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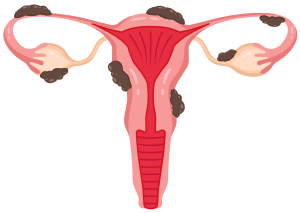
Lilac & Leaf Foundation for Women's Health

Endometriosis & Fertility

June 2026



Sources

The Endometriosis Network Canada is a Canadian organization that provides education, resources, and support for people affected by endometriosis (The Endometriosis Network Canada, n.d.).

Fertility Matters Canada is a national organization that provides fertility support, education, awareness, and advocacy for equitable access to fertility care in Canada (Fertility Matters Canada, n.d.-a).

Pregnancy Info, a resource from the Society of Obstetricians and Gynaecologists of Canada, provides patient education on fertility, conception, pregnancy, and reproductive health (Society of Obstetricians and Gynaecologists of Canada, n.d.-a).

What is Endometriosis?

Endometriosis is a serious, chronic disease. It occurs when tissue similar to the lining of the uterus grows outside the uterus, often in the pelvis, but it can also occur elsewhere in the body. Endometriosis can cause inflammation, scar tissue, and a wide range of symptoms that vary from person to person (World Health Organization, 2025).

Globally, endometriosis affects an estimated 10% of reproductive-age women, or about 190 million people worldwide. Endometriosis can also affect transgender men and non-binary individuals who menstruate (World Health Organization, 2025).

Symptoms often begin around the teenage years or early adulthood, but they can begin at different times. Symptoms can include severe menstrual pain, chronic pelvic pain, heavy menstrual bleeding, pain with sexual activity, bowel symptoms, bladder symptoms, abdominal bloating, nausea, infertility, and fatigue (World Health Organization, 2025).

Common Symptoms

Common symptoms of endometriosis may include:

- Pelvic pain
- Severe period pain
- Pain with sexual activity
- Bowel symptoms, such as diarrhea, abdominal bloating, or nausea
- Bladder symptoms, such as bladder pain or frequent urination
- Fertility issues
- Fatigue

How Does Endometriosis Affect People?

Endometriosis can have major health, social, emotional, and economic effects. Severe pain, heavy menstrual bleeding, fatigue, depression, anxiety, infertility, poor sexual health, and social isolation can reduce quality of life (World Health Organization, 2025).

Pain that disrupts daily activities, prevents someone from going to school or work, or does not improve with common over-the-counter pain medicines should not be dismissed as “normal.” The World Health Organization notes that chronic pelvic pain related to endometriosis is often normalized or stigmatized, which can negatively affect mental health and delay proper care (World Health Organization, 2025).

Endometriosis is also associated with infertility. Among women with infertility, as many as 25% to 50% may have endometriosis. For people struggling to conceive because of endometriosis, fertility treatments such as ovulation induction, intrauterine insemination, or in vitro fertilization may be recommended depending on the person’s situation (World Health Organization, 2025).

Support

People affected by endometriosis may benefit from education, peer support, and speaking with healthcare professionals who understand the condition. Virtual support groups and community resources are available through The Endometriosis Network Canada (The Endometriosis Network Canada, n.d.).

Fertility

When trying to conceive, many people can use awareness of their menstrual cycle to help time intercourse. For most women, simply being aware of the cycle is enough to help time intercourse, and no special testing may be needed. Ovulation usually occurs about 14 days before the next menstrual period begins (Society of Obstetricians and Gynaecologists of Canada, n.d.-b).

Couples or partners trying to conceive should have intercourse on the day of, or the day before, the estimated day of ovulation. Tools that can help identify ovulation include cervical mucus tracking, basal body temperature monitoring, and ovulation prediction kits (Society of Obstetricians and Gynaecologists of Canada, n.d.-b).

Understanding Conception

The average menstrual cycle lasts about 28 days, although many people have cycles that are shorter or longer. The first day of the cycle is the first day of menstruation. During the first part of the cycle, an egg matures in the ovary. This process is stimulated by follicle stimulating hormone, or FSH. Estrogen helps prepare the lining of the uterus for a possible pregnancy (Society of Obstetricians and Gynaecologists of Canada, n.d.-c).

Around the middle of a 28-day cycle, ovulation occurs when the egg is released from the ovary. This release is triggered by luteinizing hormone, or LH. After ovulation, the egg can usually be fertilized for about 12 to 24 hours. Sperm may survive in the female reproductive tract and be capable of fertilizing an egg for up to three days after intercourse. Fertilization usually occurs high in the fallopian tube (Society of Obstetricians and Gynaecologists of Canada, n.d.-c).

If fertilization occurs, an embryo begins to form through cell division. After several days, the embryo reaches the uterus and embeds in the uterine lining. Cells around the embryo produce human chorionic gonadotropin, or HCG, which signals that pregnancy has occurred. If conception does not occur, the uterine lining is shed and a new menstrual cycle begins (Society of Obstetricians and Gynaecologists of Canada, n.d.-c).

Am I Pregnant?

The best way to tell if you may be pregnant is by noticing a missed menstrual period. HCG can be detected by a blood test as early as day 24 of the cycle and in urine as early as day 26. If you have a positive home pregnancy test, you should contact a healthcare provider. Early pregnancy signs can include breast tenderness, fatigue, increased urination, nausea, and a missed period (Society of Obstetricians and Gynaecologists of Canada, n.d.-c).

People who may be pregnant should eat a healthy diet, avoid alcohol and other substances, and continue taking a prenatal vitamin that contains folic acid unless advised otherwise by a healthcare provider (Society of Obstetricians and Gynaecologists of Canada, n.d.-c).

Fertility & Age

Biologically, the best period for bearing children is generally between ages 20 and 35. This age range is associated with the lowest risks for both the mother and baby. After age 35, fertility decreases, while the chances of miscarriage and pregnancy complications increase (Society of Obstetricians and Gynaecologists of Canada, n.d.-d).

Assisted reproductive technology can help some people conceive, but it does not fully make up for the natural decline in fertility related to age. Male age can also affect pregnancy outcomes, with increased risks of miscarriage and some inherited conditions when the father is older than 40 (Society of Obstetricians and Gynaecologists of Canada, n.d.-d).

Fertility does not decline at exactly the same age for everyone. Some people experience a decline in natural fertility earlier than average, while others may maintain fertility longer than average (Society of Obstetricians and Gynaecologists of Canada, n.d.-d).

Options for age-related fertility issues may include ovarian stimulation, egg freezing, egg donation, and in vitro fertilization. Pregnancy rates after ovarian stimulation are low for women over 40, and egg donation is described as the most effective treatment for ovarian aging (Society of Obstetricians and Gynaecologists of Canada, n.d.-d).

Infertility

Infertility is a disease of the reproductive system. It is defined as the inability to achieve pregnancy after a period of unprotected sexual intercourse, or as a reduced ability to reproduce alone or with a partner (Fertility Matters Canada, n.d.-b).

In Canada, 1 in 6 adults will be affected by infertility in their lifetime. Infertility can affect people of all ages, ethnicities, and backgrounds. Causes can include age, genetics, health conditions, lifestyle factors, and environmental factors (Fertility Matters Canada, n.d.-b).

Fertility interventions are generally recommended after 12 months of unprotected intercourse for women or people with ovaries under age 35. For women or people with ovaries over age 35, fertility interventions are generally recommended after six months of unprotected intercourse. Earlier assessment may be appropriate depending on medical history, sexual and reproductive history, physical findings, and diagnostic testing (Fertility Matters Canada, n.d.-b).

People who are struggling to conceive, have a history of miscarriage, have a known or suspected medical condition affecting fertility, are single and need assisted reproductive options, or are part of the 2SLGBTQI+ community may benefit from accessing fertility care (Fertility Matters Canada, n.d.-b).

Fertility Support Resources

Fertility Matters Canada offers support groups, education, advocacy, and a fertility clinic finder tool for people seeking fertility care in Canada (Fertility Matters Canada, n.d.-a).

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