

Female-related infertility results from disease and anatomical problems, age, hormonal imbalances affecting the menstrual cycle, and/or other problems preventing conception or full-term pregnancy. Exposure to radiation or certain chemicals can cause infertility and women who smoke cigarettes can have enough nicotine in their cervical mucus to kill sperm. Others who have very low ratios of body fat to muscle from excessive exercise or eating disorders may have irregular periods and/or fail to ovulate.

## Causes of Female Infertility



A woman may be infertile because of a variety of conditions. Age is one factor: recent research has shown that a woman's fertility decreases significantly between the ages of thirty-one and thirty-five and continues to decline thereafter until menopause when it ceases. An imbalance of the female hormones estrogen and progesterone or of other hormones secreted from the pituitary or thyroid glands can interfere with the reproductive cycle. It may also be that she is not ovulating [releasing an egg each month]; this is true in about twenty-five percent of all infertility cases.

Structural problems are often the cause of infertility. The fallopian tubes [through which the egg travels on its way from the ovary to the uterus] may be obstructed, often as a result of pelvic inflammatory disease which enflames the tubes and causes the

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formation of scar tissue. Endometriosis [displacement of tissue from the lining of the uterus to outside the uterus] may also cause the formation of scar tissue that blocks the fallopian tubes. A weakness in the cervix [the neck of the uterus] sometimes resulting from a previous abortion or other surgery, may render it unfit to hold the weight of a pregnancy. A "hostile" cervix [one that creates an environment that in some

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Infertility affects more than 4.9 million couples in the United States. Defined as the inability to conceive after a year of unprotected intercourse, or the inability to carry a child to term, infertility is a growing problem among women and men.

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way prevents sperm from surviving] may also be the cause of infertility.

## **Symptoms**

The major "symptom" of infertility is the failure to conceive a child after regular sexual intercourse without birth control for a year. Whether there are other indications depends on the cause of the infertility.

## **Diagnosis**

A couple who are experiencing difficulty in conceiving will most likely be referred to an obstetrician/gynecologist or an urologist who specializes in infertility. Diagnosis of the reason for the infertility problem will usually begin with a physical examination and complete medical and sexual histories of both partners.

A fresh sample of the man's semen will be examined under a microscope to determine the quantity and quality of the sperm. This will provide a sperm count and will also determine whether the sperm are adequately mobile and have oval heads, both of which characteristics are necessary for conception to occur.

To determine whether ovulation is taking place the woman's basal body temperature [the body temperature upon awakening, before eating or drinking] will be taken every morning for several months. If the temperature rises by six-tenths of a degree to one degree for a few days in the middle of the menstrual cycle, ovulation is probably taking place. An endometrial biopsy [in which a sample of the lining of the uterus is obtained] can also indicate whether ovulation is occurring.

Obstruction of the fallopian tubes can be diagnosed by injecting a dye into the reproductive tract and then performing an x-ray study. Another test consists of injecting carbon dioxide gas into the fallopian tubes and waiting for the patient to feel discomfort in the upper body, which indicates that the gas is passing through the fallopian tubes and that there are no obstructions.

A weakness in the cervix can be diagnosed through a physical examination and an x-ray study. A hostile cervix can be identified by a microscopic examination of the mucus in the cervix shortly after sexual intercourse to determine the rate of sperm survival. Endometriosis is diagnosed by inserting into the woman's abdomen a small lighted instrument [a laparoscope], through which the doctor can actually see the uterus, fallopian tubes, ovaries and any displaced endometrial tissue that may be causing the infertility.

Hormonal imbalances in both men and women may be diagnosed with blood tests.

## **Treatment**

Treatment for a low sperm count caused by a testosterone deficiency usually consists of hormonal therapy to increase testosterone levels. If the low sperm count is due to exposure to chemicals, radiation, or excess heat.

The causative situation needs to be corrected or avoided. If the sperm count is low for some unknown reason there may be little that can be done.

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If male infertility is caused by varicose veins, surgery may be necessary. If an obstruction exists somewhere in the tubes leading to and through the penis, microsurgery to open the blockage may correct the problem.

In women, failure to ovulate is often treated with a fertility drug called clomiphene which stimulates the production of hormones that regulate ovulation. About sixty percent of women treated with this drug become pregnant, and the chances of multiple births are very low. A stronger drug which is a combination of certain pituitary gland hormones may also be prescribed, but it carries a greater risk of multiple births.

A hostile cervix may be treated with the female hormone estrogen, which stimulates the increased production of mucous necessary to transport the sperm. Sometimes sperm can be placed directly into the uterus, bypassing the cervix completely.

Endometriosis may be treated by the surgical removal of displaced tissue and the scar tissue that has formed around it. Hormonal imbalances may be corrected with hormone therapy.

Obstruction in the fallopian tubes may necessitate microsurgery to open the blockage or a new procedure which the egg is removed and replaced beyond the point of obstruction, where it may be fertilized normally.

Test-tube or in vitro fertilization is a relatively new technique in which an egg is removed from the woman's ovary and it is then placed in a test-tube or special dish containing the husband's sperm. Once the egg has been fertilized, it is then placed in the woman's uterus where it will continue to grow. This technique is used primarily in women whose blocked fallopian tubes cannot be opened by surgery.

Although recent advance in treating in fertility have lead to greater and greater success, about fifteen percent of all female infertility problems and about ten percent of all male infertility problems remain undiagnosed and therefore untreatable.

