

Basic Clinical Evaluation of Infertility for Female Clients: A Checklist for Providers



Use this checklist to guide clinical evaluation of infertility for female clients. If the client has a partner, they should also undergo evaluation of infertility at the same time, when possible.^{1,2}

Reproductive history

Reproductive and family building goals
Age at menarche, cycle length and characteristics, onset/severity of dysmenorrhea
Gravidity, parity, pregnancy outcome(s), delivery route(s), and any complications
Sexual history: partners, practices, protection from sexually transmitted infections (STIs), and history of STIs,⁵ including pelvic inflammatory disease
Previous use of contraception
Coital frequency and timing
Sexual dysfunction and/or dyspareunia
Level of client's fertility awareness and signs of ovulation
How long the client has been trying to achieve pregnancy and results of any previous infertility evaluation and treatment

Initiate infertility evaluation:

- After 12 months of unprotected intercourse without conception in females < 35 years of age
- After 6 months of unprotected intercourse without conception in females ≥ 35 years of age
- Without delay in females ≥ 40 years of age and/or if the client or their partner presents with conditions associated with infertility

Medical history

Past surgery, including indications and outcomes
Previous hospitalizations, serious illnesses, or injuries
Medical conditions associated with reproductive health (e.g., thyroid disorders, endocrine disorders, diabetes, hypertension, autoimmune disorders, depression)
Gynecologic conditions (e.g., endometriosis, PCOS, fibroids, pelvic inflammatory disease, STIs, abnormal cervical cancer screening results and treatment)
Current medication and supplement use; identify allergies and teratogens
Lifestyle exposures, including to nicotine products, alcohol, recreational drugs, misuse of prescription drugs, caffeine, vaginal lubricants
Occupation and environmental toxin exposures, including to chemicals, pesticides, radiation, radioactivity
Family history of infertility, birth defects, developmental delay, early menopause, or reproductive problems

1 Note: The use of "female" in this resource refers to a person's sex assigned at birth based on their anatomical and other biological characteristics.

2 American Society for Reproductive Medicine.

3 Centers for Disease Control and Prevention (CDC). Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recommendations and Reports. 70 (4) July 23, 2021.

Review of systems

Endocrine:

Weight gain or loss	Excessive thirst or hunger	Galactorrhea
Heat or cold intolerance	Excessive urination	Hirsutism

Gynecologic:

Pelvic pain, including dysmenorrhea, dyspareunia

Physical examination

Blood pressure, pulse, height, weight, body mass index (BMI)

Signs of androgen excess, including hirsutism, acne, skin tags, acanthosis nigricans, hair loss, obesity, abdominal striae

Thyroid exam, including for enlargement, nodule, or tenderness

Abdominal exam for masses, organ enlargement, or tenderness

Breast exam, including for Tanner staging, galactorrhea, nodules

Pelvic exam, including for tenderness, vaginal or cervical abnormality, secretions, lesions, or discharge; uterine size, shape, position, and mobility; adnexal mass or tenderness; cul-de-sac mass; uterosacral ligament tenderness, nodularity

Counseling

Information elicited from the history, review of systems, and physical exam

Fertility awareness: peak fertile days, signs of fertility, intercourse every 1–2 days beginning soon after menstruation ends

Methods or devices used to predict the time of ovulation (e.g., ovulation kits, smartphone apps, cycle beads)

Practices to support fertility:

- Maintain a healthy weight and BMI
- Limit caffeine intake (<3 cups per day)
- Avoid smoking, alcohol, recreational drugs, and vaginal lubricants

Additional infertility evaluation, as needed

Considerations for accessing and utilizing treatment options (e.g., financial, geographic, scheduling)

Emotional aspects of infertility and infertility treatment

Preconception counseling

Referral

Refer clients for additional infertility services and support as indicated:

Labs: thyroid stimulating hormone (TSH), serum progesterone at mid-luteal phase, STI/HIV screening, follicle-stimulating hormone (FSH) at cycle day 2–4, luteinizing hormone, anti-Mullerian hormone (AMH) any cycle day, prolactin levels

Specialist: obstetrician/gynecologist, infertility subspecialist

Imaging: transvaginal ultrasound, hysterosalpingography

Procedures: endometrial biopsy, laparoscopy

Medication (e.g., clomiphene citrate, letrozole)

Support: social, emotional, mental, or spiritual support services