



Educational Articles on Fertility and Infertility



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Introduction to Educational Articles on Fertility and Infertility

As part of the "Together for Fertility" Erasmus project, we are proud to present a collection of 30 educational articles focused on fertility awareness, prevention, and treatment of infertility, as well as parenting after infertility. These articles have been meticulously crafted by our project partners to serve as accessible, informative content for their websites and end users.

This specific outcome targets young generations and individuals with lower levels of (health) literacy, with a particular focus on NEET (Not in Employment, Education, or Training) generations. Understanding that NEET individuals often rely heavily on social media for information, our articles are written in a question-and-answer format, directly addressing the reader in simple and easy-to-understand language. This approach not only ensures clarity but also allows for the flexible use of content, such as sharing individual questions and answers on social media platforms.

To enhance the user experience and facilitate easier navigation, each of the 30 articles is labeled according to specific categories: „Body and Fertility“, „Infertility Treatment“, „Emotions and Infertility“, „Infertility Prevention“, and „Active and Responsible Me“. This categorization helps readers quickly find relevant information based on their interests and needs.

The goal of these articles is to provide clear, reliable information on a range of topics related to fertility, aiming to educate and empower readers by making complex topics more approachable. This initiative underscores our commitment to inclusivity and education, ensuring that vital information reaches and resonates with those who need it most.

The project partners used the articles in their national languages to inform individuals facing infertility in their respective countries and published them on their websites:

- Roda – Parents in Action (HR): www.roda.hr/portal/neplodnost
- Progress Conslut / European Basic Skills Network (HU): fertility.progress.hu
- Stowarzyszenie Nasz Bocian (PL): nasz-bocian.pl/staramy-sie-o-dziecko
- Sdruzhenie Zachatie (BG): zachatie.org/bibliotekata/planirane-na-bremennostta

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1 What is infertility?

Label: Body and Fertility / Infertility Prevention

Time to read: 2 minutes

Q: What exactly is infertility?

A: Usually, when a couple has regular and unprotected sexual intercourse, the chances of conception are about 20-25% each month. We talk about infertility when the couple has been trying for a baby for 12 months with no success. When the female partner is over 35 years of age, this period is even shorter - only 6 months.

Q: I already have a child, why can't I conceive?

A: There are two types of infertility. When the female partner has never achieved pregnancy despite trying, this is called *primary infertility*. The inability to carry a pregnancy to term is also considered infertility. In this case, we are talking about *secondary infertility*. Even when a person has successfully conceived in the past, some conditions might lead to secondary infertility.

Q: What is the cause of infertility?

A: Infertility can be caused by several reasons and very often there is more than one reason why pregnancy is not happening. It has been proven that the causes of infertility are equally distributed between men and women. There is also a percentage of couples in which it is impossible to determine the cause of infertility - this is called *unexplained infertility*. You can find out more about the *diagnostics of female infertility* [here](#) (link to this article) and the *diagnostics of male infertility* [here](#) (link to this article).

Q: Is it a woman's problem?

A: It is important to bear in mind that infertility is not just a female problem! Placing the stigma of infertility solely on the woman is one of the biggest obstacles in overcoming infertility. Sometimes men refuse to accept that their condition may be a contributing factor to infertility and are unwilling to begin diagnosis and treatment. This results in a loss of valuable time for the couple and often subjects the female partner to unnecessary, expensive and painful medical procedures. Diagnosis of male infertility is quick, easy and painless. Therefore, *it is always recommended to start by diagnosing the male partner*.

Infertility, apart from being a health problem, is also an emotional challenge. Dealing with the psychological effects is of great importance. Unfortunately, infertility is still often perceived as a solely female issue. Accepting that infertility concerns both partners, helps a couple to deal with the emotional trauma and makes the treatment easier both for them and their medical specialists.

Q: What can we do?

A: Do not waste time! Time is very important in overcoming infertility. The quicker the problem is diagnosed, the better the chances to solve it. When you suspect that you have troubles conceiving, it is best to see a fertility specialist. This specialist is not just any gynaecologist or general practitioner.

Q: Are there some natural or folk remedies that could help?

A: Folk remedies are ineffective, they waste invaluable time and can also cause serious health problems. Infertility is a complex issue. Any attempts for self-medication and self-treatment may be harmful and can pose risk to your health. These attempts could cause emotional stress because they do not produce positive results. Moreover, delaying professional help consumes valuable time and decreases chances for the desired outcome. For successful treatment of infertility, you - like everyone else in your situation - need professional medical help. We call these medical professionals *reproductive health specialists*.

The most important message is that infertility is not a verdict, it is not shameful and you can overcome it. You are not alone!

Social Media Post (suggested):

What is infertility? Is it only a woman's problem? How do we get through it? Why is this happening to me and my family? We are showing you easiest way to find all the answers. Infertility is no longer a verdict, it is not shameful and you can overcome it. The most important - you are not alone! #WhatIsInfertility #YouAreNotAlone #1In6



2 Your fertility lifespan

Label: Body and Fertility / Infertility Prevention

Time to read: 4 minutes

Q: What is fertility lifespan?

A: Fertility is a person's ability to conceive, carry a pregnancy and give birth to a healthy child. Fertility is related to age. People are fertile only during a certain part of their lives. The period of a person's life during which they are fertile is called fertility lifespan. There are differences between the fertility lifespan in women and in men. It is important to remember that fertility doesn't last forever.

Q: What is the fertility lifespan of women?

A: Age is the single biggest factor affecting a woman's chance to conceive and have a healthy baby. A woman is born with all the eggs she is going to have in her lifetime - about 1 to 2 million. Her eggs age with her, decreasing in quality and quantity. Only about 400,000 of those eggs remain at the start of menstruation, which occurs around the age of 12. With each period, several hundred eggs are lost. Only the healthiest follicles will become mature eggs. As the body ages, it has fewer follicles. That means the follicles have fewer opportunities to create healthy, strong eggs for fertilisation. A woman in her early to mid-20s has a 25–30% chance of getting pregnant each month. Fertility generally starts to slowly decline when a woman is in her early 30s, and after the age of 35 the decline speeds up. By the age of 45, the chances of getting pregnant with your own eggs are practically zero.

Q: Which are the most fertile years for women?

A: Let's have a look at woman's fertility timeline:

- **Age from 18 to 24**

Your body is best prepared to conceive and give birth. The strongest ovarian follicles are the first to mature, so the eggs you produce in your younger years are more likely to be of high quality. Having a child at this age will reduce the risk for birth defects, chromosomal problems and some fertility issues.

- **Age from 25 to 30**

With each passing year fertility declines, but in your late 20s your chance of getting pregnant without intervention remains fairly steady. If you haven't started a family yet, don't worry! Your body still has a generous supply of eggs.

- **Age from 31 to 35**

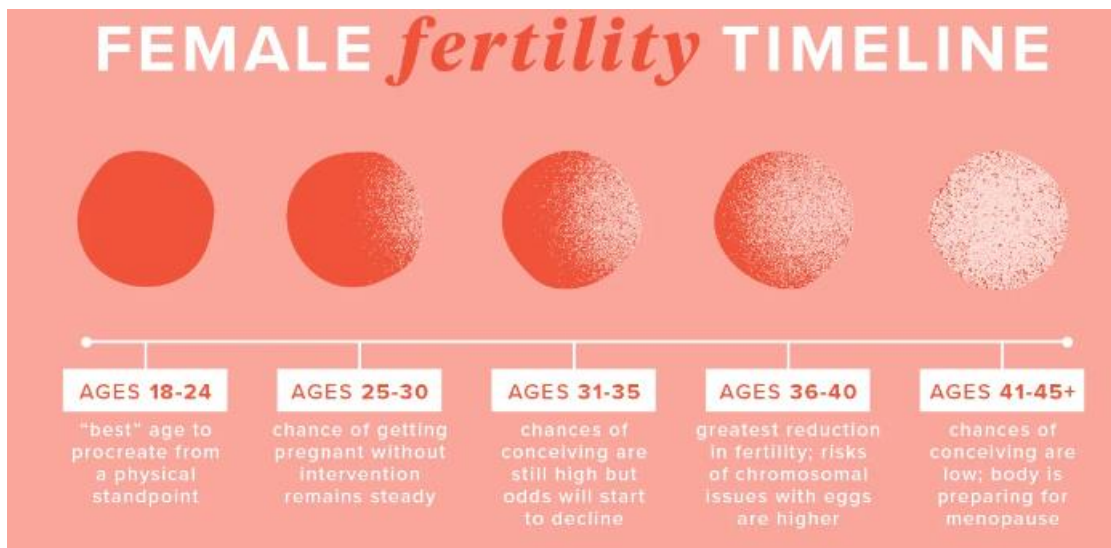
In your early 30s, the chances you'll be able to have a baby are still high. You still have a lot of high-quality eggs, but your odds will start to decline steadily at this age. Your fertility rate decreases gradually until age 32. At 37, it drops dramatically. In your 30s, you're about half as fertile, as you are in your early 20s. Despite the tendency for women to delay motherhood, now is high time to take action.

- **Age from 35 to 40**

The greatest reduction in fertility is in the late 30s and early 40s. A woman in her late 30s is half as likely to get pregnant as a woman in her late 20s. A youthful appearance and good general health are no guarantee of fertility. Moreover, at this age, the risks of chromosomal issues with eggs are higher. The risks increase with each additional year. That means the risks of miscarriage or abnormal pregnancy are higher.

- **Age from 41 to 45+**

By this age, your body is preparing for menopause and the end of fertility lifespan. The chances for getting naturally pregnant are almost zero. Your ovaries have likely exhausted their follicles or are nearing the end of their supply. Babies born from people in this age range are also at greater risk for a number of birth defects and pregnancy complications. Miscarriage and chromosomal abnormalities increase significantly during this period of life. Older age also increases the risk of complications for the parent, including diabetes, hypertension and preeclampsia.



Q: Does age affect men’s fertility too?

A: Male fertility starts to decline around the age of 40 to 45, when sperm quality decreases. Increasing male age reduces the overall chances of pregnancy and increases time to achieve pregnancy and the risk of miscarriages. Children of older fathers also have an increased risk of mental health problems and developmental disorders.

Social Media Post (suggested):

What is fertility lifespan? Is there a difference between the fertility lifespan in women and in men? What are the most fertile years for women? How does aging affect men’s fertility? We will help you find the answers here!

#FertilityLifespan #FertilityTimeline #FertilityAge

3 How does the female reproductive system work?

Label: Body and Fertility

Time to read: 3 minutes

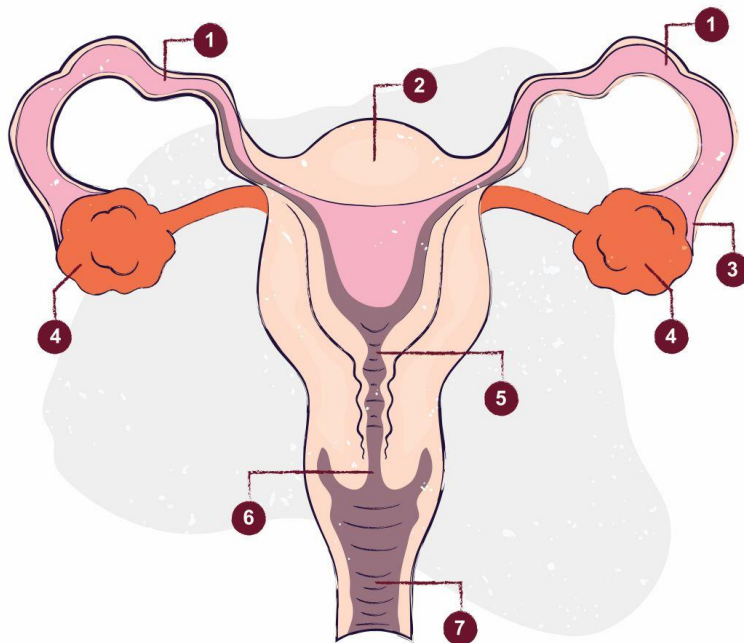
Social Media Post (suggested):

The female reproductive system consists of internal and external body parts that help you reproduce, menstruate, and have sex. The female reproductive system includes organs such as the uterus (womb), ovaries, fallopian tubes and vagina, as well as hormones.
 #FemaleReproduction #FemaleGenitals

Q: What is the female reproductive system?

A: The reproductive system are the parts of the female body that produce the human egg, help its fertilisation and take care of the future baby until it's born. All these organs are located in the lower abdominal part of the body. They are also known as **female genitals**.

The female genitals are external (the outer and inner folds of the vulva and the clitoris) and internal (vagina, cervix, uterus, ovaries and fallopian tubes).



Q: What is the role of the internal genitals?

A: Uterus

The uterus (also called a womb) is where the future baby grows during pregnancy. This part is normally the size of a plum, but can expand a lot. Muscles in the uterus push the baby out during childbirth. During puberty, the inner side of the uterus begins to prepare each

month to receive a fertilised egg. It becomes looser and thicker, creating favourable conditions for the egg. If fertilisation doesn't happen or if a fertilised egg doesn't implant in the uterus, at the end of the cycle the part of the thick lining is shed with menstrual bleeding.

Ovaries

Ovaries are two organs each about the size and shape of an almond, located on each side of the uterus. They produce hormones, and develop and release eggs (which is called ovulation). The egg begins its journey to the fallopian tube, where it can eventually meet the sperm. Human egg is about the size of the tip of a pin and it is the largest cell in the human body. Women are born with all their eggs - about 400,000 at birth. Only a few of these eggs can develop fully during a woman's fertile years. The fertile period in a woman's life begins at puberty and lasts about 30 years.

Vagina

It connects the uterus with the external genitals. The vagina is the path into and out of the uterus for menstrual bleeding and seminal fluid. It is also a part of the birth canal - and is quite elastic.

Fallopian Tubes

The two Fallopian tubes connect the ovaries to the uterus, one on each side. They carry an egg released during ovulation from the ovaries to the uterus. This is the place where the sperm meets the egg and fertilisation takes place.

Q: How does the female reproductive system work?

A: To explain that, let's have a look at the menstrual cycle. This is a process that takes place regularly in the body of the woman during her fertile years. It starts on day 1 with menstrual bleeding and continues with changes in the uterus in preparation for a possible pregnancy. The ovaries develop and release an egg around the middle of the cycle. The egg travels through the Fallopian tubes towards the uterus. If during that travel the egg meets a sperm, it can be fertilised and the resulting embryo embeds in the uterus wall. If pregnancy doesn't occur, menstrual bleeding takes place, starting a new cycle. All these events are controlled by the **female sex hormones** ([link to this article](#)).

Social Media Post (suggested):

The functions of the female reproductive system give women the ability to produce a baby. They do this by producing eggs, in monthly cycles known as the menstrual cycle. The egg then enters the fallopian tube. This tube leads to the uterus. A pregnancy can occur if the egg is fertilised. If the egg isn't fertilised, this shedding is the menstrual period.

4 The female sex hormones

Label: Body and Fertility

Time to read: 3 minutes

Social Media Post (suggested):

The female sex hormones - FSH, LH, Estradiol, Progesterone, Prolactin. Female sex hormones drive your menstrual cycle. The Ovulation! #Hormones #FemaleHormones #Menstrualcycle #Ovulation

Q: What are hormones?

A: Hormones are chemical substances produced and released by various organs of the body. These substances can travel from one part of the body to other parts. Hormones initiate and control many functions of the human body. **Sex hormones** are a special group of hormones that play a vital role in human reproduction.

Q: What are female sex hormones?

A: These are the regulators that initiate and manage all processes in the **female reproductive system** ([link to this article](#)). They are produced by different organs and released directly into the bloodstream in different amounts, depending on the age, the phase of the menstrual cycle, or the stage of pregnancy. Here are the most important female hormones:

- **FSH** – released by the pituitary gland in the brain, it stimulates the ovaries to develop an egg.
- **LH** – has a role in triggering ovulation.
- **Estradiol** – the main estrogen hormone in the female body. It plays an important role in the process of maturing the eggs and in thickening the inner walls of the uterus.
- **Progesterone** – responsible for the preparation of the uterus for the fertilised egg.
- **Prolactin** - released by the pituitary gland in the brain. Its main function is to stimulate the production of breast milk in women.

Q: What is the role of female sex hormones in the menstrual cycle?

A: The menstrual cycle is a process of periodical changes in the female reproductive organs during a woman's fertile years. It has an average duration of about 28 days (could be shorter or longer) and covers the time between two menstrual bleedings. The beginning of the menstrual bleeding is counted as Day 1 of the menstrual cycle. Each menstrual cycle consists of 3 phases.

- **The First phase** lasts from **Day 1** until **Ovulation** - on average 10-14 days. The hormones LH and FSH are released, increasing the production of estrogen in the ovaries.
- **The Ovulation** - during this phase, the estrogen stimulates the maturation of a follicle in the ovaries. When the follicle develops fully, it bursts and releases the egg. Ovulation occurs about 14 days before the end of the cycle and lasts a short time - only 1-2 days.



- **The Last phase** lasts from the end of ovulation until the end of the cycle. After the egg is released, the follicle transforms into a so-called "corpus luteum" that produces progesterone, preparing the uterus to receive the fertilised egg.

Q: Does ovulation happen every month?

A: No, ovulation does not occur in every cycle. It is perfectly normal to occasionally have a cycle without ovulation.

5 The menstrual cycle

Label: Body and Fertility

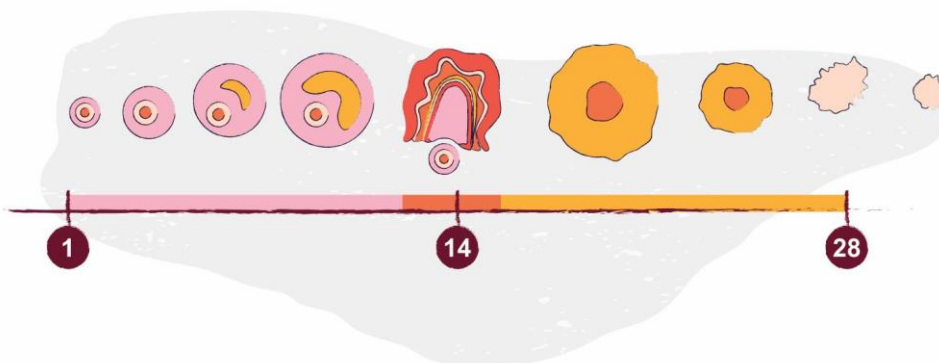
Time to read: 2 minutes

Q: What is the menstrual cycle?

A: This is a repeated periodical process in the woman's body. It includes cyclical changes in the uterine lining and is regulated by **female sex hormones** ([link to this article](#)). The cycle starts with menstrual bleeding (called menstruation) and continues with changes in the uterine lining in preparation for a possible pregnancy. If pregnancy doesn't occur, menstrual bleeding takes place, and a new cycle starts. The average duration of a menstrual cycle is about 28 days (but it can be shorter or longer than that). Each menstrual cycle consists of 3 phases.

Q: What are the phases of the menstrual cycle?

- **The first phase** lasts from Day 1 until **ovulation**, which is on average 10-14 days. The hormones LH and FSH are released, increasing the production of estrogen in the ovaries.
- **The ovulation** - during this phase, the estrogen stimulates the maturation of a follicle in the ovaries. When the follicle matures, it bursts and releases the egg. Ovulation occurs about 14 days before the end of the cycle and lasts only a short time: 1-2 days. Ovulation does not necessarily occur in every cycle. Occasionally you can have a cycle without ovulation.
- **The last phase** lasts from the end of ovulation until the end of the cycle. After the egg is released, the follicle becomes the so-called "corpus luteum" that produces progesterone, preparing the uterus to receive the fertilised egg.



Social Media Post (suggested):

The menstrual cycle is measured from the first day of your period to the first day of your next period. The average length of a menstrual cycle is 28 days. There are three main phases of the menstrual cycle - Menstruation (blood period), Ovulation, and Luteal phase. #MenstrualCycle, #MenstrualPeriod

**Q: When can I get pregnant?**

A: You're most likely to get pregnant if you have sex in the days around ovulation. The day before and the day after the ovulation are the most fertile days. The egg lives for about 12-24 hours after being released. During this time, the egg has to be fertilised by a sperm, in order to conceive a child. The sperm can live for about 5 days inside a woman's body, so if you've had sex in the few days before ovulation, the sperm can "wait" to meet the egg. This time of the monthly cycle is called your "fertile window".

SOCIAL MEDIA POST (SUGGESTED): *You're most fertile at the time of ovulation, which usually occurs 12 to 14 days before your next period starts. Sperm can live up to 5 days inside your body, but your egg can only live for 12 to 24 hours after ovulation. #FertileWindow, #Ovulation, #PregnancyChances*

Q: How to tell if there are problems with the menstrual cycle?

A: It's recommended to maintain a menstrual calendar and mark the beginning of each cycle. This will help you to estimate the fertile window and to see if your cycle has normal length. Seek medical help from a specialist if you:

- have menstrual cycles shorter than 21 days or longer than 35 days;
- miss your period;
- have excessive bleeding or pain;
- think you are not ovulating.

Social Media Post (suggested):

Problems can range from heavy, painful periods to no periods at all. Disorders include periods that come shorter than 21 days or longer than 35 days, or are more than 3 months apart, or if they last more than 10 days in duration.

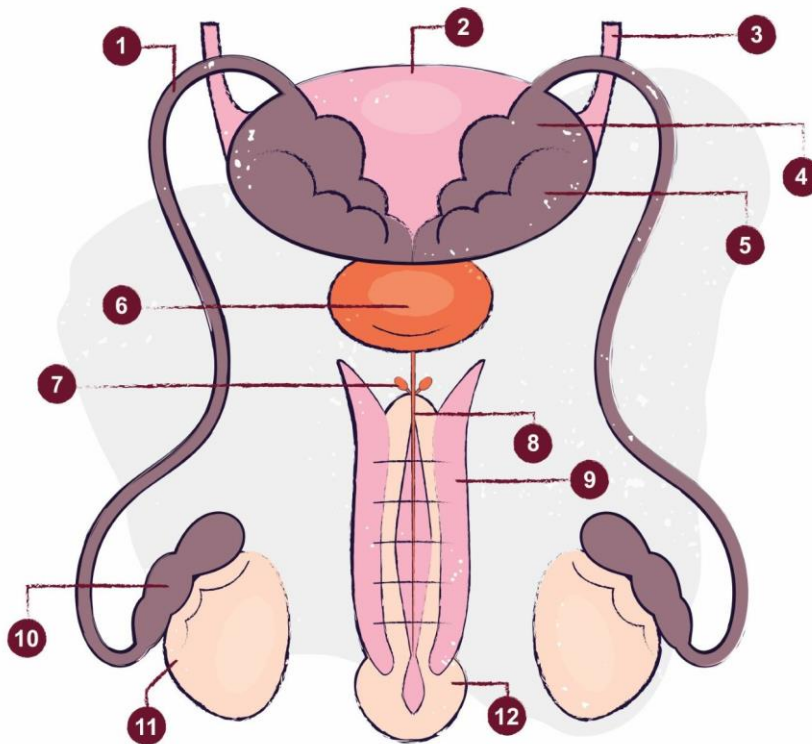
6 How does the male reproductive system work?

Label: Body and Fertility

Time to read: 3 minutes

Q: What is the male reproductive system?

A: We call a **reproductive system** the parts of the male body that produce the male reproductive cells which are responsible for fertilisation. All these organs are located in the lower abdominal part of the body. They are also known as **male genitals**.



Q: What is the role of the genitals?

A: Testicles

There are typically two testicles. These are the main reproductive organs, which produce male sex cells (called semen or spermatozoa) and male sex hormones.

Epididymis and vas deferens

Each testicle is equipped with the epididymis, which is a kind of 'tube' connecting a testicle to the vas deferens. Their function is to store, develop and transport sperm cells.

Scrotum

It is a sack-like fold of skin outside of the body in which testicles are located.

Penis

Penis plays a vital role in sexual acts. Due to its structure, increased blood flow leads to an erection. It conveys sperm cells during ejaculation.

Prostate gland

It's an organ that takes part in producing seminal fluid and in ejaculation.

Seminal vesicle

A paired organ that produces a component of seminal fluid.

The spermatozoa

The male sex cells, also known as sperm or semen. It contains genetic material.

Q: How does the male reproductive system work?

A: The main organs of the male reproductive system are the testicles. The male sex cells, called *spermatozoa*, are formed there. The testicles also produce **the male sex hormone** ([link to this article](#)). Each testicle is connected to a system of drainage ducts that includes the epididymis, located in the scrotum, and the vas deferens, which enter the small pelvis through the inguinal canal. In these ducts the formation of spermatozoa takes place, and some of the components of the seminal fluid are produced and stored. Through the ejaculatory passage, the seminal fluid enters the urinary duct and from this section onward, its path is shared with that of the urine. When the seminal fluid is ejaculated, the secretions of the accessory glands, like the seminal vesicle, prostate gland, etc., are added.

Q: Why are the testicles outside the body?

A: The testicles are located in a dedicated fold of skin called the scrotum, which is located in the lower part of the pubic area. They are located outside the body because the optimal temperature for sperm formation is lower than the temperature in the abdomen. Therefore, it is very important to prevent excessive heating of the testicles. Do not wear tight underwear and pants, do not work with a laptop on your lap for prolonged time. All of these could damage your sperm.

During the development of a male foetus in the womb, the testicles gradually descend into the scrotum and by the end of the ninth month, the scrotum takes its permanent position. Various reasons can cause the testicles to remain in the body after childbirth. This condition is known as cryptorchidism and is very insidious because if not recognised and treated in time, it can lead to sterility.

Q: I don't have problems with sex, how could I have fertility issues?

A: The penis is the organ that performs the sexual act. It consists of three main parts: root, body and head. The root is attached to the pubic bones. The body of the penis has a cylindrical shape, slightly flattened above and below. It consists of two hollow bodies and one spongy body. These structures are essential for achieving an erection. It is important to know that the size of the penis and the presence of an erection are not proof of male fertility. Male fertility is related to the quantity and quality of the sperm. Only a test, called a seminogram, can determine if there are problems with fertility.

**Q: What is so important about sperm?**

The sperm is the male sex cell, which is very small. It consists of a head, a neck, a connecting part (containing mitochondria that provide the energy for its movement), and a tail. The head contains genetic material. The sperm moves by rhythmic movements of the tail into the female genital tract at a speed of about 3 mm per minute. The head of the sperm breaks down the walls of the female egg, so that the sperm can enter the egg and fertilise it. The production of sperm is called *spermatogenesis*, it takes about 60 days and happens in the testicles. The sperm cell production starts at puberty and decreases with old age. The average life cycle of spermatozoa is 3 months. The fertilising abilities of sperm can be greatly impaired by smoking, alcohol use, drugs, certain medications, anabolic steroids, radiation, and certain environmental factors. So, if you want to conceive a child, it is wise to maintain a healthy lifestyle without abuse of tobacco, alcohol and drugs for at least 3 months in advance.

Social Media Post (suggested):

Male sex cells are called spermatozoa and they are produced in testicles. When millions of sperms enter a woman's body, only one of them has to reach the female egg to fertilise it. How does the male reproductive system work? What do we need to know about the male reproductive organs and sperms and their role in the creation of a new life? #MaleFertility #MaleInfertility #MaleReproductiveSystem

7 The male sex hormones

Label: Body and Fertility

Time to read: 2 minutes

Q: What are hormones?

A: Hormones are chemical substances produced and released by various organs of the body. These substances can travel from one part of the body to other parts. Hormones initiate and control many functions of the human body. **Sex hormones** are a special group of hormones that take a vital role in human reproduction.

Q: What are male sex hormones?

A: These are the regulators that initiate and manage all processes in the **male reproductive system** ([link to this article](#)). Thanks to the male sex hormones, men have a functioning reproductive system and develop their secondary sex characteristics, such as facial and chest hair, typical body build and muscle mass. These hormones are known as **androgens** and are secreted by the testicles.

Q: What is testosterone?

A: Testosterone is the most important male sex hormone. It is produced by the testicles. A small amount of testosterone is produced by the adrenal glands located on top of the kidneys. The testicles are controlled by the pituitary gland in the brain. Men need testosterone to have normal reproductive and sexual function. Testosterone is important for the physical changes that happen during puberty, such as the development of the penis, testicles, facial and body hair, and muscle growth. Testosterone acts on cells in the testicles to make sperm. Testosterone is also important for the overall good health of the men. It helps the growth of bones, and affects the mood and sex drive. The production of testosterone starts to increase significantly during puberty and begins to gradually dip after the age of 30.

Q: Can you have too much testosterone?

A: Men with a natural excess of testosterone are not common. In fact, most of abnormally high testosterone levels are due to the use anabolic steroids or testosterone to increase muscle mass. Problems associated with artificially high testosterone levels in men include:

- low sperm counts, shrinking of the testicles and impotence
- heart muscle damage
- prostate enlargement
- liver disease
- acne
- fluid retention with swelling of the legs and feet
- high blood pressure and cholesterol



Social Media Post (suggested):

*What are the male sex hormones doing to our bodies? Is too much testosterone good or bad?
Find out more! #MaleFertility #Testosterone #SexHormones*

8 What to do when you want a child

Label: Body and Fertility / Infertility Prevention

Time to read: 2 minutes

Pregnancy is a unique journey that deserves good preparation. The better your overall health, the higher the chance of a positive pregnancy test in the months ahead.

Q: Are you in good health?

A: If you want to get pregnant, check your health. See your gynaecologist and tell them about your plans. They will examine you and order basic tests, such as cervical screening, breast scans, blood and urine tests, and thyroid tests. Check your immunity to childhood infectious diseases, such as rubella and chickenpox, and get vaccinated if necessary. It's wise to check oral health and treat any cavities before getting pregnant. Untreated dental problems can cause premature births and even miscarriages.

Social Media Post (suggested):

🌸 🤰 If baby plans are on the horizon, it's health-check time! 👩‍⚕️ See your gynaecologist, spill the baby beans, and let the checks begin. 💧 Basic tests like cervical screenings, breast scans, blood/urine tests, and thyroid checks are on the list. Don't forget immunity checks for childhood diseases like rubella and chickenpox; vaccine up if needed! ✍️ And a heads up for your pearly whites—address those cavities pre-pregnancy! 🦷 Untreated dental issues can tag along with complications like premature births and miscarriages. #PrePregnancyHealth #BabyPrep #HealthyBeginnings

Q: Should I take any supplements?

A: If you are healthy, you will not need to take any special vitamin supplements in preparation for pregnancy. The exception is supplementation with folate, which is very important for the proper development of the foetal nervous system. In healthy women, the recommended daily dose of folic acid is 0.4 mg.

Social Media Post (suggested):





🌿 If you're healthy, no need for extra vitamins pre-pregnancy—except for folate! 👩‍⚕️ 💊 Folic acid's crucial for foetal nervous system development. In healthy women, aim for a daily dose of 0.4 mg. #FolateEssentials #PregnancyPrep 🤰

Q: When should we have sex?

A: When trying to conceive, it is important to know when and how often to have sex. The days around ovulation are when the chances of getting pregnant are the highest. They are not

always easy to recognise. Therefore, make love regularly, best about 3-4 times a week, and every day (every other day) near the time of ovulation, especially when you feel like it the most. Sexual drive is usually the highest on fertile days.

Social Media Post (suggested):





  *Timing is crucial when you are trying to conceive! Knowing when to get intimate matters. Days around ovulation boost pregnancy odds, but spotting them isn't always a breeze.*
 *So, make love regularly—3-4 times a week—and amp it up near ovulation. Especially when your desire peaks, as fertility and desire often dance hand in hand!*  #TTCAdvice
 #ConceptionChronicles #LoveAndFertility

Q: What if it doesn't work?

A: If you've been trying to conceive without success for over a year, it is advisable to consult your doctor and discuss your situation. Your doctor may recommend additional tests, such as hormonal assessments and semen analysis.

For women over 35, or if either partner has underlying medical conditions that could impact fertility, such as thyroid diseases, endometriosis, PCOS, diabetes, or testicular diseases – it's recommended to seek specialist advice after just 6 months of attempting to conceive.

Social Media Post (suggested):

  *If a year of trying brings no joy, it's doc talk time!*  *Talk to your doctor! Additional tests, such as hormonal checks and semen analysis, may provide vital insights.*
 *For women over 35 or with health conditions impacting fertility, specialist advice after 6 months is advised.* #FertilityCheckup #SeekingSolutions #ConceptionConcerns

9 The importance of healthy living

Label: Infertility Prevention




Time to read: 1 minute

Your lifestyle, diet and habits can have a significant influence on your health and fertility. Therefore it's worth taking a look at your lifestyle, if you're planning a pregnancy.

Q: Does a healthy diet improve fertility?

A: If you want to boost your fertility follow a healthy diet, rich in fresh vegetables, whole-grain carbohydrates, good proteins and fats. Vegetables should make half of every meal. Supplement them with dark bread, groats, brown rice, whole grain pasta and good protein (the best comes from plants, like beans, lentils or chickpeas). Remember to eat fish at least twice a week (preferably baked or steamed). If you like meat, it is best to choose chicken or turkey and to limit the consumption of red meat (lamb, beef and pork). You should refrain from consuming highly processed food, sweet drinks and unhealthy fats. And don't forget water - it is best to drink about 2 litres a day, depending on your weight and lifestyle.

Social Media Post (suggested):

  *Nurturing fertility? Feed it right! Opt for a wholesome diet: veggies steal the show, filling half your plate.  Add in dark bread, groats, brown rice, whole grain pasta, and top-tier plant proteins (beans, lentils, chickpeas).*

 *Embrace fish twice a week. For meat lovers, lean towards chicken or turkey, limit red meat.*

 *Steer clear of highly processed grub, sugary drinks, and unhealthy fats.*



 *And the unsung hero—water! Sip about 2 litres daily, tailored to your weight and lifestyle.*

#FertilityFuel #HealthyEatingForFertility #NourishToConceive

Q: Why is being active so important?

A: Being overweight or underweight can cause fertility problems. Healthy diet and regular physical activity are good for maintaining a healthy weight and overall health, which benefits fertility. Find activities that you enjoy. They shouldn't be too intense as this could interfere with your ability to conceive. Intensive exercise and competitive sports can adversely impact fertility, especially in women. In men, intense and frequent exercise can disrupt hormonal balance and interfere with sperm production. Anabolic steroids can be particularly dangerous and reduce semen quality, while also causing problems with sexual functions.

Social Media Post (suggested):

  *Weight matters! Both excess and insufficient weight can impact fertility. Maintaining a healthy diet and engaging in regular exercise help to preserve the balance, promoting overall health and fertility.*



🏃🏻‍♀️🏃🏻‍♂️ Choose activities you love; not too intense to interfere with conceiving. Beware of excessive exercise—especially in women—which can disrupt hormonal balance. In men, intense exercise may affect sperm production. 💉✘ Watch out for anabolic steroids—risky business! They can harm semen quality and mess with sexual functions. Prioritise a balanced approach for fertility fitness! #FertilityAndFitness #WeightMatters #HealthyBalance

Q: Do alcohol, smoking and drugs harm fertility?

A: Smoking harms fertility in both men and women. Women who smoke may experience irregular periods and ovulation problems, while among men smoking can result in lower sperm count and quality. Similarly, alcohol consumption can disrupt menstrual cycles and lower sperm count and quality. Additionally, the use of drugs, both hard and soft, can significantly decrease fertility by diminishing semen quality and volume, and potentially altering sperm DNA. Therefore, give up alcohol, cigarettes and recreational drugs.

Social Media Post (suggested):

🚭🍷 Stub out smoking and pour out the drinks for fertility's sake! Smoking harms women's cycles and ovulation, while men see lower sperm count and quality.

🍷👉 Alcohol disrupts cycles and decreases sperm stats. Both hard and soft drugs take a toll—diminish semen quality and volume, and even affect sperm DNA. Ditch these vices to boost fertility! 🌟 #HealthyChoices #FertilityFirst #QuitForConception



10 Drugs and supplements

Label: Body and Fertility

Time to read: 1 minute

Q: Should I take any supplements while preparing for pregnancy?

A: If you are healthy, you will not need to take any special vitamin supplements when preparing for pregnancy. If your test results indicate deficiencies of nutrients and minerals that are necessary for health and fertility, your doctor will recommend appropriate supplementation. The exception is supplementation with folate, which is very important for the proper development of the foetal nervous system. It also minimises the risk of premature birth and miscarriage. In healthy women, the recommended daily dose of folic acid is 0.4 mg. It is best to start supplementation as early as 3 months before the planned pregnancy, or 4 weeks before conceiving at the latest.

Social Media Post (suggested):

🌿 Healthy vibes for a healthy journey to motherhood! 🤰 If you're already thriving, you may not need extra vitamins for pregnancy prep. 💡 When tests show nutrient gaps, your doc will tailor supps just for you!

Folate is the exception - a superhero for foetal nervous system development! 📖 To reduce risks of prematurity and miscarriage, aim for 0.4 mg daily. 📅 Start 3 months before or at least 4 weeks pre-conception for the ultimate baby-ready boost! 🌟👶 #HealthyMom #FolateFirst #PregnancyPrep

Q: Can I take all medications while pregnant?

A: If you are pregnant, you should consult your doctor before taking any medication. There are many medications that are not recommended during pregnancy and may pose a risk to your future baby. However, there are many safe medications that your doctor can recommend if necessary.

During pregnancy, the body may process medications differently, and some drugs can pose a threat to the developing baby. Therefore, it's crucial to ensure the safety of both the expectant individual and the unborn child.

Doctors can provide personalised advice based on your health, the stage of pregnancy, and specific medical conditions. There are medications considered safe for use during pregnancy, and healthcare professionals can guide patients on suitable options when needed.

Social Media Post (suggested):

🤰 Expecting a bundle of joy? 📖 Remember to consult your doctor before taking any meds. Some may pose risks! Your doc can guide you to safe options. 🛡️ Safety first for both of you! ❤️ #PregnancyHealth #MomToBe #HealthFirst

11 The pregnancy after infertility

Label: Body and Fertility

Time to read: 4 minutes

Q: When to take pregnancy test after fertility treatment?

A: Usually it's best if you wait for two weeks after your treatment, before taking a home urine pregnancy test. If you opt for a blood test, you can do it ten days after your treatment. This wait may be an anxious and stressful period for you. During the two-week wait, it's best to take good care of yourself and try to avoid stress. Some women may experience symptoms such as cramping or spotting in this period. These symptoms are usually not related to or indicative of pregnancy.

Q: What to do after a positive pregnancy test?

A: If your pregnancy test is positive, contact your doctor and ask about the next steps. Your doctor may recommend additional testing, such as blood tests or ultrasound, to monitor the progress of your pregnancy.

Q: When to have a pregnancy check-up and how often to schedule them?

A:

1st visit: Schedule your first pregnancy check-up right after you see the positive pregnancy test. During this examination, your doctor will check your overall health and monitor the health of your pregnancy. Your doctor may ask questions about your medical history, administer urine tests, or perform a physical exam, including checking your weight and blood pressure. Your first pregnancy check-up is a great opportunity to ask any questions you may have about your pregnancy and to discuss your plans for care before birth with your doctor.

Visit at 13th week of pregnancy: During this visit an ultrasound examination is carried out for diagnosis of foetal anomalies.

Visit at 16th week of pregnancy: By then, the formation of the organs of the future baby is completed. During this visit an ultrasound examination is carried out to detect malformations. A blood test is performed to screen for potential abnormalities. If necessary, the doctor may recommend additional diagnostic tests for genetic conditions.

After this visit, regular check-ups are conducted **every month** until birth. On each visit the doctor will perform a standard examination, including ultrasound examination, measurement of blood pressure, and weight and urine tests.

During the 26th week of pregnancy, your blood sugar is tested to screen for gestational diabetes.



During the 34th - 36th weeks of pregnancy, some microbiology and viral tests are performed. This is also the time when the estimated date of birth is calculated.

! It's important to receive regular care throughout pregnancy and to report any concerning symptoms or changes to your doctor. By monitoring the pregnancy closely and addressing any concerns that may occur, doctors can ensure the best possible outcome for both the mother and the baby.

Q: Is it safe to take medications during pregnancy?

A: It's important to remember that only medications prescribed by your doctor are safe to use during pregnancy. It's always recommended to consult a medical specialist before resorting to over-the-counter medication. Some medication, such as ibuprofen, are not recommended during pregnancy and should be avoided.

Q: I am so scared, is that normal?

A: The experience of pregnancy after infertility is very unique to each individual and couple. Pregnancy after infertility can be complex and challenging. For example, fear and anxiety around the possibility of losing the pregnancy, or experiencing complications, can be high for those who have struggled with fertility issues. While that is normal, it is also good to try some techniques to deal with negative emotions. You can seek the help of a mental health professional, support groups or peer-to-peer online communities. Step into the journey to parenthood with patience and an open mind, and seek the support and resources that can help make this journey a joyful experience.

12 What to do if pregnancy doesn't happen




Label: Infertility Treatment

Time to read: 4 minutes

Q: Why can trying to have a baby be hard on my feelings, and what might I feel during this time?

A: Trying to have a baby can sometimes be hard on your feelings. You might feel really hopeful, then sad, then worried, over and over every month. Experiencing all these feelings is completely normal. Talking about them with someone you trust, like your partner or friends, can help you feel stronger and hopeful.




Social Media Post (suggested):

  The journey to parenthood isn't always straightforward. Share your experiences and tips on navigating the emotional rollercoaster of trying to conceive.  #TTCJourney #EmotionalChallenges

Q: What can make it hard to get pregnant, and how could this affect how I feel inside?

A: Difficulties in conceiving can arise from a variety of factors, including your age, health condition, and lifestyle choices. Efforts without success can lead to feelings of frustration. It's important to take care of yourself. Talk to a doctor if you need to. Open communication with your partner can also help you feel better during this time.



Social Media Post (suggested):

 Facing challenges in conceiving? It's a journey that varies for everyone. Share your insights on maintaining mental well-being during the quest for parenthood.   #ConceptionStruggles #MentalHealthMatters

Q: What could be the reasons for not getting pregnant after so many tries?

A: Even when you try a lot, there can be different reasons why it's hard to get pregnant. Things like choosing the right time, health issues, or how you live your life can matter. You need to be patient and work with doctors to understand and deal with these things. This helps you find the best way to try for a baby.


Social Media Post (suggested):

 Facing challenges in getting pregnant? There can be various reasons. Share your thoughts on identifying and addressing the factors that may affect conception.  #PregnancyJourney #ConceptionChallenges

**Q: When should I see a doctor if I'm having trouble getting pregnant?**

A: If you're under 35, it's good to get help after trying for a year. If you're over 35, you should think about getting help after six months. It's important to act at the right time! Talking to a fertility expert early can give you helpful advice for your own situation.




Social Media Post (suggested):

 Struggling to conceive? Timing is crucial. When did you decide to seek medical help, and how did it impact your fertility journey? Share your insights! #FertilitySupport #MedicalHelp

Q: What are usual reasons for not being able to have a baby, and how can my partner and I handle these problems together?

A: Not being able to have a baby can be due to things such as how old you are, health problems, or how you live. Both partners might have reasons. To deal with these problems, it's important to talk openly, support each other, and understand each other. Being together, understanding, and making decisions as a team can help you both through this time.



Social Media Post (suggested):

 Navigating fertility challenges as a couple? Share your experiences and tips on supporting each other through the journey of fertility testing and treatment.   #FertilityJourney #CouplesSupport

Q: What happens when I get medical help for having trouble with having a baby, and when should I get this help?

A: Getting medical help is a good step. If you're under 35 and have been trying for a year, or over 35 and have been trying for six months, it's time to get help. Doctors usually do different tests, make an individual plan just for you, and give you support. This helps a lot with solving problems in having a baby.

Social Media Post (suggested):

 Seeking medical help in your fertility journey? Your story might inspire others. Share your experience and the impact it had on your path to parenthood.  #FertilitySupport #MedicalAssistance



13 Women and infertility

Label: Infertility Treatment / Emotions and Infertility

Time to read: 1 minute

Infertility refers to both partners, but there are some factors which are especially important for women.

Q: Why is dealing with infertility so difficult for women?

A: Infertility is often perceived as solely a female problem, which puts strong pressure on women. This conviction may also be the reason why men sometimes refuse to begin diagnosis and treatment. It can result in a loss of valuable time for the couple and often subjects the female partner to unnecessary, expensive and painful medical procedures. The best way to deal with this is to accept that infertility concerns both partners and they should act as a team during all stages of fertility treatment.

Social Media Post (suggested):

🌸 *Infertility is often wrongly seen as solely a female issue, putting immense pressure on women. This misconception may lead to delays in diagnosis and treatment, impacting both partners. Let's break the stigma!* 🧶 *Infertility affects couples, and it's crucial for both to tackle this journey together.* 🗣️ *#BreakTheStigma #InfertilityAwareness #SupportEachOther*

Q: What are common female reproductive problems?

A: The common causes of female infertility are polycystic ovary syndrome (PCOS), endometriosis, blocked fallopian tubes, premature ovarian failure and lack of ovulation.

Q: Does the age of the women play a role in fertility treatment?

A: The age factor is very important in female infertility. A woman's ability to conceive gradually decreases with age, and drops sharply after 35. By the age of 45, it is practically impossible to conceive with your own eggs, because age impacts eggs quality and quantity.

Social Media Post (suggested):



🤔 *Wondering about common female reproductive issues? PCOS, endometriosis, blocked fallopian tubes, premature ovarian failure, and lack of ovulation are common causes of infertility.* 🗣️ *Age matters in fertility treatment! A woman's ability to conceive declines with age and sharply drops after 35. It's crucial to consider the age factor for successful fertility journeys.* ⌚ *#FemaleInfertility #ReproductiveHealth #AgeAndFertility*



Q: When is it good for women to start looking for help?

A: A female under the age of 35, who has been trying to conceive for a year or more without success, should seek medical help. A female over the age of 35 or with some kind of health issues should seek medical help earlier - after 6 months of trying without success. Getting help in time is very important, so you should not hesitate to ask for medical advice if there is anything that worries you about your fertility.

Social Media Post (suggested):

 *When is the right time to seek help on your fertility journey? If you're under 35 and have been trying for a year without success, it's time to consult a doctor. 🌸 For those over 35 or with health concerns, seeking help after 6 months is crucial. Don't wait! Early intervention is key, so don't hesitate to seek medical advice if you have any fertility concerns. 💞 #FertilityJourney #SeekHelpEarly #WomensHealth* 

14 Treatment and care of female infertility

Label: Infertility Treatment

Time to read: 7 minutes

Q: How to find the reason for not getting pregnant?

A: Diagnosis is the first step in overcoming the problem of infertility. Correct diagnosis saves time and is a key factor in this process. The sooner the cause of infertility is identified, the greater the chance of successful treatment. An accurate diagnosis helps you get the right therapy for the specific cause of infertility.

Q: How long will it take to get a diagnosis?

A: This journey is sometimes long. Infertility is invisible and people often do not suspect that they might have fertility problems. They keep trying for a baby for months or even years with no result, before seeking medical help.

Q: When should we start looking for medical help?

A: In order not to waste precious time, see a fertility doctor after 1 year of unsuccessful attempts to conceive. If the female partner is over 35 years, seek medical help after 6 months of trying without success. Choose your trusted specialist and they will propose an action plan for diagnosis. The diagnostic process should always start with the male partner as in most cases initial tests are quick and easy. After that comes the diagnosis of female infertility.

Q: How much will it cost?

A: The financial factor in infertility treatment should not be underestimated – sometimes the treatments can be quite expensive. If the diagnostic steps are followed correctly, a number of expensive tests and interventions can be avoided.

Q: What to expect at the first visit to the infertility specialist?

A: This is the time for initial examination. The search for the causes of female infertility will start with the evaluation of the physical and health condition. The doctor will ask questions about your menstrual cycle. The doctor will also ask about your previous illnesses, especially those related to the reproductive system. It is important to share all information about previous births, abortions, or surgical procedures. Sometimes the cause of infertility is a genetic condition, so the doctor will ask you if you have any relatives with fertility issues. The doctor will also perform a gynaecological examination. Based on the results of the examination, the doctor will draw up a **diagnostics plan**, which may include several diagnostic steps.

Q: What might be the next steps in diagnostics?

1. Microbiological tests, cervical smears, and other tests

These tests give the doctor the most general direction for future diagnosis and treatment. The microbiological tests check for infections, sexually transmitted diseases or inflammations that need to be treated. It is essential to check for chlamydial infection because it causes damage to the fallopian tubes. Additional blood and urine tests may be ordered too.

2. Ultrasound check of the ovaries and their function

Ovulation is necessary to achieve pregnancy. Your doctor will use ultrasound scans to monitor follicle development and ovulation during one cycle. This will help to determine whether ovulation is happening spontaneously or needs treatment with nutritional supplements or medications.

3. Hormonal tests

A great part of female infertility is related to hormonal dysfunctions. The doctor will order blood tests to check the level of various female sex hormones during different phases of the menstrual cycle. In addition, the thyroid and some other hormones should also be checked.

4. Examination of fallopian tubes

Tubal patency testing is very important and should be performed before starting any treatment. If the tubes are blocked, it means that the sperm can't pass, and conception is not possible without using medically assisted reproduction methods. The reason for blockage should be determined and, in some cases, there might be a need for a surgical procedure to remove the tubes.

There are several methods to determine the condition of the tubes, and the doctor will select the most suitable procedure for you. The two most common methods to check the patency of the tubes are X-ray imaging and ultrasound imaging. It is extremely important not to skip this early diagnostic step!

5. Diagnostic surgical procedures

In some cases, it is necessary to resort to surgical interventions to achieve a more accurate diagnosis. This procedure is called a *laparoscopy* and it allows the doctor to take a good look at the internal organs using a small camera. At his discretion and with the patient's consent, actions can be taken to remedy, if a problem is spotted. Laparoscopy is lighter and better tolerated than ordinary abdominal surgery.

6. Genetic, immunological studies and other tests

When the usual diagnostic methods do not provide clarity about the causes of infertility, some additional research needs to be done. For example, in cases of recurrent miscarriages, the cause may be linked to genetic or immunological problems.

Q: How to get a quick and accurate diagnosis of infertility?

A: For good diagnosis and better treatment results, other specialists can be included in the process - geneticists, endocrinologists, immunologists, etc. After the necessary set of diagnostic tests is completed, your doctor will discuss a treatment plan with you and your partner. Time is essential when it comes to female infertility - after the age of 35, a woman's chances of getting pregnant drop significantly, so there is no time to waste.

Q: Are there any medications or nutritional supplements that can help?

A: There are many nutritional supplements and medications on the market that claim to help getting pregnant. It is important to remember that these could have some adverse effects, and should only be taken after consulting a doctor and after the full diagnostic process has been completed. For example, ovarian stimulation drugs should not be prescribed without checking the fallopian tubes patency and the quality of sperm first.

Q: What treatments might be considered?

A: Depending on the specific diagnosis, there are many different treatment methods and procedures. You will discuss the right one for you with your trusted fertility specialist.

Changes in lifestyle

Treating infertility begins with taking care of our bodies. When trying to get pregnant, it is good to get rid of any harmful habits, such as smoking, drinking alcohol or too much coffee. Excess weight is also a negative factor in fertility treatment, as the right nutrition and balanced physical activity may support the process. Working in an environment with harmful substances also interferes with pregnancy, so it should be avoided by women trying to conceive.

Treatment of infectious, hormonal, and other diseases or conditions

Diagnosed diseases should be treated. The doctor will prescribe appropriate medications for infectious diseases or will refer you to other specialists if the treatment of accompanying conditions or diseases is required. If there is a problem with ovulation, which is quite common, hormonal therapy might be used to stimulate follicles to grow and release an egg.

Surgery

Sometimes gynaecological surgery is required. Modern gynaecological surgical operations are less painful and easier to recover from.

Insemination

If the female partner is over 35 years of age, doctors could recommend starting with medically assisted attempts to get pregnant. Of course, this should be done after a thorough diagnosis and when infectious or other diseases that may hinder success have been treated.

Q: What is intrauterine insemination and how does it work?

A: *Insemination* (IUI) is a fertilisation procedure, carried out in a medical setting. Doctors take sperm from the man, process it, and using medical instruments, transfer it directly into the woman's uterus. Insemination is done to allow more sperm to reach the egg. Processed semen contains significantly more sperm than semen released during normal sexual intercourse. The doctor may prescribe medical drugs to induce the development of a follicle or more than one

follicle during that menstrual cycle. However, this should be done cautiously to avoid the risk of multiple pregnancy.

Q: What are our chances with intrauterine insemination?

A: The chances of getting pregnant with insemination are between 6 and 20% per cycle, depending on the number of follicles developed in that cycle and the sperm count. The insemination performed in a cycle with more than one developed follicle increases the risk of multiple pregnancy.

In vitro fertilisation

For a small percentage of couples, the treatment methods may not succeed. In such cases, medical specialists could offer an *in vitro fertilisation* procedure (IVF).

Q: What is in vitro fertilisation and how does it work?

A: This is a fertilisation procedure that takes place outside the woman's body in a controlled medical environment. To perform IVF, it is necessary to obtain sex cells from the man - sperm, and from the woman - eggs.

Ovarian stimulation

For a higher success rate of in vitro fertilisation, it is necessary to stimulate the woman's ovaries to mature more follicles - this is done with the help of hormonal therapy prescribed and monitored by a reproductive specialist.

Eggs retrieval

Once a sufficient number and size of follicles is achieved, medical professionals proceed with the process of *egg retrieval*.

Laboratory stage

The processed sperm and the eggs are fertilised in a laboratory environment and the resulting embryos are developed between 2 and 5 days outside the woman's body.

Embryo transfer

Then, preferably a single embryo is returned to the woman's uterus. This procedure is called *embryo transfer*.

Pregnancy tests

10 days later, a pregnancy test is performed to determine if a pregnancy has been achieved. Surplus embryos can be cryopreserved (frozen) for future use.

Q: What are our chances with in vitro fertilisation?

A: Modern medical science provides excellent results in the diagnosis and treatment of female infertility. The success of IVF procedures is influenced by many factors, but the most important is the age of the woman. On average, the chance of success is 35-40% if the woman is under 35 years of age and then the chances significantly drop. After the age of 45, the chance of getting pregnant with a woman's own egg is nearly zero.

Q: What is the most important thing to remember?

A: Female age is crucial for fertility. Do not delay your pregnancy!



Social Media Post (suggested):

How to find out why the pregnancy doesn't happen? When should we start looking for medical help? How much will it cost? Changes in lifestyle. What might be the next steps in diagnostics? What is Insemination? What are our chances with intrauterine insemination? What is in vitro fertilisation? What are our chances with in vitro fertilisation?

#PregnancyDoesentHappend #MedicalHelp #Diagnostics #Insemination #InVitroFertilization

Social Media Post (suggested):

Treatment and care of female infertility! Diagnosis is the first step in overcoming the problem of infertility. Correct diagnosis saves time and is a key factor in this process. The sooner the cause of infertility is identified, the greater the chance of successful treatment. Accurate diagnosis leads to adequate therapy for the specific cause of infertility. What is Insemination? What is in vitro fertilization?

#PregnancyDoesentHappen #MedicalHelp #Diagnostics #Insemination #InVitroFertilisation



15 Focus on endometriosis



Label: Infertility Treatment / Infertility Prevention

Time to read: 3 minutes

Q: What is endometriosis, and how does it affect your ability to have a baby?

A: Endometriosis is a condition where tissue similar to the lining of your uterus grows outside it. This can make it harder to have a baby. Understanding how endometriosis affects your ability to conceive is important.

Social Media Post (suggested):

 Exploring endometriosis and its impact on having a baby. Share your thoughts and experiences with this condition and its effect on your fertility journey. 
[#EndometriosisAwareness](#) [#FertilityStruggles](#)

Q: How can you find out if you have endometriosis, and when should you see a doctor?

A: If you have pelvic pain, heavy periods, or trouble getting pregnant, it's important to see a doctor early. Diagnosis involves medical exams, tests, and sometimes surgery. Getting help early allows for better understanding and potential ways to protect your fertility.

Social Media Post (suggested):

 Understanding the endometriosis diagnosis. Share your advice on recognising symptoms and why it's crucial to see a doctor early.  [#EndometriosisDiagnosis](#) [#EarlyDetection](#)

Q: What can be done if endometriosis affects your ability to have a baby?

A: Treatment options include medicines, surgery, or medical help, such as assisted reproductive technologies (ART). Talking to your doctor helps create a plan that fits your needs, considering both symptom relief and your baby-making goals.

Social Media Post (suggested):



 Exploring treatment options for endometriosis and fertility. Share your experiences and tips for finding the right balance for your journey.  [#EndometriosisTreatment](#) [#FertilityCare](#)

Q: How might endometriosis make you feel emotionally during your baby-making journey?

A: Dealing with endometriosis while trying to have a baby can be emotionally tough. The uncertainty, treatments, and possible setbacks may bring stress and anxiety. Sharing your feelings with a supportive community and talking to your doctor can help with your emotional well-being.



Social Media Post (suggested):

 *Embracing emotions: Endometriosis and the fertility journey. Share your coping strategies and connect with others on this emotional path.*  *#EndometriosisEmotions #FertilitySupport*

Q: What lifestyle changes can support you if you have endometriosis and want to have a baby?

A: Making healthy choices, like eating well, staying active, and managing stress, can help your fertility and overall well-being. These choices support you in managing endometriosis as you try to have a baby.



Social Media Post (suggested):

 *Nurturing fertility through lifestyle changes. Share your tips for a healthy lifestyle on the endometriosis and fertility journey.*  *#FertilityLifestyle #EndometriosisSupport*

Q: How can you and others help spread awareness and support for endometriosis?

A: You can help by talking about endometriosis, sharing information, and understanding others' experiences. Building a supportive community breaks stigmas, offers empathy, and creates a network of solidarity.

Social Media Post (suggested):

 *Building a supportive community for endometriosis awareness. Share your efforts and connect with others to create a supportive network.*  *#EndometriosisCommunity #AwarenessMatters*



16 Men and infertility

Label: Infertility Treatment / Emotions and Infertility

Time to read: 5 minutes

Q: How does infertility affect men emotionally?

A: Infertility can be emotionally challenging for men. The desire to become a father, coupled with the difficulties to conceive, may bring feelings of frustration, sadness, and even guilt. Men need to acknowledge these emotions and seek support from their partners, friends, or professionals.

Social Media Post (suggested):

👤 Navigating the emotional side of infertility as a man. Share your thoughts on dealing with the ups and downs of the journey. Your experience might inspire others. 💬 #MenAndInfertility #EmotionalWellBeing

Q: How can men support their partners during infertility?

A: Supporting a partner through infertility involves being present, empathetic, and communicative. Men can actively participate in appointments, share their feelings, and work together with their partners to navigate the challenges. Open communication strengthens the bond and fosters mutual support.

Social Media Post (suggested):

👤 The role of men in supporting partners through infertility. Share your tips on being a pillar of strength and navigating the journey together. 💬 #SupportInInfertility #Partnership

Q: What misconceptions exist about men and infertility?

A: There are common misconceptions that infertility is solely a women's issue. Men can face fertility challenges too. Breaking these stereotypes is crucial. Men should feel comfortable discussing their experiences, seeking help, and actively participating in the fertility journey.

Social Media Post (suggested):

🗨️ Breaking the myths: Men face infertility too. Share your thoughts on dispelling misconceptions and raising awareness about men's experiences in fertility. 💬 #MenInFertility #BreakingStereotypes

Q: How can men cope with the stress of infertility?

A: Coping with infertility stress involves finding healthy outlets. Whether it's talking to a friend, practicing mindfulness, or engaging in hobbies, men should prioritise their mental well-being. Seeking professional support is a proactive step toward managing stress.



Social Media Post (suggested):

😊 Managing stress during infertility: Tips for men. Share your strategies for maintaining mental well-being on the fertility journey. 🌿 #InfertilityStress #MentalHealthMatters

Q: What advice do you have for men considering fertility treatments?

A: For men considering fertility treatments, the key is to be informed and involved. Understanding the process, discussing concerns openly with their partners, and actively participating in decisions empower men to navigate treatments effectively.

Social Media Post (suggested):

👤 Men in fertility treatments: Your active role matters. Share your advice and experiences to empower others considering the same journey. 🌐 #FertilityTreatments #MalePerspective

Q: How can the stigma around male infertility be reduced?

A: Reducing the stigma around male infertility involves open conversations, awareness campaigns, and fostering a supportive environment. Men sharing their stories and challenging societal norms contribute to breaking down barriers and encouraging others to seek help without shame.

Social Media Post (suggested):

🗨️ Shattering the stigma: Men and infertility. Share your story to help reduce the stigma and create a supportive community for those facing fertility challenges. 🌐 #MaleInfertility #BreakTheStigma

17 Treatment and care of male infertility

Label: Infertility Treatment

Time to read: 7 minutes

Q: When should we start looking for medical help?

A: If you are a man of reproductive age willing to conceive a child and having regular unprotected sexual intercourse, but you haven't achieved pregnancy for more than one year, it is time to see a doctor. You should visit a specialist even earlier if you have any underlying medical condition. The lack of pregnancy can be due to both male and female factors playing an equal part. However, infertility diagnosis should start with the male partner because it is usually quick, easy and cheap. There is no shame in seeking qualified medical help for fertility problems. Diagnostic procedures do not pose risks to your health, and the earlier a disease is detected, the higher the chance of successful treatment.

Q: What to expect at the first visit to the infertility specialist?

A: During the first meeting with a male fertility specialist, you will be asked about your health, age, and sexual practices, and an assessment of the risk factors will be made. The doctor will ask about your medical history, such as surgeries, trauma, or disease (past or present) in the testicles, pelvis, and spine, as well as about other health conditions (e.g. diabetes, high blood pressure, anaemia, mental problems) and the medications you may be taking. You will discuss your lifestyle, occupation, smoking and the use of drugs, anabolic steroids, and large amounts of alcohol. If you have any complaints – like pain in the testicles, burning sensation when urinating or discharge from the penis – it is good to share this information with the doctor. Last but not least, the doctor will calculate your body mass index. Your family history of hereditary diseases is also important, as well as whether you have had any genital diseases in your childhood. You can prepare the information in advance by asking your parents and bringing with you medical documents from any previous medical treatments.

Q: What are the next steps in finding the reason for infertility?

A: After this initial evaluation, the doctor will schedule some additional examinations and tests.

Seminogram

The first laboratory test that will be performed is the *seminogram* (*semen analysis*). It is done in a specialised laboratory and represents an assessment of the amount, motility, and quality of your sperm. Only the seminogram test can determine whether everything is OK with your sperm.

The seminogram indicates the semen parameters in relation to the reference values of sperm. If the results of the first seminogram are not within the referenced range, a repeated seminogram and additional tests should be conducted.

If you have a severely reduced sperm count, a lack of sperm, or other serious irregularities in sperm motility and quality, your doctor will advise you to undergo genetic testing, as some men are born with a chromosomal mutation that results in a missing or mutilated process of sperm production. For these tests, a blood sample will be taken.

Q: Why it is extremely important to start with the seminogram?

A: Male infertility amounts to about half of fertility cases in a couple. Semen analysis is very quick, easy, painless and cheap; therefore, doctors always advise to start the infertility diagnosis with a male partner.

Q: How is the seminogram performed?

A: This test is performed in specialised laboratories by trained medical professionals. Before the test, you must abstain from sex and alcohol intake for 3 to 5 days. In the lab, you will be asked to masturbate in a sterile container. There is a dedicated room for this purpose. If for some reason this procedure is not suitable for you, you can collect the sample at home and take it to the laboratory within 1 hour, while keeping it at room temperature.

Urology examination

In the course of diagnosis, you will also be examined by a urologist. The purpose of this examination is to evaluate the secondary genital characteristics: body hair, muscle mass and - if applicable – the type of obesity and scars from previous surgeries. The specialist will examine your penis to check the build and position of the external urethral opening, as well as your testicles for their position, size, density, and any unusual formations. They will also examine your epididymis and vas deferens. After that, the doctor will use ultrasound to evaluate the blood flow to your genitals and to look for any of varicose veins around the testicles (this is called *varicocele*).

Blood tests

If necessary, your doctor will consult an endocrinologist, who will examine your thyroid gland with ultrasound and decide whether you need to take additional tests. All men planning to start a family should also be checked for infections. These are the tests for sexually transmitted diseases, and in certain cases for other microorganisms. This can be done by testing samples of blood, semen, urine or urethral discharge.

Q: Why is it extremely important to undergo the right diagnostics promptly?

A: There can't be a successful treatment without a proper diagnosis. The diagnosis steps should not be skipped, and no fertility treatments should be carried out before trying to determine the causes of infertility.

Q: After finding the cause of infertility, what treatments are available?

A: After completing these diagnostic steps, you will gain insight into any fertility issues and find out how to improve your chances of conception. This can be done in several ways, individually or in combination.

Changes in lifestyle

It is advisable to make changes in your lifestyle, giving up harmful habits, improving weight, physical activity, nutrition, and general health.

Medications

Your fertility specialist may prescribe medications and/or supplements to improve the quantity and quality of sperm, regulate the work of the endocrine system, and treat infections or other common diseases. It is very important to avoid self-medication and to not exchange medicines with other people!

Surgical treatment

In some cases, surgical treatment may be required, for example, if you have cysts or tumours on the testicles or epididymis, as well as varicocele. After the surgery, the doctor will order a new seminogram and additional tests to assess the outcome of the treatment.

Q: What if this doesn't help?

A: By following this approach to diagnosis and treatment, about 85% of men with fertility issues succeed in becoming biological fathers. If this doesn't work, the next step is to turn to medically assisted reproduction procedures, such as insemination (IUI) or in vitro fertilisation (IVF).

Medically assisted reproduction

During these procedures, your sperm will be processed and placed into your partner's uterus or used to fertilise her eggs in a laboratory setting. In some cases, e.g., if you are undergoing chemotherapy or radiotherapy for cancer, you may need to freeze samples of your sperm before the treatment.

Q: What else is possible in more severe cases of male infertility?

A: In cases of severe damage to the processes of sperm formation and development and in the absence or blockage of the vas deferens, you may be offered a surgical procedure (puncture or biopsy) to obtain sperm from your testicles or epididymis.

In the vast majority of cases, modern medicine can offer adequate and successful treatment of male fertility problems. However, in some rare cases no improvement can be achieved despite the treatments offered. In these cases, the doctor will discuss the option of using donor sperm. Adopting a child is another option.

Social Media Post (suggested):

There are many possible causes of male infertility. It is extremely important to find the correct diagnosis in time! Depending on the cause of infertility, there are different treatments that range from lifestyle changes, through medication or surgery, to the advanced medically assisted reproduction technologies. In the vast majority of cases, modern medicine can offer adequate and successful treatment of male fertility problems! #MaleInfertility #MaleInfertilityTreatment #MaleInfertilityDiagnosis



18 Infertility as a couple's challenge



Label: Emotions and Infertility

Time to read: 5 minutes

Q: How does infertility affect a couple's relationship?

A: Infertility can be tough for couples. Wanting a baby together may bring frustration or sadness. To handle this, talk openly, try to understand each other, and support one another through the journey.



Social Media Post (suggested):

 Dealing with infertility as a couple. Share your thoughts on staying strong together and supporting each other.  #CoupleFacingInfertility #RelationshipStrength

Q: How can couples help each other emotionally during infertility?

A: Emotional support is crucial. Attend appointments together, share your feelings, and be a team. Creating a safe space for talking and understanding each other makes the emotional bond stronger.



Social Media Post (suggested):

 Navigating emotions together: Tips for couples facing infertility. Share your strategies for staying connected and providing emotional support on this journey.  #InfertilitySupport #CouplesJourney

Q: Why is communication important in overcoming infertility challenges?

A: Talking openly is vital in overcoming infertility. Discuss fears, hopes, and decisions to understand each other. Regular check-ins help keep a strong connection, ensuring both partners feel heard and supported.

Social Media Post (suggested):




 The power of communication in facing infertility as a couple. Share your experiences and tips on maintaining open and supportive communication.  #InfertilityCommunication #StrongCoupleConnection

Q: How can couples manage the stress of infertility treatments?

A: Infertility treatments can be stressful. Couples can manage stress by working together. Set realistic expectations, share responsibilities, and find moments of joy amid challenges for a healthier journey.





Social Media Post (suggested):

 Navigating stress in infertility treatments as a couple. Share your coping strategies and moments that brought joy amidst challenges.   #FertilityTreatmentStress
#CouplesResilience

Q: Any advice for couples thinking about infertility treatments?

A: For couples thinking about treatments, be informed together. Understand the process, discuss expectations, and support each other. Seeking guidance from doctors and deciding together strengthens the couple's journey.

Social Media Post (suggested):

 Couples and infertility treatment: Decisions together matter. Share your advice and experiences to empower others considering this path together. 
#InfertilityTreatmentJourney #CouplesDecisions

Q: How can couples stay close and strengthen their relationship, no matter what happens with fertility?

A: Stay connected by acknowledging the shared experience, finding new ways to connect, and prioritising your relationship. Regardless of what happens with fertility, focus on the strength of the partnership for a resilient connection.

Social Media Post (suggested):

 Building a resilient relationship beyond fertility outcomes. Share your tips on staying connected and strong as a couple.  #CouplesStrength #BeyondInfertility

19 Myths and Facts about (In)fertility








Label: Body and Fertility / Infertility Treatment / Emotions and Infertility

Time to read: 2 minutes

IVF does not cure infertility - MYTH

In vitro is a recognised, safe and effective method of treating infertility. The goal of infertility treatment is to give birth to a healthy child. In vitro fertilisation allows people who cannot conceive a child spontaneously to become parents.

Social Media Post (suggested):









 *IVF doesn't cure infertility? MYTH!*  *In vitro is a recognised, safe, and effective method in the journey to parenthood.*  *The goal? Welcoming a healthy bundle of joy!*   *IVF opens doors for those facing challenges in spontaneous conception, turning dreams of parenthood into reality.*   #IVFJourney #ParenthoodDreams #InfertilityWarrior #DebunkingTheMyth

In vitro is a big challenge - FACT

In vitro treatment is a big emotional and health challenge. If there is no refund, it may also involve a lot of financial effort.

The effectiveness of in vitro is higher than other treatment methods, but not all couples will get pregnant after the first attempt. Successive failures can be a difficult and emotionally exhausting experience. Therefore always prioritise your physical and psychological health.

Social Media Post (suggested):






  *In vitro is a big challenge! - FACT This treatment poses significant emotional and health hurdles.*   *Without refunds, it often requires a substantial financial commitment.*   *While in vitro boasts higher effectiveness, not all journeys lead to pregnancy after the first attempt. Coping with consecutive setbacks can be emotionally draining. Remember, your well-being—physically and mentally—should always take precedence.*   #IVFReality #EmotionalJourney #PrioritiseWellbeing


Congenital defects are more frequently diagnosed in children born through IVF - MYTH

Scientific research does not confirm that children born through in vitro suffer from diseases more often than children who were conceived spontaneously. The minimal risk of some

defects does not result from the use of the in vitro method, but is a consequence of the parents' infertility problems

Social Media Post (suggested):




  *IVF children are more likely to be born with genetic defects? MYTH!  Scientific research shows no higher incidence of congenital defects in children born through in vitro compared to those conceived spontaneously.  *





 *The minimal risk of defects doesn't stem from in vitro but rather reflects the underlying infertility challenges faced by parents. #IVFMythsBusted #HealthyBeginnings #ScienceAndParenthood*

IVF is expensive - FACT

In vitro treatment is expensive. Many countries offer reimbursement of treatment, but to apply for it you must meet certain conditions and criteria, such as age. In vitro itself is expensive, and so are the tests that need to be done during diagnostics and before the procedure. You also need to take into account that the procedure may fail and you may have to pay for another one.

Social Media Post (suggested):

  *In vitro truth: It can be a costly journey!  While some countries offer reimbursement, meeting specific conditions—like age—is a must. The procedure itself is pricey, and diagnostics tests add up.*

  *Consider the possibility of setbacks; a failed attempt may lead to additional costs. Financial planning is key for the in vitro process.   #IVFReality #CostOfParenthood #FinancialPlanning*

20 What is assisted reproduction?


Label: Infertility Treatment





Time to read: 2 minutes

Q: What is insemination?

A: Insemination (IUI) is a fertilisation procedure, carried out in a medical setting. Doctors collect sperm from the man, process it, and then transfer it directly into the woman's uterus using medical instruments. This processed semen contains significantly more sperm than the semen released during sex. The doctor may prescribe medication to help stimulate the development of one or more follicles during the woman's menstrual cycle, but this needs to be done carefully to avoid the risk of multiple pregnancy. Indications for insemination may include endometriosis, ovulation disorders, reduced semen parameters, or other issues.

Social Media Post (suggested):


 *Insemination (IUI)—a fertility boost in a medical setting! Doctors collect sperm, process it, and with medical precision, place it directly into the woman's uterus. Processed semen packs more sperm power than the semen released during regular intimacy.*




 *To enhance chances, doctors may prescribe drugs to stimulate follicle development—tread carefully to avoid the multiple pregnancy risk.  Insemination can be recommended for endometriosis, ovulation issues, reduced semen parameters, and more.   #IUIInsights #FertilityProcedure #MedicalHope*

Q: What is the chance that I will get pregnant after insemination?

A: The chances of getting pregnant with insemination range between 6 and 20% per cycle, depending on the number of follicles developed in that cycle and the sperm count. The insemination performed in a cycle with more than one developed follicle increases the risk of multiple pregnancy.

Social Media Post (suggested):

 *Insemination odds: 6-20% per cycle, the magic in the follicles and sperm count! Chances vary based on these factors.*

 *Multiple follicles up the odds but also the risk of multiple pregnancies.  Striking a balance for the sweet spot!  #InseminationStats #FertilityJourney #BalancingAct*

Q: What is in vitro fertilisation?

A: This is a fertilisation procedure that takes place outside the woman's body in a controlled medical environment. To perform IVF, it is necessary to obtain sex cells from the man (sperm); and from the woman (eggs).






To increase the success rate of in vitro fertilisation, it is necessary to stimulate the woman's ovaries to mature more follicles. This involves using hormonal therapy prescribed and monitored by a reproductive specialist. Once a sufficient number and size of follicles have developed, medical professionals proceed with the process of *egg retrieval*.


The processed sperm and eggs are fertilised in a laboratory setting, and the resulting embryos are cultivated for 2 to 5 days outside the woman's body. Then, preferably a single embryo is transferred back into the woman's uterus. This procedure is known as *embryo transfer*. About 10 days later, a pregnancy test is conducted to determine if conception has occurred. Any surplus embryos can be cryopreserved (frozen) for future use.


IVF is used for direct indications, for example when the fallopian tubes are blocked or when sperm quality is very poor, or when other treatment methods have failed.

Social Media Post (suggested):

 *In vitro fertilization (IVF)—a controlled, medical miracle outside the body!*  *Cells from both partners—sperm from the man and eggs from the woman—are essential.*

 *Boosting IVF success involves stimulating the woman's ovaries via hormonal therapy, guided by a reproductive specialist. Once enough mature follicles are ready, egg retrieval takes place.*


 *In the lab, eggs and processed sperm unite, forming embryos nurtured for 2-5 days. 😊 The chosen embryo returns to the woman's uterus in an embryo transfer. A pregnancy test 10 days later unveils success. Extra embryos may be cryopreserved for future use.*

 *IVF steps in for specific reasons—blocked fallopian tubes, poor sperm quality, or after failed treatments. 🚀 #IVFMiracle #EmbryoTransfer #FutureFertility*

Q: What is the chance that I will get pregnant after in vitro fertilization?

A: The success of in vitro procedures is influenced by many factors, but the most important one is the age of the woman. On average, the chance of success is 35-40% if the woman is under 35 years of age, and after that the chances significantly drop. After the age of 45, the chances of getting pregnant with a woman's own egg are close to zero.

Social Media Post (suggested):

 *In vitro success hinges on various factors, with a spotlight on a crucial one—the woman's age. 🧠 On average, success rates soar to 35-40% for women under 35. After this, chances markedly decline. 📉*

By the age of 45, the chance of conceiving with a woman's own egg nears zero. 🚫 Age plays a pivotal role in the IVF journey. 🧠 #IVFSuccessFactors #AgeAndFertility #JourneyToConception

21 Funding your treatment

Label: Infertility Treatment

Time to read: 3 minutes

Q: How can you find financial support for infertility treatment?

A: Various options can help fund your infertility treatment. Explore public health systems, health insurance coverage, and explore financial assistance programs to ease the financial burden.

Social Media Post (suggested):

 Navigating the costs of infertility treatment. Share your insights on finding financial support and connect with others on this journey.  #FertilityFunding #FinancialSupport

Q: What role does insurance play in covering infertility treatments?

A: Insurance coverage for infertility treatments varies. Check your policy to understand what's included. Some countries provide better coverage, while others may require additional plans or out-of-pocket expenses.



Social Media Post (suggested):

 Unraveling insurance coverage for infertility treatment. Share your experiences and tips on navigating insurance options.  #InfertilityInsurance #CoverageInsights

Q: What advice do you have for budgeting and planning for infertility treatments?

A: Budgeting and planning are essential. Understand the costs, explore available financial options, and create a realistic plan. Prioritise your needs and explore alternative funding sources for a comprehensive approach.

Social Media Post (suggested):



 Budgeting for infertility treatments. Share your budgeting tips and strategies for planning a financially sound fertility journey.  #FertilityBudgeting #FinancialPlanning

Q: How to plan your private budget regarding fertility treatment?

A: Planning your private budget for fertility treatment is crucial. Understand the costs involved, explore available financial options, and create a realistic plan. Prioritise your needs, explore alternative funding sources, and consider factors like medication, consultations, and potential unexpected expenses.



Social Media Post (suggested):

 Planning your private budget for infertility treatments. Share your budgeting tips and strategies for planning a financially sound fertility journey.  #FertilityBudgeting #FinancialPlanning

Q: How can you advocate for improved funding and support for infertility treatments?

A: Advocate for change by joining or supporting organisations that promote infertility awareness and funding. Participate in campaigns, share your story, and encourage dialogue to drive awareness and policy improvements.

Social Media Post (suggested):

 Advocating for infertility treatment funding. Share your advocacy efforts and connect with others passionate about driving change.  #InfertilityAdvocacy #FundingAwareness

Q: What community resources or networks can help you navigate funding challenges for infertility treatments?

A: Connect with online forums, support groups, and advocacy networks. Sharing experiences, tips, and resources with others facing similar challenges can provide valuable insights into navigating funding hurdles.

Social Media Post (suggested):

 Building a supportive community for infertility funding. Share your favourite resources and connect with others on this journey.  #FertilitySupport #CommunityConnections



22 You are not alone (peer support and psychological care)

Label: Emotions and Infertility

Time to read: 1 minute

Q: Why did this happen to me?

A: When fertility issues arise, they often bring about challenging emotions, such as stress, fear, and sadness, as numerous questions linger. Individuals facing difficulty in conceiving might also experience anger, questioning why this is happening and wondering if they've made mistakes. It's important to remember that you haven't done anything wrong, and you're not alone. Infertility affects 1 in 6 couples, and it's not anyone's fault.

Social Media Post (suggested):

📈 Struggling with fertility brings a rollercoaster of emotions—stress, fear, and sadness. It's normal to feel frustrated and wonder why this journey is tough. But, hey, you're not alone, and you've done nothing wrong! 💞 Infertility affects 1 in 6 couples—no one's to blame. Let's support each other through this! 🤝 📢 #InfertilitySupport #YouAreNotAlone #StayStrong

Q: Is there something wrong with us?

A: Having trouble getting pregnant can lead to the feeling of inadequacy and make us think there's something wrong with us. It's important to remember that infertility is like any other medical condition; it doesn't say anything about how manly or womanly we are. We're not any less deserving or capable than others, so we shouldn't be too hard on ourselves. Just like you wouldn't judge someone dealing with a different illness, it's important to be kind to yourself too.

Social Media Post (suggested):

🌸 Struggling to conceive can make us feel not good enough, questioning if something's wrong. 🤝 But remember, infertility is like any other illness—it doesn't define our worth. We're not any less than others, so let's be gentle on ourselves. 💞 Just as you wouldn't judge someone with a different illness, you should be kind to yourself too. 🤝 📢 #InfertilityJourney #SelfLove #YouAreEnough

Q: When and where to look for help?



A: When you feel like you can't cope with your emotions, don't be afraid to ask for help. You can talk to someone on your own, or with your partner. Speaking with someone by yourself, like in therapy, can help you figure out your thoughts and make important choices. If you attend a to therapy as a couple, it can help you find answers to problems and understand each






other's needs. If your partner isn't ready for help, that's perfectly okay. Talking to someone on your own can still be really helpful.

Engaging in support groups or workshops can also be beneficial, especially if you like being with others. You can learn how to handle tough feelings and get ready for treatment. In a support group, you'll meet people who are going through similar things, and you can share your own story if you want, but there's no pressure to do so. Remember, asking for help shows that you're mature and brave.

Social Media Post (suggested):

 *When emotions feel overwhelming, don't hesitate to seek support.  You can talk to someone on your own or with your partner. Therapy, either solo or as a couple, can help sort out thoughts and make crucial decisions. If your partner isn't ready, that's okay; individual sessions work wonders too.*

 *Joining support groups or workshops, especially if you enjoy group settings, is a great idea. Learn to navigate tough emotions and prepare for treatment. In these groups, connect with those going through similar experiences—share your story if you feel like it, but no pressure.  Asking for help shows maturity and bravery.  #SeekSupport #YouAreNotAlone #MentalHealthMatters*



23 Parenthood after infertility

Label: Emotions and Infertility

Time to read: 3 minutes

Q: What feelings might I have during pregnancy after beating infertility?

A: Being pregnant after having trouble conceiving can make you very happy. But you may also feel scared or worried about the possibility of losing your baby or have other complications due to previous challenges. Talking to people who can provide support or joining online groups can help you deal with these feelings.

Social Media Post (suggested):

👏 Embracing the joy of pregnancy after infertility! 🤰 ✨ Overcoming challenges is a journey, and fears may linger. How do you cope with the emotional ride? Share your experiences below! #ParenthoodAfterInfertility #EmotionalJourney

Q: What problems might come when I have a baby after infertility?

A: Having a baby after not being able to conceive for a while is a happy thing, but it can also bring new worries. You might worry about your baby's health, feel bad about your past struggles, or feel like you need to be the best parent ever. To enjoy being a parent, you can think about how to handle these worries.

Social Media Post (suggested):

👏 The journey to parenthood after infertility is filled with joy but it comes with its challenges. Share your experiences on overcoming anxiety, guilt, and the pressure to be a perfect parent! #ParenthoodJourney #InfertilitySurvivor

Q: Does having a baby mean I can stop worrying about infertility?

A: Not always. Even after having a baby, you might still have problems with getting pregnant again or experience other health issues. The way you felt during your past struggles might still bother you. It's good to keep getting help and remember you're not alone in these feelings.

Social Media Post (suggested):

🗨️ Parenthood doesn't always mean the end of infertility concerns. Share your thoughts on continuing challenges and the importance of ongoing support. 💖 #FertilityJourney #ParentingAfterInfertility

Q: How can I make sure my pregnancy after infertility is happy?

A: Everyone's experience with being pregnant after infertility is different. To have a good time, you should look for support and find people you can talk to about your feelings. Being patient, open-minded, and getting help from professionals or groups can make this time happy.



Social Media Post (suggested):

👤❤️ Navigating the path to parenthood after infertility requires patience and support. Share your tips on fostering a positive experience during pregnancy! #PregnancyJoy #InfertilityWarriors

Q: How do I handle the feelings from infertility after I have a baby?

A: The feelings from having trouble having a baby might stay even after I have a baby. It's important to think about these feelings and find ways to deal with them. Talking openly with your partner, getting help, or joining groups for people who had the same problems can help you feel better while you enjoy being a parent.

Social Media Post (suggested):

👏 Parenthood after infertility is a triumph, but emotions linger. Share your strategies for addressing and overcoming the lasting impact of infertility while embracing the joy of parenthood! 📖❤️ #EmotionalResilience #ParenthoodJourney

24 When treatment doesn't work




Label: Infertility Treatment / Emotions and Infertility

Time to read: 5 minutes

Q: Why is it so difficult to decide to stop trying for a baby with fertility treatment?

A: Deciding to stop trying is a complex and emotional process. When treatments don't work, it can be heartbreaking, leading to stress and sadness. Moreover, the financial burden and the toll on your body make this decision even more challenging.





Social Media Post (suggested):

  Struggling with tough decisions on having a baby? Share your thoughts on the emotional challenges. Your experience might help others.  #InfertilityJourney
#ToughDecisions

Q: What else can I do if the treatment doesn't work?

A: If the treatment proves unsuccessful, there are alternative paths to consider. Exploring adoption or embracing a child-free life are valid options. Adoption is a heartfelt way to become a parent, but it involves emotional complexities. Choosing not to have kids is also okay. However, it's crucial to have open conversations with your partner about this choice.



Social Media Post (suggested):

   Exploring options after unsuccessful fertility treatment? Share your experiences with adoption or choosing not to have kids. Your story might inspire hope.  #AlternativePaths
#InfertilityOptions

Q: How long should I keep trying for a baby before doing something else?

A: The decision to stop trying for a baby isn't bound by a fixed timeline. Assess the effectiveness of your current treatment and consider your overall well-being. If the stress becomes overwhelming, it might be time to explore other options. Seek guidance from your doctor and take the necessary time to make a thoughtful decision.

Social Media Post (suggested):

 Deciding when to stop trying for a baby can be hard. Share your thoughts on the timing of this decision. Your experience might guide others.  #FertilityDecisions #InfertilitySupport

Q: How can I handle my feelings when I can't have a baby after treatment?

A: Coping with the end of fertility treatment is a journey. It's okay to feel a mix of emotions, including sadness and relief. Finding support through conversations with others and identifying activities that bring joy can aid in emotional healing. It's crucial to prioritise self-care and communicate openly with your partner about your feelings.



Social Media Post (suggested):

🧠 Coping with the end of fertility treatment is a journey. Share your emotions and tips for navigating this challenging time. Your story might bring comfort to others. 🌊
#EndOfTreatment #EmotionalHealing

Q: What are the alternatives if I decide not to have kids after treatment?

A: If the decision not to have kids is made, focus on finding joy in other aspects of life. Explore activities that bring happiness, prioritise self-care, and set new goals. Living a fulfilled life is not solely dependent on having children, and there are various paths to happiness.

Social Media Post (suggested):

🌟 Choosing not to have kids after treatment? Share your journey and tips for finding joy in other aspects of life. Your experience might inspire others. 💕 #ChildfreeLife #NewBeginnings

Q: How can I get support when facing the end of fertility treatment?

A: Seeking support after fertility treatment is essential. Talk to your doctor, consider counselling, or join support groups where you can share your feelings with those who understand. Focus on finding joy in different parts of your life and prioritise both your physical and mental well-being.

Social Media Post (suggested):

🤝 Seeking support after fertility treatment? Share your experiences and tips for finding emotional support during this time. Your story might be a source of strength for others. 🌐💕
#SupportAfterInfertility #EmotionalWellBeing

25 What is donation in fertility treatments?


Label: Infertility Treatment / Emotions and Infertility

Time to read: 7 minutes

Q: What is donation in fertility treatments?

A: Donation in fertility treatments involves individuals giving their reproductive cells (egg cells or sperm) or embryos (fertilized egg cells) to another person or couple who want to have a child. This process, known as gamete or embryo donation, is a way to help build or expand families.


Social Media Post (suggested):

 *Exploring the world of fertility treatments and donation. Share your thoughts on the incredible journey of building families through gamete and embryo donation. ❤️*
#FertilityJourney #DonationInFertility

Q: When is donation recommended?

A: Doctors may recommend donation when a person has a condition preventing the use of their own reproductive cells. For example, if a woman has trouble producing eggs or a man has severe sperm issues. Donation is also considered when there's a high risk of passing on genetic diseases. Additionally, donation can be a choice for single women or same-sex couples for non-medical or social reasons.


Social Media Post (suggested):

 *Understanding when donation is recommended in fertility treatments. Share your experiences and thoughts on the medical and non-medical aspects of donation. 🧠*
#FertilityOptions #DonationRecommendations

Q: What is the difference between anonymous and non-anonymous donations?

A: In anonymous donation, the donor's identity is kept secret from the recipients and the donor-conceived child. Non-anonymous donation involves sharing some details about the donor. It can be open, known, or involve revealing the donor's identity to children at a certain age. These choices have significant consequences, and it's crucial to understand them before making a decision.



Social Media Post (suggested):

 *Unveiling the differences between anonymous and non-anonymous donation. Share your insights on the importance of donor identity in the fertility journey. ✍️*
#AnonymousVsNonAnonymous #FertilityChoices

**Q: What factors should be considered in the donation decision?**

A: The decision to use donation in fertility treatment is complex and emotional. It involves potential parents, donors, and donor-conceived children. Discussions with the medical team and psychological counsellors are crucial. Considering everyone involved and having complete information about the advantages and disadvantages is essential for making an informed decision.



Social Media Post (suggested):

 *Navigating the complexities of donation decisions in fertility treatments. Share your experiences and thoughts on making informed choices that consider everyone involved.  #InformedDecisions #FertilityJourney*

Q: How do donor-conceived children's rights come into play?

A: Donor-conceived children have the right to know about their biological origin. Openness about donor conception is recognised as important for their well-being. While it may be challenging for parents initially, being honest builds a solid foundation for sincere family relations. Due to children's rights, there's a growing trend toward non-anonymous donation in the EU.



Social Media Post (suggested):

 *Honoring children's rights in donor conception. Share your thoughts on openness and honesty in discussing biological origins with donor-conceived children.  #ChildrensRights #DonorConception*

Q: What are some common questions and challenges related to donation in fertility treatment?

A: People often ask questions like "Should I tell my child?" or "Should we be open about donation?" In countries where donation is accepted, being open about the child's biological origin is seen as beneficial for the child's rights and well-being. Overcoming challenges may involve seeking professional help, using available resources like books for children, and understanding the legal aspects of non-anonymous donation.

Social Media Post (suggested):

 *Addressing common questions and challenges in fertility treatment donation. Share your experiences and tips on navigating these important aspects of the journey.  #FertilityChallenges #OpennessInDonation*

26 More about the adoption

Label: Infertility Treatment / Emotions and Infertility

Time to read: 4 minutes

Q: Is adoption for me?

A: The decision to adopt a child is not always immediate and obvious. Each person's journey is unique, shaped by different experiences, fears, and perspectives. Adopting a child can be a meaningful choice for people who cannot get pregnant, but also for those who already have children but want to adopt another or offer a loving home to a child in need.

It's important to ask yourself: Why do I want to adopt a child? Do I want to be a mum/dad/? Do I want to help a child in need? Or was it influenced by external factors, such as a documentary on TV that told the sad story of a child? A genuine, sincere and stable motivation is very important for the success of adoption.

Social Media Post (suggested):

💖 *The choice to adopt is unique for each of us, shaped by diverse experiences, fears, and openness to others.*

💡 *It's crucial to ask yourself why you want to adopt. Is it to become a mum/dad? To extend a helping hand to a child in need? Or maybe a heartfelt response to a documentary's impactful story? Genuine and steady motivation is key for a successful adoption journey. 🧡*

#AdoptionJourney #MotivationMatters #ChooseToAdopt

Q: What to do to adopt a child?

A: If you want to adopt a child, please contact the office dealing with adoption procedures. To qualify as an adoptive family, you will need to complete a special training course designed to prepare you to take care of an adopted child and face all the challenges associated with adoption.

You must also meet formal requirements, such as good health and no criminal record.

Social Media Post (suggested):

Ready to adopt? Reach out to the adoption office! 📋 To become an adoptive family, dive into a special course—equipping you to care for and navigate the challenges of adoption. 🧡

📋 ✓ *Meeting formal requirements is a must—good health and a clean record. Embark on this journey with the right tools and qualifications. 🧡 #AdoptionProcess #PrepareToAdopt #NewBeginnings*








Q: What will my adopted child be like?

A: Each of us has certain ideas about the child we want to give birth to and the one we wish to adopt. This is completely natural. We dream that they will resemble us, achieve good results at school and feel good among their peers. However, life has a way of challenging these expectations, regardless of whether we are biological or adoptive parents. Each child is a new story. We don't know what it will be like whether it is born from our belly or in our heart.

However, it should be remembered that adopted children often come with complex backgrounds. Their biological mothers did not always take care of their pregnancy, and many bad things may have happened in their early lives. This may cause them to require even more time and love from you.

Social Media Post (suggested):

  *We all have dreams about the children we give birth to or adopt—it's natural.  We imagine them being like us, excelling in school, and thriving with friends. Life, however, has its own plans, whether we're biological or adoptive parents. Every child brings a unique story. We don't know what it holds, whether born from the belly or in our hearts.*

  *Adopted children often carry challenging histories. Their biological mothers may not have cared for the pregnancy, and they may have faced difficulties in their earlier lives. This might mean they'll seek more time and love from you. #ParentingRealities #AdoptionJourney #UniqueStories*



27 Finding peace and support

Label: Emotions and Infertility

Time to read: 2 minutes

Q: Why is it so difficult?

A: The stress and anxiety resulting from unsuccessful treatments can significantly impact your mental health, well-being and your relationship. Also, the financial cost could be a true burden to cope with. Fertility treatments are often expensive and can greatly affect your financial situation. The multiple medical procedures also take their toll on a female's body.

When you feel like you can't cope with these difficult emotions, don't be afraid to ask for help. It's a good idea to see a mental health specialist or join a support group where you can talk to people who have similar experiences.

Social Media Post (suggested):

Struggling with unsuccessful treatments can take a toll on mental health, well-being, and relationships. ❤️💡 The financial burden of fertility treatments adds another layer of stress. When emotions become overwhelming, seek help without fear. 🤝 Connect with a mental health specialist or a support group where you can share your experience with others who understand. You're not alone, and there's support available. 🌟 #MentalHealthMatters #FertilityJourney #SeekSupport

Q: What can I do for myself?

A: Take care of yourself both physically and mentally. This might involve eating well, exercising regularly, practising mindfulness, or seeking professional help to work through your emotions.

Try not to focus only on treatment. Take stock of the things you are grateful for, and try to find joy and happiness in them. Whether it's your career, your hobbies, your friends, or your partner, many things can bring fulfilment and meaning to your life.

Take care of your relationship. Organise a romantic dinner, go for a walk together. It's helpful to maintain intimacy and not see sex as a means to getting pregnant when trying to conceive. It's essential to consider each other's needs and feelings during this time.

Find a sense of purpose beyond having children. Whether it's volunteering, pursuing a passion, or setting goals for your career, having a sense of purpose can give you a sense of fulfilment and direction in life.

Social Media Post (suggested):

💡 Take care of yourself during infertility. Prioritise your well-being—physically and mentally. Eat well, exercise, practice mindfulness, and don't hesitate to seek professional help for emotional support. 🤝💡 Don't let treatment consume your focus. Take a moment to



appreciate what you're grateful for and find joy in various aspects of your life—career, hobbies, friends, and your partner.

*💞 ❤️ Nurture your relationship—plan a romantic dinner, take a stroll together. Maintain intimacy and see sex as a source of connection, not just a means to conception. Consider each other's needs and feelings. Discover purpose beyond parenthood—volunteer, pursue passions, set career goals. Having a sense of purpose can bring fulfilment and direction to your life. 🚀
#SelfCare #RelationshipWellness #PurposeBeyondParenthood*

Q: What should I do if I don't have the strength to continue treatment?

A: Infertility can be a difficult and emotionally exhausting experience. Therefore, always prioritise your physical and psychological health. If ongoing treatment is causing you undue stress and anxiety, it may be time to consider exploring alternative paths. When treatment is not successful, there are other options and alternative paths that you can explore, such as adoption, or living child-free.

It may come as a relief to no longer undergo the physical and emotional stress of treatment, but it can also bring a sense of grief and loss. Coming to terms with the end of treatment may represent the end of a long and difficult journey, and the realisation that you may never have biological children can be difficult to accept.

While the end of fertility treatment can be a difficult and emotional time, it can also be an opportunity to explore new paths. Having a fulfilled life is not solely dependent on having children. There are many ways to live a happy life, and we can all find our own way.

Social Media Post (suggested):

👏 Dealing with infertility is emotionally draining—prioritise your physical and mental health. If ongoing treatment causes excess stress, it might be time to consider alternative paths.

📖 When treatments don't succeed, there are other options like adoption or choosing to live child-free. It's okay to step away from the physical and emotional stress of treatment, but it may bring feelings of grief and loss. ❤️ The end of treatment signifies the close of a challenging journey. Accepting the possibility of not having biological children can be tough.

🌟 Despite the emotional turbulence, it's a chance to explore new paths. A fulfilling life isn't solely dependent on having children. Many avenues lead to happiness, and we each find our own way. 🚀👏 #InfertilityJourney #NewBeginnings #ChooseYourPath

28 How to talk about infertility

Label: Emotions and Infertility / Active and Responsible Me

Time to read: 4 minutes

Chances are, everyone knows a couple grappling with infertility. Every sixth couple in the world struggles with fertility. Infertility is a very difficult, emotionally taxing and financially burdensome experience. The pain is similar to that of losing a loved one, but it carries its own unique and complex set of emotions. People suffering from infertility grieve for the baby they may never have. But at the same time, every month there is hope. This cycle of hope and disappointment repeats month after month, year after year. It's like a deep wound that reopens just as it begins to heal. Sooner or later, every infertile couple finds closure in their own way; and our loved ones need our moral support throughout this time. As a society, we are not at all prepared to provide emotional support to our loved ones, relatives and friends during their painful journeys. Learning when to speak, when to listen, and when to remain silent can significantly enhance the strength of our moral support during their most challenging moments.

Q: What not to do?

A: *Don't ask them about kids. Avoid questions like "What are you waiting for?"*

The question sounds rude and we have no way of knowing whether or not the couple is planning to have a child. It is quite possible that they have a reproductive problem and are undergoing treatment. The question may make them feel uncomfortable because, for example, they don't want to share details at this stage. All of this can hurt them.

Don't tell them to "just relax"

Everyone knows at least one woman who had problems conceiving, but finally got pregnant when she "calmed down". Couples who manage to conceive after a few months of "relaxing" are not infertile. By medical standards, a couple is considered infertile if they have been trying to conceive a child without success for a year. Remarks like "Just calm down!" or "Why don't you go on vacation?" bring even more stress for the woman. She feels like she is doing something wrong, when in fact there may be a physiological problem with her or her partner that is preventing her from getting pregnant.

Do not belittle their problem

Not being able to conceive a child is painful! These couples are surrounded by families with children. They see all the joy that children bring to the lives of others and feel the emptiness of not being able to experience it. Comments like "Be glad you can sleep late, or travel, etc." do not soothe them. They make people feel that we are belittling their pain.

Don't tell them that there are worse things that could happen to them

We shouldn't tell our friends that there are worse things than not being able to have a child, especially if we already have our own!

Don't give them medical advice

Infertility is difficult to diagnose and just reading an article or book will not make us experts on the subject. Let our friends work together with their doctor to find and treat the problem, trust him or her and follow the advice given. They probably know more about the causes and treatment of infertility than we will ever know in our lifetime.

Don't try to cheer them up too much

Unfortunately, in our effort to make them feel better, we may accidentally use a crude and inappropriate joke to offend them. Inappropriate comments are not only unfunny, but also annoying and offensive to our friends.

Don't complain about the minor troubles of your pregnancy or parenthood

This especially applies to pregnant women. Merely us being around her, and having her witness our body changing due to pregnancy can be difficult for our infertile friend. The primary rule is not to complain about your pregnancy and all accompanying discomforts, such as changing hormones, body weight, unpleasant heartburn, and increasing weight. Our friend would give anything to experience these little discomforts.

Don't discuss their problems with other people

Infertility treatment is a very personal thing, and most couples are uncomfortable talking about their problems, which is why they keep everything related to this treatment a secret for a long time. Men are especially sensitive, because making public the bad results of their seminogram, for example, can seriously affect their self-esteem. Let's respect their privacy and be discreet!

Don't advise them to adopt

Adoption is suitable mostly for families who are ready to take this step, overcoming a number of internal conflicting emotions. Making such decision takes time and some couples never reach that tipping point.

Q: So, what to say or do in that case?

A: No matter what a couple's situation is, the most important thing you can do is support them, not advise them. Here are some things you can consider saying or doing when your friends or relatives share their problem.

- Be tactful and not pushy with your questions
- Be delicate about this topic and never start it first
- Be moderate and unobtrusive in your help
- Be careful in expressing optimism and pessimism
- Accept them as they are and don't judge them based on your own experiences
- Try to make them feel accepted and don't isolate them
- Be there for them when they need your help
- Be ready to listen to them when they need to share
- Be sensitive and compassionate and support them in their decision

Social Media Post (suggested):

How to talk with your friends with infertility? Do's and Don'ts of infertility ethics. What are the sensitive topics in infertility? Find out more! #TalkingInfertility #YourInfertileFriend #EthicsOfInfertility



29 Your rights as a fertility patient

Label: Active and Responsible Me

Time to read: 4 minutes

Q: What rights do you have as someone getting fertility treatment?

A: When you're getting fertility treatment, you have rights. These include knowing what's happening, giving your permission, maintaining privacy, and being treated respectfully.

Understanding your rights helps you make good choices and ensures you get compassionate and honest care.

Social Media Post (suggested):



 *Learn about your rights during fertility treatment. Share your experiences and advice on understanding and standing up for your rights.*  [#FertilityPatientRights](#) [#KnowYourRights](#)

Q: How can you make sure people respect your rights during fertility treatments?

A: To make sure people respect your rights, talk openly with your healthcare team. Ask questions, keep track of your treatment plan, and surround yourself with supportive people.

Doing so will help ensure you get the care you deserve.

Social Media Post (suggested):

 *Stand up for your rights during fertility treatment. Share your tips on making sure you get respectful and patient-focused care.*  [#AdvocateForYourself](#) [#RespectfulCare](#)

Q: What should you do if you feel your rights are not being followed during fertility treatment?

A: If you feel your rights are not being followed, talk to your healthcare provider. You can get a second opinion if needed or reach out to associations – groups that help patients. Your well-being and rights are important.

Social Media Post (suggested):


 *Dealing with challenges: Protecting your rights in fertility treatment. Share your experiences and advice on speaking up and finding support.*  [#PatientRightsChallenge](#) [#AdvocacyJourney](#)



Q: How can you stay informed about changes in patient rights or fertility rules?

A: Stay informed by checking updates from trusted sources, patient groups, and fertility clinics. Joining support groups and talking in online communities can help you stay in the loop about any changes.


Social Media Post (suggested):

 *Keeping up with fertility rules and patient rights. Share your favorite places for news and experiences staying connected in the fertility community. 🌐 #StayInformed #FertilityAwareness*

Q: What rights should you take into account when choosing egg or sperm donation for fertility treatments?

A: When thinking about donation, it's important to understand the rights associated with children conceived with donor help, donor anonymity, and information sharing. Talk clearly with the clinic about your options and choices, and be informed about the legal aspects related to donor-assisted conception.

Social Media Post (suggested):

 *Figuring out rights in donor-assisted conception. Share your thoughts and experiences about patient rights in egg or sperm donation. 💖 #DonorConceptionRights #PatientExperiences*

Q: Any advice for advocating for better patient rights in fertility treatment?

A: Advocate for better patient rights by telling your story, joining awareness efforts, and supporting groups that care about patient rights. When many people advocate together, it helps make positive changes.

Social Media Post (suggested):

 *Advocating for patient rights in the fertility community. Share your story and connect with others who want care that puts patients first. 🤝 #PatientRightsAdvocacy #CommunityEmpowerment*



30 Helping others on the fertility journey

Label: Active and Responsible Me

Time to read: 3 minutes

Q: How can organisations and groups help you if you're going through fertility challenges?

A: Organisations and groups are there for you during tough times. They give you information, support, and help you through fertility treatments. Connecting with them lets you share your story and be part of a community.

Social Media Post (suggested):

👉 Organisations and groups support you on the fertility journey. Share your experiences and tips on finding help. 🌐 #FertilitySupport #NGOAssistance

Q: Why is it good to join local groups when you're dealing with fertility issues?

A: Being part of local groups helps you feel connected. Meeting people in your area who understand what you're going through gives you emotional support and helpful advice. It reminds you that you're not alone on this journey.

Social Media Post (suggested):

🌐 Local groups make a difference in fertility treatment. Share your local group experiences and encourage others to find their community. 🤝 #LocalSupport #FertilityCommunity

Q: How do Fertility Europe and local organisations help you if you're facing fertility challenges?

A: Fertility Europe connects organisations all over Europe, making sure your voice is heard for better fertility care. Local groups in your country do the same, offering support and helpful information. Joining Fertility Europe through a local organisation means you get support from a wide network.

Social Media Post (suggested):

🌐 Fertility Europe and local organisations: Your buddies on the fertility journey. Share your experiences and tell us why connecting with both is essential. 🤝 #FertilitySupport #PatientAdvocacy

Q: What can you do to help others on their fertility journey?

A: You can help by sharing your story, joining awareness campaigns, and supporting local communities. Being part of groups and organisations lets you be part of making things better.



Social Media Post (suggested):

🗣️ Making a difference on the fertility journey. Share your ideas and experiences on how you can help others. 🌟 #FertilitySupport #CommunityEngagement

Q: Why is it good to tell others about infertility and support organisations?

A: Talking about infertility helps end the silence and makes people understand. It shows how support organisations help. By sharing, you create a caring and informed community.

Social Media Post (suggested):

🗣️ Breaking the silence on infertility. Share your stories and thoughts on why telling others is important for support. 💬 #InfertilityAwareness #SupportMatters

Q: Any tips for you if you're starting to connect with support organisations?

A: If you're starting your journey, reach out to local groups and check resources from organisations. Sharing and learning from others makes the fertility journey easier and less lonely.

Social Media Post (suggested):

🗣️ Connecting with support organizations: A guide for you. Share your tips and experiences for those starting their fertility journey. 📖 #FertilitySupportGuide #NewBeginnings