

Fertility and Family Planning



It's normal to take up to a year to get pregnant. But if you've been trying to get pregnant for more than 1 year and haven't had any luck, it's a good idea to talk with a doctor about infertility testing. Service members 35 and over should talk to their doctor after 6 months of trying.

HEALTH CONDITIONS THAT IMPACT FERTILITY

Certain health problems can make getting pregnant more difficult. Don't wait a year to talk to your doctor **if you're over 35, or if you or your partner has a history of:**

- Polycystic Ovarian Syndrome (PCOS)
- Ectopic Pregnancy
- Irregular Periods
- Pelvic Inflammatory Disease
- Repeated Miscarriages
- Thyroid Problems
- Cystic Fibrosis
- Injury or Trauma to your Scrotum and Testes
- Problems Getting an Erection or Ejaculating
- Transgender Identity and/or Gender Affirming Care

Speak with your primary care provider if any of the above is applicable to you, or if you're in an LGBTQ relationship. If eligible for a referral for fertility services, you can schedule an initial consultation with a reproductive endocrinology and infertility (REI) provider.

UNDERSTANDING FERTILITY AND METHODS OF MONTHLY OVULATION IDENTIFICATION

- **PREGNANCY:** To get pregnant, you must have a sperm fertilize your egg after it has been released from the ovary into the Fallopian tube; there, the egg will only survive for 24 hours. Sperm can survive inside the female body for up to five days, so **the "pregnancy window" lasts for about six days:** the five days leading up to ovulation and the day of ovulation itself. Regular intercourse for the five days leading up to ovulation increases chances of conception. After an unfertilized egg makes its way into the uterus and breaks down, pregnancy won't be a possibility again until the following month, when the ovaries will release another egg.
- **OVULATION: Typically, ovulation occurs about 14 days before your period,** so someone who has a very regular 28-day cycle can expect to ovulate on day 14. However, lots of people don't have very regular 28-day cycles, so, in order to figure out when they're ovulating, they need to track how far apart their periods are.
 - **For Example:** If someone starts their period every 32 days, then ovulation will occur on day 18 of her cycle, meaning that she will be fertile from days 13 through 18. People can also use **ovulation predictor kits and basal body temperature measurements** to help them track ovulation.
- **RECOMMENDED HEALTH MODIFICATIONS TO IMPROVE CHANCES OF FERTILITY:** Maintaining normal body mass index (BMI), Sexually Transmitted Infection (STI) prevention, prenatal vitamins, and stopping smoking.

OVULATION TRACKING OPTIONS



Natural Cycles
App



Home Ovulation
Kits

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REVIEW OF MODIFIABLE RISK FACTORS FOR PREGNANCY

You may have risk factors for pregnancy loss. Addressing risk factors can help increase your chance of a healthy pregnancy by optimizing your personal health.

- If you have **type 1 or type 2 diabetes mellitus**, you should have adequate glycemic control prior to pregnancy (ideally a hemoglobin A1C of 6.5 or less). This may reduce your risk of pregnancy loss and birth defects.
- If you have **thyroid disease**, you should aim to keep their thyroid-stimulating hormone (TSH) levels below 2.5 mIU/L.
- **Tobacco cessation is highly encouraged** as tobacco use is associated with many adverse pregnancy outcomes including ectopic pregnancy, pregnancy loss, fetal growth restriction, and preterm birth.
- **If you are obese**, you have an increased risk of recurrent pregnancy loss compared to patients of normal weight. Even modest **weight loss** (5% of body weight) can be associated with improved pregnancy outcomes.
- **Healthy diet and exercise** are also important for preparing the body for a successful pregnancy.
- **Avoiding alcohol is recommended**, as people who drink more than 7 drinks a week may have irregularities in their cycles and ovulation. Alcohol is also associated with birth defects including abnormal brain development.
- You are encouraged to **update any immunization deficiencies**, especially live vaccines like Measles, Mumps and Rubella (MMR) if needed, to ensure immunity from vaccine-preventable diseases during pregnancy. You are encouraged to get the COVID-19 vaccine either before or during pregnancy, whenever it is available to you. It should NOT be delayed because pregnancy is desired.

ACCESS TO TESTS TO EVALUATE CURRENT OF FUTURE FERTILITY

Your primary care provider can help you access any labs needed to diagnose medical problems that may impact fertility such as Polycystic Ovary Syndrome (PCOS). If you're eligible for a referral for fertility services, you can schedule an initial consultation with an REI provider; this provider may conduct tests or hormone evaluations to specifically evaluate your fertility.

SAME SEX AND LGBTQ+ COUPLES

LGBTQ+ couples can use reproductive technology fertility services to become pregnant. Most infertility services are NOT covered by [TRICARE](#). However, if you have access to one of the **larger MTFs listed below** -- **you may be able to get advanced reproductive technology services at "cost"**. For example, a patient may be able to undergo Intrauterine Insemination at NMC San Diego and only be required to pay for supplies including semen (when applicable) and semen washing. There is often a long waitlist to be seen at one of these infertility clinics. Alternatively, women can self-refer to civilian reproduction specialists.

Walter Reed National Military Medical Center (MD), NMC San Diego (CA), NMC Portsmouth (VA), Tripler Army Medical Center (HI), Brooke Army Medical Center (TX), Womack Army Medical Center (NC), and Madigan Army Medical Center (WA)



For more information on TRICARE fertility treatments [click here](#).

See [this link](#) for more information about pathways to parenthood for LGBTQ+ couples.