

# Fertility assessment

If you meet the definition of infertility (page 1) or you have other reasons to suspect a problem, you may want to seek a fertility evaluation.

This will help to narrow down the cause of your problems and provide useful information about your options. An evaluation is for “fact finding” and does not commit you to any treatment.

To get a fertility evaluation you need to talk to your family doctor or nurse practitioner. He/she can begin the process by taking a medical history and physical exam, and ordering some tests. Your initial discussions will help your doctor to know whether to refer you to a gynecologist or urologist, or directly to a fertility specialist.

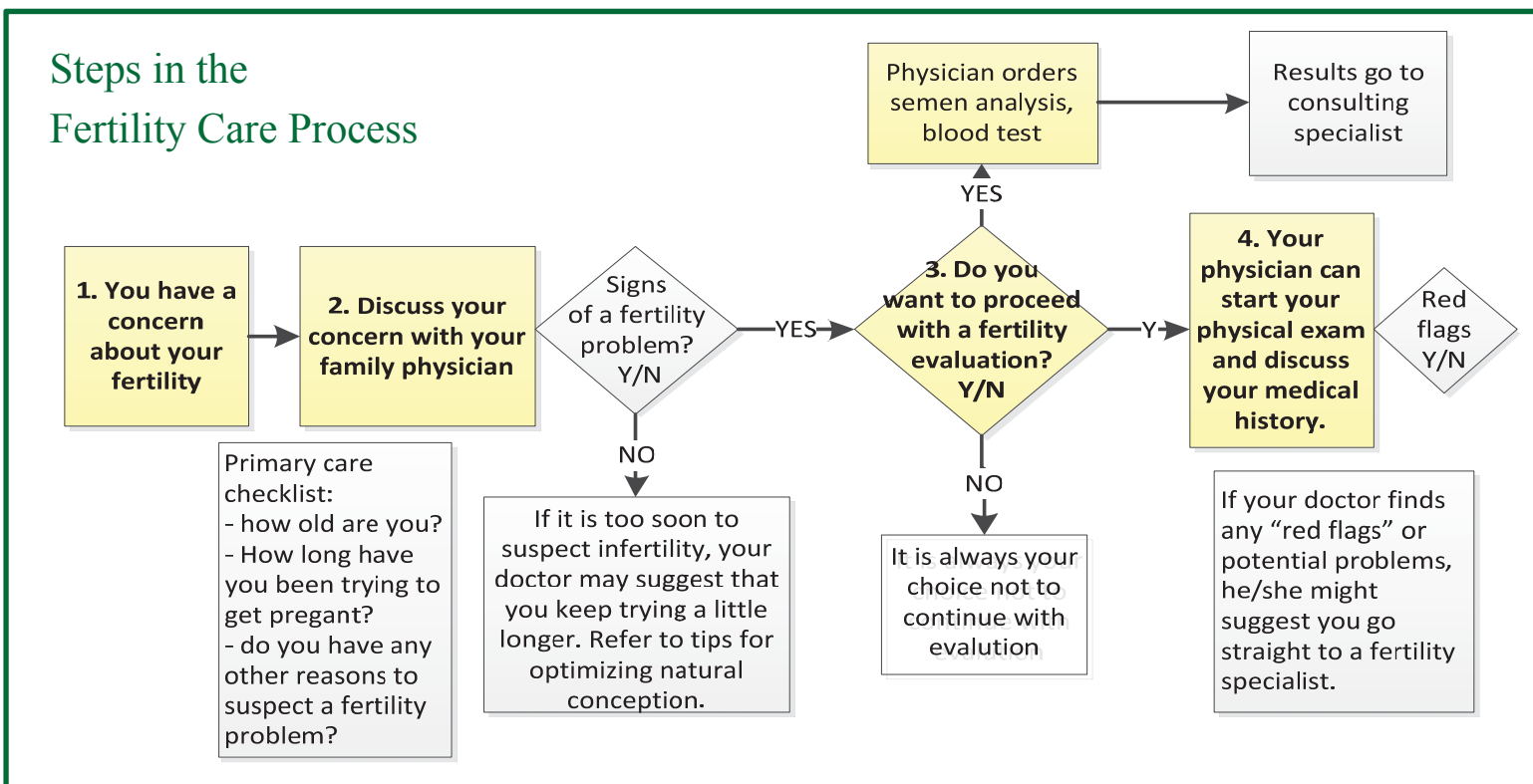
Doctors may approach an assessment with urgency or not, depending on the woman’s age, how long the couple has been trying to conceive, the couple’s preferences, and other unique features.

## Physical exam

A physical exam for infertility includes weight, body mass index (BMI), blood pressure and pulse. For women the exam may include the thyroid and breasts, as well as abdominal and pelvic exams. For men it may include a genital exam for assessment of the penis and testicles.

### For couples

Once a couple decides to proceed with fertility exams, both partners should be present and participating. Fertility assessment includes tests for both men and women. Just because one partner has had children before does not rule out a new cause for infertility.



## Medical history

When you start a fertility evaluation, you need to be prepared to openly discuss your sex life and other personal matters.

You will also discuss prior surgeries, current medications, sexually transmitted infections, social habits like tobacco and alcohol use or the use of other recreational drugs, and family history of medical or genetic diseases.

Your doctor needs to know if either partner has had children (or pregnancies) before, or has ever been evaluated for infertility before. For women who have been pregnant before, history includes how long it took to get pregnant and the outcome for each past pregnancy.

A fertility history for couples begins with:

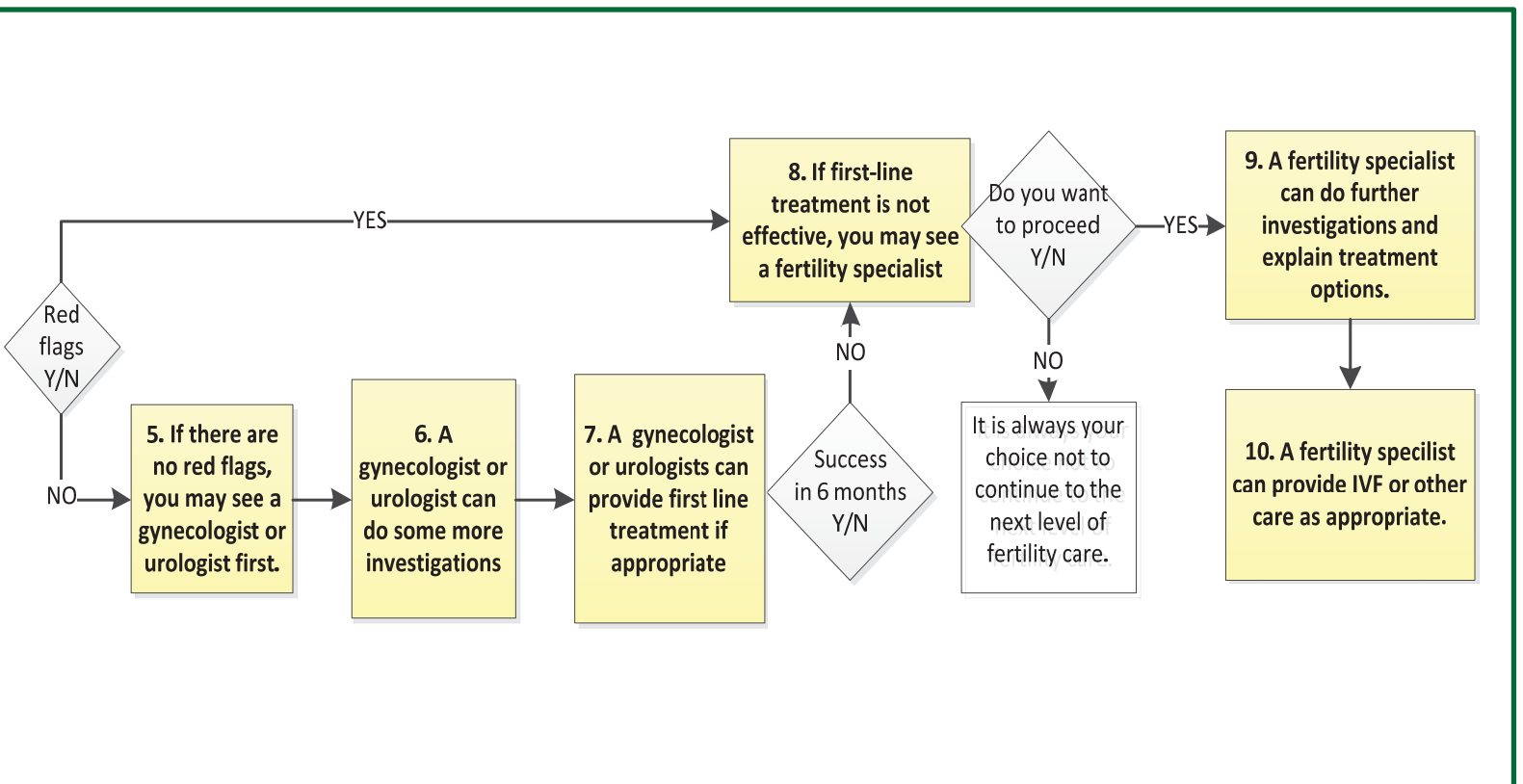
- How long have you been trying to get pregnant
- When and how often do you normally have sexual intercourse.

A fertility history for women includes:

- Pattern of menstrual cycles,
- Pain with menstrual periods or intercourse,
- Use of contraception
- Any prior pelvic surgery involving the cervix, uterus, ovaries, fallopian tubes or appendix
- Symptoms of medical conditions that can affect fertility.

A fertility history for men includes

- Assessment of sexual function including the ability to achieve erection and ejaculation
- Any history of problems with the testes, including infections, trauma, twisting (torsion), undescended testes or surgeries of the testes or groin
- Exposure to conditions or toxins that are known to impact male fertility, such as smoking, excessive heat and chemo radiation therapy



## Diagnostic tests

Tests for the most common causes of infertility are done first. It may be possible to diagnose the cause of fertility problems right away. Not all couples need to undergo all tests.

### FOR MEN - initial tests include:

**Semen analysis** - Provides information about the number, movement and shape of the sperm. For this test, men provide a semen sample, collected in a clinic setting or at home and dropped off within an hour.

**Blood test for hormones** - Hormones control sperm production. Blood tests for hormone levels are used to evaluate male fertility issues.

### FOR WOMEN - initial tests include:

**Blood test for hormones** - A regular menstrual cycle is a good sign that ovulation is happening. A blood test for follicle-stimulating hormone (FSH) is used to assess ovarian reserve (quantity and quality of eggs). Testing for other hormones like thyroid stimulating hormone (TSH) and prolactin helps to identify disorders that may interfere with fertility.

### Preparing for fertility testing

Before starting your evaluation, collect as much information as you can about the exact dates of menstrual cycles and estimated ovulation times. Provide this to your care providers. This helps determine when and if ovulation is taking place. It also helps with the scheduling of hormone tests that must take place at specific times in the menstrual cycle.

**Urine testing** - To check for sexually transmitted infections that can affect fertility.

### FOLLOW-UP TESTS

If initial tests don't identify a cause, a gynecologist may recommend more-invasive tests to evaluate a woman's uterus and fallopian tubes

**Hysterosalpingogram (HSG)** - An x-ray of the uterus and fallopian tubes to see if there is blockage or some other problem within the uterine cavity. If abnormalities might be present, a gynecologist can perform a hysterosonogram or hysteroscopy.

**Ultrasound and Sono-hysterogram** - A pelvic ultrasound is typically done with an ultrasound probe within the vagina to visualize the ovaries and uterus. A sono-hysterogram, like the HSG, is a test used to identify abnormalities within the uterine cavity and the fallopian tubes.

**Hysteroscopy** - A slightly more invasive test, where a hysteroscope is inserted through the cervix into the uterus. A physician can see any abnormalities, growths, or scarring in the uterus through the hysteroscope.

**Laparoscopy** - A day surgery that requires admission to the hospital and general anesthetic. A surgeon makes a small incision and inserts a laparoscope into the abdomen, which provides a view of the uterus, fallopian tubes, and ovaries. Sometimes this procedure is used not just for diagnosis, but also for treatment. It may be possible for scar tissue or other adhesions that are blocking fallopian tubes to be removed at the same time.

**Fertility evaluation up to this point is covered by your provincial health coverage.**