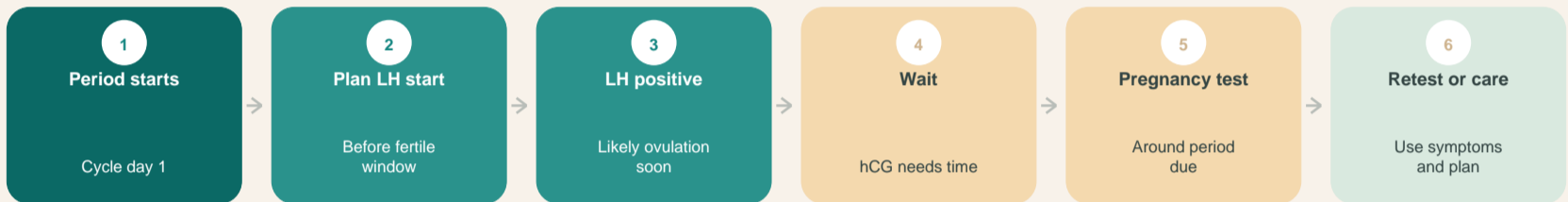


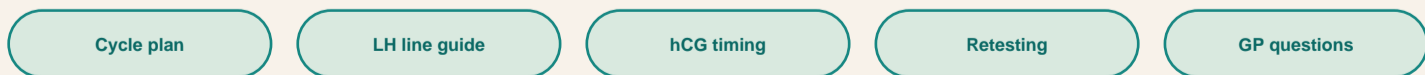
The Australian TTC Testing Guide

A cycle-by-cycle guide for using Fertility2Family ovulation tests, pregnancy tests, faint lines, retesting and GP questions.



Practical testing guidance for using Fertility2Family ovulation and pregnancy tests at home.

Plan your dates, read results inside the correct window, record what matters and know when to ask a GP or midwife for advice.



Find the section you need

Use this page to move straight to the answer you need today.

Start here

pages 3-4

Plan this cycle
Check what a result can mean
Avoid repeat testing loops

Understand your cycle

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LH, hCG, DPO and BBT
Hormone timing chart

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Choose the right test format

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Cycle checklist
Result tracker
Next steps and terms

Before you use this guide

Use this PDF when you need to choose an LH start date, a pregnancy test date, a retest plan or a question to take to your GP or midwife.

What our tests can do

Help identify a likely LH surge before ovulation or whether hCG is detected in urine at that testing time.

What they cannot do

They cannot prove ovulation happened, date pregnancy, assess pregnancy safety or explain worrying symptoms.

Use this guide to

Plan when to test, read inside the window, record useful dates and choose a calm retest plan.

Ask for help when

Pain, heavy bleeding, shoulder-tip pain, dizziness, fainting or feeling very unwell does not fit a home-testing plan.

Plan this cycle before you open a test

A written plan helps you test at the right time and stop checking the same result again and again.



Cycle plan

First day of full bleeding _____

Usual cycle length _____

Shortest recent cycle _____

Date I will start LH testing _____

First clearly positive LH test _____

Expected period date _____

Earliest pregnancy test date _____

Retest date if unclear _____

Worked example

If cycle day 1 is 1 June and your usual cycle is 28 days, many people start Fertility2Family LH testing around cycle day 10 or 11. If your cycles vary between 26 and 32 days, use the shorter pattern so you do not miss an earlier LH rise.

What a written plan does

- Sets your first LH test day** - Less likely to start after the useful fertile-window days.
- Records your first clear positive** - This is the main result to act on.
- Sets your pregnancy test date** - Reduces repeated early testing.
- Gives you one retest plan** - Keeps the next step calm if a result is unclear.
- Helps with GP review** - Useful dates are already written down.

What does my result mean?

Use this page before repeating another test. The result, meaning and next step stay together so you can act once and move on.

Result	What it can mean	Best next step
LH line lighter than control	LH has not reached the positive threshold for a Fertility2Family LH test. This does not mean ovulation will not happen this cycle.	Keep testing through your planned fertile-window range.
LH line as dark or darker than control	Your LH surge may be happening. This predicts likely ovulation timing, but it does not prove egg release.	If trying this cycle, time intercourse and record the first clear positive.
Pregnancy test negative before period due	hCG may not be high enough to detect yet. Early negatives can change.	Wait until the expected period date, or retest later if bleeding does not start.
Pregnancy test negative after missed period	Pregnancy is less likely, but late ovulation can still shift timing.	Retest if bleeding has not started. Speak with a GP if uncertainty continues.
Faint coloured line inside read time	hCG may be present. A faint line cannot date pregnancy or confirm viability.	Retest in 24 to 48 hours or arrange GP or midwife confirmation.
Line or mark after read time	It may be a drying mark, evaporation line, indent or dye mark.	Do not count it as positive. Use a new test and read inside the time window.
Pain, heavy bleeding, shoulder-tip pain, dizziness or fainting	A home test cannot rule out ectopic pregnancy, miscarriage or another urgent problem.	Choose clinical advice promptly. Call triple zero if symptoms are severe or you are worried about immediate safety.

Cycle days, fertile window and hormones

Testing makes more sense when the cycle has a map.

Why timing matters

The fertile window is before and around ovulation. Sperm can survive for several days in the reproductive tract, while the egg has a shorter time after ovulation. Waiting until ovulation has clearly passed can be too late for useful timing.

What LH testing does

A Fertility2Family LH test helps you catch the part of the cycle when ovulation may be close. It is a timing tool. It does not prove egg release, confirm fertility or diagnose a hormone condition.

Teaching model: hormones across a typical cycle



Term	Plain meaning	Testing relevance
LH	Luteinising hormone.	A rise can happen before ovulation.
hCG	Human chorionic gonadotrophin.	Pregnancy tests check urine for hCG.
DPO	Days past ovulation.	An estimate unless ovulation was clinically confirmed.
BBT	Basal body temperature.	May show a past ovulation pattern.

When to start ovulation testing

Start early enough to see the LH rise. A 28-day cycle pattern does not suit everyone.

Cycle pattern	Start Fertility2Family LH testing	Why this helps
21 to 24 days	Cycle day 6 to 7	Covers an earlier fertile window.
25 days	Cycle day 8	Gives time to catch an earlier LH rise.
26 to 30 days	Cycle day 9 to 13	Fits many regular cycle patterns.
32 to 35 days	Cycle day 15 to 18	Covers a later expected ovulation pattern.
Irregular cycles	Use your shortest recent cycle and test longer	Helps avoid missing an earlier LH rise.
Shorter than 21 days, longer than 38 days, absent or very unpredictable	Speak with a GP	Home LH testing may not answer the main question.

Plain rule

Do not wait until the day your app predicts ovulation. If cycle length varies, use the shortest recent cycle as your safety guide, then keep testing longer if needed.

Urine and timing

For Fertility2Family LH tests, avoid first-morning urine. Test between 10am and 8pm, at a similar time each day, and reduce fluids for about 2 hours before testing.

Maya: regular 28-day cycle

Maya marks cycle day 1 on Monday and starts LH testing around cycle day 10 or 11. If the line darkens, she keeps testing daily and may test later in the day.

Sarah: 26 to 32-day cycles

Sarah starts from the 26-day pattern, not the longest cycle, so she does not miss an earlier LH rise. She keeps testing longer if needed.

Leila: recent contraception change

Leila uses tests to collect information, not to prove ovulation is normal. If periods do not return or stay irregular, GP review is sensible.

Annie: PMOS

Annie records dates, symptoms and LH patterns. If results stay confusing, she asks her GP whether blood tests, ultrasound timing or referral are needed.

Daily routine: Test. Read inside the window. Record. Put the test away. If you miss a day, check nearby results and the timing of intercourse rather than assuming the cycle is lost.

How to use Fertility2Family ovulation tests

Read the product packet first. Strip and midstream formats fit into the same routine: correct sample, correct timing, correct read window.

Strip test: dip, lay flat, read at 5 to 10 minutes



1. Collect urine

Use a clean, dry container. Do not use first-morning urine for routine LH testing.

2. Dip correctly

Dip the strip for 5 seconds with the arrow end pointing into urine. Do not pass the MAX line.

3. Lay flat

Place the strip on a clean, dry, non-absorbent surface.

4. Read in time

Read between 5 and 10 minutes. Do not use changes after 10 minutes as a new result.

Midstream LH test

Hold the absorbent tip downward in your urine stream until thoroughly wet, replace the cap, then lay the test flat with the window facing up. Read inside the stated window for that product.

Control line rule

The control line shows the test has run. If the control line does not appear, the result is invalid and should not be interpreted.

Positive LH result

For Fertility2Family LH tests, a positive result means the test line is equal to or darker than the control line. This predicts likely ovulation timing, usually within the next 12 to 48 hours.

Your Fertility2Family ovulation test line guide

Compare the test line with the control line inside the read window. A faint line is not automatically positive.

Negative LH result



Only the control line appears, or the test line is lighter than the control line. Keep testing if you are still in your planned fertile-window range.

Faint LH line



A light test line appears, but it is still lighter than the control line. Do not treat it as positive. Continue the plan.

Rising LH line



The test line is getting darker, but remains lighter than the control line. Test again tomorrow, or later the same day if your surge is usually short.

Near-positive LH line



The test line is close, but still lighter than the control line. Do not guess. Confirm with another test inside the correct read window.

Positive LH result



The test line is equal to or darker than the control line. If trying this cycle, this is the result to act on and record as your first clear positive.

Invalid result



No control line means the test did not run correctly. Do not interpret it, even if a test line appears. Use a new test.

If LH lines stay confusing

The first clear positive usually matters more than chasing the darkest possible test. Keep each pattern and better action together.

First clear positive

Record the first test where the test line is equal to or darker than the control line. Use this as the main action point for timing intercourse.

Peak or darkest test

Your darkest test may appear after the first positive. Record it if helpful, but do not wait for the darkest result before acting.

Fading line after surge

A lighter line after a clear positive can mean the surge is passing. Keep the earlier positive as the more useful result.

Once-daily testing

This works for many people when started early enough and done at a similar time each day.

Twice-daily testing

Consider a second test later the same day if your line is close to positive, your surge is usually brief, or you often miss the clearest result.

Diluted urine

Too much fluid before testing can dilute LH in urine and make the line harder to read. Reduce fluids for about 2 hours before testing.

PMOS and confusing LH patterns

PMOS can make LH patterns harder to read because baseline LH may be higher or surges may be less clear. Use Fertility2Family tests to record patterns, not to diagnose. If results stay confusing across cycles, bring your dates, symptoms and test photos to your GP or fertility specialist.

Common LH testing mistakes and confusing patterns

Mistake or pattern	Why it confuses the result	Better action
Starting too late	You may miss the useful fertile-window days.	Use the shortest recent cycle and start early enough to see the rise.
Any line means positive	LH can be present at lower levels.	Positive means the test line is equal to or darker than the control line.
Reading old tests	Dry tests can change appearance.	Read at 5 to 10 minutes, then put the test away.
Short surge	A once-daily test may miss the clearest line.	If the line is close to positive, test again later that day.
Gradual rise	Lines can darken over several days.	Watch the pattern and record the first clear positive.
More than one rise	Some cycles show more than one LH rise.	Record dates and seek advice if this repeats or cycles are irregular.

Possible reasons patterns stay unclear

Mistimed testing, diluted urine, irregular cycles, recent contraception change, breastfeeding, PMOS or another cycle-related health factor can all make LH testing harder to interpret.

When to speak with a GP about ovulation testing

Home LH testing is useful, but it is not the right tool for every question.

Book a routine appointment if

Periods are absent, very irregular, very heavy, suddenly different or linked with severe pain. Ask earlier if you have PMOS, endometriosis, thyroid disease, diabetes, recurrent pregnancy loss, known sperm concerns or a previous pelvic infection.

Bring useful information

Cycle dates, LH results, pregnancy test dates, medicines, symptoms, how long you have been trying, and any known fertility or menstrual history.

What your GP may discuss

Cycle history, blood tests, thyroid function, prolactin, progesterone timing, semen analysis, ultrasound timing or referral.

Trying without pregnancy

Under 35: speak with a GP after 12 months. 35 or older: speak with a GP after 6 months. Go earlier if known concerns are present.

Why this is not a failure of testing

An LH test predicts a likely fertile window. It does not check whether an egg was released, whether tubes are open, whether sperm factors are present, or whether another health condition is changing your cycle. If the same confusing pattern keeps happening, good records make the GP appointment more useful.

How Fertility2Family pregnancy tests work

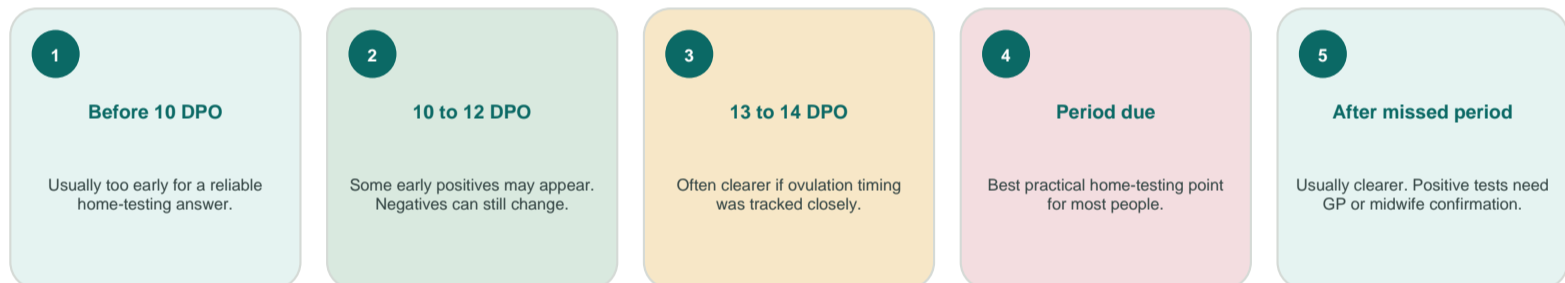
Pregnancy tests check urine for hCG. hCG rises after implantation has started, then needs time to reach the urine.

Result	What it means	Next step
Positive inside read time	hCG was detected. This may indicate pregnancy.	Arrange follow-up with a GP or midwife to confirm and discuss next steps.
Negative early result	hCG was not detected at that testing time. Before the expected period, this does not always rule out pregnancy.	Wait until the expected period date, or retest after 48 hours if bleeding has not started.
Negative after missed period	Pregnancy is less likely, but late ovulation can shift timing.	Retest if your period remains late. Ask for advice if results do not match your cycle or symptoms.
Invalid result	The control line did not appear, even if a test line appears.	Use a new test and check sample method, dipping depth, timing and read window.
Symptoms matter	Pain, heavy bleeding, dizziness, fainting or feeling very unwell should not be managed by repeat testing.	Use clinical advice rather than waiting for a darker line.

Read-time rule

For Fertility2Family pregnancy test strips, results may be read at 5 minutes. Do not read results after 10 minutes. For pregnancy tests, any visible test line with a visible control line inside the read time can indicate hCG.

hCG and DPO timing guide



If ovulation date is known

Use DPO carefully. A clear first positive LH test gives an estimate, but ovulation was not clinically confirmed. Testing around the expected period usually gives clearer information.

If ovulation date is unknown

Use period timing with caution. A negative test may be early because ovulation happened later than expected. Retest in 24 to 48 hours if bleeding has not started.

Faint lines, unclear results and calm retesting

A faint coloured line inside the read time can indicate hCG. A mark that appears after the read time should not be treated as a positive result.

Can mean

hCG may be present when the line is coloured and appeared inside the read time.

Cannot prove

A faint line cannot date pregnancy, confirm viability, or explain pain or bleeding.

Next step

Retest with first-morning urine after 24 to 48 hours, or arrange GP or midwife confirmation.

Faint line decision guide

Did the line appear inside the read time?

Retest in 24 to 48 hours or arrange a clinical check.

Did the mark appear after the read time?

Do not count it. Use a new test if needed.

Is there pain, bleeding, dizziness or fainting?

Choose care over another test.

Is the result still unclear?

Use first-morning urine and follow your retest plan.

Photo-checking tip

Photos can help memory, but they are not medical proof. Use the test read time and your retest plan rather than editing photos or checking a dry test repeatedly.

Unclear results, negative tests and calm retesting

Repeated same-day pregnancy testing rarely gives clear new information. Choose the next test time before you start.

Situation	Next test time or action	Why
Negative before period due	Wait until the expected period date, or at least 24 to 48 hours.	hCG may not yet be high enough to detect.
Negative on expected date	Retest in 24 to 48 hours if bleeding does not start.	Late ovulation can shift both the period and hCG timing.
Faint positive inside read time	Use first-morning urine after 24 to 48 hours, or book a clinical check.	hCG may be present, but a faint line cannot confirm timing or viability.
Invalid test	Use a new test and check sample, timing and read window.	A result without a control line should not be interpreted.
Positive test	Arrange GP or midwife confirmation.	You need next-step advice, pregnancy dating and care planning.
Late period with repeated negatives	Speak with a GP, especially if cycles are usually regular.	Pregnancy may be less likely, but cycle changes and symptoms still deserve review.

Evaporation lines

These are marks that can appear as a test dries. Do not treat a line that appears after the read time as a new positive result.

Negative test, no period

If ovulation was later than expected, your period may also be later. Retest after 24 to 48 hours if bleeding does not start.

When to speak with a GP or midwife

Home tests can guide timing, but symptoms, cycle patterns, age, medicines and time trying may need clinical advice.

Routine pregnancy or TTC questions

Book a preconception or early TTC check if you take regular medicines or have health conditions. Speak with a GP after 12 months of trying if under 35, or after 6 months if 35 or older. Ask earlier if you already know about a fertility, cycle, pelvic pain, endocrine or sperm-related concern.

Symptoms that should not wait

In early pregnancy or possible pregnancy, severe lower abdominal pain, one-sided pelvic pain, shoulder-tip pain, dizziness, fainting, heavy bleeding or feeling very unwell needs prompt medical advice. Call triple zero if symptoms are severe or you are worried about immediate safety.

Question to ask	Why it helps
What should I track next cycle?	Helps you focus on useful dates and avoid collecting information that will not change the plan.
What tests are useful now?	A GP can decide whether blood tests, progesterone timing, thyroid checks, ultrasound or other tests are appropriate.
Should my partner be tested?	Semen analysis may be part of fertility review and can save time if you have been trying without pregnancy.
If pregnant, what should I book next?	Helps you confirm pregnancy, plan dating, review medicines and understand early care steps.
When should I seek urgent help?	Gives you a personal plan for symptoms such as pain, bleeding, dizziness or fainting.

Choose the test format that fits your routine

Strips and midstream tests do the same broad job within their category. Choose by timing, handling, confidence and how often you need to test.

Format	Best fit	Main limit and instruction link
Ovulation test strips	Repeated LH testing across several days. Lower cost per test often matters when timing varies.	Requires a clean cup and line comparison. Open strip page and instructions.
Ovulation midstream tests	Direct LH testing without dipping. Useful if you prefer simpler handling.	Same LH limit: predicts likely ovulation but does not prove it. Open midstream page and instructions.
Pregnancy test strips	Repeated hCG testing across several days, especially when retesting is likely.	Requires dipping and careful read-window timing. Open strip page and instructions.
Pregnancy midstream tests	Larger direct hCG test format. Useful if handling is the priority.	Still needs correct timing and GP or midwife confirmation after a positive result. Open midstream page and instructions.

Choose strips if

You test across several days, want lower cost per test, and are comfortable using a clean cup.

Choose midstream if

You prefer a larger direct-test format and simpler handling.

For ovulation

Start early enough, test between 10am and 8pm, and compare the test line with the control line.

For pregnancy

Use realistic timing, read inside the window and confirm a positive result with a GP or midwife.

Printable checklist: use once per cycle

Tick what you actually did. The aim is clear timing and fewer avoidable test-reading errors.

Ovulation testing

- Marked cycle day 1
- Chose first LH test day
- Read instructions before testing
- Tested at a similar time
- Read inside result window
- Recorded first clear positive or no clear positive
- Did not treat a dry test as new evidence

Pregnancy testing

- Chose a sensible first test date
- Used first-morning urine if testing early or after unclear results
- Read inside result window
- Planned one retest time
- Arranged GP or midwife confirmation after a positive result

GP and midwife pathway

- Know preconception check point
- Know 12-month and 6-month fertility review timeframes
- Know symptoms need care, not more testing
- Know what to take to an appointment
- Know when partner testing may be discussed

Cycle notes

Cycle dates written: _____

LH result recorded: _____

Pregnancy retest planned: _____

GP trigger known: _____

Use this guide with your next cycle

Start with dates before opening the packet. Use ovulation pages before the fertile window, pregnancy pages after ovulation, and the GP page when home testing is no longer the right tool.

Keep this PDF for

Cycle worksheet, quick result guide, Fertility2Family LH line guide, faint-line decision guide, retesting plan, product instruction links and GP questions.

[Shop ovulation test strips](#)

[Shop ovulation midstream tests](#)

[Shop pregnancy test strips](#)

[Shop pregnancy midstream tests](#)

[Read product instructions](#)

Plain English testing terms

Term	Meaning
LH	Luteinising hormone. A rise can happen before ovulation.
OPK	Ovulation predictor kit. Another name for an ovulation test.
hCG	Human chorionic gonadotrophin. Pregnancy tests check urine for hCG.
DPO	Days past ovulation. An estimate unless ovulation was clinically confirmed.
FMU	First-morning urine. Often more concentrated for pregnancy testing.

Term	Meaning
BBT	Basal body temperature. Can rise after ovulation and show a past pattern.
Evaporation line	A mark that appears as a test dries after the read time.
Control line	The line showing the test has run.
Test line	The line that changes depending on LH or hCG detection.
Invalid result	A result that should not be interpreted, usually because the control line did not appear.

Health note

Home testing cannot assess pregnancy safety. Seek clinical care if pain, bleeding, faintness or other symptoms worry you. If cycles keep changing or you have been trying without pregnancy, use the GP question page in this guide.

References and source method

Fertility2Family publishes Australia-focused fertility education. Articles are written by our team and medically reviewed by Australian-registered health practitioners.

We use Australian consumer medicine information, Australian clinical and public health guidance, Fertility2Family product instructions and peer-reviewed research consistent with Australian care. We explain what the evidence suggests, what it cannot confirm, and when to see a GP or fertility specialist.

Reviewed for general health accuracy

Evan Kurzyp RN, BSN, Master of Nursing. AHPRA registration NMW0002424871. Last reviewed 30 May 2026. Next scheduled review 30 November 2027, or sooner if Australian guidance or product instructions change.

How to read the source list

Body pages do not repeat source notes. This back section lists the Australian health guidance and Fertility2Family product instructions used to check timing, result-reading and care pathways.

Product instructions

Used for strip and midstream handling, read windows, result interpretation and test-format guidance.

Australian clinical sources

Used for GP review timing, preconception care, pregnancy-test confirmation and urgent symptom guidance.

Peer-reviewed and specialist guidance

Used where cycle patterns, PMOS/PCOS and fertility timing need stronger clinical context.

References used for this guide

Full source URLs are included so readers can check the Australian guidance, product instructions and research used for this guide.

Pregnancy Birth and Baby

Ovulation and fertility

<https://www.pregnancybirthbaby.org.au/ovulation-and-fertility>

Pregnancy Birth and Baby

Pregnancy tests

<https://www.pregnancybirthbaby.org.au/pregnancy-tests>

Better Health Channel

Pregnancy testing

<https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-testing>

healthdirect

Planning for your pregnancy

<https://www.healthdirect.gov.au/planning-for-your-pregnancy>

healthdirect

Infertility

<https://www.healthdirect.gov.au/about-infertility>

healthdirect

Warning signs during pregnancy

<https://www.healthdirect.gov.au/warning-signs-during-pregnancy>

healthdirect

Ectopic pregnancy

<https://www.healthdirect.gov.au/ectopic-pregnancy>

Your Fertility

Timing sex for pregnancy

<https://www.yourfertility.org.au/everyone/timing>

Jean Hailes for Women's Health

Polycystic ovary syndrome

<https://www.jeanhailes.org.au/health-topics/pcos>

Monash Centre for Health Research and Implementation

International evidence-based guideline for PCOS

<https://www.monash.edu/medicine/mchri/pcos/guideline>

RANZCOG

Pre-pregnancy counselling clinical guideline

<https://ranzocg.edu.au/wp-content/uploads/Pre-Pregnancy-Counselling.pdf>

RACGP AJGP

Preconception care

<https://www1.racgp.org.au/ajgp/2024/november/preconception-care>

Australian Government Department of Health and Aged Care

Pregnancy care guidelines

<https://www.health.gov.au/resources/pregnancy-care-guidelines>

healthdirect

Medicines during pregnancy

<https://www.healthdirect.gov.au/medicines-during-pregnancy>

Fertility2Family

Product instructions

<https://fertility2family.com.au/product-instructions/>

Fertility2Family

Ovulation test strip instructions

https://fertility2family.com.au/wp-content/uploads/2021/05/F2F_Ovulation-Test-Strip-Instructions.pdf

Fertility2Family

Midstream ovulation test instructions

https://fertility2family.com.au/wp-content/uploads/2021/05/F2F_Midstream-Ovulation-Test-Instructions.pdf

Fertility2Family

Pregnancy test strip instructions

https://fertility2family.com.au/wp-content/uploads/2021/05/F2F_Pregnancy-Test-Strip-Instructions.pdf

Fertility2Family

Midstream pregnancy test instructions

https://fertility2family.com.au/wp-content/uploads/2021/05/F2F_Midstream-Pregnancy-Test-Instructions.pdf