



MASSACHUSETTS  
GENERAL HOSPITAL

VINCENT OBSTETRICS  
& GYNECOLOGY

## *Welcome to the MGH Fertility Center!*

### **Yawkey Center for Outpatient Care**

**Drs. Attaman, Dimitriadis, Mahalingaiah, Petrozza, Morris, Shifren, & Souter**

**32 Fruit Street, Suite 10A  
Boston, MA 02114**

**Phone: (617) 726-8868  
Fax: (617) 724-8882**

### **Mass General/North Shore Center for Outpatient Care**

**Drs. Attaman, Petrozza, Rein, & Morris**

**104 Endicott Street, Suite 304  
Danvers, MA 01923**

**Phone: (978) 882-6767  
Fax: (978) 882-6775**

### **Partners Reproductive Medicine Center**

**Dr. Shifren**

**Newton Wellesley Hospital  
2014 Washington Street  
Newton, MA 02462**

**Phone: 617-243-5468  
Fax: 617-243-6922**

### **MGH West Fertility Center**

**Drs. Attaman & Dimitriadis**

**40 Second Avenue  
Suite 402  
Waltham, MA 02451**

**Phone: (617) 726-8868  
Fax: (617) 724-8882**

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

**We look forward to partnering with you in your care!**

## *Welcome to the MGH Fertility Center!*

*Thank you for choosing our Center to provide your care. Our goal is to provide a comprehensive and individualized approach to fertility treatment whether you are seeking intrauterine inseminations, advanced reproductive surgery, in vitro fertilization, pre-implantation genetic screening, oocyte freezing, 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 surrounded by some of the brightest minds in medicine and research. In 2017, we celebrated our 25<sup>th</sup> 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: 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, and 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, M.D.  
Director, MGH Fertility Center*

*Kelly Linden, RNC, BSN  
Nurse Manager, MGH 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 Fertility Center, there are a few things we would like the patient to do that will help us assist more efficiently.

1. **You and (if applicable) your partner must have an MGH medical record number (MRN).** If the patient is not registered with MGH, please call 866-211-6588 to register as an MGH patient to receive an MRN. This will be needed to schedule **ALL** appointments with us.
2. Please give us all the most up-to-date contact information, as we will be contacting patients *often* during the fertility treatments. If you are currently an MGH patient, please contact Registration and check to make sure all information is up to date.
3. If there is not already a **voicemail greeting that states your full name** (both first & last) please do so. *For Patient Confidentiality Purposes, we cannot leave any medical information unless the voicemail identifies the patient.* Please register for patient gateway as this is an excellent way to get in touch for non-urgent matters.
4. When calling a nurse or physician, please remember to include your medical record number (MRN).
5. Be available for a call back during the testing and treatment for further instructions regarding medications and/or future appointments.
6. We will work with each patient to schedule an appointment dedicated to discussing any test results and to formulate a plan. Phone/Virtual consults may also be available.
7. All **EngagedMD Modules** assigned must be completed prior to submission to Financial. Please complete these modules within 1 week of assignment.

### THINGS TO KEEP IN MIND

- Much of the required testing coincides with the menstrual cycle. The first day of FULL flow is considered the first day of the menstrual cycle (Cycle day 1). If the period starts after 4pm, we consider the next day as day one. **Please do not page the doctor on call to report this. Please call the office the next day to report Cycle Day 1**
- 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.
- This booklet contains information on how to interpret test results. It is important to wait to speak to the doctor during the follow up appointment to understand the testing results. When looking up results on patient gateway or on the web, please understand that most labs have different values for fertility issues and are interpreted by the doctors based on the patient's specific needs.
- We recommend the following websites for further information on infertility resources and statistics: <http://www.asrm.org>, <http://www.resolvenewengland.org>, [www.sart.com](http://www.sart.com)
- In addition to this booklet, please visit our website for more information regarding testing and medications: <http://www.massgeneral.org/fertility>

# WHEN PLANNING TO CARRY A PREGNANCY

**NUTRITION:** In addition to eating a nutritious and well-balance diet, the following are recommended:

- Take a prenatal vitamin or multivitamin with Folate (at least 400 mcg) every day
- Limit caffeine to approximately 2 cups of coffee daily (equivalent to a medium Dunkin Donuts cup).
  - 8 oz Coffee 234 mg
  - 8 oz Tea 46 mg
  - Cola (can) 46 mg
  - Chocolate (1 oz) 35 mg

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

- 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. It is safe to select a variety of other types of fish. 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 and your partner (if applicable) quit as most insurance companies are **requesting nicotine testing** before granting approval.

- Smoking makes becoming pregnant more difficult. Smoking increases the 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 patients who will be pregnant during the flu season receive a flu shot. The shot is made from killed virus and is safe in pregnancy. *Pregnancy/Environmental Hotline: 800-322-5014 or 781-466-8474, M-F 9am - 4:30pm.*

**MENTAL HEALTH:** Preparing for a life change

- This can be a time of great stress and uncertainty
- People experience conception and family building in very different ways; couples commonly experience some increasing conflict before pregnancy.
- Seek support from friends, family or professionals to help. The MGH Fertility Center has a social worker available to patients during their evaluation and treatment as needed.

## TESTING

**Ovarian Reserve Testing:** Your physician will determine the health of the ovaries and how a patient might respond to the medications we may have offered. Because there is no clear test that is entirely predictive of ovarian function, 2-3 tests may be ordered to gather as much information as possible. In general, egg quantity and quality tend to decline slowly in the early 30's, and then at a quicker rate in the late 30's and early 40's.

**Day 3 Blood Work:** As 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 the 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 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 a small pinch may be felt.

***How the test is interpreted:*** FSH and estradiol levels and their interpretation are laboratory dependent. All MGH campuses have been calibrated so that they 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, Clomiphene challenge test, and anti-Mullerian hormone level to guide us.

**Anti-Mullerian Hormone (AMH):** A substance produced by small follicles that contain eggs deep within the ovaries. These eggs are too tiny to see by ultrasound. As these eggs mature, they stop making AMH. AMH possibly represents a better assessment of ovarian reserve than other tests, but since it has only been used in this capacity for such a short period of time by fertility specialists, we do not have definitive data to use it as a first line test. However, taken together with other ovarian reserve tests, it provides another tool to help guide the 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 a small pinch may be felt.

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

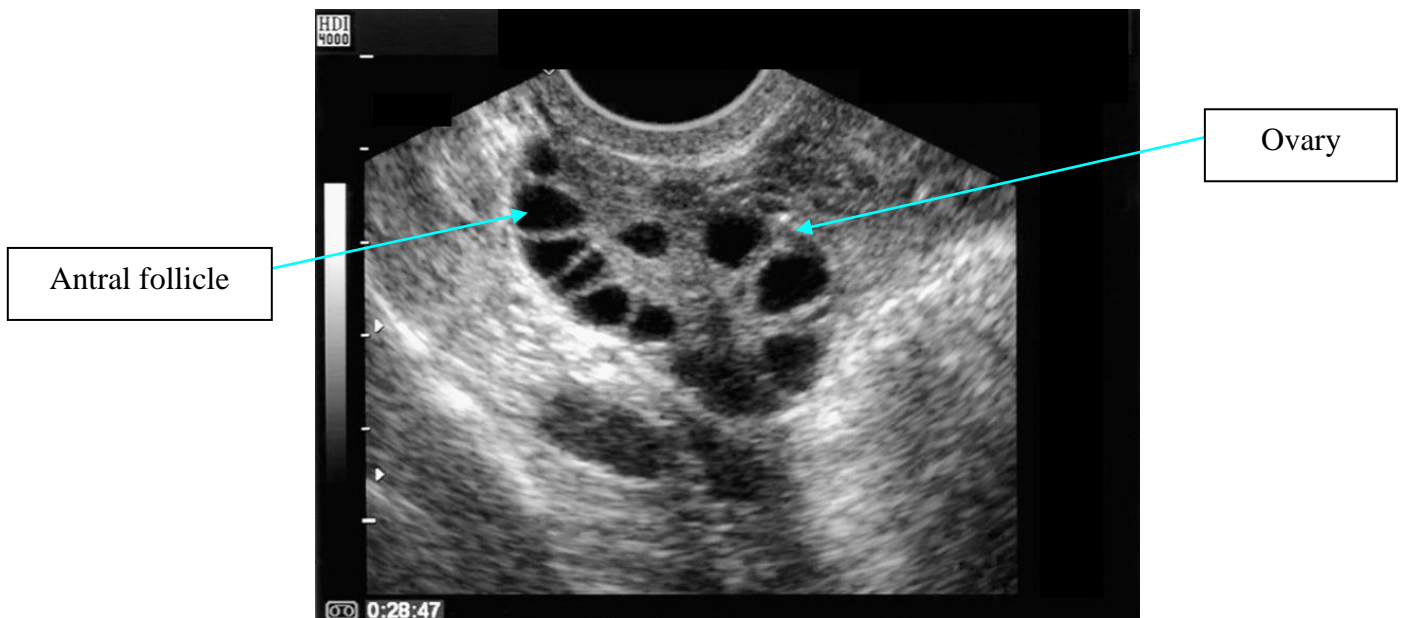
**Antral Follicle Count Ultrasound (AF Scan):** Antral follicles are small follicles (about 2-8mm in diameter) that we can see on transvaginal ultrasound, measure, and count. The count helps to predict how well the ovaries will respond to the medications used for fertility treatments

***How the test is performed:*** On the 3<sup>rd</sup> day of your menstrual cycle, a transvaginal ultrasound is performed. Ovaries are measured, and each antral follicle is counted.

***How to prepare for the test:*** The bladder will need to empty before the ultrasound.

***How the test will feel:*** It may seem uncomfortable to have a vaginal ultrasound done while still having a period, however please be reassured that our clinicians do this all the time and will do their best to make every patient 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 but a count less than 6 is generally associated with a limited response to the medication we give for ovarian stimulation and a count >16 is associated with a very robust response. The physician will use this information, along with age, other ovarian testing, and body mass index, to determine the best treatment.





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

- Many insurance providers require this test to be performed for patients 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 the menstrual cycle, before and after a 5-day course of oral Clomiphene Citrate.

***How to prepare for the test:*** On the first day of the menstrual period please call us and schedule to have blood drawn on cycle day 3 (FSH and estradiol). On cycle day 5, start the Clomiphene Citrate. Take two tablets together (100 mg) daily for 5 days (cycle days 5 through 9). The medication can be taken 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 blood drawn again (FSH).

***How the test will feel:*** The blood draw is usually painless, but a small pinch may be felt. Some patients may develop headaches, hot flashes, mood swings, bloating and occasionally, pain with ovulation while on the Clomiphene. These will usually pass once the five days of medication have been completed. However, if the patient develops any visual disturbances please 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 (AMH) or the 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 3 years during the reproductive years if pap smears have been normal. If a 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 the vagina to hold it open and to allow the physician to see the cervix. Then, using a swab, the physician will brush against the 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 some discomfort may be experienced

***How the test is interpreted:*** Any abnormal cells will have to be evaluated 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:** Specimen that is sent to the laboratory and analyzed for infections or pathogens that may affect 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 a pelvic examination we will use a sterile swab to sample cells from the 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 offer treatment and, if applicable, for a partner with oral and/or injectable antibiotics.

## **Procedures**

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

***How the test is performed:*** A speculum is placed into the vagina to hold it open and see the cervix. The physician will then insert a sterile catheter to measure the depth of the 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; however, there may be some variability, especially with prior uterine surgery or multiple pregnancies. If the cervix is tightly closed, we may recommend dilating the cervix 1-2 months prior to placing the embryo. If the 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. This stitch can then be used to pull and straighten the cervix during the embryo transfer.

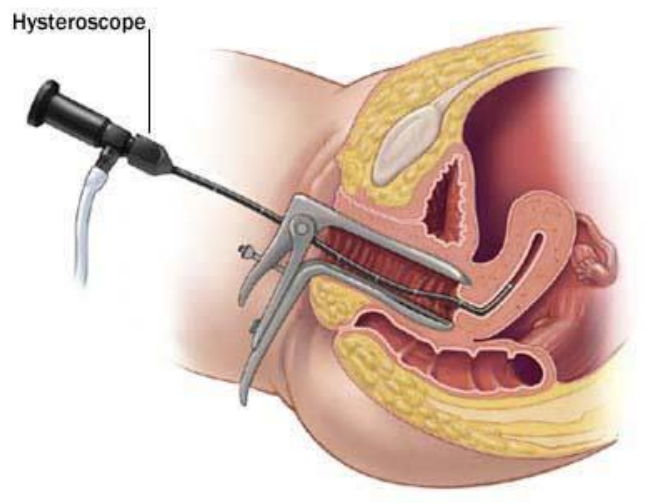
**Office Hysteroscopy (O.H.):** An office procedure performed by a physician between days 5 and 12 of the menstrual cycle to inspect the uterine cavity under direct visualization. Hysteroscopy is a test that uses sterile salt water and a tiny telescope to visualize the inside of the uterus. The test can detect scar tissue, polyps, fibroids, and any uterine abnormality that may prevent an embryo from implanting properly. Having an abnormality in the uterus can reduce the chances for pregnancy.

**How the test is performed:** The hysteroscopy is usually scheduled after a period ends, but before expected ovulation, usually between days 5-12 of the menstrual cycle. The hysteroscopy is usually done in our office and takes about 15 minutes. A speculum is inserted into the vagina, like a Pap smear. A tiny telescope with a camera and light is placed through the cervix into the uterine cavity. On rare occasion, the cervix may have to be dilated if the hysteroscope cannot pass through the cervix. Sterile salt water (saline) is instilled into the uterus so that the uterine cavity can be distended, allowing the physician to see the contour of the uterine walls. There is a TV monitor allowing the doctor to visualize the inside of the cavity. We have the most advanced office hysteroscopy equipment, including a 2.9 mm high definition, digital hysteroscope which results in significantly less patient discomfort.

**How to prepare for the test:** On the day of your office hysteroscopy, we recommend that you take 800 mg of Ibuprofen (so long as there is no allergy) 1 hour prior to the procedure to reduce the likelihood of cramping. Please do not empty bladder prior to appointment.

**How the test will feel:** There is often no discomfort after the hysteroscopy, cramping may occur. One can 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 a fever greater than 100.5 develops, there is continued bleeding, or continued pain. There may be some spotting for 2-3 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 the 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 the vagina, like 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

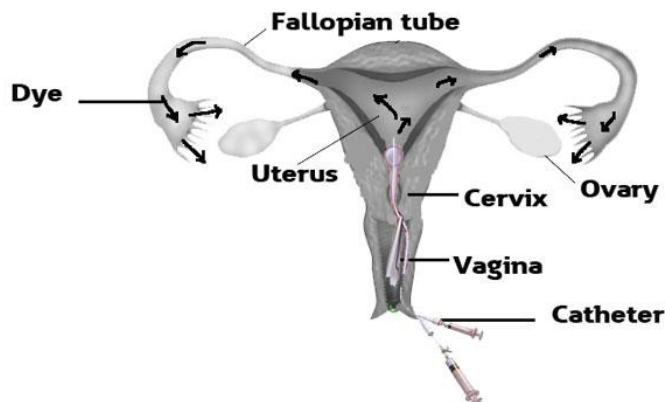
***How to prepare for the test:*** A prescription for an antibiotic will be electronically faxed to the pharmacy. Please take the 1<sup>st</sup> dose the evening before the procedure with a meal and a 2<sup>nd</sup> dose to be taken 2 hours prior to the procedure; to decrease the rare risk of pelvic infection. One hour before the procedure, we recommend that the patient takes 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 patients have no discomfort after the HSG, but there can be some cramping. One can drive and return to work after the procedure. There may be some spotting and light bleeding with the procedure; this is normal. However, if a fever over 100.5 develops, persistent abdominal pain or heavy bleeding following the HSG please call the office immediately. Nausea or increased sensitivity to the sun due to the antibiotic (doxycycline); we recommend that sunscreen is used in bright sunlight.

***How the test is interpreted:*** If the test is done at MGH, the physician will have the opportunity to review the images of the procedure. Although not uncommon, sometimes the interpretation that the radiologist makes at the time of the procedure may be different from the physician's interpretation of the test.

If a tube appears blocked, the radiologist will recommend antibiotics for another 6-7 days to reduce the risk of infection. If the 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 the physician to review.

## Hysterosalpingogram



- Please let us know if there are any **Allergies** to: contrast dye or iodine, so we can alert the radiologist.
- The HSG is performed at the Main Hospital in the **Department of Radiology on Ellison Two (617-724-9729)**. This test may also be performed at Salem Hospital (limited availability). Please check with the nurse.

**Sonohysterogram:** A type of transvaginal ultrasound, used to look at the reproductive organs, including the uterus, ovaries, cervix, and uterine cavity.

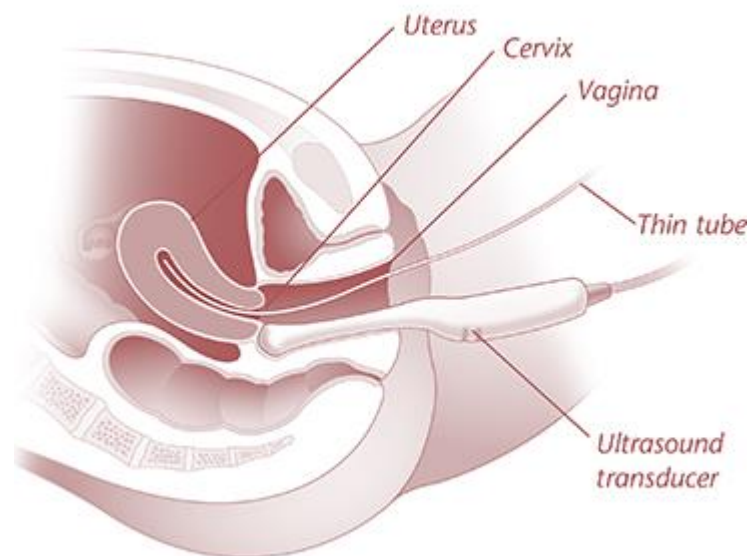
***How the test is performed:*** Performed between menstrual days 5-12. The cervix is cleaned with an antiseptic liquid and then an instrument is used to hold the cervix steady. A small catheter is then inserted into the uterus. The speculum is removed, a transvaginal ultrasound probe is placed into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

***How to prepare for the test:*** The patient may want to take Ibuprofen (Advil, Motrin IB) 800mg 1 hour before the procedure to reduce cramping; unless there is an allergy. One will be asked to empty the bladder and give a urine sample for a pregnancy test per protocol.

***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 the vagina. When the saline is instilled into the uterus, you may experience some mild to moderate cramping.

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

### Sonohysterography



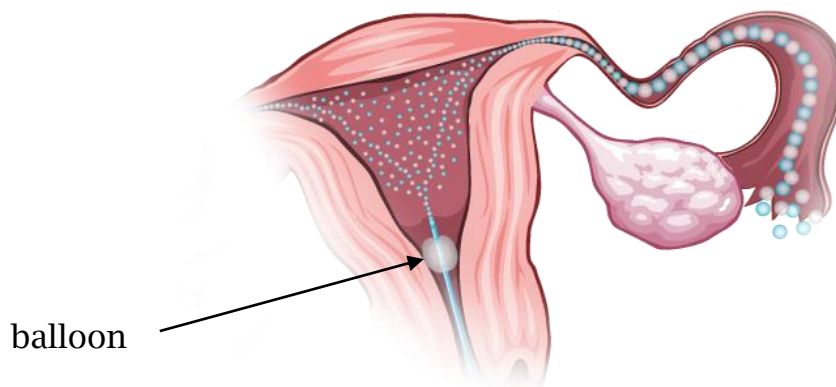
**FemVue:** A modified ultrasound procedure to evaluate both the uterine cavity and fallopian tubes.

**How the test is performed:** Performed between menstrual days 5-12. The 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 the uterus. The balloon is slightly inflated to help keep it secured within the uterine cavity. The speculum is removed, 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 instilled into the uterus through the catheter and the contour and shape of the uterus can be visualized to determine if it is normal. If the 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 electronically faxed to a pharmacy. Please take the 1<sup>st</sup> dose the evening before the procedure with a meal and a 2<sup>nd</sup> dose to be taken 2 hours prior to the procedure to decrease the rare risk of pelvic infection. One hour before the procedure, we recommend that taking 800 mg of Ibuprofen to reduce any discomfort from the test; unless the patient is allergic. Ibuprofen should not be taken on an empty stomach. Just before the procedure, the bladder will need to be emptied and a urine sample will be needed for a pregnancy test per protocol.

**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 the vagina. When the water with air bubbles is instilled 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 immediate feedback as to whether the 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.

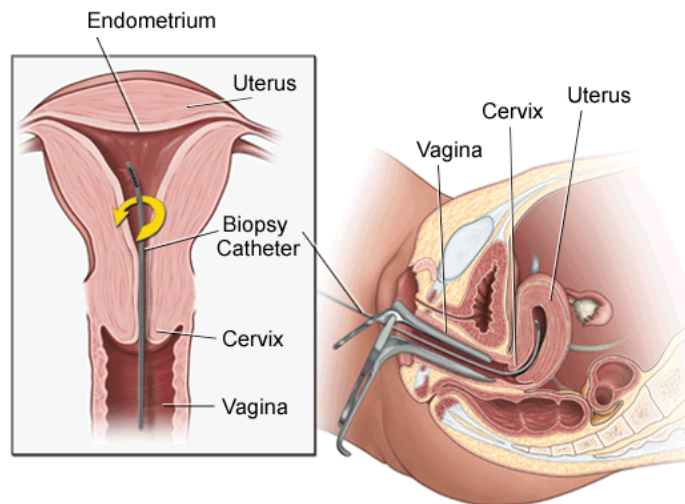
**How the test is performed:** The physician will perform a pelvic examination and will insert a speculum into the vagina to hold it open and see the cervix. The cervix is then cleaned with an antiseptic liquid and an instrument is used to hold the cervix steady. A cervical dilator may be needed to gently 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. A pathologist will then examine the sample under a microscope.

**How to prepare for the test:** One hour before the procedure, we recommend that 800 mg of Ibuprofen is taken to reduce any discomfort from the test; if there is no allergy to ibuprofen. Ibuprofen should not be taken on an empty stomach. Just before the procedure, a small sample of urine will be needed for a pregnancy test per protocol

**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 the body produces or that have been given to you as part of the fertility treatment. The physician will receive results of this test in 5-7 days.

### Endometrial Biopsy





## SPERM TESTING (if applicable)

**Semen Analysis:** A semen analysis is a way to assess the amount of fluid that comes out with ejaculation and serves to quantify the numbers and motility (swimming capability) of sperm in the sample.

### ***How the test is performed:***

#### **Collection in Boston Facility:**

A member of the Andrology staff will escort one into a private collection room. Hands should be washed thoroughly with soap and water, making sure to wash away any soap residue. A patient should collect the 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 (small receptacle in the wall).

#### **Collection at Home:**

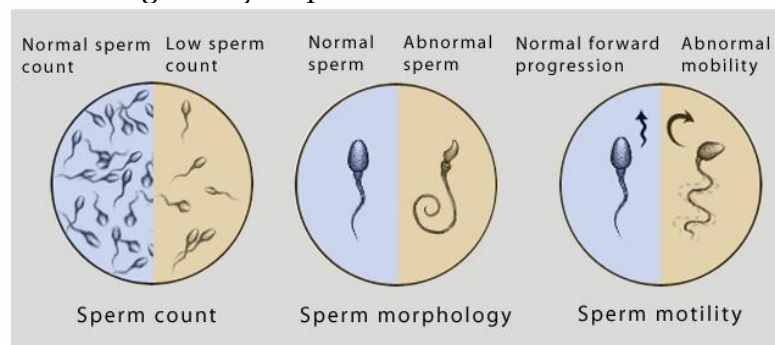
**Please obtain collection cup and instructions from our facilities and the drop-off must occur within 1 hour of collection.**

Hands should be thoroughly washed with soap and water, making sure to wash away any soap residue. One 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 the patient's entire specimen is collected, close the lid of the container tightly and fill out necessary paperwork and bring to facility to drop off with picture ID.

**How to prepare for the test:** The patient will be required to ejaculate 2-3 days prior to the scheduled semen analysis and then abstain until the day of your test; unless otherwise instructed. 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:** There should not experience any discomfort or pain.

**How the test is interpreted:** The lab will examine the 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 the fertility treatments. If the test is abnormal, a referral to a reproductive urologist may be placed.



Please call the Boston office at 617-726-8868 Monday-Friday between the hours of 8:30am- 4:30pm to schedule the semen analysis appointment.

Please call the Danvers office at 978-882-6767 Monday-Friday between the hours of 8:30am- 4:30pm to schedule the semen analysis appointment. Appointments are scheduled on Wednesdays only between 7:00am - 9:00am. **This site is for DROP-OFF ONLY**

**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, there may be a small pinch.

***How the test is interpreted:*** Each lab value will either be negative or positive. If positive, the healthcare provider may recommend further testing and a follow-up appointment.

**Hormonal Panel:** Blood work may be performed to get a sense of how well the 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 sexual health. If there are abnormalities with either of these two tests, more extensive hormone testing may be requested.

***How the test is performed:*** The test must be performed before 10am to achieve the most accurate results. Testosterone levels fluctuate throughout the day and are highest in the morning. There is no 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 a small pinch may be felt.

***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 fertility problems.

## 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

## SPERM TESTING (if applicable)

(All testing is scheduled by appointment)

- Semen analysis
- Blood work: Virals, genetics
- Hormonal panel (before 10:00AM)

## SPECIALIST CONSULTATION

- |  |  |
|--|--|
| <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 antibiotic pre-treatment.
- Urine sample needed prior to procedures.

## Note:

- We consider cycle day 1 to be the first day of **full menstrual flow** (not spotting.) It is **important** to contact us on this day to schedule routine testing.

## Weekends and Holidays

- If the period should fall on a weekend or holiday, please call **Boston at 617-726-8868** **Newton Wellesley at 617-243-5208** or **Danvers at 978-882-6767** **before 2pm** and press 1 to leave a message with our answering service. Our nurse or covering physician will call you back.
- **After 2pm the on-call MD is available for urgent calls.**

## Boston Location Monitoring

### **MGH Boston U/S and Blood Draw Hours:**

#### **Ultrasounds: Morning Appointments:**

- Monday–Friday starting at 7:00 am
- Saturday, Sunday and Holidays starting at 8:00 am

#### **Blood Drawing Station is located on Yawkey 10, Suite 10E**

- Monday–Friday starting at 7:00 am
- Saturday, Sunday and Holidays starting at 8:00 am

### **MGH BOSTON SEMEN ANALYSIS SCHEDULING and IUI's (Intrauterine Insemination)**

#### **Semen Analysis at MGH Boston:**

These appointments are available Monday–Friday. Please call the office to schedule at 617-726-8868. This site has collection and drop off services available.

**IUI's:** These appointments are available at our MGH Boston location weekdays, weekends and holidays.

## Newton Wellesley Location

#### **Ultrasounds: Morning Appointments:**

- Monday–Friday starting at 7:00 – 9:00 am
- Saturday, Sunday and Holidays 8:00 – 9:30 am

#### **Blood Drawing Station**

- Monday–Friday starting at 7:00-9:00 am
- Saturday, Sunday and Holidays 8:00-9:30 am

## Waltham Location Monitoring

### **MGH Waltham U/S and Blood Draw Hours:**

#### **Ultrasounds: Morning Appointments:**

- Monday–Friday starting at 7:30-8:15 am
- Saturday, Sunday and Holidays done in Boston

#### **Blood Drawing Station is located in Building 52 Ste. 1120**

- Monday–Friday starting at 6:30 am
- Saturday, Sunday and Holidays done in Boston

**IUI's:** These appointments are available at our MGH Boston location weekdays, weekends and holidays.

## Danvers Location Monitoring

### **MGH NORTH OB/GYN Ultrasound and Blood Drawing Locations/Hours:**

#### **Ultrasounds: Morning Appointments:**

- Monday-Friday starting at 6:45am
- Saturday starting at 8:00am
- Sunday and Holiday services available at MGH Boston

#### **Blood Drawing Station is located on the 3<sup>rd</sup> 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 12:00pm - 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 8:00am - 8:30am. Appointments are also available at MGH Boston Monday through Sunday.

### **MGH NORTH SEMEN ANALYSIS SCHEDULING and IUI's (Intrauterine Insemination)**

#### **Semen Analysis at MGH Danvers:**

These appointments are available on Wednesday's only between 7:00am - 9:00am. **This location is for drop-off only, no on-site collection available in Danvers.**

Please contact the office at 978-882-6767 Monday-Friday to schedule an appointment. We are available by phone 8:30am - 4:30pm.

**\*A sterile specimen cup and instructions can be picked up in Danvers or Boston.**

**IUI's:** These appointments are available at our MGH Boston location weekdays, weekends and holidays.

