

Preliminary Testing

This checklist is designed to help you proceed as quickly as possible to a successful pregnancy.

Before your first consultation with a PFC physician **it is to your advantage, although not mandatory**, to have some preliminary fertility testing completed and the results sent to us. Your PFC physician is then able to consult with you in greater depth concerning your specific situation.

Your gynecologist or primary care physician can order these tests if he/she feels they are appropriate to your situation. The following information lists and explains these preliminary tests.

- ❑ **Day 3 FSH and Estradiol** (Day 2-3 is acceptable) **Follicle Stimulating Hormone (FSH) and Estrogen (E2)** are two hormones that predict a woman's ovarian reserve or potential for pregnancy. In the beginning of the menstrual cycle (cycle days 1-5), the pituitary gland in the brain secretes **Follicle Stimulating Hormone (FSH)**. This hormone stimulates the ovaries to select and grow an egg for the cycle. Once an ovary receives enough FSH to grow a dominant follicle, the follicle begins to release Estrogen. **Estrogen** indicates that a follicle is growing and signals the brain to stop secreting FSH. Measuring the levels of FSH and Estradiol (estrogen) in the blood on menstrual cycle day 2 or 3 provides an assessment of a woman's ovarian reserve. **Remember, cycle day 1 is counted as the first day (before 10 pm) of actual FLOW.**

- ❑ **Semen Analysis or SA** is the measurement of 4 different properties of a single ejaculate.
 1. **Volume** is the amount of the ejaculate measured in cc's.
 2. **Count** is the concentration of sperm, measured in million of sperm per cc.
 3. **Motility** is the percentage of sperm that are moving, i.e. living.
 4. **Morphology** is the percentage of sperm that are normal in shape.

- ❑ **Hysterosalpingogram (HSG) or documentation of tubal status**

A hysterosalpingogram (HSG) is performed to determine whether there is a blockage or other abnormality of the fallopian tubes, which would prevent the union of sperm and egg. It may also be used to detect irregularity or scarring of the lining of the uterus. The HSG is sometimes referred to as the "dye test". A radio-opaque dye is placed into the uterus and an X-ray is taken. This test must be performed in a radiology department. The HSG is performed in the 2nd week of the menstrual cycle (i.e. after menstrual bleeding has stopped but before ovulation). Patients going directly to in vitro fertilization cycle, a procedure that bypasses the fallopian tubes, do not necessarily need to have this test done.

We look forward to meeting you and helping you on your road to parenthood.

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