



B R O A D

M E D I C A L G R O U P

PREGNANCY CARE



INFORMATIONAL BROCHURE

Infertility & Conception

Causes, diagnosis, risks & treatment

Infertility in women can have a range of causes.

Infertility is a condition that affects approximately 1 out of every 6 couples. An infertility diagnosis is given to a couple that has been unsuccessful in efforts to conceive over the course of one full year. When the cause of infertility exists within the female partner, it is referred to as female infertility. Female infertility factors contribute to approximately 50% of all infertility cases, and female infertility alone accounts for approximately one-third of all infertility cases.

Female Infertility: Causes, Treatment and Prevention

The most common causes of female infertility include problems with ovulation, damage to fallopian tubes or uterus, or problems with the cervix. Age can contribute to infertility because as a woman ages, her fertility naturally tends to decrease.

Ovulation problems may be caused by one or more of the following:

- A hormone imbalance
- A tumor or cyst
- Eating disorders such as anorexia or bulimia
- Alcohol or drug use
- Thyroid gland problems
- Excess weight
- Stress
- Intense exercise that causes a significant loss of body fat
- Extremely brief menstrual cycles

Damage to the fallopian tubes or uterus can be caused by one or more of the following:

- Chronic medical illness
- A previous ectopic (tubal) pregnancy
- A birth defect
- Pelvic inflammatory disease
- A previous infection
- Polyps in the uterus
- Endometriosis or fibroids
- Scar tissue or adhesions



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DES syndrome (The medication DES, given to women to prevent miscarriage or premature birth can result in fertility problems for their children.)

Abnormal cervical mucus can also cause infertility. Abnormal cervical mucus can prevent the sperm from reaching the egg or make it more difficult for the sperm to penetrate the egg.

How is female infertility diagnosed?

Potential female infertility is assessed as part of a thorough physical exam. The exam will include a medical history regarding potential factors that could contribute to infertility. Health-care providers may use one or more of the following tests/exams to evaluate fertility:

A urine or blood test to check for infections or a hormone problem, including thyroid function

Pelvic exam and breast exam

A sample of cervical mucus and tissue to determine if ovulation is occurring

Laparoscope inserted into the abdomen to view the condition of organs and to look for blockage, adhesions or scar tissue.

HSG, which is an x-ray used in conjunction with a colored liquid inserted into the fallopian tubes making it easier for the technician to check for blockage.

Hysteroscopy uses a tiny telescope with a fiber light to look for uterine abnormalities.

Ultrasound to look at the uterus and ovaries. May be done vaginally or abdominally.

Sonohystogram combines ultrasound and saline injected into the uterus to look for abnormalities or problems.

Tracking your ovulation through fertility awareness will also help your healthcare provider assess your fertility status.



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How is female infertility treated?

- Taking hormones to address a hormone imbalance, endometriosis, or a short menstrual cycle
- Taking medications to stimulate ovulation
- Using supplements to enhance fertility – shop supplements
- Taking antibiotics to remove an infection
- Having minor surgery to remove blockage or scar tissues from the fallopian tubes, uterus, or pelvic area.

Can female infertility be prevented?

There is usually nothing that can be done to prevent female infertility caused by genetic problems or illness. However, there are several things that women can do to decrease the possibility of infertility:

Take steps to prevent sexually transmitted diseases

- Avoid illicit drugs
- Avoid heavy or frequent alcohol use
- Adopt good personal hygiene and health practices
- Have annual check-ups with your GYN once you are sexually active





GET IN TOUCH

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