

Fertility care: Blood tests and investigations

Fertility care has become more complex. As a result, this guidance has been developed to provide fertility nurses, especially those new to fertility care, with an overview of the various blood tests and investigations offered. It is important to note that this document is not exhaustive, and there may be additional tests used for diagnostic purposes in fertility that are not included.

Fertility care is continually advancing, and consequently, the evidence supporting certain investigations, such as reproductive immunology and pre-implantation genetic testing are inconclusive and have not been included.

The Human Fertilisation and Embryology Authority (HFEA), which regulates fertility care across the UK, has evaluated some tests offered (also known as treatment add-ons) regarding their effectiveness in enhancing patient outcomes, and have rated them according to the current available evidence. Read more by <u>visiting the Human Fertilisation and Embryology Authority (HFEA) website</u>.

Further information on assessment for fertility care can be found on the NHS website and HFEA website on preparing for IVF.

| Name | Type of test | Purpose of test | Reference ranges | Notes | | |
|--------------------------|--------------|--|--|-------|--|--|
| Hormones | | | | | | |
| Progesterone (PROG) | Blood test | Can help to show if low progesterone levels are causing infertility or problems maintaining a pregnancy. | Follicular 0.2-2.8 nmol/L Periovulatory 0.4-38.1nmol/L Luteal 5.8-75.9 nmol/L Postmenopausal 0.2-0.4nmol/L D21 progesterone: >30nmol/L usually indicates ovulation; <5nmol/L indicates no ovulation has occurred | | | |
| Luteinizing hormone (LH) | Blood test | This test is performed to determine whether ovulation has occurred during the cycle. | Follicular phase 1-12 iu/L Ovulatory phase 16-104 iu/L Luteal phase 1-12 iu/L | | | |

| | | | Post-menopausal 16-66 iu/L | |
|------------------------|------------|--|----------------------------------|---------------------|
| Follicle stimulating | Blood test | Can give an indication of the health of | Follicular phase 1-9 IU/L | |
| Hormone (FSH) | | your ovaries and can indicate some | Ovulatory phase 6-26 IU/L | |
| | | reproductive health conditions like | Luteal phase 1-9 IU/L | |
| | | premature ovarian insufficiency (POI) and | Post-menopausal 30-118 IU/L | |
| | | menopause. | | |
| Oestradiol (E2) | Blood test | Can give an indication of how well the | Follicular phase 114-132 pmol/L | |
| | | ovaries and menstrual cycle are working. | Ovulatory phase 222-1959 pmol/L | |
| | | When your ovaries stop working, your | Luteal phase 222 -854 pmol/L | |
| | | levels of E2 drop significantly, which is why | Post-menopausal <18.4-505 pmol/L | |
| | | it can also signpost menopause and POI. | | |
| Prolactin (PRL) | Blood test | Testing prolactin can indicate if ovulation is | Female: 59 – 619IU/mL | Can be used in male |
| | | occurring naturally. It can also help us | Male: 45 – 375 IU/mL | and female |
| | | interpret why FSH or LH levels might be | | investigations. |
| | | out of range, as well as symptoms such as | | |
| | | irregular or absent periods. | | |
| Anti Mullerian Hormone | Blood test | Testing AMH levels can give a good | Age 20-24 (8.7-83.6 pmol/L) | |
| (AMH) | | indication of egg quantity at a given point | Age 25-29 (6.4-70.3 pmol/L) | |
| | | in time. It can also help signal some | Age 30-34 (4.1-58 pmol/L) | |
| | | reproductive health conditions like | Age 35-39 (1.1-53.5 pmol/L) | |
| | | polycystic ovaries. | Age 40-44 (0.2-39.1 pmol/L) | |
| | | | Age 45-50 (0.1-19.3 pmol/L) | |
| Testosterone | Blood test | It can help diagnose conditions that may | Male: 10 – 30 nmol/L | |
| | | be affecting fertility. | Female: 0.7 – 2.8 nmol/L | |
| Sex Hormone-binding | Blood test | Can help to regulate testosterone and | Female 9-145 nmol/L | Can also be used in |
| Globulin (SHBG) | | oestrogen levels, monitoring it helps to | Male 15-64 nmol/L | male diagnostics. |
| | | interpret those hormone results, | | |
| | | particularly if they are abnormal. | | |

| Dehydroepiandrosterone | Blood test | It can help investigate the causes of | 35.0–430.0 μg/dL | |
|------------------------|------------|--|---|--|
| Sulphate (DHEAS) | | symptoms such as excess facial and body | | |
| | | hair (hirsutism), acne, hair loss, irregular | | |
| | | periods, and fertility problems. | | |
| Quantitative BHCG | Blood test | It indicates whether there is a pregnancy. | Values of <5.8 indicate a Negative pregnancy test Values of >=5.8 indicate a Positive pregnancy test Weeks post LMP U/L:- 3: 5.8 - 71.2 | Serial BHCG can reassure and show viability of pregnancy or miscarriage. |
| | | | 4: 9.5 - 750 | |
| | | | 5: 217 - 7138 | |
| | | | 6: 158 - 31795 | |
| | | | 7: 3697 - 163563 | |
| | | | 8: 32065 - 149571 | Note: Upper reference |
| | | | 9: 63803 - 151410 | interval for post- |
| | | | 10: 46509 - 186977 | menopausal women is |
| | | | 12: 27832 - 210612 | < 8.3 IU/L |
| | | | 14: 13950 - 62530 | |
| | | | 15: 12039 - 70971 | |
| | | | 16: 9040 - 56451 | |
| | | | 17: 8175 - 55868 | |
| | | | 18: 8099 - 58176 | |
| Infection | | | | |
| Rubella IgG | Blood test | To check for immunity prior to pregnancy. | Immune | |
| | | | Non-Immune | |
| Rubella IgM | Blood test | To check for current infection | Not detected | |
| | | | Intermediate | |
| | | | Detected | |

| HTLV I/II | Blood test | To check for viral infection | Negative Positive | This test may yield an inconclusive result, which may require retesting or additional tests to clarify the status" |
|------------------------------------|------------|---|--------------------------------------|--|
| Syphilis screen | Blood test | To check for viral infection | Negative Positive | |
| Chlamydia screen | Urine test | To check for infection | Negative Positive | |
| HIV 1 &2 | Blood test | To check for viral infection | Negative Intermediate Positive | |
| Hepatitis B core antibody | Blood test | To check for viral infection | Negative Positive | |
| Hepatitis B surface antigen | Blood test | To check for viral infection | Negative Positive Intermediate | |
| Hepatitis C antibody | Blood test | To check for viral infection | Negative Positive | |
| Cytomegalovirus (CMV IgG & IgM) | Blood test | To check for current or previous infection | Negative Positive | Important in cases where donor sperm is used. |
| Other blood tests | | | | |
| Full blood count | Blood test | To check overall health | | Haemoglobin and platelet count important for theatre procedures. |
| Thalassemia screen | Blood test | To ascertain if patient/couple are carriers | | |

| Sickle cell screen | Blood test | To ascertain if patient/couple are carriers | AS – Trait | |
|------------------------|--------------|---|------------------------------------|--|
| | | | AA- Non carrier | |
| | | | SS- Carrier | |
| Thyroid stimulating | Blood test | This test can help to screen for an | 0.27 – 4.2 mU/l (less than 2.5mU/L | |
| hormone (TSH) | | overactive or underactive thyroid, which can impact overall health including your weight, fatigue levels, mood, periods and | for fertility patients) | |
| | | ovulation. | | |
| Thyroxine (T4) | Blood test | Monitoring T4 levels helps to screen for an overactive or underactive thyroid, which | 8.0 – 18.0 pmol/L | |
| | | can impact overall health including your | | |
| | | weight, fatigue levels, mood, periods, and ovulation. | | |
| Ultrasound Scans and | I X-Rays | | | |
| Transvaginal scan | Ultrasound | To diagnose conditions affecting | | |
| Ū | Scan | reproductive organs and monitor | | |
| | | pregnancy. | | |
| Early pregnancy scan | Ultrasound | To check gestation/viability of pregnancy | | |
| | Scan | | | |
| Ultrasound 3d scan | Ultrasound | To evaluate uterine cavity, the | | |
| | Scan | endometrium and assess volume and | | |
| | | vascularity pattern. | | |
| Saline Hysterosonogram | Ultrasound | To achieve a clearer ultrasound picture of | | |
| | Scan | the inside contour if the uterine cavity. | | |

| Hystero Contrast | Ultrasound | To investigate the cavity of the uterus and | |
|-------------------------|------------|--|--|
| Sonography (HyCoSy) | Scan with | the fallopian tubes | |
| | Contrast | | |
| HSG | Xray with | To outline the internal shape of the uterus | |
| (Hysterosalpingography) | Contrast | and identify if fallopian tubes are blocked. | |

The following tests are frequently conducted together to provide a more comprehensive clinical overview.

Hormone profile – LH, FSH, E2

Hormone Profile – LH, FSH, E2, AMH

Monitoring profile in cycle – E2, LH, progesterone

Male profile – LH, FSH, testosterone, SHBG, prolactin

Thyroid profile- TSH, T4,

Virology screen – HIV 1&2, Hepatitis B Core Antibody, Hepatitis B surface antigen, Hepatitis C antibody

| Name | Type of Test | Purpose of Test | Reference ranges | Notes |
|--------------------------|-----------------------------|--|------------------------|---|
| Male Specific tests | | | | |
| Semen analysis | Semen sample Lab test | To provide an accurate picture of a male's fertility potential | | |
| Sperm DNA Fragmentation | Semen sample Lab test | To assess the Quality of the DNA within sperm. | | |
| Male Blood tests | | | | |
| Luteinizing hormone (LH) | Blood tests | To identify any hormonal imbalances | 1.0–8.0 IU/L, (Normal) | To evaluate the function of the testicles and |

| | | | | testosterone production. |
|--|------------|---|--|--------------------------|
| Follicle stimulating Hormone (FSH) | Blood test | To identify any hormonal imbalances | 1.0 and 7.6 MIU/ml. (Normal) | |
| Testosterone | Blood test | To identify any hormonal imbalances | >300 ng/dL | |
| Sex Hormone-binding Globulin (SHBG) | Blood test | Can help to regulate testosterone and oestrogen levels, monitoring it helps to interpret those hormone results, particularly if they are abnormal | 15-64 nmol/L (Normal) | |
| Prolactin | Blood test | To identify any hormonal imbalances. | < 25 mcg/L (normal) 25-30 cg/L (mildly elevated >30 mcg/L (elevated) | |

Further information on these tests can be found at:

American Society of Reproductive Medicine (ASRM) (2020) <u>Testing and interpreting measures of ovarian reserve: a committee opinion</u> (PDF)

Farinde et al (2024) Laboratory Reference ranges in Healthy Adults

Human Fertilisation and Embryology Authority (HFEA) (2023) Treatment Add Ons with limited evidence

National Institute for Health and Care Excellence (NICE) (2017) Fertility problems: assessment and treatment- Clinical guideline (CG156)

O'Neill et al (2022) Redefining Laboratory references ranges for female reproductive and thyroid hormones, Fertility and Sterility,118:4 (E213)

Sikaris et al (2005) Reproductive Hormones reference intervals for healthy fertile young men: Evaluation of Automated Platform assays, Journal of Clinical Endocrinology & Metabolism' 90:11(5928-5936)

The Doctors Laboratory (TDL) (2024) <u>Laboratory's Guide 2024</u> (PDF)

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