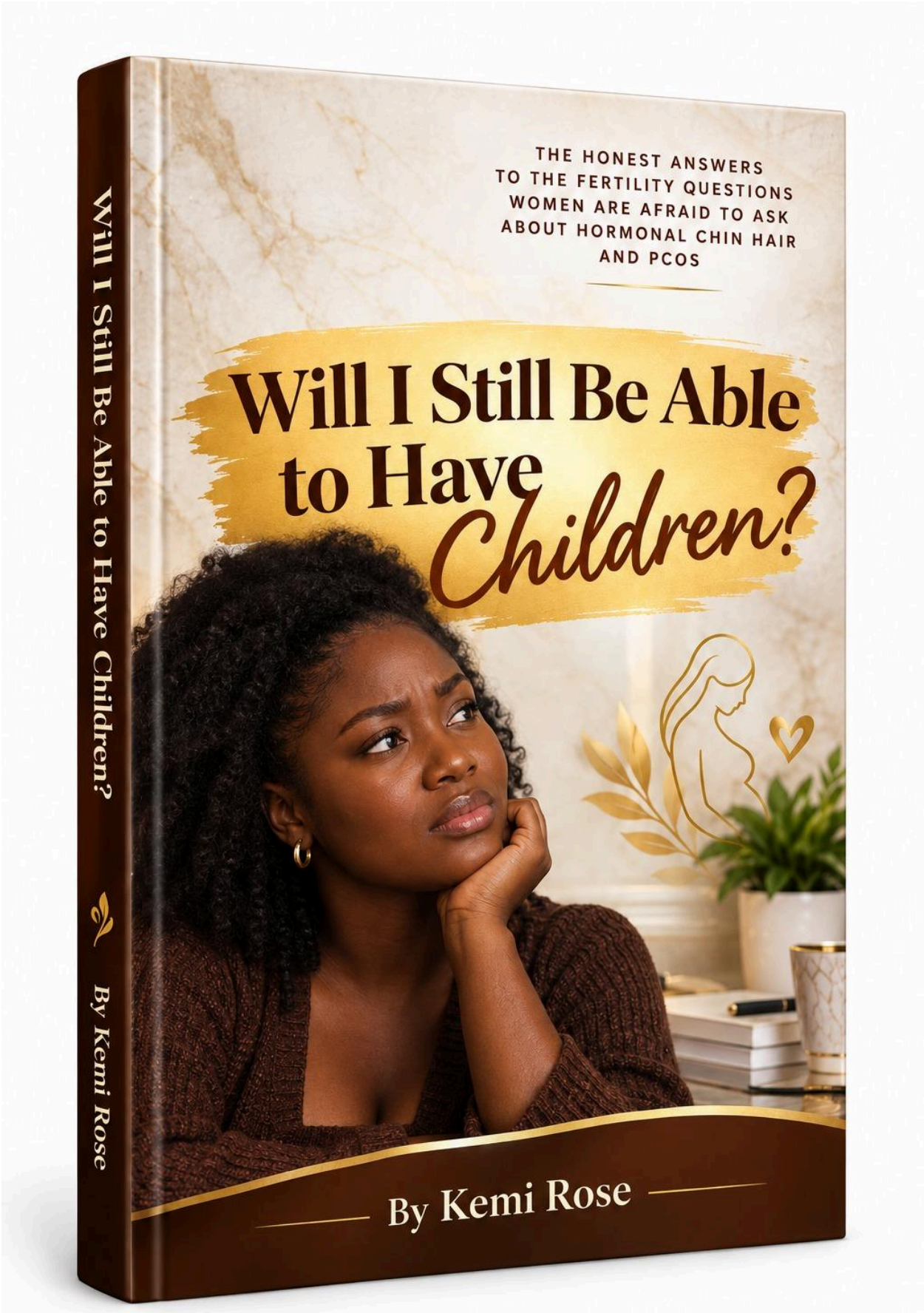

THE HONEST ANSWERS
TO THE FERTILITY QUESTIONS
WOMEN ARE AFRAID TO ASK
ABOUT HORMONAL CHIN HAIR
AND PCOS
Will I Still Be Able to Have Children?
By Kemi Rose
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Introduction

The Question Behind the Question

Let me guess something about you.

You may have picked up this guide because of the hair on your chin. Or because someone said the word "PCOS" to you, or you read it somewhere at midnight and your stomach dropped.

But if I'm right, there's another question sitting underneath all of that. One you've never typed into a search bar without deleting it first. One you've never said out loud, even to your best friend.

Will I still be able to have children?

I know that question, my sister. I carried it for a long time.

If you've read my main guide, Never Again: The Morning Mirror Check, you know my story with chin hair. I wrote about the mirror checks, the shaving, the shame, and what finally helped me understand my body. But there was a part of that journey I only touched on. The quiet fear that came with it. The fear that this hair was a sign something was wrong with me as a woman, and that my body might not do what women's bodies are "supposed" to do.

Nobody had told me otherwise. So I assumed the worst.

That's why I wrote this guide. Not to promise you anything. I can't, and nobody honest can. Instead, I want to give you something that I think is worth more: clear, calm, honest answers.

I'm not a doctor, and I won't pretend to be. Where something needs a doctor, I'll tell you plainly. What I can do is walk with you through the fear, separate the myths from the facts, and show you what to ask and who to see.

I call the method The Myth-to-Fact Map. For each fear we'll do three things. We'll name the myth. We'll look at what's actually known. And we'll decide on a clear next step. Because a fear with a next step attached is far less scary than a fear with nothing but a dark room and a phone.

This guide is not here to say, "Don't worry, everything will be fine." I don't know that. What I do know is that you deserve real information, not rumours. And what I hope is that by the end, you'll feel less alone and more prepared.

Come, let's start with the fear you've never said out loud.

Chapter 1
The Fear You've Never Said Out Loud

Before we talk about any facts, I want to say something about the fear itself. Because I think it's heavier than most people realise.

The 2am Search

You know how it goes.

It's late. The house is quiet. You've had a long day and your mind finally gets a gap to think. And out of nowhere, the thought arrives: What if this means I can't have a baby?

So you pick up your phone. Your thumb hovers over the screen. You type something like "chin hair and pregnancy" or "PCOS can't conceive."

Then you read.

One page says it's very common and manageable. The next says it's a leading cause of infertility. A forum post tells the story of a woman who struggled for years. Another tells of someone who got pregnant easily. A comment says, "My cousin had it and never had children."

Your heart is racing.

An hour later, you're more frightened than when you began. You close the phone. You don't sleep.

I did this more nights than I'd like to admit. And every time, I ended up with the same feeling: that I'd just read my future, and it was bad. But I hadn't read my future. I'd read a pile of strangers' stories, none of them mine.

Does this sound like you?

Why This Fear Hits So Hard

Let me say something about why this fear feels so big. It isn't only about biology. It's about the world around us.

In so many of our communities, a woman's worth is tied to motherhood. From the day a girl is old enough to understand, she's told, "One day, when you have your own children..." It's said with love, mostly. But the message sticks: this is what you're for.

So when you fear that your body might not follow that path, it doesn't feel like a health worry. It feels like a threat to who you are.

If you're abroad, you may have been told to "build your career first" and "enjoy your life," but your family still asks, in quiet moments, when they'll hear the good news. And if you're at home

in Nigeria, the questions might not be so quiet. It's a lot to carry. And the hardest part is that you probably carry it alone.

The Pressure From Every Side

Let me name the voices, because I think it helps to see them clearly.

The aunties. "You're not getting any younger, o." "Why is your tummy still flat?" "Have you been to the prayer house?" They say it at weddings, at funerals, at naming ceremonies. They say it while you're holding your plate of jollof rice.

The in-laws. If you're married, the questions may come from your husband's side, sometimes with a smile and sometimes with something sharper. "We're waiting for good news" can feel like a countdown.

The church or the mosque. A well-meant prayer can turn into a public spotlight. "God will remember you this year." Everyone turns to look at you. You say "Amen" and your face burns.

The friends. Your friends mean well, but their baby announcements land differently when you're afraid. You click "like." You write "Congratulations!" You mean it. And you also go to the bathroom and cry.

Yourself. And the loudest voice of all is your own. The one that does the sums at night. "I'm 31. If I wait two more years..." The one that watches the calendar. The one that wonders whether your body is betraying you.

Which of these voices is the loudest in your life right now?

What I Learned From Other Women

Now, I'll be honest with you about how I know this fear is so common.

For a long time, I thought I was the only one with it. Then, slowly, as I started to open up about my chin hair, something happened. Women began to talk to me. A cousin, a colleague, a woman I met at a friend's wedding. And almost every one of them, once the chin hair conversation had warmed up, would lower her voice and say some version of the same thing.

"Kemi, can I ask you something? Do you think this means I can't have children?"

Not one of them had said it to anyone else. Not to a doctor, not to a mother, not to a husband. They'd all been sitting alone with it, just like me.

That's when I realised how many of us are walking around with this fear, smiling at parties, nodding at aunties, and quietly Googling in the dark. We're all in the same room, and we all think we're alone.

I hope this guide helps you see that you're not.

Carrying It Alone

I think that's the part that hurts the most. Not just the fear, but the silence around it.

Why do we stay silent? There are a few reasons, and perhaps you'll see yourself in them.

We're afraid of being judged. In some circles, a woman who might struggle to have children is whispered about. We've heard those whispers about other women. We don't want to be the subject.

We're afraid of making it real. As long as we don't say it aloud, it stays a shadow. If we say it, and someone confirms it, it becomes a fact. So we say nothing.

We don't know who to ask. Doctors can feel rushed. Family can turn it into a family matter. Friends may not understand. So we stay quiet.

We think it's selfish to worry. Some of us feel we shouldn't fear something that hasn't happened yet. So we push it down.

I did all four. And it made the fear bigger, because fear grows in the dark. Once I started getting real information and speaking to real people, it didn't vanish. But it shrank. It became something I could look at, instead of something that looked at me.

That's what I want for you.

What This Fear Is Really Telling You

Here's something I've come to believe, and I want to offer it gently.

Your fear isn't a sign of weakness. It's a sign that you care deeply about your future, your body, and the family you may want to build. That's not something to be ashamed of.

It's also information. The fear is saying, "I need answers." And that's something we can act on.

You don't have to wait for the fear to go away before you start. You can take one small, practical step, even while you're afraid.

This guide will help you take those steps. But please remember what I told you at the start: I can't promise you an outcome. No honest person can. What I can promise is that you'll finish this guide knowing more, feeling less alone, and having a clear idea of what to do next.

Your First Step Today

Before the next chapter, I want you to do one gentle thing. It takes about ten minutes.

1. Get a notebook or open the notes on your phone. This is just for you, and no one else will see it.
2. Write down the question that scares you most. Use your own words. Don't polish it. For example, "Will I be able to get pregnant naturally?" or "Is it too late?"
3. Underneath, write down any other questions that come to mind. Even the ones that feel silly. Even the ones you're embarrassed by.
4. Next to each question, write who you think could help answer it: a doctor, a pharmacist, a trusted friend, or a counsellor.
5. Close the notebook. You don't need to solve anything today. You've just taken the fear out of your head and put it on paper, and that's the beginning.

If you can, also decide on one person you might trust, even if you're not ready to talk yet. It might be a sister, a friend, a cousin, or a counsellor. We'll come back to this in a later chapter.

So if you take nothing else from this chapter, remember this: your fear is not a verdict. It's a question, and questions can be answered.

But before you can find good answers, we need to clear away the noise. Because a lot of what you've heard, read, and been told is not true, and some of it has been frightening you for no good reason. In the next chapter, I'll show you where those scary stories come from, why Google makes everything sound like a disaster, and how the Myth-to-Fact Map will help you sort what's real from what's rumor. That's where things start to feel lighter.

Chapter 2
What You've Been Told (And Why Google Keeps Scaring You)

By putting your fear onto paper, you've taken a tough but crucial first step. I'm truly proud of you for having the courage to write down your question.

Now, let's unpack where all those frightening narratives actually originated from.

The Pile of Strangers' Stories

Let me take you back to one of my worst nights.

I had read three articles, two forum threads, and a long comment section under a video. By the end, my head was full of other people's stories. A woman who waited eight years. Another who spent a fortune and still had no baby. Someone's cousin who "never had children because of that thing."

I didn't sleep. I was sure I had just read my future.

But here's what I know now. I hadn't read my future. I'd read the loudest, saddest corner of the internet.

Why the Internet Makes Everything Sound Like a Disaster

Okay, so check this out. There are real reasons why searching for this topic leaves you more frightened than before. Once you see them, the scary stories lose some of their power.

People write when they struggle. A woman who got pregnant easily with PCOS rarely goes online to write about it. She's busy with her baby. The woman who has been struggling for years, and needs support, is the one posting. So what you read is not a fair picture. It's the hardest cases, collected in one place.

Bad news travels faster. A frightening headline gets clicked. "Many women with PCOS go on to have healthy pregnancies" doesn't get as many clicks as "The shocking truth about PCOS." Websites know this.

Some pages are selling something. A clinic, a supplement seller, or a "miracle" programme may make the problem sound bigger so you'll feel you must buy their solution today.

Some information is old or wrong. Health advice changes. A page written many years ago may no longer match what doctors know. And some pages are written by people with no medical training at all.

Numbers are about groups, not about you. When you read that a condition can affect fertility, that's a statement about many women together. It can't tell you what will happen to you. Your age, your cycle, your health, and your partner's health all matter.

Fear makes you read the worst line. When we're scared, our eyes jump to the scariest sentence on the page and skip the calm ones. I did it every time.
Does that sound like your own late-night searching?

The Loudest Myths

Now let me show you the myths I heard most, from the internet, from aunties, and from women who whispered their fears to me. Some of them may be sitting in your own head. We'll deal with them properly in the next two chapters. For now, I just want you to see them laid out.

Myth 1: "Chin hair means I can't get pregnant."

This is the big one. It's the root of this whole guide. We'll look at the facts in the next chapter.

Myth 2: "PCOS means I'll never have a baby."

Many people believe this. PCOS can make ovulation irregular, and that can make pregnancy take longer or need help. But it is not the same as "never." We'll go through this in Chapter 4.

Myth 3: "Only overweight women have PCOS."

Not true. Women of many shapes and sizes can have PCOS, including slim women. Weight can play a part for some, but it isn't the whole story.

Myth 4: "If my periods are regular, I'm automatically fine."

Regular periods are a good sign, but they don't guarantee that everything is working as it should. And irregular periods don't always mean something serious. We'll look at what periods can and can't tell you.

Myth 5: "It's spiritual. Someone has tied my womb."

I know this one lands differently for many of us. I'm not here to argue with anyone's faith. I pray too. But I'll say this gently: prayer and a medical check-up can go hand in hand. If you only pray and never check, you may lose time you could have used. And if there is something simple a doctor can help with, why wait?

Myth 6: "I must start trying right now, or it's too late."

Age does matter for fertility, and I won't pretend it doesn't. But panic helps no one. There's a big difference between "it's wise to get checked soon" and "it's all over." We'll talk about that in Chapter 5.

Myth 7: "If I have PCOS, I'll need IVF."

Some women do need fertility treatment, and many don't. There are often simpler steps first, and a doctor can explain which ones fit you.

Look back at that list. How many of these have you believed, even a little? I believed at least four.

Why One Symptom Never Tells the Whole Story

Now let me tell you the most useful thing I learned.

Think of the dashboard in a car. Say a small orange light comes on. Does it mean the car is finished? Not necessarily. It could be a loose cap, low oil, a sensor, or something that needs a mechanic. The light alone doesn't tell you. A mechanic checks several things before saying what's wrong.

Chin hair is one light on the dashboard. It tells you something is worth checking. But it doesn't tell you what, and it certainly doesn't tell you the ending of the story.

Chin hair can have different causes. For some women it's linked to PCOS. For some it's linked to how sensitive their hair follicles are to normal hormone levels, or to family patterns, or to other things. And some women with chin hair ovulate normally and get pregnant without any difficulty.

To understand fertility, a doctor looks at the whole picture:

- Your periods: how regular, how long, how heavy
- Whether you're ovulating
- Your hormone levels
- Your general health
- Your age
- Your partner's health too, because fertility involves two people

That's a lot of pieces. One symptom, on its own, can't answer any of it.

The Promise: The Myth-to-Fact Map

Here's what I'm going to do for you in the next chapters.

I call it The Myth-to-Fact Map. For each fear, we'll take three steps together:

1. Name the myth. We'll say what you've been told, out loud, without flinching.
2. Look at the facts. We'll check what's actually known, in simple words, without frightening headlines.
3. Choose the next step. We'll decide what to do about it, so the fear isn't just sitting there.

A fear with a next step attached is much smaller than a fear with nothing but the dark.

What can the map do for you? It can help you separate rumour from fact. It can give you better questions for your doctor. It can help you feel calmer and more prepared.

What can't it do? It can't tell you what will happen in your own body. It can't diagnose you. And it can't promise you a pregnancy. Only a doctor, with tests and a proper conversation, can tell you where you stand. I'll keep reminding you of that, because it's the honest truth.

Your Step Today

Here's something small to do before the next chapter. Take your notebook from last time.

1. Look at the list of myths above. Tick every one you have believed, even a little.
2. Write next to each one where you first heard it: a relative, a friend, a website, or your own worry.
3. Pick the one that frightens you the most. Circle it.
4. For the next three days, do not search the internet for this topic late at night. If you feel the urge, write the question in your notebook instead.
5. If you want, put one trusted source on your phone to use instead, such as a hospital website or a clinic that you trust. We'll talk about sources more in Chapter 5.

That third step may feel hard. But those 2am searches did me no good. Try it for three nights and see how you feel.

Now we can start the map properly. The first fear is the biggest one, the one that started this whole guide. What does the hair on your chin really say about your ability to have children? In the next chapter, I'll walk you through what chin hair can mean and what it can't, how your periods and your hormones fit into the picture, and the difference between a symptom, a diagnosis, and a fear. I think you'll breathe a little easier after it.

Chapter 3
Myth-to-Fact Map, Part One: What Chin Hair Does and Doesn't Mean

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Now that you've circled the myth that scares you most and put a hold on those 2am searches, we can begin the map with the fear that set all of this in motion.

The First Myth

The myth: "Chin hair means I can't get pregnant."

Let me say the fact first, then we'll unpack it.

The fact: Chin hair on its own does not mean you can't get pregnant. Many women have it and conceive without any trouble. For some women, though, chin hair is one sign of a hormone pattern that can affect ovulation. So it's worth understanding, and it's not worth panicking over. Both parts of that are true at the same time. Chin hair doesn't equal infertility. And it can be a clue worth following up.

Let me show you why.

What Chin Hair Can Point To

Remember the dashboard light from the last chapter? Chin hair is a light that says "check this." Here are some of the things that may be behind it.

1. Sensitive follicles. Some women have normal hormone levels, but their hair follicles react strongly to the hormones they do have. It often runs in families. If this is your story, your tests may come back normal, and you may ovulate normally too. Doctors sometimes call this idiopathic (meaning "no clear cause found") hair growth.
2. PCOS. This is one of the most common reasons for extra facial hair. In PCOS, the body can make higher levels of androgens, and ovulation may become irregular. We'll look closely at PCOS and pregnancy in the next chapter.
3. Insulin resistance. As I explained in the main guide, when the body struggles to use insulin well, it can make more androgens, which can wake up chin hair.
4. Other hormone conditions. Sometimes thyroid problems, high prolactin, or conditions of the adrenal glands can play a part. These are less common, which is exactly why a doctor's check matters.
5. Medicines. Some medicines can increase hair growth as a side effect. If the hair began after you started something new, tell your doctor or pharmacist. Please don't stop any medicine on your own.

6. Stress and life changes. Long periods of stress, big weight changes, and changes after stopping contraception can all shake up your hormones for a while.

See how many different roads lead to the same chin? That's why the hair alone can't give you an answer.

What Chin Hair Can't Tell You

Now the other side. Here is what a chin hair, or ten chin hairs, cannot tell you:

- It can't tell you whether you ovulate
- It can't tell you whether your tubes are open
- It can't tell you how many eggs you have
- It can't tell you whether your partner's fertility is fine
- It can't tell you whether you'll get pregnant easily, slowly, or with help

Fertility is about much more than hair. And remember, fertility involves two people. Many couples focus all their worry on the woman, but a good fertility check looks at both partners. If you're in a relationship, that's a conversation we'll come back to in Chapter 6.

How Periods, Ovulation, and Hormones Fit Together

Let me explain this the way I wish someone had explained it to me, with no big grammar.

Think of your monthly cycle like a relay race. Different hormones pass the baton to each other in order.

At the start of your cycle, your brain sends signals to your ovaries, saying, "Grow an egg." The ovary grows a small sac holding an egg. As it grows, it makes the hormone oestrogen.

Around the middle of the cycle, the egg is released. That's ovulation. Usually this happens about two weeks before your next period starts. It's the moment pregnancy becomes possible.

After the egg leaves, the sac turns into a little hormone factory and makes progesterone. This hormone prepares the womb for a possible pregnancy.

If no pregnancy happens, the hormone levels drop, the lining of the womb sheds, and you get your period. Then the race begins again.

Here's the key point. Ovulation is the main thing. If an egg is released regularly, the body has a good chance each month. If ovulation is irregular or doesn't happen, pregnancy becomes harder, because there's no egg to meet the sperm.

So where does chin hair come in? In some women, higher androgens can interfere with that relay race. The egg doesn't mature properly, or isn't released on time. The period may then come late, rarely, or not at all. That's why doctors ask so many questions about your periods when you mention chin hair. Your periods are a window into whether ovulation is happening.

What Your Periods Can Tell You (And What They Can't)

Here is a rough guide. It isn't a diagnosis, but it can help you notice patterns.

Signs that ovulation is more likely happening:

- Periods come about every 21 to 35 days, and the length is fairly steady
- You notice some changes mid-cycle, such as clear, stretchy discharge, or mild one-sided pain in some women
- Your period is similar from month to month

Signs that ovulation may be irregular and worth checking:

- Periods come further apart than every 35 days, or you skip months
- Your cycles are very unpredictable, with no clear pattern
- Your periods are very light or very heavy
- You haven't had a period for three months or more, when you're not pregnant

Please note this carefully: regular periods are a good sign, but they're not a guarantee, and irregular periods aren't a sentence. Some women with regular periods still have fertility issues, and some women with irregular periods get pregnant with a little support. The pattern simply tells you what to ask your doctor.

A Symptom, a Diagnosis, and a Fear

This was the lesson that calmed me the most, so I'll share it.

A symptom is something you notice in your body. Chin hair is a symptom. So are irregular periods, acne, and tiredness.

A diagnosis is what a doctor concludes after looking at the whole picture: your history, your examination, and often tests. PCOS is a diagnosis. "Unexplained fertility concern" is a diagnosis. Chin hair is not.

A fear is the story your mind tells about what the symptom means. "I can't have children" is a fear.

Here's the problem. When we're frightened, we jump from the symptom straight to the fear. We skip the diagnosis completely. We go from "I have chin hair" to "I'll never be a mother" in one breath, without any information in between.

The map slows that jump down. Symptoms first. Then the questions. Then the tests. Then, perhaps, a diagnosis. And only then do we know what we're really dealing with. Until then, the fear is only a guess.

The Next Step

We named the myth. We looked at the fact. Now, the third part of the map: the next step.

If you're worried about what your chin hair means for your fertility, the sensible next step is not to keep guessing. It's to get a proper picture. That means:

1. Notice your cycle, and write it down
2. Talk to a doctor, ideally a gynaecologist, who can look at your whole picture
3. Ask which tests might be useful for you

In my main guide, Chapter 6, I gave you a script for the first minute in the clinic, and a list of tests doctors commonly consider. You can use that script again here, with a small change: tell the doctor that you're also worried about fertility. Say it clearly. For example, "Besides the chin hair, I'm worried about what it could mean for my fertility, and I'd like to understand where I stand."

That sentence matters. It makes the doctor focus on your real question, not just the hair.

Your Step Today

1. In your notebook, write the date your last period started, and the one before it, and the one before that. If you can't remember, don't worry. Start from now.
2. Work out roughly how many days there were between each period start. Write it down.
3. Note anything else you've noticed: very heavy or very light bleeding, skipped months, spotting, pain, or breakouts around your period.
4. If you use a phone app to track your cycle, you can use that too. Just remember it can only estimate, not confirm, ovulation.
5. If you haven't had a period in three months or more, or your periods have suddenly changed, don't wait. Book a visit to a doctor soon.
6. Also check the red-flag signs from Chapter 3 of the main guide, such as very fast hair growth, a deepening voice, or sudden severe acne. If any apply to you, see a doctor soon.

PCOS represents the second major fear, giving rise to deep anxiety among countless women. In the next chapter, we'll explore what PCOS actually means, why so many women with it go on to conceive, the options that typically help, and why getting early guidance matters—all without the panic. If this word has been haunting you, I urge you to read on.

Chapter 4
Myth-to-Fact Map, Part Two: PCOS and Pregnancy

If you've started tracking your monthly cycle, you'd quickly realize that chin hair is merely a clue, not a final verdict. That brings us to the word that has frightened more women than almost any other: "PCOS."

Just three little letters, yet from how some people whisper them, you would think terrible news had just been delivered.

The Second Myth

The myth: "PCOS means I'll never have a baby."

The fact: PCOS is one of the most common reasons for irregular ovulation, and it can make pregnancy take longer or need medical help. But many women with PCOS do get pregnant, some on their own and some with support. It is not the same as "never."

I'm going to be as careful with this chapter as I can, because the truth sits in the middle. PCOS can affect fertility. It's also very treatable for many women. Both are real, so let's look at both.

What PCOS Actually Is

PCOS stands for Polycystic Ovary Syndrome. The name sounds terrifying, and it's also a bit misleading, so let me break it down.

Many women with PCOS have ovaries with many small follicles, which are tiny fluid-filled sacs that each hold an immature egg. On a scan, they can look like a string of pearls. These are not harmful cysts, like the lumps people worry about. They're eggs that started to grow but didn't finish maturing.

In PCOS, the hormone balance is a little off. The body may make more androgens than usual, and the body may also struggle with insulin. This can stop eggs from maturing and being released on time. So ovulation becomes irregular, or doesn't happen in some months.

Remember the relay race from the last chapter? In PCOS, the baton keeps getting dropped.

Doctors usually diagnose PCOS when a woman has at least two of these three things: irregular or missing periods, signs of high androgens (like chin hair, acne, or blood test results), and ovaries that look polycystic on a scan. Other conditions need to be ruled out first. That's why you can't diagnose it yourself from a chin hair or a Google search, and why a proper check matters.

Why Many Women With PCOS Do Get Pregnant

Here's the part I want you to read slowly.

The main fertility challenge in PCOS is irregular ovulation. That means the problem is usually timing, not that the body can't make eggs. Remember, in PCOS the ovaries are often full of eggs, sometimes more than average. They just don't always release them on schedule.

And irregular ovulation is something doctors know how to work with.

Many women with PCOS do ovulate, even if not every month. A woman who ovulates every two or three months still has chances, though each chance comes less often, so it can take longer.

Other women need a little help to ovulate. And some conceive without any treatment at all.

I won't give you percentages, because numbers can be misleading and I'm not a doctor. But I will tell you what I've seen: when I started talking openly about this, I met women with PCOS who had conceived on their own, women who conceived after lifestyle changes, women who needed medication, and women who needed more advanced help. And I also met women whose journey was long and hard. That's the honest picture. Every one of them was a real person with a real story, and none of those stories matched the worst ones on the internet.

What Usually Helps

Now let me tell you what doctors commonly suggest for women with PCOS who want to get pregnant. I'm telling you this so you can ask smart questions, not so you can treat yourself. Your doctor will decide what suits you.

1. Lifestyle changes.

For many women with PCOS, steady habits can help the body ovulate more regularly. This can include eating in a way that keeps blood sugar steadier (the kind of swaps from my main guide), moving your body regularly, sleeping well, and managing stress. If you carry extra weight, even a modest loss can help some women ovulate more regularly. But please hear this: weight is not the only factor, and not every woman with PCOS needs to lose weight. Slim women can have PCOS too. And no one should shame you about your body.

2. Medicines to help you ovulate.

If lifestyle changes aren't enough, doctors may prescribe a medicine that encourages ovulation. Different doctors use different options, and the choice depends on your situation. Please never buy these from a pharmacy counter or a social media seller and use them on your own. They need the right dose, the right timing, and proper monitoring.

3. Medicines that help the body use insulin.

For some women with PCOS and insulin resistance, a doctor may suggest a medicine for this. Again, this is a decision for your doctor.

4. Monitoring.

Sometimes doctors check ovulation with blood tests or scans, so they know whether a treatment is working and when the best time is.

5. Further fertility treatments.

If simpler steps don't work, there are other options, such as procedures that help eggs and sperm meet, and IVF. Many women with PCOS never need these, and some do. That's why we'll tackle the IVF myth next.

6. Checking the other pieces.

Fertility involves two people. A good check will also look at your partner's sperm, and at whether your fallopian tubes are open, since problems there can also affect pregnancy. Sometimes there's more than one factor. Finding out early saves time.

The IVF Myth

The myth: "If I have PCOS, I'll need IVF."

The fact: Some women with PCOS need IVF, but many don't. In most cases, doctors try simpler steps first, and many women conceive with those. IVF is one option among several, not the automatic road.

I mention this because I've heard women say, "I've already started saving for IVF, since everyone said I'll need it." Please don't jump ahead. Get a proper check first. Let a doctor tell you what your situation calls for. Spending money and energy on a path you may never need is a heavy burden.

The Weight Myth

The myth: "Only overweight women have PCOS."

The fact: PCOS happens in women of many body sizes, including slim women. Extra weight can make some of the symptoms stronger in some women, but it's not the cause for everyone. If you're slim and you've been told "you can't have PCOS," or if you're a bigger woman and someone has told you, "Just lose weight and everything will be fine," please know that both of those statements are too simple. You deserve a proper assessment, not a guess based on how you look.

Why Timing and Early Help Matter (Without the Panic)

Now I have to say something honest, and I want you to hear it calmly.

Age does matter for fertility. A woman's chances of getting pregnant gradually decline over time, and the decline speeds up as the years go on. That's just biology. It affects every woman, with or without PCOS.

I'm not saying this to frighten you. I'm saying it because it explains why early help is sensible. If you're hoping to have a baby, then finding out where you stand earlier, instead of later, gives you more choices and more time.

There's a difference between urgency and panic.

- Panic says, "It's too late and I must do everything right now."
- Urgency says, "I'd like to understand my situation soon, so I can make good decisions."

Panic makes us spend money on the wrong things and ignore good advice. Urgency makes us book the appointment.

Here's a rough guide that doctors often use. If you're under 35 and have been trying for a year without success, it's usual to seek help. If you're 35 or older, many doctors suggest seeking help after six months. If your periods are very irregular or absent, or you already know you have PCOS, you don't need to wait for those timelines. You can speak to a doctor before you start trying. Your own doctor may advise differently depending on your situation.

If You're Not Trying Yet

You might be reading this thinking, "I'm not ready for a baby, but I want to know my options." That's a perfectly good reason to see a doctor.

There's one more reason to get irregular periods checked, even if pregnancy isn't on your mind. When periods are very infrequent, the womb lining can sometimes build up for long periods without shedding. Doctors may want to make sure this is managed, to protect your long-term health. So irregular periods are worth a conversation, whatever your plans.

If You Do Get Pregnant With PCOS

Let me add a note for later. Women with PCOS who get pregnant are sometimes watched a little more closely, because there can be a higher chance of certain things, such as gestational diabetes or high blood pressure in pregnancy. This doesn't mean something will go wrong. Many pregnancies go smoothly. It just means that good antenatal care, started early, is a wise choice. Tell your doctor or midwife about your PCOS at your first visit.

The Next Step

We've named the myth, looked at the fact, and now the third part of the map: the next step.

If you've been told you have PCOS, or you suspect it, here's what I'd do.

1. Make sure you have a proper diagnosis from a doctor, not just from the internet.
2. Ask your doctor what your own situation means for fertility. Every woman's PCOS is different.
3. Ask about the simple steps first, including lifestyle, and what else is available.
4. Ask whether your partner should also be checked, and whether your tubes need to be assessed.
5. Don't buy fertility medicines or "PCOS cure" packages online. Anyone promising to "cure" PCOS or guarantee a baby is selling hope, not medicine.

Your Step Today

1. Look at your cycle notes from last time. Are there signs that your periods are irregular? Write down what you notice.
2. Write down your questions for the doctor. Some ideas: "Do I have PCOS, or something else?" "Am I ovulating?" "What are my options if I want to conceive now, or later?" "Should my partner be checked too?"
3. If you've already been diagnosed with PCOS, write down what your doctor told you, and any treatment you've been given. If you're not sure, call the clinic and ask for a summary.
4. If you've been tempted by an online "cure," write down the claim. Then look at it again tomorrow, with fresh eyes. Does it promise a guaranteed result?
5. If you haven't booked a doctor's visit yet, pick a day this week to do it.

Having PCOS might mean getting pregnant takes a little longer or requires some medical guidance, but please know it is far from a closed door. My sister, for so many of us, it simply comes down to understanding our body's timing, getting proper care, and having real facts instead of rumors.

I want to guide you through the next question, which is perhaps the most practical one you'll face. When exactly should you stop waiting and see a doctor? Which signs say "book a visit now"? How do your age and history change the advice? And what should you expect when you get there? That's the subject of the next chapter, and I think it will take a big weight off your shoulders.

Chapter 5
When to Stop Waiting and See a Fertility-Minded Doctor

Now that you know chin hair is merely a clue and having PCOS isn’t a dead end, the real question is: "When should I actually see a doctor?"

I understand how tempting it is to whisper, "Let me just give it a little more time." Months slip away into a whole year. Yet there you are—still searching online in the dark, hoping, and carrying the heavy burden by yourself.

This chapter will help you decide.

The Cost of "Let Me Wait and See"

I used to say this to myself all the time. "It's probably nothing. I'll check when I'm ready." But "ready" never came, because fear doesn't feel ready. It just feels like avoiding.

Here's what I've learned. Waiting is not always wrong. If everything is healthy and you've only just started trying, patience is fine. But waiting out of fear, with signs that need attention, can cost you time you can't get back. And knowing where you stand, even if the news isn't perfect, gives you something fear never does: choices.

Let's go through the signs.

Signs That Mean "Book a Visit Now"

I'm not a doctor, so use this as a guide for when to ask for a proper check, not as a diagnosis. If any of these apply to you, I'd book an appointment soon, and not wait.

1. Your periods are very irregular or far apart. If your cycles are regularly longer than 35 days, or you skip months, a doctor should know.
2. You haven't had a period for three months or more and you're not pregnant.
3. You already have a PCOS diagnosis, or you've been told you probably have it, and you want to have children now or in the future.
4. Your periods are extremely painful. Pain that makes you miss work, send you to bed, or that painkillers barely touch can sometimes point to conditions like endometriosis, which can affect fertility. Don't dismiss it as "just women's pain."
5. You've had pelvic infections, or surgery on your womb, ovaries, or tubes, or a history of serious abdominal infection. These can sometimes affect the tubes.
6. You've had more than one miscarriage. This is deeply painful, and it deserves proper medical attention and support, not blame.

7. You've been trying for a while without success. I'll give you the time guide in a moment.
8. You're 35 or older and hoping to conceive. Time matters more, so don't delay getting checked.
9. You or your partner have a known health issue that might affect fertility, such as diabetes, thyroid problems, or past cancer treatment.
10. Your partner has had any fertility concerns, or you know of a problem on his side.
11. You have other signs of hormone imbalance along with the chin hair, such as acne, hair thinning on your head, or unusual weight changes.

And here are signs that need urgent attention. Please go to a hospital or call for medical help right away if you have:

- Sudden, severe pain in your lower belly, especially with dizziness or fainting
- Very heavy bleeding that soaks through pads quickly
- A positive pregnancy test with pain on one side or bleeding, since it could be a pregnancy outside the womb, which is an emergency
- Fever with pelvic pain

These aren't signs to wait on.

How Long Should You Try Before Seeking Help?

Doctors commonly use a simple guide for women who are trying to conceive and have no obvious problems.

- Under 35: If you've been trying for about a year with regular, unprotected intimacy and no pregnancy, it's usual to seek help.
- 35 to 39: Many doctors suggest checking after about six months.
- 40 and above: Many doctors suggest getting help sooner, without waiting six months.

Your own doctor may advise something different based on your history, so please treat this as a rough guide. And remember: if you already have irregular periods or PCOS, you don't need to wait for any of those timelines. You can see a doctor before you even start trying.

Also, "trying" means regular intimacy across the month, especially around the fertile window, not one or two attempts. If you're not sure you're timing things well, a doctor or nurse can explain it simply.

How Your Age, Cycle, and History Change the Advice

Let me explain why the same question can get different answers for different women.

Your age. This is the biggest factor. Fertility naturally changes with age, and it declines more steeply after the mid-thirties. This is true for all women. It's one reason doctors tell older women to act sooner. It's not a judgment, just biology. If you're in your twenties, you generally have more time. If you're in your late thirties or forties, it's wise to move more quickly.

Your cycle. A regular cycle often suggests regular ovulation. An irregular one suggests that ovulation may be uncertain. That's why your cycle notes are so useful to a doctor.

Your history. Past infections, surgeries, miscarriages, medical conditions, and medicines can all matter. The more your doctor knows, the better the advice.

Your partner's health. About as many fertility problems involve the male side as the female side, and sometimes both. A doctor who only looks at the woman is looking at half the picture.

Your goals and timing. Do you want a baby now, in a year, or in five years? The answer shapes the advice. If your plans are later, a doctor may talk to you about protecting your options.

Where to Go

Here's a simple map of who to see.

In Nigeria:

- Start with a gynaecologist (obstetrician-gynaecologist), ideally at a hospital or clinic you trust. A teaching hospital or a reputable private hospital is a good place to start.
- If needed, they may refer you to a fertility specialist or a fertility clinic.
- If your hormones are the main issue, an endocrinologist may also be involved.

In the UK, US, or Canada:

- Start with your GP or family doctor, who can arrange initial tests and refer you to a specialist if needed.
- Ask for a referral to a gynaecologist or fertility specialist if your situation calls for it.
- Be aware that waiting times and funding rules vary by country and region, so ask what your options are, including any public and private routes.

A word of caution about fertility clinics. Some are excellent, and some are more interested in selling packages than in helping you. Before you commit money, ask:

1. Who exactly will be treating me, and what are their qualifications?
2. What tests do you recommend first, and why?
3. What is the full cost of the plan, not just the first step?

4. What are your success rates, and how do you define success? (For example, is it a pregnancy test, or a live birth?)
5. What are the risks and side effects?
6. What are the simpler options before more advanced ones?
7. Can I have time to think, and get a second opinion?

A good clinic will answer calmly. If you feel rushed or pressured to pay a big deposit today, step back.

What Tests and Conversations to Expect

Going to the clinic can feel scary, so let me walk you through what usually happens. Not every woman has every test. Your doctor decides what's right for you.

The conversation. Expect questions about your periods, your health history, any medicines, past pregnancies or miscarriages, your lifestyle, how long you've been trying, and your partner's health. Some of the questions may feel personal. They're asked to help you, not to judge you.

A physical check. The doctor may examine you, including checking your blood pressure, weight, and signs of hormone issues. A pelvic examination might be part of it.

Blood tests. These may include hormones that show how your ovaries and body are working, such as hormones related to ovulation and thyroid function. Some tests are timed for a particular day of your cycle, so ask when to go. Another test sometimes used is one that gives an idea of how many eggs remain, often called AMH. It's helpful, but it can't predict exactly when or whether you'll conceive, so ask your doctor how to interpret it.

A pelvic ultrasound. This looks at your womb and ovaries. It can show whether the ovaries have the polycystic pattern, and whether there are fibroids or other things that might matter.

A check of the fallopian tubes. If other causes aren't found, or if there's a history that suggests it, doctors may arrange a test to see whether your tubes are open. This is often done with a special scan or X-ray using dye.

Your partner's tests. A semen analysis is a simple test and is usually one of the first things done. It's much easier and cheaper than most female tests, so it makes sense to do it early. Please don't leave it out. If a man avoids it out of pride, a lot of time and money can be lost.

What happens next? After the tests, the doctor will explain the results, what they mean, and the options. It may take more than one visit. Bring someone with you if it helps. Write down what they say, or ask if you can record the summary on your phone.

The costs. Prices vary widely between countries, clinics, and tests. Ask for a written breakdown before you start, and ask which tests are essential first. It's okay to do the steps in stages.

Questions to Ask a Doctor

Here are questions to take with you. Pick the ones that fit your situation, and add your own.

If you're trying now:

1. "Am I ovulating regularly? How can we check?"
2. "Which tests do you recommend for me, and in what order?"
3. "Should my partner be tested too, and when?"
4. "Are my tubes and womb healthy, and how will we know?"
5. "Based on my age and history, how long should I try before we move to the next step?"
6. "What can I do now, through lifestyle or timing, to improve my chances?"
7. "What are the options if simple steps don't work?"

If you're planning for later:

1. "What does my cycle tell you about my fertility?"
2. "Is there anything I should do now to protect my fertility?"
3. "Is there any test that can help me plan, and what are its limits?"
4. "If I want to wait a few years, what should I watch out for?"
5. "How often should I come back for a review?"

For every visit:

1. "What is the most likely explanation for what we're seeing?"
2. "What should I do between now and my next appointment?"
3. "What signs should make me come back sooner?"

If a doctor brushes you off with "you're young, just relax" while you have genuine signs, you can say, "I understand, but I'd still like to check, so I can stop worrying. What simple tests can we do?" And if you still feel dismissed, you're allowed to see someone else.

The Fear of Hearing Bad News

I want to talk about the part that stops many women from booking the appointment: the fear of what they'll hear.

I understand. If you don't go, you can keep hoping. If you go, you might learn something hard. But here's what I've come to believe. Not knowing doesn't make anything go away. It just keeps you in the dark, and the dark makes everything feel bigger. A clear picture, even a difficult one, gives you something to work with. Many women find that after the appointment, the fear shrinks, because it turns from a monster in the shadows into a plan on paper.

And if the news is good, even better. You can stop carrying the weight.

Please also know that if the news is hard, you're not alone, and there's support. Some women find it helpful to talk to a counsellor, a support group, or a friend they trust. Your doctor may be able to point you toward support. Taking care of your heart is part of taking care of your health.

The Next Step

We've named the signs, the timelines, and the questions. Now the third part of the map: the next step.

If any of the "book a visit now" signs apply to you, or if you've simply been carrying this fear for too long, make the appointment. Not next year. This week.

That one decision moves you from "worrying" to "doing something," and that alone can change how you feel.

Your Step Today

1. Go through the "book a visit now" list. Tick every sign that applies to you.
2. Choose who you'll see: a gynaecologist, a GP, or a fertility specialist. If you're not sure where to start, call a clinic or a trusted pharmacist and ask who they recommend.
3. Book the appointment today, even if the date is weeks away. Put it in your phone calendar.
4. Take your notes from the last two chapters: your cycle dates, your questions, and any past medical history.
5. Pick five questions from the lists above and write them on a card or in your notes.
6. If you're in a relationship, think about how you'll bring your partner into this. We'll talk about that in the next chapter.

Remember, seeing a doctor is not giving up hope. It's the way you get the information that lets you hope wisely.

However, there's still one thing standing between you and that appointment, and it's not the doctor. It's the people around you: the partner who may not know what you're afraid of, the mother who keeps asking, and the aunties who always have a comment. In the next chapter, I'll give you the words to talk to each of them, how to explain your health without oversharing, how to bring your partner in as a team, and how to survive the weddings and naming ceremonies with your peace intact. It's one of my favourite chapters, because I know exactly how much you need it.

Chapter 6
What to Say to Your Partner, Your Mother, and the Aunties

Now that you know the signs, understand when to see a doctor, and have your questions prepared, it’s time to talk about the people in your life. For so many of us, facing them can feel far scarier than any clinic visit.

Please hear this clearly: you are not required to open up to everyone. You get to choose who enters your circle, when you speak, and how much you share. But if you’ve been carrying this quiet burden by yourself, choosing the right words can make your heart feel so much lighter.

You Don't Owe Everyone an Explanation

Before the scripts, let me say something I wish someone had told me.

Your health is private. Just because an aunty asks a question doesn't mean she's earned the answer. You can be polite and still say, "That's between me and my doctor."

I spent years answering questions nobody had a right to ask, because I was afraid of looking rude. All it did was make me feel exposed.

Here's a simple way to think about it. Imagine three circles around you.

The inner circle is the one or two people who may know everything. Maybe your partner, a sister, or your closest friend.

The middle circle is the people who get a short, simple version. Maybe your mother or a close relative.

The outer circle is everyone else. They get nothing, or a polite closed door.

You choose who goes where. And you can move people between circles as you feel ready.

Talking to Your Partner

If you're in a relationship, this is the conversation that matters most.

I know the fear. You worry he'll be disappointed, or blame you, or look at you differently. Maybe you've been keeping it from him for months, making excuses when the topic comes up. Maybe you've changed the subject whenever someone asks about babies.

But here's what I've learned from other women: when a partner is kept in the dark, the silence usually does more damage than the news. He may sense something is wrong and imagine the worst, or think you're pulling away from him. And you end up alone, in a team of two.

So let's talk about how to start.

Before You Speak

1. Pick the right time. Not during an argument. Not late at night when you're both tired. Not right before an event. Choose a calm moment, when you have time and privacy.
2. Decide what you want from the conversation. Do you want support? To plan a doctor's visit together? To say something you've been holding in? Knowing your goal helps you stay steady.
3. Know your facts. You don't need to be an expert. But have the basics from this guide ready, so you can say, "This is common, it's often manageable, and I want us to find out more together."
4. Practise out loud. I rehearsed in front of a mirror, and it helped.

- What You Can Say

Here's a gentle way to begin. Change the words to sound like you.

"There's something I've been worried about, and I want to share it with you because I don't want to carry it alone. I've been noticing some changes in my body, like irregular periods and hair growth on my chin. I've learned these can sometimes be linked to a hormone condition that affects fertility. It doesn't mean we can't have children. It means I'd like to get checked properly, and I'd love for us to do this together."

Then pause. Let him respond. Don't rush to fill the silence.

If you've already been diagnosed with PCOS, you can say:

"I want to tell you about something my doctor discussed with me. It's called PCOS. It's common, and it can make pregnancy take longer or need some support, but many women with it do have babies. I want you to understand it, so we can plan together."

- Bringing Him Into the Process

This part is important, and it's something many couples miss.

Fertility is a team matter. A good fertility check looks at both partners, not just the woman. A man's fertility can be checked with a simple test (a semen analysis), and it's usually quicker, cheaper, and less invasive than the tests women have.

Some men feel uncomfortable about this. In some cultures, there's a belief that fertility problems are always the woman's fault, and a man may feel shamed at the thought of being tested. If that's your situation, you can gently say:

"The doctor said it's standard for both of us to be checked. It saves time, and it helps us find out what's going on, so nobody is blamed. We're a team."

Notice the word "blamed." Make it clear that you're both looking for answers, not someone to accuse. A fertility issue is never a moral failing, and it's no one's fault.

- If He Responds Badly

I hope this doesn't happen. But I want to prepare you in case.

If your partner reacts with anger, blame, disrespect, or mockery, take a breath. His first reaction may be fear or shock, and some people need time to process. You can say, "I understand this is a lot. Let's talk again when we've both had time to think."

But if he's cruel, threatens you, humiliates you, or tries to control you because of your health, please know that this is not okay. You deserve support, not punishment. Talk to someone you trust, and if you ever feel unsafe, reach out to a local helpline, a counsellor, or a person you can rely on. Your safety matters more than any conversation about children.

- If You Don't Have a Partner Right Now

Some of you reading this are single, and you're wondering about your future. That's completely valid. You can still get your health checked, learn about your options, and plan on your own timeline. Having this knowledge isn't about pressure. It's about choice.

Talking to Your Mother or a Close Relative

Now let's talk about your mother, your sister, or another close relative. These conversations can be tender, because they love you, and they may also carry their own fears.

Some mothers are wonderful listeners. Others, with love, turn everything into a prayer meeting or a list of herbs. Some worry loudly. A few say hurtful things without meaning to.

If you want to share:

"Mummy, I want to tell you something, because I trust you. I've been seeing a doctor about my periods and some hormone issues. It may affect how quickly I get pregnant, but I'm getting checked and I'm taking care of myself. What I need from you is support and not pressure."

That last sentence is important. Tell them what you need. Most people want to help, but they don't know how.

If you want to limit the conversation:

"Mummy, I'm seeing a doctor and I'm doing what I need to do. I'd rather not discuss the details right now. I'll tell you more when I'm ready. Please trust me."

If your mother asks, "Have you been to the prayer house?":

"I'm praying too, Mummy, and I'm also seeing a doctor. I believe both can work together."

You can respect someone's beliefs and still protect your health decisions.

If a relative suggests a traditional healer or herbal remedy:

"Thank you for thinking of me. I'm working with my doctor, and I'd like to check with them before I try anything new."

Some herbs and traditional preparations can interact with medicines or may not be safe, especially if you're trying to conceive. It's wise to tell your doctor about anything you take.

The Aunties and the Pressure Questions

Now, the main event. You know the questions. They come at weddings, funerals, church, and family gatherings.

"When are we hearing good news?"

"Are you not tired of being alone?"

"Your mates have two children already."

"What's the problem? You must go and pray."

Let me tell you what I do now. I decide beforehand which circle the person belongs to, and I choose a script.

The calm closed door:

"That's a private matter, Aunty. How are you keeping? How is your health?"

The polite redirect:

"God's time is the best. Please, tell me about the new house."

The gentle honest answer, for someone in your middle circle:

"I'm taking care of my health and seeing a doctor. When there's news, you'll be the first to know."

The firm boundary, for someone who keeps pushing:

"I know you mean well, but I'd rather not discuss this. Thank you for understanding."

The humour option, if you have the energy:

"Aunty, when there's news, I'll put it on the family WhatsApp group myself."

If someone says something hurtful or insulting:

"That comment hurt me. Please don't speak to me like that."

Say it calmly and then walk away. You don't need to win the argument. You only need to protect yourself.

Here's a secret I learned. Most people who ask these questions aren't trying to hurt you. They're repeating what was said to them when they were younger, because that's what everybody does. It's a habit, not an attack. It still stings, but knowing that can help you hold it lightly.

Surviving Weddings, Naming Ceremonies, and Family Gatherings

Let me share some survival tips for the hardest events.

Plan your exit. Before you go, decide how long you'll stay. It's okay to leave early. Say, "I have an early morning," and go.

Bring a buddy. Ask a friend or cousin who knows your situation to stay near you. When the questions start, they can steer you away or change the topic.

Have your scripts ready. Pick two or three lines before you arrive, so you're not caught off guard.

Give yourself breaks. Step outside, go to the toilet, or take a walk. A few minutes alone can reset your mood.

Be kind to yourself about baby events. If a baby shower or naming ceremony feels too heavy, it's okay to send a gift and skip the party. Your feelings are real. You can be happy for someone else and sad for yourself at the same time.

Remember who you're not. You're not a project for the family to fix. You're not behind. You're not a failure. You're a woman looking after her health and her future.

Have a plan for after. If the day was heavy, do something kind for yourself that evening. Take a warm bath, watch your favourite show, or call a friend who understands.

Finding Your Safe Person

If you have nobody to talk to, I want to say this: please find someone.

It might be a friend, a sister, a cousin, or a colleague. It might be a counsellor, a support group, or an online community of women who understand. If you choose an online group, protect your privacy. Be careful about sharing personal details, and be wary of anyone selling you "cures."

When I finally spoke to one trusted friend, I felt as if a hand had loosened around my chest. She didn't solve anything. She just listened. And that was enough to make me feel less alone.

If the worry is affecting your sleep, your mood, or your daily life, or if you feel hopeless, please speak to a doctor or a mental health professional. Looking after your mind matters as much as looking after your body.

Your Step Today

1. Draw your three circles on paper. Write the names of the people in each one.
2. Choose one person from your inner circle you could talk to this week. If you're not ready, just write their name down.
3. Write your opening words for that conversation, in your own voice. Keep it short.

4. Choose two lines from the aunties' list that suit your personality, and say them out loud once, so they feel natural.
5. If you have a partner, decide when you'll have the conversation, and write down what you hope to get from it.
6. If you have a big family event coming up, write your plan: how long you'll stay, who'll be your buddy, and what you'll say.

Chapter 7
Your Next 30 Days

Now you've cleared the myths, you know the signs, you have your questions, and you have words for the people around you, it’s time to put it all into one calm plan.

This plan doesn't promise a pregnancy, because nobody honest can. What it gives you is direction. By the end of 30 days, you'll know more about your body, you'll have taken real steps, and you'll no longer be standing in the dark.

Two Roads, One Plan

Your plan depends a little on where you are right now, so pick the road that fits you.

Road 1: I'm trying now, or I want to start soon. Your focus is getting a proper check quickly, timing things well, and not losing months to guessing.

Road 2: I'm not ready yet, but I want to understand my options. Your focus is learning where you stand, looking after your health, and keeping your choices open.

Most of the plan is the same for both. I'll point out where they differ. Whichever road you take, you're doing something kind for your future self.

Week 1: Look and Listen (Days 1 to 7)

This week is about noticing your body without judging it.

- Day 1: Open your notebook from the earlier chapters. Write the date your last period started, and the two before it, if you remember. Work out roughly how many days passed between them.
- Day 2: Write down anything else you've noticed: very heavy or very light bleeding, spotting, pain, acne, hair changes, tiredness, or skipped months.
- Day 3: Write down your health history in one place: any past infections, surgeries, miscarriages, medicines you take, and any family history of PCOS, diabetes, or fertility trouble. If you don't know, ask a relative you trust, without explaining why if you don't want to.
- Day 4: Read through the "book a visit now" list from Chapter 5. Tick every sign that applies to you.
- Day 5: Choose who you'll see: a gynaecologist, a GP, or a fertility specialist. If you're not sure where to start, ask a trusted pharmacist or friend for a recommendation.
- Day 6: Pick five questions from Chapter 5 and write them on a card or in your notes.

- Day 7: Rest and reflect. Write a few lines about how you feel after a week of facing this. Is the fear a little smaller? Be kind to yourself.

Week 2: Book and Prepare (Days 8 to 14)

This is the week you move from thinking to doing.

- Day 8: Book your appointment. Do it today, even if the date is weeks away. Put it in your phone calendar with a reminder.
- Day 9: If you have a partner, decide when you'll tell him, using the ideas from Chapter 6. If you're not ready, simply choose who your "safe person" is.
- Day 10: If you're in a relationship, and you've talked to him, ask him to book his own check too. A semen analysis is usually one of the first tests and it saves time.
- Day 11: Pack your clinic folder: your notes, your questions, any previous test results, and a list of medicines and supplements you use. Keep it somewhere you won't forget.
- Day 12: Write your first-minute script for the doctor in your own words. For example: "Doctor, I'm worried about what my periods and the hair on my chin might mean for my fertility. I've brought notes, and I'd like to understand where I stand."
- Day 13: Check the practical side: the cost of the visit, whether you need to fast for any test, and which day of your cycle certain tests may need. Call the clinic and ask.
- Day 14: Take a quiet moment. Say a prayer, take a walk, or just sit. Write one thing you're proud of this fortnight.

Week 3: Build Gentle Habits (Days 15 to 21)

This week is about caring for your body in simple, steady ways while you wait for your appointment. These habits can support your general health and, for many women, help the body work better. They're not guarantees, and they're not a replacement for medical care.

- Day 15: Eat for steady energy. Use the food swaps from my main guide: protein and vegetables first, a smaller portion of swallow or rice, beans, fish, eggs, and plenty of vegetable soups. Keep your meals regular, and don't skip them.
- Day 16: Move your body. Take a 20 to 30 minute walk, dance in your living room, or do whatever exercise you enjoy. Regular movement helps your body use insulin better. You don't need a gym.
- Day 17: Look at your sleep. Choose a bedtime and protect it. Aim for around seven hours. Put your phone away 30 minutes before bed.

- Day 18: Calm your stress. Spend five minutes breathing slowly: in for four counts, out for six. Do it again tonight. Stress doesn't cause every fertility problem, but constant stress can disturb sleep, eating, and your cycle.
- Day 19: Ask about folic acid. Doctors commonly advise women who may become pregnant to take folic acid before and during early pregnancy. Ask your doctor or pharmacist whether you should take it, and what dose is right for you. Don't guess.
- Day 20: Check your habits. If you smoke, it's worth getting help to stop, as smoking can affect fertility. If you drink alcohol, ask your doctor how much is wise if you're trying to conceive. Please also avoid unregulated "fertility teas," powders, and herbal mixes, since some can be unsafe or interfere with medicines. Tell your doctor about anything you take.
- Day 21: Check in. Write a few lines: how's your sleep, your food, your mood? Which habit felt easiest? Keep that one.

If You're Trying Now: Timing and Patience

If you're on Road 1, here's the practical part.

Timing matters, but don't turn it into a job. You're most likely to conceive when you have intimacy in the days leading up to ovulation and on the day itself. For many couples, having intimacy every two to three days across the whole month covers this window without needing to track every detail. It also keeps the process kinder to your relationship.

Be careful with ovulation kits and apps. They can help some women, but if you have PCOS or irregular cycles, they can be misleading. Some kits can show positive results when you're not actually ovulating, and apps can only estimate. If your cycles are irregular, it's better to ask your doctor how to check ovulation properly.

Keep your relationship alive. Trying for a baby can turn intimacy into a task. Make time for rest, fun, and closeness that has nothing to do with the calendar.

Know when to ask for more. If you've been trying for the length of time we discussed in Chapter 5 for your age, or if you already have signs that need checking, don't keep waiting.

If You're Not Ready Yet: Protecting Your Options

If you're on Road 2, you're doing something wise by learning early.

Here's what you can do. Get your periods and hormones checked if you have irregular cycles. Ask your doctor how your age and health might affect your timeline. Learn about your options, including what's available if you decide to wait. Keep up the habits from this week. And

remember, there's no "right" timeline for every woman. You get to choose what's right for your life.

Week 4: Talk and Decide (Days 22 to 30)

This final week is about turning what you've learned into action.

- Day 22: Practise the doctor's script out loud once. Then practise two lines from the aunties' list in Chapter 6, so they feel natural.
- Day 23: Choose one person from your inner circle and decide when you'll talk to them. If you're ready, reach out today.
- Day 24: If you have a partner and haven't told him yet, plan the conversation. Choose a calm time and write your opening words.
- Day 25: Look at your calendar for the next month. Are there family events or baby events that may be heavy for you? Plan your exit, your buddy, and your scripts.
- Day 26: Go through your clinic folder again. Is everything ready? Do you have your questions, notes, and medicine list?
- Day 27: If your appointment has already happened, write down what the doctor said, what tests they ordered, and what the next steps are. If it's still ahead, review your questions.
- Day 28: Do something kind for yourself that has nothing to do with fertility. A good meal, a film, a visit with a friend who makes you laugh.
- Day 29: Reflect. Read your Day 7 note and your Day 21 note. What has changed?
- Day 30: Write down your next three steps. For example: attend the appointment, have the tests, talk to my partner. Put dates next to them.

Who to Talk To, and When

You shouldn't carry this alone. Here's a simple guide.

A doctor: for any medical question, test, or treatment decision. Don't rely on friends or websites for that.

A counsellor or therapist: if you're feeling anxious, low, or overwhelmed. Fertility worries can weigh heavily, and getting support is a sign of strength.

A trusted friend or relative: for company and comfort. Someone who listens without fixing.

A support group: many women find comfort in groups of others who understand. Choose carefully, protect your privacy, and be wary of anyone selling a "cure."

Your partner: for shared decisions and shared emotions. Remember, you're a team.

Please speak to a doctor or mental health professional soon if you feel hopeless, can't sleep for many days, can't enjoy anything, or have thoughts of harming yourself. If you're ever in immediate danger, contact your local emergency number right away.

Keeping Hope Without False Promises

Let me finish this chapter with something I believe deeply.

Hope and honesty can sit together. You can hope for a child and also be honest that nobody can guarantee it. You can take steps and also accept that some things are outside your control. You can be strong and still cry.

I won't promise you a baby. No guide, no doctor, and no prayer house can honestly do that. But I can promise you this: knowing where you stand is better than wondering. Taking a step is better than standing frozen. And you are more than your fertility. Whatever happens, you are still a whole woman, and your worth never depends on whether your body can do what others expect of it.

If that sounds hard to believe right now, that's okay. Read it again in a month.

Your Step Today

1. Choose your road: trying now, or planning for later.
2. Start Day 1 of the plan today, or tonight.
3. Check that your appointment is booked. If not, book it today.
4. Put a reminder on your phone for the key dates: your appointment, any tests, and your Day 30 review.
5. Say one kind thing to yourself before you sleep.

You've done something brave by reading this far. There's only one more thing I want to say to you, and it's the thing I wish someone had said to me on the nights I lay awake with my phone glowing in the dark. In the Conclusion, I'll tell you what I hope you carry with you from this guide, and what to remember on the hard days.

Conclusion
The Fear You Don't Have to Carry Alone

So you've reached the end. You've cleared the myths, learned the signs, prepared your questions, found your words, and made a 30-day plan.

I want to take you back to where we started: that quiet question behind all the others.

Will I still be able to have children?

I told you at the beginning that I couldn't answer it, and I still can't. Nobody can, not a guide, not a website, not an aunty with a strong opinion. Only a doctor who has looked at your whole picture can begin to tell you where you stand. Even then, bodies have a way of surprising us, in both directions.

But I hope the question feels different now than it did when you first opened these pages.

What Has Changed

Look at what you now know.

You know chin hair is a clue, not a verdict. It tells you where to look, not what you'll find.

You know PCOS is a real condition that can make pregnancy harder or slower, and that it is not the same as "never." You know the difference between a symptom, a diagnosis, and a fear.

You know why Google scares you, and why the loudest stories are not a forecast of your future.

You know the signs that mean "book a visit now," the timelines doctors commonly use, the tests you might meet, and the questions to ask. You know that fertility involves two people, and that checking both partners saves time and spares blame.

You know how to speak to your partner, your mother, and the aunties, and how to protect your peace at the hardest family events.

And you have a plan for the next 30 days.

That's the Myth-to-Fact Map: name the myth, look at the fact, choose the next step. A fear with a next step attached is much smaller than a fear with nothing but the dark.

What I Can't Promise You

I want to be honest one last time.

I can't promise you a baby. I can't promise that your tests will come back the way you hope. I can't promise your journey will be quick, or easy, or look like anyone else's.

Some of you will have good news sooner than you expect. Some of you will need patience, support, and treatment. Some of you may face harder news, or a different path from the one you imagined. I don't know which of those is yours, and I won't pretend to.

What I can tell you is that you're better off knowing than wondering. Information, even difficult information, gives you choices. Fear alone gives you nothing.

For the Hard Days

There will be hard days. A baby announcement from a friend. A thoughtless comment at a wedding. A late period, or an appointment that gives you more questions than answers. A night when the old fear comes back and the phone is glowing in the dark.

On those days, please remember a few things.

You're not behind. There is no single timeline for womanhood. Your life is not a race against other women's calendars.

Your feelings are allowed. You can be happy for others and sad for yourself in the same hour. That doesn't make you bitter. It makes you human.

You don't have to do this alone. Talk to your safe person, your partner, a counsellor, or your doctor. If the heaviness doesn't lift, or you feel hopeless, or you have thoughts of harming yourself, please speak to a doctor or mental health professional soon. If you're ever in immediate danger, contact your local emergency number straight away.

Don't let panic make your decisions. If someone pressures you to spend big money today, or promises a guaranteed result, step back. Take time. Ask questions. Get a second opinion.

Faith and medicine can walk together. Pray if prayer comforts you, and keep your appointments too.

My Final Note to You

My dear sister, I wrote this for the version of me who lay awake, afraid to type her own question into a search bar.

If that's you tonight, I want you to hear this. You are not broken. You are not behind. You are not less of a woman because your body has asked for extra attention. Whatever the future holds, your worth does not depend on what your body can or can't do.

You have already done something brave: you looked at the thing you were afraid of, and you started asking real questions. That takes courage, and I'm proud of you.

So book the appointment. Write your questions. Tell one person. Take one small step, and then another.

And on the nights the fear comes back, come and read this page again.

I’m always rooting for you,

Kemi Rose