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**Intro to Fertility****Backend Name:** ITF\_V2\_US\_01\_Intro**Source Video:****Section Copy:** None

Intro to Fertility.

Congratulations on taking your next step towards fertility treatment. Your initial fertility consultation will consist of a comprehensive evaluation of your history and medical records with a fertility specialist. You will have the opportunity to ask questions about your fertility journey and will work together with your provider to develop a treatment plan. This appointment typically lasts 30 to 60 minutes.

Please complete this video series before your fertility consultation. The videos cover many aspects of the reproductive process, preparing you to make educated decisions during your fertility journey. Our team will be here to provide you with support along the way. Reach out if you have any questions as you complete this series.

**When to see a specialist****Backend Name:** ITF\_V2\_US\_02\_Specialist**Source Video:****Section Copy:** None

**When to see a specialist.** If you were assigned female at birth, you were born with all of the potential eggs, or oocytes, you will ever have, which is generally between 1 and 2 million. Over time, the number of potential eggs in your ovarian reserve declines. By age 18, roughly 200,000 eggs remain. A steeper decline usually begins around age 35 as menopause approaches. By menopause, typically only a few hundred eggs remain. Egg quality also decreases over time. This means that as you get older, your chances of getting pregnant decrease, even if you still have a high number of eggs in your ovarian reserve

. For those under age 30, the average likelihood of achieving pregnancy is 25% per cycle. . For those over age 30, that likelihood drops to 20% each cycle, and by age 40, the chance of conception is as high as 10% per cycle. . This is because of the natural reduction in quantity and quality of eggs over time. A fertility specialist is an OBGYN with a subspecialty training in reproductive endocrinology and infertility. ~~Additionally,~~ If you experience irregular or no periods, ~~or~~ have had multiple miscarriages or have surgical history you should see a specialist regardless of your age or how long you've been trying to conceive **(moved from line 20 starting at 2:17)**. In the absence of a clear medical problem, If you are attempting to conceive at home and are under 35, experts recommend seeing a fertility specialist after one year of unsuccessful pregnancy attempts. If you're between the ages of 35 and 40, you should see a specialist if six months have passed without a successful pregnancy. And if you're over 40, a specialist will usually see you after any length of time attempting pregnancy. Age also impacts the quality and quantity of sperm cell production. While all eggs are formed prior to birth and cannot be created later on, sperm is generated on an on-going basis. If the age of the egg is not the issue, then up to **50%** of all **infertility cases** involve some challenge relating to sperm or urology. A urologist with subspecialty training in infertility may want to perform a sperm analysis to assess the quality of the semen. You should see a fertility specialist if you anticipate needing **donor eggs, sperm, or embryos**, or plan to work with a **surrogate**. Though infertility is not a commonly discussed topic, ~~at least~~ **1 out of 8 couples (1-8 couples)** in their twenties struggle to get pregnant.

As egg quantity and quality declines around age 35, 1 out of 5 couples struggle to get pregnant. By age 40, 1 out of 2 couples struggle to get pregnant.. Many clinic team members have personal experience with fertility treatment. You're not alone on this journey, and you'll have support along the way.

## Your Treatment Plan

**Backend Name:** ITF\_V2\_US\_03\_Treatment

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**Your Treatment Plan.** It's important to establish an accurate diagnosis before we can recommend a treatment plan tailored to your specific needs. At an initial appointment, you'll be asked to share your fertility goals, which your provider will use along with your test results to create a personalized treatment plan. Fertility treatment plans take into account your **medical history**, your **age**, and, if relevant, how long you have been **attempting to conceive** . . Your treatment plan will also consider results from ... . blood tests to assess egg quantity, along with a physical exam to evaluate the function of your ovaries, fallopian tubes, uterine musculature, and uterine cavity. Treatment may also include a semen analysis, so be prepared to provide a sample if requested. These diagnostic tests are usually covered by insurance. Our financial team will work with you to ensure you fully understand your healthcare coverage and options. In some cases, diagnostic tests may reveal anatomical factors, such as fibroids, that require surgery before fertility treatment can be attempted. If all diagnostic tests return within typical limits and all infertility diagnoses have been addressed, your provider may suggest beginning with low-technology treatment options. These options include **timed conception** and **intrauterine insemination**, also called **IUI**. Your provider can administer ovulation induction medications to increase your likelihood of success using these methods. If diagnostic testing requires further action or if low-technology options don't yield successful results, you may consider more aggressive treatment. If this is the case, your treatment plan may include assisted reproductive technology such as In Vitro Fertilization, or IVF. Your treatment plan will evolve based on how you're responding to the treatments given. If you respond well right away, you may not need additional interventions. But if the first treatments are not successful, we'll continue to persevere until we find the best way forward for you. Throughout the process, you will be given the information you need to make informed decisions.