



EP 021: An Empowered Approach to Fertility Charting with Kate Davies

This is the Fertile Mindset Podcast, where we explore all the emotional aspects of fertility to support you on your path to parenthood. My name is Sarah Holland. I'm the Fertile Mindset coach and a mother to two children after my own fertility challenges. I hope you find all the support and inspiration you need within this podcast, to carry you forward on your fertility journey towards your own successful outcome.

It's also my wish that through listening to these episodes, you rediscover how to enjoy life now and live it to the full while you wait for your baby.

Now let's begin today's episode.

Hello and welcome to episode 21 of the Fertile Mindset Podcast, where I'm speaking to Kate Davies about how to approach fertility charting in an informed and empowered way.

Charting my cycles was something that massively helped me when I was trying for a baby, and it helped me identify problems with my cycle and get the right support in place so I could conceive naturally. However, I've also seen that fertility charting can feel complex and stressful, and one thing we definitely don't need on our fertility journeys is more stress. So I invited Kate to join me on the podcast to speak about charting with her in depth knowledge and expertise as a Fertility Nurse Consultant, Fertility Coach, and founder of YourFertilityJourney.com.

I've known Kate for over a decade now and I love how she explains often complex issues in a clear and understandable way. She also has so much understanding and compassion for those on a fertility journey, and I was thrilled that she took up my invitation to speak to us today.

I hope you enjoy listening to our conversation now, and it helps fertility charting become an empowering part of your fertility journey too.

Sarah: Hello, Kate. Welcome. Thank you so much for joining me on the podcast, it's lovely to have you here.

Kate: Oh, thank you so much. Thank you for having me. I'm delighted to chat, as always to you Sarah.

Sarah: Yeah, it's been a little while hasn't it. Since we had a proper chat and I know we had a good catch-up before we hit record. The topic that I invited you to talk about, because it's something that I am very passionate about. I know it's something that absolutely helped me to conceive my first baby and I would have been lost without it. And I know it's something that you are a huge expert on and have such in-depth information and guidance and support with, and that is fertility charting.

So, before we get into all the great stuff, we want to talk about with fertility charting, I wonder if you'd kind of just give us an overview of what we're talking about here in case we have listeners, who have never heard of fertility charting and don't know what this is.

Kate: Yeah, absolutely. Well fertility charting, it can be done in so many different ways actually and in my experience, it's not always done in the best way. So it's really important to learn about your body and particularly your fertility indicators 'cause that's what you're charting. Though our body. We have three fertility indicators that mother nature has given us, which until you start trying to conceive, generally, you have absolutely no idea about, and it's quite enlightening when you do finally find out about these and learn about them.

And the three are, the first one being temperature, which a lot of people will know about. The second one is cervical mucus. And the third one is your, how your cervix changes throughout the cycle. And all three of those indicators change depending on where you are in your cycle and your hormones, and ovulation and it, together, when you correlate that information, you don't need to use all three, but two together is the best way to chart.

When you correlate all of that information, it gives you such a wealth of information with regards to when you're fertile, when you're ovulating, and also certainly from my perspective, it gives me the opportunity to look at charts and look for any concerns I might have. It gives me quite a lot of diagnostic data if you like. So things like what the luteal phase is doing, what the follicular phase looks like. Are there any disturbances that could indicate things like PCOS? Although I'd never diagnose PCOS from it. It certainly gives me a good indication of what's going on hormonally. And there's quite a lot of factors that you can pick up from it. So it gives a wealth of information, not only to the individual, but also for somebody like me who's kind of looking at charts on a regular daily basis.

Sarah: It is that kind of window. Isn't it? That window into what is actually going on down there, because I think a lot of people think of charting and they often say to me, you know, I'm using an app, I'm using an app to chart my cycle. And when I ask. That they're just looking at the day, their period comes and how long it is until the next period. And thinking when it's somewhere in the middle there that I'm ovulating, you know, and that's how some people do tend to look at their cycles because it's what we're taught at school. Isn't it? You know, you kind of ovulate in the middle of your cycle and we just take that as fact, even if it isn't necessarily true, but yeah, the charting is so much more detailed and obviously looking for all our individual signs of what is going on at the moment. yeah, it's an amazing window. Isn't it, into what's going on? Takes away the mystery doesn't it.

Kate: Yeah. It is. It really does. And I think you're absolutely right. You know, I actually get quite concerned about ladies who are using apps and those apps the way you're just literally charting your period. It's really kind of calendar charting, and you're charting, charting it basically, on a glorified calendar. It's not really giving you any great information. I think because, as you mentioned in school, we're told, Oh, you ovulate on day 14 of a 28-day cycle. In theory, yeah. In practice, very rarely. Your ovulation is certainly never on the same day or rarely will it be on the same day, for some women it might be, but actually rarely, it will move around. Most women won't even have a regular 28-day cycle, again, that can move around. So if you're having a shorter cycle or a longer cycle, your ovulation is going to be earlier or later, and I think we don't. We don't often know that. And so, I see a lot of ladies who are perhaps using a calendar method, to chart their temperatures, sorry to chart their periods have that assumption and probably actually when we look into it in more depth are completely missing their ovulation window because they're targeting that day 14, but in reality, their ovulation is a lot later. So I think it can be quite dangerous and misleading. So I do discourage using that method actually, 'cause it does worry me that a lot of women are really missing the time when they need to be having sex in order to conceive. And if they're only looking at the potential day of ovulation or the ovulation window that they perceive, they're having and only targeting sex around that time. Then they could end up, you know, struggling to conceive as a result because they're not getting the right time.

Sarah: Yeah. And how heart-breaking is that? That that could be the only reason, you know, that simply the timing is wrong. So, and of course there can be many other factors as well, because once you start charting, and like you said, using it as a diagnostic tool to look at the different phases of the cycle and see if, and when ovulation is happening, there's so much information that can be gleaned from it. Now, if people are listening to this and thinking, well, that sounds a bit complex, you know, how do I take the temperature and cervical mucus and check the cervix, you know this is all new to me, and where would I even begin? What's, what is the best way to begin charting to make it as easy as possible?

Kate: Okay. So you can decide to use an app or a monitor if you want to, or you can just decide to just get some graph paper or download, there's lots of fertility charts that you can download from the internet and just literally start taking your temperature.

So, every morning, once you wake up, before you get out of bed, before you talk, before you sit up - take your temperature. You can take your temperature in various different ways, orally, which tends to be the most preferred for obvious reasons, but you've got rectally and vaginally. If you do decide on a route, don't change that mid cycle because you will get a different reading. And obviously also for hygiene reasons, I don't want to be swapping it around. But you take temperature every morning, ideally at the same time. Now when you're, because I teach this method also to avoid conception, as a method of natural contraception, when you're using it as a method of natural contraception, you do need to be really specific with when you're taking a temperature, take it at the same time every day. Clearly when you're using it for fertility, you don't need to be quite as specific. And I think it would drive you crazy if you did. So, if it's the weekend and you have a lie in. Don't worry about it, you know, take your temperature. It will be slightly higher because your temperature, your basal body temperature raises by 0.1 of a degree for every hour that you're late in taking it because your body has started naturally to wake up because your basal body temperature is your waking temperature. But just, you know, don't worry about that. Just take it in the morning if you want to. I tend to recommend using a thermometer that has a memory facility on it, because then once it beeps, you can just put it back on your nightstand and drift off back to sleep if you want to, or slowly wake up. And you're not having to scroll it down on a piece of paper or put it into an app, and then you can, you can do it a little bit later when you're a bit more awake so you're not going to make errors as well.

And then with regards to cervical mucus, as I mentioned, your cervical mucus changes throughout the month and that is in response to rising Estrogen levels. So at the beginning of the cycle, when you've got your periods, you won't notice any cervical mucus, it's very likely if you've got any, it's going to be masked by blood loss. But possibly you don't have any. And then as the Estrogen levels start to rise, as you go through the first part of the cycle, when you start to notice a thickening of a cervical mucus. So, you might not notice any to begin with and then suddenly it's there, and it can be quite white, clumpy, could be a bit chalky, quite thick. And then as it transitions, well as Estrogen continues to rise, and you get close to ovulation, then it can transition into this kind of very silky, thinner, quite profuse amount of cervical mucus. Now a lot of people term that as egg white cervical mucus. I hate that term. I hate that term with a passion. One, because I think how disgusting, every time you're looking at egg white I'm thinking about your, yeah. But also, I think it's misleading because everyone is desperately looking for this egg white mucus, and actually the best way is to think, right when do I notice my cervical secretions more? When do I feel damp? When do I feel wet? When am I noticing a lot of secretion? That is your fertile secretion. And that might be around for one day, two days, three days. It's only a short period of time, but that is indicating that you're either ovulating or about to ovulate. So it's a great indicator.

Your temperature will rise post ovulation. So your temperature is always an indication that ovulation has occurred. The cervical mucus is always an indicator that you're, like I said, you're about to ovulate or you're ovulating. So then if you go back to temperature, you get this temperature rise, and your temperature then stays elevated in the upper quadrant. If you kind of imagine a four-quadrant graph, in the upper right quadrant your temperature would

stay elevated for the duration of the luteal phase, which is the time from ovulation to your next period. If you conceive, it will stay elevated, and you might actually notice a secondary rise as well. If you don't conceive, it will drop down maybe a day or so before your next period.

But with that information with a cervical mucus, put that with a temperature and you've got quite a good indication of when you're fertile and any sex that occurs in the five days prior to ovulation can result in a pregnancy. So it's a really good way of looking at it.

Your Cervix. That is a little bit more tricky, not everybody's cup of tea to have a little fish around inside, but for people that do want to do it, and particularly if you're struggling to notice the cervical mucus, then it's worthwhile getting to know and understand your body. And I love explaining this because whenever I explain it, if I'm explaining it to a patient, she will do exactly what I'm about to tell you in a minute. And if, now that I can't see you, Sarah, and I can't see your listeners, but I'm hoping that they all will do the same. So when your cervix. When you're not fertile your cervix is very low in the vagina. And it feels like the end of your nose. So now I'm imagining everybody tapping the end of their nose. When you start to become more fertile, your cervix moves up in the vagina, so it's harder to feel, and it feels like your earlobe. So it transitions from that hard nose to the soft ear lobe. And I'm literally doing it now as I'm explaining it to you now. And it just makes me laugh because every time I do that, that's what happens. And that's a really good indicator, but it can be tricky to identify it and it can take a little bit of work. You might also feel a little dimple in the cervix as well because that's where the cervix slightly opens as you become fertile.

So, there's lots that you can find out with your body and like I said, I remember when I first learned about this, Sarah and I will confess. I did not. Well, no, I did learn, No. I tell a lie, I did learn about it before I had children, but then for some reason I didn't actually use it to have children. I don't know why I didn't. I just didn't. But it's often, like I said, you don't know about it until you start trying, and then this opens up this whole new world about your body that you never knew, which is so empowering, isn't it?

Sarah: Yeah, it really, yes, it so is. And those three signs that you're showing, they all happen for a reason as well, don't they? You know. Isn't it true that the cervical mucus is actually, you know, what is in there is supposed to help the sperm reach the egg. Is that right? Am I right there?

Kate: Yeah, you're right on two accounts actually. So what it helps, it helps the patronage of sperm to the egg. So if you looked at cervical mucus when you're not fertile under the microscope, it's very, really fibrous. If you then look at fertile cervical mucus under the microscope, it's like train tracks, sperm can zoom up it. But it also feeds the sperm. So the sensible sperm that are going to reach the egg are the ones that hang around in the cervix and they feed on the cervical mucus. The non-sensible sperm are the ones that I think, I can't be bothered with that, and go straight for the egg but actually run out of energy and never meet it. So yeah, so it's got a lot of goodness in it to provide the energy, the vital energy, and the transport to the egg.

Sarah: Wow. I did not know that about sensible sperm and non-sensible sperm. That's a new one for me. So, you know, I found it fascinating to know that my body was working in this way and I could see the signs and I think great that means that, you know, ovulation should be here soon. Everything's working as it should be. And then if I noticed that the fluid stopped, but then my temperature went up, it was so reassuring as well. To know that I had ovulated, and you know, then I could wait and see, you know, if I was pregnant or not, because I charted for two and a half years until I was pregnant the first time.

And yeah, I absolutely loved charting. I adored it from day one. I read Toni Weschler book. Taking charge of your fertility. I read it cover to cover, and it's a big book, isn't it? But really good. And I remember what she said in there about when she first learned about this as well.

That she. Before she knew about what the signs meant, that she actually thought that the changes in the fluid and the increase, and sometimes a massive increase, there was something wrong with her. She thought she had some kind of vaginal infection or something didn't she? And it was only when she then learned that she said, no, this is amazing. This is how a woman's body works and it's how it needs to work. And it's showing it's fertile. So it completely flips how we look at our bodies and how we understand those signs. So you use the word empowering and I really believe it is. You know, I think fertility charting is one of the best things that we can do for our fertility. I know that from, you know, my own experience and I've seen it with so many women that I've supported, but I've also seen the other side of it. I've seen people saying, well, I tried to do charting, but I became kind of all consumed by it and obsessed by it. And I couldn't really ever get to sleep because I was worried that I wouldn't get up at the right time, or my temperatures were all over the place, and I couldn't really interpret it. And it made me feel more panicked, you know? And they found it stressful. So it can either be empowering and amazing, or it can be really stressful and overwhelming. And how do we get the balance? You know, what do you think is happening for those people that are finding it stressful?

Kate: Yeah, I mean, I completely agree with you. I think also it doesn't have to be empowering and stressful just individually. So I think if you're doing fertility charting and you're maybe doing it for a while, I think you can wax and wane with it. So it could be the time as you find it really empowering and then other times you might think this is just too much, I need to take a step back. I need a break. And I think if that's the case, you absolutely need a break.

I think traditionally, and I think a lot of women, probably a lot of your listeners, will have perhaps taken their app or their charts to their doctor and the doctor would've said, don't do that. It's just going to stress you out. And there is this definite perception amongst clinicians that it is really stressful. And I think we need to change that narrative because like I said, I don't think it's always going to be stressful. There are going to, definitely going to be times, just like anything. I've had women who sometimes just can't bear even to look at their supplements because they find it, the very act of taking their supplements, a daily reminder that they're not conceiving. So I think it's like anything, it will wax and wane, but I do think we need to change the narrative of it always being stressful. I think for some women it is, as we mentioned earlier, incredibly empowering, and it's an element of something that they can control, when everything else around their fertility, they're struggling with. They can't control that. So it's something that gives them that control.

And you mentioned Sarah about that reassurance piece that it gave you, and how important that is. Like you, I do see women that just try to do it and feel that it's not for them. And I think that's absolutely fine, if it's not for you and you do feel that it's adding to your burden. Don't do it. Don't do it. You may have actually gained enough information from the times that you were doing it to actually understand your body better, and know that the most important thing that you can do is, ideally, know when you ovulate and make sure you're having regular sex throughout the cycle every two to three days. And then you can't go wrong. So I think it's important not to feel that you failed, if you can't do it, or you're finding it stressful, you will have learned so much already and it's just putting that to use and then maybe taking the focus off trying to conceive or charting.

Sarah: I was just thinking though, when you say about actually, sometimes you can let it go. Because some women do have regular cycles, we're not talking necessarily the 28 with the 14 ovulation, but just the it's the same every month. It's the same length. They notice they're ovulating at the same time, they notice the cervical mucus and you know, that kind of, if it's happening month in, month out, I guess it's less pressure to know exactly what's happening every single month.

Kate: Yeah, absolutely. And I think if everything is too stressful, even just observing your cervical mucus, which is so easy to do just every time you go to the toilet, you know, what do

you see? It's almost something that we probably do anyway, without thinking about it, you know 'cause you do, you sit there don't you and you think, Oh, okay, what's going on? You know, you probably don't even think about it. So that, that could be a way of observing. And certainly, your cervical mucus is probably the most accurate indicator. So if that's the only thing you can do, then that's great, you know, that is, that's really useful. Another thing talking about stress and pressure that I'm noticing with, I think it's a kind of an unexpected consequence of women using data and apps and monitors and femtech a lot more, is that I'm noticing that men are actually feeling the pressure. So women are sharing when, it's lovely to share isn't it, your data with your partner? So the partner can feel a part of the fertility journey because we know that often men are very marginalised when it comes to fertility, but. So you share the data with your partner, so your partner has an idea of when you're ovulating, but that in some circumstances is increasing the pressure that men feel, and then that is leading to Erectile dysfunction or performance anxiety. If that is the case for you and your partner, I would say as lovely as it is to share, don't share. Keep when you're fertile to yourself and try and make sex more about the reason why you fell in love with each other in the first place, and less about baby making. And having regular sex would hopefully mean that your husband or your partner might be thinking, okay, Oh, maybe she's ovulation. I didn't know. She's not said, okay. Well, that's fine maybe, maybe she's not. And it might take that pressure off a little bit. Have you come across that, Sarah?

Sarah: Yeah, definitely. And I remember it myself as well, that I never, I didn't feel like I wanted to share. It felt like it was like TMI in a way, you know, it's just not even, not even from the kind of, you know, Oh, does he really want to understand all these cervical mucus changes, but more just like, we don't need to know the exact dates? I needed to know it, just because I was the one managing it in that way, you know, and I wanted to have that date in my mind, but I didn't think it was something that we needed to discuss in any great detail. So yeah. And you want to have that spontaneity and just feel, like you say, just like a loving couple, and not just be about the calendar and the pressure, and you've gotta be home on time, on that day that I've circled on the calendar for you. You know, it's huge pressure and I think we need to remember, like you say, men can be kind of marginalised and not talked about, what their experience is like in this whole fertility journey and how it impacts on them. It doesn't seem to be, kind of, given the same, airspace, does it? you know, at a time to talk about it, it seems like it's not as important the impact, but it's a very real impact and I think, yeah, that's good to be sensitive. Thank you for, for sharing that.

There's something else you just mentioned, the word femtech, which is quite a new word, isn't it? And it's definitely new since I was child. And when I began in 2003 or whatever, I began charting a long time ago. So what is femtech and can it help us overcome any of these problems with charting? You know, about the stress of taking it every day, taking the temperature every morning and things.

Kate: Yeah. Okay. So femtech is basically your apps and your monitors available on the market. There are so many of them. I think if anyone is interested in looking into those and I would say do your research, because it really will depend on what you feel is right for you? I think a monitor where it's monitoring some physiological data is going to give you a lot more information than like you said, than just a calendar app, apps that perhaps you can just take your basal body temperature independently and put in your cervical mucus, obviously very good and you've got quite a lot of control over that. One app that I would recommend if you just want to do basal body temperature is one called Read your body and that was developed by a colleague of mine and it's really good. It's very accurate.

My concern with a lot of these apps is that the algorithms aren't great. So for example, fertility friend is absolutely not my friend, and not my favourite one by any means, because I often find the algorithm that is incorrect, and again that's misleading. It's just the algorithms in some of them aren't as good as we would like them to be yet and that's not to say there might not be the technology is going to grow and get better, but I think they can, they can be fantastically useful. I think women wanting to use them, hence the demand that the fem tech

industry is seeing and the increase in the femtech industry is because women want this data. They want to put information onto their phones or whatever and I think it's, it can be incredibly useful.

And as I mentioned earlier, I think clinicians, I'm one of them. We do need to change our perception. I was very anti apps for a very long time and would much prefer charting, paper charting to a certain extent, I still do prefer to do paper charting initially, because you learn so much more from it and you put in your own cover line and etc etc. But I still think that we do need to embrace the technology. And as I mentioned before, you know, when you go and see your doctor and your doctor kind of dismisses the charting that you've been doing, that's soul destroying. And I think that narrative just needs to change, and we do need to start embracing it for our patients because that's what they want to do.

Sarah: Yeah, that's, going back to that. That is a tricky one, Isn't it? With going along to your doctor, because that is often your first point of call. That's where you're going for your tests and potential diagnosis and suggestions about treatment, and if you've been charting yourself, which I know is the situation I found myself in, kind of, two years of charting, giving me a huge amount of information, seeing that, actually, the first year I hardly ovulated, which I wouldn't have known if I hadn't been charting because I was getting periods, but there was nothing going on in between. And then having very irregular cycles, you know, my cycles would go from anywhere from 20 days to about 35 days. And I always ovulated, and I could see when it was, but it was a very different day, every cycle, you know, because of that and so I took all these, I literally printed out all my charts, had a big folder, went for my first fertility specialist appointment and they looked at it and just handed it back and said, we don't understand this. You probably know more about this than we do. We're not going to consider this at all. You know you're obviously not ovulating. If your cycles are this different, and I'd already had a few chemical pregnancies, you know, I'd had a positive test and then my period had come. And I said, but I had to put a positive test here and a positive test here. Surely, I can't get pregnant without, you know, ovulating? And they said, well, maybe you ovulated then, but not on any of the other days. You know? So it was very. I felt like we were speaking two different languages, you know, it was very difficult. And luckily, I did then go on and find a clinic that was supportive of supporting my cycle in that way but it's not always understood. Is there or appreciated that you've got all these charts and you've got this information that you've gained. So how can that be approached with the doctor?

Kate: It's a really difficult one because I think the perceptions about fertility charting go right back to before the pill. So, you know, when women are using the method a lot, as their only method of contraception, and then along came the pill and that blew fertility charting out of the window. No one was interested in fertility charting and that's where the attitudes of yeah, clinicians remain, unfortunately, is that, you know, it's not useful, but what we know is all the research shows you that your time to conception can be dramatically reduced by fertility charting, even up to as much as six months. So isn't it best to encourage women to produce your chart and then hopefully that means if they conceive, they're going to, obviously we're going to not have to go through invasive investigations, invasive, expensive, emotionally burdened fertility treatment? Now I'm not saying that, you know, women don't need fertility treatment. Of course, they do. There's a large percentage that do, but there's also a large percentage of women that just need that knowledge and that education and if we continue to not give that to women, we're doing them a disservice.

Sarah: Yeah, I agree. Absolutely. And there are, like you said, it's used as a diagnostic tool as well from, you know, people trained like yourself to be able to look at it and, and it can perhaps save going down other invasive routes. If we can understand what's going on and take less action. I mean, this doctor that looked at my charts gave them back to me also then just started adding my name to the IVF waiting list for NHS IVF. And I said, hang on. No, I don't want IVF yet. You know, I want to see if I can help this cycle, where I've got a short luteal phase, you know, that's what I'd like help with first and they said, you know, sorry, we can just put you on the IVF list. That's all we can do. So it is frustrating, but that's why I

wanted to speak to you and show, you know, everyone that there are other ways, and you need to, kind of, cast your net a bit wider sometimes and find the people that can really advise and support you with these areas and with the charting and getting to know your cycle and see if anything can be done there to help you conceive with minimal intervention, maybe, you know, or know what the next right step is. Know if IVF is appropriate, you know, there's so much that we can tell from this.

Yeah, It's really important. Thank you for having this conversation here, you know, and Is there any, kind of, last tips that you'd like to share or anything? If someone's feeling a bit overwhelmed by this, a bit nervous, perhaps worried about doing something, you know, that their doctor might go ugh there's no funding in that, you know? How do you, how can they best approach it now?

Kate: Yeah. I think if there's something that you want to do, and you feel that you're going to get a lot of information from it and it's going to empower you and your fertility journey, I would say, just, just go for it. You don't have to share the information with your doctor, if you don't want to, if you don't feel comfortable in doing that, but it's information that you're going to have for you. My I had a lady, a few years ago, who was in her sixties, she'd gone through the menopause and she charted the whole of her, her life from, you know, when she was a teenager to going through the menopause, to menopause, complete, completely going through it and it was, it was just such golden information and she could actually see when she conceived her pregnancy, she had three children in the end, and she could see when she conceived them and that was golden information and empowering. It needs to go into a museum really. Cause it was amazing. It was just reams and reams and reams and reams of paper. It was incredible. And you know, I think if you feel that this would empower you, then do it, and don't worry about perceptions. Perceptions hopefully will one day change.

Sarah: Yeah. Yeah. And I think it's, it's something as well, that becomes a habit. You know, it becomes very easy and very part of your daily life and if people are getting, you know, too worried about, will I wake up on time and will I always take the temperature at the right time, I loved that advice that you said about actually, you know, it doesn't matter if the old one is slightly later because you've had a lie in at the weekend, you know, it's looking at the overall theme of your chart, isn't it? And seeing what's happening with it.

I know for me, how many years is it since I've charted? Years now, because, yeah nine years, maybe 10 years. I don't know. Since I last picked up a thermometer and did charting regularly, but still when my alarm goes off in the morning, I will often reach out and think, Oh, it's taking my temperature time, you know, it's just become such an automatic thing. It does, you know, it becomes just part of what you do. And I found it so exciting and interesting 'cause I wanted to see what was happening. I wanted to see where the line was going, you know, and understand what was going on inside my body and eventually I had my own pregnancy chart. Like you were just talking about there, with the woman there, charting hers. And it was beautiful to see that temperature go up and stay up and then know that I could, yeah, I know that I could take a test finally. So yeah, it was, it's a fascinating thing to do. And I think it helps us really take back ownership of our bodies. Doesn't it? And understanding.

Kate: 100%. Yeah. As we said right at the very beginning, it's one of the most empowering things that you can do, so I would encourage anyone to at least give it a try and see how you get on.

Sarah: Wonderful. Well, thank you so much, Kate, for your time. I know that you have a huge amount of information and support available through the work that you do at Your Fertility Journey. So we will be adding all your links to social media, to your website, and to your podcast on our own podcast page, because I know you co-host with Natalie Silverman, the fertility podcast, which is a phenomenal Podcast. It led the way for all other fertility podcasts. So, yeah. And I know that you have lots of, you know, sessions there where you talk about all different areas of fertility health alongside Natalie, so it's a wonderful podcast to listen to.

And your website is at Your Fertility Journey. Is that .com I didn't want to say the wrong one. www.yourfertilityjourney.com Wonderful. And you're very active on Instagram as well. So it's, what's your Instagram handle Kate?

Kate: Your Fertility Journey on Instagram. I'm very active on there, and less active elsewhere, but very active on there.

Sarah: Right. And you're an excellent person to know, for anyone who's wanting to learn more about their fertility and get that reliable, qualified advice. So I'm really pleased to introduce you to everyone here that's listening. If they don't know you already. Thank you, Kate, it's been lovely to chat with you today. I really appreciate your time and hopefully this won't be the last time.

Kate: No definitely not but thank you it's been lovely to chat.

Thank you for listening to the Fertile Mindset Podcast.

If the topics talked about here sounded like I was speaking directly to you and your thoughts, then I would really love to invite you into the Fertile Mindset Sanctuary.

This is my fertility support membership, where you can free yourself from stress, worry and any emotions that don't feel helpful, so you can then create a naturally supportive mindset, your Fertile Mindset.

In the Sanctuary I'll guide you through using the emotional healing technique I use at Fertile Mindset called EFT, and you'll soon be feeling less stressed and more joyful.

If you're not already in the Sanctuary, do come and join us now, starting with the BUD level of membership, which is completely free of charge.

Go to www.fertilemindset.com/sanctuary to join, and then watch the welcome class, which will give you a fast start into taking back control over the emotional side of your fertility.

I look forward to seeing you there, and at the next episode of the Fertile Mindset Podcast.