



Why measure ovarian reserve?

A woman's fertility declines rapidly with age. MFS pioneered the use of inhibin B and subsequently introduced AMH measurement as a more accurate predictor of ovarian response to stimulation with hormones during fertility treatment. AMH may also provide a guide to a woman's spontaneous fertility potential. Measuring these hormones provides vital information about whether a woman can 'safely' defer trying for a baby for a few years, or whether her 'ovarian reserve' is so low that she should not delay.

Who may benefit from measuring ovarian reserve?

- women in their mid-thirties who are considering delaying trying for a baby for more than three years
- women who have a female family history of fertility problems, recurrent miscarriage or early menopause
- women who have had significant problems with endometriosis or ovarian cysts or who have had pelvic surgery or pelvic infections
- women who are considering having fertility treatment such as IVF or ICSI and want a more individualised estimate of their chance of success than is provided by age alone
- women with a diagnosis of 'unexplained' infertility

The blood test is taken on day two to five of the woman's cycle and may be taken either at MFS, or via a test pack MFS can send to the woman for the blood to be taken by her GP practice nurse. This way, woman need only attend MFS for her scan and results consultation. Contact mfs@midlandfertility.com for more information on the 'ORT by post' option.

Age and fertility

Women may choose to start a family later in life for a wide variety of reasons. Many women are tempted to 'put off' trying to conceive until the times seems 'absolutely right'. Some women are certain that they want to have children some day and are worried that they may leave it too late and find it difficult to get pregnant.

Unfortunately, compared to other species, human beings are not very fertile and even young couples with normal fertility have only a 25-30% chance of achieving a pregnancy each month they try to conceive. After a woman reaches her mid-thirties, this monthly chance drops to 10-15% and by her early forties it is less than 5% a month AND she faces a 40% chance of miscarriage if she does get pregnant. If other factors also influence the couple's chance of success, such as irregular ovulation or poor sperm, the chances are even lower. In addition, the risk of chromosome abnormalities, such as Down's Syndrome, increases very rapidly from 37 years onwards.

What else can influence fertility?

Health, family history and lifestyle factors influence a woman's natural fertility:

- smoking is probably the single most significant factor which adversely affects fertility. Women who are lifetime smokers:
 - will undergo their menopause approximately three to four years ahead of schedule
 - will become sub-fertile sooner
 - have a higher risk of miscarriage
- weight. Women who are significantly below or above their ideal weight are also at a higher risk of fertility problems and/or pregnancy complications (see MFS info sheet 'Weight, BMI and Fertility')
- gynaecological conditions. Women who have had pelvic surgery, endometriosis or recurrent pelvic infections also have a lower chance of successful pregnancy, probably because their store of viable eggs is reduced

What treatments are available for older women?

Some 'older' women may be helped by fertility treatments such as IUI with ovarian stimulation. Many women in their late thirties or early forties choose to have IVF even if there is no explanation why they have failed to conceive, other than their age. IVF is recognised as a useful diagnostic tool and an effective treatment for 'unexplained' infertility.

What is included in the cost?

The MFS ovarian reserve test (ORT) is more comprehensive and better value than any over-the-counter test. The ORT requires a blood test and pelvic ultrasound scan during the first part of the woman's cycle then up to three weeks later, the results and their implications will be discussed at a follow-up consultation.

The test includes:

- anti-Müllerian Hormone (AMH) testing
- assessment of FSH and the FSH:LH hormone ratio
- pelvic ultrasound scan
- consultation with a fertility specialist
- review of test results and explanation of future options
- counselling, if required

What is not included in the cost?

- any other fertility investigations, treatments or preservation services for either partner

Costs

Please refer to the current List of Charges in either the Patient Finance Information leaflet or via midlandfertility.com/fees.

Further information

Please visit midlandfertility.com and search for 'Investigations' or read the following MFS infosheets:

- Counselling
- Weight, BMI and Fertility
- Fertility Investigation Package
- Recurrent Miscarriage
- IUI
- IVF
- ICSI
- Elective Egg Freezing

(downloadable from midlandfertility.com by searching for 'MFS Treatment Literature', or in hardcopy from MFS).