

Infertility is defined as the failure of a couple to achieve a pregnancy after 12 months or longer of regular unprotected intercourse or after 6 months for women:

- over age 35
- with oligomenorrhea
- a history of known or suspected uterine or tubal disease or endometriosis
- with a partner known to be subfertile

Both partners should be evaluated concurrently (American Society for Reproductive Medicine).

Subjective Findings	
<p>History – Female</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reproductive life plan - one key question, desired timing/spacing <input type="checkbox"/> Sexual health assessment – partners, practices, pregnancy intention, protection from STDs/STIs, past STD/STI history <ul style="list-style-type: none"> • Dyspareunia – insertional or deep pelvic? • Use of lubricants – water soluble or other? <input type="checkbox"/> Complete medical history – past surgeries, hospitalizations, current medications/allergies, childhood disorders <ul style="list-style-type: none"> • Medical conditions associated w/ reproductive failure – thyroid disorders, PCOS/hirsutism, endocrine disorders • Cervical cancer screening/results • Family history of infertility <input type="checkbox"/> Reproductive history <ul style="list-style-type: none"> • How long has client been trying to achieve pregnancy? • Fertility awareness • Previous evaluations/treatments • Gravidity/parity/pregnancy outcomes/complications • Age at menarche • Cycle length and characteristics • Onset/severity of dysmenorrhea • Contraception • Coital frequency and timing • History of PID <input type="checkbox"/> Review of Systems – include thyroid disease, pelvic/abdominal pain, galactorrhea, hirsutism, and dyspareunia 	<p>History – Male</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reproductive life plan-one key question, desired timing/spacing <input type="checkbox"/> Sexual health assessment – partners, practices, pregnancy intention, protection from STDs/STIs, past STD/STI history <input type="checkbox"/> Complete medical history – past surgeries, hospitalizations, current medications (prescription and nonprescription), allergies, childhood disorders (mumps), past infections, lifestyle exposures <ul style="list-style-type: none"> • Medical conditions associated w/ reproductive failure – hypertension, thyroid disorders, dyslipidemia, endocrine disorders including diabetes • Prior fertility/infertility <input type="checkbox"/> Reproductive history <ul style="list-style-type: none"> • How long has client been trying to achieve pregnancy? • Fertility awareness • Previous evaluations/treatments • Contraception • Gonadal toxin exposure (including heat), occupational hazards • Coital frequency and timing, use of lubricants (water soluble or other?) • Female partner’s history of PID • Female partner’s history of STD/STI <input type="checkbox"/> Sexual dysfunction

Objective Findings

Physical Exam – Female

- Height, weight, BMI
- Note signs of hirsutism – male pattern distribution, male pattern alopecia, striae
- Note Acanthosis nigricans (sign of insulin resistance)
- Thyroid examination; note enlargement/tenderness
- CBE; note signs of galactorrhea
- Abdominal exam – mass, tenderness
- Signs of androgen excess
- Pelvic exam
 - Uterine size, shape, mobility, position; note fixed, immobile uterus
 - Adnexal mass/tenderness
 - Cul-de-sac mass, tenderness, nodularity; note nodularities along utero-sacral ligaments on bimanual/rectal exam
- Vagina/cervix – abnormality, secretions, discharge

Physical Exam – Male

- Penis – location of meatus, discharge
- Testes – palpation, measurement of size, presence/consistency of vas deferens & epididymis, presence/absence of varicocele
- Secondary sex characteristics
- Digital rectal exam

Assessment

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Blood pressure & blood sugar screening | <input type="checkbox"/> Infertility/sub-fertility | <input type="checkbox"/> Decreased ovarian reserve | <input type="checkbox"/> Tuboperitoneal factors |
| <input type="checkbox"/> Depression screening | <input type="checkbox"/> Ovulatory dysfunction | <input type="checkbox"/> Anatomical causes | <input type="checkbox"/> Male factor |

Plan of Care

- Laboratory Assessment
 - For women , STI screening if indicated
 - For men: Semen analysis, STI screening if indicated
- Referral for adjuvant testing (if warranted)
 - For women: Serum progesterone, follicle stimulating hormone (FSH)/luteinizing hormone (LH) (Day 3), thyroid stimulating hormone (TSH), Prolactin, endometrial biopsy (EMB), transvaginal ultrasound, hysterosalpingogram (HSG), laparoscopy, clomiphene citrate
 - For men: second semen analysis, endocrine evaluation, post-ejaculate urinalysis
- Counseling tips for clients with no apparent cause of infertility
 - Educate about “peak” fertility days - clear, stretchy cervical mucus
 - Vaginal intercourse every 1-2 days following end of menses; avoid water soluble lubricants
 - Discourage ETOH, recreational drugs, smoking
 - Encourage weight management (BMI >19 or <30)
 - Discourage excessive caffeine intake
 - Emotional support

References:

Centers for Disease Control and Prevention. Providing Quality Family Planning Services. Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. April 25, 2014.
 Curtis, M. et al. (2014). Glass' Office Gynecology. Seventh Edition. Philadelphia: Wolters Kluwer Health.
 Sandhu, R. J., Wong, T. H., Kling, C. A., & Chohan, K. R. (2014). In vitro effects of coital lubricants and synthetic and natural oils on sperm motility. *Fertility and Sterility*, 101(4), 941-944.