

The Language of Infertility

- **Anti Sperm Antibodies:** Antibodies (that can develop in the bodies of either men or women) block the movement or function of the sperm.
- **ART (Assisted Reproductive Technology):** A collective term for fertility treatments.
- **Cervix:** The neck of the womb. Intrauterine insemination normally involves passing a small catheter through this.
- **Curettage (D&C):** Having the contents or the lining of the uterus removed under anaesthetic, either by scraping it with an instrument or by suctioning out with a soft plastic tube.
- **Donor Insemination (DI):** The use of donor sperm from a male donor in order to achieve a pregnancy.
- **Embryo:** Once the egg has joined with the sperm it is called an embryo.
- **Endometriosis:** The presence of the normal lining of the uterus (called the endometrium) in abnormal locations in the body such as the fallopian tubes, ovaries and peritoneal cavity.
- **Endometrium:** The membrane lining the inside of the uterus.
- **Fallopian Tube:** Runs from the ovary to the uterus along which the egg normally travels and where the egg and sperm normally join together.
- **Follicle:** The bag of fluid that surrounds the egg.
- **Follicle Stimulating Hormone (FSH):** A hormone that stimulates the follicle (and thus the egg) to grow.
- **Follicular Phase:** The first half of a woman's menstrual cycle following menstruation and during which the follicles grow.

- **Implantation:** The embedding of the embryo in the lining of the uterus 6-7 days after fertilisation.
- **Intrauterine Insemination (IUI):** The placing of processed sperm into the uterine cavity by a catheter which is passed through the cervix.
- **Luteal Phase:** The last 14 days of a menstrual cycle after ovulation.
- **LH (Luteinising Hormone):** A hormone responsible for triggering ovulation.
- **Oestrogen (or Estrogen):** The primary female hormone produced mainly from the ovary.
- **Oocyte:** The fully mature egg produced from the ovary each month.
- **Ovaries:** The female sex glands which produce eggs.
- **Ovulation:** The time the egg is released.
- **Pituitary Gland:** The gland located at the base of the brain, which controls most hormone functions in the human.
- **Progesterone:** The hormone produced by the ovary after ovulation to maintain the pregnancy.
- **Semen:** The ejaculated fluid comprising sperm and other secretions of the sex glands of the male.
- **Spermatozoa (sperm):** The male reproductive cells (gametes).
- **Uterus (womb):** The female reproductive organ that supports the developing fetus. It is the source of a woman's menstruation.
- **Ultrasound (scan):** A modified form of radar used to see the follicles in the ovary and pregnancy in the uterus. This may be done either through the acumen or through the vagina.



DEPARTMENT OF REPRODUCTIVE MEDICINE

PLANNING A PREGNANCY



Planning a Pregnancy

One in six couples in Australia of reproductive age experience difficulties conceiving a child.

The average age of women in Australia having their first child is 30. The growing trend for Australians to delay starting a family is having a significant impact on their fertility and consequent need for fertility treatment.

At present 3% of all babies born in Australia are the result of some form of fertility treatment. At the Royal Hospital for Women the most commonly used assisted reproductive treatment is intrauterine insemination (IUI) using husband's sperm and the donor insemination programme (DI).

Chance of Conception

The normal monthly success rate for couples trying to conceive naturally at 25 years of age is 20%. The success rate decreases with women's age especially after 35. For women at the age of 25, 75% of couples will conceive within 6 months. For women aged between 35 and 39 the chance of conception is 25% for the same period.

Factors Affecting Conception

- The production of sperm or eggs.
- The structure and function of male or female reproductive systems.
- Hormonal and immune disorders in both men and women.
- In 30% of couples the cause is a combination of both male and female factors.
- In 20-30% of couples no cause will be found and this is called unexplained infertility.

Understanding your Menstrual Cycle to Optimise Chance of Pregnancy

Every woman's cycle is individual and may vary from month to month. To achieve a pregnancy it is important to have intercourse around the time the egg is being released (ovulation).

The time from the start of your period to ovulation varies from woman to woman. Ovulation usually occurs about 9-15 days after the period has started. This may be longer if a woman's cycle is longer.

New research suggests intercourse 2 days before ovulation gives the best chance of pregnancy.

General Pre-Pregnancy Tips

- Healthy diet.
- Stop smoking and recreational drug use.
- Alcohol in moderation.
- Regular intercourse 2-3 times per week.
- Regular moderate exercise eg. walking.
- A daily intake of 500mcg folic acid (3 months pre conception and during the first trimester of pregnancy to reduce the risk of neural tube defects).
- Multi-vitamins may be of benefit to overall health.
- Blood tests to check for rubella and chicken pox status, blood group, Rh factor, Hepatitis B & C screens.
- Understanding the menstrual cycle – the most fertile time is between days 12-16 of a regular monthly cycle.
- Appropriate weight. Evidence suggests that fertility improves dramatically if people with a high BMI can achieve a 5% reduction in weight.

Contacting the Clinic

Interpreters can be arranged if needed. To make an appointment or to discuss your needs please contact:

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