

### 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/clinicians-roundtable/female-infertility-diagnosis-management/56781/>

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## Diagnosing and Managing Infertility in Female Patients

### Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Irene Su, who's the Director of the Reproductive Survivorship program at UC San Diego Health and a Professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences at UC San Diego School of Medicine. She'll be discussing the diagnosis and prognosis of infertility in female patients. Here's Dr. Su now.

### Dr. Su:

Infertility is described as challenges becoming pregnant, and so that workup and evaluation depend on who is trying to become pregnant. For a long time, we've talked about infertility as a concept where there's a male partner and a female partner. When they are under 35 and they've tried through heterosexual intercourse to become pregnant and at a year they're not pregnant, this is considered infertility, and that spurs workup. Because female fertility declines as we age, for women who are 35 and older, six months of trying then spurs workup for infertility.

But we know that there are many types of families and other folks who need that workup earlier. For example, if you are a single parent by choice, there isn't a partner to try with. And so that person doesn't require trying for 12 months to become pregnant. It's the same for same-sex couples; those people would need workup when they're ready to become pregnant.

This informs the type of fertility workup that females need. So that's taking a good history and asking about menstrual pattern and about any type of lifestyle exposures. For example, tobacco exposure decreases fertility by half. On ultrasound and in blood tests, we can look at ovarian reserve, which is the quantity of eggs that a female still has. A HSG, or hysterosalpingogram, is a test that assesses whether the fallopian tubes are open or not and the shape of the uterus.

Each of the diagnostic tests I talked about impact how you would manage a person seeking fertility. For example, for folks who are not having regular periods, sometimes this is going to be because even though there are so many eggs, for some reason, they don't ovulate regularly. There are oral and injectable medicines that can help females release an egg every month, such that they can try to become pregnant unassisted with a male partner, for example.

Sometimes the reason why females don't have regular periods is on the other spectrum—they are of late reproductive age, early menopause, or premature ovarian failure, which is now known as primary ovarian insufficiency. There will be some females where periods are absent, not because they don't ovulate despite having a lot of eggs, but rather because they are in primary ovarian insufficiency, meaning they run out of eggs too early. And so for those women with POI, options for family building become donor oocytes, donor embryos, adoption or living child free.

For a patient who has their fallopian tubes blocked, for example, if you see through the hysterosalpingogram X-ray test that the tubes are blocked, then they have a couple of possibilities. One is surgical correction, and then the second is in vitro fertilization. In that process of workup, it's possible that a person has a uterine abnormality; sometimes people are born with uterine shapes that make it harder to stay pregnant, in which case there are surgical corrections, for example, for a deep uterine septum.

And so the diagnostic workup is super important to guide how we care for females trying to build their families.

### Announcer:

That was Dr. Irene Su talking about how we can diagnose infertility in female patients. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!