



TRYING TO CONCEIVE?

**If you've been trying to conceive 1
may be experiencing infertility.**

Infertility is defined as an inability to achieve a successf
you need donor eggs, embryos, or sperm.

VIEW ALL OUR RESOURCES ON FEMALE FERTILITY



WHAT IS NORMAL FERTILITY AND WHEN DOES IT BECOME INFERTILITY?

Conception is a complicated process that depends upon many factors:

- the production of healthy eggs by the ovaries and healthy sperm by the testes
- unblocked fallopian tubes that allow the sperm to reach the egg
- the sperm's ability to fertilize the egg when they meet
- the ability of the fertilized egg (embryo) to become implanted in the uterus
- a healthy embryo
- a hormonal environment adequate for the embryo's development in the womb

When just one of these factors is impaired, infertility can result.

[VIEW THE COMPREHENSIVE INFERTILITY VIDEO \(18 MINS\).](#)

MORE RESOURCES ON INFERTILITY

➤The inability to have a child affects 1 out of 9 women in the United States

HOW COMMON IS INFERTILITY?

Infertility affects 10% to 15% of couples, making it one of the most common problems for people aged 20 to 45. The longer someone tries to get pregnant without success, the harder it becomes to conceive without help. Most individuals or couples (about 85%) with normal fertility will conceive within a year of trying. If conception doesn't occur in the first year, the chances decrease with each passing month.

VIEW THE STATISTICAL INFOGRAPHIC ON THE NUMBER OF INDIVIDUALS WITH INFERTILITY

READ THE FACT SHEET ON DEFINING INFERTILITY

READ THE INFERTILITY: AN OVERVIEW BOOKLET

WHAT CAUSES INFERTILITY?

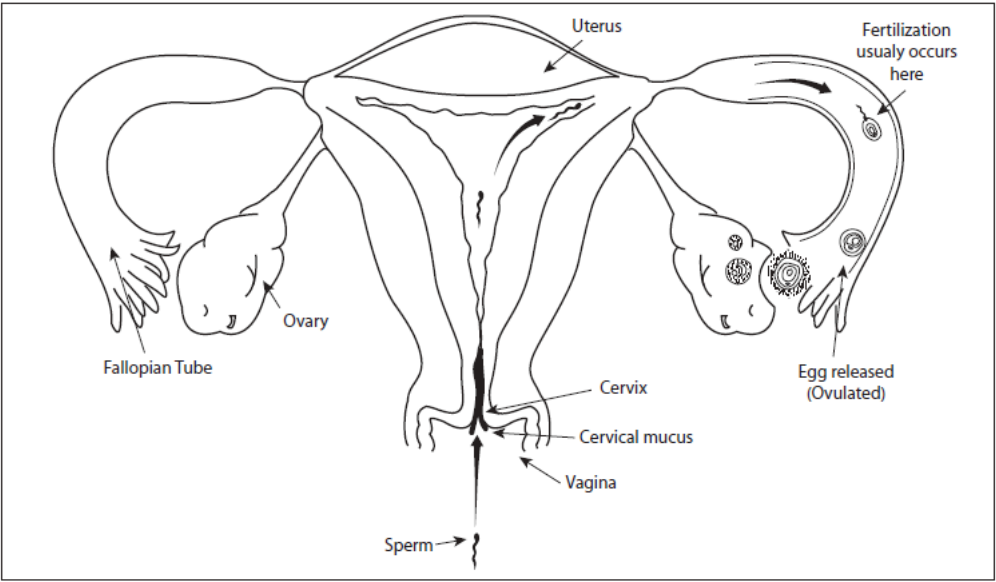


Figure 1. Solid arrows indicate path sperm must travel to reach the egg. The fertilized egg continues traveling through the fallopian tube to the uterus.

- **Age.** Age can have a big effect on the ability to have a baby, especially as you enter your 30s and 40s. For a healthy individual in their 20s or early 30s, the chance of conceiving each month is 25%-30%. By the time someone reaches 40 years old, the chance is 10% or less.
- **Ovarian Reserve.** The number and quality of eggs (ovarian reserve) decrease naturally and progressively from when a person with ovaries is born until they reach menopause. This decline is gradual until their early 30s but accelerates quickly after the mid-30s.
- **Ovulation Disorder.** The most common infertility factor is an ovulation disorder brought on by conditions like
 - **polycystic ovary syndrome (PCOS).**
 - **hypothyroidism** or thyroid disease
 - **hyperprolactinemia** or making too much prolactin
 - and other hormonal disorders
- **Endometriosis.** Endometriosis is a condition where tissue similar to the lining of the uterus grows outside of it, causing pain and scar tissue formation in the abdomen.
- **Blocked fallopian tubes.** The fallopian tubes can become blocked if an individual has had pelvic inflammatory disease or endometriosis.
- **Fibroids.** Uterine fibroids are growths that occur in and around the uterus and can sometimes be painful or cause infertility.
- **Congenital anomalies** (birth defects) involving the structure of the uterus are associated with repeated **miscarriages**.



HOW IS INFERTILITY DIAGNOSED?

Fertility testing is usually recommended for couples who haven't gotten pregnant after trying for 12 months. If an individual is over 35, testing is suggested after 6 months. Testing may also be done earlier for younger people with health issues that could make pregnancy harder, such as irregular periods, problems with the uterus or fallopian tubes, known male infertility issues, a history of cancer treatment, or for those planning to use donor sperm, eggs, embryos, or a gestational carrier.

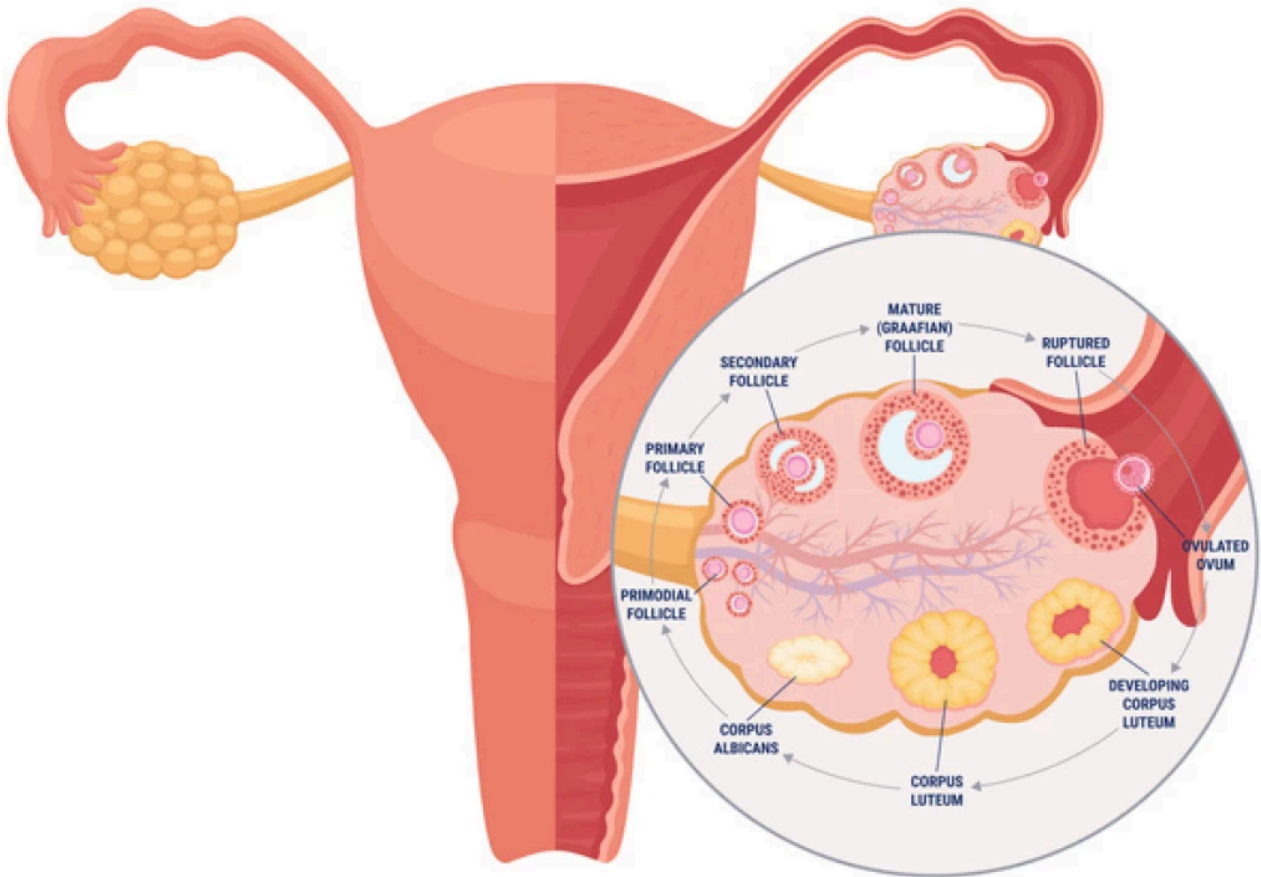
Several tests are recommended for fertility evaluation. A **semen analysis** checks the number, movement, and shape of sperm, even if the male partner has had children before. A **hysterosalpingogram (HSG)** or **saline infusion sonogram** uses an X-ray or ultrasound to see if the fallopian tubes are open and if the uterus has a normal shape. Transvaginal ultrasonography uses an ultrasound probe to check the uterus and ovaries for issues like **fibroids** or cysts. **Ovarian reserve testing** helps predict how well the ovaries might respond to hormones. Blood tests like those for **thyroid-stimulating hormone (TSH)** and **prolactin** check for thyroid issues and hormone imbalances

that can affect fertility.

[VIEW THE BASIC INFERTILITY EVALUATION VIDEO \(3 MINS\).](#)

[READ ASRM FACT SHEET ON DIAGNOSTIC TESTING FOR FEMALE INFERTILITY](#)

AM I OVULATING?



Ovulation is when an ovary releases an egg, which is needed to get pregnant. This happens about 36-40 hours after a hormone called luteinizing hormone (LH) increases in the blood, known as the LH surge. Once the egg is released, it travels through the fallopian tube to meet sperm and become fertilized. Problems with ovulation are a common reason why some people have trouble getting pregnant. Knowing when ovulation is about to happen can help a plan the best time to have sex, use insemination, or proceed with in vitro fertilization if they want to have a baby. Regular periods every 21 to 35 days, along with period cramps, are a good sign of ovulation.

[READ THE "AM I OVULATING?" FACT SHEET](#)

 Are there treatments to increase the chances of having a baby?

WHAT IF I CAN'T STAY PREGNANT?

Recurrent pregnancy loss (RPL) happens when a woman has two or more miscarriages before the 20th week of pregnancy. It can be caused by genetic issues, like missing or extra chromosomes, problems with the uterus's shape, lifestyle choices such as smoking or drug use, untreated medical conditions like thyroid disease, or sometimes the cause can't be found. Blood tests, chromosome checks, and special ultrasounds can help identify the causes. Despite recurrent pregnancy loss (RPL), many individuals still have a good chance of having a full-term pregnancy.

[VIEW THE FACT SHEET "WHAT IS RECURRENT PREGNANCY LOSS \(RPL\)?"](#)

[READ THE FACT SHEET "TREATMENT FOR RECURRENT PREGNANCY LOSS."](#)

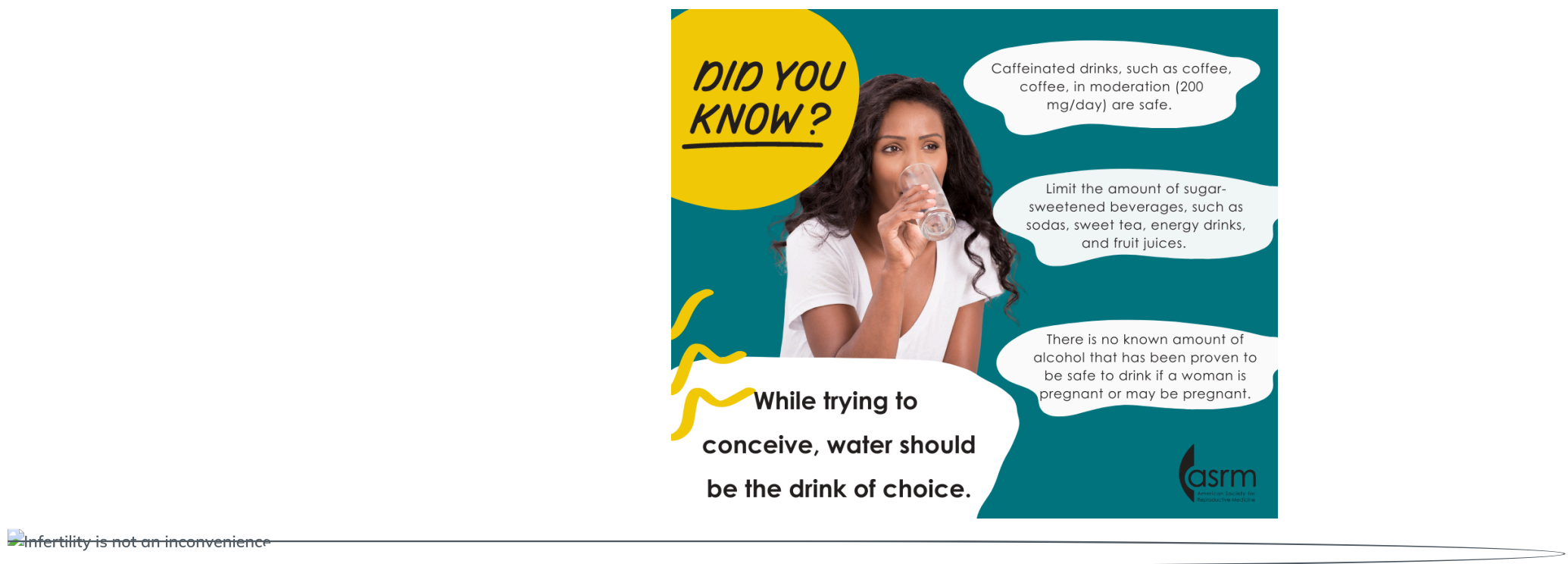
WHAT CAN I DO ABOUT MY FERTILITY?

Smoking, heavy alcohol consumption (> 2 drinks per day), heavy caffeine consumption, and the use of recreational drugs such as marijuana have all been associated with reduced fertility. Therefore, individuals considering pregnancy should reduce alcohol and caffeine use and avoid smoking and all recreational drugs while trying to conceive.

OPTIMIZE YOUR NATURAL FERTILITY

If you are not ready to get pregnant right now, egg freezing is also an option. There are costs involved which include the initial consultation, testing, and egg retrieval; storing the eggs, which usually has an annual fee; and using the eggs later to try for pregnancy. Freezing your eggs can help improve the chances of having a biological child in the future, but it doesn't guarantee pregnancy. Not everyone is a good candidate for egg freezing, and it works best for people in their 20s to early 30s, but it's not usually recommended for those over 38.

CAN I FREEZE MY EGGS TO USE LATER?



UNEXPLAINED INFERTILITY

Seeing a fertility specialist may help individuals or couples understand why they aren't conceiving. People with ovaries may see a reproductive endocrinologist, while those with sperm may see a urologist specializing in fertility. In some (10% or more) cases, though, there may not be an obvious reason why a couple can't conceive. This is known as **unexplained infertility**. Couples with unexplained infertility may have problems with egg quality, tubal function, or sperm function that are difficult to diagnose and/or treat. [Fertility drugs](#) and [Intrauterine Insemination \(IUI\)](#) have been used in couples with unexplained infertility with some success. If no pregnancy occurs within three to six treatment cycles, [In Vitro Fertilization \(IVF\)](#) may be recommended.

Infertility is a medical condition that touches all aspects of your life. It may affect your relationships with others, your perspective on life, and how you feel about yourself. How you deal with these feelings will depend on your personality and life experiences. Most people can benefit from the support of family, friends, medical caregivers, and mental health professionals. When considering infertility treatment options such as sperm, egg, or embryo donation or gestational carriers, it may be especially helpful to gain the assistance of a fertility counselor.

INFERTILITY COUNSELING AND SUPPORT: WHEN AND WHERE TO FIND IT

[VIEW THE FULL INFERTILITY IS NOT AN INCONVENIENCE INFOGRAPHIC](#)

FIND A HEALTH PROFESSIONAL

Connect with reproductive medicine experts who will guide you through your unique journey. Our search tool allows personalized matches based on location, specialization, and expertise. Take control of your reproductive health with compassionate providers, innovative treatments, and unwavering support.

SEARCH FOR AN EXPERT



FACT SHEETS AND BOOKLETS

ASRM has publications written with you in mind that go in-depth on what to expect as you explore your fertility options.

 Patient Factsheet teaser

STRESS AND INFERTILITY

It is not clear how exactly stress impacts fertility.

READ THE FACT SHEET

 Patient Factsheet teaser

OPTIMIZING NATURAL FERTILITY

Before attempting pregnancy, a woman should make sure she is healthy enough for pregnancy by adopting a healthier lifestyle and taking prenatal vitamins. If she has a medical or genetic condition or risk of one, she should seek advice from a medical professional before conceiving (becoming pregnant)

VIEW THE FACT SHEET

 Patient Factsheet teaser

AM I OVULATING?

Ovulation is the release of an egg from a woman’s ovaries and is essential for getting pregnant.

[VIEW THE FACT SHEET](#)

 Patient Factsheet teaser

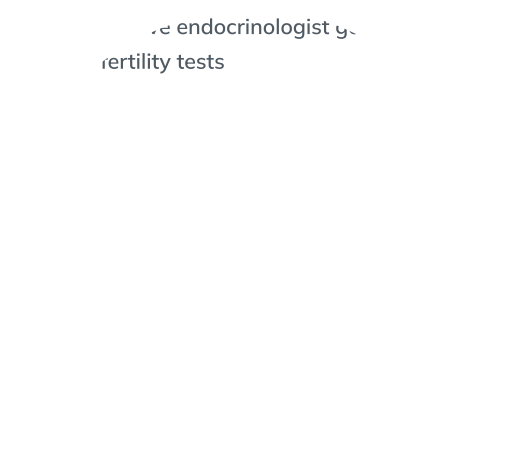
ABNORMALITIES OF THE FEMALE REPRODUCTIVE TRACT (MÜLLERIAN ANOMALIES).

Sometimes the uterus and fallopian tubes may not form like they should. These malformations are called müllerian anomalies or defects. Müllerian anomalies may make it difficult or impossible to become pregnant.

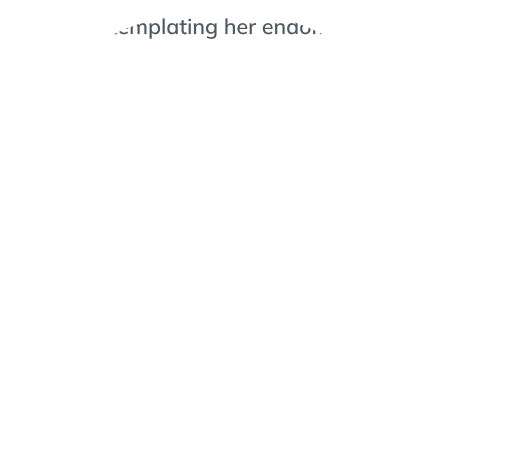
[VIEW THE FACT SHEET](#)

[VIEW ALL FACT SHEETS AND BOOKLETS](#)

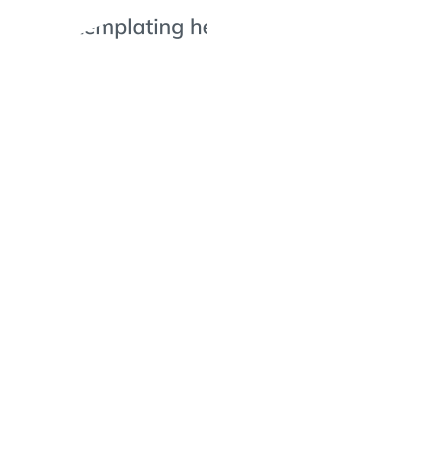
PATIENT JOURNEYS



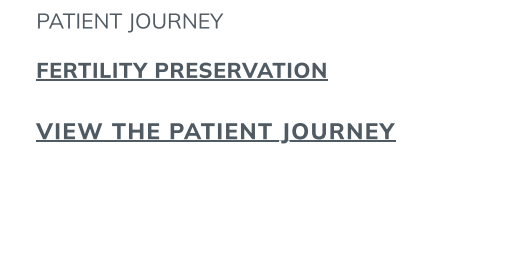
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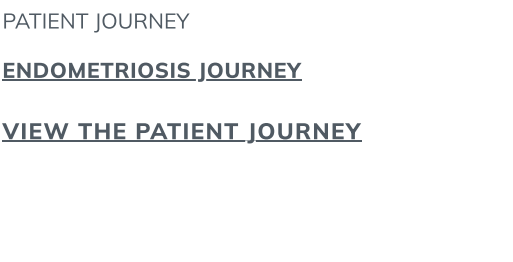
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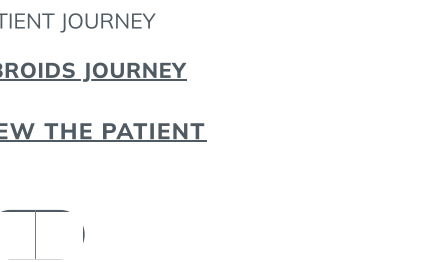
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PATIENT JOURNEY
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[ENDOMETRIOSIS JOURNEY](#)
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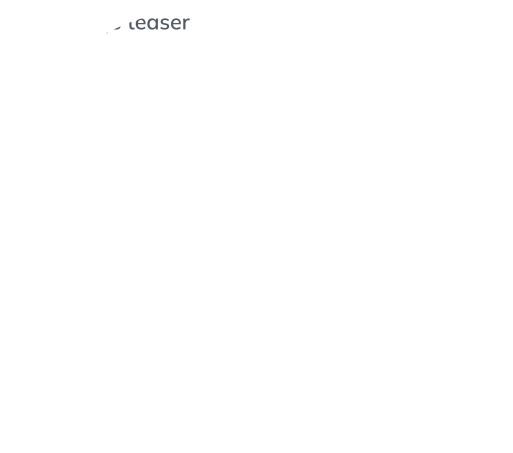
[VIEW ALL THE PATIENT JOURNEYS](#)

RESOURCES FOR YOU

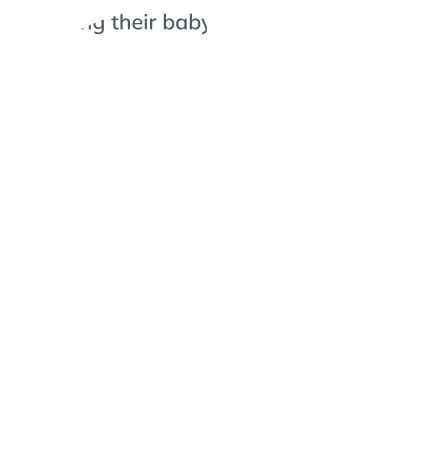
The American Society for Reproductive Medicine (ASRM) is committed to providing patients with the highest quality information about reproductive care.



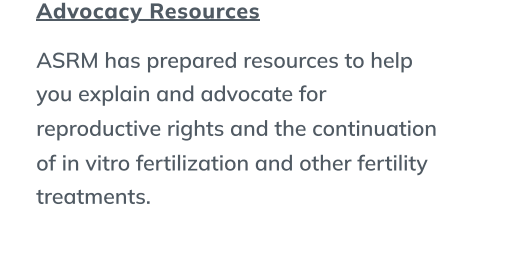
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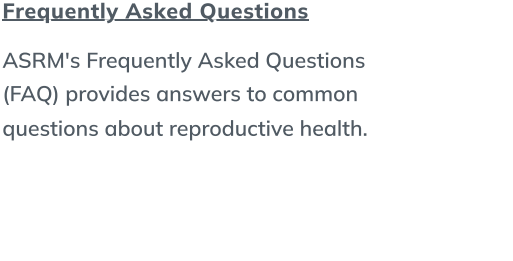
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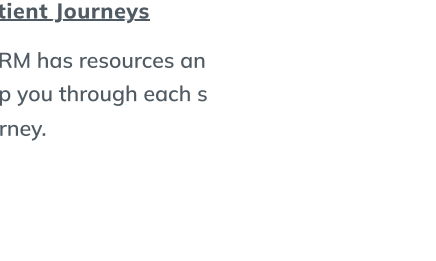
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[Advocacy Resources](#)
ASRM has prepared resources to help you explain and advocate for reproductive rights and the continuation of in vitro fertilization and other fertility treatments.




[Frequently Asked Questions](#)
ASRM's Frequently Asked Questions (FAQ) provides answers to common questions about reproductive health.




[Patient Journeys](#)
ASRM has resources an help you through each s journey.



[VIEW THE RESOURCES](#)



[KNOW THE FAQS](#)



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AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

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