

NEWSLETTER



This newsletter centers on reproductive topics with a genetics focus. If there is an organization or upcoming webinar you'd like me to include in a future newsletter, please feel free to reach out at genetics@modernreproduction.org.

Sign up for the newsletter [here](#)

Webinars

TERATOGEN CONFERENCE

E

11/13-11/15
10AM-4PM EST

[Register](#)

PREECLAMPSIA RISK
ASSESSMENT USING
ANGIOGENIC BIOMARKERS
IN HOSPITALIZED
PATIENTS: EVIDENCE,
IMPLEMENTATION, AND
CLINICAL CASES

11/13 12PM EST

[Register](#)

INNOVATIONS IN
VARIANT
INTERPRETATION:
LEARNING FROM OVER
8 YEARS OF VARIANT
RECLASSIFICATIONS

11/15 12PM EST

[Register](#)

NEWSLETTER

The little lit review

1

Infertility Workup for the Women's Health Specialist

This Committee Opinion was developed jointly by the American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice and the American Society for Reproductive Medicine in collaboration with committee member Daniel M. Breitkopf, MD and ASRM member Micah Hill, DO.

This committee opinion is focused on opposite sex couples and those with an infertility diagnosed defined as; "failure to achieve pregnancy within 12 months of unprotected intercourse or therapeutic donor insemination in women younger than 35 years or within 6 months in women older than 35 years"

Essential components of an initial workup include a review of the medical history, physical examination, and additional tests as indicated.

Male History

- coital frequency and timing
- any evidence of sexual dysfunction, including erectile or ejaculation issues
- duration of infertility
- prior fertility
- childhood illness and developmental history
- systemic medical illness
- previous surgery (eg, cryptorchidism with or without surgery)
- medication use, including anabolic steroids and supplements (eg, testosterone), and allergies
- sexual history and sexually transmitted infections and
- exposure to gonadal trauma or toxins.

Check

- Sperm analysis

Box 1. Infertility Tests That Should Not Be Routinely Ordered

- Laparoscopy for unexplained infertility
- Advanced sperm function testing (eg, DNA fragmentation testing)
- Postcoital testing
- Thrombophilia testing
- Immunologic testing
- Karyotype
- Endometrial biopsy
- Prolactin

Low Yield

Adapted from American Society for Reproductive Medicine. Choosing Wisely: ten things physicians and patients should question. Philadelphia (PA): ABIM Foundation; 2015. Available at: <http://www.choosingwisely.org/wp-content/uploads/2015/02/ASRM-Choosing-Wisely-List.pdf>. Retrieved December 4, 2018.

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Female History

- duration of infertility and results of any previous evaluation and treatment
- menstrual history (including age at menarche, cycle interval, length, and characteristics; presence of molimina [mild premenstrual symptoms and changes]; and onset and severity of dysmenorrhea), signs of ovulation including positive ovulation tests, cervical mucus changes, or biphasic basal body temperatures
- pregnancy history (gravidity, parity, time to pregnancy, fertility treatments, pregnancy outcome, delivery route, and associated complications)
- previous methods of contraception
- coital frequency and timing
- sexual dysfunction
- past surgery (procedures, indications, and outcomes) focused on abdominal and pelvic procedures
- previous hospitalizations, serious illnesses, or injuries
- gynecologic history (eg, pelvic inflammatory disease, sexually transmitted infections, endometriosis, leiomyomas)
- sexual history
- review of organ systems, including history of thyroid disease, galactorrhea, hirsutism, pelvic or abdominal pain, and dyspareunia
- previous abnormal cervical cancer screening tests and any subsequent treatment
- current medications and supplements, with an emphasis on identifying allergies and potential teratogens
- family history of birth defects, developmental delay, early menopause, or reproductive problems
- occupation and exposure to known environmental hazards and
- use of nicotine products, alcohol, and recreational or illicit drugs

Exam

- weight, body mass index, blood pressure, and pulse
- thyroid enlargement and presence of any nodules or tenderness
- breast secretions and their character
- signs of androgen excess
- tanner staging of breasts and pubic and axillary hair
- vaginal or cervical abnormality, secretions, or discharge
- pelvic or abdominal tenderness, organ enlargement, or masses
- uterine size, shape, position, and mobility
- adnexal masses or tenderness and
- cul-de-sac masses, tenderness, or nodularity

Check

- Ovarian reserve
- Ovarian dysfunction
- Tubal and Uterine factors

NEWSLETTER

The little lit review

② Nutritional interventions to ameliorate the effect of endocrine disruptors on human reproductive health: A semi-structured review from FIGO

Gillian A. Corbett | Sadhbh Lee | Tracey J. Woodruff | Mark Hanson | Moshe Hod | Anne Marie Charlesworth | Linda Giudice | Jeanne Conry | Fionnuala M. McAuliffe | International Federation of Gynecology and Obstetrics (FIGO) Committee on Impact of Pregnancy on Long-term Health and the FIGO Committee on Climate Change and Toxic Environmental Exposures

A literature search was performed to identify interventions taken to reduce the effect of endocrine disruptors on human reproductive health. 6 articles ultimately met the inclusive requirements after 15000 were initially captured. The authors focused on male/female humans either pregnant or non-pregnant with exposure to endocrine disrupting chemicals and any nutritional intervention undertaken to reduce the exposure/effect of EDCs. The studies measured the change via urine BPA levels or other EDC metabolites before and after intervention, yet there was limited-no measure of clinical outcomes.

“Endocrine disruptors are exogenous agents that interfere with synthesis, secretion, transport, metabolism, binding action, or elimination of natural blood-borne hormones that are present in the body and are responsible for homeostasis, reproduction, and the developmental process.” **Diet** is the primary way we ingest EDCs.

Don't

Use plastic containers, bottles, and packages

Don't

Consume canned food/beverages or processed/fast food

Do

Use stainless steel, glass, and cardboard

Do

Consume fresh/organic food and wash thoroughly

Do

Supplement with vitamin C, iodine, and folic acid

NEWSLETTER

Community Content:

This week for community content, I wanted to highlight some of the well known and newer resources for Down syndrome. Click on the images to be sent to each org's website.



Lettercase