

Orientation Fertility Examination (OFO)

Gynaecology

You and your partner wish to have a child, but this has not happened yet. The doctor will examine together with you what the possible cause may be. Women up to the age of 42 can have this examination with us. This examination is called the Orientation Fertility Examination (OFO). In this leaflet, you can read what this examination involves and what you can expect.

What is examined?

During the OFO, different parts of fertility are examined. Together with the doctor, you decide which tests you need. We examine:

- Ovulation: the doctor checks whether you have an ovulation and whether your cycle is regular.
- The openness of the fallopian tubes: this is important so the egg and sperm can meet. This can be examined with a blood test or a Foam echo in the clinic. Sometimes an HSG (a special X-ray of the uterus and tubes) is needed in the radiology department of a hospital. In a few cases, we refer you to the hospital for a laparoscopy (keyhole surgery).
- Sperm quality: the laboratory checks how many sperm cells there are and how well they move. This gives information about the chance of a natural pregnancy.

The different examinations

Medical history

The doctor asks you and your partner questions about your health, medication use, and conditions in your family, such as fertility problems. The doctor also asks about your menstrual cycle and whether you have had gynaecological problems before, such as an STI or abdominal surgery. You are also asked about earlier pregnancies and births, and how long you have been trying to get pregnant.

Ultrasound examination

With an internal (vaginal) ultrasound, the doctor looks at the uterus and ovaries. The doctor also checks the growth of follicles and the thickness of the uterine lining. This shows whether there are abnormalities and whether your body is preparing for ovulation. If it is not clear whether you have an ovulation, we can do a cycle analysis. You will then have several ultrasounds during your cycle so the doctor can follow what happens in your body.

Testing for chlamydia

Chlamydia is a sexually transmitted infection. It can damage the fallopian tubes. This is why the doctor checks whether you have chlamydia now or have had it in the past. A swab is taken from the cervix to test for chlamydia. Your blood is also tested for antibodies. This is called the Chlamydia Antibody Titer (CAT). If these antibodies are present, it may mean that you have had chlamydia before.

Blood tests for hormones

Which hormones are tested depends on your personal situation. Blood tests are often only needed if your cycle is irregular or if it is unclear whether you have an ovulation.

Hormones can be measured at different moments in your cycle. Examples are:

- FSH and oestrogen: measured at the start of the cycle to check how the ovaries are working.
- Progesterone: measured about one week before your expected period to see whether ovulation has taken place.

Sperm examination

During a sperm test, the laboratory checks whether there are enough sperm cells and whether they move well. The GP of your partner can request this examination at several laboratories. This can already be done while you are waiting for your first appointment with us. If you already have the results, please bring the full report to your appointment.

Examination of the fallopian tubes (FOAM-echo or HSG)

The fallopian tubes are thin tubes between the uterus and the ovaries. They are usually not visible on a normal ultrasound. That is why the doctor checks whether the tubes are open.

- FOAM-echo: a small amount of foam is placed in the uterus. With a vaginal ultrasound, the doctor checks whether the foam flows through the fallopian tubes.
- HSG: contrast fluid is placed in the uterus, which makes the uterus and tubes visible on an X-ray. The doctor can see whether the tubes are open. Sometimes a blockage, changes in the lining, or adhesions around the uterus, tubes, or ovaries are found.

How long does the process take?

The orientation fertility examination consists of several steps that may need to be done at specific moments in your cycle. Because of this, the process can take longer than you expect. If you have questions or if the process feels too heavy, discuss this with the doctor or the doctor's assistant. Together you can choose a pace that fits your situation.

Results and personal advice

After the examination, we discuss the results with you. Sometimes we do not find a clear cause. In that case, there is no direct medical reason why pregnancy has not happened. We then calculate your personal chance of a natural pregnancy using the Hunault score. This score shows your chance of becoming pregnant naturally within the next year.

If your chance is good, we advise you to continue trying at home. If we do find a clear cause, you will receive treatment advice that fits your situation. Examples include:

- Treatment in our clinic, such as ovulation induction with medication
- Referral to a specialised hospital, for example for IUI or IVF

Emergency after visiting DC Klinieken

In case of an emergency, call: 088 0100 998.

Insurance

DC Klinieken has contracts with all health insurers. This means that almost all care is reimbursed, just like in the hospital. You do need a referral from your (general) doctor. Please be aware of your own deductible. More information about reimbursements and possible exceptions can be found at: www.dcklinieken.nl/vergoedingen.

Questions

For more information and answers to frequently asked questions, go to: www.dcklinieken.nl/contact or contact our Service and Information Centre at 088 0100 900.