According to the CDC, 15% of couples in America struggle to get pregnant. Infertility does not discriminate based on race, religion, sexuality or economic status. You never know how badly you want something until you are told that it may not be possible. National Infertility Awareness Week (April 23rd-29, 2017) was created as an annual event to educate and provide resolution to the millions of Americans impacted by infertility.

In recognition of National Infertility Awareness Week, we’ve interviewed Dr. Peter Rizk, to help answer some common questions and debunk myths about infertility.

Q: How long is ‘too long’ to try to conceive without a positive pregnancy test?

Dr. Rizk: For those under 35, it’s 12 consecutive months—6 if you’re over 35—of actively trying, which means charting cycles and timing intercourse. Consult a doctor before trying if you or your partner have a condition that may impact fertility. For women, this includes PCOS (polycystic ovary syndrome), endometriosis, and previous reproductive surgeries; for men, urinary tract surgeries and varicocele (a vein abnormality in the scrotum).

Q: Are regular periods an indicator of fertility? What if yours are sporadic?
Dr. R: In general, yes. However, some menstruate regularly, but don’t ovulate, so chart your cycles and watch for ovulation signs, (basal body temperature rise, cervical fluid changes). No period or sporadic ones could be a factor, though you may still ovulate. Often women with no or sporadic periods ovulate rarely, if at all.

Q: Does the removal of an ovarian cyst matter?

Dr. R: Much of the time, no, but it may, depending on size and location. If an ovary is removed, a woman only ovulates from one side. Surgery can lead to scar tissue or organ removal, such as Fallopian tube repair or endometriosis treatment.

Q: What if you don’t notice ovulation symptoms?

Dr. R: If you’ve been charting cycles for several months, get help—you might not be ovulating. You could have a hormone imbalance which supplements can address.

Q: Can previous miscarriages or fibroids affect fertility?

Dr. R: They may suggest a (treatable) hormonal imbalance. Miscarriages can indicate inadequate uterine lining—tell the doctor if you’ve had two or more. Small fibroids usually won’t matter, but larger ones can affect uterine shape, lining or block the Fallopian tube.

Q: Can pelvic pain, spotting, or painful periods point to infertility?

Dr. R: Yes—see a doctor if for any pain. Spotting or painful periods are less symptomatic of infertility, especially if cycles are regular and you see ovulation signs. But pain due to endometriosis can impact fertility.

Q: Can STDS play a role?

Dr. R: For women, yes. STDs cause inflammation and scar tissue; human papilloma virus (HPV), can change cervical tissue that can lead to cancer, which requires cervical scraping or tissue removal. For men, STDs can affect semen. STD prevention is vital for fertility.

Q: How can you tell if sperm count or motility is the issue?

Dr. R: Try an at-home sperm test. And semen analysis in a lab evaluates count, motility, size, shape, DNA integrity and quality.

Q: Can caffeine, alcohol, or medication affect fertility?

Dr. R: Both partners should eat well, exercise, quit smoking and drug use, and limit caffeine and alcohol; speak with your doctor about over-the-counter or prescription medications.

Q: Are there natural options that couples can try before resorting to costly
procedures like IVF?

Dr. R.: Before looking into IVF, couples should actively try to conceive and supplement with nutrients that support egg and sperm health. Women need a prenatal vitamin and antioxidants. Products like OvaBoost from Fairhaven Health also can help irregular cycles, especially those caused by PCOS, because it contains myo-inositol that supports hormone balance by promoting insulin utilization. Other supplements can increase cervical mucus and enhance sperm which can improve fertility.

For more on Dr. Peter Rizk and Fairhaven Heath, visit http://www.fairhavenhealth.com/