having sex every day within the fertile window gives you a 25% chance of conceiving. Slightly lower chance of conceiving (22%) is resulted from having sex every other day. Having sex once a week results in a 10% chance of conceiving, which is significantly lower.

Many couples find daily sex is tiring and emotionally draining while trying hard to conceive. The slightly increased chance may not worth it if you feel the same. If you feel "in the mood", feel free to do it every day if his sperm count is OK. Pay attention to the lubricant you use and make sure to use the sperm-friendly ones. Tracking your ovulation with Mira will mean you won't miss a cycle and a chance at pregnancy.

The only other place you can get to this level of accuracy is the doctor's lab.

Ovulation Tracking

Ovulation is tightly regulated by hormone levels. The surge in LH

happens about 24-36 hours before ovulation.

Fertility monitors, such as the Mira fertility tracker, are electronic devices that track ovulation digitally. They are mainly used to predict ovulation and detect peak fertility time. The Mira tracker is a more advanced version of digital monitor and easier to use than OPKs.

The device will record your test results and help identify your fertile window. Unlike traditional fertility monitors Mira determines your actual hormone concentration instead of using a fixed threshold based on population average. This means you are unlikely to miss a fertility peak even if you have variable menstrual cycles.

One downside of digital trackers is the expense of testing everyday, but the Mira device uses a smart algorithm to learn your cycle pattern so it will calculate when you should test so you don't have to test every day.





Fertility Checklist

Everything you need to do to increase your chances of conceiving and get ready for a healthy pregnancy.

- See your OB or doctor 1-2 months before TTC
- Stop hormonal birth control ASAP
- Quit unhealthy habits 3-4 months before TTC
 - Stop any drug use
 - Stop smoking cigarettes
 - Improve dental hygiene to reduce risk of premature birth
 - Reduce or quit caffeine
 - Relax more to reduce stress-related hormones
- Start taking essential vitamins and supplements 2-3 months before TTC
 - Folic acid
 - DHA
 - Vitamin
 - B6
 - L-arginine
 - Vitamin E
 - Vitamin D
 - Zinc
 - Iron
 - Choline
 - Calcium
 - Coenzyme Q10
- Start tracking your cycle to find your fertile window 2-3 months before TTC
- Eat a healthy balanced diet
- Maintain a healthy weight with regular exercise
- Have intercourse during your fertile window



Fertility 303

Getting Pregnant with Hormone Imbalance

You've followed all the fertility and TTC information you can find out there, but haven't gotten pregnant after six months or more of trying. Or your doctor has already confirmed fertility issues such as an irregular cycle or PCOS. Now what?

Pregnancy is still a possibility, but there may be extra precautions, treatments, and lifestyle changes that you need to undertake.

Irregular Cycle

If you have any of the cycle patterns or symptoms below you may suffer from irregular periods:

- The time between your period changes
- Heavy menstruation or [menorrhagia](#)
- Changes in length of menstruation
- [Oligomenorrhea](#) - having less than nine periods per year
- [Amenorrhea](#) - three or more missed periods

You may have one or more signs that your periods are irregular. Signs can also change month to month.

Medical conditions and health issues are the leading causes of irregular menstrual cycles. Some require treatment, but others may resolve on their own. Below are common conditions linked to irregular periods.

Polycystic Ovarian Syndrome (PCOS)

[Polycystic ovary syndrome](#) (PCOS) is a condition caused by hormonal imbalance. The imbalance enlarges ovaries that may have cysts with immature eggs.

PCOS causes high levels of [androgen](#), often called the male sex hormone. This imbalance interferes with ovulation and menstruation cycles.

You may be able to conceive with PCOS. Medication is prescribed to help induce ovulation, and you'll likely need to see a fertility specialist for monitoring.

Uterine Fibroids

[Uterine fibroids](#) are noncancerous growths that can appear during childbearing years. They are fairly common, and some women don't have symptoms of them.

Others may experience:

- heavy menstrual bleeding
- longer menstrual bleeding
- pelvic pain
- lower back pain

The exact cause of fibroids is unknown, but genetics and hormones may be factors. Most uterine fibroids don't affect fertility and pregnancy except for [submucosal fibroids](#).

Pelvic Inflammatory Disease (PID)

Pelvic inflammatory disease is an infection that occurs when bacteria enters the vagina. It spreads to the female reproductive organs and is usually caused by sexually transmitted infections.

Symptoms can range from non-existent or mild to severe. These are the common [symptoms of PID](#):

- abnormal bleeding
- painful intercourse
- fatigue
- pelvic pain
- fever

Untreated PID may cause fertility issues. If you're at risk for STIs, get tested to receive prompt treatment. Women with PID are usually prescribed an antibiotic.

Weight-Related Health Problems

One [medical study shows](#) that being overweight causes 25% of infertility cases. It also says that being underweight causes 12% of cases.

Weight can cause irregular periods in many ways. [The Mayo Clinic](#) says irregular cycles are also a result of:

- Eating disorders.
- Excessive amounts of
- exercise.
- Excessive weight loss.

You can use an [ideal weight calculator](#) to find out your healthy weight range. This can help you set weight loss or weight gain goals.

Getting Pregnant with Irregular Periods

Make Healthy Lifestyle Changes

Improving your overall health before pregnancy is even more important if you suffer from irregular periods.

Simple lifestyle changes that are recommended include:

- Quit smoking cigarettes
- Quit consuming alcohol
- Eat a healthy, balanced diet
- Get light to moderate exercise
- Avoid excessive dieting or exercising
- Take a daily multivitamin
- Take folic acid and Coenzyme Q10 supplements

Track Your Cycle

Like everyone else TTC it is important to track your cycle, but traditional methods such as the basal body temperature and cervical mucus method won't be accurate enough given irregular periods. Using a more advanced OPK such as [Mira's fertility prediction kit](#) will help determine your fertile window. By tracking your daily levels of luteinizing hormone Mira can provide 99% accurate results.

Increase Frequency of Intercourse

To get pregnant fast with irregular periods, have intercourse frequently during your five to six-day fertile window. Increasing the frequency you have sex can boost chances of conception.

Reduce Stress and Anxiety

Studies show that [stress and short-term anxiety](#) can cause irregular and missed periods. This happens because stress triggers hormonal imbalances.

Reduce stress or anxiety by:

- Learning self-soothing techniques, such as deep breathing.
- Exercising to increase endorphins.
- Getting consistent amounts of sleep.
- Seeking counseling.

Mental wellness is part of your overall health. Try your best to reduce stress and anxiety when trying to get pregnant.

It is also important to discuss irregular periods with your doctor. They may perform physical exams and order additional tests. Depending on the outcomes of those tests and exams they may suggest additional lifestyle changes or prescribe fertility treatments.

Polycystic Ovarian Syndrome

Polycystic ovarian syndrome (PCOS) affects more than 5 million women globally, but surprisingly many women have no idea that they have it. It is also one of the most common causes of fertility issues. However, there are several ways you could get pregnant with PCOS, with or without treatment. Most women get over this by a combination of lifestyle change and fertility treatment. Some cases may require In-Vitro Fertilization (IVF) treatment.

What are the Hormone Problems?

PCOS causes hormone imbalances for women. Women with polycystic ovary have elevated levels of androgens, which are often considered as male hormones, as they help with the development of male sex organs and other sex traits. Males have much higher androgen levels than women. Androgens in women are usually converted to Estrogen, a hormone that controls ovulation. Hormone imbalance often leads to irregular periods.

There are many women with PCOS who use Mira to track their cycles. Mira is different from all other OPKs because Mira gives your actual hormone concentrations. With PCOS, elevated LH is usually common, and OPK will give you positive all the time. With Mira you

can see your actual hormone levels and curve even if your baseline LH is high.

How does PCOS affect ovulation?

PCOS affects ovulation by interfering with egg development and egg release. A high level of androgens disrupts the rhythm of women's cycle. The unusual level of Estrogen interferes with egg development and egg release. If an egg can't be released, fertilization can't happen, meaning you can't get pregnant. PCOS usually comes with missed periods or irregular cycles.



How to Get Pregnant with PCOS

Losing weight

Symptoms of PCOS include problems responding to insulin, which is called insulin resistance. Insulin is typically secreted to respond to the increased level of glucose, which is a small sugar molecule and comes from carbs we eat. Insulin lets cells to uptake glucose and stores them as energy for later use.

Insulin resistance doesn't allow the body to respond to insulin well, which leaves a high level of glucose molecules in the blood and low energy. Over time, it causes weight gain.

Studies show that overweight women with PCOS are more likely to have anovulation. If there is no egg to be fertilized, the woman can't get pregnant. If she ovulates irregularly, she has a smaller chance of conceiving.

The research found that losing a certain amount of weight may bring ovulation back and make the pattern more regular. Weight loss by itself might be enough to restart ovulation. And the good news is you don't have to lose all the weight! Studies showed that losing 5-10% of your weight is enough to get the ovulation back again. But there is no evidence showing that losing weight will help you to

conceive by yourself.

Combined with fertility treatment, the chances of a successful pregnancy are higher than having fertility treatment alone. In general, it is recommended to maintain a healthy weight while trying to conceive, to avoid complications such as diabetes, preeclampsia, and hypertension.

Losing weight may not be a solution for you if you are not overweight. Plus, losing weight is not easy, especially for women with PCOS. Increased exercise and limited calorie intake are often recommended. Consult with your OB-GYN for a plan that works for you.

Healthy diet and exercise

A healthy diet is important because you want to avoid being overweight while trying to conceive. This is especially true for women with PCOS whose body might struggle with insulin regulation. However, there is a debate about if a low-carb diet is the best choice for PCOS. What's important is to make sure you eat balanced and natural foods, containing adequate-protein, a good amount of fiber, with plenty of vegetables and fruits, and avoid foods with high sugar or high fat.

Exercise is found helpful to PCOS treatment. Studies showed that a combination of regular exercise and a healthy diet improved menstrual cycle consistency by 50%. A small change can make a big difference. Shifting towards healthier lifestyle benefits ovulation regularity and the success rate of fertility treatment.

Metformin

As a drug known to treat type 2 diabetes, using metformin for PCOS is considered off-label use as a fertility drug. It is often used to treat insulin resistance. It lets the body use insulin better, so there won't be that much insulin in the bloodstream.

According to research, Metformin could help you to lose weight, restart ovulation, and improve the outcome of certain fertility

treatments. It is also found that Metformin increases the chance that a woman ovulates by herself but didn't show that Metformin increased the chance of pregnancy.

Letrozole

Letrozole is a cancer drug but often used to treat PCOS. Don't be scared of the fact that it was originally developed to treat cancer. It is rather mild and has been widely used in infertility treatment for women.

Letrozole suppresses the production of Estrogen, a hormone associated with ovulation. A low level of Estrogen induces the pituitary gland to produce more follicle-stimulating hormone (FSH), which promotes the growth of follicles within the ovary to induce ovulation. Letrozole was found to be more effective than Clomid to trigger ovulation, specifically for women with PCOS who have developed Clomid resistance. Mira can be useful for tracking and understanding how your [hormones relate to your PCOS](#).

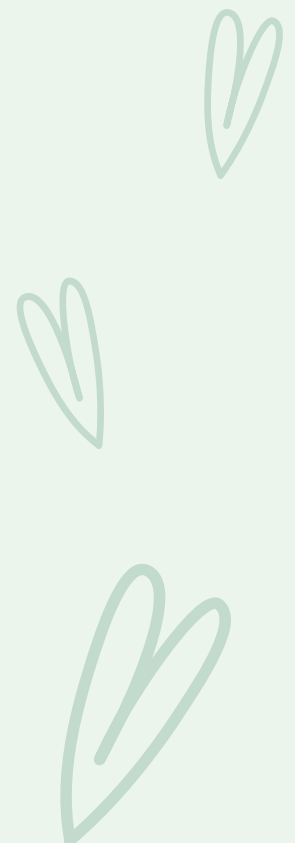
Clomid

Clomid is a common drug that is used for the treatment of fertility. It works by blocking the body's response to Estrogen to induce ovulation. Unfortunately, some women with PCOS may develop Clomid resistance over the long term, meaning that Clomid doesn't induce ovulation successfully. With the help of Metformin, you may be able to beat Clomid resistance.

In Vitro Fertilization (IVF)

If none of the above works, the next step is IVF. During IVF, doctors inject ovulation induction drugs to stimulate the ovaries to develop a few mature eggs, which are retrieved from the ovary and placed together with sperm in a culture dish. After some of the eggs are fertilized by the sperm, one or two divided and grown ones will be transplanted back to the uterus. Your fertility specialist will check for pregnancy two weeks after to see if the cycle was successful.

As you see, there is no single “secret” product that cures PCOS and boosts your fertility overnight. The magic happens when you take a complex approach through both diet and exercises which will ultimately lead to weight loss. Maintaining a healthy lifestyle is a combination of efforts, a healthy diet, sleep and tranquility of mind. Overall, change is a gradual process. Take your time and invest that time and effort into your health.





Fertility Abbreviations that You Need to Know

What's Your Status?

TTC – Trying to Conceive
YTC- Yearning to Conceive
TTA – Trying to Avoid (Pregnancy)
TTW – [Trying to Whatever](#)
NFP – [Natural Family Planning](#)
BOB- Baby on the Brain, Baby-Obsessed Brain
BC / AC – Before / After Children
PG – Pregnant
HAB – Having a Baby
HAH 9 months – Happy and Healthy 9 Months
FTM – First-time Mother
PP – Postpartum
ML – Maternity Leave
SAHP / SAHM / SAHD – Stay-at-home Parent / Mom / Dad
WAHP – WAHM / WAHD – Work-at-home Parent / Mom / Dad

Important Terms of Menstrual Cycle

CD# – [Cycle Day](#)
O / Ov – [Ovulation](#)
#DPO – [Days past Ovulation](#)
CY# – Cycle Number
FP- Follicular Phase
LP – [Luteal Phase](#)
CM – [Cervical Mucus](#)
CF – Cervical Fluid (same as mucus)
EGCM – [Egg White Cervical Mucus](#)
AF – Aunt Flo (menstrual bleeding)

2WW / TWW – [Two-Week Wait](#) (the time between ovulation and either your next period or a positive pregnancy test)

LMP – Last Menstrual Period (the first day of your last period)

Hormones Involved

LH – Luteinizing Hormone (the hormone that triggers ovulation; an [LH surge](#) is an increase in LH just before ovulation)

FSH – Follicle Stimulating Hormone

PdG – Progesterone

hCG – Human Chorionic Gonadotrophin (the hormone that pregnancy tests measure)

E3G – Estrogen (Estradiol)

Various Things to Assist in TTC Journey

OPK / OPT – [Ovulation Predictor Kit / Test](#)

HPT – [Home Pregnancy Test](#)

BFN – Big Fat Negative (the result of pregnancy test)

BFP – Big Fat Positive

IC – Internet Cheapie (a cheap pregnancy test or ovulation predictor kit bought online)

EMU – Early Morning Urine

FMU – First Morning Urine

POAS – Pee On A Stick

BBT – [Basal Body Temperature](#)

BBTC – Basal Body Temperature Charting

BC / BCP – [Birth Control / Birth Control Pills](#)

Medical Conditions and Symptoms

PCOS – [Polycystic Ovary Syndrome](#)

Endo – [Endometriosis](#)

OHSS – Ovarian Hyperstimulation Syndrome

PID – Pelvic Inflammatory Disease

IC – [Incompetent Cervix](#)

MC or M/C – [Miscarriage](#)

CP – [Chemical Pregnancy](#)

M/S – [Morning Sickness](#)

B/W – Blood Work (diagnostic testing of blood)

U/S – Ultrasound

BP – Blood Pressure

BM – Bowel Movement

HCG – Hysterosalpingogram (an X-ray of the womb and fallopian tubes)

IB – Implantation bleeding (slight bleeding or spotting that may happen around the time an embryo implants in your womb)

Infertility Acronyms and Fertility Treatments

FS – Fertility Specialist

RE – Reproductive Endocrinologist

Dx – Diagnosis

IF – [Infertility](#)

IW – Infertility Warrior

UI – [Unexplained Infertility](#)

SF – [Subfertility](#)

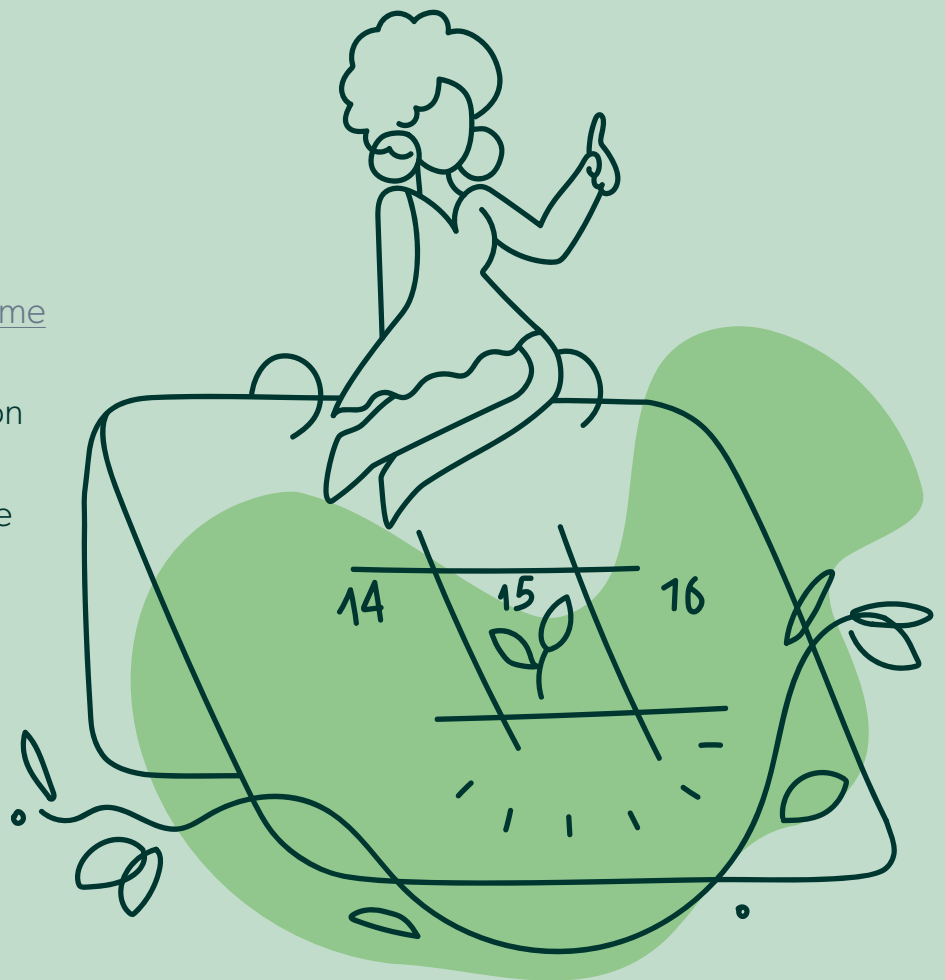
DI – [Donor Insemination](#)

AI – [Artificial or Assisted Insemination](#)

ART – [Assisted Reproductive Technology](#) (same as IVF)

IVF – [In-Vitro Fertilisation](#)

ET – [Embryo Transfer](#)



IUI – Intrauterine Insemination

ICI – Intracervical Insemination

ICSI – [Intracytoplasmic Sperm Injection](#)

PGD – Pre-implantation Genetic Diagnosis (where IVF embryos are tested for genetic conditions before implantation)

PGS – Pre-implantation Genetic Screening (where IVF embryos are tested to make sure they have a healthy number of chromosomes before implantation)

PMA – Positive Mental Attitude

SA – Semen Analysis (an assessment of sperm quantity, quality, and motility)

SMEP – Sperm Meets Egg Plan (a specific method for trying to conceive)

SD – Sperm Donor

TCOYF – Take Charge of Your Fertility



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