



AI-POWERED FERTILITY INSIGHTS

MyFertility Report

Your personalized fertility assessment

Prepared for Anonymous on June 13, 2026

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Start Here

Your MyFertility Report combines your questionnaire answers with fertility information and treatment topics that may matter for your situation. It is meant to help you get ready for focused conversations with your Reproductive Health Expert.

This report explains fertility topics in a simpler way. When helpful, it uses pictures and clear definitions for key terms. It can help you understand your options, but it does not replace medical advice from your care team.

Begin with the first sections to learn your main priorities. Then use the topic sections to help you prepare questions for your next appointment.

Personalized Summary

Start here for the main clinical themes and why they matter.

Main Takeaway

You are trying to conceive naturally and have been trying for 6 months to 2 years. The biggest priority is not choosing a treatment yet. It is completing the basic fertility workup, especially a semen analysis, because sperm results can strongly change the next step.

Your cycles are usually regular, your age range is generally reassuring, and several history points are reassuring. But regular cycles do not prove that ovulation, sperm, fallopian tubes, and the uterus are all working well together.

What Matters Most

- No semen analysis has been completed. This should be an early test before deciding between timed intercourse, IUI, IVF, donor sperm, or other options.
- Sex is not currently timed well for conception. With regular cycles, improving timing around the fertile window may help while testing is being arranged.
- Key baseline tests have not been done yet, including hormone tests, AMH, thyroid testing, infection screening, pelvic ultrasound, and fallopian tube testing.
- The male partner had past testosterone, steroid, or testosterone-boosting supplement exposure, but it stopped more than 12 months ago. Current semen testing is needed before assuming whether this still matters.
- Ovulation medicine, IUI, or IVF may become useful later, but they should be chosen based on test results rather than used as default next steps.

Important Context

Your cervical screening is up to date, you do not smoke, you are taking folic acid, and you have checked rubella and chickenpox immunity. You also reported no PCOS diagnosis, no endometriosis diagnosis or pelvic pain pattern, no PID or STI diagnosis, and no known inherited condition in either family.

BMI is above the usual reference range for both partners. This does not explain everything, but it can affect ovulation, sperm health, pregnancy risks, and treatment planning. Small, realistic changes in food, activity, sleep, and weight can support overall health.

Hydrosalpinx and laparoscopy are useful topics to understand, but they are background for now. Hydrosalpinx means a blocked, fluid-filled fallopian tube. Laparoscopy is keyhole surgery. Neither has been diagnosed or done, and they should not replace simpler first-line testing unless results or symptoms point that way.

Questions To Carry Forward

- Which basic tests should we complete first, and how would each result change the plan?

- When should the semen analysis be done, and when would it need to be repeated?
- Should we check whether at least one fallopian tube is open before trying ovulation medicine or IUI?

Personalized Action Plan

This section lists the recommendations to prioritize at your next appointment.

Use this table as a short agenda for the highest-value points to review with your Reproductive Health Expert.

Category	Recommendation	Priority
Male Partner	Arrange a semen analysis and review how the result could change natural trying, IUI, IVF/ICSI, or urology referral.	High
Investigations	Plan a first-line fertility workup before choosing a treatment path.	High
Investigations	Ask which blood tests, AMH, thyroid test, ultrasound, infection screen, and tube check are appropriate now.	High
Fertility Treatments	Review a simple timing plan for intercourse while the workup is being arranged.	Medium
Male Partner	Interpret past testosterone or steroid exposure and male BMI through the current semen result.	Medium
Fertility Treatments	Use test results to decide whether ovulation induction, IUI, IVF, or donor sperm education should become an active plan.	Medium
General Health	Review BMI, supplements, folic acid dose, and practical health goals for pregnancy planning.	Recommended
Support	Consider counseling support if testing or treatment decisions feel stressful or hard to manage.	Ongoing

Note: Priority levels are suggestions based on your responses. Please discuss all recommendations with your Reproductive Health Expert to decide what fits your situation.

Discussion Topics

This section explains the context, trade-offs, and questions behind the action plan.

Investigations

First-line fertility workup

Because you are trying naturally and have not had the main fertility tests yet, the next discussion should focus on a basic workup before choosing a treatment path. This helps avoid guessing. It can also show whether timed intercourse, ovulation induction, IUI, IVF, or another plan is the best fit.

In your age range, it is reasonable to review testing after this length of trying. This is especially important if you are 35 or 36, or if you have been trying closer to 2 years.

Ask your Reproductive Health Expert which tests would change your plan. Common first-line tests include hormone blood tests, AMH, thyroid testing, infection screening, pelvic ultrasound, tube testing, and semen analysis.

Hormone, AMH, and thyroid testing

Hormone tests can help check whether ovulation is happening in a healthy pattern. Ovulation means an ovary releases an egg. AMH means Anti-Müllerian hormone. It helps estimate ovarian reserve, which means the number of eggs the ovaries may still have. AMH does not tell you for sure whether you will get pregnant, but it can help with treatment planning.

Thyroid testing is also worth discussing. The thyroid is a gland in the neck that helps control energy and hormones. Thyroid problems can affect ovulation and pregnancy, even when periods seem regular.

Ultrasound, infection screening, and tube testing

A pelvic ultrasound can look at the uterus and ovaries. It can check for cysts, fibroids, polyps, and follicle count. Infection screening may be done with a swab or a urine NAAT/PCR test. This is a lab test that looks for infection material, often for infections like chlamydia or gonorrhea.

Before ovulation induction or IUI, ask whether you need a tube test. HSG and HyCoSy are tests that check whether the fallopian tubes are open. This matters because egg and sperm need at least one open tube to meet during natural conception, ovulation induction, or IUI.

Hydrosalpinx and laparoscopy

You asked for hydrosalpinx information. Hydrosalpinx means a fallopian tube is blocked and filled with fluid. If it has not been found on testing, it should stay as background information for now. If a tube test suggests hydrosalpinx, ask whether treating the tube would change your chance of pregnancy or your treatment plan.

Laparoscopy is keyhole surgery used to look inside the pelvis. It can help diagnose endometriosis, scar tissue, or tube problems. It is not usually the first test for everyone because it is surgery. Ask what question it would answer and whether a less invasive test could be done first.

Male Partner

Semen analysis as an early step

A semen analysis should be one of the first topics to review. It checks sperm count, movement, shape, and semen volume. These results can change the plan in a major way. For example, they can help decide whether it makes sense to keep trying naturally, use IUI, consider IVF with ICSI, or involve a male fertility urologist. ICSI means one sperm is injected into one egg during IVF.

Ask how the sample should be collected, how long to avoid ejaculation before the test, and whether a repeat test would be needed if the first result is abnormal. Semen results can change over time, so one result may not always tell the full story.

Past testosterone or steroid exposure

Your partner had past exposure to testosterone, anabolic steroids, or testosterone-boosting products, but this stopped more than 12 months ago. This history matters, but it does not prove there is still a sperm problem now. The current semen analysis is the best way to understand whether sperm production has recovered or whether another male-factor issue may be present.

Ask whether any hormone blood tests are needed for your partner after the semen result. These may include testosterone, FSH, and LH. These hormones help show how sperm production is being controlled.

Male BMI and varicocele education

Your partner's BMI is 35 or above. A higher BMI can affect testosterone levels, sperm count, sperm movement, and sperm DNA quality. This should be reviewed along with semen results, not treated as the only explanation.

You also asked about varicocele treatment. A varicocele is a group of enlarged veins around the testicle. If no varicocele has been diagnosed, treatment is not automatic. If semen results are abnormal, ask whether a male fertility urologist should do an exam and whether varicocele repair would actually change the plan.

Fertility Treatments

Timing intercourse while testing is being planned

You reported that sex is not currently timed well for conception. Since your cycles are usually 26 to 32 days, timing can often be improved with a simple plan. This can include sex every 2 to 3 days during the middle part of the cycle, or using ovulation predictor kits if they help and do not add stress.

Better timing may improve your chance of natural conception. Still, because you have already been trying for more than 6 months, timing should not replace a basic workup. It can be done while testing is being arranged.

Ovulation induction, IUI, and IVF

Ovulation induction means using medicine to help an egg grow and release. It is most useful when ovulation is irregular or not happening. Since your cycles are fairly regular, ask whether ovulation is really the main issue before starting this treatment.

IUI means placing prepared sperm into the uterus around ovulation. It works best when ovulation is happening, at least one tube is open, and sperm results are good enough for IUI. IVF may be discussed if testing shows blocked tubes, major sperm issues, low ovarian reserve, or if simpler steps are unlikely to help.

The main question is not which treatment sounds best in general. The main question is which treatment matches your test results.

Donor sperm information

You asked for donor sperm information. Donor sperm can be used with IUI or IVF. It may be considered if partner sperm is unlikely to lead to pregnancy, if treatment results are poor, or if you choose that family-building path. It is not a decision you need to make before the semen analysis is done, unless you already prefer that route.

Reproductive Health

Regular cycles and PCOS questions

Your cycles are usually in a regular range. This often suggests ovulation is likely, but it does not prove that ovulation is strong every cycle. It also does not check egg quality, sperm, tubes, or the uterus.

You asked for PCOS information. PCOS means polycystic ovarian syndrome. It can affect ovulation, hormones, and metabolism. Since you do not have a PCOS diagnosis and your cycles are regular, PCOS may not be the main issue. Still, hormone tests and ultrasound can help show whether PCOS is relevant to your plan.

Low-risk symptoms, but testing still matters

You did not report pelvic pain, pain with deep sex, bleeding between periods, PID, STI history, or unusual breast discharge. These are reassuring points. They lower concern for some conditions, but they do not replace testing when pregnancy has not happened.

General Health

BMI, nutrition, and activity

Your BMI is in the 25 to 34.9 range. This does not explain infertility by itself. It is still worth asking how weight, ovulation, and pregnancy health fit into your plan. Small and steady changes may support overall health and pregnancy safety.

Your exercise pattern and mostly balanced eating are useful starting points. Ask whether a Mediterranean-style eating pattern, a dietitian, or realistic weight goals would be helpful for you and your partner.

Preconception basics and supplements

You are taking folic acid, and your rubella and chickenpox immunity has been checked. Ask whether your folic acid dose is right for you and when immunity should be rechecked if pregnancy does not happen soon.

If you use herbs, fertility supplements, detox products, or other alternative treatments, bring the exact names and doses to your Reproductive Health Expert. Some products can affect hormones, interact with medicines, or be unsafe in early pregnancy.

General Recommendations

Actively Participate in Treatment Decisions

Ask what each test or treatment is meant to change. This helps you understand the reason for each step and choose a plan that fits your goals, results, timeline, and comfort level.

Seek Professional Counseling and Support

Trying to conceive and going through testing can be stressful. Counseling can help with worry, decision-making, relationship stress, and future choices such as IUI, IVF, or donor sperm if those become part of the plan.

Your Answers

This is the source record for the main answers used to build your report.

Snapshot

- Fertility journey: Trying to conceive naturally, without ART treatment.
- Time trying: 6 months to 2 years
- Age range: 31 to 36
- BMI range: 25.0 to 34.9
- Natural pregnancy history: No, I have not achieved a natural pregnancy

Key Results

- Infection testing: No
- Pelvic ultrasound: No, I have not had a pelvic ultrasound
- Hysteroscopy: No, I have not had a hysteroscopy
- Fallopian tubes: No, I have not had one of these tests

Male Partner Context

- Male age: 31 to 36
- Male BMI: 35.0 or above
- Testosterone/steroid exposure timing: Stopped more than 12 months ago

Report Preferences

- Preference - Reproductive Health: Would you like information about PCOS included in your report?
Response - Yes, include information on PCOS
- Hydrosalpinx information
- Varicocele treatment options
- Preference - Male Participant: Would you find it helpful to have general information about semen analysis included in your report? Response - Yes, include general information on semen analysis
- Preference - Male Participant: Would you like general information about male fertility assessments included in your report? Response - Yes, include information on male fertility assessments
- Donor sperm information
- Preference - Treatments: Would you like to include information on ovulation induction treatments in your report? Response - Yes, I would like to receive information on ovulation induction treatments.

Your Health

This section looks at parts of your general health that may affect fertility and pregnancy. It also points out areas you may want to discuss or improve, if needed.

Age

Age is one of the main factors that affects fertility. This is true whether you try to get pregnant naturally or use fertility treatment. Fertility slowly goes down over time, but because you are under 37, your age alone is generally reassuring.

Your chance of pregnancy also depends on other factors. These include ovulation, which means releasing an egg, your general health, and your gynecological history, which means past health issues involving your reproductive organs.

Because you have been trying for more than 6 months, it makes sense to look at your full fertility picture. This is especially important if you are 35 to 36. It may also be helpful at a younger age if you have symptoms, known risk factors, or past fertility concerns.

Depending on your history, exam findings, ovulation, tubal status, and semen results, the next step may be continuing to try with clearer guidance, using targeted treatment, or considering ART if needed. ART means assisted reproductive technology, such as IVF. Treatment decisions should be based on a full fertility assessment and the right tests, not only on how long you have been trying.

Body mass index (BMI)

Your BMI is between 25 and 34.9. BMI means body mass index, which is a number based on height and weight. This range is above the usual reference range used for fertility and pregnancy health, but it does not by itself explain why pregnancy has not happened.

The helpful question is how your BMI fits with the rest of your fertility picture. A higher BMI can be linked with less regular ovulation, pregnancy risks such as gestational diabetes or high blood pressure, and practical issues if fertility treatment is needed. Gestational diabetes is diabetes that starts during pregnancy.

Small, steady changes in nutrition, activity, sleep, or weight can support fertility and pregnancy health for some people. It is reasonable to ask your Reproductive Health Expert what realistic goals could change your next step, instead of focusing only on one target BMI number.

Exercise While Trying Naturally

You reported doing moderate-to-vigorous exercise 1 to 3 times per week. This is a common and generally balanced activity pattern for many people trying to conceive naturally.

Exercise can support your overall health, metabolism, and stress management. Metabolism means how your body uses energy. The main goal is to keep activity safe, realistic, and right for your body. If you start fertility treatment later, your clinic can tell you if you need to change your activity at any stage.

Diet and Nutrition

Your eating pattern is generally balanced. This is a good base for fertility health.

To move closer to a Mediterranean-style pattern, consider simple changes. You could add more beans, lentils, and whole grains, use olive oil as your main cooking fat, and replace some red or processed meats with fish or plant-based proteins.

Smoking and Fertility

You reported that neither of you currently smokes. This is a positive part of preparing for pregnancy because it avoids both direct tobacco exposure and secondhand smoke.

This does not guarantee pregnancy, but it removes one common lifestyle factor that can lower egg and sperm quality or make pregnancy health more complicated.

Folic acid

Taking folic acid before pregnancy and through the first trimester is a simple but important part of preparing for pregnancy. The first trimester means the first 12 weeks of pregnancy.

Folic acid helps lower the risk of neural tube defects. These are serious problems with early brain or spine development, such as spina bifida and anencephaly.

The usual recommended dose varies by country and by personal health needs. In many places, the routine dose is about 400 to 500 micrograms daily. Higher doses may be advised in certain situations, such as diabetes, some medications, or a past pregnancy affected by a neural tube defect.

Some countries also recommend iodine before and during pregnancy. Iodine is a nutrient that supports thyroid function and baby development. If you are unsure about the right dose or whether you need extra supplements, ask your Reproductive Health Expert.

Immunity

Checking your immunity to rubella and chickenpox is a helpful part of preparing for pregnancy. Immunity means your body has protection against an infection. Both rubella and chickenpox can cause serious problems if you catch them during pregnancy.

Even if you were vaccinated in the past, it can still be worth checking your immunity again from time to time. This is especially true if you are still trying to conceive several years later.

Reproductive History

You reported that you have not become pregnant naturally yet. This is an important part of your reproductive history. It means one or more things may be making pregnancy harder, such as ovulation, sperm, fallopian tubes, the uterus, timing of sex, or a mix of factors.

Your cycles are usually 26 to 32 days long. This is reassuring because it often fits with regular ovulation. Ovulation means an ovary releases an egg. Still, cycle length alone does not prove that ovulation is happening, that egg quality is good, that the fallopian tubes are open, or that sperm quality is normal.

You also reported no PCOS diagnosis, no endometriosis diagnosis or pelvic pain pattern, no PID or STI diagnosis, no unusual breast discharge, and no known inherited condition in either family. These are reassuring points. However, they do not replace basic fertility testing when pregnancy has not happened.

This section focuses on what is reassuring, what has not been checked yet, and which results could change the next step in your plan.

Cervical Screening

You reported that your cervical screening is up to date. This may include Pap and HPV screening. This is helpful for preparing for a healthy pregnancy and caring for your general health.

You reported that infection screening has not been done. Infection screening is different from cervical screening. It may be done with a vaginal or cervical swab, which can check for a wider range of infections, and/or a urine NAAT/PCR test. NAAT/PCR tests look for infection-related genetic material and are commonly used to check for chlamydia and gonorrhea. Your clinician will choose the test based on what they are checking for.

The reasons to consider fertility-related tests are outlined in Tests & Results.

Menstrual Cycle

Your menstrual cycle gives useful clues about whether ovulation is likely happening regularly. In a typical ovulatory cycle, an egg matures, ovulation happens, and the uterine lining is prepared by the hormones estrogen and progesterone.

Cycle length does not measure egg quality by itself. However, cycles that are very short, very long, missing, or irregular can point to issues with hormones, ovulation, ovarian reserve, thyroid function, prolactin, PCOS, or hypothalamic factors. Ovarian reserve means an estimate of the number of eggs left in the ovaries. Prolactin is a hormone that can affect periods and ovulation. Hypothalamic factors involve the part of the brain that helps control reproductive hormones.

You reported that your period comes every 26 to 32 days. This is within the usual regular range. A regular cycle is a reassuring sign that ovulation is more likely, but it does not confirm egg quality or guarantee pregnancy.

Polycystic Ovarian Syndrome (PCOS)

You asked for PCOS information, even though you did not report a PCOS diagnosis. PCOS, or polycystic ovarian syndrome, mainly matters for fertility when it affects ovulation, metabolic health, or how the ovaries respond to fertility medicines. Metabolic health means how the body uses and stores energy, including blood sugar and insulin levels.

A PCOS diagnosis depends on the whole pattern. This includes cycle history, signs or blood tests related to higher androgen levels, ultrasound findings, and ruling out other hormone causes. Androgens are hormones that are present in all people, but higher levels can cause acne, extra facial or body hair, or irregular cycles. In your case, the key question is whether your cycle pattern or blood tests suggest PCOS is truly relevant before making it a main part of the plan.

Pelvic Inflammatory Disease (PID)

You reported that you have not been diagnosed with pelvic inflammatory disease (PID) or a sexually transmitted infection (STI). PID is an infection of the reproductive organs. This history is reassuring, but it does not replace infection screening or fallopian tube testing if those results would change the plan.

Some infections can affect the fallopian tubes without a clear PID diagnosis. If pregnancy has not happened and tube testing has not been done, ask whether infection screening or a tubal assessment would be useful before relying on timed intercourse, ovulation induction, or insemination. Ovulation induction means using medicine to help an egg grow and be released.

Genetic (inherited) Conditions

You reported no known inherited condition in either family. This is reassuring. Based on what you shared, genetics does not stand out as a main personal concern right now.

Carrier screening may still be discussed depending on ancestry, partner history, donor screening, or local practice. Carrier screening checks whether someone carries a gene change that could be passed to a child. If IVF or donor treatment becomes relevant, ask which genetic or carrier-screening steps would actually change decisions before adding extra testing.

Alternative Treatments

You reported that you are exploring alternative or holistic approaches to support fertility or preconception health. Some approaches may help with stress or coping. However, strong evidence that they directly improve pregnancy or live birth rates is limited.

If you are using herbs, “detox” products, phytoestrogens, high-dose vitamins, or supplements marketed for fertility, review the exact product names and doses with your Reproductive Health Expert. Phytoestrogens are plant-based compounds that can act a little like estrogen in the body.

This is especially important during fertility treatment. It is also important if IVF or embryo-transfer preparation becomes part of your plan. Some products can affect hormones, interact with medicines, or be unsafe at high doses.

Tests & Results

Your answers show that most of the main fertility testing has not been done yet. This includes hormone blood tests, AMH, thyroid testing, infection screening, pelvic ultrasound, fallopian tube testing, and semen analysis.

This is important because treatment choices should usually be based on test results. Timed intercourse, ovulation induction, or artificial insemination (AI) / intrauterine insemination (IUI) may be less helpful if semen problems or blocked tubes have not been checked. IVF may become an option if test results or the length of time trying point in that direction.

The most useful next step is to ask which baseline tests would change your plan. This may include confirming ovulation and hormone patterns, checking AMH and ultrasound antral follicle count (AFC), screening for infections, checking whether at least one tube is open, and arranging a semen analysis.

The rest of this section explains these tests as possible next steps. They are not completed findings.

Hormonal and Blood Tests

Blood tests that measure hormone levels are a common part of a fertility checkup. These may include estradiol, luteinizing hormone (LH), follicle stimulating hormone (FSH), progesterone, and thyroid testing.

These hormones help show how ovulation is working. They can also help with IVF planning and pregnancy care.

Anti-Müllerian Hormone (AMH)

Anti-Müllerian hormone (AMH) is a blood test that helps estimate ovarian reserve. Ovarian reserve means the number of eggs the ovaries may still have. AMH can also help predict how the ovaries may respond to fertility medicines. By itself, AMH does not predict whether you will get pregnant.

For natural conception or early treatment, AMH is most useful when the result would change timing, treatment choice, or whether IVF should be discussed. AMH should be reviewed together with your age, cycle history, ultrasound results such as antral follicle count, and other hormone tests.

Thyroid Hormone Testing

Thyroid problems can affect ovulation, fertility, and pregnancy. Your cycles seem broadly regular, so thyroid testing is not the only priority based on your cycle pattern alone.

Still, thyroid blood tests are often included in fertility workups. An untreated thyroid problem can affect pregnancy planning. Ask whether TSH or related thyroid tests should be checked as part of your baseline testing.

Infection screening

You reported that infection screening has not been done. Some infections can affect fertility and pregnancy if they are not treated. This includes sexually transmitted infections such as chlamydia or gonorrhea.

Testing can be done with a vaginal or cervical swab. This can check for a wider range of infections. In some cases, a first-catch urine NAAT/PCR test is used, often to check for chlamydia and gonorrhea. NAAT/PCR means a lab test that looks for genetic material from an infection.

Pelvic Ultrasound

A pelvic ultrasound is a common fertility test. It can check the uterus and ovaries. It may look for fibroids, cysts, polyps, antral follicle count, or polycystic ovarian morphology. Polycystic ovarian morphology means the ovaries have many small follicles seen on ultrasound.

A pelvic ultrasound may be done through the vagina or across the abdomen. The vaginal approach usually gives more detail. If the main question is whether the fallopian tubes are open, ask whether HSG, HyCoSy, or laparoscopy would be a better test.

Hysteroscopy

Hysteroscopy uses a small camera passed through the cervix to look directly inside the uterus. It can find problems in the uterine cavity, such as polyps, scar tissue, or some fibroids. These problems may affect implantation or pregnancy.

Hysteroscopy is not a routine first test for everyone. Ask whether it would change your next decision, especially if ultrasound findings, symptoms, or the length of time trying raise concern about a uterine factor.

Laparoscopy

Laparoscopy is keyhole surgery used to look directly at the pelvis. It can check the ovaries, fallopian tubes, outside of the uterus, scar tissue called adhesions, and possible endometriosis. Endometriosis is when tissue similar to the lining of the uterus grows outside the uterus.

Because laparoscopy involves anesthesia and surgery, it is not a routine first test for everyone. In your situation, it is mainly worth discussing if symptoms, imaging results, infection history, tube concerns, or repeated treatment failure make a pelvic problem more likely to change the plan.

If laparoscopy comes up, ask what specific question it would answer. Also ask whether a less invasive test could answer it first, and what your care team would do differently if something were found.

Hysterosalpingogram and Sonohysterosalpingogram

Before ovulation induction or IUI, it is useful to know whether at least one fallopian tube is open. These treatments still depend on the egg and sperm meeting in the tube.

Tube-check options include HSG, HyCoSy, or sonohysterosalpingogram. These tests are less invasive than laparoscopy, but they are indirect. Ask whether the result would change your next step. Also ask whether IVF would be discussed if a major tube problem were found.

Hydrosalpinx

You asked for hydrosalpinx information. Hydrosalpinx means a fallopian tube is blocked and filled with fluid. This can lower the chance of natural conception and may affect IVF transfer planning in some cases.

If hydrosalpinx has not been diagnosed, keep this as background information only. If imaging or tube testing suggests hydrosalpinx, ask whether treating or isolating the affected tube would change your chance of pregnancy or your next treatment step.

Male Partner & Sperm

Checking the male partner is an important part of a full fertility workup. The key question is how the male history or semen testing would change the next steps in your plan.

This section focuses on factors that may affect timing, testing, or treatment choices. These include age, BMI, past testosterone or steroid use, erections or problems collecting a semen sample, semen analysis results, and whether a male fertility urologist should be involved.

Semen quality can change over time. Sperm take about 2 to 3 months to develop. This means illness, heat, medications, hormone exposure, and lifestyle changes may affect semen results for a while before improvement can be seen.

Male Participant Age

Male fertility can change with age. Age may affect how well sperm move, the amount of semen, and the quality of sperm DNA, which is the genetic material carried by sperm. Still, age alone rarely explains the full fertility picture.

When semen results are available, they should be reviewed together with age, semen pattern, and the broader health history. Age should not be treated as a diagnosis by itself.

Male BMI

The male participant's BMI is well above the healthy range used for this assessment. BMI, or body mass index, is a measure based on height and weight. A higher BMI can affect testosterone, sperm count, sperm movement, and sperm DNA quality.

This does not explain every male-factor issue, but it should be considered along with the semen analysis. When both partners are above the healthy range, realistic lifestyle changes and clinical support may help overall health and may also support fertility over time.

Testosterone, Anabolic Steroids, and Testosterone-Boosting Supplements

Past or current use of prescribed testosterone, anabolic steroids, or testosterone-boosting or bodybuilding supplements can lower sperm production. In some cases, this can lead to very low sperm counts or no sperm in the semen.

Recovery can take months after this exposure stops. Before interpreting semen results or deciding when to test or repeat testing, review the exact product used, when it was used, and why it was used. Prescribed treatment should not be stopped without medical supervision.

Timing of Testosterone or Steroid Exposure

Exposure that stopped more than 12 months ago is still important background information, although some men will have recovered by then. Semen results should be reviewed with the full timeline in mind. Do not assume the exposure is fully resolved or definitely unrelated.

Varicocele Treatment Options for Fertility

You asked for varicocele treatment information. A varicocele is a group of enlarged veins around the testicle. If no varicocele has been diagnosed, the first useful step is an exam by a male fertility urologist, rather than treatment by default.

Treatment is usually considered only when a varicocele can be felt on exam, infertility is present, and semen results are abnormal. If repair is discussed, ask whether surgery or embolization, a procedure that blocks the enlarged veins, is likely to improve semen results, change treatment choices, or improve the chance of a live birth in your specific situation.

Semen Analysis

Because no semen analysis has been done yet, arranging one is a useful early step. It can help guide treatment decisions that depend on sperm quality.

The result should be reviewed as a pattern, not as one number alone. It should be considered with age, BMI, testosterone or steroid exposure history, and any difficulty collecting the sample. Ask about how long to avoid ejaculation before the test, how to collect the sample, when to repeat the test if results are abnormal, and whether the result would change the plan. This may include natural attempts, AI/IUI, IVF/ICSI, or a male fertility urology review. AI means artificial insemination, IUI means intrauterine insemination, IVF means in vitro fertilization, and ICSI means injecting one sperm into one egg during IVF.

Understanding Semen Analysis Results

Once the semen analysis is completed, review the result as a pattern rather than focusing on one isolated number. The useful question is whether the result supports continuing natural attempts, trying AI/IUI, moving toward IVF/ICSI, or involving a male fertility urologist.

Because testosterone, steroids, or testosterone-boosting products can affect sperm production for months, ask whether the timing of the test matters. Also ask whether a repeat test would change the plan.

Male Fertility Assessment

A male fertility assessment is most useful when it starts with the semen-analysis pattern and then looks for causes that could change the plan.

Common checks include a focused health history, review of medications and supplements, a physical exam, and selected blood tests. These may include FSH and LH, which are hormones that help control sperm production, testosterone, and thyroid function. Imaging is usually used only when there is a specific question to answer. A male fertility urologist can help decide which tests are most likely to change care.

Information on Donor Sperm

Donor sperm may be considered when pregnancy with partner sperm is unlikely, treatment results remain limited, or donor conception is preferred. It can be used with assisted insemination and, in some situations, IVF or ICSI.

Donor sperm usually comes from a licensed sperm bank. Some clinics work with known donors, but this requires specific screening and legal steps. Rules vary by country and clinic, so local guidance is important.

This option can bring up medical, emotional, legal, and family-building questions. Fertility counseling is often helpful before deciding whether donor sperm should become part of the plan.

Treatment Planning

Your current plan is still in the pre-treatment stage. You are trying to conceive naturally, sex is not yet timed well for conception, and several basic fertility checks have not been completed yet.

This means the most useful next steps are not advanced IVF add-ons. They are usually to improve timing around the fertile window, schedule a semen analysis, check whether ovulation and hormone patterns look healthy, complete infection screening, and decide whether fallopian tube testing or a pelvic ultrasound would change the plan.

Ovulation induction, assisted insemination/IUI, or IVF may still become helpful later. Ovulation induction means using medicine to help an egg release. IUI means placing sperm directly into the uterus around ovulation. IVF means fertilizing eggs with sperm in a lab. These options should be discussed based on your test results, not used as default next steps. This section explains the options in that order: natural-conception priorities first, then treatments that may be considered later.

Timing intercourse for conception

You reported that sex is not currently timed well for getting pregnant. If your cycles are mostly regular, having sex every 2 to 3 days during the middle part of your cycle is often enough.

Ovulation predictor kits can help you time sex more precisely. These kits test for hormone changes that happen before ovulation, when an ovary releases an egg. They may be useful if tracking helps you and does not add stress. If pregnancy still does not happen after regular, well-timed sex, it is time to look at the bigger fertility picture.

Natural-conception priorities

Once timing is better, the next step is to check if something else may be making pregnancy harder. This can include ovulation, semen results, fallopian tube health, uterine factors, age, or how long you have been trying.

Ovulation medicines and assisted insemination work best when they treat a clear problem. Assisted insemination means placing sperm directly into the uterus around ovulation. These options should usually come after basic fertility testing, not replace it.

Ovulation Induction Treatment Options

Ovulation induction is a treatment that helps the ovaries release an egg. It is mainly used when ovulation is missing or happens irregularly. If your cycles are already regular, first ask whether ovulation is really the main reason pregnancy has not happened.

Before starting, it is common to check that a semen analysis, a tubal assessment, and key hormone tests have been completed. These tests help confirm that this treatment is a good fit. If several confirmed ovulation cycles do not lead to pregnancy, it may be time to reassess. IUI, IVF, or more testing may be more helpful than repeating the same approach.

Assisted insemination (AI)

Assisted insemination places prepared sperm into the cervix or uterus around the time of ovulation, when an ovary releases an egg.

It is most helpful in certain situations. These include treatment with donor sperm, mild male-factor infertility, difficulty having intercourse, or some cases of unexplained infertility. It works best when ovulation is happening and at least one fallopian tube is open.

It is less helpful when sperm counts are very low, there is major fallopian tube disease, or several well-timed cycles have already not worked. If you are thinking about AI, ask what problem it is meant to solve. Also ask how many cycles you would try before talking about IVF or another option.

In Vitro Fertilization (IVF)

IVF may be considered if simpler treatments are unlikely to help, have not worked, or if test results show a reason to move more directly to IVF or IVF with ICSI. ICSI means a single sperm is injected directly into an egg to help fertilization.

At this point, the key question is whether IVF would address the main barrier to pregnancy and what information is still needed before making that decision.

Step 1: Hormone Therapy and Ovarian Stimulation

If you and your care team choose IVF, you will take hormone medicines to help several follicles grow. Follicles are small fluid-filled sacs in the ovaries that can hold eggs. Ultrasounds, and sometimes blood tests, help your care team choose the right timing and keep the process safe.

Step 2: Ovulation Suppression

If IVF later becomes the agreed plan, medicines are usually used to stop ovulation from happening too early before egg collection. This is background information for now. It does not mean IVF is already the next step.

The key question is whether your baseline results show a reason to consider IVF before talking about details like agonist or antagonist medicines. These are medicines used in different IVF plans to control ovulation timing.

Step 3: Final Maturation and Trigger

If IVF becomes the right next step later, a trigger shot is used near the end of ovarian stimulation. This shot helps the eggs finish maturing and helps time the egg retrieval. This is IVF background only. It is not an instruction for you right now.

Before trigger details are important, your care team would first need baseline testing and a clear reason to move from trying naturally or using lower-intensity options to IVF.

Step 4: Luteal Support

If IVF or an embryo transfer becomes part of your plan later, progesterone or similar hormone support may be used. Progesterone is a hormone that helps prepare and support the uterine lining, where an embryo would attach.

The exact medicine and timing depend on the type of cycle. This may be a fresh cycle, frozen cycle, natural cycle, modified natural cycle, or hormone-prepared cycle.

For now, this is background information. Your main priorities are still timing intercourse better and completing basic fertility testing.

IVF Adjuvants

IVF adjuvants are optional add-ons that may be discussed with standard IVF. IVF means in vitro fertilization, a treatment where eggs are fertilized with sperm in a lab. These add-ons are not routine. They should not be the main focus until basic fertility testing is complete.

If IVF is considered later, ask what specific problem an add-on is meant to solve. Also ask whether it improves the chance of a live birth for someone in your situation, and whether the result would change your treatment plan.

Fertilization

If IVF becomes part of your care later, fertilization may be done with standard IVF or ICSI. ICSI means a single sperm is injected into an egg. The best choice depends on semen test results, egg-related factors, any past fertilization problems, and your clinic's judgment.

Because semen analysis has not been done yet, the next helpful step is not to choose an IVF fertilization method now. It is to schedule a semen analysis and review whether sperm factors change your treatment plan.

Embryo Development and Transfer

If IVF becomes the right option later, embryos are watched closely in the lab before they are placed in the uterus or frozen. The timing of transfer, the number of embryos transferred, and whether extra testing is used depend on how the embryos grow, age, uterus-related factors, and the clinic's policy.

At this pre-treatment stage, these details are only background information. The next decisions should focus first on timing, semen analysis, ovulation and hormone review, infection screening, ultrasound, and checking the fallopian tubes when appropriate.

Embryo Freezing and Storage

If IVF later creates more embryos than are placed in the uterus right away, the healthy-looking embryos may be frozen for future use. The freezing plan depends on the number of embryos, how developed they are, treatment safety, how ready the uterus is, and the clinic's usual process.

This is not something you need to decide now while your first tests are still incomplete. It may be helpful later if IVF becomes the right treatment option.

Donor Eggs

Donor eggs are usually discussed when egg supply or egg quality is a major concern, or when a person or couple chooses that option. Based on your current answers, donor eggs are not the automatic next step.

For now, donor egg information can stay in the background. Your next priorities are timing intercourse, getting a semen analysis, and completing basic fertility checks before deciding if any treatment is needed.

Using This Report

Your report was created from your assessment answers and any extra topics you asked to include. Start with the first sections to understand your main priorities. Then use the topic sections to learn more about specific tests, treatments, and decisions.

Next steps

Use the first sections to find your main priorities. Then use the topic sections to help prepare questions for your next appointment. This report is meant to support your conversation with your healthcare provider. It is not a set of medical instructions.

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