

# Basic Clinical Evaluation of Infertility for Female Clients: A Checklist for Providers

Use this checklist to guide clinical evaluation of infertility for female clients.<sup>1</sup> If the client has a partner, they should also undergo evaluation of infertility at the same time, when possible.<sup>2,3</sup>

## Reproductive history

Reproductive and family building goals

Sexual orientation and gender identity<sup>4</sup>

Age at menarche, cycle length and characteristics, onset/severity of dysmenorrhea

Gravidity, parity, pregnancy outcome(s), delivery route(s), and any complications

Sexual history: partners, practices, protection from sexually transmitted infections (STIs), and history of STIs,<sup>5</sup> including pelvic inflammatory disease

Previous use of contraception

Coital frequency and timing

Sexual dysfunction and/or dyspareunia

Level of client's fertility awareness and signs of ovulation

How long the client has been trying to achieve pregnancy and results of any previous infertility evaluation and treatment

### Initiate infertility evaluation:

- After 12 months of unprotected intercourse without conception in females < 35 years of age
- After 6 months of unprotected intercourse without conception in females ≥ 35 years of age
- Without delay in females ≥ 40 years of age and/or if the client or their partner presents with conditions associated with infertility

## Medical history

Past surgery, including indications and outcomes

Previous hospitalizations, serious illnesses, or injuries

Medical conditions associated with reproductive health

(e.g., thyroid disorders, endocrine disorders, diabetes, hypertension, autoimmune disorders, depression)

Gynecologic conditions (e.g., endometriosis, fibroids, pelvic inflammatory disease, STIs, abnormal cervical cancer screening results and treatment)

Current medication and supplement use; identify allergies and teratogens

Lifestyle exposures, including to nicotine products, alcohol, recreational drugs, misuse of prescription drugs, caffeine, vaginal lubricants

Occupation and environmental toxin exposures, including to chemicals, pesticides, radiation, radioactivity

Family history of infertility, birth defects, developmental delay, early menopause, or reproductive problems

<sup>1</sup>Note: The use of "female" in this resource refers to a person's sex assigned at birth based on their anatomical and other biological characteristics.

<sup>2</sup>Gavin L, Moskosky S, Carter M, et al. Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR Recomm Rep. 2014 Apr 25;63(RR-04):1-54.

<sup>3</sup>American Society for Reproductive Medicine. Fertility evaluation of infertile women: A committee opinion. Fertility and Sterility. Vol. 116(5). November 2021.

<sup>4</sup>Note: The Support LGBTQ+ Clients with Affirming Language Job Aid can be used to guide appropriate and affirming care.

<https://rhntc.org/resources/support-lgbtq-clients-affirming-language-job-aid>

<sup>5</sup>Centers for Disease Control and Prevention (CDC). Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recommendations and Reports. 70 (4) July 23, 2021.

## Review of systems

### Endocrine:

Weight gain or loss	Excessive thirst or hunger	Galactorrhea
Heat or cold intolerance	Excessive urination	Hirsutism

### Gynecologic:

Pelvic pain, including dysmenorrhea, dyspareunia

## Physical examination

Blood pressure, pulse, height, weight, body mass index (BMI)

Signs of androgen excess, including hirsutism, acne, skin tags, acanthosis nigricans, hair loss, obesity, abdominal striae

Thyroid exam, including for enlargement, nodule, or tenderness

Abdominal exam for masses, organ enlargement, or tenderness

Breast exam, including for Tanner staging, galactorrhea, nodules

Pelvic exam, including for tenderness, vaginal or cervical abnormality, secretions, lesions, or discharge; uterine size, shape, position, and mobility; adnexal mass or tenderness; cul-de-sac mass; uterosacral ligament tenderness, nodularity

## Counseling

Information elicited from the history, review of systems, and physical exam

Fertility awareness: peak fertile days, signs of fertility, vaginal intercourse or insemination every 1–2 days beginning soon after menstruation ends

Methods or devices used to predict the time of ovulation (e.g., ovulation kits, smartphone apps, cycle beads)

Practices to support fertility:

- Maintain a healthy weight and BMI
- Limit caffeine intake (<3 cups per day)
- Avoid smoking, alcohol, recreational drugs, and vaginal lubricants

Additional infertility evaluation, as needed

Considerations for accessing and utilizing treatment options (e.g., financial, geographic, scheduling)

Emotional aspects of infertility and infertility treatment

Preconception counseling

## Referral

Refer clients for additional infertility services and support as indicated:

Labs: thyroid stimulating hormone (TSH), serum progesterone at mid-luteal phase, STI/HIV screening, follicle-stimulating hormone (FSH) at cycle day 2–4, luteinizing hormone, anti-Mullerian hormone (AMH) any cycle day, prolactin levels

Specialist: obstetrician/gynecologist, infertility subspecialist

Imaging: transvaginal ultrasound, hysterosalpingography

Procedures: endometrial biopsy, laparoscopy

Medication (e.g., clomiphene citrate, letrozole)

Support: social, emotional, mental, or spiritual support services