

FERTILITY TESTING FACTS

There are several tests to determine the cause of fertility problems. People who are having difficulty conceiving should seek medical treatment for fertility if they fall into one of the following categories:

- ✓ The woman and her partner are under age 35 and trying to conceive (regular intercourse without contraception) for one year without success.¹
- ✓ The woman and her partner are over age 35 and trying to conceive for six months without success.¹
- ✓ The woman or her partner already knows or strongly suspects that there is a reason why she may have trouble getting pregnant.

Many OB/Gyns and urologists are specially trained to treat people having difficulty getting pregnant. However, fertility problems may require a visit to a physician who specializes in infertility, known as a reproductive endocrinologist. The following is an overview of available tests:

Initial Tests²	
Physical Exam and History	A physician will take a medical history and perform a physical exam. The examinations vary based on whether or not any factors impacting fertility are found early in the evaluation. If there is a significant male factor, a urologist may perform the male partner's examination. After the physical exam, he/she will proceed with a series of basic tests to determine the cause of the problem, review results and develop a personalized treatment plan.
Blood Test	The doctor draws blood from the woman and tests it to determine levels of follicle-stimulating hormone (FSH), luteinizing hormone (LH) and estradiol, key hormones to development and quality of eggs. They also typically test for thyroid-stimulating hormone (TSH) and prolactin to detect thyroid disorders and/or hyperprolactinemia.
Clomiphene citrate challenge test (CCCT)	A CCCT tests a woman's ovarian reserve, which indicates her fertility potential when no problems are found in the fallopian tubes, uterus and vagina.
Semen analysis	A sperm sample is evaluated under a microscope for sperm count, motility and shape, among other factors.
Pap test (Pap smear)	Cells from the cervix and the vagina are examined under a microscope. A Pap test detects cervical cancer, changes in your cervical cells that suggest cancer may develop in the future and human papillomavirus (HPV), which may lead to cervical cancer.
Sexually transmitted disease (STD) and hepatitis screening	Both partners should be tested for STDs. <ul style="list-style-type: none"> • If left untreated in women, STDs can lead to scarring of the fallopian tubes and even cause changes in the cervix. • If left untreated in men, STDs can damage the delicate organs that transport sperm. Screening for hepatitis is another routine test.

Imaging Tests³	
Ultrasound	A transvaginal ultrasound exam is performed to assess the lining of the uterus, monitor follicle development and assess the condition of the uterus and ovaries.
Hysterosalpingogram (HSG)	A radiologist injects a special dye through the cervix and into the uterus and fallopian tubes and uses an X-ray machine to look for any tumors or blockages.
Hysteroscopy	A small fiber optic telescope is inserted into a woman's cervix to examine the uterus and diagnose conditions such as internal fibroids, scarring and polyps.
Saline hysteroqram (SHG)	During a pelvic ultrasound, saline is injected through the cervix to outline the uterine cavity, which allows the surgeon to see the wall of the uterus and the cavity at the same time. SHG is an effective method for diagnosing polyps, uterine fibroids and adhesions. This test may also be referred to as a sono-hysteroqram or water ultrasound.

Other Tests³	
Laparoscopy	A surgeon inserts a small fiber optic telescope into a woman's abdomen to view the uterus, fallopian tubes and ovaries, and to determine the presence of endometriosis or pelvic adhesions. A laparoscopy is normally performed when there is evidence or strong suspicion of endometriosis or pelvic adhesions. It is not routinely performed during an evaluation.
Endometrial biopsy	A small amount of tissue is scraped from the lining of the uterus and viewed under a microscope to determine if the woman has a hormone imbalance, which prevents her from sustaining a pregnancy. An endometrial biopsy is not routinely performed during an evaluation.

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References

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