



Clinical Update: Streamlined Infertility Work-Up

2015-2016 Guidelines for Infertility Testing

Improvements in diagnostic tests and treatment technology are transforming the medical experience and rate of success for couples struggling with infertility. Greater efficiency and accuracy during the infertility evaluation is key in developing an appropriate treatment plan to help a couple achieve their ultimate goal, a baby.

Over the past several years, the initial female infertility evaluation has evolved to focus more on ovarian function as an indicator of fertility potential. However, assessing the uterine cavity, tubal patency, and semen quantity and quality are still important parts

of the evaluation. The three basic tests used to assess the causes of infertility are:

- Menstrual cycle day 3 bloodwork and transvaginal ultrasound
- Hysterosalpingogram (HSG)
- Semen analysis

In the majority of cases, this information is enough to indicate the cause of infertility and an appropriate treatment plan. Other tests such as a postcoital test, Clomid challenge test, and even routine laparoscopy are no longer indicated simply because the results do not change the treatment plan.

THE COMPLETE INFERTILITY WORK-UP AT SHADY GROVE FERTILITY

Name of Test	What the Test Measures	What the Test Tells Us
Day 3 Bloodwork	- Follicle-stimulating hormone (FSH) level* - Estradiol (E2) level - Anti-Müllerian hormone (AMH) level** - Luteinizing hormone (LH) level	Decrease in ovarian reserve status if: - Elevated FSH levels - Elevated E2 levels - Decreased AMH levels An elevated LH level would suggest anovulation and potentially polycystic ovary syndrome (PCOS).
Other Bloodwork <i>Usually completed on cycle day 3 for patient convenience</i>	- Prolactin level - Thyroid-stimulating hormone (TSH) level	Prolactin and TSH levels found to be outside of the normal limits may impact ovulation, resulting in irregular or non-existent ovulation.
Transvaginal Ultrasound <i>Completed on cycle day 3</i>	Antral follicle count (AFC)	AFC paired with hormone test results give physicians a clear picture of ovarian reserve status.
Hysterosalpingogram (HSG)	Uterine cavity and patency of the Fallopian tubes	Uterine anomalies such as fibroids or polyps can be seen in the cavity during an HSG, along with blockages in the tubes and the presence of hydrosalpinx.
Semen Analysis	Quantity and quality of sperm	Semen analysis shows occurrence and severity of male factor infertility.

* FSH levels will vary by the endocrine lab and the assay used, therefore, a patient may need to repeat an abnormal test. We recommend seeking a second opinion and possible further testing from a fertility specialist in the case of abnormal results.

** AMH can be measured at any time during a woman's menstrual cycle.

Testing for Egg Freezing Patients

Our recommendation for women interested in egg freezing is an immediate referral to Shady Grove Fertility for an evaluation of their ovarian reserve and counseling.





FERTILITY UPDATE

SHADY GROVE FERTILITY

8 Outdated Infertility Work-Up Tests

In April 2015, the American Society for Reproductive Medicine released a list of eight tests that should **not** be used in the routine diagnosis of infertility, including:

1. Routine laparoscopy for unexplained infertility
2. Advanced sperm function tests (sperm penetration and hemizona assays)
3. Postcoital test (PCT)
4. Thrombophilia testing
5. Immunological testing
6. Karyotype for the initial evaluation of amenorrhea
7. Endometrial biopsy
8. Prolactin testing in women with regular cycles

[LEARN MORE ABOUT INFERTILITY TESTING ▶](#)

KNOW WHEN TO TEST FOR INFERTILITY

A physician should evaluate a couple for infertility if:

- The female partner is 35 or older and the couple has been trying to conceive without success for 6 months.
- The female partner is under 35 years and the couple has been trying to conceive without success for 1 year.
- Women ages 40 and older should consider seeking a fertility evaluation immediately due to a significant loss of ovarian reserve common in this age group.
- A couple should seek an evaluation and infertility treatment immediately in cases of known anovulation, bilateral tubal occlusion, or severe male factor infertility.

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