Feed Your Fertility

Fertility Work-up Checklist

Dealing with the challenges of infertility and knowing when to seek medical attention can be overwhelming on many levels.

- **Are you under 35 and have been trying to conceive for over a year?**
- **Are you over 35 and have been trying for more than six months?**
- **Are you over 40 with more than 3 months of negative pregnancy tests under your belt?**
- **Do you have a family history of early menopause, endometriosis, PCOS or infertility?**

If you answered yes to any of these, it's time to consiwder a proper fertility workup. Most women aren't sure where to go or what tests are needed to determine the best course of action. This checklist is here to keep you in the driver's seat.

Being an advocate for yourself when it comes to medical care is just as important when you're dealing with infertility as any with other medical issue. Skipping any of the tests on this checklist should be for good reason, so it is imperative that you stay on top of your medical care and find out why your doctor may be recommending opting out of any of the following:

Blood work (Women)

CHECK YOUR HORMONES THROUGH BLOOD WORK. The following hormone levels are essential for getting a clear picture of your ovarian reserve and overall reproductive and endocrine health:

FSH (FOLLICLE STIMULATING HORMONE)
Stimulates the ovaries to produce eggs
Tested on day 2-3 of cycle, Range: 4-9 mIU/ml
Result: ____________________
Date ____________________

ESTRADIOL
The form of estrogen produced by the ovaries
Tested day 2 or 3, Range: 20-70 pg/ml on day 2-3
Result: ____________________
Date ____________________

AMH (ANTI-MULLERIAN HORMONE)
A predictor of ovarian reserve
May be tested any day of cycle, Range: 1.5-4 ng/ml
Result: ____________________
Date ____________________

TSH (THYROID STIMULATING HORMONE)
Checks thyroid function, critical for fertility
Can be tested any day of cycle, Range: 0.5-5 mIU/L, should be 0.5-2 for fertility.
Result: ____________________
Date ____________________

** Beyond TSH: A complete thyroid panel is best, especially if one is symptomatic at all, and even if TSH is normal. This would include TSH, T3 (total, free and reverse), T4 (total and free), and thyroid antibodies. Speak to your doctor about running a complete thyroid panel vs. TSH only.

LH (LUTENIZING HORMONE)
Triggers ovulation
Tested on day 2 or 3. Range: Ideal is roughly 1:1 with FSH
Result: ____________________
Date ____________________

PROGESTERONE
Made by the corpus luteum and necessary to maintain pregnancy
Tested 5 days past ovulation, Range: > 3 ng/ml confirms ovulation, > 10 ng/ml is ideal for pregnancy
Result: ____________________
Date ____________________

PROLACTIN
Made by the pituitary, function is to promote lactation
If elevated, can inhibit ovulation. May be caused by a benign tumor on the pituitary, which should be ruled out via MRI if levels are high.
Tested any day of cycle, Range: 2-29 ng/ml
Result: ____________________
Date ____________________

VITAMIN D3
A critical nutrient for immunity, overall health and fertility. If low, sun exposure and supplementation are critical.
Tested any day of cycle, Normal Range: 50-90ng/ml
Result: ____________________
Date ____________________

** If PCOS is suspected, additional tests to check androgen levels (DHEA, Testosterone) and a complete metabolic panel should be run. See Feed Your Fertility for more details.

≈ Structural Tests (Women) ≈

BEYOND BLOOD WORK TO CHECK HORMONE LEVELS, it's important to take a look at the uterus itself, the fallopian tubes and the ovaries. Structural problems can impose a serious (and often reparable) obstacle to pregnancy, and should be diagnosed at the outset. Discovering a blocked tube or uterine scarring (for example) after undergoing expensive and emotionally draining fertility treatments is nothing short of exhausting, so don't delay or skip over these important exams!

PELVIC ULTRASOUND

This simple and minimally invasive test allows your doctor to view the eggs in your ovaries, your fallopian tubes and to some degree the uterine cavity itself. It is often used to count follicles at the beginning of the cycle (day 2 or 3 of your period) and to determine if conditions are optimal for starting stimulation with fertility medications.

Was right ovary visualized? Y/N

How many follicles were seen (and when in cycle?) ______________________________

Was left ovary visualized? Y/N

How many follicles were seen (and when in cycle?) ______________________________

Does the uterine cavity look to be normal in shape? Y/N If no, explain ______________________________

Do the fallopian tubes appear normal? Y/N If no, explain ______________________________

Are there any signs of cysts on the ovaries? Y/N. If so, what kind, how many and what size are they?

____

HSG (HYSTEROSALPINGOGRAM)

A baseline test given to women experiencing fertility challenges in order to assess the inner walls of the uterus and the patency (openness) of the fallopian tubes.

The test is performed through the insertion of a catheter through the cervix and into the uterus. Radiopaque dye, similar to that used in an angiogram (or other such procedure), is then squirted into the uterus and through the fallopian tubes. If the tubes are open, it will be apparent to the radiologist, as the dye goes into the tubes through the uterus and cascades out the other end.

This test also looks at the inner walls of the uterus and can rule out certain abnormalities, like a septate or bicornuate uterus, fibroids, polyps and scarring. Be sure to go over the results of this test in detail with your doctor and make sure that each aspect is reviewed carefully. Make notes here about any possible abnormalities that may have been visualized, along with recommendations for further testing or corrective procedures:

✷ ADDITIONAL STRUCTURAL TESTS MAY INCLUDE ✷

- ❋ **Hysteroscopy** (where a camera is inserted to fully view the uterine cavity, and may include polyp or scar removal or correction of uterine septum)
- ❋ **Saline ultrasound** (like an HSG, but with saline instead of dye. Saline ultrasound CANNOT diagnose blocked fallopian tubes)

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≈ Semen Analysis (Men) ≈

THIRTY PERCENT OR MORE OF COUPLES EXPERIENCING INFERTILITY HAVE MALE FACTOR ISSUES. Either the quantity (volume, concentration, or count), quality (morphology or DNA issues), or motility (strength and directionality) are compromised. Sometimes, all three are an issue. Rarely, there are no sperm at all, a condition called azoospermia.

Date of semen analysis: ____________________

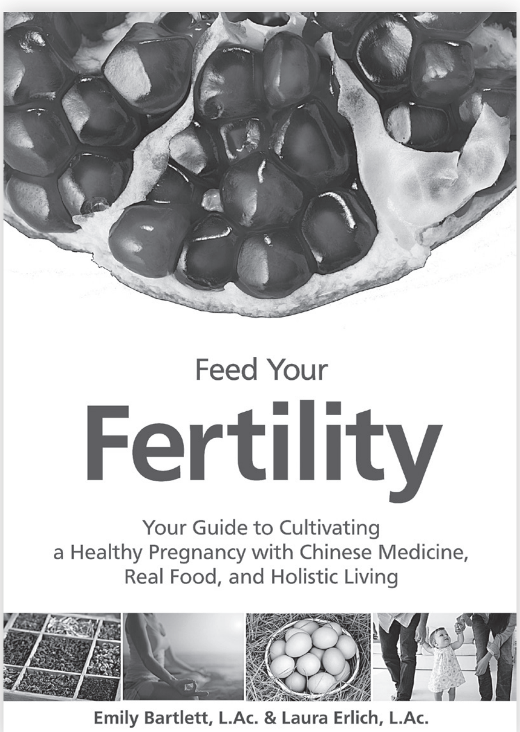
Volume: ______________________________ml (normal > 1.5 ml*)

Concentration: __________________________/ml (normal > 20 million/ml*)

Progressive motility: ______________________% (normal > 60%*)

Normal forms (morphology): ________________% (normal > 4%*)

*based on the 2010 WHO parameters for a healthy sperm profile



For a more detailed explanation of each of these tests, read *Feed Your Fertility*. Keep in mind that labs may measure values slightly differently. If the reference ranges on your results differ from what you see above, we suggest going over it with your doctor.

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