What Is a Fertility Evaluation and When Should You Have One?

iatrosspecialisthospital.com/2026/09/17/fertility-evaluation

Iatros September 17, 2026



What Is a Fertility Evaluation?

A **fertility evaluation** is a structured medical assessment used to investigate possible reasons why pregnancy has not occurred or to assess reproductive factors before certain fertility treatments.

It may involve:

1. A detailed medical and reproductive history
2. Questions about menstrual cycles and ovulation
3. A physical examination where appropriate
4. Semen analysis for a male partner
5. Blood tests when clinically indicated
6. Ultrasound examination
7. Assessment of the uterus and fallopian tubes when appropriate
8. Review of previous pregnancies, miscarriages or fertility treatments
9. Assessment of factors that could affect fertility

The exact tests aren't the same for everyone. A good fertility evaluation is tailored to the individual or couple rather than becoming a long checklist of tests that everyone must undergo.

The American Society for Reproductive Medicine recommends a systematic evaluation that considers both partners where applicable and focuses initially on identifying the common and relevant causes of infertility.

When Should You Have a Fertility Evaluation?

For couples having regular, unprotected intercourse, infertility is generally defined as not achieving pregnancy after **12 months**. However, you don't necessarily have to wait a full year before seeking medical advice.

For women under 35 with no known fertility-related problems, an infertility evaluation is commonly started after 12 months of trying.

For women aged 35 or older, evaluation is generally recommended after **6 months** of trying without pregnancy.

For women over 40, more immediate evaluation may be appropriate.

And there's an important exception: **if there is already a known or suspected condition that could affect fertility, it's reasonable to seek evaluation sooner.**

You may want to seek a fertility evaluation sooner if you have:

- Very irregular or absent periods
- Known or suspected ovulation problems
- A history of endometriosis
- Known or suspected blocked fallopian tubes
- Previous pelvic surgery or certain pelvic infections
- A history of recurrent pregnancy loss
- Previous cancer treatment such as chemotherapy or radiation that could affect reproductive function
- A known or suspected male fertility problem
- Sexual or reproductive difficulties that may affect conception

You don't need to wait until you're deeply worried before asking questions. Sometimes an early consultation simply gives you clarity.

Why Do People Have Fertility Evaluations?

There isn't one single reason.

Some people have been trying to conceive for several months or years. Others have a medical history that makes an earlier assessment sensible. Some may be preparing for fertility treatment, while others simply want to understand their reproductive health.

Infertility can involve **female factors, male factors, a combination of both, or unexplained factors**. WHO notes that causes can involve the ovaries, uterus, fallopian tubes, reproductive hormones, sperm production, sperm movement and other aspects of the reproductive system.

That is why fertility shouldn't automatically be treated as a "woman's problem."

Both partners may need to be assessed.

What Happens During a Fertility Evaluation?

There's no single script that every fertility specialist follows.

Your evaluation should be based on your history, symptoms, age, previous pregnancies and other relevant factors.

Here's what you can generally expect.

1. Your Medical and Fertility History Is Reviewed

Your fertility specialist will usually want to understand the bigger picture.

You may be asked about:

- Your menstrual cycle
- How long you've been trying to conceive
- Previous pregnancies
- Previous miscarriages
- Previous fertility treatments
- Previous pelvic or abdominal surgery
- Previous sexually transmitted infections or pelvic infections
- Medical conditions
- Medications and supplements
- Family history
- Sexual health
- Lifestyle factors

For women, the pattern of menstrual cycles can provide useful information about ovulation.

For men, the evaluation may include questions about previous testicular or reproductive problems, surgeries, medications and other factors that may affect sperm production or function.

2. Ovulation May Be Assessed

Ovulation is the release of an egg from the ovary.

If ovulation isn't occurring regularly, conception may be more difficult.

Your specialist may assess ovulation based on your menstrual history and, where appropriate, additional testing.

For someone with consistently regular menstrual cycles, extensive ovulation testing may not always be necessary. ASRM notes that menstrual history can provide useful information about ovulatory patterns, with additional testing guided by the clinical situation.

Conditions such as **polycystic ovary syndrome (PCOS)** can affect ovulation and may be relevant during a fertility evaluation.

3. The Uterus May Be Examined

The uterus plays an important role in pregnancy because it is where an embryo implants and develops.

Depending on your symptoms and medical history, your fertility specialist may investigate the uterus for conditions such as:

- Fibroids
- Polyps
- Structural abnormalities
- Adenomyosis
- Other uterine conditions

An ultrasound may be used as part of this assessment.

In some situations, a procedure such as **hysteroscopy** may be recommended to examine the inside of the uterus more closely.

4. The Fallopian Tubes May Be Checked

The fallopian tubes are important because they provide the pathway through which sperm and egg can meet.

Blocked or damaged tubes can affect fertility.

Depending on the clinical situation, a fertility specialist may recommend a test to assess whether the tubes are open, such as a **hysterosalpingogram (HSG)** or another appropriate method.

The choice of investigation depends on the patient's history and clinical circumstances.

This is one reason a fertility evaluation shouldn't simply be reduced to checking hormones.

There's more to fertility than one blood test.

5. Male Fertility May Be Evaluated

If a male partner is contributing sperm to a pregnancy, his fertility should generally be evaluated alongside the female partner rather than waiting until later.

A **semen analysis** is commonly used to assess characteristics of sperm, including:

- Sperm concentration
- Sperm movement (motility)
- Sperm shape (morphology)
- Semen volume
- Other semen characteristics

Male factors can contribute to infertility, and WHO identifies problems involving sperm production, movement, morphology and semen ejaculation among potential causes.

This is why both partners should feel included in the fertility conversation.

6. Blood Tests May Be Recommended

Blood tests aren't identical for every patient.

Depending on your history and symptoms, your fertility specialist may recommend specific hormonal or other laboratory tests.

These may help investigate issues involving:

- Ovulation
- Thyroid function
- Ovarian function
- Hormonal disorders

- Other medical conditions relevant to fertility

The important word here is **specific**.

Not every person needs every possible fertility test.

ASRM guidance specifically cautions against routinely ordering certain tests when there is no clinical indication.

What Fertility Problems Can an Evaluation Help Identify?

A fertility evaluation may help identify or investigate several possible factors.

Ovulation problems

Problems with ovulation can make it difficult for an egg to be released regularly.

Blocked or damaged fallopian tubes

Tubal problems can interfere with the meeting of sperm and egg.

Uterine conditions

Fibroids, polyps and other structural problems may be relevant in some patients.

Endometriosis

Endometriosis can affect fertility through several mechanisms and may be considered when symptoms or medical history suggest it.

PCOS

PCOS can affect ovulation and is a common consideration when evaluating certain fertility problems.

Male-factor infertility

Sperm count, movement and morphology can all be relevant.

Unexplained infertility

Sometimes standard investigations don’t identify a clear cause. That doesn’t mean the person’s symptoms aren’t real. It simply means the available evaluation hasn’t identified a specific explanation.

WHO recognises male, female, combined and unexplained factors in infertility.

Does a Fertility Evaluation Mean You Need IVF?

No.

This is one of the most important things to understand.

Having a fertility evaluation doesn't automatically mean you'll need IVF.

Depending on the findings, treatment may involve:

- Addressing an underlying medical condition
- Ovulation-related treatment
- Surgical management where appropriate
- IUI
- IVF
- ICSI
- Other fertility-management approaches
- Continuing to try naturally with appropriate guidance

The appropriate approach depends on the cause, age, reproductive history, test results and individual circumstances.

That's why jumping straight to a treatment before understanding the problem isn't always the best approach.

When Should Men Have a Fertility Evaluation?

Men don't necessarily need to wait until a woman has undergone multiple tests before being evaluated.

Where infertility is being investigated and a male partner is contributing sperm, evaluation of both partners can begin at the same time. ASRM recommends obtaining a reproductive and medical history and, where applicable, a semen analysis early in the infertility evaluation.

A man may particularly benefit from an evaluation if there is:

- A history of testicular problems
- Previous reproductive surgery
- Previous chemotherapy or radiation
- Erectile or ejaculation difficulties
- Known low sperm count
- Previous fertility problems
- Concerns about sperm quality

- Other medical conditions that may affect reproductive function

Fertility Evaluation After 35: Should You Wait?

Age matters in fertility care, particularly for women.

Female fertility generally declines with age, and age is an important factor when assessing the likelihood of conception. ASRM recommends evaluation after six months of trying for women aged 35 and older, with more immediate evaluation potentially appropriate for women over 40.

So if you're over 35 and you've been trying for six months without success, it's reasonable to speak with a fertility specialist rather than simply deciding to "give it another year."

And if you're over 40, don't assume that waiting is your only option. A consultation can help you understand your situation and available choices.

What Should You Bring to a Fertility Appointment?

A little preparation can make the appointment much more useful.

Consider bringing:

1. **Your menstrual history**Note your cycle length, regularity and any unusual bleeding.
2. **Previous medical records**Especially previous fertility tests, ultrasound reports or surgery records.
3. **Medication information**Include regular medicines and supplements.
4. **Previous pregnancy information**Include pregnancies, miscarriages or previous fertility treatment.
5. **Questions you've been meaning to ask**Write them down. It's surprisingly easy to forget them once you're sitting in the consultation room.
6. **Your partner, where applicable**Fertility can involve factors affecting either or both partners, so attending together can make the evaluation more complete.

Common Fertility Evaluation Myths

Myth 1: "If my periods are regular, my fertility must be fine."

Not necessarily.

Regular menstrual cycles can provide useful information about ovulation, but they don’t rule out problems involving the fallopian tubes, uterus, sperm or other fertility factors.

Myth 2: “Infertility is usually caused by the woman.”

No.

Infertility can involve male factors, female factors, both partners or unexplained causes.

That is why evaluating both partners can be important.

Myth 3: “A fertility evaluation means I’m going straight to IVF.

Not at all.

The purpose of an evaluation is to understand what may be affecting fertility and determine what options, if any, are appropriate.

Myth 4: “I need to do every fertility test available.”

Not necessarily.

A good evaluation is targeted. Tests should be selected according to your history, symptoms, examination and clinical needs. ASRM specifically advises against routinely performing several advanced tests without an appropriate indication.

Myth 5: “I should wait until I’ve tried for years.”

Waiting isn’t always necessary.

The usual 12-month and six-month thresholds are useful general guides, but certain medical conditions or risk factors warrant earlier evaluation.

When Should You See a Fertility Specialist?

A simple way to think about it is:

Consider an evaluation after 12 months if:

You’re under 35, having regular unprotected intercourse and haven’t achieved pregnancy.

Consider an evaluation after 6 months if:

You're 35 or older and haven't achieved pregnancy.

Consider seeking help sooner if:

You have irregular or absent periods, suspected ovulation problems, known or suspected tubal disease, endometriosis, previous fertility-affecting treatment, recurrent pregnancy loss, known male-factor concerns or another condition that could affect fertility.

If you're over 40:

A more immediate assessment may be appropriate.

These are general clinical guidelines, not a substitute for individual medical advice.

If you're looking for a **fertility clinic in Isheri**, Iatros Specialist Hospital provides fertility evaluation and treatment services from its facility in **OPIC Community Estate, Isheri, off the Lagos–Ibadan Expressway**.

The goal of a fertility evaluation isn't simply to give you a list of test results. It's to bring those results together with your medical history and reproductive goals so that you and your fertility specialist can understand the situation more clearly.

Depending on the findings, fertility care may include evaluation and treatment options such as **IVF, ICSI, IUI and hysteroscopy**, where clinically appropriate.

If you've been trying to conceive without success, or you have a medical history that may affect fertility, speaking with a fertility specialist can be a sensible next step.

Frequently Asked Questions About Fertility Evaluation

1. What is a fertility evaluation?

A fertility evaluation is a medical assessment used to investigate factors that may affect a person's ability to conceive. It may assess ovulation, reproductive anatomy, sperm health, medical history and other relevant factors.

2. When should I have a fertility evaluation?

Generally, women under 35 may be evaluated after 12 months of trying to conceive without pregnancy, while women aged 35 or older are generally advised to seek

evaluation after six months. Earlier evaluation may be appropriate when there are known or suspected fertility problems.

3. What tests are done during a fertility evaluation?

Tests vary from person to person. They may include medical history, physical examination, ultrasound, semen analysis, blood tests and assessment of the uterus or fallopian tubes where indicated.

4. Should both partners have a fertility evaluation?

When a couple is trying to conceive, both partners may need assessment because infertility can involve male factors, female factors, both or unexplained causes.

5. Can you have fertility problems with regular periods?

Yes. Regular periods can suggest a regular ovulatory pattern, but they don't rule out problems involving the fallopian tubes, uterus, sperm or other aspects of reproductive health.

6. Does a fertility evaluation mean I need IVF?

No. IVF is one possible fertility treatment, but whether it is appropriate depends on the underlying findings, age, reproductive history and other individual factors.

7. Can I have a fertility evaluation before trying for a year?

Yes. The 12-month guideline doesn't mean everyone must wait a year. If you have a known or suspected condition that could affect fertility, earlier evaluation may be appropriate.

The Takeaway

A fertility evaluation is really about **getting answers before making decisions**.

If pregnancy hasn't happened after the usual period of trying, or there's already a reason to suspect a fertility problem, an evaluation can help identify what may be happening.

It may reveal an issue with ovulation, the fallopian tubes, the uterus, sperm or another factor. Sometimes it doesn't reveal an obvious cause. Either way, having that information is more useful than spending months wondering what might be wrong.

And remember: fertility is a shared reproductive-health issue. When applicable, both partners should be part of the evaluation.

If you’re concerned about your fertility, consider speaking with a qualified fertility specialist rather than trying to diagnose the problem yourself.