

the fertility cheat sheet

If you've been trying to conceive for more than a year and are headed to your first appointment with a fertility specialist, here's a list of key diagnostic tests, questions, and relevant metrics to get informed, be your best advocate, and ensure you're getting the best care possible. We collaborated with Fertility IQ and spoke to various Ob/Gyns and reproductive endocrinologists to prepare this checklist and questionnaire.

Before you visit your doctor, write down the following:

How long your typical menstrual cycles last _____

When you typically ovulate _____

Medications you and your partner take _____

Be prepared to mention:

- | | |
|--|--|
| <input type="checkbox"/> Any health conditions | <input type="checkbox"/> Miscarriages |
| <input type="checkbox"/> Family history | <input type="checkbox"/> Procedures affecting the uterus |
| <input type="checkbox"/> Severe or irregular periods | <input type="checkbox"/> Travel to Zika-related areas |
| <input type="checkbox"/> Sexually transmitted infections | <input type="checkbox"/> Lifestyle habits such as smoking, exercise and diet |
| <input type="checkbox"/> Previous pregnancies | <input type="checkbox"/> How you're trying to get pregnant |

Ask your doctor to check:

Hormone levels

Your endocrine system, which is made up of several glands that produce hormones, is a big player when it comes to producing follicles, ovulating, and preparing the inside of your uterus for pregnancy. Your doctor may test your estrogen, progesterone, prolactin, testosterone, DHEAS, and thyroid-stimulating hormones, to ensure everything is in balance.

Antral follicle count (AFC)

This is a vaginal ultrasound that looks at the lining of your uterus and ovaries, and can determine the number of follicles growing on your ovaries. This number can reveal a host of things, including roughly how many eggs would be retrieved if the ovaries were stimulated with fertility drugs.

fertility questionnaire cont.

Anti-mullerian hormone (AMH)

This relatively simple blood test measures the amount of anti-Mullerian hormone in your body. Although an AMH test is often marketed as an “egg counter,” it really just gives doctors a sense of how well your ovaries would respond to fertility medications. So, AMH is super relevant if you’re pursuing IVF, but it’s just one factor that impacts a person’s fertility.

Follicle-stimulating hormone (FSH)

The pituitary gland, the hormone-producing gland located at the base of the brain, helps to stimulate the follicles on the ovaries to produce an egg. One way to conceptualize FSH: it indicates how “loudly” the brain has to talk to the ovaries to release an egg. If your FSH is low, that means your brain has no problem talking to your ovaries; if it’s high, the ovaries could be slowing down their function and require a louder message to release an egg.

Your partner’s semen

Half of the time, male factors contribute to difficulty conceiving. If you’re trying to conceive with a male partner, you should definitely request that their semen be tested. Doctors will look at sperm count, sperm mobility, and how they’re shaped.

Vitamin D

If you’re considering in vitro fertilization, you might want to have your vitamin D levels checked — although it’s a fairly minor test in comparison to the others, studies have shown that vitamin D deficiency is associated with worse IVF outcomes.

Additional tests to consider:

Hysterosalpingography (HSG)

For this test, dye is injected through the Fallopian tubes so that your doctor can take an X-ray and detect if you have a blocked tube or tubes.

Sonohysterogram

In order to get a clear visualization of the uterus and uterine lining, your doctor may infuse saline solution into the uterus through the cervix, then perform an ultrasound.

Carrier screening

Preconception genetic testing can help people identify reproductive risks they might encounter based on genetic mutations that each partner carries.