



FREE GUIDE · DR DIVPREET SACHA

Fertility Support *Guide*

Five evidence-based ways to cope, what cycle tracking can and cannot tell you, and the small changes that have research behind them. Written by a GP who has been the patient.

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INTRODUCTION

The struggle is *real*

If you dread the pregnancy announcements, the scan photos, the family questions — you are not being dramatic. You are being human. I know the sting. I know the quiet grief of everyone else seeming to move forward while you sit in the unknown.

As a doctor, I understood the physiology of fertility. As a patient, I lived the heartache of infertility, IVF and loss. And nothing truly prepared me for the emotional, hormonal and physical toll of it. Not the textbooks. Not the clinics. Not the pamphlets.

I wrote this guide to offer the kind of support I wish I had been handed — a place where the science makes sense, where your experience is taken seriously, and where you are reminded that this is not your fault and you are not alone.

Whether you are timing things at home, in the middle of IVF, living with PCOS or "unexplained" infertility, or simply surviving this season — this is for you. It will not fix everything. I hope it helps you feel seen, steadier and better informed.

The gap is structural, not personal. A ten-minute appointment cannot cover a fertility journey. This guide sits in that gap.

— Dr Dips

Five evidence-based ways to *cope*

1. Lower the stress load, support your hormones

Stress acts on the hypothalamic–pituitary–ovarian (HPO) axis — the chain of signals between brain and ovaries that times ovulation and progesterone. Chronic stress does not "cause" infertility, but it can disturb that timing. **Try:** a protein-rich breakfast, morning daylight, light daily movement. Mastorakos & Ilias, 2003.

2. Reclaim control with boundaries

Social-media comparison is linked with more depressive symptoms in people going through fertility treatment. It is allowed to mute, unfollow, and skip the baby shower. No performing. No explaining. Joffe et al., 2021.

3. Balance blood sugar

Stable glucose reduces insulin resistance, which plays a role in ovulatory problems — especially in PCOS. **Try:** pair carbohydrates with protein or fat. Myo-inositol has good evidence for improving ovulation in PCOS; talk to your clinician before adding it. Legro et al., 2007.

4. Name the grief

Infertility has been found to cause distress at levels comparable to a cancer diagnosis. That is a recognised clinical response, not over-sensitivity. Grief does not always follow a loss — sometimes it follows a delay. Greil et al., 2010.

5. Give up perfection

Ovulation tracking: what it can and cannot *tell you*

When you are trying to conceive it is natural to want answers, and tracking can feel like a way to take some control back. What many people are not told is that not all methods are reliable — especially with irregular cycles, PCOS or hormonal fluctuation. Tracking is not useless. It works best when you understand its limits.

- **LH strips** can give false positives in PCOS, because of multiple LH surges without ovulation actually happening.
- **Basal body temperature (BBT)** is helpful, but it confirms ovulation only after it has happened.
- **Cycle apps** often use algorithms that have never been validated against ultrasound or hormone testing.
- **Cervical mucus tracking** is evidence-based and more accurate when combined with technology. Ecochard et al., 2015.

No single method is perfect. Use what supports you, not what stresses you.

PART THREE

What can help: small changes, *real evidence*

There is a lot of noise online. This is not about miracle cures. These are things with research behind them, offered without pressure — and most of them are cheap.

- **Vitamin D.** Low levels (under 30 ng/mL) are associated with poorer IVF outcomes. Worth testing; worth correcting if low. Chu et al., 2018.
- **CoQ10 (ubiquinol).** Supports mitochondrial function in the egg; the evidence is promising, not conclusive. Bentov et al., 2014.
- **Omega-3 (DHA).** Associated with lower inflammation and better implantation markers. Ott et al., 2018.
- **Sleep and a daily rhythm.** Reproductive hormones follow the body clock; protect it. Kalantaridou et al., 2004.
- **Gentle movement.** Improves insulin sensitivity, mood and blood flow to the womb lining.

"Associated with" and "may support" are the honest words here. Nothing on this page will on its own make a pregnancy happen, and anyone who promises that is selling something.

WHAT NEXT

If you want the whole picture, *in order*

This guide is the calm starting point. When you want the depth — what the first tests mean, which supplements and add-ons the evidence supports, how NHS referral and funding actually work, what IVF involves, and your rights at work — that is **The UK Fertility Navigation Framework**: twelve audio chapters, over eight hours, recorded by me. One payment of £39, no subscription, listen like a podcast in the app you already use.

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