

About Unexplained Infertility (#6)

After completing an infertility work-up, 10% of couples will be diagnosed with unexplained infertility. If you have this diagnosis, you may find the following questions helpful.

- ❑ Get a second opinion? Take your records, operative notes, lab data and x-ray films with you.
- ❑ Have a repeat semen analysis. A complete semen analysis and a properly-timed post coital (PK) test should be repeated. Since both of these may change over time.
- ❑ Sperm antibody screening should be done on the woman and the man if the PK test is abnormal.
- ❑ Ask about having mycoplasma cultures for both partners. (See RESOLVE fact sheet on “Infections and Infertility”)
- ❑ Are ovulatory cycles normal? Is the luteal phase normal and if not, has this been treated and then reassessed with an endometrial biopsy and/or progesterone blood serum levels?
- ❑ Have they drawn blood on cycle day 3 to test your FSH level? There are several types of assays available. You should discuss your test results with your doctor. If it is elevated, ask whether it should be checked again in a future cycle.
- ❑ Ask about having a cycle day 3 ultrasound done to assess the number of antral follicles on your ovary.
- ❑ Even if your ovulation pattern is regular, discuss the possibility of intrauterine insemination (IUI) with washed sperm combined with gonadotropin therapy to optimize your cycles.
- ❑ Ask your doctor to do a series of ultrasounds to document that the follicle does rupture and release?
- ❑ Consider doing IVF to document that fertilization is possible and to evaluate the oocyte (egg) quality?
- ❑ Have you discussed the possibility that you may be having very early miscarriages before you get your period, with your doctor? There are some blood tests available that evaluate certain immune factors that may contribute to this phenomena in a small number of women.
- ❑ If you are considering GIFT, a hysterosalpingogram should be done to be sure that the tubes are open, i.e., that the dye flows freely and no kinks or evidence of a rough lining are present. Tubes may sometimes look normal on laparoscopy, but due to problems within the tube, the fertilized egg may get stuck and not move normally to the uterine cavity.
- ❑ Has a sonohystogram or hysteroscopy been done to assess the uterine cavity? These tests are felt by some to be more sensitive than the hysterosalpingogram for picking up small problems that might impact on embryo implantation. These new techniques are not appropriate for all patients and are not available at all centers or physicians' offices.

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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