

UNDERSTANDING AND EVALUATING INFERTILITY



INFERTILITY

Infertility is characterized as the inability to become pregnant after 12 months of regular, unprotected sexual intercourse. Infertility can be caused by any number of issues due to both female and male-related factors.

1 in 11 women have trouble getting or sustaining pregnancy

1 in 9 men experience infertility

The most common cause (40%) of infertility in women is related to issues with ovulation.

Common Causes of Infertility:

Female Factor Infertility	Male Factor Infertility
<ul style="list-style-type: none"> • Ovulation disorders • Abnormalities of the cervix or uterus • Blockage or damage of the fallopian tubes 	<ul style="list-style-type: none"> • Abnormal sperm production or function • Problems with ejaculation • Environmental factors

Certain cancer treatments can cause damage to reproductive organs resulting in infertility.

15-30% of infertile couples are diagnosed with **unexplained infertility** – when the causes cannot be determined.

Some women are at higher risk for infertility due to:

- Age (35 years or older)
- History of pelvic inflammatory disease or ectopic pregnancy
- Polycystic ovary syndrome (PCOS)
- Endometriosis
- Thyroid dysfunction

Male factor infertility can also occur in sexual partners due to past injury, trauma, or surgery to the scrotum and testes, or with men who experience challenges having erections or ejaculating.

Fertility conversations are often framed to apply to heterosexual couples. If you are single, LGBTQ+, or nonconforming, do not be afraid to discuss your fertility concerns or family planning goals with a health care provider that is open and responsive to your needs.

Regardless of your risk, consider talking to your health care provider even before you begin trying to conceive. Not only can they help you prepare for a healthy pregnancy, but they can also monitor your progress and diagnose potential infertility early on.

It is generally recommended to seek infertility treatment after 12 months of unprotected sex without conception. However, women who are 35 years or older should seek evaluation after 6 months of trying.

EVALUATING INFERTILITY

There are a number of causes for infertility in both men and women. Your health care provider should conduct an evaluation of you and your partner to assess what may be causing your difficulties to conceive. A fertility evaluation may involve a number of components and tests, such as:

- A complete medical history of both partners
- A pelvic exam
- Assessment of ovulation
- Tests for hormones associated with fertility and reproduction, such as estradiol, follicle-stimulating hormone, thyroid hormones, and anti-Müllerian hormone
- Evaluation of the uterus and fallopian tubes
 - **Hysterosalpingography (HSG)** uses a contrast dye and x-ray to visualize if the fallopian tubes are blocked.
 - **Diagnostic hysteroscopy** inserts a lighted telescope-like device into the uterus to view the uterine cavity.
 - **Transvaginal ultrasonography** and/or **sonohysterography** use ultrasound to view the inside of the uterus and fallopian tubes.
- Semen analysis to evaluate sperm health and function
- Additional preconception health testing to assess general health (e.g., blood count, infectious disease tests, immunizations)



The contrast dye used during the HSG diagnostic procedure can have a “tubal flushing” effect with indirect fertility benefits. Depending on the cause of infertility, some studies using an oil-based contrast dye have documented improved fertility within the first 6 months after undergoing the procedure.

ADDITIONAL RESOURCES

- [Broken Brown Egg](#)
- [Fertility for Colored Girls](#)
- [Fertility Within Reach](#)
- [Jewish Fertility Foundation](#)
- [RESOLVE: The National Infertility Association](#)

References

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