**Tower Bridge Hospital London**

**Tower Bridge Hospital London**
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S AND MEN'S HEALTH

# Difficulty conceiving
## *when to seek help, and what gets tested*

Around one in seven couples has difficulty conceiving. Most conceive eventually, with or without help. What matters is not waiting too long before being assessed, and having **both** partners tested from the outset — because a male factor is involved in around half of cases and is frequently investigated last.

### Seek assessment sooner than the usual timeframe if there is

- **age 36 or over** in the female partner — assess after six months
- **absent, very irregular or very painful periods**
- known **endometriosis, PCOS, fibroids or pelvic infection**
- previous **ectopic pregnancy, pelvic surgery or chemotherapy**
- **undescended testicles, testicular surgery, mumps after puberty** or a groin hernia repair in the male partner
- **two or more miscarriages**

The standard threshold is 12 months of regular unprotected sex without conceiving, or 6 months if the female partner is 36 or over. But any of the above justifies earlier assessment — waiting the full year when there is a known reason simply loses time that matters.

## The timing that actually matters

The fertile window is the five days before ovulation and the day of ovulation itself, and sperm survive up to five days in the reproductive tract. **Sex every two to three days throughout the cycle** is more effective than trying to pinpoint ovulation, and considerably less stressful. Ovulation predictor kits can help but are not necessary, and daily temperature charting tells you ovulation has already happened rather than that it is coming.

## What is tested — female partner

- **Blood tests** — hormone profile including a day 21 progesterone to confirm ovulation, thyroid function, prolactin, and AMH as a measure of ovarian reserve.
- **Pelvic ultrasound** — assessing the womb, ovaries and antral follicle count, and looking for fibroids, polyps or polycystic ovaries.
- **Rubella immunity**, and a chlamydia test, since untreated infection can damage the tubes silently.

- **Tubal patency testing** — usually HyCoSy or HSG — to check the fallopian tubes are open.
- Cervical screening brought up to date.

### Test the male partner at the same time, not afterwards

A semen analysis is quick, inexpensive and non-invasive, and a male factor contributes in roughly half of couples. It is still common for women to undergo months of investigation before anyone tests the man. Do both from the start. If the first sample is abnormal it should be repeated after about three months, since sperm take around 74 days to produce and a recent illness, fever or period of stress can affect a single sample.

## What is tested — male partner

- **Semen analysis** — count, motility, morphology and volume, after two to five days of abstinence.
- **Hormone profile** where the count is low, including testosterone, LH, FSH and prolactin.
- **Scrotal examination and ultrasound** where a varicocele or obstruction is suspected.
- Review of medication, supplements and anabolic steroid use — **testosterone and anabolic steroids stop sperm production**, sometimes for a year or more after stopping.

## What improves your chances

### Helps

- Folic acid 400 micrograms daily, started before conception
- Getting BMI into the 19–30 range — both under and over reduce fertility
- Stopping smoking — it reduces fertility in both partners and IVF success rates
- Alcohol within limits, and none in the male partner around a semen test
- Treating thyroid disease, PCOS and diabetes before trying

### Reduces fertility

- Smoking and vaping, and cannabis
- Anabolic steroids and testosterone
- Heat — hot tubs, saunas, laptops on the lap
- Some medicines, including certain antidepressants and anti-inflammatories
- Stress, which affects frequency of sex more than it affects biology

## What comes next

Depending on findings: treatment to induce ovulation, surgery for fibroids, polyps or endometriosis, treatment of a male factor, intrauterine insemination, or IVF. NHS funding criteria vary considerably between areas and by age, previous children and BMI — worth checking early, since some criteria are time-limited.

**Why come to us.** Fertility investigation on the NHS can take many months to get started, and time genuinely matters. We can arrange **hormone profiles, AMH, semen analysis and pelvic ultrasound — the full baseline for both partners — usually within a week**, with bloods and ultrasound performed in-house and results explained together in one unhurried appointment. We identify and treat what is treatable, and refer on to a fertility clinic with the workup already complete rather than starting from scratch. Seven days a week, no referral needed.

## Both partners assessed, usually within a week

Bloods, AMH, semen analysis and ultrasound in-house. No referral needed.

**Book an appointment**

or call 020 7916 0029

### Where to get help

**Tower Bridge Hospital London**
97–99 Whitechapel Road, London E1 1DT

**020 7916 0029**

WhatsApp **07903 284 189**
**info@mhwclinic.co.uk**
Open 7 days, 9am–7pm

**In an emergency**
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

**When we are closed and it is not an emergency**
Call NHS 111 or visit 111.nhs.uk.

Related: **Women's Health** · **Men's Health Clinic** · **Ultrasound Scans** · **Blood Tests** · **All patient leaflets**

**Written and reviewed by Dr H Bolat, GP & Clinical Director** **Review date: 26 July 2026** **Next review due: July 2028**

**Ref: TBH-PIL-170**

This leaflet is based on current NHS and NICE CG156 guidance on fertility problems: assessment and treatment. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.