

Fertility Tests



**AUSTRALIAN
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CENTRE**

FERTILITY TESTS

The tests which are carried out on a couple faced with a fertility problem are very dependent upon the couple's physical examination and medical history. The doctor is the best person to decide which tests should be performed and in what sequence they should be done.

This fact sheet is intended to outline what is involved in the tests and what their purposes are. It should be stressed however that every couple may not need every one of the tests as so much depends on the individual couple's problem.

SEMEN ANALYSIS OR SPERM COUNT

This is the first and most basic test carried out on the male partner. The man is asked to produce a specimen of semen by masturbating into laboratory jars. It is desirable that one specimen be produced after 3 days abstinence from sexual activities. The specimen should be protected from extremes of temperature and examined within 3 hours.

The sample produced is examined for the number of sperm present (a sperm count), the ability of the sperm to move (motility), the shape and appearance of the sperm (morphology), the total volume of the ejaculate, and the vitality of the sperm.

It is important to realize the limitations of semen analysis. Men with quite low counts can father children and men with normal values may have sperm which are unable to fertilize oocytes. The semen analysis must be considered a general guide only.

Moreover, a man's semen analysis may vary from week to week and further tests performed to obtain a better prognosis.

At this time the sperm may also be examined to see if there are any sperm antibodies coating the sperm as these may prevent the sperm from penetrating the uterus to allow conception to occur.

Sperm antibodies are proteins produced by the body's immune system. The presence of antibodies is also diagnosed by a blood test in both men and women.

HORMONE ASSAY

The ability to measure levels of progesterone, estrogen, prolactin, testosterone, F.S.H. and L.H. is a very valuable tool for investigation of infertility problems in both male and female.

Normal hormone levels, when performed on a daily level, can indicate the most likely time of ovulation in the female.

They do NOT, however, indicate the normality of the egg (oocyte), and they do NOT confirm egg expulsion from the ovary.

The levels of hormones are measured by sophisticated laboratory equipment and these tests can be performed on one blood sample. The tests are to determine that all the levels are within normal limits and are in balance. They are also used to determine if ovulation is occurring. Sometimes several blood tests may be required.

BASAL BODY TEMPERATURE CHART

The charting of the basal body temperature is the traditional method of indicating if and when ovulation is occurring.

On waking, a woman takes her temperature orally for 3 minutes before getting out of bed, talking, drinking or eating. She carefully records this on her temperature chart.

If ovulation occurs, a woman's temperature will normally rise by one degree Fahrenheit or 0.4 to 0.6 degree Centigrade during the second half of the menstrual cycle. However, the temperature is recorded on all days of the cycle and the resulting pattern observed.

The chart can indicate whether or not ovulation is occurring and changes in the temperature pattern provide an indication of the effectiveness of treatment.

Moreover, a prolonged rise in the basal temperature will be the first clear indication that pregnancy has been achieved.