



Dear Patient,

Thank you for allowing us to assist you in evaluating and treating your infertility. Infertility is a common problem which affects approximately 15% of all couples. The vast majority of infertility can be treated effectively. The intent of this letter is to give you some basic information on our approach to both the evaluation and treatment of infertility.

Becoming pregnant is, in some ways, a game of luck and chance. What is not often known is that even under the best of circumstances, the chance of getting pregnant in each cycle is only about 25%. For this reason, infertility is often defined as an inability to achieve pregnancy after 12 months of unprotected intercourse. Not achieving pregnancy after this length of time warrants further evaluation and treatment.

For pregnancy to occur, five important steps must work properly:

1. The ovaries must release an egg on a regular basis. If this does not occur regularly, this is called ovulatory dysfunction.
2. The egg must be able to travel unimpeded through the fallopian tube into the uterus. If there is an abnormality in the fallopian tubes, it is called tubal factor infertility.
3. There must be adequate progesterone in the second half of the cycle to stabilize the uterine lining. This is called a luteal phase defect.
4. There must be an adequate number of normal sperm present. If there is a problem with the sperm, it is called male factor infertility.
5. Finally, the sperm must be able to fertilize the egg and the fertilized egg must be able to implant into the uterine lining.

Male factor infertility, ovulatory dysfunction and tubal factor infertility together account for approximately 85% of infertility. Therefore, we concentrate our evaluation towards these areas.

We should be able to perform a thorough evaluation over the course of one to two cycles, which will include:

1. Hysterosalpingogram (a study of the fallopian tubes to make sure they are open)
2. Documentation of ovulation by using ovulation predictor kits and sometimes serial ultrasounds to observe the ovaries.
3. Semen analysis

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In addition, other tests are often performed in the first one to two cycles. For example, blood progesterone drawn late in your cycle will evaluate if your ovaries produce enough progesterone to support an implanted embryo.

After your evaluation is completed, your physician will develop a detailed treatment plan. This can include having timed intercourse or insemination using an ovulation predictor kit, drug therapy with oral or injectable medications and/or in-vitro fertilization.

Your treatment plan is carried out with the assistance of our infertility nurse practitioners, Cindy Lodermeier and Teri Pattison, who have had additional training in infertility. They will implement the treatment plan in collaboration with your physician.

At the end of every treatment cycle, your physician will review the cycle and establish a plan for the next cycle (if you are not pregnant). In addition, we ask you to have a consultation every 3 cycles with your physician to review your course and discuss any further treatment options.

We are very proud of our infertility program at Associates in Women's Health and are excited to work with you. We believe strongly that infertility treatment must be a team effort and we want you to feel that you understand the process and that you have your questions and concerns addressed.

We understand how difficult this process can be for you and your partner. Do not hesitate to ask for assistance.

All infertility monitoring and labs are done only at the Edina office.

Thank you again for letting us be a part of your care.

Sincerely,

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