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## Infertility

Generally, if a woman has regular monthly periods, and a man and woman have intercourse three times a week, 80 percent of all couples who try to achieve pregnancy will succeed within a year. If this doesn't happen, both partners might want to be tested for infertility. About 35 percent of cases of infertility are due to the male, another 35 percent are due to the female, and the remaining 30 percent are due to a combination of both the male and female.

Male infertility may be caused by having fewer sperm than normal or because the sperm are not as active as they need to be to migrate up the woman's fallopian tubes to reach the egg. These problems can arise from a variety of reasons, including an infection of the prostate gland or a varicose vein within the scrotum.

Female infertility may be caused by the woman's failure to ovulate, or to produce an egg. It may also be caused by blocked fallopian tubes. This blockage is often the result of an infection that the woman had earlier in life. Certain sexually transmitted diseases, for instance, can cause blocked fallopian tubes. In some cases, an infection of the woman's cervix may cause thickening of the cervical mucus so that sperm are not able to penetrate well into the uterus.

Happily, more than half of all couples evaluated and treated for infertility are able to achieve pregnancy.

If you've been trying unsuccessfully to get pregnant for more than a year, you should call the Obstetrics/Gynecology Department (or OB/Gyn Department) to discuss having a series of tests performed that will help determine the cause of the infertility.

The first test will probably be a semen analysis, which checks for the number and activity of sperm. If an abnormality is found, the man will be referred to the Urology Department for a complete evaluation and treatment. This treatment may consist of antibiotics for a prostate infection, or surgery to remove a varicose vein.

Next, the woman's ovulation patterns will be checked. The woman may be asked to record her body temperature with a special thermometer every day for two or three months so that it becomes clear when she ovulates—if at all. Another way to check for normal ovulation is by performing an endometrial biopsy. This procedure involves taking out a small amount of tissue from the uterus for examination. Since ovulation can be detected by small changes in the uterine lining, your physician will be able to diagnose the extent of the problem and then prescribe certain medications that can treat it.

Blockage of the fallopian tubes can be detected in a number of ways, including X-ray examination of the tubes and uterus, using a contrast dye, or by laparoscopy—a hospital

procedure done with the patient under general anesthesia. With a laparoscopy, the doctor makes a small incision in the navel and inserts a telescope-like instrument into the abdomen. Through this instrument, the physician can visually examine the uterus, tubes, and ovaries to check for any abnormalities. Surgery may be recommended if there is blockage in the fallopian tubes.

Finally, the activity of the man's sperm in the woman's cervical mucus may be tested in the doctor's office, approximately two to 12 hours after intercourse. If there seems to be an infection in the cervix, medications may be prescribed.

There are some specialized procedures, such as in vitro fertilization, which have received a good deal of publicity in recent years. These procedures sometimes enable people to become pregnant and conceive a child when it would not otherwise be possible. You may want to discuss these possibilities with your obstetrician.



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The information presented here is not intended to diagnose health problems or to take the place of professional medical care. If you have persistent health problems or if you have additional questions, please consult with your doctor or other health care professional.

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