Unexplained fertility

20% of couples presenting with infertility will have no reason for their subfertility. Depending on the ages of the couple, a 30-year-old woman will have a 20% per month chance of pregnancy and after 24 months approximately 90-95% of them will be pregnant. The other causes for infertility are 40% female factor (tubal, ovulatory, anatomical, metabolic, age) and 40% male factor (functional, primary testicular failure, vasectomy, prescription medications that interfere with sex drive or ability to perform, anabolic steroid and rarely Hypogonadotropic Hypogonadism).

Lifestyle plays an important part and smoking will reduce fertility rates as does binge drinking.

It is not always absolutely necessary to establish a diagnosis.
The fact that pregnancy hasn't occurred after 24 months of trying would imply that even in the presence of open tubes and normal sperm, that perhaps there are factors that can't yet be tested that are abnormal. Some patients insist on knowing why but at the expense of doing the tests and then spending more time not fulfilling the necessary treatment. For e.g. a 38-year-old who has tried for 2 years would not benefit from knowing her tubes are blocked, or open, and will probably require IVF regardless of the causative factor of subfertility.

In couples that have only tried for a short duration, with a good ovarian reserve, and are young (<35) then a case can be made to consider further investigations. This could include a tubal patency test such as Hycosy or HSG. If she has dysmenorrhea or abnormal bleeding a laparoscopy may be done to identify mild endometriosis – this has a therapeutic as well as diagnostic value.

An immunobead test can be done to identify antisperm antibodies to the sperm head that may prevent fertilisation. Karyotyping both couples can be considered especially if they are young and there is prolonged infertility. Or associated recurrent miscarriages.

Couples often enquire about alternative remedies that may improve egg and sperm quality. There is inconclusive evidence that these formulations assist in the female. Compounds such as co-q-10, vitamin D, NAD, NADPH, DHA, have not been shown to improve live birth outcomes. Most contain anti-oxidants. Some will have folate and iodine within them to replace the

use of their current folate and thus would be a reasonable alternative, but should never be used as a cure for infertility. There is some evidence that zinc-based products in antioxidant supplements may improve high levels of DNA fragmentation in males.

Treatment will usually take into consideration the age of the woman as well as duration of trying. Lifestyle factors should take precedence. Anyone trying for >2 years should consider IVF. I would consider ICSI for them if they are younger and have tried for many years. If only 1 year has lapsed, then a young couple can consider laparoscopy, a therapeutic hydrotubation test, and followed by IUI with superovulation (2-3 eggs). But if the couple were older and especially in the context of low AMH, then IVF should be considered first.

There is very clear evidence that ovulation induction agents such as letrozole or clomiphene citrate does not improve the live birth outcomes when compared to placebo or no treatment, in the context of unexplained subfertility

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