

About Anti-Sperm Antibody Problems (#4)

The following points should be considered if you or your partner have an anti-sperm antibody problem. It is also a good idea to have the test that identifies an antibody problem repeated to make sure the lab results were accurate:

1. If your postcoital test has been poor, have you both been checked for anti-sperm antibodies?
2. Have both you and your partner been checked for anti-sperm antibodies in blood, mucus and semen?
3. Have either of you had an infection recently such as vaginitis, cervicitis, prostatitis? If so, let your doctor know as it could give a false positive on the antibody test.
4. If anti-sperm antibodies are identified, ask whether the antibodies are on the head or tail. If they are only on the sperm tail the affect on fertility is not as severe.
5. If you are using IUI for anti-sperm antibodies on the sperm, ask if the specimen can be produced at the hospital to limit exposure of sperm cells to antibodies in the ejaculate.
6. If the doctor suggests using condoms, other than when you are having mid-cycle intercourse, ask if you should continue using them in the luteal phase as well. There is some research that says avoiding exposure to sperm antibodies after ovulation can reduce risk of miscarriages.
7. If a woman has blood serum anti-sperm antibodies and is going through IVF or GIFT, her blood serum should not be used for sperm preparation or embryo culture.
8. Occasionally an oral steroid is used to treat sperm antibodies, ask about dosage and for how long it will be prescribed.
9. If a steroid is suggested, discuss this with your internist or primary care physician as well.

Further information on this topic is available through RESOLVE fact sheets. For a publications order form, go online to www.resolve.org. You can also contact RESOLVE Headquarters at 1760 Old Meadow Rd, Ste 500, McLean, VA 22102 or 703.556.7172.

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