RADHA HOSPITAL & FERTILITY CENTRE

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Understanding Your Journey

A compassionate guide for couples navigating fertility challenges — what to know, when to seek help, and the paths available to you.

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16+ years of experience in women's health and fertility care

"Helping couples with their new beginnings — since 1991."

A NOTE BEFORE YOU BEGIN

Dear friend,

If this guide has found its way to you, you may have been trying to conceive for a while now — and you may be carrying questions, worry, or simply tiredness that is hard to explain to others. I want you to know two things before anything else.

First: you are not alone. The World Health Organization estimates that around 1 in 6 people worldwide experience infertility at some point in their lives. In my consultation room, I meet couples every day who thought they were the only ones. They never are.

Second: taking longer than expected is not the same as never. Most fertility challenges have understandable causes, and most causes have well-established, evidence-based paths forward. The purpose of this guide is to walk you through them calmly — without jargon, without pressure, and without fear.

> *"My goal is never just a positive pregnancy test. It is a healthy mother and a healthy baby. I always look at natural optimisation first — lifestyle, nutrition, timing — before we ever discuss advanced treatment."*

Whatever stage you are at, I hope these pages bring you clarity and a little more peace than you had before reading them. And if you would like to talk about your own situation — not a general case, but *yours* — my team and I are easy to reach. The details are on the last page.

With warmth,

Dr. Aishwarya Yerram

Consultant — Obstetrics, Gynaecology & Reproductive Medicine

CHAPTER ONE

When is it time to seek an evaluation?

"Keep trying" is the advice most couples hear — but there is a point where a simple check-up gives you far more than more waiting does.

International guidance (including the American Society for Reproductive Medicine and the UK's NICE guidelines) suggests a fertility evaluation is appropriate when:

- ✓ **You are under 35** and have been trying for **12 months** without conceiving
- ✓ **You are 35 or older** and have been trying for **6 months**
- ✓ **At any time** if periods are irregular or absent, if there is a history of pelvic infection, endometriosis, fibroids, thyroid disorder or PCOS, if either partner has had cancer treatment, or if previous pregnancies ended in repeated miscarriage

Seeking an evaluation is not a commitment to treatment. It is simply information — and information is the single most valuable thing a couple can have at this stage. Many couples who come for an evaluation need only small adjustments; some need nothing but time and reassurance.

A word about age — honest, not alarming

Egg quantity and quality do decline with age, more noticeably after 35 — this is biology, not failure. But the story told by numbers like AMH (a blood test that reflects ovarian reserve) is more nuanced than internet searches suggest. A low AMH value does not mean pregnancy is impossible; it means your plan should be made thoughtfully, and sooner rather than later, by someone experienced in interpreting it for *your* situation.

CHAPTER TWO

What a fertility evaluation actually involves

Couples are often surprised by how straightforward the first steps are. A good evaluation always looks at **both partners** — male factors contribute in roughly 40–50% of cases, so testing only one partner tells half the story.

For her

- **A detailed conversation** — cycle history, health background, previous pregnancies, lifestyle. Often the most revealing "test" of all.
- **Hormonal profile** — a blood test (including AMH and thyroid function) that helps us understand ovulation and ovarian reserve.
- **Pelvic ultrasound** — a scan to look at the uterus and ovaries; a follicular study may follow to observe ovulation in real time across a cycle.
- **Tubal evaluation** — where indicated, a check that the fallopian tubes are open.

For him

- **Semen analysis** — a simple, private test assessing sperm count, movement and shape. It is the single most informative male fertility test and takes minutes to provide.
- **History and examination** — health, medications, lifestyle factors that influence sperm quality.

> **What this first round tells us**
>
> In a large share of couples, these simple steps identify the reason conception is taking longer — and many of those reasons are treatable with far less intervention than couples fear.

CHAPTER THREE

Common reasons conception takes longer

Fertility is a partnership of many small systems. When one runs differently, conception can take longer — and each has its own well-studied answers.

FACTOR	WHAT IT MEANS, IN PLAIN LANGUAGE
Ovulation	The egg is not released regularly — often linked to PCOS, thyroid issues or hormonal imbalance. Among the most treatable of all factors.
Tubal	The fallopian tubes — where egg meets sperm — are blocked or damaged, sometimes after an old infection that caused no symptoms.
Uterine	Fibroids, polyps, adhesions or a septum can make implantation harder. Many are correctable with minor, minimally invasive procedures.
Male factor	Lower sperm count, movement or shape — involved in roughly 40–50% of cases, and increasingly treatable with modern techniques.
Endometriosis	Tissue similar to the uterine lining grows outside the uterus, affecting eggs, tubes and implantation to varying degrees.
Unexplained	All standard tests are normal — true for roughly 1 in 10 to 1 in 4 couples. Frustrating to hear, yet these couples often respond well to structured treatment.

None of these words is a verdict. Each is a starting point for a plan.

CHAPTER FOUR

The paths available — a ladder, not a leap

Good fertility care almost never begins with IVF. It begins with the gentlest step likely to work for your specific situation, and climbs only as far as needed.

1. **Natural optimisation**
   Lifestyle, nutrition, weight, sleep and precisely timed intercourse — often guided by a follicular study so timing is based on your cycle, not a calendar app.

2. **Ovulation support**
   For irregular ovulation: simple medications encourage the ovary to release an egg, with ultrasound monitoring to confirm response and timing.

3. **IUI — intrauterine insemination**
   Prepared sperm is placed directly in the uterus at the moment of ovulation. A gentle, brief, first-line clinic procedure often suited to unexplained infertility and mild male factor.

4. **IVF — in-vitro fertilisation**
   Eggs and sperm meet in the laboratory; the resulting embryo is transferred to the uterus. Typically considered for tubal factor, endometriosis, longer-standing unexplained infertility, or when earlier steps haven't succeeded.

5. **ICSI and advanced laboratory care**
   A single healthy sperm is injected directly into the egg — often recommended for significant male-factor infertility. Techniques such as blastocyst culture and genetic testing (PGT) may be discussed where appropriate.

If you have been through failed cycles before

A failed cycle is data, not a dead end. A structured review of four areas — embryo quality, the uterine lining, immunological factors and structural issues — frequently finds an addressable reason. Ask any specialist you meet how they investigate failed cycles *before* repeating one.

Costs, where treatment is appropriate, deserve the same transparency as medicine: at Radha, indicative treatment costs are published openly and explained in full before anything begins.

CHAPTER FIVE

Caring for yourselves along the way

The medical journey is only half the journey. The other half happens at home, between two people who love each other and are tired.

- **Name it as a shared journey.** Infertility is a couple's diagnosis, never one partner's "fault" — the evaluation itself reflects that, and so should the conversations at home.
- **Set boundaries around advice.** Well-meaning relatives and endless online forums can add more anxiety than insight. Decide together what you share, and with whom.
- **Protect the rest of your life.** Keep the dinners, the walks, the films — the parts of you that have nothing to do with conception. They are not distractions from the journey; they are fuel for it.
- **Ask for support early.** Counselling is not a last resort — many couples find one or two sessions transformative, especially before or during treatment.
- **Move at your own pace.** There is rarely a medical reason to rush a decision by weeks. A plan you both understand and believe in is worth far more than a fast one.

> *"Fertility is more than a clinical process. It is a deeply personal and emotional journey — and it deserves care that treats it that way."*

CHAPTER SIX

Questions worth asking — at any clinic

Take this list to any consultation, anywhere. A good specialist will welcome every one of these questions.

- ✓ What do my test results mean for *my* plan — not in general?
- ✓ What is the gentlest option likely to work for us, and why?
- ✓ What would you want to know before recommending IVF?
- ✓ If a cycle fails, how do you investigate before trying again?
- ✓ What will this cost, in full — and what is billed separately?
- ✓ Who do I call when I have a question at 9 pm?

About Radha Hospital & Fertility Centre

Founded in 1991 in Yousufguda, Hyderabad, Radha Hospital & Fertility Centre is a family-run women's health practice offering fertility care (IVF, ICSI, IUI and advanced protocols), high-risk maternity care, gynaecology and minimally invasive surgery — under one roof, with openly published treatment costs.

Dr. Aishwarya Yerram — MBBS, DNB (Obstetrics & Gynaecology), MRCOG (UK), Fellowship in Reproductive Medicine — brings over 16 years of experience and a counselling-first approach: patients consistently describe consultations where every "why" is explained before any "what next".

RADHA HOSPITAL & FERTILITY CENTRE

YOUR NEXT STEP — WHENEVER YOU ARE READY

A conversation, not a commitment.

A first consultation is simply that — a private conversation about your situation and your options. Bring your questions, bring this guide, bring each other.

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Call or WhatsApp — phones are answered around the clock.

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This guide is for general information only and does not constitute medical advice, diagnosis or treatment. Fertility evaluation and treatment decisions should always be made in consultation with a qualified specialist, based on your individual circumstances. Individual experiences and timelines vary.

Sources: World Health Organization, Infertility Prevalence Estimates (2023) · American Society for Reproductive Medicine, committee opinion on evaluation timing · NICE Clinical Guideline CG156 (Fertility problems: assessment and treatment).