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TRANSCRIPT

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/medical-industry-feature/helping-your-patients-who-are-having-difficulty-conceiving/12084/

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Helping Your Patients Who Are Having Difficulty Conceiving

Announcer:
Welcome to ReachMD. This medical industry feature, titled “Helping Your Patients Who Are Having Difficulty Conceiving” is sponsored by Quest Diagnostics, a leader in Women’s Health. This program is intended for physicians caring for pregnant women. Presenting is Dr Priya Maseelall a Clinical Associate Professor of Obstetrics and Gynecology at Northeast Ohio Medical University and The Vice President of Reproductive Gynecology and Infertility in Ohio.

Dr. Maseelall:
As a reproductive endocrinologist, I spend my time evaluating and treating couples that have had difficulty conceiving, roughly 15% of US couples. Infertility is defined as being unsuccessful in achieving pregnancy with unprotected intercourse for 12 months, or for 6 months in women over 35. OB-GYNs are often the first one to encounter an infertile couple. The American College of Obstetrics and Gynecology has recently published a committee opinion that encourages identifying this group and being proactive with the initial evaluation and referral to treatment. Evaluation should be offered to any patient who meets the definition of infertility, or who is at high risk for infertility given their medical history. An immediate evaluation should be offered to women both 40 and over, as well as women with conditions known to cause, or be associated with, infertility. Although it may seem overwhelming, the evaluation is simple. First, as always, we start with a comprehensive medical history for the patient and partner, and a targeted physical exam. Simultaneously, an evaluation of the eggs, pelvis, and sperm should be done. The best way of evaluating eggs, or ovarian reserve, is to obtain a cycle-day 3 FSH and estradiol level, and a cycle-day-independent AMH level. You must be cognizant of the patient's age as well. In my practice, I have found it extremely helpful to obtain an ovarian assessment test. Patient-specific data are generated in an evidence-based report to see where their ovarian reserve is compared to other women their age. This identifies a patient who needs to be referred immediately and that may need more aggressive treatment at - the onset. Ovulation can be assumed by cyclic periods or with a luteal-phase progesterone level. A TSH should be done as well. A transvaginal ultrasound is the window into the pelvis. It screens for ovarian cysts, endometriosis, Mullerian anomalies, fibroids, and other conditions which may impair fertility. It is also used for antral follicle count, another tool used to identify ovarian reserve. The fallopian tubes should be evaluated for patency and caliber with a hysterosalpingogram. Forty percent of infertility is male origin, and that is why a comprehensive semen analysis at a local CLIA-certified andrology clinic is advised. If proximity to a clinic is difficult, or the partner is hesitant to come in, home collection kits exist. I would encourage a call to an REI to direct you to a reputable home semen analysis collection kit. Once the evaluation is completed, one can decide what targeted therapies are available and if a referral to a reproductive endocrinologist, or a urologist specializing in infertility, is warranted. Thanks for joining me today, and hopefully this quick review was helpful.

Announcer:
This program was brought to you by Quest Diagnostics, a leader in Women’s Health. If you missed any part of this discussion or to find others in this series, visit reach-m-d-dot-com. This is ReachMD. Be Part of the Knowledge.