

Fertility Solutions

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3-Month Pre-Treatment Checklist

IVF & IUI Preparation — Female Partner, Male Partner & Shared Steps

How to use this checklist

This checklist is divided into three sections: Female Partner, Male Partner, and Both Partners. Work through all three — fertility preparation is a shared journey. Tick each item as you complete it.

Egg and sperm quality both require approximately 2–3 months to respond to lifestyle changes. Starting all three months before your cycle gives your treatment the best possible foundation.

Evidence badges used throughout:

Strong evidence

Good evidence

Stop now

Do this first

Section 1 — Female Partner

MONTH 1 — Start here

Foundations — supplements, medical admin, and lifestyle basics

Egg quality takes 2–3 months to respond to lifestyle changes. Starting now means your eggs will be in their best possible condition by treatment day. These are not optional extras — they are evidence-based preparation.

SUPPLEMENTS TO START IMMEDIATELY

Begin folic acid 400–800 mcg daily

Essential before and during pregnancy — prevents neural tube defects, supports ovulation. Take with breakfast. SA: Solal, Dis-Chem Prenatal. International: FullWell, Ritual Essential Prenatal.

Strong evidence

Start a quality prenatal vitamin

SA brands: Natrodale Prenatal, Solal MomStart. International: FullWell, OVUM (UK), Ovatera (USA). Covers your foundational micronutrient needs.

Strong evidence

Begin CoQ10 200–400 mg daily (ubiquinol form preferred)

Ubiquinol is better absorbed than ubiquinone. Supports mitochondrial energy in maturing eggs. Takes 2–3 months for full effect — start now.

Good evidence

Get your Vitamin D level tested before supplementing

Many women are deficient. If below 75 nmol/L, supplement 1,000–2,000 IU daily with Vitamin K2. Do not supplement without testing first.

Good evidence

MEDICAL ADMIN — COMPLETE IN MONTH 1

Book a consultation with a reproductive endocrinologist (RE)

If you have not yet seen one, this is the priority. Lifestyle optimisation runs alongside — not instead of — your medical workup.

Do this first

Complete your pre-treatment blood panel

AMH, Day 3 FSH, LH, oestradiol, progesterone, thyroid (TSH, T4), full blood count, rubella immunity, blood group, STI screening. Confirm with your clinic.

Do this first

Request Vitamin D, iron (ferritin), and B12 blood levels

Supplement only what you are deficient in. Over-supplementing iron and B12 is harmful.

Good evidence

Review all current medications with your RE

Some medications are contraindicated in IVF/IUI cycles. Disclose everything including OTC supplements.

Do this first

LIFESTYLE — WHAT TO START NOW

- Stop smoking completely — today if possible**
Smoking reduces IVF success rates by approximately 50%. Accelerates ovarian aging and increases miscarriage risk.
Strong evidence

- Reduce alcohol to a maximum of 1–2 drinks per week or eliminate entirely**
Most specialists recommend complete elimination from the month before stims. Many couples choose to stop now.
Good evidence

- Limit caffeine to under 200 mg daily (approximately 2 cups of coffee)**
High caffeine (>300 mg) is associated with reduced fertility and increased miscarriage risk.
Good evidence

- Establish a moderate exercise routine — 150 minutes per week**
Walking, swimming, yoga, cycling, moderate strength training. Avoid hot yoga, marathon training, and extreme CrossFit.
Good evidence

MONTH 2 — Build on the foundation

Refine nutrition, add targeted supplements, begin emotional preparation

By Month 2 your CoQ10 is beginning to work at the cellular level. Fine-tune your nutrition, address any deficiencies found in Month 1 bloods, and begin building the emotional scaffolding for treatment.

SUPPLEMENTS TO ADD IN MONTH 2

- Consider omega-3 (DHA/EPA) 1,000 mg daily**
Evidence for fertility specifically is moderate, but omega-3 supports embryo development and general hormone health. Fish oil or algae-based. Take with a meal.
Good evidence

- If you have PCOS: add myo-inositol 2–4 g daily**
Strong evidence for PCOS — improves insulin sensitivity, ovulation frequency, and egg quality. SA: Sinopol Her (Dis-Chem/Clicks). International: standalone myo-inositol powder.
Strong evidence

- Stop all herbal supplements, fertility teas, and traditional remedies unless cleared by your RE**
Many herbs interact with fertility medications or affect hormone levels. Discuss any traditional medicine use with your RE openly.
Stop now

NUTRITION — WHAT TO FOCUS ON

- Shift to a Mediterranean-style eating pattern**
Vegetables, fruits, whole grains, legumes, fish, olive oil, nuts. Reduces inflammation and is associated with better IVF outcomes. 80% adherence is meaningful.
Good evidence

- Reduce ultra-processed foods and added sugar**
These promote insulin resistance and inflammation, both of which can impair ovulation and implantation.
Good evidence
- Ensure adequate protein at each meal**
Aim for 1.2–1.6 g per kg body weight daily. Eggs, legumes, fish, chicken, Greek yoghurt, nuts.
Good evidence
- If BMI is outside 20–25: work with a dietitian on gradual weight adjustment**
Target 0.5 kg per week. Crash diets are counterproductive and disrupt hormonal balance.
Good evidence

EMOTIONAL AND RELATIONSHIP PREPARATION

- Book a session with a fertility-aware psychologist or counsellor**
Having coping strategies in place before you need them is the most protective thing you can do.
Good evidence
- Have a direct conversation with your partner about expectations and communication during treatment**
What does support look like for each of you? These conversations are easier before the stress.
Good evidence
- Decide who else (if anyone) you will tell about your treatment**
Set boundaries early — unsolicited advice and constant checking-in is a major stressor during treatment.
Good evidence

MONTH 3 — Final preparation

Pre-treatment checks, complete the protocol, prepare for the cycle

Month 3 is when your optimisation effort lands. By now your egg quality has had the full benefit of 3 months of preparation. This month: complete the medical admin and prepare mentally for the cycle ahead.

MEDICAL CHECKS BEFORE TREATMENT

- Complete a dental check-up**
Active dental infections are associated with poorer IVF outcomes. A dental clean before your cycle is a genuine clinical recommendation.
Good evidence
- Discuss genetic carrier screening with your RE**
Carrier screening tests both partners for recessive genetic conditions. Results typically take 2–4 weeks — order now to ensure they are ready.
Good evidence
- Confirm your protocol, medication dates, and monitoring appointments with your clinic**
Know your start date, when to begin medications, and when your first scan is. Remove logistical uncertainty before the cycle.
Do this first

- Stop non-approved supplements 2 weeks before stims begin (unless your RE says otherwise)**

Some supplements may interfere with stimulation medications. When in doubt, ask rather than assume.

Do this first

LIFESTYLE — FINAL ADJUSTMENTS

- Prioritise 7–9 hours of sleep nightly**

Melatonin produced during sleep has antioxidant effects on maturing follicles. Poor sleep disrupts cortisol and insulin, both affecting ovarian response.

Good evidence

- Establish a daily stress reduction practice**

4-7-8 breathing, yoga, journaling, or meditation — 10 minutes daily. The TWW will be easier if this is already a habit.

Good evidence

- Avoid hot tubs, saunas, and very hot baths from now until beta day**

Core body temperature elevation is associated with implantation risk during stims and the TWW.

Good evidence

EMOTIONAL — FINAL PREPARATION

- Make a beta day plan — for both outcomes**

Who will be with you when the call comes? What will you do in the first hour if it is positive? If it is negative?

Good evidence

- Arrange flexibility at work for monitoring appointments**

Early morning scans are common during stimulation. Plan for this with your employer.

Good evidence

- Book a Discovery Call with Fertility Solutions if you have not already**

A concierge call gives you a personalised view of your timeline, protocol, and what to expect.

Good evidence

Section 2 — Male Partner

MONTH 1 — Start here

The 74-day sperm cycle — why starting now matters most

Sperm production (spermatogenesis) takes approximately 74 days. Every sperm used in your IVF or IUI cycle is being made right now. Lifestyle changes you make today will directly affect the quality of sperm available at treatment. Month 1 is the highest-impact month.

SUPPLEMENTS TO START IMMEDIATELY

- Begin CoQ10 200–300 mg daily**
Strongest evidence for male fertility. Improves sperm motility and concentration. Takes 3 months — this is why starting in Month 1 is essential. SA: Solal CoQ10. International: FullWell Male Fertility.
Strong evidence
- Start Vitamin C 500–1,000 mg daily**
Reduces sperm DNA fragmentation caused by oxidative stress. Take with breakfast.
Good evidence
- Add Vitamin E 400 IU daily**
Works synergistically with Vitamin C to reduce oxidative damage to sperm. Take with a meal containing fat (fat-soluble).
Good evidence
- Start folate 400–800 mcg daily**
May improve sperm count and DNA integrity. SA: Sinopol Him (Dis-Chem/Clicks) combines several of these.
Good evidence
- Consider L-carnitine 2–3 g daily**
May improve sperm motility — particularly relevant for poor motility results. Takes 3 months for effect.
Good evidence

MEDICAL ADMIN — COMPLETE IN MONTH 1

- Complete a semen analysis immediately if not done in the last 6 months**
Male factor contributes to approximately 50% of fertility challenges. This is the most important test a male partner can do. Interpret against WHO 2021 6th edition reference values.
Do this first
- Disclose all medications, supplements, and substances to the RE**
Anabolic steroids, some blood pressure medications, and other drugs directly suppress sperm production.
Do this first
- Test zinc level before supplementing**
If your diet is high in red meat and legumes, you may not be deficient. Test first. If deficient: 25–50 mg only. Do not mega-dose (>100 mg impairs immunity).
Good evidence

WHAT TO STOP IMMEDIATELY

- Stop anabolic steroids immediately if using**
Anabolic steroids cause azoospermia (zero sperm). Recovery can take 6–18 months. Disclose to your RE urgently. This is the single most important item on this list if it applies.
Stop now

- Stop cannabis completely**
Cannabis reduces sperm count, motility, and increases DNA fragmentation. Effects begin to reverse within the 74-day production cycle.
Stop now

- Stop smoking completely**
Smoking increases sperm DNA fragmentation, reduces count and motility, and worsens ICSI outcomes.
Stop now

MONTH 2 — Sustain and refine

Nutrition, heat management, alcohol, and lifestyle optimisation

Your supplement protocol is now working at the cellular level. Month 2 is about the lifestyle factors that run alongside — nutrition, heat, alcohol, and exercise — and completing any outstanding medical steps.

HEAT MANAGEMENT — CRITICAL FOR SPERM QUALITY

- Eliminate hot tubs, saunas, and very hot baths**
Sperm production requires scrotal temperature approximately 2–3°C lower than core body temperature. Heat exposure temporarily suppresses sperm production for weeks.
Strong evidence

- Stop using a laptop directly on your lap**
Heat from a laptop on bare thighs elevates scrotal temperature within minutes. Use a desk or lap tray.
Good evidence

- Switch to loose-fitting cotton boxer shorts**
Tight underwear raises scrotal temperature. Loose boxers allow better temperature regulation.
Good evidence

- Avoid heated car seats**
Prolonged heated seat use raises scrotal temperature. Turn off the seat heater.
Good evidence

- Review occupational heat or chemical exposures**
Bakers, welders, long-distance drivers, painters, and those working with pesticides or solvents face elevated risk. Discuss with your RE.
Good evidence

NUTRITION AND WEIGHT

- Increase antioxidant-rich foods daily**
Berries, dark leafy greens, tomatoes, walnuts, dark chocolate (70%+). These protect sperm from oxidative damage.
Good evidence

- If BMI is above 25: begin gradual weight loss — 0.5 kg per week**
Obesity increases scrotal temperature, raises oestrogen, and reduces testosterone. Even 5–10% body weight loss produces measurable improvements.
Good evidence

- Reduce alcohol to a maximum of 7 drinks per week — ideally less**
Heavy alcohol (>14 drinks/week) clearly reduces sperm count and increases DNA fragmentation.
Good evidence

EXERCISE

- Establish moderate exercise — 30–60 minutes most days**
Moderate exercise is associated with better sperm parameters and testosterone. Walking, cycling, swimming, moderate strength training.
Good evidence

- Avoid excessive endurance training and extreme bodybuilding during this period**
Marathon training and very high-volume bodybuilding can paradoxically impair sperm quality. Discuss with your RE if you are a serious athlete.
Good evidence

MONTH 3 — Final preparation

Last checks, emotional readiness, and your role in the cycle

The sperm being produced right now are the ones closest to your treatment date. You have done the work. This month: complete the final medical steps and prepare for your role in the cycle ahead.

FINAL MEDICAL STEPS

- Consider a repeat semen analysis if Month 1 results were abnormal**
A repeat test after 3 months gives you and your RE a clearer picture and helps plan the treatment approach (IUI vs IVF vs ICSI).
Good evidence

- Complete genetic carrier screening if your RE has recommended it**
Results typically take 2–4 weeks — order now to ensure they are ready before your cycle.
Good evidence

- Confirm sperm freezing arrangements with your clinic if required**
Some clinics require a backup frozen sample before treatment.
Good evidence

- Confirm STI screening is complete for both partners**
HIV, Hepatitis B, Hepatitis C, syphilis, chlamydia, gonorrhoea. Required before all SA fertility treatment. Ensure results are in the clinic file.
Do this first

PREPARING FOR THE CYCLE

- Understand the abstinence guideline for sample day**
Most clinics request 2–5 days abstinence. Too short (<2 days) reduces count; too long (>7 days) increases DNA fragmentation. Your clinic will give specific instructions.
Good evidence

- Ask your partner directly what support looks like during stims and the TWW**
Your partner is injecting daily medications, attending early morning scans, and managing significant anxiety. Specific support requests make a real difference.
Good evidence

- Have a plan for beta day — for both outcomes**
Think about where you will be, who else you will tell, and what the first hour looks like if the result goes either way.
Good evidence

Section 3 — Both Partners Together

MONTH 1 — Together from day one

Shared steps both partners take at the same time

Fertility preparation is a joint effort. The items in this section apply to both partners equally. Doing these together rather than separately protects your relationship through what will be a demanding process.

MEDICAL ADMIN — BOTH PARTNERS

- Attend your first RE consultation together**
Both partners should be present at the initial consultation. Male factor contributes to approximately 50% of cases — and even when it does not, the treatment affects both of you equally.
Do this first
- Complete STI screening for both partners**
Required before all fertility treatment in South Africa. HIV, Hepatitis B, Hepatitis C, syphilis, chlamydia, gonorrhoea. Book simultaneously.
Do this first
- Discuss genetic carrier screening with your RE**
Particularly relevant if either partner has a family history of a genetic condition. Both partners are tested together.
Good evidence
- Both partners: review all medications, supplements, and substances with the RE**
Nothing should be assumed to be safe unless confirmed. This includes traditional medicine and recreational substances.
Do this first

LIFESTYLE — SHARED CHANGES

- Both partners stop smoking**
Female smoking reduces IVF success by ~50%. Male smoking increases sperm DNA fragmentation. Stopping together removes secondhand exposure and conflict.
Strong evidence
- Align on alcohol as a couple**
It is much easier for one partner to reduce or eliminate alcohol if both do. Decide together what your approach will be.
Good evidence
- Protect sleep for both partners — 7–9 hours, consistent schedule**
Sleep disruption raises cortisol and disrupts the hormonal environment for both egg and sperm quality.
Good evidence

EMOTIONAL PREPARATION — TOGETHER

- Have an honest conversation about what each of you is most afraid of**
Not to fix it — just to say it out loud. Unspoken fears create distance during treatment.
Good evidence

- Agree on communication roles: who you tell, when, and how**
Family and friends asking constantly is one of the most frequently cited stressors. Decide in advance how you will handle questions.
Good evidence
- Identify one person outside your relationship who each of you can be honest with**
Someone who will listen without advice, comparison, or requiring you to manage their reaction.
Good evidence
- Consider booking a couples session with a fertility counsellor**
Couples who enter IVF with communication strategies in place report significantly better relational wellbeing through treatment.
Good evidence

MONTH 2 — Financial and logistical preparation

Money, time, and practical planning as a couple

Financial and logistical stress is among the top sources of conflict during fertility treatment. Doing this planning together in Month 2 — before the cycle begins — removes a category of stress entirely.

FINANCIAL PREPARATION

- Get a full cost estimate from your clinic — including all medications**
Ask for a written itemised estimate covering consultations, scans, blood tests, medications, embryology fees, freezing, and ICSI if applicable.
Do this first
- Check your medical aid benefits for fertility treatment (SA clients)**
Check what your plan covers: consultations, scans, medications, IUI, IVF. Pre-authorisation may be required — start this now.
Do this first
- International clients: confirm total costs in Rands including accommodation and transfer**
Ensure you have a clear, written cost breakdown from your clinic and from Fertility Solutions before committing to travel dates.
Do this first
- Identify how you will fund any gap between benefits and total cost**
SA: Lendmed and MediCredit offer medical financing. Some clinics offer payment plans.
Good evidence
- Discuss as a couple how many cycles you are prepared to attempt**
A difficult conversation to have before you start. But having no shared framework leads to crisis-level conflict after a negative result.
Good evidence

LOGISTICAL PLANNING

- Both partners: plan for monitoring appointment flexibility at work**

IVF stimulation requires early morning scans on short notice. The female partner typically has 4–8 appointments during stims.

Good evidence

- International clients: confirm accommodation and travel dates with your clinic and Fertility Solutions**

Allow at least 3–4 weeks in Cape Town for an IVF cycle. The Fertility Solutions Concierge coordinates logistics for international clients.

Good evidence

- If you have existing children: arrange childcare cover for retrieval day**

Retrieval requires sedation and a full day at the clinic. Have a named carer confirmed — not a backup plan.

Good evidence

MONTH 3 — Preparing for the cycle emotionally

Mental readiness, TWW planning, and the conversation nobody wants to have

Month 3 is the most emotionally important month of your preparation. The practical work is largely done. What remains is readying yourselves — together — for the psychological demands of a treatment cycle.

EMOTIONAL READINESS

- Build your TWW coping plan together**

Use the Fertility Solutions TWW Companion Tool. The TWW affects both partners — differently, but deeply. A plan built before Day 0 holds better than one improvised mid-wait.

Good evidence

- Plan beta day together — for both outcomes**

Where will you be when the call comes? What does the first hour look like if it is positive? If it is negative?

Good evidence

- Have a conversation about what happens if the first cycle does not work**

Couples who have this conversation before treatment report that it brought them closer. Couples who avoid it often find it a source of rupture after a negative result.

Good evidence

- Acknowledge that a positive result may not feel like you expect**

Pregnancy after treatment is often terror, disbelief, and relief in equal measure. Both partners may respond differently. Knowing this prevents misunderstanding.

Good evidence

FINAL SHARED STEPS

- Both partners: stop all herbal supplements and traditional remedies not approved by your RE**

This is a safety step, not a dismissal of cultural practice. Discuss any traditional medicine use with your RE openly.

Stop now

- For the month before stims: both partners eliminate alcohol entirely**

This is standard guidance for the pre-treatment month. It removes a variable from your cycle.

Good evidence

Connect with the Fertility Solutions Concierge before your cycle begins

A Discovery Call gives you a structured conversation about your timeline, concerns, and what to expect. Essential for international clients coordinating their Cape Town stay.

Good evidence

Important notice

This checklist provides evidence-based educational guidance. It does not replace personalised medical advice from your reproductive specialist (RE) or healthcare team. All supplement doses should be confirmed with your doctor, especially if you are taking other medications. Lifestyle optimisation should run concurrently with medical evaluation — not instead of it. If you are 35 or older, do not delay your medical assessment while working through this checklist.

South African supplement brands referenced are examples only and do not constitute a commercial endorsement. International brands listed are included for reference — availability and shipping may vary. Always verify product quality (look for third-party tested certification).

Sources: ASRM Practice Committee Guidelines; WHO Laboratory Manual 6th Edition (2021); Showell et al., Cochrane Review 2020; Gaskins & Chavarro, Fertility & Sterility 2018. Dietitian and andrologist review recommended before clinical use.