

## **FERTILITY FAQs**

### ***How common are fertility problems?***

One in eight couples struggle with fertility problems.<sup>1</sup>

### ***Who experiences fertility problems? Men or women?***

Approximately 40 percent of fertility problems are due to a female factor and 40 percent are due to a male factor. In the balance of the cases, fertility problems result from problems in both partners or the cause of the infertility cannot be explained.<sup>2</sup>

### ***Can fertility problems be prevented?***

In some cases, patients can take actions to prevent fertility problems. Lifestyle choices, such as improving one's dieting and quitting smoking, can enhance fertility. However, many causes of fertility problems cannot be prevented.<sup>2</sup>

### ***What are some of the issues that may affect a couple's fertility?***

- **Age:** Fertility decreases with age in both men and women. A woman's fertility peaks in her mid-to-late 20s, starts to decrease in her late twenties and drops dramatically at age 35. A man's fertility begins to decline after age 35.<sup>3,4</sup>
- **Medical History:** Certain medical conditions or histories, including a history of STDs or abnormal menstrual cycles, could be a factor.
- **Lifestyle Choices:** Smoking, excessive alcohol use, poor nutrition (either under-nutrition or obesity) abnormal levels of exercise and excessive stress can all contribute to fertility problems.<sup>5</sup>

### ***At what point should women begin to talk to their doctors about fertility?***<sup>3</sup>

- Women under the age of 35 who have been actively trying to conceive for one year without getting pregnant need to realize that this could present a problem.
- Women over the age of 35, however, should speak with their doctors if they've been trying for six months with no success. This is because fertility dramatically declines as a woman reaches her mid-to-late 30s.
- Regardless of her age, any woman having irregular menstrual cycles who cannot conceive within six months should see her doctor.

### ***Who should a couple talk to if they are experiencing trouble conceiving?***

Many fertility problems can be treated by an OB/Gyn without an extensive fertility evaluation. An OB/Gyn can conduct a basic fertility work-up. However, if a problem is found during an evaluation or for more complex fertility issues, individuals should seek out help from a fertility specialist, known as a reproductive endocrinologist.<sup>2</sup>

### ***What can a couple expect to happen in a basic fertility evaluation?***

The process begins with a consultation. The consultation is followed by a full physical exam for each partner and basic fertility testing:

- Men usually have a semen analysis done first to look at the number, shape and movement of the sperm.
- For a woman, the doctor will run blood tests, and possibly an ultrasound, to determine whether she is ovulating normally.<sup>5</sup>

### ***Once a couple goes through basic fertility tests, what could the doctor recommend for achieving conception?***

There are a number of methods to treat fertility problems, including medicine, surgery and assisted reproductive technology. A reproductive endocrinologist takes a number of things into consideration when recommending a specific treatment plan.

### ***What is a Reproductive Endocrinologist (RE)?***

A reproductive endocrinologist (RE) is an obstetrician/gynecologist (OB/Gyn) with advanced education, research and professional skills in reproductive endocrinology and infertility. REs complete at least two additional years of specialized training in reproductive endocrinology and infertility at an approved fellowship program, following their training in obstetrics and gynecology.<sup>6</sup>

This specialization is important in the constantly evolving field of infertility, where physicians must be aware of new tests, drugs and procedures. REs can treat both men and women and some REs have subspecialties, such as in reproductive surgery (for fibroids or endometriosis). The RE will provide the couple with a range of treatment options, cutting-edge therapies and direct access to services through his/her office or center that will be needed throughout treatment.

### ***What is in vitro fertilization (IVF)?***

- In IVF, a man's sperm and a woman's eggs are combined in a laboratory dish, where fertilization occurs. Some of the resulting embryos are transferred into the woman's uterus to develop naturally.<sup>7</sup>

### ***Does in vitro fertilization work?***

- Since 1985 through the end of 2006, almost 500,000 babies were born in the United States as a result of reported assisted reproductive technology (ART) procedures.<sup>7</sup>
- IVF currently accounts for more than 99 percent of ART procedures.<sup>8</sup>
- The average live delivery rate for IVF in 2005 was 31.6 percent per retrieval - a little better than the 20 percent chance in any given month that a reproductively healthy couple has of achieving a pregnancy and carrying it to term.<sup>8</sup>
- In 2002, approximately one in every hundred babies born in the US was conceived using ART and that trend continues today.<sup>8</sup>

### ***Do insurance plans cover treatments for fertility problems?***

The degree of services covered depends on where a person lives and the type of insurance plan. Fourteen states currently have laws that require insurers to either cover or offer to cover some form of fertility diagnosis and treatment. Those states are Arkansas, California, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, Texas and West Virginia.<sup>8</sup>

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