



Fact Sheet

From ReproductiveFacts.org



The Patient Education Website of the American Society for Reproductive Medicine

Defining infertility

What is infertility?

Infertility is “the inability to conceive after 12 months of unprotected intercourse.” This means that a couple is not able to become pregnant after a year of trying. However, for women aged 35 and older, inability to conceive after 6 months is generally considered infertility.

How common is it?

Infertility affects 10%-15% of couples. This makes it one of the most common diseases for people between the ages of 20 and 45. In addition, the longer a woman tries to get pregnant without conceiving, the lower are her chances to get pregnant without medical treatment. Most (85%) couples with normal fertility will conceive within a year of trying. If a couple doesn't conceive in the first year, their chance of conceiving gets lower each month. This happens more quickly as the woman gets older.

What can cause infertility?

Age: A woman's age can have a big effect on her ability to have a baby, especially as she enters her 30s and 40s. For a healthy woman in her 20s or early 30s, the chances of conceiving each month is 25%-30%. But by the time a woman is 40 years old, the chances are 10% or less.

Ovulation Problems

If a woman doesn't ovulate (release an egg) about once a month, she may have trouble getting pregnant. Problems like polycystic ovary syndrome (PCOS), thyroid disease, and other hormonal disorders can affect ovulation and lead to infertility. Women who don't have regular menstrual periods often don't ovulate. Women who are overweight or underweight are more likely to have problems with ovulation than women of normal body weight. These women might want to see a doctor who specializes in fertility (reproductive endocrinologist) in the first year of trying to get pregnant.

Damaged or Blocked Fallopian Tubes

Fallopian tubes are the tubes attached to the uterus where the sperm and egg usually meet. Blocked or damaged tubes can cause infertility or ectopic pregnancy (pregnancy outside the uterus). The chances of having blocked tubes are higher in women who have or have had endometriosis, surgery in the pelvis, or sexually transmitted infections (like gonorrhea or chlamydia). Women who are concerned about the health of their tubes should discuss this with their doctor early in the process of trying to get pregnant.

Male factor

A third of all cases of infertility are because of a problem in the male partner. In another third of cases, infertility is due

to a combination of male and female problems. In the male partner, infertility can be caused by not being able to make or ejaculate (release) sperm. Sperm quality is also important and is measured by the amount, the movement, and the shape of sperm. Sometimes other medical problems can affect a man's ability to make normal amounts or normal quality sperm. Men with diabetes, for instance, might have trouble ejaculating. Men with cystic fibrosis might have a blockage that prevents the sperm from being ejaculated. Overweight men, those who smoke, or men who use recreational drugs such as marijuana are more likely to have problems with their sperm.

What can I do about my infertility?

Going to see a fertility specialist may help a couple figure out why they're not conceiving. Women see a reproductive endocrinologist and men see a urologist who specializes in fertility. In some (10% or more) cases, though, there may not be an obvious reason why a couple can't conceive. This is known as unexplained infertility. Fertility treatments can often help these couples with unexplained infertility.

When should I see a specialist?

Generally, a couple should see a reproductive endocrinologist if they have not been able to conceive within 12 months of trying.

If a woman is 35 or older, she should see a fertility specialist if she hasn't gotten pregnant after 6 months of trying. If a woman is younger than 35 but has a family history of early menopause, other health problems that can cause early menopause, or has had certain cancer treatments, she might consider seeking fertility advice sooner.

A couple might also seek a fertility consultation sooner if there is a risk for infertility such as irregular menstrual cycles or potential risk for fallopian tube damage. For men who have any prior health problems that can increase the chance of infertility, such as childhood problems with the testicles or prior cancer treatment, the couple can seek evaluation sooner.

For more in-depth information about infertility and infertility testing, please see the ASRM booklet titled “Infertility: An Overview.” For more information about fertility treatments such as in vitro fertilization (IVF) and intrauterine insemination (IUI), please see the ASRM booklet titled “Assisted Reproductive Technologies.”

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For more information on this and other reproductive health topics, visit www.ReproductiveFacts.org