



## **CURRENT VIEWS ON THE PROBLEMS AND DIAGNOSIS OF THE TREATMENT OF FEMALE INFERTILITY**

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<b>Received:</b> February 28 <sup>th</sup> 2022 <b>Accepted:</b> March 26 <sup>th</sup> 2022 <b>Published:</b> May 6 <sup>th</sup> 2022	Infertility is a condition characterized by the inability to achieve a clinical pregnancy after 12 months of regular sexual activity without contraception due to impaired fertility, either individually or with his or her partner. Infertility interventions can be initiated even earlier than 1 year, based on medical, sexual and reproductive history, age, physical examination and diagnostic tests.

**Keywords:** Infertility, Obstetrics And Gynecology

**INTRODUCTION:** Infertility is a serious problem associated with impaired reproductive function of the female body. About 15% of married women in the world suffer from infertility regardless of the level of economic development of the country in general and the sphere of health care in particular. The term "infertile" is commonly applied to a woman who has not been able to conceive naturally for 1-1.5 years of married life. The problem of infertility becomes an issue when a woman lives a regular sexual life, does not use any means of contraception and yet does not become pregnant for more than 12 months. The choice of this particular period is somewhat arbitrary, but usually it is enough to suspect a problem. The older the woman, the more likely it is that pregnancy may not occur. The period after which we can assume the infertility of a woman over 35-40 years is longer - on average 1.5-2 years. It is difficult to talk about any specific symptoms of infertility. During the medical examination must take into account genetic characteristics, hormonal and gynecological diseases in the history, causes of psychogenic nature. Serious signs may be detected infections and cancer. For example, a brain tumor may provoke inhibition or acceleration of production of hormones responsible for conception. If a family has not had a child for a long time, you should pay attention to genetics. If there is a family history of failure to conceive or conception at a late age, this may shed some light on the specific situation.

### **CAUSES OF FEMALE INFERTILITY**

Factors that prevent a woman from getting pregnant are quite numerous and varied. If regular sex and good spermogram partner pregnancy is delayed, the reasons should be sought in inflammatory diseases, congenital anomalies, genetic abnormalities

and other abnormalities in health. The cause of infertility may lie in the previously performed surgical interventions, once made abortion. Successful conception is not conducive to craniocerebral trauma, poor metabolism, lack of sleep, nervous stress. In older women, the onset of pregnancy is complicated by a natural slowing down of all physiological processes. Although these days at the age of 35 and above women quite often decide to have their first child, the realization of this desire is not always possible.

The main factors of female infertility include:

- ongenital abnormalities of the structure of the genital organs;
- menstrual cycle disorders;
- bilateral obstruction of the fallopian tubes;
- abnormal growth of glandular tissue in the uterus;
- adhesions;
- tumor growths;
- Psychogenic factors.

In addition to these factors, a small percentage is due to unexplained, undetermined causes of infertility. In medical practice we have repeatedly seen cases where a couple had no symptoms that prevent pregnancy, and yet for many years they could not give birth to a child. Not uncommon situations where a woman can not get pregnant for reasons that are far from her physical health. This may be an unfavorable living conditions, living next to other relatives, fear of intimacy and other reasons of a psychological nature. A change of scenery in these cases is enough for a long-awaited pregnancy.

### **Types of infertility**

There are different types of infertility: primary and secondary, absolute and relative, immunological,



endocrine, uterine, tubal, genetic and some others. Let's consider each of these types in more detail.

#### **Primary and secondary infertility**

Primary refers to such infertility when a woman has never been pregnant. A premature pregnancy is not included in this term. Secondary infertility means that one or more children are already there, but to conceive again a woman can not, although it tries to do so. In the first case, the cause is almost always a disease of the endocrine system. Secondary infertility is most often associated with gynecological diseases.

#### **Absolute and relative infertility**

The reason for absolute infertility is the absence of the uterus or fallopian tubes. In this case, it is impossible to conceive on your own. Only IVF - in vitro fertilization - can help. In recent years, more and more women successfully undergo IVF and give birth to healthy children.

Relative infertility does not deprive a woman of hope to get pregnant. Often the cause of relative infertility (about 30% of the total number) is a violation of ovulation. Anovulation is often accompanied by menstrual irregularities, painful sensations during the critical days. Anovulatory infertility can be treated with hormonal drugs and leaves a good chance for pregnancy.

The second, even more common cause (about 65% of all cases) is tubal obstruction. This cause belongs to the category of acquired relative infertility and with successful treatment can be eliminated. Acquired infertility can be preceded by an abortion, after which the woman can no longer have children.

#### **Immunological infertility**

This type is associated with reproductive dysfunction. It is caused by the presence of anti-sperm antibodies in the woman's body. In other words, there is a specific immunity directed against the sperm or embryo. In this case, it is not possible to get pregnant without a thorough examination and subsequent treatment.

Immunological infertility is acquired, most often associated with inflammatory processes, chronic or acute genital infections. To determine this type of infertility, you need to take the usual clinical tests and a smear of the genital mucosa.

#### **Endocrine infertility**

This type of infertility is associated with a disruption of the ovaries. Hormonal regulation of the menstrual cycle leads to ovulation disorders. Endocrine disruptions also contribute to the so-called exhausted ovaries syndrome, when the absence of periodic

menstrual cycles is observed already at the age of 40 years old.

The cause of endocrine infertility may be inflammatory and tumor processes in the ovaries, polycystic disease, excess male hormones - androgens, or a deficiency of female hormones - estrogen. In the latter case, the uterine endometrium simply does not have time to prepare for embryo implantation, which leads to spontaneous abortion.

#### **Uterine infertility**

This form has both congenital and acquired character. Congenital anomalies include underdevelopment of the uterus, as well as doubling, shape changes, the presence of an intrauterine septum. Acquired anomalies are most often associated with surgical interventions, including artificial termination of pregnancy, intrauterine adhesions and tumors. The cause of uterine infertility may be an abnormal structure of the cervix (bending, displacement, rotation around the axis), the presence of myoma or fibroids, the presence of foreign bodies (intrauterine spirals, the remains of suture threads).

#### **Tubal Infertility**

Tubal infertility occurs when there is a total or partial obstruction of the fallopian tubes. If the obstruction occurs against the background of adhesions in the appendages, we are talking about the peritoneal form of tubal infertility. If both tubes are obstructed, the egg cannot enter the uterine cavity.

Uterine tubal obstruction is provoked by inflammatory diseases, surgeries, prolonged stress conditions, hormonal imbalance. Tubal infertility is often caused by endometriosis. This is an inflammatory process in which the mucous membrane of the uterus grows beyond its limits. Approximately 30% of women diagnosed with endometriosis are infertile. In-vitro fertilization may be the way out in this situation.

#### **Genetic infertility**

Genetic infertility can be talked about with a high degree of certainty after a woman has failed to carry a pregnancy several times - 2-3 or more. Failure to carry a pregnancy may be caused by inborn mutations, or acquired in the course of life: taking certain medications, radiation, abuse of nicotine. Detecting the presence of genetic infertility is possible with a thorough medical examination.

If there is a suspicion of genetic infertility, for example, if there are similar problems in the male or female line, one should consult a geneticist. Such precaution does not hurt those couples who are planning to have children after the age of 35 years.

#### **Psychological infertility**



In an era of endless stress and constant nervous tension, this factor is taking an increasing place among the causes of female infertility. About a third of women out of the total number of problems can not get pregnant for reasons that have nothing to do with the physiological disorders. Fear of the impending birth process, fear of responsibility for the life and health of the child, unwillingness to lose the beauty and slimness of the figure often prevent a woman from getting pregnant.

When such fears and doubts arise, it is necessary for the couple to talk to a specialist who can provide the necessary psychological support. In most cases, the problem can be solved, and the woman will be able to safely carry and give birth to a healthy child.

#### **Ways of diagnosing**

The inability of a woman to get pregnant for one year of constant sexual activity is an indication for the diagnosis of possible infertility. It is this period has a rationale confirmed by statistics: about 30% of women who do not use contraceptives and other methods of protection, become pregnant in the first three months of regular sex life. About 60% of spouses find out that they will become parents in the first 6-7 months. The remaining 10% of women become pregnant after one year of cohabitation. If after this period, the pregnancy did not come, and no apparent reason for this, you should consult a doctor and undergo a comprehensive examination. Timely diagnosis will identify the causes and nature of infertility, will make it possible to assign a complete and timely treatment.

Diagnosis begins with a detailed collection of medical history, assessment of complaints of the patient, the study the results of previous treatments, if any. Then connected to the general and special methods of examination. General ones include an examination on the chair, measuring temperature and pressure, and examining the thyroid gland.

Special gynecological diagnostic techniques are varied and numerous. When infertility is suspected, e.g., prolonged bleeding, obesity, hormonal abnormalities, a comprehensive examination should always include laboratory tests, including hysterosalpingography (examination of fallopian tubes), and surgical methods, particularly hysteroscopy (examination of the uterine cavity walls).

Hormone tests play an important role in the diagnosis. The body's response to various types of hormones is checked to detect abnormalities in each part of the female reproductive system. The patient is tested for sexually transmitted infectious diseases, and functional

diagnostic tests are performed to evaluate the function of the ovaries.

#### **Treatment of infertility**

Treatment begins only after an accurate and definitive diagnosis and the results of the survey. It should be understood that the treatment is not infertility itself, and causes of its causes. In each case, the treatment is assigned individually, taking into account all the features of the particular patient.

For treatment, either a conservative or surgical method is used. Conservative therapy includes the use of hormonal or anti-inflammatory agents. Problems with ovulation are solved by appropriate methods of its stimulation. If tubal obstruction is detected, surgical intervention is required. If the examination does not reveal obvious causes of infertility, or if these reasons are purely psychological in nature, the couple is advised to pay more attention to planning their sex life. It is important to accurately determine the day of ovulation, and try to conceive after its occurrence. Often this method gives a positive result and does not require additional treatment.

If complete fallopian tube obstruction or cervical abnormalities are diagnosed, the couple is advised to use IVF. This method will give a woman a good chance to bear and give birth to a child. In any case, it is necessary to remember that infertility - it is not a verdict, and modern medicine has many tools for its treatment and restoration of the fertile function of women.

**CONCLUSIONS:** So in women the causes of infertility are anatomical and functional changes in the genitals, inflammatory diseases of the uterus, fallopian tubes, ovaries, various hormonal disorders, endocrine pathology (changes in thyroid function, adrenal glands, ovarian tumors), uterine myomas, endometriosis, cervical trauma after abortion, childbirth, sexually transmitted infections (STIs), causing the development of adhesions in the pelvis. Timely diagnosis and treatment of female infertility in case of alarming symptoms is a prerequisite for the restoration of reproductive function in the future.

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