



MASSACHUSETTS
GENERAL HOSPITAL

FERTILITY CENTER

Welcome to the Mass General Fertility Center!

Yawkey Center for Outpatient Care

32 Fruit Street, Suite 10A
Boston, MA 02114

Phone: 617-726-8868
Fax: 617-724-8882

Mass General/North Shore Center for Outpatient Care

104 Endicott Street, Suite 304
Danvers, MA 01923

Phone: 978-882-6767
Fax: 978-882-6775

This booklet contains information regarding testing that your physician may order for you and your partner as part of your evaluation. A description of each test is included. Please use the spaces provided to take notes to assist you in understanding the next steps as you lead up to your fertility treatment. All test results will be discussed during your follow-up appointment.

We look forward to partnering with you in your care!

Welcome to the Mass General Fertility Center

Thank you for choosing our center to provide your care. Our goal is to provide you with a comprehensive, individualized approach to fertility treatment whether you are seeking intrauterine inseminations, advanced reproductive surgery, in vitro fertilization, pre-implantation genetic screening, oocyte freezing, treatment for male infertility, egg donation or gestational carrier services. We are fortunate to be part of one of the best obstetric and gynecologic programs in the country and to be surrounded by some of the brightest minds in medicine and research. In 2017, we celebrated our 25th anniversary of providing reproductive care to patients here in New England, across the US and abroad. Over that time, our goals have always been the same: to know our patients, provide a well-rounded program and deliver the best, most successful care available.

Our fertility team is comprised of expert physicians, nurses, embryologists, medical assistants and administrative staff. We look forward to partnering with you during your time with us.

We have learned that our most satisfied patients are those who actively engage with our staff in open communication, mutual respect and cooperation. To this end, please review the Patient Compact on page 3 to understand our commitment to you and our hope for your role in our partnership.

We look forward to meeting you! Please feel free to let us know how we are doing.

Sincerely,

John C. Petrozza, MD
Director, Mass General Fertility Center

Kelly Linden, RNC, BSN
Nurse Manager, Mass General Fertility Center

The Universal Patient Compact™

Principles for Partnership

As your healthcare partner we pledge to:

- Include you as a member of the team
- Treat you with respect, honesty and compassion
- Always tell you the truth
- Include your family or advocate when you would like us to
- Hold ourselves to the highest quality and safety standards
- Be responsive and timely with our care and information to you
- Help you to set goals for your healthcare and treatment plans
- Listen to you and answer your questions
- Provide information to you in a way you can understand
- Respect your right to your own medical information
- Respect your privacy and the privacy of your medical information
- Communicate openly about benefits and risks associated with any treatments
- Provide you with information to help you make informed decisions about your care and treatment options
- Work with you, and other partners who treat you, in the coordination of your care

As a patient I pledge to:

- Be a responsible and active member of my healthcare team
- Treat you with respect, honesty and consideration
- Always tell you the truth
- Respect the commitment you have made to healthcare and healing
- Give you the information that you need to treat me
- Learn all that I can about my condition
- Participate in decisions about my care
- Understand my care plan to the best of my ability
- Tell you what medications I am taking
- Ask questions when I do not understand and until I do understand
- Communicate any problems I have with the plan for my care
- Tell you if something about my health changes
- Tell you if I have trouble reading
- Let you know if I have family, friends or an advocate to help me with my healthcare



Copyright © 2008 by National Patient Safety Foundation

Reviewed and reaffirmed for Patient Safety Awareness Week 2011

Patient Expectations

As a patient in the Mass General Fertility Center, there are a few things we would like for you to do that will help us serve you more efficiently.

- 1. Register with Mass General** - You and (if applicable) your partner must have a Mass General medical record number (MRN). If you are not registered with Mass General, please call 866-211-6588 to register as a patient and receive your MRN. You will need this to schedule **ALL** appointments with us.
- 2. Keep your information up-to-date** - Please give us all of your most up-to-date contact information, as we will be contacting you often during your fertility treatments. If you are currently a Mass General patient, please contact Registration and check to make sure your information is up-to-date.
- 3. Make sure your voicemail identifies you by name** - If you do not already have a voicemail greeting that states your full first and last name, please do so. *For patient confidentiality purposes, we cannot leave you any medical information unless your voicemail identifies you as the person whom we are trying to reach.*
- 4. Include your MRN in communications** - When calling your nurse or physician, please remember to include your medical record number (MRN).
- 5. Be available for a call back** - We will be contacting you periodically during your testing and treatment to give you further instructions regarding medications and/or future appointments.
- 6. Work with us to review your tests & make treatment decisions** – You will have an appointment dedicated to discussing any results for any tests you may have. Your physician will review all information and discuss further treatment with you. Phone consults may also be available.
- 7. Complete EngagedMD modules** – Much of our patient education is done online through EngagedMD. Please note that all assigned EngagedMD Modules must be completed prior to submission to financial. Please complete these modules within one week of assignment.

Things to Keep in Mind

It is important to report cycle day 1 - Much of the testing required for fertility treatment coincides with your menstrual cycle, so it is important that you call us on the first day of your cycle. The first day is considered the first FULL day of flow, so if your period starts after 4pm, we consider the next day as “day 1.” **Please do not page the doctor on call to report this. Please call the office the next day to report Cycle Day 1.**

Some tests may be repeated - Most insurance companies require updates on various test results. Therefore, some tests may be repeated periodically to ensure that we are doing the best we can to serve you.

Understanding test results - This booklet contains a summarized version of how to interpret test results. It is important that you wait to speak to your doctor during your follow up appointment to understand your testing. If you look up information online, please understand that most labs have their own criteria for analyzing results and data are interpreted based on each patient’s specific issues.

Online resources - We recommend the following websites for further information on infertility resources and statistics: <http://www.asrm.org>, <http://www.resolvenewengland.org>, www.sart.com

In addition to this booklet, please visit our website for more information regarding testing and medications: <http://www.massgeneral.org/fertility>

Planning for Pregnancy

Nutrition: In addition to eating a nutritious and well-balanced diet you should:

- Take a prenatal vitamin or multivitamin with folate (at least 400 mcg) every day
- Limit caffeine to approximately two cups of coffee daily (equivalent to a medium Dunkin Donuts cup).
 - 8 oz Coffee 234 mg caffeine
 - 8 oz Tea 46 mg caffeine
 - Cola (can) 46 mg caffeine
 - Chocolate (1 oz) 35 mg caffeine

Note: *Studies have suggested excessive caffeine intake may decrease fertility and increase the risk of miscarriage. Some brands of coffee contain higher levels of caffeine. Avoid headaches by tapering caffeinated/decaf ratios weekly.*

- Avoid raw fish and undercooked meats. Especially avoid large sea fish such as: shark, swordfish, tuna steak, king mackerel and tilefish. These fish contain high levels of methyl mercury, which may harm an unborn baby's developing nervous system.
 - Other varieties of fish are ok to eat. It is safe to eat 12 ounces of cooked fish per week.
- The American Heart Association recommends that if you drink alcohol, do so in moderation. This means an average of one to two drinks per day for men and one drink per day for women. (A drink is one 12 oz. beer, 4 oz. of wine, 1.5 oz. of 80-proof spirits, or 1 oz. of 100-proof spirits.)
 - **Discontinue all alcohol use in pregnancy.**

Smoking: If you currently smoke, **it is mandatory that you quit** as most insurance companies now request nicotine testing before granting approval.

- Smoking makes becoming pregnant more difficult. It also increases your risk of miscarriage and other complications during pregnancy.
- Ask your physician about various methods to support cessation.

Exercise: Regular exercise will keep you healthy.

- Avoid intense aerobic exercise during fertility treatment.
- Avoid overheating (hot tubs, saunas and hot yoga).

Dentist: A healthy smile goes a long way!

- Maintain good dental hygiene. It is not recommended to delay necessary dental work.

General Health: The Centers for Disease Control (CDC) recommends that all women who will be pregnant during the flu season receive a flu shot. The shot is made from killed virus and is safe for mother and baby. To learn more, call the Pregnancy/Environmental Hotline: 800-322-5014 or 781-466-8474, M-F 9am – 4:30pm.

Mental Health: Prepare for a life change as you begin fertility treatments.

- Attempting pregnancy can be a time of great stress and uncertainty
- Men and women experience conception and family building in very different ways; couples commonly experience some increased conflict before pregnancy.
- Seek support from friends, family or professionals to help. Our social worker is available to you during your evaluation and treatment as needed.

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?



For an adult
4 ounces



For children,
ages 4 to 7
2 ounces

To find out, use the palm of your hand!

Best Choices EAT 2 TO 3 SERVINGS A WEEK			OR	Good Choices EAT 1 SERVING A WEEK		
Anchovy	Herring	Scallop		Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Shad		Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	Mullet	Shrimp		Carp	Sablefish	Tuna, yellowfin
Black sea bass	Oyster	Skate		Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Pacific chub mackerel	Smelt		Grouper	Snapper	White croaker/Pacific croaker
Catfish	Perch, freshwater and ocean	Sole		Halibut	Spanish mackerel (ocean)	
Clam	Pickering	Squid		Mahi mahi/dolphinfish	Striped bass	
Cod	Plaice	Tilapia				
Crab	Pollock	Trout, freshwater				
Crawfish	Salmon	Tuna, canned light (includes skipjack)				
Flounder	Sardine	Whitefish				
Haddock		Whiting				
Hake						
Choices to Avoid HIGHEST MERCURY LEVELS						
				King mackerel	Shark	Tilefish (Gulf of Mexico)
				Marlin	Swordfish	Tuna, bigeye
				Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice



THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH." / ADVICE UPDATED JANUARY 2017

FEMALE TESTING

Ovarian Reserve Testing

Your physician will determine the health of your ovaries and how you might respond to the medications we may offer as part of your treatment. Because there is no clear test that is entirely predictive of your ovarian function, two or three tests may be ordered to gather as much information as possible.

In general, egg quantity and quality tend to decline slowly as a woman enters her early 30's, and then at a quicker rate in her late 30's and early 40's.

Day 3 Blood Work

As a woman's ovarian reserve decreases, the follicle stimulating hormone (FSH), which is produced by the pituitary gland at the base of the brain, increases. FSH is what the brain uses to tell the ovaries to "step it up" and produce more eggs and estrogen. Because FSH and estradiol are communicating with each other, both must be measured to ensure that they are accurate.

The best time to measure these hormones is at the beginning of your menstrual cycle when the ovaries are just starting to get ready for another menstrual cycle.

How the test is performed: A small blood draw is done on cycle day 3 of your menstrual cycle.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless, but you may feel a small pinch.

How the test is interpreted: FSH and estradiol levels and their interpretation are laboratory-dependent. All our clinic sites have been calibrated so that we are consistent from one lab to the next. An abnormally high result tends to be predictive of low egg numbers and quality, but we rely on other tests, as well as antral follicle count, the clomiphene challenge test and your anti-Mullerian hormone level to guide us.

Anti-Mullerian Hormone (AMH)

A substance produced by small follicles that contain eggs deep within your ovaries. These eggs are too tiny to see by ultrasound. As these eggs mature, they stop making AMH.

AMH may provide a better assessment of your ovarian reserve than other tests. However it has only been used in this capacity for a short period of time by fertility specialists, so we do not have definitive data to use it as a first-line test. But taken together with other ovarian reserve tests, it provides another tool to help guide your evaluation and treatment.

How the test is performed: A small blood draw is done at any point in the menstrual cycle.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless, but you may feel a small pinch.

How the test is interpreted: The higher the AMH, the better your ovarian reserve. In general, a level less than 0.3 mg/ml is considered abnormal.

Antral Follicle Count Ultrasound (AF Scan)

Antral follicles are small follicles (about 2-8mm in diameter) that can be seen with a transvaginal ultrasound, then measured and counted. The count helps to predict how well your ovaries will respond to the medications used for fertility treatments

How the test is performed: On the 3rd day of your menstrual cycle, a transvaginal ultrasound is performed. Your ovaries are measured and each antral follicle is counted.

How to prepare for the test: You will need to empty your bladder before the ultrasound.

How the test will feel: It may seem uncomfortable to have a vaginal ultrasound done while you are still having your period. However, please be reassured that our clinicians do this all the time and will do their best to make you feel comfortable and at ease.

How the test is interpreted: There is no correct answer to this question since there is some variability between ultrasonographers and even from month to month in the same person, but a count less than 6 is generally associated with a limited response to the medication we give for ovarian stimulation. A count greater than 16 is associated with a very robust response. Your physician will use this information, along with your age, other ovarian testing and your body mass index, to determine the best treatment for you



Clomiphene Challenge

The Clomiphene Citrate Challenge Test (CCCT) is another measure of ovarian reserve. Clomiphene is also a therapy for infertility, so you may choose to try and conceive during your test cycle. You must have a normal period to start a CCCT. If your period is not normal, your physician will order additional blood work prior to starting the medication.

- Many insurance providers require this test for all women above the age of 40 repeated yearly. They may also require periodic menstrual cycle day 3 FSH and estradiol level testing.

How the test is performed: Small blood draws are done on days 3 and 10 of your menstrual cycle, before and after you have taken a 5-day course of oral clomiphene citrate.

How to prepare for the test: On the first day of your menstrual period, call us and schedule to have your blood drawn on cycle day 3 (FSH and estradiol).

On cycle day 5, you should start the clomiphene citrate. Take two tablets together (100 mg) daily for five days (cycle days 5 through 9). You may take the medication at any time of the day, but try to be consistent and take it at approximately the same time each day.

On cycle day 10, please return to have your blood drawn again (FSH).

How the test will feel: The blood draw is usually painless, but you may feel a small pinch. Some patients may develop headaches, hot flashes, mood swings, bloating and occasionally, pain with ovulation while on the clomiphene. These will usually pass once you have completed the five days of medication. However, if you develop any visual disturbances, discontinue taking Clomid and contact us immediately.

How the test is interpreted: An FSH level greater than 10 on either day 3 or day 10 after clomiphene citrate test is consistent with possible diminished ovarian function, but this is often correlated with other tests that look at ovarian function, such as anti-Mullerian hormone or antral follicle scan.

Pap Smear

The Papanicolaou test is a screening test to detect potentially precancerous and cancerous lesions within the cervical canal. Current recommendations are screening approximately every three years during a woman's reproductive years if previous pap smears have been normal. If your pap smear was done at another facility, please provide us with a written report of the result.

How the test is performed: A speculum is inserted into your vagina to hold it open and to allow the physician to see your cervix. Then, using a swab, the physician will brush against your cervix to obtain cells to be sent to the lab for further analysis.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless, but you may feel some discomfort.

How the test is interpreted: Any abnormal cells will have to be evaluated with either a repeat test in 6-12 months or by referral to a gynecologist who can evaluate the cervix more closely with more detailed inspection that requires a special instrument called a colposcope. Additional tests may also be done that include looking for human papilloma virus (HPV). Some strains of this virus are more closely associated with worrisome cervical lesions.

Cultures

Specimens from your vagina or cervix that are sent to the laboratory and analyzed for infections or pathogens that may affect your fertility. We routinely test for Gonorrhea and Chlamydia, but occasionally we may test for some other viruses or bacteria.

How the test is performed: During your pelvic examination, your physician will use a sterile swab to sample cells from your vagina and cervix. A urine sample can also be used to test for these infections.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless and will feel very similar to a routine pap smear.

How the test is interpreted: If an infection is detected, we will treat you and (if applicable) your partner with oral or injectable antibiotics.

Procedures

Mock Transfer

A mock transfer is a test that gauges the length of your uterine cavity by passing a thin sterile catheter through your cervix and into your uterus. It also determines the ease with which the catheter can be passed into your uterus. This will help the physician prepare for your embryo transfer during your IVF cycle.

How the test is performed: A speculum is placed into your vagina to hold it open and make the cervix visible. Your physician will then insert a sterile catheter to measure the depth of your uterus and pathway of the cervix.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless and will feel very similar to a routine pap smear.

How the test is interpreted: Most uterine lengths are between 5.0 and 8.5 cm, but there may be some variability, especially if you have had prior uterine surgery or multiple pregnancies. If the cervix is tightly closed, we may recommend dilating the cervix one to two months prior to your IVF cycle. If your cervix has an angle with the uterus that makes it difficult to pass the transfer catheter, we may recommend that a cervical stitch be placed at the time of your egg retrieval. This stitch can then be used to pull and straighten your cervix during your embryo transfer.

Office Hysteroscopy (OH)

Hysteroscopy is a test that uses sterile salt water and a tiny telescope to visualize the inside of your uterus. This office procedure is performed by your physician between days 5 and 12 of the menstrual cycle to inspect the uterine cavity under direct visualization.

The test can detect scar tissue, polyps, fibroids and any uterine abnormality that may prevent an embryo from implanting properly. Having an abnormality in your uterus can reduce your chances for pregnancy.

How the test is performed: The hysteroscopy is usually scheduled after your period ends, but before you expect to ovulate, usually between days 5-12 of your menstrual cycle. The hysteroscopy is usually done in our office and takes about 15 minutes. A speculum is inserted into your vagina, similar to a Pap smear. A tiny telescope with a camera and light is placed through your cervix into the uterine cavity. On rare occasion, the cervix may have to be dilated if the hysteroscope can not pass through your cervix. Sterile salt water (saline) is instilled into the uterus so that the uterine cavity can be distended, allowing your physician to see the contour of your uterine walls.

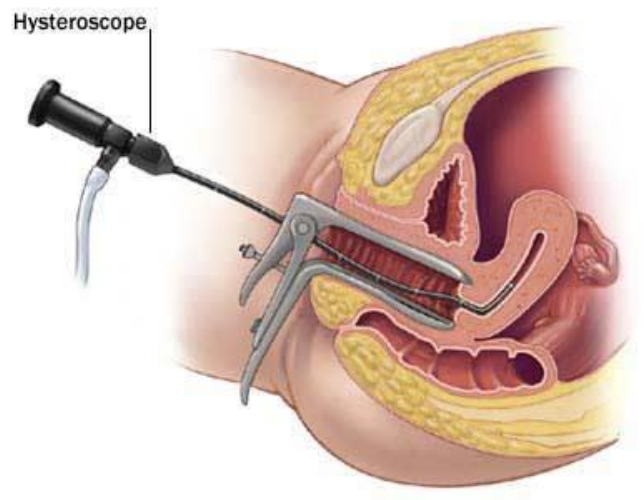
We have the most advanced office hysteroscopy equipment, including a 2.9 mm high definition, digital hysteroscope which results in significantly less patient discomfort. An attached TV monitor allows you and your doctor to visualize the inside of the cavity.

How to prepare for the test: On the day of your office hysteroscopy, we recommend that you take 800 mg of Ibuprofen one hour prior to the procedure to reduce the likelihood that you will experience cramping. Please do not empty your bladder before your appointment.

How the test will feel: Many women have no discomfort after the hysteroscopy, but you may feel a little cramping. You will be able to drive and return to work after the procedure.

The risks of the hysteroscopy include pain or discomfort, infection and vaginal spotting or bleeding. Contact your doctor if you develop a fever greater than 100.5, continue bleeding or continue to feel pain. You may have some spotting for two to three days after the procedure.

How the test is interpreted: The clinician performing the procedure will give you immediate feedback on the status of your uterine cavity at the time of your test.



Hysterosalpingogram (HSG)

An x-ray that allows us to see whether your fallopian tubes are open and whether the shape of the uterine cavity is normal.

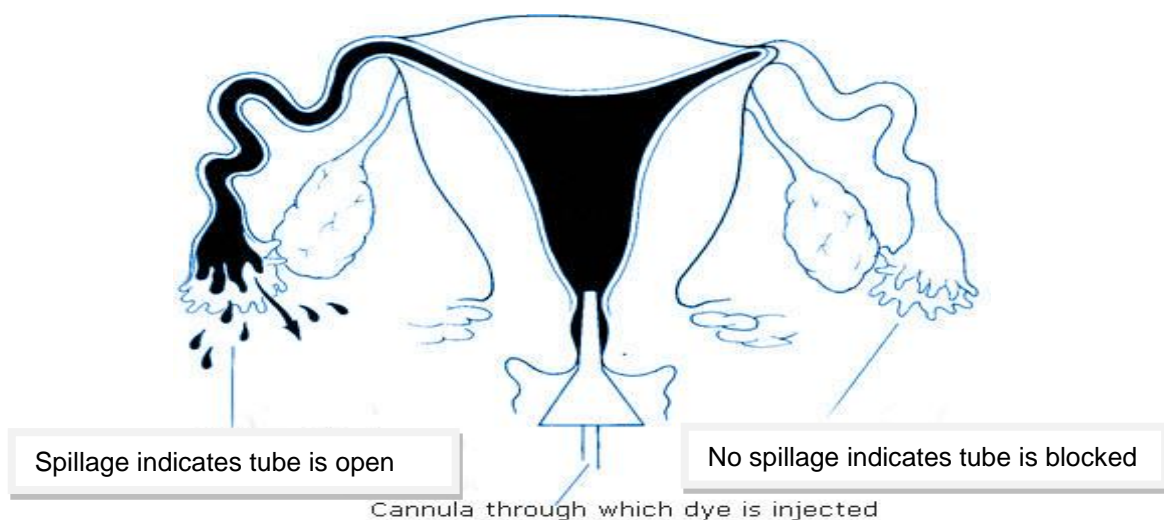
How the test is performed: Performed between menstrual cycle days 5-12 A speculum is inserted into your vagina, similar to a routine pelvic exam and then a thin catheter is placed through the cervix and a dye will be injected to outline the uterus and fallopian tubes. If the fallopian tubes are open, the dye will pass into the pelvis without difficulty

How to prepare for the test: A prescription for an antibiotic will be sent to your pharmacy. Please take the first dose the evening before your procedure with a meal and a second dose two hours prior to the procedure to decrease the rare risk of pelvic infection. One hour before the procedure, we recommend that you take 800 mg of Ibuprofen to reduce any discomfort from the test. Ibuprofen should not be taken on an empty stomach.

How the test will feel: Many women have no discomfort after the HSG, but you may feel a little cramping. You will be able to drive and return to work after the procedure. You may experience some spotting and light bleeding with the procedure—this is normal. However, if you develop a fever, persistent abdominal pain or heavy bleeding following the HSG please call the office immediately. You may also experience nausea or increased sensitivity to the sun due to the antibiotic (doxycycline). We recommend that you use sunscreen in bright sunlight.

How the test is interpreted: If your test is done at Mass General, your physician will have the opportunity to review the images of your procedure. Although it is uncommon, sometimes the interpretation that the radiologist makes at the time of your procedure may be different from your physician's interpretation of the test.

If a tube appears blocked, the radiologist will recommend that you take antibiotics for another 6-7 days to reduce the risk of infection. If your test is done at an outside hospital, it is helpful if you can bring a copy of the report and a copy of the images for your physician to review.



- Please let us know if you have any allergies to contrast dye or iodine, so we can alert the radiologist.
- The HSG is performed on the hospital main campus in the **Department of Radiology on Ellison 2 (617-724-9729)**. This test may also be performed at Salem Hospital (limited availability). Please check with your nurse.

Sonohysterogram

A type of transvaginal ultrasound, used to look at a woman's reproductive organs, including the uterus, ovaries, cervix and uterine cavity.

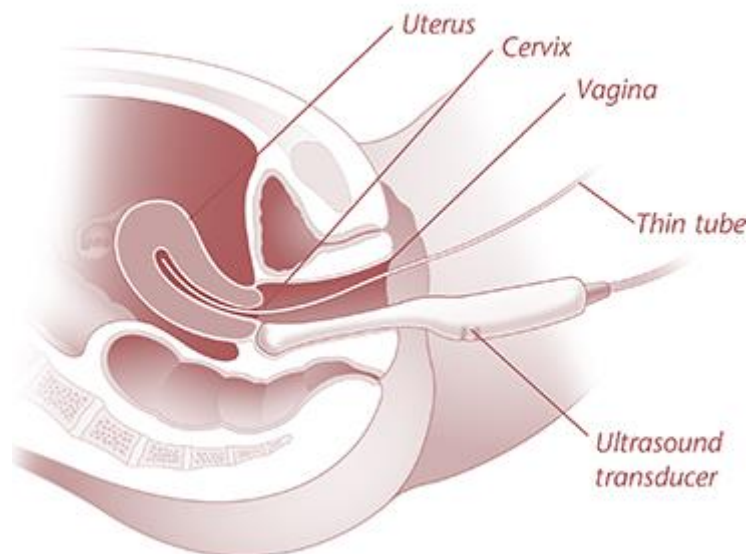
How the test is performed: Performed between menstrual days 5-12. Your cervix is cleaned with an antiseptic liquid and then an instrument is used to hold the cervix steady. A small catheter is then inserted into your uterus. The speculum is removed and a transvaginal ultrasound probe is placed into your vagina to visualize the uterus. A small amount of sterile salt water (saline) is then pushed into the uterus through the catheter and the contour and shape of the uterus can be seen to determine if it is normal.

How to prepare for the test: You may want to take 800 mg of ibuprofen (Advil, Motrin IB) one hour before the procedure to reduce cramping. You will be asked to empty your bladder and give a urine sample for a pregnancy test.

How the test will feel: The test is usually painless, although some women may have mild discomfort from the pressure of the ultrasound probe. Only a small part of the probe is placed into your vagina. When the saline is pushed into the uterus, you may experience some mild to moderate cramping.

How the test is interpreted: The physician performing the test will give you immediate feedback as to whether your uterus appears normal or if any abnormalities are seen.

Sonohysterography



FemVue

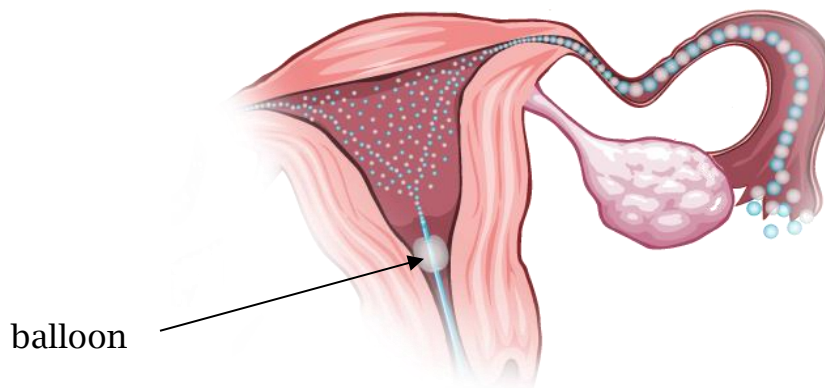
A modified ultrasound procedure to evaluate both your uterine cavity and fallopian tubes.

How the test is performed: Performed between menstrual days 5-12. Your cervix is cleaned with an antiseptic liquid and then an instrument is used to hold the cervix steady. A small balloon catheter is then inserted into your uterus. The balloon is slightly inflated to help keep it secured within the uterine cavity. The speculum is removed and a transvaginal ultrasound probe is placed into the vagina and the uterus is visualized. A small amount of fluid with tiny air bubbles is then pushed into the uterus through the catheter and the contour and shape of the uterus can be visualized to determine if it is normal. If your tubes are open, the tiny air bubbles can be seen passing through the tube and fluid will accumulate around the ovaries.

How to prepare for the test: A prescription for an antibiotic will be sent to your pharmacy. Please take the first dose the evening before your procedure with a meal and a second dose two hours prior to the procedure to decrease the rare risk of pelvic infection. One hour before the procedure, we recommend that you take 800 mg of ibuprofen to reduce any discomfort from the test. Ibuprofen should not be taken on an empty stomach. Just before the procedure, you will be asked to empty your bladder and give a urine sample for a pregnancy test.

How the test will feel: The test is usually painless, although some women may have mild discomfort from the pressure of the ultrasound probe. Only a small part of the probe is placed into your vagina. When the water with air bubbles is pushed into the uterus, you may experience some mild to moderate cramping. The test should take no more than 10-15 minutes to complete. You may also experience nausea or increased sensitivity to the sun due to the antibiotic (doxycycline). We recommend that you use sunscreen in bright sunlight.

How the test is interpreted: The physician performing the test will give you immediate feedback as to whether your uterus and fallopian tubes appear normal or if any abnormalities are seen.



Endometrial Biopsy

A procedure in which a tissue sample is taken from the lining of the uterus and is checked under a microscope for any abnormal cells, signs of inflammation, signs of infection, or to determine an adequate response to the hormones we give you.

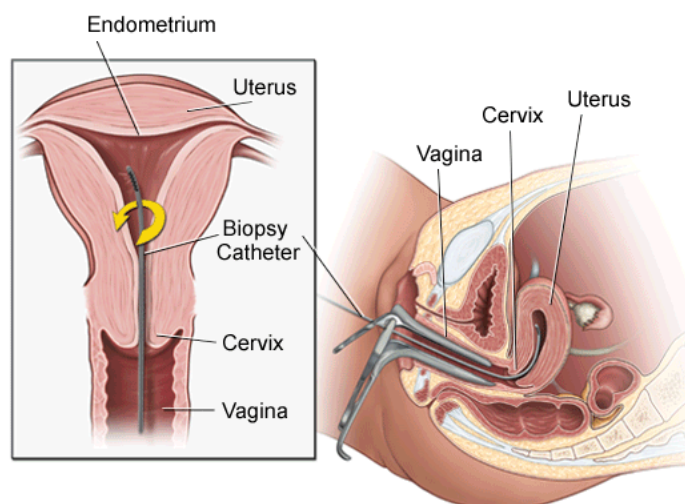
How the test is performed: Your physician will perform a pelvic examination and will insert a speculum into your vagina to hold it open and see the cervix. Your cervix is then cleaned with an antiseptic liquid and an instrument is used to hold the cervix steady. A cervical dilator may be needed to gently stretch the cervical canal if there is any stenosis (narrowing). Then a small, hollow plastic tube is carefully passed into the uterine cavity. Gentle suction removes a sample of the lining. The tissue sample and instruments are removed, and a pathologist will then examine the sample under a microscope.

How to prepare for the test: One hour before the procedure, we recommend that you take 800 mg of ibuprofen to reduce any discomfort from the test. Ibuprofen should not be taken on an empty stomach. Just before the procedure, you will be asked to give a small sample of urine for a pregnancy test.

How the test will feel: There will be some intense cramping during the actual biopsy which should last no longer than 10-15 seconds. This cramping should quickly subside after the procedure is done, but may linger to a lesser degree for several minutes to an hour.

How the test is interpreted: The tissue will be analyzed by a pathologist to ensure that the tissue has no abnormalities and has responded to the hormones your body produces or that have been given to you as part of your fertility treatment. Your physician will receive results of this test in five to seven days.

Endometrial Biopsy



MALE TESTING

Semen Analysis

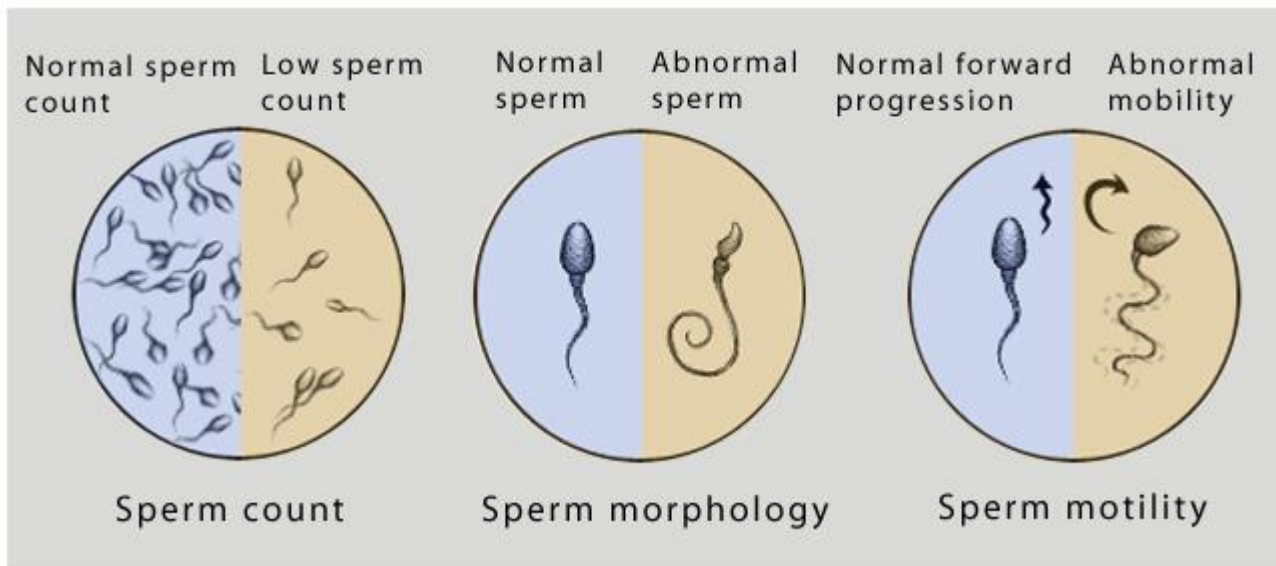
A semen analysis is a way to assess the amount of fluid that comes out when a man ejaculates and serves as a way to quantify the numbers and motility (swimming capability) of sperm in the sample.

How the test is performed: A member of the andrology staff will escort you into a private collection room. You will wash your hands thoroughly with soap and water, making sure to wash away any soap residue. You should collect your specimen sample by masturbation into the approved sterile specimen container that we will provide. (Lubricants including saliva may **NOT** be used as they are toxic to sperm. Water **MAY** be used if necessary.) Once you have collected your entire specimen, close the lid of the container tightly and put the container into the specimen pass-through (the small receptacle in the wall).

How to prepare for the test: You will be required to ejaculate two to three days prior to the scheduled semen analysis and then abstain until the day of your test unless otherwise instructed. Generally speaking, ejaculatory volume and/or sperm count may go down if an ejaculation has occurred within one day of the test. Motility may decrease if the ejaculatory interval is more than a few days. Avoid any hot baths, hot showers, tanning beds, saunas or whirlpools for at least two weeks before the test. The exposure of the testes to high temperatures may affect sperm motility.

How the test will feel: You should not experience any discomfort or pain.

How the test is interpreted: The lab will examine your specimen and analyze the volume of ejaculate, the number of sperm in the sample, the motility of sperm and the morphology (shape) of the sperm. This information will help guide your fertility treatments. If the test is abnormal, you will likely be referred to a urologist who specializes in male infertility



Scheduling Your Semen Analysis

Main campus (Boston): Call 617-726-8868, we are available by phone Monday-Friday 8:30- 4:30 to schedule your semen analysis appointment.

Danvers: Call 978-882-6767, we are available by phone Monday-Friday 8:30am - 4:30pm.

Semen analysis appointments are scheduled in Danvers on Wednesdays only between

Blood Work

We draw blood to test for a variety of viral diseases such as hepatitis B, hepatitis C, HIV and syphilis.

How the test is performed: A small blood draw is done at any point.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless, but you may feel a small pinch.

How the test is interpreted: Each lab result will either be negative or positive. If positive, you will be contacted by your healthcare provider for further tests and a follow-up appointment.

Male Hormonal Panel

Blood work will be performed to get a sense of how well your brain and testes communicate. Follicle stimulating hormone (FSH) is produced by the pituitary gland in the brain and stimulates the testes to make sperm. This gives us a sense of how efficiently the testes may be responding to the brain's signals. Testosterone is a hormone that is produced by the testes and is important for both the environment of sperm production and for male sexual health. If there are abnormalities with either of these two tests, more extensive hormone testing may be requested.

How the test is performed: Testosterone levels fluctuate throughout the day and are highest in the morning, so the test must be performed before 10 am to achieve the most accurate results. You do *not* need to be fasting for this blood test.

How to prepare for the test: There is no preparation needed for the test.

How the test will feel: The test is usually painless, but you may feel a small pinch.

How the test is interpreted: A low testosterone level may warrant further testing and possible medical treatment. Abnormalities in FSH results can provide useful clinical information to interpret potential male factor fertility problems.

Female Testing

(All testing is scheduled by appointment)

- Cycle day 3 blood work
- Clomid Challenge Test (day 3 and day 10)
- Antral Follicle ultrasound (day 3)
- Hysterosalpingogram or FemVue (days 5-12)
- Sonohysterogram (days 5-12)
- Office Hysteroscopy (days 5-12)
- Endometrial biopsy (days 5-12)
- Mock transfer (days 5-12)

Pre-Pregnancy Testing

- Other required blood work
- Genetic testing
- Pap Smear
- Cervical Cultures

Male Testing

(All testing is scheduled by appointment)

- Semen analysis
- Blood work: virals, genetics
- Male hormonal panel (before 10:00AM)

Specialist Consultations

- | | |
|--|--|
| <input type="checkbox"/> Maternal-Fetal Medicine (MFM) | <input type="checkbox"/> Neuroendocrine |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Social Service (617-724-4008) |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Weight Center |
| <input type="checkbox"/> Anesthesia consult | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other _____ | |

Procedure Preparation

- Some cycle day 5-12 procedures require antibiotics to be taken before treatment.
- Urine samples are needed prior to many procedures.

Please note: We consider Cycle Day 1 to be the first day of full menstrual flow (not spotting.) It is *essential* that you contact us on this day to schedule routine testing.

Weekends and Holidays

- If your period should fall on a weekend or holiday, please call us at:
 - **Boston:** 617-726-8868
 - **Danvers (Saturday ONLY):** 978-882-6767. Please call before 2pm and press 1 to leave a message with our answering service. Our nurse or covering physician will call you back. After 2 pm, the on-call MD is available for urgent calls.

Monitoring Times: Boston Main Campus

Ultrasound and Blood Draw hours

Ultrasounds, Morning Appointments:

Monday–Friday starting at 7:00 am

Saturday, Sunday and Holidays starting at 8:00am

Blood Drawing Station is located on Yawkey 10, suite 10E:

Monday–Friday starting at 7:00 am

Saturday, Sunday and Holidays starting at 8:00am

Semen Analysis Scheduling and IUI's (Intrauterine Insemination)

Semen Analysis:

These appointments are Monday–Friday. Please call the office to schedule 617-726-8868.

This site has collection and drop off available.

IUI's:

These appointments are available at this location weekdays, weekends and holidays.

Monitoring Times: Danvers Location

Ultrasound and Blood Drawing Hours

Ultrasonounds, Morning Appointments:

Monday–Friday starting at 6:45am

Saturday starting at 8:00am

Sunday and Holiday services available at Mass General main campus in Boston

Blood Drawing Station is located on the 3rd floor, suite 304:

Monday–Friday 6:45am – 8:00am / 9:00am – 11:45am / 1:00pm – 4:30pm

Please note: There are gaps in lab coverage between (8:00am – 9:00am and 11:45am – 1:00pm). At times bloodwork may need to be drawn in the building's main lab located on the lower level suite 01 (LL01).

Any bloodwork ordered to be drawn on a Saturday will be drawn between 8am – 8:30am. Appointments are also available at Mass General main campus in Boston Monday through Sunday.

Semen Analysis Scheduling and IUI's (Intrauterine Insemination)

Semen Analysis:

Semen analysis appointments are scheduled in Danvers on Wednesday between 7:00am – 9:00am only. Please contact our office at 978-882-6767 Monday–Friday between 8:30am – 4:30pm.

**This is for drop-off only. No collection available at this facility.
Specimen cup and instructions can be picked up at either location.**

IUI's:

These appointments are available at our Boston main campus location weekdays, weekends and holidays.

