ACOG
The American College of Obstetricians and Gynecologists

FAQs

Evaluating Infertility

Frequently Asked Questions

What is an infertility evaluation?

An infertility evaluation includes exams and tests to try to find the reason why you and your partner have not gotten pregnant. If a cause is found, treatment may be possible. In many cases, infertility can be successfully treated even if no cause is found.

When should I consider having an infertility evaluation?

Experts recommend an infertility evaluation if you have not gotten pregnant after 1 year of having regular sexual intercourse without using birth control. If you are older than 35, an evaluation is recommended after 6 months of trying. If you are older than 40, talk with your obstetrician–gynecologist (ob-gyn) now about an evaluation.

What type of doctor does an infertility evaluation?

Your ob-gyn usually will do the first assessment. You also may see a reproductive endocrinologist (an ob-gyn with special training in infertility). Men may see a urologist. It is important to find a specialist you are comfortable with.

What causes infertility?

The most common cause of female infertility is a problem with ovulation. The most common cause of male infertility is a problem with sperm cells and how they function. Other factors that may affect fertility include age, lifestyle, and health conditions.

Sometimes no cause of infertility is found. This is called unexplained infertility.

How does age affect fertility?

For healthy couples in their 20s or early 30s, the chance that a woman will become pregnant is about 25 to 30 percent in any single menstrual cycle . This percentage starts to decline in a woman's early 30s. It declines more rapidly after age 37.

By age 40, a woman's chance of getting pregnant drops to less than 10 percent per menstrual cycle. A man's fertility also declines with age, but not as predictably.

How can lifestyle affect fertility?

Women who are underweight, overweight, or exercise too much may have a harder time getting pregnant. In women, drinking alcohol at moderate or heavy levels and smoking may reduce fertility. In men, smoking, heavy drinking, and using marijuana can reduce sperm count and movement.

How can health conditions affect fertility?

In women, several health problems can affect women's fertility, including:

- Problems with reproductive organs or hormones
- Scarring or blockages of the fallopian tubes (from past sexually transmitted infections [STIs] or endometriosis)
- Problems with the thyroid gland or pituitary gland

In men, infertility can be caused when the tubes that carry sperm from the testicles are blocked.

What should I expect during my first visit for infertility?

The first visit with a fertility specialist usually involves a detailed medical history and a physical exam. You will be asked questions about your menstrual period, abnormal vaginal bleeding or discharge, pelvic pain, and disorders that can affect reproduction, such as thyroid disease. You and your partner will be asked about health concerns, including:

- Medications (both prescription and over-the-counter) and herbal remedies
- Illnesses, including STIs and past surgery
- Birth defects in your family
- Past pregnancies and their outcomes
- Use of tobacco, alcohol, and illegal drugs
- Use of marijuana (recreational or medical)

You and your partner also will be asked questions about your sexual history, including:

- Methods of birth control
- How long you have been trying to get pregnant
- How often you have sex and whether you have difficulties
- If you use lubricants during sex
- Past sexual relationships

What tests are done for infertility?

Tests for infertility include laboratory tests, imaging tests, and certain procedures. Imaging tests and procedures look at the reproductive organs and how they work. Laboratory tests often involve testing samples of blood or semen .

What does the basic testing for men include?

Testing for a man often involves a semen analysis (sperm count). This is done to assess the amount of sperm, the shape of the sperm, and the way that the sperm move. Blood tests for men measure levels of male reproductive hormones. Too much or too little of these hormones can cause problems with making sperm or with having sex. In some cases, an ultrasound exam of the scrotum may be done to look for problems in the testicles.

What does the basic testing for women include?

Laboratory tests may include blood and urine tests. A urine test can tell when and if you ovulate. Blood tests can measure:

- Progesterone levels (to see if you have ovulated)
- Thyroid function (problems with the thyroid may cause infertility)
- Levels of the hormone prolactin (high levels can disrupt ovulation)
- Ovarian reserve (egg supply)

Imaging tests and procedures may include:

- Ultrasound exam
- Sonohysterography
- Hysterosalpingography
- Hysteroscopy
- Laparoscopy

You may not have all of these tests and procedures. Some are done based on results of previous tests and procedures. You also may track your basal body temperature (BBT) at home.

What is the purpose of tracking basal body temperature?

A woman's temperature rises around the time of ovulation. To track ovulation, you will need to take your temperature by mouth every morning before you get out of bed. You record your temperature on a chart for two or three menstrual cycles.

Charting monthly temperature changes can confirm ovulation but it cannot predict it. Some women also monitor their cervical mucus while charting BBT. Just before ovulation, a woman's cervical mucus becomes thin, slippery, and stretchy. Cervical mucus monitoring is a natural way to help a woman identify her most fertile days.

What does a urine test determine?

A urine test determines when and if you ovulate by detecting an increase in the levels of luteinizing hormone (LH) in the urine. A surge in the level of LH triggers the release of an egg. If the test result is positive, it suggests that ovulation will occur in the next 24 to 48 hours. This gives you an idea of the best time to have sex.

How is a progesterone test done?

For a progesterone test, a sample of blood is taken about 1 week before you expect your menstrual period. The level of progesterone is measured. An increased level shows that you have ovulated.

Why would a thyroid function test be done?

Problems with the thyroid gland may cause infertility problems. If a thyroid problem is suspected, levels of hormones that control the thyroid gland are measured to see if it is working normally.

Why are imaging tests and procedures done?

Different imaging tests and procedures are used to look at the uterus, ovaries, and fallopian tubes to find problems. Some procedures also are used to treat certain problems if they are found. The procedures that you have depend on your symptoms as well as the results of other tests. Common imaging tests for female infertility include the following:

- Ultrasound exam—This test can predict when ovulation will occur by viewing changes in the follicles .
- Sonohysterography—This special ultrasound exam looks for scarring or other problems inside the uterus.
- Hysterosalpingography—This X-ray procedure shows the inside of the uterus and whether the fallopian tubes are blocked.
- Hysteroscopy—This procedure uses a camera with a thin light source that is inserted through the cervix and into the uterus. This can show problems inside the uterus and help guide minor surgery.
- Laparoscopy—This procedure uses a camera with a thin light source that is inserted through the abdomen. This can show the fallopian tubes, ovaries, and the outside of the uterus.

How long does infertility testing take?

An infertility evaluation can be finished within a few menstrual cycles in most cases.

Is infertility testing covered by insurance?

Some insurance companies may cover the cost of an infertility evaluation. It is a good idea to call your insurance company to find out before you start your evaluation.

Glossary

Basal Body Temperature (BBT): The temperature of the body at rest.

Birth Control: Devices or medications used to prevent pregnancy.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Follicles: The sac-like structures in which eggs develop inside the ovary.

Hormones: Substances made in the body that control the function of cells or organs.

Hysterosalpingography: A special X-ray procedure in which a small amount of fluid is placed into the uterus and fallopian tubes to find abnormal changes or to see if the tubes are blocked.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Infertility: The inability to get pregnant after 1 year of having regular sexual intercourse without the use of birth control.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Luteinizing Hormone (LH): A hormone made in the pituitary gland that helps an egg to be released from the ovary.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual

bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Ovulation: The time when an ovary releases an egg.

Pituitary Gland: A gland located near the brain that controls growth and other changes in the body.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Reproductive Endocrinologist: An obstetrician–gynecologist with special training to manage disorders related to hormones of the reproductive system. These specialists also treat infertility.

Scrotum: The external genital sac in the male that contains the testicles.

Semen: The fluid made by male sex glands that contains sperm.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love").

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sonohysterography: A procedure in which sterile fluid is injected into the uterus through the cervix while ultrasound images are taken of the inside of the uterus.

Sperm: A cell produced in the male testicles that can fertilize a female egg.

Testicles: Paired male organs that produce sperm and the male sex hormone testosterone. Also called "testes."

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone, which controls the body's metabolism and regulates how parts of the body work.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Urologist: A physician who specializes in treating problems of the kidneys, bladder, and male reproductive system.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

FAQ136

Published: January 2020

Last reviewed: August 2022