

Should spontaneous or timed intercourse guide couples trying to conceive?

Sir,

We read the letter published in your journal by Snick (2005) who cites the statement by the National Institute for Clinical Excellence (NICE, 2004) Guidelines that 'Timing intercourse to coincide with ovulation causes stress and is not recommended'. NICE also states that '... people who are concerned about their fertility should be informed that sexual intercourse every 2 to 3 days optimizes the chance of pregnancy'. We wish to make the following points.

First, the guideline recommendation not to time intercourse to coincide with ovulation is based on only one study (Kopitzke *et al.*, 1991) that reports the results of a mail survey (with a sample size of 26 women) measuring their perceived stress levels in relation to infertility routines, procedures, medications and events. In this study, no comparison was made between stress levels in women who timed intercourse in the fertile window and those continuing intercourse 2–3 times a week irrespective of the timing of the fertile window. We therefore believe that the NICE recommendation is not valid as it is based on poor quality data.

Secondly, we live in a time when medicine has moved beyond paternalism to respect the concept of the informed patient and this is especially important in reproductive health where knowledge of the menstrual cycle and fertility-awareness is essential to women's capacity for family planning and fertility self-care (Frank-Herrmann *et al.*, 2005; Bunting and Boivin, 2008). Women have a right to know and understand their fertile body.

The World Health Organization (WHO) identifies sexual and reproductive health as a human right and a priority that should be promoted through woman-centred delivery practices in comprehensive primary care services (World Health Organization, 2007). In keeping with this vision, health professionals should strive to educate women about their fertility and not keep them in the dark, particularly as many studies now show that pregnancy is only a possibility with intercourse in the fertile window of the menstrual cycle (Wilcox *et al.*, 1995; Gnath *et al.*, 2003; Brosens *et al.*, 2004).

Women having trouble conceiving are aware of their limited fertility knowledge and the need to improve it (Dyer *et al.*, 2002). A large number of women use Google to find information on fertility-awareness methods (Snick, 2005). We believe that it would be better for women to receive the information from well-informed,

credible sources such as their health practitioners. In conclusion, we agree with Snick that further research is necessary and that properly designed trials testing the efficacy of education regarding fertility-awareness should be undertaken but believe that this is a separate issue to a woman's right to know and understand her fertile body.

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