

QUICK REFERENCE FOR EVALUATING INFERTILITY

After a couple experiences 12 months of regular, unprotected sex without conceiving, it is time to evaluate the cause of their infertility and discuss treatment options. **Individuals with certain risk factors or health conditions, such as age 35 or older, pelvic inflammatory disease, endometriosis, or erectile dysfunction should be evaluated sooner (around 6 months).** Counseling should also be offered to couples who are not physically able to conceive (e.g., same-sex couples or persons lacking reproductive organs).

Fertility protocols and conversations are often framed for heterosexual couples. As a health care provider, it is important to be responsive to the needs of patients who are single, LGBTQ+, or nonconforming, and open to discuss their fertility concerns and family planning goals.

Knowing the overarching process for diagnosing infertility can help you educate your patients during

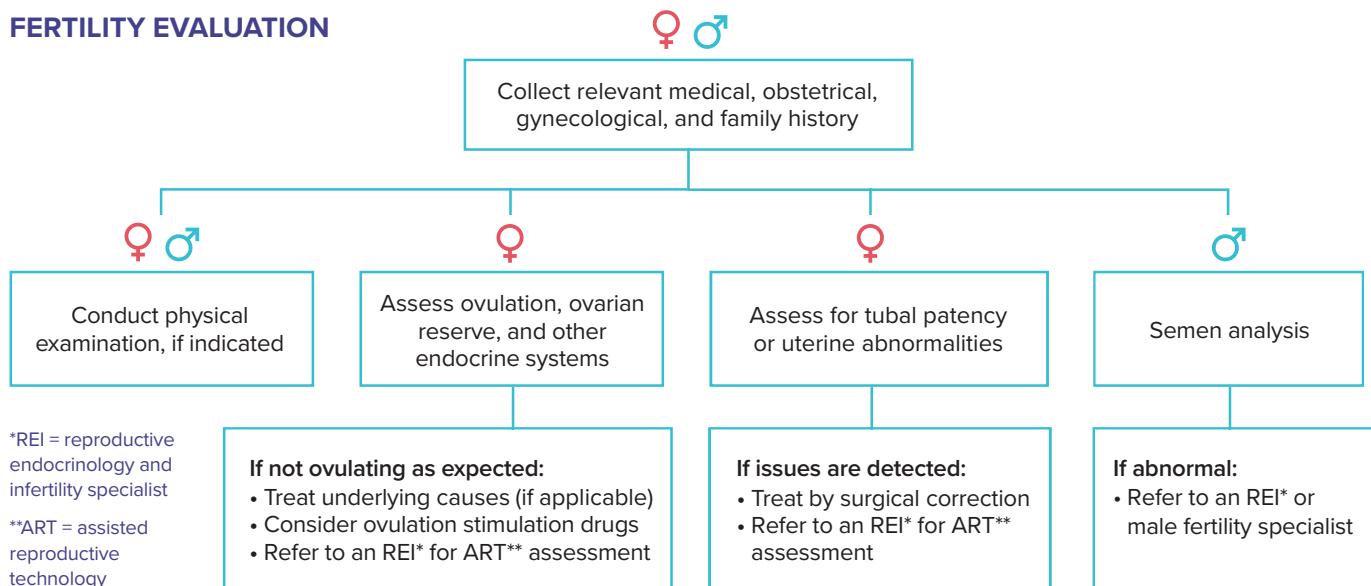
initial encounters and prepare them for the steps ahead, especially if that includes referring them to a fertility specialist. Moving patients from diagnosis to treatment quickly and efficiently is crucial for successful outcomes.

1/3 of infertility cases are caused by female factors
1/3 of infertility cases are caused by male factors
1/3 of infertility cases can be attributed to both male and female factors

Because infertility can be caused by any number of female and male-related factors, it is important to evaluate BOTH partners when looking to diagnose the cause(s) of infertility.

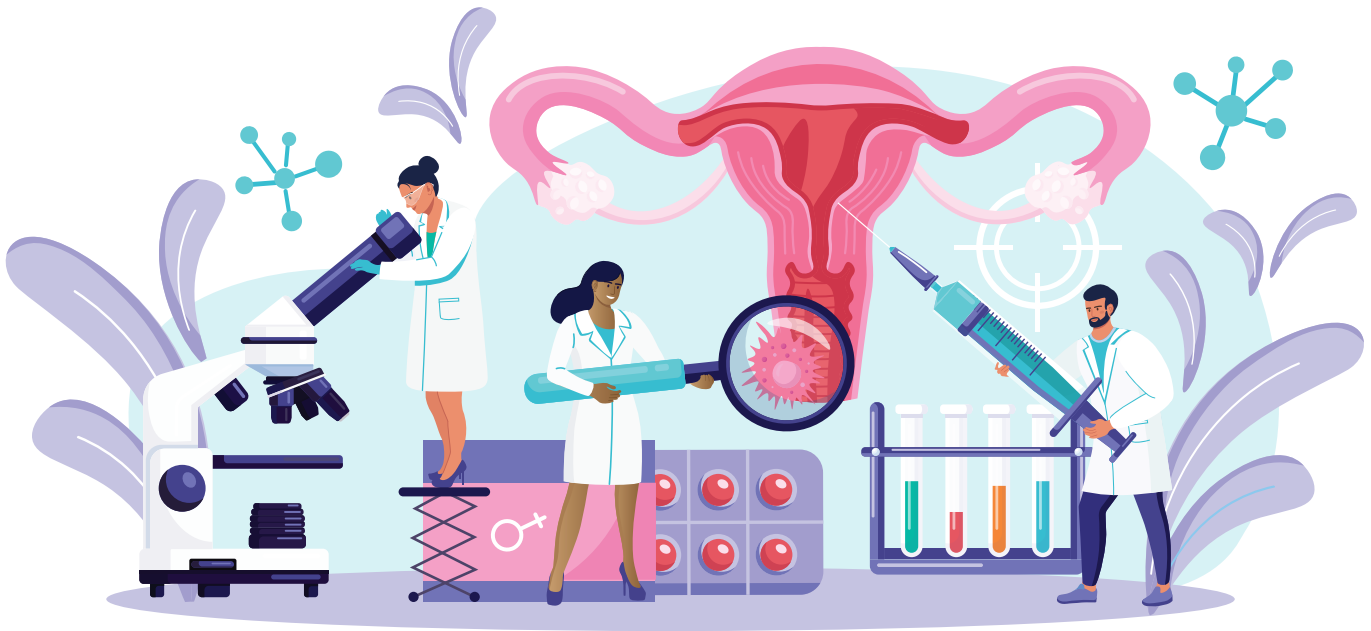
A thorough fertility evaluation may not indicate any significant anomalies: up to 30% of couples experiencing infertility are diagnosed with unexplained infertility.

FERTILITY EVALUATION



*REI = reproductive endocrinology and infertility specialist

**ART = assisted reproductive technology



CONNECTING TO OTHER FERTILITY PROVIDERS

Do not hesitate to make a referral to a provider who can assist with quickly and effectively supporting your patient’s fertility care plan.

Infertility care often requires consultation with a **reproductive endocrinology and infertility (REI)** specialist. These OB/GYNs are board-certified to provide advanced fertility care, such as diagnosing and treating complex fertility issues in both men and women.

Patients may also benefit from additional expertise on their health care team, for example, **interventional radiology** for certain minimally invasive procedures (e.g., hysterosalpingography) to diagnose and treat reproductive tract blockages that can impact fertility, or **reproductive urology** or **andrology** for male-factor infertility issues.

.....

The contrast dye used during the hysterosalpingography (HSG) procedure to evaluate tubal patency can have a “tubal flushing” effect with indirect fertility benefits. Some studies using an oil vs. water-based contrast dye showed women conceiving within the first 6 months after undergoing the procedure.

.....

ADDITIONAL RESOURCES

- [ACOG/ASRM Infertility Workup for the Women’s Health Specialist](#)
- [ASRM Practice Committee Documents](#)
- [Reproductive Life Plans: Initiating the Dialogue with Women](#)
- [Society for Reproductive Endocrinology and Infertility](#)

References

Lindsay T and Vitrikas R. Evaluation and Treatment of Infertility. *Am Fam Physician*. 2015;91(5):308-314.

Practice Committee of the American Society for Reproductive Medicine. Fertility Evaluation of Infertile Women: A Committee Opinion. *Fertil Steril*. 2021;116(5):1255-1265.