



Infertility

Primary infertility is diagnosed when conception does not occur after 12 months or more of “trying” to conceive; that is, having sexual intercourse without contraception. Multiple miscarriages with no sustainable pregnancy is also a form of infertility.

Infertility can be due to physiological issues in either or both partners that are trying to conceive.

When to seek help?

It is quite normal for couples to take up to a year to conceive naturally. In the absence of other medical issues, a doctor will generally investigate for medical causes of infertility if you have been trying for longer than this. In some cases, such as when a woman is older than 35, investigations may commence if conception has not occurred after six months of trying. Other reasons to investigate your fertility even if you have not been trying for the above periods of time are:

- Older age
- Absent or irregular menstrual cycles
- Painful periods
- Known history of fertility
- History of inflammatory disease in the pelvic region
- Endometriosis
- Multiple miscarriages
- History of chemotherapy and radiation
- History of other drugs where infertility is a known possible side effect

What are the causes?

Infertility can occur as you age, or it may be present from birth, which is called congenital. Common causes include:

Ovulation problems: In some conditions your ovaries may be prevented from releasing eggs.

Conditions such as polycystic ovarian syndrome (where the ovaries secrete excessive amounts of testosterone) or hyperprolactinemia (high amounts of prolactin are produced) can lead to ovulation problems. Prolactin is a hormone that aids in the production of breastmilk.

Damaged fallopian tubes: They tubes transport the eggs to the uterus from the ovaries. A damaged fallopian tube can affect the egg and sperm fertilisation process

Pelvic surgeries, adhesions and infections: Scar tissue that may form after such surgeries can damage the fallopian tubes

Cervix and uterus abnormalities: An abnormally-shaped uterus or problems with the cervix, such as abnormal mucus production or issues with its opening, may lead to infertility. Benign tumours can also be a factor.

Premature menopause: Premature menopause occurs when menstruation ceases before a woman turns 40. This is caused (most often) by a condition known as “primary ovarian insufficiency.” Although its exact causes are unknown, it is thought to be linked to cancer or problems with the immune system.

Other medical conditions: Fertility can also be affected by diseases like endometriosis, kidney disease, diabetes, thyroid disorders and sickle cell disease.

Medications: Temporary infertility has been known to be caused by certain medications. Ceasing this medication can restore one’s fertility but this should be done in consultation with your doctor.

Who is at risk?

Infertility risks increase with age. Lifestyle factors such as obesity, being underweight, smoking and excess of alcohol consumption can also contribute to infertility.



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Diagnosis

It is possible to confirm female infertility with the following tests:

Hormone levels checked for ovulation through a blood test.

The inner lining of the uterus can be assessed through a biopsy.

The number, and quality, of eggs ready for ovulation can be assessed through a procedure called "Ovarian Reserve Testing".

A pelvic ultrasound can be done to produce a detailed view of the reproductive system including the uterus and fallopian tubes.

Injecting a contrasting material into your cervix that can produce an X-ray image; this is known as "Hysterosalpingography" and can help identify any blockages within your fallopian tubes.

A Laparoscopic procedure involves inserting a thin tube equipped with a small camera via an incision in your abdomen. This camera can then be used to deduce any abnormalities in the reproductive system.

How is infertility treated?

Your doctor will recommend the most appropriate treatment for your condition.