About Frequency and proper time of sexual intercourse

The number one most important factor affecting chances of conceiving is something that can be controlled: the timing and frequency of intercourse in the fertile window (refers to the most fertile days in menstrual cycle of women during which is the highest chance of conceiving).

Pregnancy is technically only possible during the five days before ovulation through to the day of ovulation. These six days are the ‘fertile window’ in a woman’s cycle, and reflect the lifespan of sperm (5 days) and the lifespan of the ovum (24 hours). If a woman has sex six or more days before she ovulates, the chance she will get pregnant is virtually zero. If she has sex five days before she ovulates, her probability of pregnancy is about 10%. The probability of pregnancy rises steadily until the two days before and including the day of ovulation. At the end of the ‘fertile window’, the probability of pregnancy declines rapidly and by 12-24 hours after she ovulates, a woman is no longer able to get pregnant during that cycle. For those women who are not aware of their ‘fertile window’ or when they ovulate, sexual intercourse is recommended every 2 to 3 days to help optimise their chance of conceiving.

A variety of methods have been developed to help individual women estimate the relatively fertile and the relatively infertile days in the cycle; these systems are called fertility awareness. Fertility awareness methods that rely on cycle length records alone are called calendar-based methods. Methods that require observation of one or more of the three primary fertility signs (basal body temperature, cervical mucus, and cervical position) are known as

Therapy  Female
symptoms-based methods. Urine test kits are available that detect the LH surge. LH is luteinizing hormone also known as lutropin. It is a hormone produced by gonadotrophic cells in the anterior pituitary gland. In females, an acute rise of LH-surge triggers ovulation. It occurs 24 to 36 hours before ovulation. Urine test kits are also known as ovulation predictor kits (OPKs). Computerized devices that interpret basal body temperatures, urinary test results, or changes in saliva are called fertility monitors.

There has been some speculation that couples who are trying to conceive should reduce the frequency of sexual intercourse during the fertile window to increase sperm supply. This is not true for most couples. While couples with known male factor issues should consult their doctor for the best intercourse strategy, couples with normal fertility and no known sperm issues should not reduce the frequency of intercourse in the fertile window. Probability of conception is increased with having intercourse multiple times in fertile window. While it is true that sperm concentrations decrease slightly with increasing intercourse frequency, frequent intercourse is still more likely to result in conception than infrequent intercourse for couples with no male factor fertility issues. Each additional act of intercourse within fertile window increases probability of conception for that cycle. Sex two to three times per week may improve fertility if the frequency was less than this.

## Success or failure factors

The most effective way to determine when woman is ovulating is using ovulation tester system, or else have got intercourse everyday when the midsection of cycle is near.(Pic.1)

Once woman knows the timeframe of her egg is likely to be released from ovary, it can be planned to have sex during her most fertile days, which is usually about three days before ovulation through the day of ovulation.

If female is not sure when her fertile period will be, it is recommended to just have sex every other day. This means that woman will have healthy sperm in her fallopian tubes whenever her egg gets released.

Making love frequently really does lower a man sperm count, but it doesn't have an undesirable affect on impregnating (process involves the fusion of an ovum with a sperm, which first creates a zygote and then leads to the development of an embryo) a female - it takes only a single sperm accomplishing the offspring successfully intended for conception to happen. If female wants to have sex more often than every other day, that's fine. It won't improve her chances any more, but it won’t hurt, either.
Partner should ejaculate at least once in the days just before woman’s most fertile period. Otherwise there could be a buildup of dead sperm in his semen. If woman is trying to conceive, it is helpful for increasing of the volume of semen if sex is regular. Regular sex replaces old sperms from the testicles. If there is a natural build of sperms it can lead to DNA (Deoxyribonucleic acid- a molecule that carries the genetic instructions) damage.

A woman's fertility is also affected by her age. As a woman's total egg supply is formed in fetal life, to be ovulated decades later, it has been suggested that this long lifetime may make the chromatin (complex of macromolecules found in cells, consisting of DNA, protein, and RNA) of eggs more vulnerable to division problems, breakage, and mutation than the chromatin of sperm, which are produced continuously during a man's reproductive life. However, despite this hypothesis, a similar paternal age effect has also been observed.

As measured on women undergoing in vitro fertilization, a longer menstrual cycle length is associated with higher pregnancy and delivery rates, even after age adjustment. Delivery rates after IVF (In vitro fertilization-process by which an egg is fertilised by sperm outside the body) have been estimated to be almost doubled for women with a menstrual cycle length of more than 34 days compared with women with a menstrual cycle length shorter than 26 days. A longer menstrual cycle length is also significantly associated with better ovarian response to gonadotropin stimulation (A hormone that stimulates the function of the ovaries and testes) and embryo quality.

Complications

Complications in frequency and proper time of sexual intercourse can arose from several sexual dysfunction disorders.

Sexual desire disorders

Sexual desire disorders or decreased libido are characterized by a lack or absence for some period of time of sexual desire or libido for sexual activity or of sexual fantasies. The condition ranges from a general lack of sexual desire to a lack of sexual desire for the current partner. The condition may have started after a period of normal sexual functioning or the person may always have had no/low sexual desire. The causes vary considerably, but include a possible decrease in the production of normal estrogen (primary female sex hormone) in women or testosterone (primary male sex hormone) both men and women. Other causes may be aging, fatigue, pregnancy, medications or psychiatric conditions, such as depression and anxiety.
Sexual arousal disorders

Sexual arousal disorders were previously known as frigidity in women and impotence in men, though these have now been replaced with less judgmental terms. For both men and women, these conditions can manifest themselves as an aversion to, and avoidance of, sexual contact with a partner. In men, there may be partial or complete failure to attain or maintain an erection, or a lack of sexual excitement and pleasure in sexual activity. There may be medical causes to these disorders, such as decreased blood flow or lack of vaginal lubrication. Chronic disease can also contribute, as well as the nature of the relationship between the partners.

Sexual pain disorders

Sexual pain disorders affect women almost exclusively and are also known as dyspareunia (painful intercourse) or vaginismus (an involuntary spasm of the muscles of the vaginal wall that interferes with intercourse). Dyspareunia may be caused by insufficient lubrication (vaginal dryness) in women. Poor lubrication may result from insufficient excitement and stimulation, or from hormonal changes caused by menopause, pregnancy, or breast-feeding. Irritation from contraceptive creams and foams can also cause dryness, as can fear and anxiety about sex.

It is unclear exactly what causes vaginismus, but it is thought that past sexual trauma (such as rape or abuse) may play a role. Another female sexual pain disorder is called vulvodynia or vulvar vestibulitis. In this condition, women experience burning pain during sex which seems to be related to problems with the skin in the vulvar and vaginal areas. The cause is unknown.

Erectile dysfunction

Erectile dysfunction (ED) or impotence is a sexual dysfunction characterized by the inability to develop or maintain an erection of the penis. The men who are having certain troubles of getting erection, statistically have lower frequency of the sexual encounters than men with normal sexual function. Most urologists agree with the statement that infrequent sex is clearly associated with ED.

**Prognosis**

If woman is going to get pregnant naturally, it's likely to happen within the first six months. About 8 out of 10 couples have conceived by then.
After that, how long women should keep trying before seeking help from a fertility specialist depends in large part on their age. Fertility declines as women get older, so if they are age 40 or older, getting help from an expert right away is a good move. If female is 35 to 40, talking to a specialist is recommended after trying for six months with no luck. And if woman is younger than 35, it’s probably fine to keep trying for a year before seeking assistance.

Of course, if is known a reason why woman or her partner are more likely to have a fertility problem, making an appointment right away is advisable. There’s no reason to wait in that case.

Find more about related issues

диагнозы

Идиопатическая мужская бесплодность

A condition in which fertility impairment occurs spontaneously or due to an unknown cause. Learn more at: www.fertilitypedia.org/therapy/diag/idiopathic-male-infertility

Галерея

The Standard Days Method works for women who always have menstrual cycles between 26 and 32 days in length.
Sources

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