This is an outline of the basic infertility evaluation and a plan to determine the cause of a delay in conception. There are many opinions regarding testing. This is a review of our preference for initial testing.

The basic evaluation centers on evaluating 4 specific areas of the fertility process;

**Ovulation** - Generally an egg is released from the ovary 14 days before the onset of menstrual bleeding. The first day of real menstrual bleeding is day 1 of the menstrual cycle. In a 28 day cycle ovulation would usually occur on day 14. Women with longer cycles ovulate later.

Ovulation testing can be complicated and inaccurate. During evaluation and treatment we prefer to use more than 1 test of ovulation to achieve higher accuracy while avoiding the more expensive testing modalities. These are tests we may use for ovulation detection:

**Basal Body Temperature (BBT) charting** - In ideal circumstances there is an average rise of 0.9 degrees F approx. 1 day after ovulation. BBT is cheap, but not necessarily easy and is subject to error. It requires extraordinary dedication to record your temperature every morning before getting out of bed over several months. We rarely recommend temperature charting. We do use BBT charts as a diary of events important to the evaluation, but we seldom recommend recording daily temperatures. There are several quality web resources for charts and information on charting including fertilityfriend.com.

**Home Ovulation Predictor Kits (OPK)** - There are several that are readily available and the quality is fairly uniform. OPKs detect a rise in the level of Leutenizing Hormone (LH) in the urine that occurs approx. 24 hours prior to ovulation. OPKs are subject to errors in interpretation and we recommend you read all the instructions carefully and call the manufacturer’s help line if you have any questions. This is a great method of testing despite occasional error because it predicts ovulation before the event.

**Day 21 Progesterone (P4)** - Seven days after ovulation the P4 level has risen to a value that can be measured in the lab. We will schedule this test usually on the 21st day of the menstrual cycle. Obviously P4 levels detect ovulation after the fact, but are more accurate than the methods above. As with any scheduled labs patients need to make arrangements by calling our office at least 1 day in advance.

**Ultrasound testing** - Testing is performed on the presumed day prior to ovulation to measure follicle number and size. Ultrasound is expensive and insurance coverage is unpredictable. It is used by our office in a minority of cases because of cost.

**Male Factor** - A semen analysis which analyzes the amount and appearance of sperm is performed after 3-4 days of abstinence and in a specialized lab. Our office has developed relationships with several fertility labs in the area and we recommend the lab facilities at Atlanta Center for Reproductive Medicine (ACRM) and Reproductive Biology Associate (RBA). Your partner will need a request form for semen analysis which we will provide. We recommend...
calling ahead to learn each facilities procedures, fees, etc.

**Tubal integrity** - Tubal assessment- 2 different tests are used by our practice. **Sonohysterogram** is done in our office and uses ultrasound technology. It is usually less expensive and does not involve radiation. **Hysterosalpingogram (HSG)** is done in a radiology suite and uses X-ray technology. Though usually more expensive HSG is considered more accurate. Both tests are scheduled early in the cycle, usually after completion of menstruation and before day ten. In both cases a thin tube is inserted into the uterus, and the uterus and fallopian tubes are injected with either water or dye to determine if the shape of the uterus is normal and the fallopian tubes are open. HSG is usually recommended if sonohysterography is inconclusive.

**Endocrine Panel** - There are several blood tests to evaluate the systems involved in achieving pregnancy. Some are timed and some are not. Most can be drawn at our labs, but again require scheduling 24 hrs in advance. We recommend the following tests in specific circumstances:

- Anti Mullerian Hormone
- Fasting Insulin and Glucose Ratio
- Follicle Stimulating Hormone (FSH)
- Day #3 Estradiol and FSH
- Prolactin (PRL)
- Thyroid Stimulating Hormone (TSH)
- Full Thyroid Panel
- 2Hr Oral Glucose Tolerance Test
- Cervical STD screen
- Serum STD testing (HIV, Hepatitis B and C, Syphilis)
- Coagulation testing (MTHFR, Factor V Leyden, protein S, protein C, anti-thrombin III)
- Antiphospholipid screen (antiphospholipid antibodies, Lupus anticoagulant, Activated PTT, anticardiolipin antibodies)

Again this is a starting point and a basic evaluation. More detailed evaluation may be necessary and if your needs are beyond our scope a referral will be recommended with an infertility specialist or Reproductive Endocrinologist (RE). I never hesitate to recommend RE for a patient’s peace of mind or for more specialized care and I always offer referrals at anytime during the evaluation if desired by my patients.

Your goal is our goal and we hope that we can achieve success for you.

Sincerely,

Charles D. Wootten, MD
Fellow, American Board of Obstetrics and Gynecology