



INFERTILITY AFFECTS MEN AND WOMEN

The chance of a young couple conceiving is 20% to 37% per month. Of couples that do not conceive in the first year, as many as 10% will never conceive without medical intervention. Women who have tried without success to conceive or who need donor eggs may be referred to a reproductive endocrinologist.

[VIEW ALL OUR RESOURCES ON MALE FERTILITY](#)

Chances of the male contributing to a couple's infertility:

50|50



CAUSES OF INFERTILITY

Factors related to male reproductive anatomy alone are the cause of infertility in 20–30% of couples and contribute to infertility in another 20–30% of couples. Taken together, about one-half of infertile couples have male factor causes due to:

- Producing too few sperm to fertilize an egg
- Making sperm that are not shaped properly or that do not move the way they should
- Having a blockage in the reproductive tract that keeps sperm from getting out

If you might have a fertility problem, your doctor will want to perform a complete history and physical, as well as several tests to find out what may be causing your infertility.

[VIEW THE MALE FACTOR INFOGRAPHIC](#)

WHEN SHOULD WE SEE A DOCTOR?

Couples should see an infertility specialist after a year of trying to conceive without success, or after six months if the partner with ovaries is over the age of 35. Other reasons to see a doctor sooner rather than later are:

- If the partner with male reproductive anatomy is more than 50 years old
- Known problems with the genitals

- Hypospadias (opening of the urethra not in the end of the penis)
- Sexually transmitted infection
- Problems with ejaculation
- Prior history of infertility
- Prior pelvic or abdominal surgery
- Ovulation problems or irregular menstrual periods

COMMON CAUSES OF MALE *Infertility?*



Medications:

Testosterone, and chemotherapy can affect male infertility.



Sperm Count:

Hormonal or genetic causes may lead to low or absent sperm in the ejaculate.



Varicocele:

Dilation of veins around the testicle found on exam, can affect sperm count and motility in some men.



Blockages:

Due to vasectomy, scrotal/groin surgery, or ejaculatory duct obstruction in the prostate.

[Read more on ReproductiveFacts.org](#)

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Male infertility video teaser

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HOW IS FERTILITY EVALUATED IN SOMEONE WITH MALE REPRODUCTIVE ANATOMY?

The first thing a doctor does to check male fertility is a physical exam and ask about medical history. Then, they check the semen. The semen is usually collected in a clean container through masturbation. This test tells the doctor important things about the number, movement, and shape of sperm. If the results aren't normal, you should see a male fertility specialist. It takes more than 70 days (about 2 and a half months) for sperm to grow and mature, so being sick or taking medicine in the three months before the test can affect the sperm. Sometimes, doctors also use blood tests to check hormone levels when looking at male fertility issues.

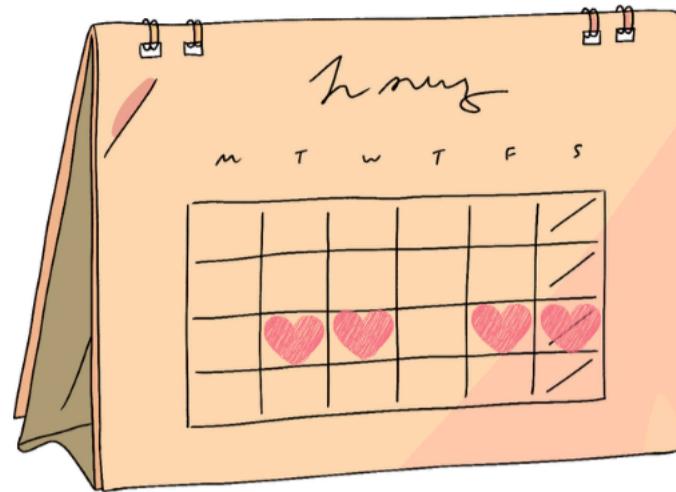
[READ THE SPERM MORPHOLOGY \(SHAPE\): DOES IT AFFECT FERTILITY? FACT SHEET](#)

[VIEW THE COMPREHENSIVE MALE FERTILITY VIDEO \(22 MINS\)](#)

[READ THE MALE FERTILITY EVALUATION: WHAT DO I NEED TO KNOW? FACT SHEET](#)

SHOULD WE CHANGE THE WAY WE HAVE SEX?

The “**fertile window**” is the 6 days leading up to and ending in ovulation.



The chance of pregnancy goes up if couples have intercourse every one to two days!

ReproductiveFacts

How often should a couple have sex?

Surprisingly, not having sex for a long time can lower sperm quality. Couples should have sex at least two to three times a week during the fertile period. They have a better chance of getting pregnant if they have sex every one to two days when the woman is most fertile. The best chance of getting pregnant is if they have sex during the six days leading up to and including the day the egg is released (ovulation). These six days are called the "fertile window".

Are there any ways to have sex that can help us get pregnant?

Sperm ejaculated into the vagina and reaches the fallopian tubes in just a few minutes, no matter what position you're in during sex. There's also no proof that having an orgasm or resting after sex makes it more likely to get pregnant. Some lubricants, like saliva, olive oil, Astroglide®, and KY® Jelly, can slow down sperm or make it harder for them to survive, so they should be avoided during the fertile period. It's a good idea to talk to a doctor about safe lubricant options for when you're trying to get pregnant.

what is Varicocele

WHAT IS A VARICOCELE?

A varicocele occurs when the veins in the scrotum, which is the pouch holding the testicles, become enlarged. This condition often develops during puberty and is more common on the left side, but it can occur on either or both sides. Most varicoceles don't cause symptoms, but they can sometimes lead to pain or fertility problems because the increased blood flow might raise the temperature in the scrotum, affecting sperm production.

Doctors can detect a varicocele through a physical exam, especially while standing. An ultrasound might also be used to help diagnose the condition. Treatment is usually only needed if the varicocele causes pain or affects fertility. In these cases, surgery can tie off the enlarged veins, or a procedure called embolization can block the blood flow. These treatments are generally safe, but there are risks, including bleeding, infection, or the varicocele coming back. Most people see improvements in fertility and a reduction in symptoms after treatment.

READ THE VARICOCELE PATIENT FACT SHEET

IS AGE A FACTOR I SHOULD WORRY ABOUT?

HOW DOES MY AGE IMPACT MY SPERM QUALITY?

Sperm health starts to slowly decline for men beginning in their 40s. Age-related changes in sperm quality can affect all reproductive outcomes, and increase the risk of certain conditions affecting the newborn.

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Read more on ReproductiveFacts.org.

HOW CAN AGE-RELATED SPERM CHANGES IMPACT REPRODUCTIVE OUTCOMES?

There is a possibly a slightly higher chance of:

- Difficulty getting pregnant due to decreased sperm count
- Slightly higher risk of birth defects
- Increased rates of some psychiatric illnesses and neurological conditions (autism & schizophrenia)



Read more on ReproductiveFacts.org.

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Environmental Toxins can last up to a year in sperm.

WHAT CAN I DO TO OPTIMIZE MY FERTILITY?

Like many aspects of health, fertility can be optimized by maintaining a healthy lifestyle.

- Keeping a healthy weight, eating lots of fruits and vegetables (which have antioxidants), and taking multivitamins can help improve the quality of sperm.

- Reducing stress and managing health problems like high blood pressure and diabetes can also help a man have a better chance of getting his partner pregnant.
- Smoking can lower the quality of sperm, so men who want to have a baby should quit smoking as soon as possible.
- Using recreational drugs, steroids, or testosterone can harm sperm, so these should be avoided. It's not completely clear if marijuana affects male fertility, but using it less or not at all is probably best for having the best chance of getting pregnant.
- Some studies say that wearing tight underwear like briefs might make the temperature around the scrotum higher and lower sperm quality, but other studies don't show this. So, men should choose underwear that is comfortable for them.
- Avoiding things that can definitely raise the scrotum's temperature, like hot tubs or putting laptops on your lap, is a good idea to keep sperm healthy.
- Certain medicines, long-term health problems, and even high fevers can make it harder for the body to make sperm. It's important to ask your doctor how your medicines or health conditions might affect your ability to have children.

Remember, changes in your lifestyle will take almost three months to show better sperm. Couples with medical or genetic problems should see a doctor to help improve their health before trying to

have a baby. [READ THE OPTIMIZING MALE FERTILITY FACT SHEET](#)

[VIEW THE FULL ENVIRONMENTAL TOXICANTS INFOGRAPHIC](#)

Infertility Video teaser

WHAT IF I'VE HAD A VASECTOMY?

Vasectomy is a common method of sterilization in the United States. If you have had a vasectomy and have since reconsidered your decision about having children, there are options available to help you and your partner conceive. Two effective procedures are vasectomy reversal and sperm aspiration before in vitro fertilization (IVF).

Your doctor will guide you in choosing the best option for your unique situation, considering factors such as:

- The time that has passed since your vasectomy
- Your age
- Your desired number of children
- The associated costs
- Your preferred timeline for conceiving, whether naturally or through IVF

Rest assured, you are not alone in this journey, and with the right support, there are ways to achieve your dreams of having a family.

[READ THE PATIENT FACT SHEET - FERTILITY OPTIONS AFTER VASECTOMY](#)

ARE THERE PROCEDURES THAT CAN HELP US GET PREGNANT?

When is IUI helpful?

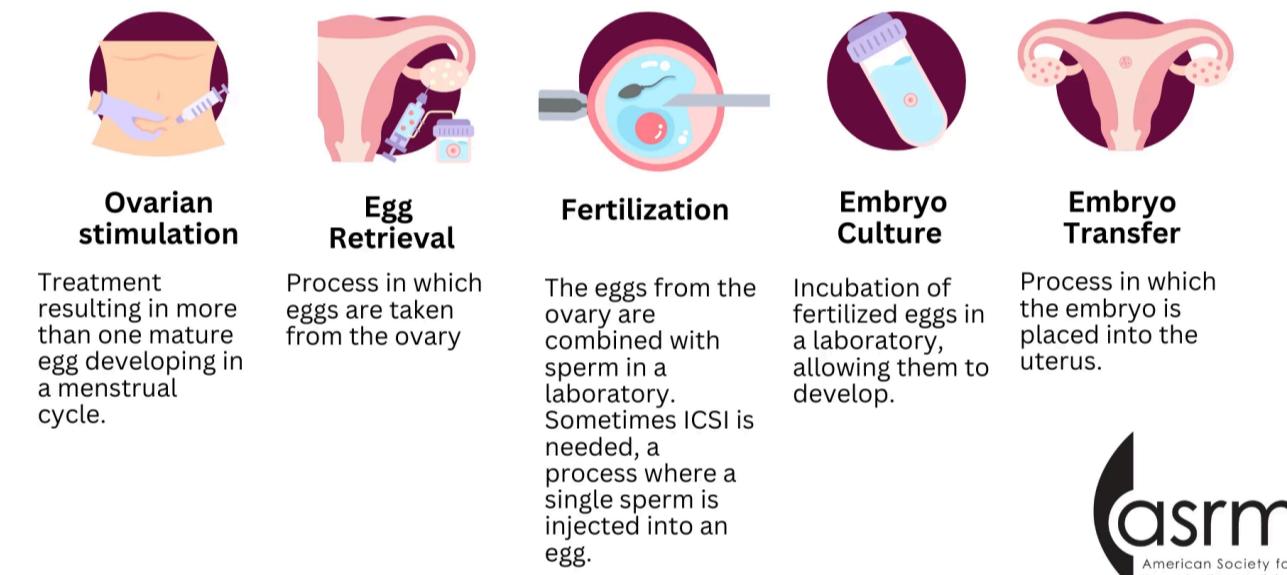
IUI may be helpful for:

- unexplained infertility
- cervical abnormalities
- problems with intercourse
- people taking medication to help ovulation
- using donor sperm or a partner's frozen sperm



Learn more about intrauterine insemination (IUI) at [ReproductiveFacts.org](https://www.reproductivefacts.org)

The IVF Process



INTRAUTERINE INSEMINATION (IUI).

In IUI, sperm is placed past the cervix and in a female patient's uterus around the time of ovulation. This makes the journey to the fallopian tubes much shorter, and there is a better chance that more sperm will encounter the egg. IUI alone can also be used when the male partner cannot become or stay erect or has ineffective or absent ejaculation. For example, retrograde ejaculation is when the sperm are released backward into the bladder, instead of through the urethral opening of the penis, at the time of male orgasm. Prior surgeries or medical conditions, such as diabetes, can cause retrograde ejaculation. Also, IUI may help if the male partner has an abnormal urethral opening.

IN VITRO FERTILIZATION (IVF).

In Vitro Fertilization (IVF) is a medical process that helps people have a baby when they can't conceive naturally. In traditional IVF, 50,000 or more swimming sperm are placed next to the egg in a laboratory dish. Fertilization occurs when one of the sperm enters into the cytoplasm of the egg. Once fertilization occurs, the fertilized egg (now called an embryo) grows in a laboratory for 1 to 5 days before it is transferred to the woman's uterus (womb), in hopes that it will attach to the uterine lining and grow into a baby. IVF is used by couples with fertility problems, same-sex couples, or single parents who want to start a family.

INTRACYTOPLASMIC SPERM INJECTION (ICSI).

ICSI is used in conjunction with IVF. In the ICSI process, a tiny needle, called a micropipette, is used to inject a single sperm into the center of an egg to fertilize it. This procedure is done to overcome specific fertility problems like:

- The male partner produces too few sperm to do artificial insemination (intrauterine insemination [IUI]) or IVF.
- The sperm may not move in a normal fashion.
- The sperm may have trouble attaching to the egg.
- A blockage in the male reproductive tract may keep sperm from getting out.
- IVF has not been successful in producing a fertilized egg.
- In vitro matured eggs (eggs grown in a lab) are being used.
- Previously frozen eggs are being used.

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



PODCAST

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PODCAST EPISODE

SART FERTILITY EXPERTS - AZOOSPERMIA

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SART FERTILITY EXPERTS - WELLNESS AND FERTILITY: DIET, SLEEP AND EXERCISE

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SART FERTILITY EXPERTS - UROLOGY AND MALE REPRODUCTIVE HEALTH

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FACT SHEETS/BOOKLETS

View more fact sheets and booklets written by the ASRM Patient Education Committee.



[STRESS AND INFERTILITY](#)

It is not clear how exactly stress impacts fertility.

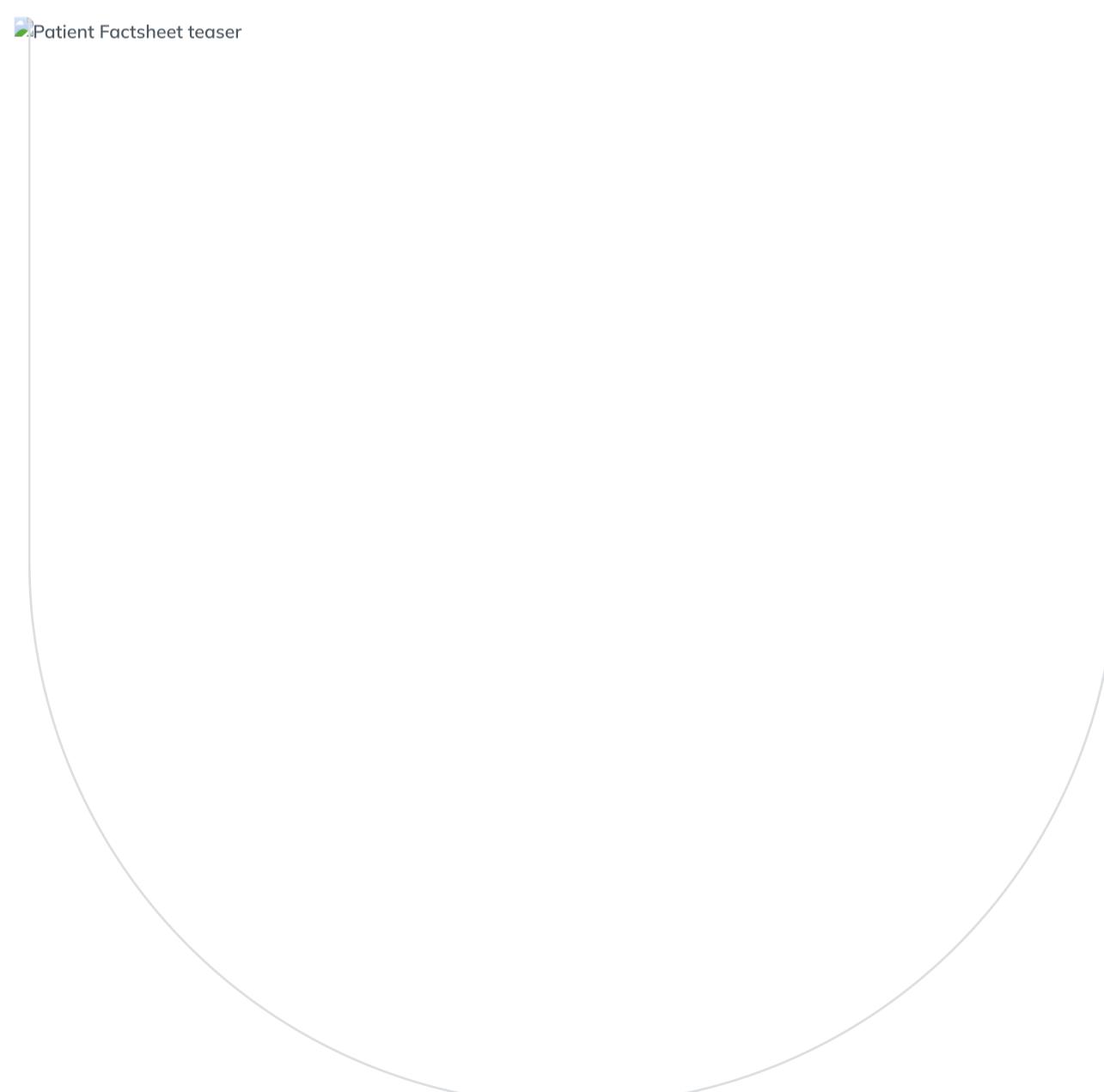
[**READ THE FACT SHEET**](#)



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**](#)



OPTIMIZING MALE FERTILITY

About 20% of infertility cases are due to a male factor alone. Another 30% involves both male and female factors.

[**VIEW THE FACT SHEET**](#)

**CANCER AND ITS IMPACT ON SPERM, CRYOPRESERVATION, AND FERTILITY**

This can be confusing since the terms are often used interchangeably in the media and casual conversation.

[**VIEW THE FACT SHEET**](#)



MALE FERTILITY EVALUATION: WHAT DO I NEED TO KNOW?

Infertility is the inability to achieve pregnancy after one year of unprotected sex.

[VIEW THE FACT SHEET](#)

**SPERM MORPHOLOGY (SHAPE): DOES IT AFFECT FERTILITY?**

The most common test of a man's fertility is a semen analysis.

[VIEW THE FACT SHEET](#)

[VIEW ALL FACT SHEETS AND BOOKLETS](#)

PATIENT JOURNEYS

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PATIENT JOURNEY

[FERTILITY PRESERVATION](#)

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RESOURCES FOR YOU

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

[Resources teaser](#)

[Teaser](#)

[Buy their baby](#)

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.

[VIEW THE RESOURCES](#)

Frequently Asked Questions

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

[KNOW THE FAQS](#)

Patient Journeys

ASRM has resources and help you through each stage of your journey.

[BROWSE THE JOURNEY](#)

[BROWSE ALL TOPICS](#)

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