Evidence-Led “Move the Needle” Checklist for Fertility

what specific, ‘boring’ & sustained lifestyle changes can you make to help improve your conception chances

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Pick 1-2 things

Start implementing changes for 8-12 weeks & re-assess your ovulation or luteal markers

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Metabolic & Insulin Health

Who this matters most for

- PCOS (diagnosed or suspected)
- Irregular cycles or long cycles
- Central weight gain
- Recurrent implantation failure
- Unexplained infertility with subtle metabolic markers

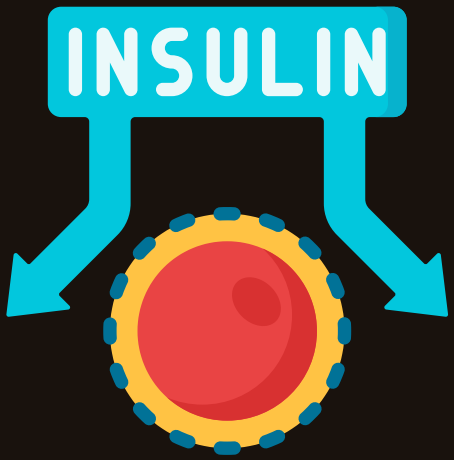
Checklist

□ Reduce high-glycaemic load meals (especially breakfast & evening)
□ Prioritise protein & fibre at the first meal of the day
□ Avoid long daily fasts if cycles are irregular
□ Consider insulin tests (fasting insulin, HOMA-IR)
□ Moderate alcohol (≤2 units/week or pause)

Why this works

RCTs show conception improvement when insulin sensitivity improves because insulin directly modulates:

- ovarian androgen production
- follicular development
- endometrial receptivity



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Ovulatory Function & Cycle Regularity

Who this matters most for

- Anovulatory or oligo-ovulatory cycles
- Long or highly variable cycles
- Post-pill cycle disruption
- PCOS phenotype

Checklist

□ Establish consistent meal timing (avoid erratic eating windows)
□ Avoid excessive caloric restriction
□ Moderate high-intensity exercise if cycles are absent
□ Anchor daily routines (sleep, meals, exercise) within a 2-hour window

Why this works

RCTs suggest ovulation responds best to energy availability & rhythm stability, not extreme fitness or dieting. Ovulation is exquisitely sensitive to perceived stress & fuel sufficiency

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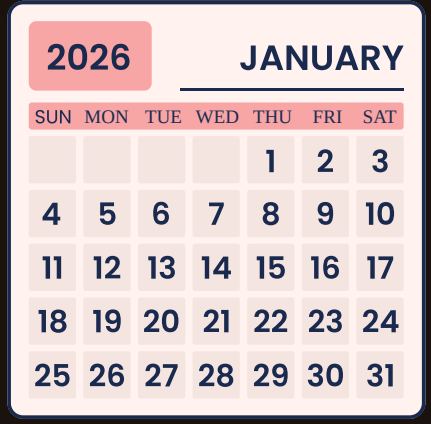

Circadian Rhythm & Sleep Timing

Who this matters most for

- Shift workers
- Late sleepers
- PMS, PMDD, luteal phase issues
- Irregular ovulation
- IVF patients with repeated failure

Checklist

□ Morning light exposure within 30–60 minutes of waking
□ Consistent bedtime (±60 minutes)
□ Avoid bright light after 9–10pm
□ Aim for 7–9 hours of sleep
□ Avoid late-night intense exercise

Why this works

Light & sleep timing regulate:

- melatonin (direct ovarian & follicular effects)
- LH pulsatility
- progesterone secretion
- RCTs show better cycle regularity & hormone signalling when circadian inputs stabilise.

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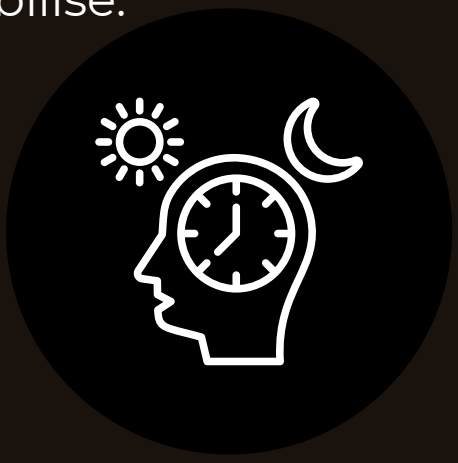

Inflammatory Load Reduction

Who this matters most for

- Endometriosis
- Recurrent miscarriage
- Implantation failure
- Autoimmune conditions
- Chronic pain or inflammatory symptoms

Checklist

□ Address gut tolerance before adding supplements
□ Increase omega-3 rich foods
□ Avoid ultra-processed foods during the luteal phase
□ Gentle movement over exhaustive training
□ Avoid new restrictive diets during TTC

Why this works

RCT-based lifestyle interventions only show benefit when inflammation reduction is sustainable. Over-restriction increases cortisol & worsens ovulatory signalling.

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Body Weight & Exercise

Who this matters most for

- BMI extremes
- Hypothalamic amenorrhoea
- PCOS with insulin resistance

Checklist

□ Aim for weight stability before weight loss
□ Avoid HIIT >3x/week if cycles are disrupted
□ Strength training 2–3x/week
□ Daily walking over sporadic intense exercise

Why this works

Evidence suggests that modest, sustained changes outperform aggressive interventions. Ovulation resumes more reliably with predictable energy availability than with rapid fat loss.

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Psychological Stress

Who this matters most for

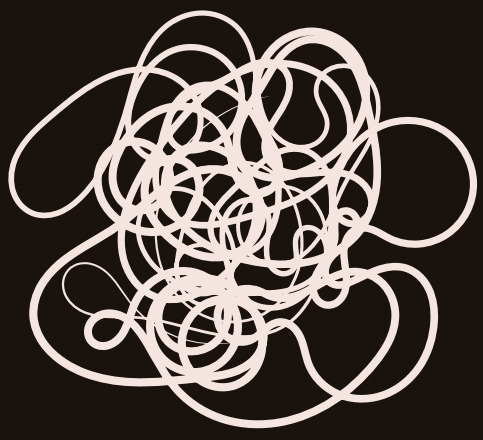
- Long TTC journeys
- IVF fatigue
- High mental load or perfectionism
- Sleep disruption

Checklist

□ Focus on nervous system regulation, not “positive thinking”
□ Build one daily decompression ritual (same time each day)
□ Avoid fertility-related decision-making late at night
□ Reduce cognitive overload around ovulation timing

Why this works

RCTs suggest stress interventions help when they reduce physiological arousal, not when they demand emotional performance. Cortisol competes with reproductive hormone signalling.



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References

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