

# Is Summer The Time To Intensify Fertility Attempts?

By Richard Taavon, MD, FACOG



**Y**ou have been trying to have a baby for a while now and are wondering if it's time to see a doctor. The American Society for Reproductive Medicine defines infertility as one

year of active trying for women less than 35 years of age and six months for women 35 or older. For many teachers and other school employees, the clock is ticking. You have three months from the end of the school year to the beginning of the next. We want you to be prepared for the time commitments that infertility assessment and treatment may bring.

Before any treatment can begin, a diagnostic assessment is completed. The diagnostic workup is usually less time consuming than treatment. We suggest starting now, while you are still in school, so that your time off can be used for treatment cycles aimed at achieving pregnancy. Your board certified OBGYN can help you get started with your evaluation. At the first appointment a detailed history and complete physical examination is performed. In order to save valuable time, make sure you bring any medical records of prior testing or treatments. Often an ultrasound is performed to examine the ovaries and uterus. A plan for diagnostic testing, and possible treatment options, can be discussed during the initial evaluation.

The diagnostic work-up typically takes 1 to 2 months to complete due to the timing of the tests. Most women will have blood tests to check ovarian function and other hormones that can affect fertility. Blood work is usually done around day 3 and day 21 of a woman's menstrual cycle. Day 3 hormone

levels tell us about baseline ovarian function and day 21 hormone levels help determine if a woman is ovulating. Additional blood work may be ordered to check for other conditions that affect fertility based on a woman's history. A hysterosalpingogram (HSG) is often ordered to determine if the fallopian tubes are open. This needs to be performed during the first part of the menstrual cycle. If uterine fibroids or polyps are suspected, a saline sonogram or hysteroscopy may be done to better examine the uterine cavity. Occasionally, same day surgery is required before treatments can begin.

Male partners also need testing. A semen analysis should be completed to determine the number, motility and quality of sperm as well as testing for the presence of anti-sperm antibodies. If the first semen analysis is abnormal, a repeat may be requested. Repeats should be completed at least a month apart so it is wise to get this test done early in the process

so that there are no delays. Men with very low sperm counts may need additional blood tests and a physical examination with a urologist.

After the diagnostic workup is completed, a treatment plan is developed specific to each patient's situation. Your doctor should thoroughly explain all available treatment options and pregnancy rates associated with each. Occasionally, a referral to a board certified reproductive endocrinologist will be necessary.

Ovulation induction can be achieved through pills or daily injections. Which medications to use and the best medication dose are based on a woman's ovarian function. Typically, ultrasounds and blood-work are performed to monitor the cycle especially if injectable medications are used. This requires multiple visits during the cycle-at least two but may be up to five. Intrauterine inseminations (IUI) may also be recommended to place sperm closer to the egg. Evidence shows that IUIs improve pregnancy rates above using medications alone. Inseminations require one to two more visits for both the patient and her partner each month. For patients with blocked tubes, very low sperm counts or those who don't achieve pregnancy with simpler methods, In Vitro Fertilization (IVF) is often the best choice to achieve pregnancy. IVF requires more frequent office visits (every 1-3 days over a 10 day period) and a surgical procedure to remove the eggs. On the day of the surgical procedure the partner typically provides sperm to fertilize the eggs to create embryos. Later the embryos are replaced into the uterine cavity.

As you can see, the time commitment is greater during treatment cycles than during the initial diagnostic period. Completing the initial work-up early (May and early June) can save valuable time best used for treatment cycles. **WJ**



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