

PREGNANCY MAGAZINE
LAURENCE A. JACOBS, M.D.
Fertility Centers of Illinois

“WHEN TO SEEK A REPRODUCTIVE ENDOCRINOLOGIST”

INFERTILITY IS DEFINED AS THE INABILITY TO ACHIEVE A PREGNANCY AFTER 1 YEAR OF UNPROTECTED INTERCOURSE IN WOMEN UNDER 35 OR AFTER 6 MONTHS OF TRYING FOR WOMEN 35 AND OLDER.

THE BASIC INFERTILITY INVESTIGATION CAN BE PERFORMED BY AN OB/GYN. A BASIC INVESTIGATION MAY INCLUDE:

- SEMEN ANALYSIS TO EVALUATE MALE FACTOR PROBLEMS
- HYSTEOSALPINGOGRAM (HSG) XRAY TO INVESTIGATE THE UTERUS AND TUBES
- OVULATION PREDICTOR KIT AND SERUM PROGESTERONE LEVEL TO ASSESS OVULATION
- A HORMONE EVALUATION (MEASURING SERUM ESTROGEN AND FOLLICLE STIMULATING HORMONE (FSH) DURING DAYS 2-4 OF THE MENSTRUAL CYCLE) CAN ASSESS WHEN THE ‘OVARIAN RESERVE’ OF EGGS IS DIMINISHING

IN ADDITION, DURING DAYS 2-4 AN ULTRASOUND TO EVALUATE THE NUMBER OF FOLLICLES (EGG SACS) IN EACH OVARY...ANTRAL FOLLICLE COUNT, IS ANOTHER USEFUL TOOL FOR EVALUATING ‘OVARIAN RESERVE.’ AS WOMEN AGE, THEY HAVE FEWER EGGS, POORER EGG QUALITY, LOWER PREGNANCY RATES AND INCREASED CHANCES FOR MISCARRIAGES. THESE IMPORTANT TESTS CAN OFTEN HELP A PATIENT AND/OR THEIR OB/GYN DECIDE WHEN IT MAY BE BENEFICIAL TO BE MORE AGGRESSIVE WITH FERTILITY THERAPY AND SEEK THE EXPERTISE OF A REPRODUCTIVE ENDOCRINOLOGIST (RE).

THERE ARE SEVERAL CONDITIONS OR CIRCUMSTANCES WHICH MAY PROMPT A PATIENT OR THEIR OB/GYN TO SEEK AN RE FOR MORE ADVANCED FERTILITY THERAPIES:

- **AGE 38 OR OLDER, OR DIMINISHED OVARIAN RESERVE AT ANY AGE.** THE BIOLOGICAL CLOCK IS TICKING LOUDLY, REQUIRING MORE AGGRESSIVE THERAPIES INVOLVING FERTILITY MEDICATION INJECTIONS (GONADOTROPINS) WITH INTRAUTERINE INSEMINATIONS (IUI) OR IN VITRO FERTILIZATION (IVF).
- **DOCUMENTED TUBAL DISEASE OR A HISTORY OF DAMAGE.** PREVIOUS ECTOPIC TUBAL PREGNANCIES, PELVIC INFLAMMATORY DISEASE (PID), OR CHLAMYDIA INFECTIONS WILL OFTEN COMPROMISE TUBAL FUNCTION OR PATENCY.
- **PELVIC DISORDERS CAUSING ADHESIONS (SCAR TISSUE),** SUCH AS ENDOMETRIOSIS, OR PREVIOUS ABDOMINAL SURGERIES FOR CONDITIONS SUCH AS RUPTURED APPENDIX OR RUPTURED OVARIAN CYSTS.
- **SIGNIFICANT MALE FACTOR PROBLEMS** (VERY LOW SPERM COUNT, MOTILITY OR FUNCTION)
- **FAILED CLOMIPHENE (CLOMID; SEROPHENE) OVULATION INDUCTION** THERAPY AFTER 3-4 ATTEMPTS WITH OB/GYN. IF NO SUCCESS, SEEK OTHER CAUSES OF INFERTILITY.

- **RECURRENT PREGNANCY LOSSES (MISCARRIAGES)**
- **UNEXPLAINED OR IDIOPATHIC INFERTILITY. (NO CAUSES IDENTIFIED)**
- **DONOR EGG, DONOR SPERM OR GESTATIONAL SURROGACY**