What are the reasons a woman might have trouble getting pregnant? — A woman can have trouble getting pregnant for different reasons. These include:

- **Problems with ovulation** — Ovulation is the time in a woman’s monthly cycle when the ovary releases an egg into the fallopian tube (figure 1 and figure 2). Hormones control ovulation. Pregnancy can occur if sperm fertilizes the egg as it travels to the uterus after ovulation. Women have the highest chance of getting pregnant if they have sex 1 to 2 days before ovulation or on the day of ovulation. In some women, ovulation does not happen on a regular basis or at all.

- **Problems with the uterus or fallopian tubes** — For example, some women have scar tissue in their fallopian tubes from past infections or surgery. This scar tissue can cause the fallopian tubes to be blocked.

- **Endometriosis** — Endometriosis is a condition that can cause pain in the lower part of the belly. This can also lead to trouble getting pregnant.

- **Older age** — Once women get into their mid-to-late 30s, it can be harder to get pregnant, so it can take longer. Getting pregnant can be even more of a problem for women in their 40s.

When should I see a doctor? — See your doctor if you do not get pregnant after having unprotected sex for one year. But if you get worried before then, see your doctor sooner. And if you are older than 35, see your doctor if you can’t get pregnant after 6 months of trying.

Your doctor will talk with you and do an exam. He or she will often do tests to try to figure out the cause of the problem. Plus, your partner might need to be tested, too. But don’t be surprised if your doctor cannot tell you what is wrong. It’s not always possible to find out why a woman cannot get pregnant.

Is there anything I can do on my own? — If you are overweight, losing weight might help you become pregnant. Losing weight can also help you have a healthier pregnancy when you become pregnant.

What treatments are available? — Women who have trouble getting pregnant might choose to have one or more of the following treatments. You and your doctor should discuss which treatment to try first. Treatments can include:

- **A medicine called clomiphene** (sold as Clomid® or Serophene®) — This medicine improves the chances that ovulation will occur. Many times, doctors prescribe this treatment first. Your doctor will tell you how and when to take this medicine. He or she will also tell you when to have sex so the treatment has the best chance of working. If this medicine does not work after a few months, your doctor might recommend trying other medicines to help with ovulation.
Hormone shots – Hormone shots are often recommended if a woman does not get pregnant with clomiphene. Hormones improve the chances that ovulation will occur. Your doctor will tell you how and when to do this treatment.

Intrauterine insemination – For this treatment, a doctor uses a tube to place sperm directly inside a woman’s uterus. This is done right before ovulation. Some women have this treatment along with hormone shots.

In vitro fertilization, also called “IVF” – IVF is a procedure that is usually done if other treatments have not worked. It involves the following:

- A woman gives herself hormone shots for a few weeks. These hormones get the ovary ready to ovulate.
- Just before ovulation, the doctor uses a thin needle to remove some eggs from the ovaries. He or she does this through the vagina.
- The eggs are put into a test tube with sperm so that the sperm can fertilize 1 or more eggs.
- After 2 to 5 days, the fertilized egg or eggs are put in the woman’s uterus. Hopefully, one of the eggs will attach to the uterus and grow into a pregnancy.

IVF is usually done in women:

- Whose fallopian tubes are missing or blocked
- With male partners who have too few sperm
- Who have not been able to get pregnant using other treatments

**How will I know if a treatment is working?** — Your doctor will do tests at different times during treatment to check if it is working. These tests can include blood tests and ultrasound. Ultrasound is an imaging test that creates pictures of the inside of the body.

**Do treatments always work?** — No. Treatments do not always help a woman get pregnant. The same treatment can work for one woman, but not another.

**How do I decide which treatment to have?** — Talk with your doctor about the benefits and downsides of the different treatments. To choose the treatment that is right for you, you might want to think about:

- How well your doctor thinks the treatment will work
- Cost of the treatment – Some treatments cost a lot of money. Health insurance does not pay for all types of treatments.
- How long the treatment will take – Treatments might need to be done more than once to work. Getting pregnant can take months to years.
- Side effects and downsides of the treatment

You should also talk with your doctor about other options for having children, such as adoption.

A woman can have a tough time making these decisions. You might find it helpful to talk to a counselor or go to a support group for people who are having trouble getting pregnant.

**More on this topic**
These are the internal organs that make up a woman's reproductive system.

- Fallopian tube
- Uterus
- Ovary
- Eggs developing inside ovary
- Myometrium
- Endometrial (uterine) lining
- Cervix
- Vagina
How pregnancy happens

To get pregnant (in the traditional way), a woman must have sex with a man around the time she ovulates (releases an egg from the ovary). Then the following steps must occur:

1. The man's sperm must swim up the vagina, into the uterus, and up the tubes that connect the ovaries to the uterus (called the fallopian tubes).
2. When the sperm reach the woman’s egg, at least one sperm must eat through the outer casing of the egg and make it inside. This is called fertilization.
3. The newly fertilized egg must travel down to the uterus.
4. The egg must secure itself to the wall of the uterus. This is called implantation.