

# Infertility

## What is infertility?

Infertility affects one in six Australian couples at some point in their relationship. The prevalence of this issue is growing here and abroad as competing priorities drives couples to delay starting their family.



A couple is regarded as having a fertility problem if they fail to conceive after 12 months of regular, unprotected sex. Many people don't realise just how low the chances are of conceiving naturally each month. For women aged between 25 and 35, on average, there is a 20 per cent chance of getting pregnant each cycle. Roughly 85 to 90 per cent of couples in this age bracket will conceive within the first 12 months of trying. For younger women, the monthly probability of pregnancy is higher and for older women it can be considerably lower. Fertility rates drop markedly for women, usually between the ages of 38 and 42.

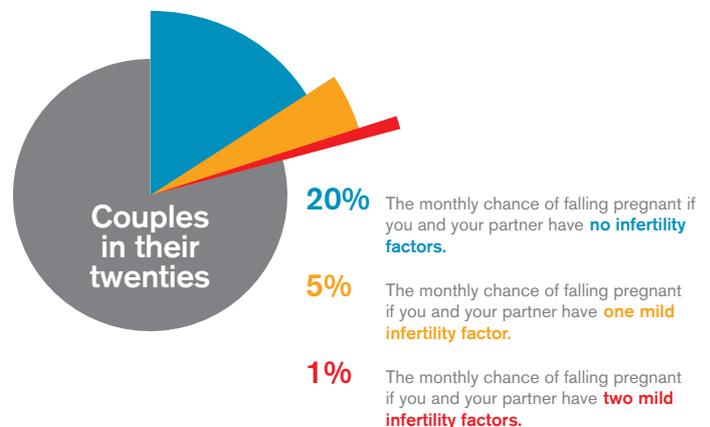
Male and female infertility each account for approximately 40 per cent of cases of infertility in couples and the remaining 20 per cent of couples either both have a fertility problem or the cause is unexplained.

## When to investigate?

Twelve months of unsuccessful regular, unprotected sex is a common benchmark for determining when to begin investigating fertility. Earlier assessment may be warranted if there are clinical clues to the likelihood either partner has a fertility problem. As age is the biggest factor in a woman's ability to conceive, it is also often recommended to consider investigating infertility in female patients aged 35 years and over after just six months of regular, unprotected sex.

Early, accurate diagnosis of the cause of infertility is essential to give patients the best chance of either maximising the chance of conceiving naturally or seeking assistance with assisted reproductive techniques.

## Female factors



While age is the major factor in female infertility, there are several other common causes of female related infertility.

For women, fertility problems can be related to:

- physical problems such as blocked fallopian tubes or endometriosis
- ovulation disorders such as PCOS or
- age (and therefore the age of a woman's eggs)

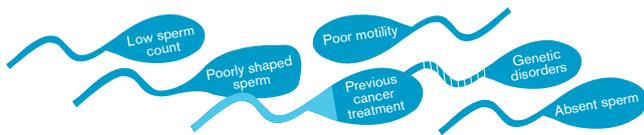
## Male factors



**4 in 10**  
fertility problems  
can be attributed to males.

The main causes of fertility problems in men are sperm related and there will be a decrease in fertility if the sperm are:

- not being produced in adequate numbers (oligospermia - a normal amount is considered to be more than 15 million sperm per millilitre of semen) or at all (azoospermia)
- being produced, but facing an obstruction that prevents them from reaching the outside world
- being produced but misshapen (poor morphology - at least 2 per cent of sperm should be perfect at any given time for maximum fertility)
- being produced, but not swimming very well (poor motility) or
- functionally impaired by antibody production in either partner which inhibits fertilisation between the sperm and egg



These problems can be caused or exacerbated by a number of lifestyle choices, or issues that are identifiable in the medical history or following investigations:

- smoking, excessive alcohol, or recreational drugs
- genetic issues
- testicular injury
- heat
- undescended testes
- prior testicular torsion
- radiation damage
- infections such as mumps

However very often the cause of male infertility is not clearly identifiable.

Whilst some of these problems can be treated through life style changes or surgically, in most cases assisted conception (IVF) is the best option. If no sperm are present, donor sperm treatment may be considered.

## Unexplained infertility

At least 20 per cent of couples may have unexplained infertility, whereby the usual investigations undertaken reveal no obvious cause.

### The initial assessment

There are a few straight forward, logical steps for a specialist to assess a patient's fertility.

#### 1. A comprehensive fertility history for both partners including:

- Age
- Frequency of intercourse
- Duration of trying to conceive
- Menstrual cycle regularity in the female
- Previous pregnancies in this and earlier relationships
- Genital history including previous genital or pelvic infection
- Medications
- Alcohol consumption, smoking, drug use

For female patients, it's important to investigate details of the menstrual cycle including duration, periodicity and any instances of heavy menstrual bleeding which can indicate fibroids or endometriosis. The presence of regular cycles (say 26 – 32 days) is as good a predictor of ovulation as measuring day 21 progesterone.

**2. Examination – both partners should be measured for their BMI and have their blood pressure tested. A basic gynaecological exam should be carried out on the female patient including a Pap smear and breast check if due.**

**3. Investigation – These fertility tests are recommended for initial investigation:**

| Female   | Male   |
|--|--|
| <ul style="list-style-type: none"><li>▪ Hormones assessed by blood tests</li><li>▪ Pelvic Ultrasound to check for tubular blockage (HyCoSy or Hysterosalpingocontrastsonography)</li></ul> | <ul style="list-style-type: none"><li>▪ Semen analysis and IBT (anti-sperm antibody)</li></ul> |

If any of these test results are outside the normal range or if the female patient's age is a concern, referral to a Fertility Specialist is recommended.

Regardless of the test results, time spent trying to conceive should be monitored as a strong indicator of fertility. It is recommended that patients under 35 continue trying for a maximum of 12 months and patients over 35 continue trying for a maximum of 6 months before referral to a Fertility Specialist.

**For further information, call  
Felicity our Genea Fertility Advisor  
on 1300 361 795**