CONCLUSION

To conclude, reproductive health implies individual's right to reproduce and freedom to decide when and how often to have children. (216) The couples have a right to have children and right to access appropriate health care services that will enable them to achieve their goal.

Infertility is associated with substantial emotional and social issues. Evaluation of an infertile couple is expensive and prolonged and uses up scant family and societal resources. The challenge is to evaluate all infertile couples in a systematic and preferably expeditious and cost-effective manner and to use the least invasive methods to screen for the most common reasons for fertility impairment.

We recommend that couples have a semen analysis, testing for detection of ovulation, assessment of ovarian reserve, transvaginal ultrasound, and HSG. With this expanded testing, as shown by our study, fewer than 15% to 30% of couples will have unexplained infertility.

A thorough but time-efficient investigation of the infertile couple is required prior to a diagnosis of unexplained infertility. Our study shows that most couples could have their cause of infertility detected by a standard battery of semen analysis, ovulation testing, assessment of ovarian reserve, and imaging to assess for tubal and uterine factors before a diagnosis of unexplained infertility is made. We were able to complete this work up within two menstrual cycles. Also, it is reassuring to note that as many as one fourth of our infertile women eventually conceived within a year of testing. We believe that the optimal treatment strategy should be based on individual
patient characteristics such as age, treatment efficacy, side-effect profile such as multiple pregnancies, and cost considerations.

The sequence, and extent of evaluation should take into account the couple’s wishes, patients age, duration of infertility and unique results of their medical histories and physical evaluation that suggest causes for the infertility and design community led initiatives and novel primary prevention programs that can reduce the burden of infertility in communities. To be able to achieve these objectives, and translate into evidence-based action, we need sustained collaborative efforts of the public, funding agencies, researchers, clinicians and policy makers.

What is innovative in this model

- Unnecessary time consuming inconvenient expensive tests like BBT, PCT, Endometrial biopsy by doing dilatation and curettage, routine diagnostic laparoscopy are retired.
- In primary infertility, most common cause emerging is ovulatory dysfunction which includes polycystic ovary syndrome.
- In this model methods for evaluating ovarian function in short duration are included by applying various criteria’s for example Rotterdams criteria, modified Ferriman-Gallway criteria for Hirsutism.
- Completion of infertility work up in two menstrual cycles
- Evaluation of specific risk factor and treatment of that particular factor accordingly.
Benefit expected from this model

- Out line of basic components of infertility evaluation will be known by the couple.
- Both the partners will be evaluated at the same time so the brunt of responsibility which was uptill now considered as only of women will be shared by both.
- As thorough evaluation and treatment of risk factor is done simultaneously number of visits and thereby cost of treatment will be reduced.