

Women and Diversity Health
GUIDE TO
Fertility and Conception



2026

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Women and Diversity Health

PDF: D2-740/2026E-PDF

ISBN: 978-0-662-72053-9

Paper: D2-740/2026E

ISBN: 978-0-662-78049-6

Introduction

Decisions about starting a family, delaying parenthood, or avoiding pregnancy are deeply personal and can be shaped by relationships, health, career, and life circumstances. For Canadian Armed Forces (CAF) members, these decisions may also be influenced by training requirements, deployments, postings, and access to care.

Fertility and conception are complex processes that can look different for everyone. While many people conceive without difficulty, others may need more time, support, or medical assistance along the way. This guide provides clear, plain language information about fertility, conception, and available supports, including CAF specific considerations, to help you make informed choices and have meaningful conversations with your health care team.

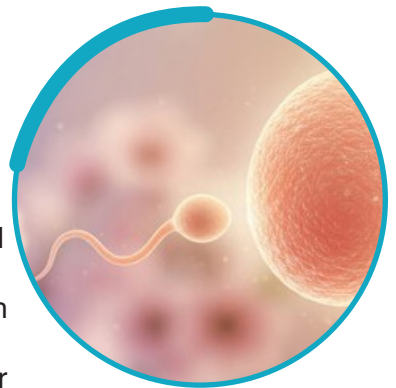


WHETHER YOU ARE EXPLORING FUTURE OPTIONS, ACTIVELY TRYING TO CONCEIVE, OR NAVIGATING FERTILITY CARE, THIS GUIDE IS INTENDED TO SUPPORT YOU WITH ACCURATE INFORMATION AND REASSURANCE AT EVERY STEP.

Understanding Fertility

Fertility is the ability to conceive or contribute to conception. It depends on healthy egg release and uterine support on one side, and healthy sperm production and transport on the other. Hormones coordinate these steps so a pregnancy can grow.

Fertility changes with age for everyone and declines more steeply for women and people with ovaries after about age 35. With increasing age, there are fewer eggs and egg quality decreases, which lowers chances of conception and increases risks like miscarriage. By about age 42, chances of naturally conceiving are low (under ~10%), and even with treatment, live birth rates per In vitro fertilization (IVF) cycle are under ~5%. Many people still conceive later in life - your care team can help you understand your personal chances and options.



The fertile window is the time in the menstrual cycle when pregnancy is most likely if sperm is present in the reproductive tract. It usually spans six days: the five days before ovulation and the day of ovulation. Changes in cervical mucus, ovulation predictor kits, and cycle tracking can help identify this window.

Pre-Pregnancy Planning

Pre-pregnancy planning helps set the stage for a healthy pregnancy - even if timing is uncertain. Use this checklist and speak with your provider as needed.



HEALTH REVIEW & CHRONIC CONDITIONS



- ✓ Book a pre-conception visit to review medical history, lifestyle, and ensure conditions (e.g., diabetes, hypertension, thyroid disease, autoimmune or mental health conditions) are well-managed.
- ✓ Review current medications to confirm pregnancy safety and alternatives if needed. Never stop a prescribed medication without medical advice.

SCREENINGS & VACCINATIONS



- ✓ Address menstrual concerns (very heavy, painful, or infrequent periods). Keep up with cervical cancer screening and infection screening as advised.
- ✓ Ensure immunizations are up to date (e.g., Measles Mumps Rubella, varicella, hepatitis, influenza, COVID-19). If not immune to rubella or varicella, complete vaccination at least one month before trying to conceive.
- ✓ If you plan travel, ask about destination-specific risks and vaccines (e.g., Zika, malaria, hepatitis).

LAB WORK & DENTAL CARE



- ✓ Check for anemia (low iron), thyroid issues, and other hormonal factors that can affect conception.
- ✓ Book a dental visit. Treat gum disease; oral health is linked with pregnancy outcomes.

GENETIC CARRIER SCREENING



- ✓ Consider screening if there is a family history or if recommended based on ancestry (e.g., cystic fibrosis; sickle cell/thalassemia; Tay–Sachs; spinal muscular atrophy; Fragile X).
- ✓ Access to medical genetics can take time - start early (often a year or more in advance) if you have concerns.

HORMONE THERAPY (HT)



- ✓ Gender-affirming HT and some other hormone therapies can affect fertility. You may need to pause treatment or consider fertility preservation before starting. Discuss individualized plans with your provider.

LIFESTYLE FACTORS



- ✓ Avoid smoking, vaping nicotine, cannabis, and other recreational drugs; limit alcohol. These can affect conception, pregnancy, and baby's health.
- ✓ Limit caffeine to about 200 mg/day ($\approx$ one strong coffee). Be mindful of energy drinks, chocolate, and colas.
- ✓ Choose balanced meals with fruits, vegetables, whole grains, and lean proteins. Prioritize hydrating fluids (e.g., water, milk, soups) over sugary drinks.
- ✓ Aim for regular physical activity (e.g., 150+ minutes/week of moderate exercise) to support overall health and fertility.
- ✓ Maintain a healthy weight for your height. Before pregnancy, this helps lower risks (e.g., gestational diabetes, high blood pressure).

PRENATAL VITAMINS & SUPPLEMENTS



- ✓ Start a prenatal multivitamin with 0.4 mg folic acid at least three months before conception. Higher doses may be recommended if you have diabetes, a prior neural tube defect, or other specific risks.
- ✓ Vitamin D and iron may be helpful depending on your levels. Some people consider omega-3 and CoQ10 - discuss any supplements with your provider.

Understanding Conception

Conception requires a sequence of steps working together:

1

Ovulation

A mature egg is released (often ~14 days before the next period). The egg lives ~12–24 hours.

2

Insemination

Sperm enter the reproductive tract through intercourse or a medical procedure (e.g., intrauterine insemination). Sperm can live up to ~5 days.



4

Implantation

The embryo attaches to the uterine lining and begins releasing human chorionic gonadotropin (hCG), which pregnancy tests detect. Light spotting and mild cramping can occur.

3

Fertilization

Sperm and egg meet in the fallopian tube and form an embryo that travels toward the uterus.

Identifying your fertile window

- ✓ Cervical mucus becomes clear and stretchy (like raw egg white) near ovulation.
- ✓ Basal body temperature (BBT) rises slightly after ovulation. Charting can show patterns over time.
- ✓ Ovulation predictor kits detect the Luteinizing hormone (LH) surge 24–36 hours before ovulation. Budget tip: low-cost LH strips are often available online.

TIMING TIPS

- Cycles vary. Ovulation typically occurs about 14 days before your next period. Longer cycles usually ovulate later (e.g., a 32-day cycle may ovulate around day 18).
- Regular intercourse or insemination every 2–3 days through the cycle, and particularly during the fertile window, maximizes chances of pregnancy.



Testing for Pregnancy

Home urine tests



Detect hCG after a missed period. If negative but you still suspect pregnancy, repeat in 1–2 weeks.

Blood tests



More sensitive; can detect pregnancy as early as 6–8 days after ovulation.

Ultrasound



Confirms pregnancy location and fetal heartbeat and helps rule out ectopic pregnancy.

Consider testing if:

- ✓ You had unprotected intercourse.
- ✓ Your period is late, lighter, or shorter than usual.
- ✓ You used emergency contraception in the previous cycle.
- ✓ You have symptoms such as breast tenderness, increased urination, nausea, fatigue, mood changes, appetite changes, or cramping/bloating.



NOTE: EARLY TESTING CAN SOMETIMES DETECT VERY EARLY LOSSES (CHEMICAL PREGNANCIES). WAITING UNTIL AFTER A MISSED PERIOD MAY AVOID CONFUSION AND EMOTIONAL DISTRESS FROM EXTREMELY EARLY POSITIVES THAT DO NOT CONTINUE.

When Pregnancy Does Not Happen (Infertility)

Infertility is typically defined as not conceiving after 12 months of regular, unprotected intercourse between male and female partners. About one in six Canadian couples experience infertility. Primary infertility refers to difficulty conceiving a first child; secondary infertility refers to difficulty after a previous pregnancy.

Causes and Contributions

Female factors (~40%)

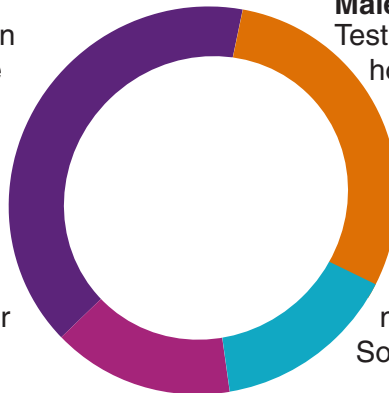
Age (especially >35), ovulation disorders (e.g., Polycystic ovarian syndrome), uterine conditions (e.g., fibroids), fallopian tube problems, endometriosis, smoking/substance use, hormonal imbalance, prior pelvic inflammatory disease or STBBIs, or early menopause (<40).

Male factors (~30%)

Testicular function issues, hormonal imbalance, history of sexually transmitted and blood borne infections (STBBIs), smoking/substance use, or blockages. Azoospermia (no sperm) occurs in a minority of infertile men. Sometimes no cause is found.

Combined factors (~15%)

Unexplained (~15%)



Seek care sooner than 12 months if any of the following apply:

- ✓ Multiple miscarriages.
- ✓ Known medical conditions that reduce fertility.
- ✓ Female partner age over 35.

Accessing Fertility Care in the CAF

Access can vary by posting location, training, and deployments. Planning ahead helps - consider clinic location, travel, and potential wait times. While waiting for a specialist, you may continue trying to conceive unless advised otherwise.

KEY CAF POINTS AT A GLANCE



- Start with your primary care provider at a Canadian Forces Health Services Centre (CF H Svcs C).
- For funding under the CAF Spectrum of Care, a referral from CF H Svcs C to a fertility clinic is required.
- Self-referral is not funded at this time. Always check the latest Spectrum of Care information.

Fertility Treatments & Assisted Conception

Treatment plans are individualized. Many use medications to stimulate egg growth and trigger ovulation, with close monitoring. Assisted conception options include:

INTRAUTERINE INSEMINATION (IUI)

Washed and concentrated sperm are placed in the uterus. Can use partner or donor sperm.

IN VITRO FERTILIZATION (IVF):

Eggs are retrieved and fertilized in a lab; one or more embryos are transferred to the uterus (**note:** multiples increase pregnancy risks).

INTRACYTOPLASMIC SPERM INJECTION (ICSI)

A single sperm is injected into an egg, often used for sperm-related factors or after prior IVF challenges.

What to expect

- ✓ Frequent clinic visits, blood tests, and ultrasounds; strict medication timing (some require cold storage).
- ✓ Temporary limits on physical activity; potential time off work for procedures.
- ✓ Discuss operational considerations early (e.g., training, courses, deployments). Temporary medical employment limitations (e.g., TCAT) may be considered during intensive treatment periods - coordinate with your health services team and chain of command.

SUCCESS RATES VARY BY AGE, HEALTH, EGG AND SPERM QUALITY, AND PROCEDURE TYPE. AS A GENERAL GUIDE, LIVE BIRTH PER IVF CYCLE IS AROUND ~50% UNDER AGE 35 AND UNDER ~5% OVER AGE 42. YOUR FERTILITY CLINIC WILL PROVIDE ESTIMATES TAILORED TO YOU.

Funding & Coverage

For current information on fertility funding through the CAF Spectrum of Care, consult official CAF resources or your CF H Svcs C team. Policies and coverage can change. A referral is required for funded services; self-referral is not funded at this time.

Fertility Preservation

Fertility preservation lets you plan for biological children later. Reasons include medical treatments that affect fertility, certain genetic conditions, gender-affirming care, or delaying parenthood for personal or career reasons as fertility declines with age.

Options include:

- **Egg freezing:** hormone injections stimulate multiple eggs for retrieval and freezing. Earlier is generally better (ideally before ~35). Requires multiple appointments and proximity to a clinic.
- **Sperm banking:** one or more semen samples are analyzed and frozen for future use.
- **Embryo freezing:** eggs are fertilized in a lab to create embryos that are then frozen; future success rates are often higher than with frozen eggs.





DID YOU KNOW?

One cycle of fertility preservation (egg or sperm freezing) for medical reasons may be funded for CAF members (e.g., chemotherapy or gender-affirming care). Confirm eligibility with your clinician and the Supplemental Health Care guidance.

Impact on Work, Finances, and Emotional Well-Being

Time

Many steps are time-sensitive; align plans with duties, travel, and postings.



Costs

Medications, procedures, and storage fees can be significant—ask about estimates and what the CAF may cover.



Emotions

Hope, stress, and disappointment are common. Many clinics offer counselling or social work support; reach out early.



Resources

[Canadian Fertility and Andrology Society – Patient Resources](#)

[Fertility Matters Canada](#)

[PHAC – Preconception health \(health before pregnancy\)](#)

[CAF Spectrum of Care – Supplemental](#)



WOMEN AND DIVERSITY HEALTH

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