



(/)

MEMBER LOGIN



Female Infertility

One in six couples have difficulties falling pregnant. Medical conditions and other factors can cause fertility issues. Overall, one-third of infertility cases are caused by female reproductive issues, one-third by male reproductive problems (<https://www.fertilitysociety.com.au/male-infertility-australia-new-zealand/>) and another third by both male and female reproductive issues or by unknown factors.

Causes of infertility in women

There are many medical conditions and other factors which may cause reproductive issues. The following list includes some of the most common causes of infertility in females, however, it is not meant to be all-inclusive. The information provided here by the Fertility Society is not to be seen as medical advice, and it is essential to discuss your personal situation with your qualified local fertility specialist.



> Ovulatory disorders

Ovulatory disorders are the most common cause of female infertility. The failure to ovulate occurs in about 40% of women with infertility issues. Ovulation problems can be caused by:

Premature ovarian insufficiency (POI), also known as premature ovarian failure. This occurs when your ovaries stop working before your 40th birthday. You run out of eggs at an earlier age.

Polycystic ovarian syndrome (PCOS). When you have PCOS you produce higher than normal male hormones. This hormone imbalance may affect your menstrual cycle.

> Ageing

As you get older, your fertility decreases harder to fall pregnant.



FERTILITY SOCIETY

OF AUSTRALIA AND NEW ZEALAND

(/)

> Endometriosis



Endometriosis is an inflammatory condition where the cells of the lining of your womb are found elsewhere, usually around the pelvis and near the womb. Sometimes women don't have symptoms but in most cases, it is very painful and the condition may cause menstrual disturbance and for some women it causes infertility.

> Fallopian tube damage

In case your fallopian tubes are damaged or blocked, the sperm might not reach the egg, or if it does, the fertilised egg might not reach the uterus. Fallopian tube damage may be caused by sexually transmitted infections such as chlamydia or other conditions such as endometriosis or a ruptured appendix.

> Uterine fibroids

Fibroids are benign tumours or overgrowth of cells within and around the wall of the uterus. Fibroids don't affect ovulation, but they can prevent the uterus from doing what it is supposed to do to support conception and pregnancy.

> Autoimmune disorders

Autoimmune disorders, such as Hashimoto's and other types of thyroiditis, may affect your fertility as well. It is not fully understood why, but they are thought to involve inflammation in the uterus and placenta.

> Lifestyle and environmental factors

Smoking and illicit drug use have been shown to reduce your fertility and too much alcohol and excess caffeine reduce your chances of falling pregnant as well.

A healthy Body Mass Index (BMI) is beneficial for your fertility. If it is below 18 it is considered underweight which may affect your fertility negatively particularly if your cycles are affected.. If your BMI is between 18 and 25 it is considered normal. If it is above 25 you are overweight, and over 30 is considered obese, which again will affect your fertility negatively. In summary, both being underweight and overweight can impact your fertility.

Moderate physical exercise will positively impact your fertility. However, excessive exercise can negatively alter the energy balance in your body and affect your reproductive system. Talk to your GP or to your fertility specialist to know what is best for you.

Severe stress may also negatively affect your reproductive system. Stress hormones such as cortisol disrupt signalling between the brain and the ovaries, which can suppress ovulation.

Female fertility tests

Fertility tests play a pivotal role in assessing your individual situation. Your fertility specialist will ask you to have blood tests and an ultrasound performed, and depending on your situation a range of additional tests may be prescribed. The aim is to evaluate your eggs, tubes, and uterus and create a personalised treatment plan.

If you are under 35 and you have been trying to conceive without using birth control for 12 months or longer, we recommend making an appointment with your GP or a fertility specialist. If you are over 35 we recommend seeking help after 6 months of actively trying to conceive. During your first appointment, you

will be asked a range of questions. The following list gives you an idea of typical questions your GP or fertility specialist will ask.



- How long have you been trying to conceive?
- (/) Have you had previous births and were there any complications during previous pregnancies?
- Have you had any miscarriages?
- Have you been using contraception and for how long?
- When did you stop using contraception?
- How often do you have sexual intercourse?
- Do you menstruate regularly?
- Have you done a recent cervical screening test?
- Have you had any sexually transmitted infections (STIs)?
- Which medical conditions do you have?
- Are you taking any medications and/or supplements?
- Do you smoke and/or take illicit drugs?
- How much alcohol do you consume?
- How much caffeine do you consume?
- Are you exposed to any chemicals or toxins on a regular basis?
- What's your weight? BMI?
- Do you exercise?
- Are you stressed?



To investigate further a range of tests may be prescribed. The exact range of tests that are ordered will vary depending on your chosen fertility specialist.

Blood tests

Blood tests will be done to check a range of hormones including FSH (follicle-stimulating hormone), LH (luteinising hormone) and your level of Anti-Mullerian hormone. The AMH blood test is a good indicator of your ovarian reserve.

Chlamydia test

Chlamydia may negatively affect your reproductive system. You will be asked to take a swab to collect some cells from your cervix or a urine test.

Pelvic ultrasound

To check your ovaries, uterus and fallopian tubes, and ultrasound will be prescribed. Conditions such as fibroids or endometriosis may be detected, as well as signs for blocked or damaged fallopian tubes. If the ultrasound suggests possible blockage, you will be referred for a hysterosalpingo-contrast-ultrasonography (HyCoSy) or an X-ray.

Laparoscopy

If a problem is detected after doing the initial fertility tests, a laparoscopy may be recommended and prescribed, to examine your uterus, fallopian tubes and ovaries.

Importance of your medical history

The more information you can provide about your medical history, the better your fertility specialist will be able to assess your individual situation.

"Please note that the information provided is not medical advice. To obtain personalised information about suspected infertility, please contact your qualified fertility specialist."



Useful links

Jean Hailes - for Women's Health (<https://www.jeanhailes.org.au/>)

Your Fertility: offers the facts about fertility (<https://www.yourfertility.org.au/>)

VARTA: Fertility and Infertility (<https://www.varta.org.au/understanding-fertility/fertility-explained>)

ABOUT US

About FSANZ (<https://www.fertilitysociety.com.au/about/about-01/>)

Board Members (<https://www.fertilitysociety.com.au/about/about-01/fsanz-board/>)

Special Interest Groups (<https://www.fertilitysociety.com.au/about/special-interest-groups/>)

Media (<https://www.fertilitysociety.com.au/about/media-news/>)

PROFESSIONAL GROUPS

SIRT (<https://www.fertilitysociety.com.au/professional-groups/pg-01/>)

FNA (<https://www.fertilitysociety.com.au/professional-groups/pg-02/>)

ANZICA (<https://www.fertilitysociety.com.au/professional-groups/anzica/>)

IVF Medical Directors (<https://www.fertilitysociety.com.au/professional-groups/ivf-medical-directors/>)

DART (<https://www.fertilitysociety.com.au/professional-groups/dart/>)

ART REGULATION

[RTAC \(https://www.fertilitysociety.com.au/art-regulation/rtac/\)](https://www.fertilitysociety.com.au/art-regulation/rtac/)[ANZARD \(https://www.fertilisociety.org.nz/\)](https://www.fertilisociety.org.nz/)**FERTILITY SOCIETY
OF AUSTRALIA AND NEW ZEALAND**

(/)

TRAINING & EVENTS

[FSA Conference 2025 \(https://www.fertilitysociety.com.au/annual-conference/registration/\)](https://www.fertilitysociety.com.au/annual-conference/registration/)[START Course \(https://www.fertilitysociety.com.au/training-events/start-2025/\)](https://www.fertilitysociety.com.au/training-events/start-2025/)

MEMBERS

[Membership \(https://www.fertilitysociety.com.au/membership/\)](https://www.fertilitysociety.com.au/membership/)[Members Login \(https://www.fertilitysociety.com.au/members/\)](https://www.fertilitysociety.com.au/members/)

RESOURCES

[Patient Centred Care \(https://www.fertilitysociety.com.au/resources/patient-centred-care/\)](https://www.fertilitysociety.com.au/resources/patient-centred-care/)[Health Professionals \(https://www.fertilitysociety.com.au/resources/health-professionals/\)](https://www.fertilitysociety.com.au/resources/health-professionals/)[Online Shop \(https://www.fertilitysociety.com.au/resources/online-shop/\)](https://www.fertilitysociety.com.au/resources/online-shop/)

Please address all correspondence to FSANZ Office:

Phone: +61 3 9586 6060 (tel:+61 3 9586 6060)

Email: office@fertilitysociety.com.au (mailto:+61 3 9586 6060)

© Fertility Society of Australia and New Zealand 2026

powered by Members AMS: association software (<https://www.members.com.au>)

[Disclaimer \(/legal/disclaimer\)](#) | [Privacy Policy \(/legal/privacy\)](#)