

UNEXPLAINED INFERTILITY



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FERTILITY CENTRE**

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WHAT IS UNEXPLAINED INFERTILITY?

The diagnosis of Unexplained Infertility is used when no cause for the infertility can be found in either partner.

HOW COMMON IS THIS DIAGNOSIS?

Up to 1 in 10 infertile couples.

WHAT IS 'NORMAL'?

1. Sperm Count:

- a. At least 20×10^6 per ml, 50% motile, and greater than 15% normal morphology.
- b. If low, the test should be repeated.

2. Ovulation Tests:

It can be diagnosed by a combination of tests.

- a. **Temperature Chart:** Ovulation can almost always be detected by analysing the previous temperature charts.
 - b. **Blood Tests:** By having several blood tests during a full cycle, checks can be made on the level of progesterone produced by the ovaries, as well as other hormones involved with ovulation.
 - c. **Endometrial biopsy:** This is done by taking a small sample from inside the womb to check whether the lining of the womb is "in phase" with the time of the menstrual cycle. This test can be done without an anaesthetic, or as part of a full curette.
- ### 3. Fallopian Tube Tests:
- a. **Hysterosalpingogram:** This X-Ray of the tubes can determine whether the internal shape of the uterus is normal and if the tubes are blocked.
 - b. **Laparoscopy:** This investigation, done under general anaesthetic, allows the doctor to visualise the tubes, ovaries and other pelvic structures.
- ### 4. Hostility:
- a. **Post Coital Test:** At the time of ovulation, mucus is extracted from the cervix 4-12 hours after intercourse and the activity of the sperm is assessed.

- b. **Sperm Antibodies:** Mucus and sperm are collected and mixed with coated beads in the laboratory. If the sperm are not able to move properly and bind to the beads, sperm antibodies are present.

HAS ANYTHING BEEN MISSED?

There are some rare conditions which have been associated with unexplained infertility. However these do not always cause infertility. The tests are also often time consuming and expensive.

- Psychological Causes—(myth or reality?);
- Anti-sperm antibodies;
- Minimal Endometriosis;
- Deficient Luteal Progesterone;
- Adhesions in the Uterus;
- Mycoplasma infection; and
- Motility defects of Sperm.

HOW CAN IT BE TREATED?

1. Treat the cause;
2. Try several treatments, in the hope that one may work, (i.e. "Shot-gun therapy"); and
3. IVF or GIFT.

WHAT IS THE CHANCE OF PREGNANCY?

If you have been diagnosed with unexplained infertility, your chance of getting pregnant without treatment after 3 years is about 1 in 3, if you have never been pregnant before. With treatment your chances of getting pregnant may improve to 1 in 2, after 1 year.

WITH THANKS TO THE INFERTILITY FEDERATION OF AUSTRALASIA INC