

Trouble
Conceiving




DIAGNOSING THE PROBLEM

FIGURING OUT WHAT'S **PREVENTING** YOU FROM
CONCEIVING IS THE FIRST STEP TO STARTING YOUR FAMILY.
THE GOOD NEWS: OFTEN, ALL YOU NEED IS A
PRESCRIPTION OR A SIMPLE **OUTPATIENT** PROCEDURE.

By Barbara Brody

BRIEF ENCOUNTER

A 2018 Harvard study found that men who wore looser underwear had 25 percent higher sperm concentration than guys who wore briefs.



Even if you've officially been diagnosed as "infertile," (i.e., you've been unable to get pregnant after trying for a full year, or after six months if you're 35 or older), that catch-all term doesn't tell you anything about the root problem that's preventing you from having a baby.

Of course, you've heard all the stories about couples who drain their savings account and spend years trying for a baby. So when you can't get pregnant right away, you may think you're at the beginning of a long, expensive ordeal. But that's not

necessarily the case. "Only 2 percent of all my patients actually end up needing IVF to get pregnant," says Jane Frederick, MD, reproductive endocrinologist with HRC Fertility in Orange County, California. Often, medication or a simple outpatient procedure is all it takes to help a couple conceive.

But to find out what the underlying problem is, you'll need to consult a fertility specialist and have a basic workup that will include a physical exam and detailed health history; these can provide your doctor with clues about what's going wrong and

help him or her decide which tests are in order. From there, he or she might order other tests that will help them discover exactly what's preventing you from conceiving. These are some of the most common tests:

SEMEN ANALYSIS

It takes two to make a baby, and 30 percent of infertility cases are primarily due to a problem with the male partner, according to Resolve: The National Infertility Association. (Another 30 percent are due to a female factor, and the rest are caused by a combo or have no known cause.)

Trouble Conceiving



STEP BY STEP

Just because you're having problems getting pregnant doesn't mean you should rush into expensive treatments. A thorough medical exam can save time, money and heartache.

In men, one common obstacle is a varicocele, which is essentially a varicose vein in the scrotum. This problem can be detected during a physical, and may impact the quality and quantity of a man's sperm.

Whether your partner has a varicocele or not, he will likely need to undergo a semen analysis. That involves producing a semen sample that gets analyzed in a lab. The results will tell you whether he has a normal number of sperm (sperm count); if they're moving well (motility); and if they're shaped

properly (morphology). Depending on the problem, he may need surgery (to correct the varicocele); antibiotics (if an infection is the root cause); or hormone treatments.

HORMONE TESTS

Getting your period doesn't guarantee that you're ovulating. To find out, most fertility specialists will order so-called day 3 hormone testing. You'll come to the clinic (or a lab) on the third day of your period for blood work that measures estrogen, progesterone

and luteinizing hormone (LH). If the levels of these hormones are normal, you're probably ovulating properly.

At the same time, your levels of follicle-stimulating hormone (FSH) and anti-Müllerian hormone (AMH) will be tested. "FSH and AMH tell us about the 'ovarian reserve,' or how many eggs a woman still has inside her ovaries," says reproductive endocrinologist Zaher Merhi, MD, director of IVF research at New Hope Fertility Center in NYC. "Although these tests do not tell us an exact egg number, they suggest whether the ovarian reserve is good, low or poor."

If you're younger than 40 but haven't had a regular period for at least three months, blood tests may also be used to determine whether premature ovarian insufficiency (sometimes called premature ovarian

"If your thyroid is off it needs to be corrected [with medication] for you to have a successful pregnancy."

JANE FREDERICK, MD

failure or premature menopause) is to blame. This condition happens when your ovaries stop releasing eggs or only release them sporadically, which can make it difficult for you to conceive naturally.

PELVIC ULTRASOUNDS

A pelvic ultrasound uses sound waves to view the organs and structures of the reproductive system. It can be done with a wand on the abdomen or inserted inside the vagina. It “can identify uterine fibroids, as well as polyps, ovarian cysts, dilated fallopian tubes and other types of pelvic pathology” and other problems that could be interfering with conception, says Guy Ringler, MD, a reproductive endocrinologist with California Fertility Partners in Los Angeles.

Uterine fibroids, which are noncancerous tumors in the uterus, don’t always cause problems, but if your doctor believes that they are preventing you from getting pregnant, you may need surgery to remove them.

An ultrasound can also determine whether your uterus is shaped normally. “Some women have a piece of tissue in the middle, called a septum, that divides it,” says Frederick. If that’s the case, surgically removing the septum may help you conceive.

During an ultrasound, your doctor can also determine if your ovaries are functioning normally. He or she can count the number of “resting” follicles you have. These tiny sacs each contain an immature egg waiting to develop, but more isn’t necessarily better: “The

average number is 10 to 15,” explains Frederick. “Too few is not good, but if you have more than 20 it’s a sign that you’re not ovulating” because the follicles are not turning into mature eggs and being released. That’s a common problem among women with a hormonal disorder called polycystic ovary syndrome (PCOS). “These patients often respond well to Clomid, a drug that helps the ovary ovulate,” says Frederick.

In some cases, a pelvic ultrasound can also be used to diagnose endometriosis, which is when the tissue that makes up the uterine lining (the lining of the womb) grows outside the uterus—for instance, on the ovaries or fallopian tubes.

LAPAROSCOPY

Some women with endometriosis need to have a laparoscopy instead. During this procedure, the surgeon will make a tiny incision in your abdomen and use a thin device with a camera (laparoscope) to look inside the uterus.

HYSTEOSALPINGOGRAMS

Scarring from pelvic inflammatory disease (an infection caused by a sexually transmitted disease), endometriosis or a mucus plug could be blocking one of your fallopian tubes. To find out if there’s a blockage, your doctor may order a hysterosalpingogram (HSG). This is a type of X-ray, during which a contrast dye inserted through the vagina and cervix travels into the uterus and fallopian tubes.

“The HSG allows me to know whether the tubes are open and if the uterus is a normal shape,” says Frederick. Although HSG is primarily a diagnostic test, it also has the potential to be therapeutic, because as the dye is flushed out it may help clear something in its path. If that happens, you may be able to get pregnant right after that without further treatment, she says. ●

When to Consider Genetic Testing

COMMON MUTATIONS CAN BE THE PROBLEM.

Anyone who’s thinking about getting pregnant should consider genetic carrier screening, which checks to see if you or your partner are carrying common mutations that increase the risk that your baby will be born with a serious disease, says Guy Ringler, MD. But couples who have had several miscarriages should also consider a type of genetic testing that checks to make sure both you and your partner were born with the correct number of chromosomes and that those chromosomes are all in the right order.

But don’t worry—even if one of you is missing a chromosome or has “balanced translocation” (the right number of chromosomes, but in the wrong order), it’s not a deal-breaker, says Jane Frederick, MD. “You may need more high-tech interventions,” she explains. For instance, if you opt for in-vitro fertilization (IVF), you can have preimplantation genetic testing (PGT) done on an embryo before it’s implanted to make sure that it has the correct number and arrangement of chromosomes.