

Definition of infertility

A diagnosis of infertility means you haven't been able to get pregnant after a year of trying. If you're a woman over 35, it means you haven't been able to get pregnant after 6 months of trying.

Women who are able to conceive but not carry a pregnancy to term may also be diagnosed with infertility.

A woman who's never been able to get pregnant will be diagnosed with primary infertility. A woman who's had at least one successful pregnancy in the past will be diagnosed with secondary infertility.

Infertility isn't just a woman's problem. Men can be infertile too. In fact, men and women are equally likely to have fertility problems.

According to the Office on Women's Health Trusted Source, about one-third of infertility cases can be attributed to female infertility while men's problems account for another third of infertility cases.

The remaining third of cases may be caused by a combination of male and female infertility, or they may have no known cause.

Causes of male infertility

Generally speaking, infertility in men is related to issues with the following:

effective production of sperm

sperm count, or the number of sperm

shape of the sperm

movement of the sperm, which includes both the wiggling motion of the sperm themselves and the transport of the sperm through the tubes of the male reproductive system

There are a variety of risk factors, medical conditions, and medications that can also affect fertility.

Risk factors

Risk factors associated with infertility in men include, but aren't limited to:

older age

smoking cigarettes

heavy use of alcohol

being overweight or obese

exposure to toxins, such as pesticides, herbicides, and heavy metals

Medical conditions

Some examples of medical conditions that can cause male infertility include:

Retrograde ejaculation

varicocele, or the swelling of the veins around the testicles

Testicles that haven't descended into the scrotum

Having antibodies that attack your sperm and destroy them

a hormonal imbalance, such as low testosterone production

Medications and drugs

Various medications and drugs can also affect male fertility, such as:

chemotherapy or radiation therapy, which are used for cancer

sulfasalazine (Azulfidine, Azulfidine EN-Tabs), which is used for rheumatoid arthritis (RA) or ulcerative colitis (UC)

calcium channel blockers, which are used for high blood pressure

tricyclic antidepressants

anabolic steroids, which are used for improved athletic performance or hormonal issues such as delayed puberty

recreational drugs such as marijuana and cocaine

The bottom line

Any of these things, or even a combination of them, could lead to infertility in men. Learn about the signs of male infertility.

Causes of female infertility

Female infertility can be caused by a variety of factors that affect or interfere with the following biological processes:

ovulation, when the mature egg is released from the ovary

fertilization, which occurs when sperm meets the egg in the fallopian tube after traveling through the cervix and uterus

implantation, which occurs when a fertilized egg attaches to the lining of the uterus where it can then grow and develop into a baby

Risk factors

Risk factors for female infertility include:

increasing age

smoking cigarettes

heavy use of alcohol

being overweight, obese, or significantly underweight

having certain sexually transmitted infections (STIs) that can damage the reproductive system

Medical conditions

A variety of medical conditions can affect the female reproductive system and cause infertility in women.

Examples include:

ovulation disorders, which can be caused by polycystic ovary syndrome (PCOS) or hormonal imbalances

pelvic inflammatory disease (PID)

endometriosis

uterine fibroids

premature ovarian failure

scarring from a previous surgery

Medications and drugs

Certain medications and drugs that can affect female infertility include:

chemotherapy or radiation therapy

long-term use of high-dosage nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin (Bayer) and ibuprofen (Advil, Motrin)

antipsychotic medications

recreational drugs such as marijuana and cocaine

The bottom line

According to the Mayo Clinic, ovulation problems cause around one-quarter of the infertility issues seen in couples. An irregular or absent period are two signs that a woman may not be ovulating.

Find out more information about the signs of female infertility.

Infertility testing

If you've been trying to conceive and haven't been able to, you're likely wondering when you should plan to see a doctor.

Read on to discover which tests they'll perform to assess the fertility of you and your partner.

Men

Men should plan to see a doctor after one year of trying to conceive or if any of the following apply:

erectile dysfunction (ED)

problems with ejaculation, such as delayed ejaculation or retrograde ejaculation

low sex drive

pain or swelling in the genital area

having undergone a previous surgery in the genital area

Your doctor will first take your medical history. During this time, they'll ask about your overall health, your sexual history, and factors that could affect your fertility. They'll also perform a physical examination where they check your genitals for any structural abnormalities or lumps.

A semen analysis will likely then be performed. Your doctor will ask you to provide a sample of semen. This sample will then be checked in a laboratory to see how many sperm are present and whether the sperm are shaped normally and moving properly.

Depending on the results of your initial exam and semen analysis, your doctor may want to perform additional tests.

These tests may include:

hormone testing

genital ultrasound

genetic testing

Women

A woman's fertility begins to decrease following age 30. Women under 35 should visit a doctor after one year of trying to get pregnant while women 35 and over should visit a doctor after 6 months of trying.

Your doctor will first take your medical history. They'll ask about the current state of your health, your sexual history, and any conditions or illnesses that could contribute to infertility.

Then they'll perform an examination of your pelvic area to check for abnormalities such as fibroids or conditions such as endometriosis or PID.

Your doctor will want to see if you're ovulating every month. This can be determined with an at-home ovulation testing kit or through blood testing at the doctor's office.

An ultrasound may also be used to examine the ovaries and uterus.

Other common tests for women include:

hysterosalpingography, which is a type of X-ray used to evaluate the fallopian tubes and uterus

laparoscopy, which uses a camera to examine the internal organs

ovarian reserve testing, which uses a combination of hormone tests to determine a woman's potential for conceiving — relevant tests include the follicle-stimulating hormone (FSH) test

Fertility cycle

Women are most fertile around the time that they ovulate. Tracking your ovulation and then concentrating your sexual activity around this time can improve your chances of conceiving.

Ovulation occurs one day out of the month. At this time, your ovaries release a mature egg, which begins to travel through your fallopian tubes. If the egg encounters sperm during its journey, fertilization can occur.

If an egg isn't fertilized, it will die within about 24 hours of ovulation. However, sperm can live within a woman's body for up to five days, increasing the chances of fertilization. Because of this, you're actually fertile for around five to six days out of the month.

Ovulation doesn't occur at the same time every month, so it's important to recognize the signs of ovulation. These can include bodily changes such as abdominal cramping and a small rise in body temperature. Discover other ways to tell when you're most fertile.