



- Unable to conceive after 1 year of frequent, unprotected sexual intercourse in reproductive aged women 35 years or younger, who are also without known risk factors
- Unable to conceive after 6 months in women aged 35 years and older, and/or in women with a known clinical cause or predisposing factor

Diagnostic Biomarkers and Clinical Indicators of Female Fertility

Due to the wide range of etiologies for suspected female infertility, a full history, physical examination, and laboratory testing should be performed by a knowledgeable health-care professional. Potential confounding illnesses should be ruled out.

- Evaluations¹ may include:
 - Testing of ovulatory functions
 - Midluteal serum progesterone level
 - Urinary luteinizing hormone assessment by using a urinary ovulation kit
 - Testing of tubal patency
 - Testing of ovarian reserves
 - Follicle-stimulating hormone and estradiol levels on days 2 to 4
 - Clomiphene citrate challenge test
 - Serum anti-Müllerian hormone levels
 - Uterine evaluations, such as a transvaginal ultrasound, hysteroscopy, or other imaging based on history and physical examination

Therapeutic Diet and Nutritional Considerations

- Advise patients to consume a Mediterranean-type diet that is rich in fruits, legumes, vegetables, and polyunsaturated fatty acids
- Higher intake of omega-3 and omega-6 PUFAs has been associated with higher incidence of pregnancy in certain populations.^{2,3}
- Ensure adequate intake of folate, which is critical for early fetal development, DNA synthesis, and cell division.
- Address nutritional deficiencies and consider supplementation with beta-carotene and vitamins C and E, which have been shown to promote the body's response to oxidative stress and may contribute to reproductive health. Nutritional status has been shown to influence fertility and perinatal conditions.²

Lifestyle Interventions

- Recommend stress management techniques, such as meditation or similar mindfulness practices, as stress reduction has been associated with increased conception rates.²
- Encourage moderate physical activity, which may have a protective effect on fertility. However, excessive exercise has been shown to be significantly correlated with decreased fertility among women.⁴
- Advise avoiding toxin exposure, such as bisphenol A, organic solvents, heavy metals, pesticides, and other toxins. Reduction of toxic load has been associated with improved predisposition to occasional or recurrent miscarriages.^{2,5}
- Provide resources for smoking cessation due to a higher incidence of infertility among women who smoke.⁴
- Encourage unprotected intercourse on multiple days per week near the time of ovulation, which may increase the chance of conception.⁶

The Pathophysiology of Female Fertility

Infertility is described as the inability to conceive after 1 year of unprotected sexual intercourse. This occurs in approximately 15% of reproductive-aged couples globally. It is more common in developing countries. Common causes are ovarian failure or insufficiency, ovulation disorders, and certain endocrine disorders.¹ Risk factors for ovarian insufficiency include family histories of early menopause, autoimmune diseases, the presence of a single ovary, and diminished oocyte quantity or quality. Disorders in ovulation have risk factors that include polycystic ovary syndrome, primary ovarian insufficiency, intense exercise, and smoking.¹ Other risk factors include endometriosis, pelvic inflammatory disease, ectopic pregnancy, and pelvic surgery.¹

The evaluation for female infertility is usually recommended for the following situations:

- Unable to conceive immediately after unprotected sexual intercourse in women 40 years of age and older, and/or those who have an obvious cause of infertility¹

This clinical protocol is designed to support healthy female fertility, which includes evidence-based lifestyle and dietary interventions known to support fertility in women.*



Supplement Protocol

Primary Support:



Pregnenolone CRT™

Dose	1 tablet per day	Duration	Ongoing
Formula Highlights	Pregnenolone CRT™ is a precursor to a variety of hormones, including dehydroepiandrosterone (DHEA), progesterone, estrogens, testosterone, cortisol, and aldosterone, which are important for healthy hormone balance.* Pregnenolone CRT™ features controlled-release technology that provides a very slow (10 to 12 hour) continuous release of pregnenolone, helping to eliminate the spikes or surges that may be associated with other delivery systems. Ultimately, this CRT™ technology more closely mimics the way pregnenolone is normally released within the body.		

Prenatal Pro™ Essential Kit

Dose	Prenatal Pro™: 4 capsules per day with a meal (for divided dosing, take 2 capsules twice daily with meals) OsteoForce™: 4 capsules per day with a meal (or 2 capsules twice daily with meals) OmegaVail™ Hi-Po: 2 softgels per day with a meal	Duration	Ongoing
Formula Highlights	For optimal nourishment of baby and birth parent, before, during, and after pregnancy, particularly if planning to breastfeed.* Each kit contains: Prenatal Pro™ capsules, with essential vitamins and minerals for optimal fetal development and maternal health* OsteoForce™ provides chelated minerals for bone development and support* OmegaVail™ Hi-Po to support brain development, cellular function and repair, skin health, and neurological function*		

Q-Evail™ 200

Dose	1 softgel per day with a meal	Duration	Ongoing
Formula Highlights	Q-Evail® 200 offers 200 mg of highly bioavailable ubiquinone coenzyme Q10 (CoQ10) in easy-to-swallow softgels. It is manufactured by a proprietary emulsification process that uses DeltaGold® tocotrienols, medium-chain triglycerides (MCT), and sunflower lecithin, and it is free of polysorbates, castor oil, and polyoxyethylated chemicals.		

For a list of references cited in this document, please visit:

<https://www.designsforhealth.com/api/library-assets/literature-reference---female-fertility-protocol-references>

Dosing recommendations are given for typical use based on an average 150 pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*. St. Louis, MO: Mosby-Elsevier; 2008.

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