

Investigative procedures:

If your blood profiles have all come back as optimal and you can find no other reason why you are not getting pregnant, then it's time to look at the more physical aspects of what's going on. Let's do the detective work!

Laparoscopy

Undiagnosed Endometriosis is the most common issue I see in women struggling TTC in my acupuncture clinic! It can affect egg quality (if you have endometriosis on your ovaries) and it can also affect progesterone levels and progesterone receptors within the womb. Therefore it can be a cause of miscarriage.

How to tell if you may have endometriosis, adenomyosis, fibroids or uterine adhesions that may be stopping you from conceiving or hindering implantation? You may have no idea if you have one of these conditions as they can be present with minimal pain or no symptoms. **However, some indications may mean the tests are warranted, and these are:**

- Pain during sexual intercourse or bowel movements
- Lower back or leg pain around your period
- Period pain
- Heavy or clotty periods that often start with brown or dark discharge
- Spotting between periods or an unusual coloured discharge
- Irritable bowel symptoms around your period
- Your Basal Body Temperature does not drop down until the day your period arrives or even later (another good reason to chart your temperatures if you have unexplained infertility!)
- Infertility – often this is the only symptom!

Unexplained miscarriage

So, if you have any of these symptoms, what can you do about it? Firstly, visit your GP or consultant to discuss the possibility of having any of the following tests. Your GP may offer them on the NHS, but they generally only do so when the symptoms are having an impact on your day to day life rather than solely impacting your fertility.

A laparoscopy.

is a surgical procedure which is usually carried out under general anaesthetic. A fibre optic instrument is inserted through your abdomen to view your uterus and other organs in your pelvic cavity. What you need to know:

- It's 'keyhole' surgery which means you will only have minimal scars left on your tummy. However, laparoscopies frequently cause 'adhesions' or internal scar tissue which can cause more pain in the long term.
- The surgeon will be able to remove any endometrial tissue during the procedure, so it's both diagnostic and treatment.
- Although the endometriosis will return, you may have a period of up to a year where you are both symptom-free and have improved fertility.

Ultrasounds

If your bloodtests have returned high androgens, LH, Estradiol or you have a high AMH for your age; then you may have Polycystic Ovary Syndrome (PCOS). So, how can you get a definitive answer?

A probe is inserted vaginally to look at your uterus, ovaries, cervix and vagina. If you have PCOS, the consultant will be able to see small 'pearl-like' cysts on your ovaries. However, it's important to know that you can still have PCOS without the cysts on your ovaries.

A transvaginal ultrasound can also check your Antral Follicle Count (AFC). We discussed this earlier in relation to assessing your overall fertility. To check your AFC, you will need to have an ultrasound on days 2-5 of your cycle. Your consultant will be able to see how many eggs are in the process of developing, and this enables them to predict ovarian reserve alongside using your AMH, FSH AND LH test results.

Here you will find a chart that shows how your AFC relates to your overall fertility and remember that AFC is a better predictor of ovarian reserve in women aged 38-44 than AMH alone!

AGE	AFC (Both ovaries combined)	AGE OF LOSS OF NATURAL FERTILITY
30	15	38-41
	10	33-38
	6	29-33
35	10	38-41
	6	33-38
40	6	38-41

