

Understanding Fertility



Infertility is defined as the inability to conceive a baby after 12 months of unprotected sexual intercourse. It could be argued that the inability to successfully carry a pregnancy should be included in the definition. 1 in 5 Irish couples experience difficulties in getting pregnant.

To achieve a successful pregnancy, there are several prerequisites: good quality eggs and sperm, an open fallopian tube and a receptive lining of the uterus. A problem with any of these factors will reduce fertility and may cause infertility.

The number one factor affecting a couple's chance of conceiving is a woman's age. After age, male related fertility problems are the second most common cause of infertility.

Causes of Infertility include:

- Male (sperm) factor
- Female age greater than 35
- Ovulation disorders
- Tubal disease
- Endometriosis
- Anatomical factors such as fibroids and other uterine abnormalities
- Combination of male and female factors
- Factors which are unexplained after current testing procedures

Assessment plan

After a thorough history and examination, several tests can be performed to assess fertility. These include a semen analysis for the man and blood hormone tests for the woman, including an AMH test, which can accurately predict your ovarian reserve.

Furthermore, assessment of the woman's pelvis to exclude tubal disease or uterine abnormalities may be performed. For this, a detailed ultrasound (Saline Sonography (SIS)) is recommended depending on the individual's medical history.

Once the assessment is complete, a personalised treatment plan is formulated beginning where possible with the simplest and most natural options.

Treatments may include

Ovulation induction

Medications (oral or by injection) may be used to stimulate egg production and this is often used with timed sexual intercourse or insemination.

Insemination

Prepared sperm is inserted into the woman's uterus at the most fertile time.

Fertility surgery

Surgery may be required to treat endometriosis, to repair tubal damage, to remove fibroids or to correct uterine abnormalities.

In-Vitro Fertilisation (IVF)

After a course of ovarian stimulation, the eggs are collected from the ovaries using ultrasound-guided trans-vaginal needle aspiration. The eggs are placed in a dish with sperm and allowed to fertilise naturally.

If there is a sperm problem, one sperm is injected into each egg to facilitate fertilisation. This is known as Intracytoplasmic Sperm Injection (ICSI). Approximately 50% of eggs will fertilise, making embryos. Usually one or two embryos are then transferred back into the uterus using a small plastic tube and any extra embryos can be frozen and stored for future transfer without the need for further stimulation.

Embryo Freezing

Freezing of embryos and sperm is possible for patients with excess embryos.

Counselling

The Rotunda IVF dedicated Patient Support Team helps patients to deal with their practical and emotional worries - such as how to communicate with each other under pressure; how to manage work demands during treatment or how to manage time and financial resources.

Our Patient Support team can answer many of the questions that you have and help you overcome concerns so that you can focus on your main goal - creating a new life.

The Patient Support Team can arrange to meet you early in the morning before work, if that suits you.

For more information

Rotunda IVF can provide you with general information by phone or through our website. Should you wish to make an appointment to talk to one of our fertility specialists, please call in, contact us by phone or send us an email.

Contact details

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Mon-Fri 8am - 4pm
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