

# Fertility Solutions

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## 3-Month IVF & IUI Nutrition Plan

*Evidence-Based Nutrition to Prepare Your Body for Treatment*

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### What this plan is

This plan translates the current evidence on nutrition and IVF/IUI outcomes into practical, daily eating guidance. It is structured across three months because egg quality takes 2–3 months to respond to nutritional changes — and sperm quality takes a full 74 days from production to ejaculation.

The plan is built around the Mediterranean dietary pattern, which has the strongest evidence base of any pre-defined diet for ART outcomes. A 2024 literature review found that higher adherence was associated with improved clinical pregnancy rates (OR 1.4, 95% CI 1.0–1.9) and live birth rates (RR 2.64, 95% CI 1.37–5.07) in women undergoing IVF (Rolland et al., *Nutrients* 2024).

The goal is not perfection. Research consistently shows that 80% adherence to a dietary pattern produces meaningful results — and that rigid, all-or-nothing approaches create stress that itself impairs fertility. This plan is designed to be achievable alongside a normal life.

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### What this plan is not

*This plan does not replace your registered dietitian, your reproductive endocrinologist, or your personalised supplement protocol. Nutrition is one component of a multi-part preparation. It works alongside medical evaluation, supplement support, lifestyle optimisation, and emotional preparation — not instead of any of them.*

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# The Fertility-Supportive Diet — Core Principles

The Mediterranean dietary pattern consistently shows the strongest evidence for ART outcomes of any pre-defined diet. It is also the most practical to adapt for South African, African, Middle Eastern, and international contexts — because it is a pattern, not a rigid prescription. You do not need to eat Greek food to follow it.

## WHAT TO EAT MORE OF — THE FOUNDATION OF YOUR PLAN

- ★ **Oily fish (salmon, sardines, mackerel)** — 2–3 servings/week — omega-3 supports embryo membrane quality
- ★ **Leafy dark greens (spinach, morogo, kale)** — Folate, iron, and antioxidants daily
- ★ **Colourful vegetables** — Antioxidants — tomatoes, beetroot, butternut, peppers
- ★ **Legumes and beans** — Protein, folate, fibre — lentils, chickpeas, black beans
- ★ **Whole grains** — Brown rice, oats, sorghum, millet, wholewheat bread
- ★ **Olive oil** — Primary cooking and dressing fat — 2–4 tbsp daily
- ★ **Berries (blueberries, strawberries)** — Antioxidants — protect eggs and sperm from oxidative damage
- ★ **Nuts and seeds** — Walnuts, almonds, pumpkin seeds — healthy fats and zinc
- ★ **Eggs** — Complete protein, choline (critical for embryo development)
- ★ **Full-fat dairy (yoghurt, cheese)** — Moderate evidence supports full-fat over low-fat for fertility
- ★ **Avocado** — Healthy fats, folate, potassium
- ★ **Sweet potato and orange-fleshed veg** — Beta-carotene converts to Vitamin A — supports implantation

## AFRICAN AND SA FOODS THAT FIT PERFECTLY

Traditional African foods are highly compatible with the fertility-supportive dietary pattern. You do not need to abandon familiar foods or adopt a Western diet. The following traditional and locally available foods are excellent choices:

- ✓ **Morogo / wild spinach** — Rich in folate, iron, and antioxidants
- ✓ **Sorghum and millet** — Whole grain staples — better than refined maize
- ✓ **Cowpeas and sugar beans** — Excellent plant protein and folate
- ✓ **Rooibos tea (unfermented)** — Antioxidant-rich, caffeine-free — safe during preparation
- ✓ **Butternut and pumpkin** — Beta-carotene, Vitamin C
- ✓ **Dried fruit (dates, apricots)** — Iron, fibre — moderate portions
- ✓ **Mackerel and pilchards (tinned)** — Affordable omega-3 source
- ✓ **Amasi / maas** — Fermented dairy — gut health, protein, calcium

## WHAT TO REDUCE OR AVOID

Avoid or eliminate	Reduce significantly	Fine in moderation
Trans fats (processed snacks, fast food, margarine)	Ultra-processed foods, white bread, instant noodles	Red meat (1–2 servings/week max)
Alcohol — especially from month before stims	Added sugar and sugary drinks	Coffee — max 1–2 cups/day (<200 mg caffeine)
High-mercury fish (shark, swordfish, tilefish, king mackerel)	Refined carbohydrates (cakes, biscuits, white rice in excess)	Organic soy in moderate amounts (tofu, edamame)
Unpasteurised dairy and soft cheeses (food safety)	Processed meats (polony, vienna sausages, biltong in excess)	Dark chocolate 70%+ — fine and beneficial in small amounts

## KEY NUTRIENTS TO PRIORITISE — AND WHY

Nutrient	Role in IVF/IUI	Best food sources
Folate / Folic acid	Neural tube protection, supports ovulation and egg quality — essential	Dark leafy greens, legumes, avocado, fortified cereals, eggs
Omega-3 (DHA/EPA)	Embryo membrane quality, anti-inflammatory, supports endometrial receptivity	Oily fish, walnuts, flaxseed, chia seeds, algae-based supplement
Antioxidants (Vit C, E, beta-carotene)	Protect eggs and sperm from oxidative stress — major cause of poor ART outcomes	Berries, citrus, peppers, tomatoes, sweet potato, spinach, nuts
Iron	Ovulatory function — deficiency linked to anovulation	Red meat (in moderation), dark leafy greens, legumes, fortified cereals (with Vit C)
Vitamin D	Implantation, endometrial receptivity, ovarian function	Sunlight (primary), oily fish, eggs, fortified dairy — test levels first
Choline	Critical for embryo brain development — often overlooked	Eggs (yolk), liver, fish, soybeans
Zinc	Egg maturation, cell division, progesterone production	Oysters, beef, pumpkin seeds, lentils, nuts
Selenium	Antioxidant — thyroid function, egg quality	Brazil nuts (1–2/day = full dose), fish, eggs, sunflower seeds
CoQ10 (via food)	Mitochondrial energy in developing eggs	Organ meats, beef, sardines, mackerel, peanuts — supplement required for full dose
Iodine	Thyroid health critical for IVF — deficiency impairs ovulation	Seaweed, seafood, dairy, iodised salt

# Supplement Protocol

Supplements are not a substitute for a good diet — they are a targeted addition to fill gaps that food alone cannot reliably cover, particularly at the doses shown to have clinical effect. Confirm all supplements with your RE or dietitian before starting, especially if you are on prescribed medication.

## FEMALE SUPPLEMENT PROTOCOL — MONTHS 1–3

Supplement	Dose	Timing	Why it matters
<b>Folic acid / Folate</b>	400–800 mcg	Morning with food	Prevents neural tube defects; supports ovulation and egg quality. Strong evidence. Non-negotiable. SA: Solal, Dis-Chem. International: FullWell, Ritual.
<b>Prenatal multivitamin</b>	As directed	Morning with food	Covers foundational micronutrients — iron, B12, iodine, zinc, choline. Choose one with methylfolate for better absorption. SA: Natrodale, Solal MomStart. Intl: FullWell.
<b>CoQ10 (ubiquinol form)</b>	200–400 mg	With fatty meal	Supports mitochondrial energy in maturing eggs — particularly important age 35+. Takes 2–3 months for full effect. SA: Solal, Metagenics. Intl: Ovatera, FullWell.
<b>Vitamin D3 + K2</b>	1,000–2,000 IU D3	With fat-containing meal	Test levels first. Supplement only if below 75 nmol/L. Supports implantation and endometrial receptivity. SA: Solal, Dis-Chem. Intl: Any quality D3/K2 combo.
<b>Omega-3 (DHA/EPA)</b>	1,000 mg	With main meal	Supports embryo membrane quality and anti-inflammatory environment. Algae-based option for those avoiding fish. SA: Bio-Life, Solal. Intl: Nordic Naturals, FullWell.
<b>Myo-inositol (PCOS only)</b>	2–4 g	Split dose AM/PM	Strong evidence for PCOS — improves insulin sensitivity, ovulation frequency, and egg quality. SA: Sinopol Her (Dis-Chem/Clicks). Takes 2–3 months for effect.
<b>Vitamin C</b>	500 mg	Morning	Antioxidant support for egg quality. Especially useful with iron absorption from plant foods. SA: any pharmacy brand.

## MALE SUPPLEMENT PROTOCOL — MONTHS 1–3

Sperm production takes 74 days (spermatogenesis). Supplements started now will affect the sperm available at treatment. Consistency for the full 3 months is essential.

Supplement	Dose	Timing	Why it matters
<b>CoQ10</b>	200–300 mg	With fatty meal	Strongest evidence for male fertility — improves sperm motility and concentration. Takes 3 months. SA: Solal CoQ10. Intl: FullWell Male Fertility, Overture.
<b>Vitamin C</b>	500–1,000 mg	Morning	Reduces sperm DNA fragmentation caused by oxidative stress. Essential antioxidant for sperm health.
<b>Vitamin E</b>	400 IU	With fat-containing meal	Synergistic antioxidant with Vitamin C. Fat-soluble — must be taken with food.
<b>Folate</b>	400–800 mcg	Morning	May improve sperm count and DNA integrity. SA: Sinopol Him (Dis-Chem/Clicks) contains this.

Supplement	Dose	Timing	Why it matters
<b>L-carnitine</b>	2–3 g	Split dose AM/PM	May improve sperm motility — particularly useful for asthenospermia. SA: Solal, Dis-Chem. Takes 3 months.
<b>Zinc (if deficient)</b>	25–50 mg	With food	Test levels first. Do not exceed 50 mg daily — over-supplementation impairs immunity. Essential for testosterone production.
<b>Selenium</b>	100–200 mcg	Morning	Antioxidant for sperm protection. Alternatively: 2 Brazil nuts/day provides approximately 200 mcg selenium.

**WHAT NOT TO TAKE — AND WHAT TO STOP**

Stop all herbal supplements, fertility teas, and traditional remedies not cleared by your RE from the month before stims. Many herbs interact with ovarian stimulation medications. This is a safety step, not a dismissal of traditional medicine — discuss openly with your RE and do not assume anything is safe without asking.

Avoid entirely	Why
High-dose Vitamin A (>5,000 IU retinol form)	Teratogenic at high doses — choose beta-carotene from food instead
High-dose Vitamin E (>800 IU)	May inhibit vitamin K — blood thinning at high doses
Most proprietary 'fertility blend' supplements	Usually underdosed, overpriced, with unverified claims — individual supplements are more reliable and evidence-based
Anabolic steroids (male)	Causes azoospermia — zero sperm production. Stop immediately. Recovery takes 6–18 months.
Phytoestrogen mega-doses (soy isoflavone pills)	High-dose isoflavone supplements may affect hormonal signalling — moderate whole food soy (tofu, edamame) is fine

# Month-by-Month Meal Plans & Shopping Guidance

## MONTH 1 Build the Foundation

*Establishing eating habits that will carry you through all three months*

Month 1 is about the 80% shift — moving from your current eating pattern toward the fertility-supportive framework. Do not attempt to change everything at once. Focus on the additions listed below. The foods you add matter as much as the foods you remove.

### MONTH 1 FOCUS FOODS — ADD THESE THIS MONTH

- Dark leafy greens daily — spinach, morogo, kale, Swiss chard (aim for at least 1 cup cooked or 2 cups raw)
- Oily fish twice a week — salmon, sardines, mackerel, trout, pilchards (tinned counts)
- Legumes at least 4 times per week — lentils, chickpeas, black beans, sugar beans
- Olive oil as your primary cooking fat — replace sunflower oil and margarine
- Berries daily — fresh or frozen, blueberries, strawberries, raspberries
- Whole grains instead of refined — swap white bread for wholewheat, white rice for brown rice or sorghum
- Nuts daily — a small handful of walnuts and almonds

### MONTH 1 — SAMPLE 7-DAY MEAL PLAN (FEMALE PARTNER)

Day	Breakfast	Lunch	Dinner	Snack
Mon	Oats with berries, walnuts and a drizzle of honey	Lentil and vegetable soup with wholewheat bread	Grilled salmon with roasted sweet potato and spinach	Apple + almond butter
Tue	Scrambled eggs with spinach on wholewheat toast + rooibos	Large salad — chickpeas, avocado, tomato, cucumber, olive oil dressing	Chicken thighs with morogo, brown rice and roasted peppers	Greek yoghurt with berries
Wed	Full-fat Greek yoghurt with flaxseed, banana and mixed nuts	Sardine open sandwich on rye with cucumber and lemon	Lentil dahl with spinach, brown basmati rice	Boiled egg + carrot sticks
Thu	Berry smoothie — frozen berries, spinach, banana, full-fat milk, chia seeds	Leftover lentil dahl + large green salad	Beef stir-fry with broccoli, bok choy, sesame oil, brown rice	Handful of walnuts + dark chocolate (2 squares)
Fri	Poached eggs on wholewheat toast with avocado and tomato	Chickpea and roasted vegetable wrap with tahini	Baked mackerel with lemon, roasted butternut and green beans	Rooibos with dates and almonds
Sat	Weekend: Smoked salmon frittata with spinach, feta, olive oil	Homemade lentil and butternut soup with seed loaf	Lamb shank (small portion) with lentils, roasted root vegetables	Full-fat yoghurt with honey
Sun	Chia pudding — chia seeds, full-fat coconut milk, mango, berries	Tuna and avocado salad with wholewheat crackers and tomato	Whole roast chicken with roasted vegetables and quinoa	Boiled eggs + rooibos

### MONTH 1 SHOPPING LIST — WEEKLY STAPLES

Produce & protein	Grains, legumes & pantry	Dairy, fats & extras
<ul style="list-style-type: none"> <li>• Spinach or morogo (large bag)</li> <li>• Salmon or mackerel (2–3 fillets)</li> <li>• Sardines tinned (×4)</li> <li>• Eggs (×12)</li> <li>• Chicken thighs (500g)</li> <li>• Berries frozen (500g)</li> <li>• Avocado (×3)</li> <li>• Sweet potato (×4)</li> <li>• Broccoli, peppers, tomatoes</li> <li>• Bananas, apples</li> </ul>	<ul style="list-style-type: none"> <li>• Brown rice or sorghum</li> <li>• Red lentils (500g)</li> <li>• Chickpeas tinned (×3)</li> <li>• Whole oats</li> <li>• Wholewheat bread or seed loaf</li> <li>• Rye crackers</li> <li>• Walnuts and almonds (small bags)</li> <li>• Dates</li> <li>• Flaxseed / chia seeds</li> <li>• Dark chocolate 70%+</li> </ul>	<ul style="list-style-type: none"> <li>• Full-fat Greek yoghurt</li> <li>• Full-fat milk</li> <li>• Feta cheese</li> <li>• Extra virgin olive oil</li> <li>• Almond butter</li> <li>• Rooibos teabags</li> <li>• Coconut milk tinned</li> <li>• Tahini</li> </ul>

## MONTH 2 Refine and Optimise

*Deepen your nutritional protocol, add targeted foods for egg and sperm quality*

By Month 2 the dietary shifts from Month 1 should feel established. The focus now is on the specific nutrients that most directly influence egg mitochondrial function, ovarian response to stimulation, and sperm DNA integrity. This is when nutrition genuinely begins to affect the eggs and sperm that will be used in your cycle.

### MONTH 2 ADDITIONS — TARGETED FOODS

- Increase CoQ10-containing foods: organ meats (liver — once/week), sardines, mackerel, beef, peanuts
- Selenium-rich foods daily: 1–2 Brazil nuts provides a full daily dose
- Choline emphasis: egg yolks daily if possible (at least 4–5 eggs/week), fish, soy
- Iodine sources: seafood twice/week, iodised salt, dairy — critical for thyroid function
- Fermented foods for gut health: amasi, maas, kefir, kimchi, sauerkraut, miso — supports nutrient absorption
- Reduce red meat to 1–2 servings/week maximum — prioritise fish, legumes, and poultry

### MONTH 2 — FOCUS ON ANTI-INFLAMMATORY EATING

Inflammation is one of the mechanisms through which poor diet impairs IVF outcomes. A 2023 study found that a pro-inflammatory diet increased the likelihood of infertility in women by 86%. The following anti-inflammatory additions are worth emphasising in Month 2.

Anti-inflammatory food	How to include it	Why it matters
Turmeric	Add to scrambled eggs, soups, rice, golden milk	Curcumin reduces inflammatory markers linked to poor ovarian response
Ginger (fresh)	Add to stir-fries, smoothies, teas	Anti-inflammatory and digestive — ginger tea with lemon is a useful rooibos alternative
Oily fish (increased)	3 servings/week minimum in Month 2	Omega-3 EPA and DHA directly reduce prostaglandins that impair implantation
Olive oil (extra virgin)	Use cold on salads as well as cooking	Oleocanthal — natural anti-inflammatory. Cold use preserves active compounds
Dark chocolate 70%+ (small amount)	2–3 squares daily as a snack	Flavonoids reduce oxidative stress. Do not exceed 30g daily
Green tea (max 1–2 cups)	Replace one coffee — keep below 200 mg caffeine total	EGCG antioxidants — some evidence for improved oocyte quality

### MONTH 2 — SAMPLE 7-DAY MEAL PLAN

Day	Breakfast	Lunch	Dinner	Snack
Mon	Eggs (2) with avocado, spinach, turmeric scramble + rooibos	Mackerel on rye with cucumber, olive oil, lemon	Lentil and sweet potato curry with brown rice + morogo	2 Brazil nuts + berries
Tue	Chia pudding with kefir, berries, flaxseed and 1 tsp turmeric	Chickpea, roasted pepper and feta salad with olive oil	Grilled salmon, quinoa, broccoli and ginger-sesame dressing	Yoghurt + walnuts

Day	Breakfast	Lunch	Dinner	Snack
Wed	Greek yoghurt, berries, honey, pumpkin seeds, 2 Brazil nuts	Beef liver (small portion) with onions and tomato, wholewheat roll	Chicken and vegetable soup with lentils, barley	Apple + almond butter
Thu	Smoothie — spinach, berries, banana, full-fat milk, chia, ginger	Sardine and avocado salad, rye crackers, tomato	Chickpea and spinach stew, brown rice, roasted butternut	Dark chocolate (2 squares) + almonds
Fri	Poached eggs with smoked salmon on rye, avocado, lemon	Large mixed salad — tuna, egg, legumes, olives, olive oil dressing	Whole sea bass baked with lemon, garlic, olive oil, roasted courgettes	Kefir or amasi with berries
Sat	Shakshuka — eggs poached in spiced tomato and pepper sauce, feta	Lentil soup with seed bread + large side salad	Lamb and white bean stew with morogo and barley	Dates and almonds
Sun	Overnight oats — oats, full-fat milk, chia, walnuts, banana, honey	Grilled mackerel with roasted potato wedges, rocket salad	Roast chicken, roasted root vegetables, braised lentils	2 Brazil nuts + dark chocolate

## MONTH 3 Pre-Cycle Precision

*Fine-tune for stimulation — what to emphasise and what to stop before your cycle begins*

Month 3 is the month before or during your treatment cycle. The nutritional emphasis shifts slightly — from building reserves to protecting what you have built and optimising the environment for stimulation response and implantation. Some additional restrictions apply from this point.

### MONTH 3 — ADDITIONAL RESTRICTIONS BEFORE STIMS

- Alcohol: eliminate completely from the month before your stimulation begins, if not already done
- Caffeine: reduce to a maximum of 1 cup of coffee daily (or switch entirely to rooibos, herbal tea, or decaf)
- Raw fish (sushi, sashimi): avoid from egg retrieval through to beta day — food safety during treatment
- High-mercury fish: already avoided — confirm this is in place (shark, swordfish, king mackerel, tilefish)
- Stop all non-approved supplements 2 weeks before stims — confirm with your clinic which to continue
- Unpasteurised dairy and soft cheeses: avoid from retrieval onwards — food safety

### MONTH 3 — WHAT TO EMPHASISE BEFORE AND DURING STIMS

- Hydration: increase water intake to 2–2.5 litres daily during stimulation — fluid supports follicle development and reduces OHSS risk
- Protein at every meal: aim for 20–30g per meal — supports follicle development during stims
- Continue oily fish 2–3×/week throughout
- Maintain dark leafy greens and colourful vegetables daily
- Avoid inflammatory foods completely: no ultra-processed food, no trans fats, no added sugar
- Continue all approved supplements as directed by your RE

### OHSS PREVENTION THROUGH DIET — IMPORTANT FOR HIGH-RISK RESPONDERS

Ovarian Hyperstimulation Syndrome (OHSS) is a risk for women with high antral follicle counts (>20), high AMH, PCOS, or previous OHSS. Nutrition plays a role in risk management. If your RE has indicated you are at risk, these dietary steps are important additions to any clinical OHSS protocol.

OHSS nutrition step	Why it helps
High protein intake during stims (1.5–2 g/kg body weight)	Albumin supports oncotic pressure — may reduce fluid shifts that cause OHSS
2–2.5 litres fluid daily — water, electrolyte drinks, coconut water	Hydration reduces blood viscosity and supports renal clearance
Reduce simple carbohydrates during stims	Reduces insulin spikes that may worsen OHSS in PCOS-related cycles
Increase sodium cautiously if experiencing fluid retention	Seek specific RE guidance — sodium balance is complex in OHSS
Small, frequent meals if nausea present	OHSS causes gastrointestinal pressure — smaller meals are more tolerable
Avoid alcohol completely — already required	Diuretic effect worsens dehydration risk in OHSS

### MONTH 3 — SAMPLE 7-DAY MEAL PLAN (PRE-CYCLE)

Day	Breakfast	Lunch	Dinner	Snack
Mon	Greek yoghurt with berries, granola (no added sugar), chia	Grilled chicken salad — large, colourful, olive oil dressing	Salmon with roasted sweet potato, steamed broccoli, lemon butter	Almonds + 2 Brazil nuts

Day	Breakfast	Lunch	Dinner	Snack
Tue	3-egg omelette with spinach, feta, tomato + rooibos	Lentil and roasted vegetable soup, wholewheat roll	Sea bass baked with olives, capers, tomato, courgette	Full-fat yoghurt with honey
Wed	Overnight oats with full-fat milk, walnuts, banana, flaxseed	Tuna, chickpea and avocado salad with rye crackers	Chicken stir-fry with morogo, brown rice, ginger, sesame	Berries + dark chocolate
Thu	Smoked salmon, scrambled eggs, avocado, wholewheat toast	Large spinach salad — boiled eggs, sardines, olives, tahini dressing	Beef fillet (small) with roasted root vegetables, lentil side	2 Brazil nuts + dates
Fri	Protein smoothie — Greek yoghurt, berries, banana, spinach, almond milk	Chickpea and butternut soup with seed bread	Grilled mackerel, quinoa, roasted peppers, rocket and lemon	Apple + almond butter
Sat	Eggs benedict variation — poached eggs, smoked salmon, wholewheat muffin	Salmon poke bowl — salmon, brown rice, avocado, edamame, cucumber	Lamb chops (small) with lentils braised in tomato, roasted beetroot	Kefir or amasi
Sun	Vegetable frittata — eggs, spinach, pepper, feta, olive oil	Grilled chicken wrap with avocado, tomato, leafy greens, hummus	Whole baked chicken with roasted root vegetables and side salad	Walnuts + 2 squares dark chocolate

# Practical Guidance — Hydration, Budget & Eating Out

## HYDRATION

Adequate hydration is often overlooked in fertility nutrition. During stimulation, follicles are fluid-filled structures — hydration directly supports their development. Aim for 2–2.5 litres of water daily during your cycle. Outside of stims, 1.5–2 litres is the minimum target.

Drink freely	Drink moderately	Avoid or minimise
Water (still or sparkling)	Rooibos tea (any amount — caffeine-free)	Alcohol — eliminate from month before stims
Herbal teas (rooibos, chamomile, peppermint, ginger)	Green tea — max 1–2 cups (contains some caffeine)	Energy drinks — high caffeine, sugar, synthetic additives
Coconut water (small amounts, no added sugar)	Coffee — max 1 cup/day (<200 mg caffeine total)	Soft drinks and fruit juice — high sugar, inflammatory
Diluted fruit-infused water	Full-fat milk and dairy in meals	Excessive green or black tea (caffeine)

## BUDGET-FRIENDLY APPROACH — SA CONTEXT

The fertility-supportive diet does not require expensive imported or 'superfood' products. The following substitutions make the plan accessible at a range of budgets. A typical weekly grocery spend of R600–800 can cover the core items for one person.

Expensive option	Affordable equivalent — same nutritional value
Fresh salmon (R150+/kg)	Tinned pilchards or mackerel in tomato sauce (R15–25/tin) — equivalent omega-3
Imported blueberries	Frozen mixed berries (R40–60/500g) — same antioxidant value, often more consistent
Quinoa	Sorghum or millet — traditional South African whole grains with excellent nutritional profile
Imported nuts and seeds	Raw peanuts, sunflower seeds, local almonds — comparable nutrients at lower cost
Organic produce	Conventional produce is fine — wash thoroughly. Organic is not required for fertility benefit.
Chia seeds	Flaxseed (ground) — same omega-3, same fibre, significantly cheaper
Kale	Spinach or morogo — equivalent nutrition, widely available, often much cheaper
Supplement-brand omega-3	Tinned sardines or pilchards 3×/week provides equivalent EPA/DHA at fraction of cost

## EATING OUT — HOW TO NAVIGATE RESTAURANTS AND SOCIAL OCCASIONS

- Default to fish or chicken-based dishes over red meat or fried options
- Ask for olive oil and vinegar dressing instead of commercial creamy dressings
- Swap chips / fries for a salad or roasted vegetables — most restaurants accommodate this
- Order a side salad as an additional vegetable — eating out rarely includes enough vegetables
- Avoid anything described as battered, fried, creamy, or 'loaded'
- A glass of sparkling water with lemon is a useful non-alcoholic option that does not invite questions

- You do not need to explain your dietary choices to others — 'I'm just eating lighter at the moment' is enough

#### **MEAL PREP STRATEGIES — FOR TIME-POOR WEEKS**

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- Sunday batch cook: a pot of lentils or legumes, roasted vegetables, brown rice — provides 3–4 lunches
- Freeze: lentil soup, chickpea curry, and legume-based stews freeze perfectly in individual portions
- Boil 6 eggs on a Sunday — instant snacks, salad toppers, quick breakfasts all week
- Keep frozen berries, frozen spinach, and tinned fish as pantry staples — quick nutrient-dense meals
- Overnight oats take 3 minutes to prepare the night before — no willpower required in the morning
- A large salad base in the fridge (undressed) keeps for 3 days — add protein and dressing when serving

# Male Partner Nutrition — 3 Months

Sperm takes 74 days to produce from start to maturity. The dietary choices you make today will directly affect the sperm that is used in your IVF or IUI cycle. The good news: sperm responds more quickly and more predictably to nutritional improvement than eggs do. Three months of consistent effort produces measurable results.

## THE MALE FERTILITY DIET — WHAT THE EVIDENCE SHOWS

A 2025 systematic review and meta-analysis (Ricci et al., ScienceDirect) found that Mediterranean diet adherence in men was significantly associated with improved sperm count (+24.37M per mL), total motility (+8.81%), progressive motility (+7.49%), and normal morphology (+1.02%). The evidence for male fertility nutrition is now substantial.

## PRIORITY FOODS FOR SPERM QUALITY

- ★ **Walnuts** — Omega-3 and antioxidants — one of the most studied foods for sperm quality
- ★ **Tomatoes and lycopene** — Lycopene in cooked tomatoes — linked to improved sperm motility
- ★ **Oily fish** — Omega-3 DHA is a structural component of sperm membrane
- ★ **Dark chocolate 70%+** — Arginine and antioxidants — support sperm count and motility
- ★ **Legumes and beans** — Plant protein and folate — supports sperm DNA integrity
- ★ **Pumpkin seeds** — Zinc and antioxidants — support testosterone and sperm count
- ★ **Brazil nuts (1–2/day)** — Selenium — antioxidant critical for sperm production. Do not exceed 3/day
- ★ **Avocado** — Vitamin E, folate, healthy fats
- ★ **Eggs** — Complete protein, selenium, Vitamin D
- ★ **Leafy greens** — Folate — reduces sperm DNA fragmentation

## WHAT TO AVOID — MALE-SPECIFIC

Avoid	Impact on sperm
Anabolic steroids	CRITICAL: causes azoospermia (zero sperm) — stop immediately, disclose to RE
Cannabis	Reduces sperm count, motility, and increases DNA fragmentation
Smoking	Increases DNA fragmentation, reduces count and motility, worsens ICSI outcomes
Excessive alcohol (>7 standard drinks/week)	Reduces testosterone, impairs sperm production, increases DNA fragmentation
Soy isoflavone supplements (high dose)	May weakly affect testosterone — whole food soy in normal amounts is fine
Processed meats in excess	Trans fats and preservatives associated with lower sperm concentration
High-mercury fish	Mercury accumulates in testes — shark, swordfish, king mackerel, tilefish

## MALE SAMPLE 5-DAY MEAL PLAN

Day	Breakfast	Lunch	Dinner	Snack
Mon	Oats, walnuts, banana, full-fat milk	Tuna and chickpea salad, olive oil, rye bread	Grilled salmon, brown rice, broccoli, tomato salsa	Almonds + dark chocolate
Tue	3 eggs scrambled with tomato, spinach on wholewheat toast	Lentil soup with seed roll + side salad	Chicken stir-fry with morogo, pumpkin seeds, brown rice	2 Brazil nuts + apple

Day	Breakfast	Lunch	Dinner	Snack
Wed	Smoothie: berries, walnuts, banana, Greek yoghurt, flaxseed	Sardines on rye, large tomato and avocado side	Beef mince (lean) with lentils, tomato sauce, brown rice	Pumpkin seeds + rooibos
Thu	Greek yoghurt with berries, granola, 2 Brazil nuts	Grilled chicken wrap, avocado, leaves, tomato, hummus	Mackerel baked with lemon, roasted courgettes, quinoa	Dark chocolate + almonds
Fri	Smoked salmon, poached egg, avocado, wholewheat toast	Large salad: tuna, egg, chickpeas, olive oil, lemon	Lamb chop (small) with lentils, roasted root vegetables	Walnuts + berries

## Sources, Disclaimer & Next Steps

### EVIDENCE BASE

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### MEDICAL DISCLAIMER

This nutrition plan provides evidence-based educational guidance and does not constitute personalised medical or dietetic advice. All supplement recommendations should be confirmed with your reproductive endocrinologist and a registered dietitian before starting, particularly if you are taking prescribed medication. Nutrient needs during IVF stimulation may differ from general preconception recommendations — always follow your clinic's specific instructions during your cycle. This document requires review by a registered dietitian (ADSA-registered for SA clients) before use in clinical or client-facing contexts.

### YOUR NEXT STEP

This nutrition plan is most effective when it forms part of a comprehensive fertility preparation plan that includes medical evaluation, supplement support, lifestyle optimisation, and emotional preparation. The Fertility Solutions Concierge can help you bring all of these together into a coherent, personalised plan for your specific situation.