

## Concluding the first visit

The first visit should end with a review of what has been found and what is to follow. Suggestions on matters such as timing of sexual relations, smoking and alcohol use, etc., may be made. The couple has a chance to ask any questions— including cost of procedures. During the next few weeks, results of the various tests are compiled. These test results will be discussed at the second visit.

*Ferre Institute, Inc. is dedicated to enhancing public and professional understanding of infertility, family building, reproductive health and genetics by increasing access to comprehensive quality services; broadening informed choices and options; supporting psychosocial services and research; strengthening clinical services within communities; and promoting and conducting research in these areas.*

### *Ferre Institute, Inc.*

124 Front Street  
Binghamton, NY 13905  
Phone: 607-724-4308  
Fax: 607-724-8290  
[www.ferre.org](http://www.ferre.org)

Learn more about our programs by visiting the following sites:

[infertilityeducation.org](http://infertilityeducation.org)

[ferre.org](http://ferre.org)

This material was prepared by *Ferre Institute, Inc.*, a non-profit educational organization, dedicated to helping couples have children.

# INFERTILITY

## The Infertility Workup; What to Expect on an Initial Visit

The information in this pamphlet is intended to aid couples understanding the infertility workup and their participation in the various procedures.

The couple that has scheduled an infertility workup has already taken several important steps: *They have acknowledged their concern about their inability to bear a child and they have decided to learn more about their situation and what can be done to improve their fertility.*

At times infertility may be due to a single medical condition, but often it results from a number of conditions requiring a series of procedures. By starting the infertility workup together, the couple streamlines the diagnostic process and better ensures appropriate treatment at the earliest possible time.

The first visit involves information sharing and discussion as well as medical evaluation, and should include the following:

### Health Histories

Learning as much as possible about the couple's complete health histories, including their medical, genetic, social and reproductive backgrounds, is an important component that lays the foundation for the evaluation. The information is reviewed with the couple to identify those factors that may be affecting their fertility

### Female Health Evaluation

- **General Physical**– Overall health status is evaluated.
- **Pelvic Exam**– The size, shape, position and condition of reproductive organs are assessed.
- **Pap Smear**– A sample of cells from the cervix is collected for microscopic examination to determine if they are healthy.
- **Screening for infections that are sexually transmitted**– The increased frequency of these conditions, often without symptoms, and their potential for damaging the reproductive tract make these tests an important part of the workup.
- **Complete Urinalysis**– This is performed to explore the possibility of urinary tract infections, diabetes or other medical conditions.
- **Blood Work**– It may include complete blood count, thyroid evaluation, blood sugar screening as well as hormone test when medically indicated.

### Male Health Evaluation

Depending upon the type of medical practice, the male may be examined at the time of this visit, briefly or more completely. This exam typically includes at least:

- **General Physical**– Overall health status is evaluated.
- **Semen Analysis**– A semen specimen is analyzed to determine the quantity and quality of the sperm. Other specimens may be needed later.

Referral may also be made to a specialist in male fertility, if further testing is indicated.

### Instructions for monitoring basal body temperature

The couple is instructed how to use the basal body thermometer and told why charting the woman's daily temperature and presence of mucus is important in evaluating infertility problems. The graphs are usually kept for at least three months and then reviewed by the physician.