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Investigation and treatment for infertility

We offer free assessment and subsequent referral to fertility treatment for infertility (infertility) in couples, singles and lesbians who have a referral from their own doctor.

It is required that you must have a Danish CPR number and have the right to assessment and treatment in Denmark.

In the case of couples, both men and women must have a referral from their own doctor and both must appear for the first time for an interview with us.

After the interview, you will have time for an initial fertility blood test, examinations

The man is referred for a sperm test in the laboratory as well as time for an ultrasound scan of the testicles in the clinic at the gynecologist.

The woman is scanned, has a gynecological examination and subsequently has time for a binocular examination of the uterus (hysteroscopy) and fallopian tube passage examination (HSU: hysterosalpingoultrasonography) approx. 7-10 days after the 1st day of menstruation.

When all examinations have been performed (usually within 1-3 months), a decision is made about which fertility treatment you should have performed at fertility doctors.

If we assess that you need insemination, your referral will be posted online and you can contact a fertility doctor / clinics who can offer it to you. There is not that long a wait for it when we have made all the necessary investigations, reports. The treatment is free, no matter how many children you already have, and the woman must not be 45 years of age or older.

If we assess that you need other treatments, e.g. IVF, you will be referred to the hospital. There may be some waiting time. It is free, provided that you do not have children together, the woman must not be 40 years of age or older.

Causes of infertility:

Often we do not find immediately obvious causes of infertility, the so-called unexplained infertility. Sometimes there is a good explanation for why:

1. age: the older a woman and a man are the less the chance of getting pregnant. This is how nature is arranged. The chance of achieving pregnancy with insemination in a woman over 40 years is thus only 4-5%, against 25-30% in a woman under 35 years.

2. reduced sperm quality: with very severe reduced sperm quality or if a man has no sperm (azospermia) it is not possible to achieve pregnancy naturally. Decreased sperm quality may be due to delayed subsidence of the testicles in the scrotum, previous surgeries in the testicles, hereditary disease such as cystic fibrosis or misuse of anabolic steroids.

3. PCOS: polycystic ovary syndrome: seen in approx. 20-30% of patients referred to us. Women who have PCOS are usually overweight, have long / irregular menstrual cycles, disturbance of hormonal status, often increased male sex hormone testosterone, increased insulin in the blood.



Ultrasound images show enlarged ovaries with many small follicles (egg blisters) that do not grow through a menstrual cycle.

Women with PCOS have the so-called anovulatory cycle, ie. they do not ovulate and thus no pregnancies.

4. endometriosis: occurrence of endometrium outside the uterus, e.g. in the ovaries, abdominal cavity, intestine, bladder, fallopian tubes. If the fallopian tubes (salpingx) are affected, with enlargement (sactosalpinges) or reduced mobility due to scar tissue, the insemination will not result in pregnancy as the sperm can not pass through the fallopian tubes to the mature egg.

5. previous inflammation of the abdomen, untreated chlamydia infection: causes scar tissue, closure of fallopian tubes.

6. Both underweight and obese women have reduced fertility. BMI (weight kg / (height * height cm)) should be between 20-25.

7. High consumption of alcohol, tobacco, coffee: > 5 item daily, tobacco > 10 / daily, coffee > 3 cups / day has a negative impact on sperm quality, and reduced fertility in women. It is recommended to stop excessive consumption before we start treatment.

Success rate:

The chance of achieving pregnancy by insemination treatment: is on average 15-25% per treatment, corresponding to approx. 25-30% will have achieved pregnancy after 3-4 treatments. Since hormonal stimulation of the woman often results in a woman producing more than one mature follicle (2-4), there will be an increased risk of twin pregnancy. Twins are found in about 5-10% of pregnancies. If hormone therapy is not used, there are only twins in about 1%.

Lifestyle recommendation:

The patient is informed about lifestyle factors and is advised to take the multivitamin tablet with folic acid as well as extra vitamin C and D, fish oil daily and moderate physical exercise. To limit the consumption of coffee to 3 cups daily and avoid cola and other sugary drinks.