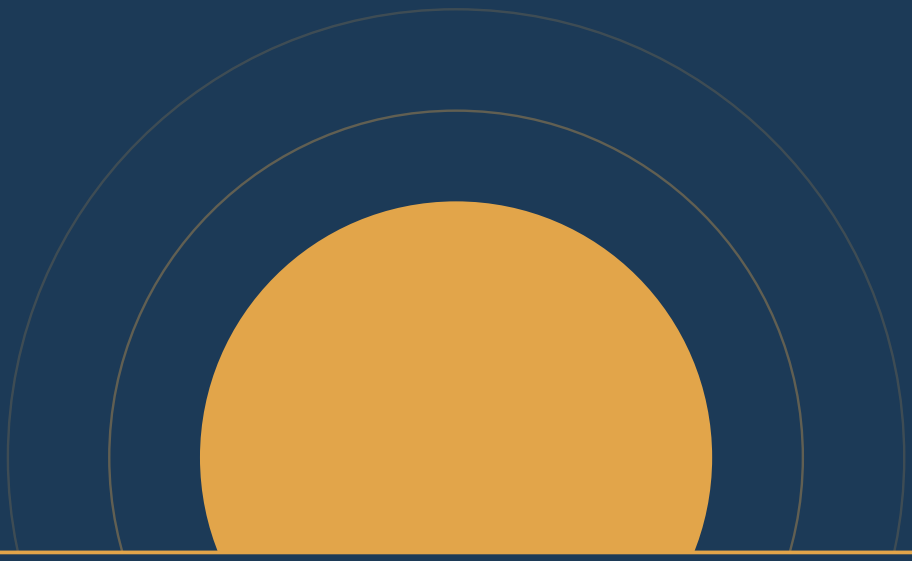
Mamavela

Trying to Conceive

Understand your cycle and fertile window, prepare calmly with official guidance, and know when to ask for help.



Free sample

For the personal use of the buyer and their family; sharing or reselling is not allowed. This book informs and does not replace medical advice. Questions: administration@lacangel.fr

Contents

Welcome 3

What this book is, and what it is not 3

US and UK: a quick key 4

How to use this book 4

Chapter 1. Your cycle, explained 5

What a "cycle" really means 5

The two halves of the cycle 5

The four hormones in one table 6

Why your cycle may not look like the textbook 6

Welcome

Maybe you have just stopped contraception and you are wondering what happens now. Maybe you have been trying for a few months, you check your phone every morning, and every period feels like a small loss. Maybe you are planning a pregnancy on your own, or with your wife, and you want to understand the path before you start. Wherever you are, you are welcome here.

Trying for a baby can be joyful, and it can also be surprisingly hard. It is a time full of questions that feel too small for a doctor's appointment and too big to leave unanswered: When exactly am I fertile? Is my cycle normal? Do ovulation tests work? Should we have sex every day? How long is too long? What should my partner change? When should we ask for help, and what will the tests involve?

This book answers those questions calmly, using what official health bodies in the United States and the United Kingdom actually say. You will find the guidance of the National Institute for Health and Care Excellence (NICE), which published a new fertility guideline in March 2026, the NHS, the American College of Obstetricians and Gynecologists (ACOG), the American Society for Reproductive Medicine (ASRM), the Centers for Disease Control and Prevention (CDC), the US Food and Drug Administration (FDA), the Human Fertilisation and Embryology Authority (HFEA) and the World Health Organization (WHO), plus four well-known research studies on the cycle and the fertile window. Every figure comes from a named source, listed in the bibliography with its web address and the date it was checked.

What this book is, and what it is not

This book is information, not medical advice. It cannot examine you, it does not know your history, and it never replaces your doctor, your GP, your midwife, your gynecologist or a fertility specialist. When something worries you, the right move is to ask them.

You will not find any promise here. No book, app or test can promise a pregnancy, and anyone who does is selling something. You will not find supplements to buy either: the only supplement this book discusses is folic acid, because every official body recommends it before pregnancy, and we quote that recommendation word for word. You will not find any medicine doses.

What you will find: clear explanations, official numbers, and pages to fill in.

> **You are not doing it wrong.**
>
> Most of the time, when a pregnancy does not happen in the first months, nothing is wrong at all. Conception takes time even for couples with no fertility problem. This book will show you the real numbers, so you can tell the difference between "normal waiting" and "time to ask for help".

US and UK: a quick key

The biology is the same everywhere, but the words and the pathways differ.

You may hear (US)	You may hear (UK)	What it means
OB-GYN, primary care provider	GP, practice nurse	Your first contact for planning a pregnancy
Reproductive endocrinologist (REI)	Fertility specialist, fertility clinic	A doctor specialized in fertility problems
Urologist	Urologist, andrologist	The specialist who may see a male partner
Prepregnancy (preconception) checkup	Talking to your GP before trying	A visit to prepare your health before pregnancy
Ovulation predictor kit	Ovulation test	A urine test that detects the LH surge
PCOS	PMOS (previously PCOS)	A common hormone condition that affects ovulation (see Chapter 11)
911	999 (112 also works)	Emergency number
988	NHS 111, Samaritans 116 123	Urgent help for your mental health

How to use this book

You do not have to read it in order. If you are just starting, read Chapters 1 to 6, then fill in the preconception checklist in Chapter 14. If you have been trying for a while, go to Chapter 5 (how long it usually takes) and Chapter 9 (when to ask for help). If you are a partner, Chapter 8 is written for you. If you are in a same-sex couple or planning alone, Chapter 11 has a section for you. And if you are simply tired of waiting, start with Chapter 12.

> A note on words. Guidelines use different words: woman, man, couple, partner, person with ovaries. NICE now writes "women, and trans men and non-binary people with female reproductive organs". In this book we mostly say "you" for the person trying to become pregnant and "your partner" for the person whose sperm is used, if there is one. Whatever your family looks like, this book is for you.

Chapter 1. Your cycle, explained

What a "cycle" really means

Your menstrual cycle is counted from the first day of your period to the day before your next period. The NHS puts it simply: "The menstrual cycle is the time from the first day of a woman's period to the day before her next period." Day 1 is the first day of real bleeding, not spotting. This matters, because every calculation in this book starts from day 1.

How long is a normal cycle? The NHS says that "the average is to have periods around every 28 days", and that "regular cycles that are longer or shorter than this, from 21 to 35 days, are normal". ACOG also describes an average cycle of 28 days. "Average" does not mean "expected", and you will see in a moment how much real cycles vary.

The two halves of the cycle

Your cycle has two main parts, separated by ovulation, the moment an ovary releases an egg.

The first half (follicular phase). At the start of the cycle, the womb lining is shed as your period. The NHS explains that periods last "around 2 to 7 days". Meanwhile, in your ovaries, follicles (small fluid-filled sacs, each containing an immature egg) begin to grow. In the NHS's words: "rising levels of the hormone oestrogen cause the ovary to develop and release an egg (ovulation). The womb lining also starts to thicken."

Ovulation. A surge of a hormone called luteinizing hormone (LH) triggers the release of the egg. ACOG explains that "a surge in the level of LH triggers the release of an egg". This LH surge is exactly what home ovulation tests detect (see Chapter 3). The egg is caught by the fallopian tube, where it can meet sperm.

The second half (luteal phase). After ovulation, the empty follicle becomes a small gland that produces progesterone. The NHS says that "in the second half of the cycle, the hormone progesterone helps the womb to prepare for implantation of a developing embryo". If no pregnancy begins, "levels of oestrogen and progesterone fall", the lining comes away, and a new cycle starts.

> **Key fact.**
> The NHS states that "the time from the release of an egg to the start of a period is around 10 to 16 days". This is why ovulation is easier to locate by counting back from your next period than by counting forward from your last one.

The four hormones in one table

Hormone	Made by	What it does in the cycle
FSH (follicle-stimulating hormone)	Pituitary gland, in the brain	Helps follicles in the ovaries grow
Oestrogen (estrogen)	Growing follicles	Thickens the womb lining, makes cervical mucus wetter and stretchier
LH (luteinizing hormone)	Pituitary gland	Its surge triggers ovulation
Progesterone	The follicle after ovulation	Prepares the lining for implantation, raises resting body temperature slightly

Why your cycle may not look like the textbook

Many of us learned that ovulation happens on day 14. It is a useful average, but it is not a rule. Two large studies show why.

In 2000, researchers Allen Wilcox, David Dunson and Donna Baird published in the BMJ an analysis of 696 menstrual cycles from 221 healthy women who were planning a pregnancy, with ovulation estimated from daily urine hormone measurements. They found that "the fertile window occurred during a broad range of days in the menstrual cycle". On every day between days 6 and 21, women had at least a 10% probability of being in their fertile window. Their conclusion is worth reading slowly: "In only about 30% of women is the fertile window entirely within the days of the menstrual cycle identified by clinical guidelines", that is, between days 10 and 17. "Most women reach their fertile window earlier and others much later." They add that women should be told that "the timing of their fertile window can be highly unpredictable, even if their cycles are usually regular".

In 2019, Jonathan Bull and colleagues published in npj Digital Medicine an analysis of 612,613 ovulatory cycles from 124,648 users of a cycle-tracking app. The mean cycle length was 29.3 days, and only 13% of cycles were exactly 28 days long. The average first half of the cycle (follicular phase) was 16.9 days but varied widely, while the second half (luteal phase) averaged 12.4 days and varied less. The authors write that "the widely held belief that ovulation occurs consistently on day 14 of the cycle is not correct". They also found that mean cycle length shortened by 0.18 days for every year of age between 25 and 45. One honest note: this study was funded by the company that makes the app, and several authors work for it. The data are still useful, and they fit what the independent Wilcox studies found.

What does this mean for you? Two things. First, a cycle of 26 or 33 days is not a problem in itself. Second, a calendar estimate of your fertile window is a starting point, not a certainty, which is why the next two chapters matter.

> **Is this normal? When to call**
>
> **Usually normal:** cycles between 21 and 35 days (NHS); a cycle that varies by a few days from month to month; periods lasting 2 to 7 days; a cycle that is a little different after stopping hormonal contraception. **Talk to your doctor or GP:** periods that come less often than every 35

days or more often than every 21 days, no periods at all, very heavy periods, bleeding between periods or after sex, severe period pain, or pain during sex. These are not emergencies, but they are worth checking before or while you try, because some causes (such as thyroid problems, PMOS/PCOS or endometriosis) can be treated.

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 47 pages.

Get it here: https://mamavela.com/shop/trying-to-conceive-guide/

One-time payment, instant PDF.