

## MorningStar Family Health Center

# **NaPro Infertility/Miscarriage Evaluation A Restorative Reproductive Approach**

### **Overview**

(Please save for reference)

This handout is intended to give you an overview of what you may expect in an evaluation for infertility. Sometimes all the information you receive is overwhelming- our hope is that by having some routine procedures in writing, this process will be simplified. This is intended to be a general guideline for you – individual circumstances may require some variations.

### **Charting the Creighton Model System**

Prior to your first consultation, you will be asked to begin classes in the Creighton Model System (CrMS) to begin charting your fertility cycles if you have not already begun. The CrMS is based on charting your cervical mucus sign (this does not involve charting your temperature). It can be very helpful in the overall evaluation of infertility problems. Many of the tests done in your evaluation are more useful if done at specific times of your cycle – these days may be properly timed based on your charting. Teaching is provided by a highly trained allied health professional, a Creighton Model FertilityCare Practitioner (FCP). She will meet with you about 5 times in the first 3 months of learning as well as provide ongoing teaching and support with your charting. She is a critical part of the FertilityCare Team.

The biomarkers of your cycle can be extremely helpful in further understanding infertility problems. We call the CrMS chart the “MRI of Fertility”. It is helpful if you have two cycles of charting completed by your first visit with the doctor.

One of the most frustrating things to deal with is the period of uncertainty and waiting during evaluation and treatment. Once you have decided to seek an evaluation, you naturally want answers. However, because many of the tests are tied to your monthly cycles, they cannot be speeded up.

### **Old Records**

If you have not already done so, please arrange to have a copy of any old records relating to a previous infertility evaluation sent to our office, ideally prior to your first visit, to allow the clinical staff time to review them. Originals will be returned to you. You can request a copy to be sent to you or directly to us. To have records sent directly to us usually requires a written release from you, sent to your doctor, giving them permission to send your records. See one of the staff for this release. If you have had a PAP test

within the last year or two, please provide the date and preferably the results. If you have not, we can schedule a PAP and physical for you early in your evaluation.

## **First Office Visit**

This visit is scheduled approximately 8 weeks after beginning charting. The physician will begin by reviewing your history and concerns. It is ideal if both spouses can attend this initial visit and the Evaluation Review, however it is not required. Depending on your individual situation, one or more of the following may be scheduled at this time:

1. **Hormone Series** – In evaluating fertility, it is important to understand the fluctuations in hormone levels as ovulation approaches, as the Peak Day occurs and afterward as the lining of the uterus is prepared for pregnancy. In order to do this, we monitor hormone levels in relation to your Peak day. Blood tests are drawn every other day beginning about 4 days before the anticipated Peak day. You will need an additional 5 blood draws, beginning on Peak +3 and every other day until Peak+11. You do not have to fast for this blood work. The samples can be drawn at our office, or they can be drawn at a draw site closer to your home if you live at a distance. A draw fee is usually charged.

2. **Ultrasound Series**- An ultrasound series is the best technique currently available to determine if a woman is ovulating normally. With daily ultrasound exams, the developing follicle can be followed until ovulation occurs.

A baseline pelvic ultrasound is generally done on Day 5-8 of your cycle. Then, starting on approximately Day 10-12 of your cycle, daily scans will be done until the follicle has ruptured, indicating that ovulation has occurred. This usually requires 4-5 scans, but may vary depending on your individual circumstances. Please bring your chart to your ultrasound appointment every day. If you do not have regular cycles, a serial ultrasound evaluation cannot be done. Instead, a single pelvic ultrasound will be done, and a series might be done on medication later on.

3. **Seminal Fluid Analysis** – The doctor may order a semen analysis in order to determine the quantity and quality of the sperm. The semen sample is collected during a natural act of intercourse. You will be given a kit with instructions for this collection.

4. **Diagnostic Outpatient Surgery** – As family medicine physicians, the doctors do not do surgery, but you may be referred to a specially trained NaPro surgeon for diagnostic surgery for further evaluation. We are very fortunate to have skilled NaPro trained surgeons available fairly locally. Depending on your individual circumstances, medical treatment may begin first, or an early surgical evaluation may be recommended. These procedures include laparoscopy, hysteroscopy and selective hysterosalpingogram and transcervical catheterization of the fallopian tubes. This will be discussed further with you if needed. One of the goals of NaPro surgery is to avoid the formation of adhesions while correcting the underlying pathology.

## **Evaluation Review**

An Evaluation Review appointment is scheduled to review the results from the hormone series, ultrasound series and seminal fluid results. A treatment plan will be outlined and begun at this time. It is typical to have an appointment with the physician every 2-3 months during treatment with a monthly cycle review with one of our FertilityCare Practitioners. The cycle review is done when you get your P+7 lab work drawn.

## **Contacting Your Physician**

Our office hours are posted on our website.

Every effort is made to call you back on the same day you call; certainly the earlier you call, the more likely that you will be called back on the same day. Our office phone number is (908)735-9344; our fax is (908)735-7136.

If you have an **emergency** after hours, you may call the office number and the Answering Service will contact the physician on-call.

If you need to scan and e-mail a document, you can send it to [fertilitycare@morningstarfhc.com](mailto:fertilitycare@morningstarfhc.com).

Sincerely,  
Jean Golden-Tevald, DO, CFCMC, FCP  
Edward J. Fleming, MD, NFPMC

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