HEALTH BASICS

Pregnancy - identifying fertile days

Identifying fertile days means estimating when sex is most likely to lead to pregnancy.

WHAT IT IS
Estimating days when sex may lead to pregnancy

WHERE IT COMES UP
Pregnancy planning and fertility-awareness contraception

WHY IT MATTERS
Timing sex changes the chance of conception

WHAT IT IS NOT
Not a disease, diagnosis, or guarantee

WHO TO ASK
GP, midwife, fertility specialist, or sexual health service

HOW IT IS CHECKED
Cycle records, ovulation tests, and cervical mucus tracking

Overview

Fertile days are the days in a menstrual cycle when sex without contraception may lead to pregnancy. Identifying them involves estimating when an ovary releases an egg, which is called ovulation.

This is a health-tracking practice, not a disease or diagnosis. It can help if you are trying to become pregnant. Fertility-awareness methods can also be used to avoid pregnancy, but they require careful daily tracking and clear instructions.

The fertile window is usually described as the six-day period ending on the day of ovulation. Sperm can remain able to fertilise an egg for several days. The egg usually remains available for fertilisation for about 12 to 24 hours after ovulation.

No home method can identify the exact fertile window with certainty. Ovulation can move from one cycle to another, even when periods usually seem regular.

How it works

A menstrual cycle begins on the first day of full menstrual bleeding. This is cycle day 1. Spotting

before a period may not count as the first day.

During the first part of the cycle, hormones help an egg mature inside an ovary. A rise in luteinising hormone, or LH, then triggers ovulation. After ovulation, the hormone progesterone prepares the lining of the uterus for a possible pregnancy.

Several methods can help estimate fertile days:

Ovulation does not always happen on cycle day 14. That idea comes from an example of a 28-day cycle, but cycles and ovulation dates differ. Illness, stress, travel, sleep changes, breastfeeding, approaching menopause, and other factors may shift ovulation.

In a medical fertility assessment, blood tests or ultrasound scans may be used to assess ovulation. Most people do not need these tests simply to begin tracking fertile days.

- Cycle tracking: Recording the start and length of each cycle can show a pattern. Calendar calculations predict ovulation; they do not confirm it.
- Cervical mucus tracking: Discharge often becomes wetter, clearer, stretchier, and more slippery near ovulation. Some people compare it with raw egg white.
- Urine ovulation tests: These detect a rise in LH. A positive result suggests ovulation may happen soon, but it does not prove that an egg was released.
- Basal body temperature: Your resting temperature rises slightly after ovulation because of progesterone. This mainly confirms that ovulation probably happened rather than predicting it in time.
- Fertility apps and devices: These use entered information or sensor data to make estimates. Their accuracy depends on the method and the quality of the data.

Why it matters for your health

If you are trying to become pregnant, identifying the fertile window can help time vaginal sex or home insemination. The chance of conception is generally highest in the days just before ovulation.

Having sex every one to two days during the estimated fertile window gives sperm repeated opportunities to meet an egg. Another reasonable approach is regular sex throughout the cycle, which avoids relying on an exact ovulation prediction.

Fertile-day tracking can also provide useful information about your cycles. A record may show that periods are regularly spaced, highly unpredictable, or absent. It may also help you describe bleeding patterns and test results during a routine appointment.

If you are trying to avoid pregnancy, an app's estimated fertile days should not be treated as

guaranteed "safe days." Fertility-awareness contraception involves tracking specific signs and following rules about when to avoid vaginal sex or use a barrier method. It is best learned from a trained service or validated programme.

Tracking does not measure egg quality, sperm health, whether the fallopian tubes are open, or whether implantation will occur. Correctly timed sex therefore cannot guarantee pregnancy.

What can go wrong

The main difficulty is an inaccurate prediction. Ovulation may happen earlier or later than expected, so calendar estimates can miss fertile days.

A positive urine ovulation test may occur without confirmed ovulation. Some people have more than one LH rise in a cycle. Polycystic ovary syndrome, often called PCOS, can make these tests harder to interpret because LH levels or surges may be unusual.

Irregular or absent ovulation can be related to several conditions or situations, including:

An irregular cycle does not automatically mean that you cannot become pregnant. It does make fertile days harder to predict and may be worth discussing during routine care.

Arrange a routine appointment if periods have stopped unexpectedly, are consistently very irregular, or tracking suggests that you may not be ovulating. You can also ask for fertility advice after 12 months of regular sex without contraception if you are under 35, or after 6 months if you are 35 or older. Earlier assessment may be appropriate if you have irregular periods or a known condition that could affect fertility.

Identifying fertile days does not itself cause an emergency. However, seek urgent medical assessment if you might be pregnant and develop one-sided lower abdominal pain, shoulder-tip pain, fainting, severe dizziness, or vaginal bleeding with significant pain. These can occur with an ectopic pregnancy, when a pregnancy develops outside the uterus. Call emergency services for collapse, severe pain, or heavy bleeding.

- PCOS
- Thyroid disorders
- High prolactin, a hormone involved in milk production
- Perimenopause, the transition before menopause
- Breastfeeding or the months after childbirth
- Very low energy intake, major weight change, or intensive exercise
- Some medicines or hormonal treatments

What you can do

Start by recording the first day of each period and the length of each cycle. If useful, add daily observations of cervical mucus, urine ovulation test results, and any factors that may affect the cycle.

Use the same definition of cycle day 1 each month. Check the instructions for any ovulation test because testing times and result displays differ between products.

If you are trying to become pregnant, you can ask:

If you are avoiding pregnancy, ask a sexual health service about a validated fertility-awareness method and what to do on potentially fertile days. Consider a different contraceptive method if an unintended pregnancy would be especially difficult or medically risky.

If vaginal sex without contraception has already happened and you do not want a pregnancy, contact a pharmacist, sexual health service, or clinician promptly about emergency contraception. Options are time-sensitive.

A home pregnancy test is more useful than continued ovulation testing once a period is late. If you do not know when your period is due, the NHS advises testing at least 21 days after the last sex without contraception.

There is nothing you can record at home that proves fertilisation occurred. Only pregnancy testing can detect a pregnancy, and testing too early may give a negative result even if conception occurred.

- Whether your medicines or health conditions could affect ovulation or pregnancy
- Whether prenatal folic acid is appropriate for you
- When fertility assessment would be reasonable based on your age and history

Common questions

Can pregnancy happen from sex during a period?

Yes. Ovulation may occur soon after bleeding ends, especially with short or unpredictable cycles, and sperm can survive for several days. Bleeding is not reliable contraception.

Can an app identify my exact ovulation day?

Usually not. Most apps predict ovulation from previous cycle dates. Predictions can be wrong when the current cycle differs from earlier ones.

Does a positive ovulation test mean I definitely ovulated?

No. It detects an LH rise, which usually happens before ovulation, but it does not confirm egg release.

Does slippery cervical mucus mean I am fertile?

It can be a sign that ovulation is approaching. Infections, semen, lubricants, and some medicines can change the appearance of discharge, so this sign is not exact.

Do irregular periods mean infertility?

No. Pregnancy can still occur with irregular cycles. Irregular periods may mean that ovulation is unpredictable or does not happen in every cycle.

Do sexual position or lying down afterward improve conception?

There is no good evidence that a particular position or remaining lying down meaningfully improves natural conception.

Sources

- American College of Obstetricians and Gynecologists. "Fertility Awareness-Based Methods of Family Planning." Patient FAQ.
- American Society for Reproductive Medicine. "Optimizing natural fertility: a committee opinion." Fertility and Sterility . 2022;117(1):53-63.
- National Institute for Health and Care Excellence. Fertility problems: assessment and treatment . Clinical guideline CG156.
- NHS. "Trying to get pregnant" and "Doing a pregnancy test." NHS pregnancy guidance.
- Wilcox AJ, Weinberg CR, Baird DD. "Timing of sexual intercourse in relation to ovulation: effects on the probability of conception, survival of the pregnancy, and sex of the baby." New England Journal of Medicine . 1995;333:1517-1521.