Don't ignore the possibility of male-factor infertility

by Tina Smith

Maybe you've heard the common myth – *Not getting pregnant is a woman's problem.*

In reality, half of all known infertility issues are linked to male factors, such as a low number of sperm, slow sperm or oddly-shaped sperm. Male fertility roadblocks can be traced back to genetic factors or anomalies, infections, drug or alcohol use, exposure to chemicals or heat, prescription medications, diseases or other conditions. Even reversing a vasectomy can present challenges for men who have decided to try to father children.

According to the American Fertility Association, both men and women should be "evaluated for infertility because, statistically speaking, it's as likely to be a reproductive glitch in the male as it is in the female. In fact, infertility is an equal opportunity disease that afflicts roughly 6 million people in the U.S. – that's one in 10 couples. In 20 percent of these couples, it's attributable entirely to a male factor. In another 30 to 40 percent, it is a combination of both male and female."

Gender and social stereotypes sometimes prevent men from being tested, and critical time is lost looking for problems in a female who might not even have any fertility challenges. For couples who are exploring assisted reproduction, information about sperm is extremely critical to ensure that everything is done at the proper time to help achieve fertilization of eggs, whether occurring inside the body or in a laboratory.

Sperm testing is one of the most simple and relatively inexpensive approaches to infertility. Volume, count, movement and shape are all examined through semen analyses, which usually are considered diagnostic tests and may be covered by insurance. Additionally, male hormone levels should be checked.

A basic semen analysis indicates how many total sperm are present as well as how many are moving and at what speed. A strict criteria morphology analysis helps determine the number of sperm that are shaped normally. Semen analysis results should range from 20-200 million per milliliter with at least 50 percent moving and 14 out of every 100 shaped appropriately. Lower numbers and percentages can indicate male-factor problems.

An analysis of sperm also can detect antisperm antibodies produced by the immune system which mistake sperm for an invading substance and begin attacking them, often causing the sperm to clump together and lose motility or the ability to fertilize. The sperm hyaluronan binding assay can help determine the ability of sperm to bind to an egg's shell.

Special procedures are required to extract sperm from men whose reproductive ducts are blocked as well as from those who have had a vasectomy or have no living sperm in their ejaculate. With assistance from an urologist, reproductive specialists can collect viable sperm directly from the testes, which store and nourish sperm, through aspiration or testicular biopsy.
Intracytoplasmic sperm injection is one way to micromanipulate or “force” fertilization. The highly successful ICSI therapy uses a glass needle to inject a single sperm into the cytoplasm of a mature egg, bypassing reproductive barriers such as low sperm concentration, poor sperm motility, binding or penetration issues, and antisperm antibodies.

Don’t let potential male issues be an afterthought in your quest to start your family. Male infertility isn’t sometime to just ignore and hope it goes away. This very real condition is common and – best of all – very often treatable.

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