This longitudinal national survey of women between the ages of 25-45 is designed to help us understand how decisions to remain childless or to have children affect women’s lives. This survey aims to determine how women make these decisions and how these decisions affect and are affected by their work, relationships, and well-being. This survey is a larger national study similar to the pilot study that we fielded in 2002 with Midwestern women. In order to complete this study, 5,700 women will complete the full interview (another 1,800 will complete the first 6 questions). UNL will be completing 60% of these interviews over the next 2 years.

We will also be interviewing some participants’ partners a few weeks after the initial interview with the participant. 2,300 partner interviews will take place by the end of the first wave of the study.

The researchers are particularly interested in what happens when women want children but medical problems or social circumstances interfere. Recent advances in medical research have provided many new ways for women to get pregnant, but we are unaware of the social impact of these advances. It is estimated that only half of people who have medical fertility problems seek medical help. We know very little about these people—what kinds of fertility problems they have, why they don’t seek help, and what the consequences are for their well-being and their marriages. The researchers are also interested in childlessness, specifically why women choose it (or drift into it), and the consequences of childlessness for their well-being and social relationships. By interviewing a randomly selected sample of women and their partners about their family situations, their childbearing decisions, and their general feelings about their specific situations, we will be able to better understand this issue.

This particular survey will be conducted with women living across the Continental United States. While this study is like a typical RDD study, we will be sending out pre-notification letters to households that we believe we will be contacting. This letter will inform the household about the study and will include at $2.00 bill. We will be sharing the calling with Pennsylvania State University. Since they are located on the East coast, they will be call numbers in the Eastern Time Zone. This means that we will be calling Central, Mountain, and Pacific Times Zones for this study. Because a large portion of the households will be located in time zones that are earlier than us, we will need everyone to dial up to 9pm on each shift. We will also be looking for interviewers to volunteer to stay after 9pm to make more calls to the Mountain and Pacific Time Zones.

The study is being funded by the National Institute of Child Health and Human Development.
This study has two purposes:

1. To determine how many people have experienced difficulty getting pregnant, and how they have handled their situation.

2. To understand the choices and circumstances involved in being childless.

Although any mention of childbearing choices might sound like a code word for abortion, this is not a study about abortion. We are interested in people who want children and don’t have them.

**Also, don’t refer to the study as Infertility.** While one topic of this research is infertility, we are most interested in the decisions involved with family planning and how family life affects well-being.

**General Interviewing Reminders:**

**Asking the Questions**

Most of the interview questions you will ask come from standard social scientific scales. In the past, these questions have been used by other researchers to measure people’s well-being. In order for us to meet the objectives of this study the questions must be asked as they are written.

Please keep in mind that although we are using some standard scales, we are not making clinical diagnoses. **If a respondent meets screening criteria, it does not necessarily mean that the respondent has a fertility problem or is in need of treatment.** We should never suggest to the respondent that she/he has a problem with fertility. Above all, please DO NOT LABEL THE RESPONDENTS “INFERTILE” or even use the word. Instead, please refer to any problems with reproduction as “difficulty getting pregnant.”

**Reaching the Household and Designating a Respondent**

**Verifying the Phone Number**

The strategy of survey research is to allow every household equal opportunity to participate in the study. For that reason, we are very selective about the conditions under which we will conduct an interview. We try to eliminate circumstances that may result in a household having more than one opportunity to be surveyed. For this reason, **we ONLY complete the interview with the respondent if s/he can verify that the actual number for that residence is the number on the screen and the number you dialed.**

If the respondent says you have reached a different number, apologize and tell her/him you must have mis-dialed and try dialing the number again. If you reach
the same party, apologize again and hang up. All disconnected, number changed, and wrong numbers must be dialed twice before being coded as disconnected. Please make a note in the computer that this was verified by dialing the number twice.

We do NOT call CHANGED numbers - “The number you have dialed has been changed; the new number is ###-####.” The changed number may already be in the sample that was generated by the computer. If it is in the sample, calling it as a changed number would give this household two opportunities to be reached. When you get this message, you should call the number again to verify that you dialed correctly and if you get the same message the second time, code the call as a disconnected number.

If the initial contact is made to a teen-line, do not complete the interview. A teen-line is a second line in a household. To maintain our standard of allowing one possible contact per household, we only determine respondents on the primary phone line in a house. Be sure that the initial contact is made on the primary household phone line.

Do not complete an interview at a phone number considered to be a business phone, unless it is the only telephone line in the household. You may call a respondent back at a business number, if she was initially reached on the main household line but requests that you complete the interview at a business number. Remember, the key is whether or not the telephone number is their primary household number.

When you reach a person in an eligible household:

1. You will be directed to ask "How many women in your household between ages 25 and 45?" If there is more than one, the computer will direct you to ask for the “oldest,” “youngest,” “middle,” etc. female age 25 to 45 living in the household. This procedure is similar to any standard RDD survey we complete.

2. If you receive permission to interview but the designated respondent is not available, find out the best approximate days and times to call back. Avoid specific appointment times, like “at 7:30.” Instead, try to determine blocks of time like “between 7 and 9” or “around 7:30.” Make sure you are scheduling callbacks that are convenient for the respondent rather than for you.

Any time you speak with someone in a household, record who gave you the message about the respondent’s availability. It is important to let the next interviewer know if the respondent was spoken to or if the interviewer must start from the beginning to introduce the study to the respondent.

- Give as much detail as possible
• Put the name (or initial, if name is refused) of the designated respondent on the respondent line, if possible. If you are not able to get a name, try to get some descriptive information such as “35 year old woman.”

When Conducting an Interview

Do NOT read the words in the interview which are printed in UPPERCASE letters

This information is for you, the interviewer, only. The only exceptions to this are:

1. When the uppercase is used on a word within a sentence to provide emphasis or clarification
2. When you are instructed to read the responses to the respondent, if necessary, and they are in uppercase letters

OTHER responses:
For all open-end and OTHER responses, please get as much detail as possible from the respondent. This means that you will have to probe appropriately.

Please pay close attention to the numbers corresponding with the responses. Sometimes the response categories are not listed in numerical order and they are not the same number for each question of it. For example, 8 for one question might code the response DK, but on another it may be the choice for OTHER. Please be sure to practice thoroughly and pay close attention to the response choices for each item.

Study Specific Information:

Please read the questions EXACTLY as written and be sure to ask EVERY QUESTION on your screen. Sometimes the wording of a question may seem awkward, or it may seem that we are asking the same thing over and over again. The questions have been written this way for a reason. It is very important that every interviewer follow this procedure and ask all questions as written.

Your respondent may be curious or even frustrated as to why you are asking them questions that do not seem to apply to them. Please reassure your respondent that they are getting asked the questions that the researchers would like them to be asked. Let them know that we appreciate their responses and thank them for the time that they are giving us. If a respondent seems really frustrated, offer a call back at another time when they may have more time. DO NOT skip over any questions because you believe that R should not be asked them. If you skip over questions that appear on your screen, you will be asked to call that respondent back to complete any questions that were skipped. However, if you think there is a problem with the survey, please let us know
ASAP (talk to a supervisor, Amanda, or Stacia), but ask the question anyway.

Be prepared for variations. There are slightly different versions of the interview. Don’t be surprised if a question or block of questions appears in a place that seems unusual or doesn’t appear in some interviews at all. Be sure to continue the interview and ask every question.

Pay attention to the time frame of the questions. The Family Life survey asks respondents about events during different periods of their lives. These periods (or time frames) are typically:

1. the past week
2. the past two weeks
3. the past month
4. the last 12 months
5. lifetime

Sometimes the time frame will change abruptly so be sure to read the questions as they appear on the screen. After you’ve completed the interview a few times, it may be tempting to work from memory; however, remembering the time frames will be difficult. Please be sure to pay attention to the information on the screen as you conduct the survey. This is a complicated survey that will keep you on your toes. Most interviews that you conduct will be different in some way, so you will need to pay very close attention to what comes up on your screen.

When a question asks you to enter a month and a year, be sure to enter the full year. That is, if a respondent reports that something happened in 1996, be sure to enter 1996 - not just 96. Four spaces are allowed on the screen for entering the year, so use them all. Failing to enter the year in this format will cause problems for the people who will be analyzing the data.

As always, it is important that you be an active listener. Since there is so much variability in the length of this survey and line of questioning, it is difficult to anticipate how long it will be for a particular respondent. If the survey is running long and the respondent seems distracted or annoyed, suggest a callback to complete the interview. This will give the respondent an opportunity to attend to other things, if necessary, and reinforce the importance of a quality interview.

PLEASE BE AWARE: You will be asked to call back any respondent to complete, correct, or verify any responses that appear incomplete or questionable. To try and avoid these situations, please be sure that you are getting as much detail as possible and are probing respondents for complete responses. If you are ever in doubt of an interview or response, please leave a note in the computer and talk to a supervisor, Amanda, or Stacia.
Collecting Contact Information

At the end of each interview, you will be collecting contact information that will be used for follow-up interviews. We plan to be calling these respondents back every year or two years for the next several years (at least). IT IS VERY IMPORTANT THAT YOU COLLECT CORRECT CONTACT INFORMATION FOR EACH RESPONDENT! This means that it will be necessary for you to check the spelling and verify all contact information (i.e. name, address, city, state, zip code, reference name, phone numbers) with the respondent (even if you think that it is spelled correctly or you got it right). We realize that this will take a few moments, but if this information is not correct, it will seriously affect our ability to contact them in a year or two. Having this information to help contact respondents down the road is essential to the success of this research project. Again, you may be asked to re-contact respondents in cases where information was not collected correctly.

It is very important that you collect all the contact information that the computer asks you to. This means that if you have a respondent that is reluctant to give contact or reference information, you must try to avoid refusals on these items. Please be sure to get references that are can be contacted at a different phone number than the respondent. This will allow us to contact the respondent in the event that R’s number is disconnected. Please remind the respondent that this information will be used for contact for the study only. We will not sell or give out any information to other agencies or organizations. This contact information will not be linked to any of the answers that they have given during the interview and all information is confidential. Any reference listed will only be contacted, if we cannot reach the respondent with the other information that they provided. We will not tell a reference the purpose of the study, only that we are trying to reach them and they listed them as a reference.

Due to the sensitive and possibly upsetting nature of this study for some, you will be give a list of contacts and resources that you can offer respondents at their request or if you believe that a respondent has been upset by the interview process.

Dealing with reluctant respondents

Below are some examples of questions people might have about the survey, which (if unanswered) may keep them from participating. Your ability to answer their questions will help reassure reluctant respondents. We have also made a separate sheet with this information, so that you can easily refer to it when you are on the phones.
What about confidentiality? This survey is anonymous and confidential. Your telephone number and name will be separated from your responses. All responses will be grouped with those of other participants in the survey; and no one will be able to identify you or your responses. Your name and telephone number will only be used to contact you for study related reasons; your information will not be sold or used for other projects.

We could not operate as a survey research organization if we didn’t keep to our promise of confidentiality. You can verify the project with my supervisors by calling 1-800-480-4549 between 8:30 and 4:30 Central Time. If you prefer, one of our supervisors can also contact you.

How did you get my telephone number? The telephone numbers were randomly generated by a computer. Your number was selected from the randomly generated numbers to be a household that participates in this research.

I’m not interested! We are not able to speak with everyone, so it’s very important that we speak to those people whom we do call. You represent thousands of other women. To give researchers an accurate picture of the dilemmas women face in having the number of children they want, whether that be zero or three, we need to have a sample that includes all types of women. It is very important that we speak to you.

I’m too busy! I don’t have time. I realize that it may be hard to squeeze some time in for this interview, but one of the most important groups we need to talk to is very busy women. Some busy women choose childlessness, others postpone childbearing until they have more time, and others struggle to raise children. We especially need to understand how women with hectic schedules go about planning their childbearing and what the impacts are for their lives.

Why do you need to confirm my phone number? We verify the phone numbers of the people we talk with to help ensure that the survey results are representative of women from different geographical areas.

Why are you doing this study?/What will I get out of this? National policy is concerned about who will be the next generation of mothers and helping women have the children they want. We seek to understand how many women are unable to have the children they want and also to understand how many women decide not to have any children. Studies from this project will help us understand the factors that make it difficult for women to meet their childbearing ideals and the consequences of their successes and failures for their lives.

Whether you have no children or two or three, we think you will find the questions are about issues that you have thought about seriously and that are very important to you. We think you will enjoy doing the interview and having a chance to talk about issues dear to your heart.

Who is responsible for this survey? The interviews are being conducted by the Bureau of Sociological Research at the University of Nebraska – Lincoln and the Survey Research Center at the Pennsylvania State University. The Director of the Bureau of Sociological Research is Dr. Dan Hoyt. The principal investigator on the project is Dr. Lynn White. If you would like to speak with any of these people or request additional information, you can call the Bureau at 1-800-480-4549 between 8:30 and 4:30 Central time or visit our website <fill in address>.
Preparing to Conduct Interviews

Before you conduct any “real” interviews, you should make a lot of practice runs to get the feel of the survey. This is a survey that can be very different for different respondents because so much of what is asked depends on how previous questions have been answered. There are three main things that will affect the questions that a respondent is asked:

1. **Whether the respondent has had any fertility problems.** Respondents who report having fertility problems will be asked a battery of questions about fertility tests, treatments, and reactions.
2. **Whether the respondent is married or in a cohabiting union, together referred to as “in union.”** Note that we don’t care whether the partner is male or female. At least a few of the cohabiting partners may be same-sex. Whether the partner is male or female, we want to know partner’s education and job status and the quality of the relationship.
3. **The respondent’s number of children.** So that we can compare those who choose small families or childlessness with those who have medical problems having children, we ask some questions specifically of those who are childless or have only one child even though they could have more.

As you conduct practice trials, keep these three things in mind. Try to conduct interviews under different conditions so that you have some idea of how the survey will flow under different circumstances. Please use the attached scenarios for practice. You must run through each of them twice, once as an interviewer and once as a respondent. This means that you will have to work with another interviewer during practice.

If you are uncomfortable with any of the topics or questions in this study, please talk with Amanda or Stacia before you begin interviewing. We may be able to find other projects for you to work on.

It is very important that you become familiar with the different terms in the survey. A glossary with pronunciations and definitions of different terms has been provided for you. Become acquainted with this information. Mispronouncing terms to respondents will appear very unprofessional! If you need help with pronunciation, please ask for it.

EVERY INTERVIEWER MUST COMPLETE THE SCENARIOS (BOTH AS AN INTERVIEWER AND A RESPONDENT) AND A PRACTICE INTERVIEW WITH A SUPERVISOR BEFORE MAKING CALLS! While this process may seem tedious, we want to make sure that you are completely prepared and confident to begin interviewing and collecting quality data.
<table>
<thead>
<tr>
<th>Specific Item Notes:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2j It is important to my parents that I have children.</td>
<td>The respondent says her parents have died. Please choose the response DK, parents deceased.</td>
</tr>
<tr>
<td>A9c1 When did this pregnancy occur?</td>
<td>The respondent says the child was born in March? Do you want the year of conception or the year of birth? We want the year of conception.</td>
</tr>
<tr>
<td>Q19 Sometimes people take 24-hour a day responsibility for other people's children.</td>
<td>The respondent has cared for several sets of children. Ask the respondent to think about the child or set of children she has provided the most extensive care for.</td>
</tr>
<tr>
<td>Q14-25 Infertility &amp; medical history questions.</td>
<td>The respondent tells me that I am asking questions that are too personal to discuss and refuses to answer them. This is a confidential survey, and no information about your medical conditions will ever be released. These are routine medical history questions.</td>
</tr>
<tr>
<td>Q14-25 Infertility &amp; medical history questions.</td>
<td>The respondent tells me that she/he is not infertile. Why do I have to continue asking questions about infertility? Infertility takes many forms, and women figure out that they have fertility problems through many paths. We want to understand what experiences they have had.</td>
</tr>
<tr>
<td>Q26 Do you think of yourself as someone who has or has had fertility problems?</td>
<td>The respondent says that she has never thought of herself/himself as having fertility problems until now but after questioning he/she thinks they might be. Is this a Yes or a No response? We are asking about their perceptions before this survey started. So, the answer would probably be No.</td>
</tr>
<tr>
<td>Q27 Did you consult a doctor?</td>
<td>The respondent sought help from an alternative medicine source—food supplements, chiropractor, faith healing, acupuncture. Does this count? Not here. Q34 will allow them to record that. Here we mean an MD.</td>
</tr>
<tr>
<td>Q16a How close do you feel to these children?</td>
<td>The respondent says she loves them dearly but only sees them twice a year. The question asks how close she FEELS not how often she sees them.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>Q55: Have you seen a doctor or therapist for depression/anxiety?</td>
<td>The respondent talked to her minister or sought help from an alternative medicine practitioner. Does this count? The question refers to MDs or licensed psychologists.</td>
</tr>
<tr>
<td>Q57: Has there ever been a period of two weeks when everyday you were drinking 7 or more drinks?</td>
<td>The respondent wants to know what counts as a drink. 12 ounces of beer, 6 ounces of wine, or 1 ounce of hard liquor.</td>
</tr>
<tr>
<td>Q86: What is your personal earned income?</td>
<td>The respondent says she just answered that question. There are 2 differences between this question and the previous one. It asks about personal as opposed to family income and it specifies EARNED income—that is, wages -- as opposed to income from child support, investments, income transfer programs, or others.</td>
</tr>
<tr>
<td>Q79: What is your religious preference?</td>
<td>Please make sure you are familiar with what is and is not a Protestant religion. Some common Protestant denominations are: Baptist Methodist Lutheran Presbyterian Episcopalian Church of Christ Evangelical Free Church Congregational Christian United Church of Christ First Christian Assembly of God Pentecostal</td>
</tr>
<tr>
<td>Q31c1: Who did you talk to about adoption?</td>
<td>Be sure to correctly code responses like spouse, mom, and friends as “Friends and Family”, do not choose OTHER. Be sure to probe for a specific answer, “someone” is not specific enough.</td>
</tr>
<tr>
<td>Q19a: What is your relationship to the children?</td>
<td>Stepmom would be coded as a 6 “Partner/Spouse of children's parent”.</td>
</tr>
<tr>
<td>Q14: How many times have you been married?</td>
<td>Even if the respondent is says they are not married at the beginning of the survey, they may still give an answer greater than 0 because they may have been married at some point.</td>
</tr>
<tr>
<td>Question</td>
<td>Notes</td>
</tr>
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</tbody>
</table>
| Q10 Do you intend to have a baby?  
Q11 Would you, yourself, like to have a baby? | Be sure to note that Q10 is about intent and Q11 is about if R would like a baby. |
| Q30 Did you ever seek treatment to help you get pregnant?  
Q31 Have you ever undergone medical treatments to help you get pregnant? | Be sure to notice that Q30 is asking if they sought treatment and Q31 is asking if they got treatment |
| Q29 Did you or your partner get medical tests to determine the nature of the problem?  
Q31 Have you ever undergone medical treatments to help you get pregnant? | Q29 is about tests and Q31 is about the treatment for the problem identified by the tests |
| Q17 Counting biological, step, and adopted children, how many children do you have altogether? | This is how many children they identify as theirs. If they want to include foster or other kids that they’ve taken in that is okay. |
| Q9c2a How long did you have unprotected sexual intercourse before you got pregnant?  
1 less than one year  
2 one or 2 years  
3 three or more years  
5 FAILED BIRTH CONTROL  
7 INAP (lesbian, single woman with Al,etc.) | The answer choices for this question are a little tricky. Choice 5 FAILED BIRTH CONTROL should be selected if the respondent tells you that she became pregnant because her birth control failed. Choice 7 INAP means inappropriate question for the respondent. She became pregnant through an alternative method, like artificial insemination (AI), not through sexual intercourse. |
| Q9 Have you ever been pregnant?  
SCR3 Have you ever given birth to any children? | These two questions are asking different things. Q9 is asking if R has ever been pregnant and SCR3 asks if R has given birth. In some cases R may not have given birth, even if she has been pregnant (for example in cases where R has miscarried or had an abortion). |
Check all that apply items

Please note on the questions that allow you to check all that apply, you will only be allowed to check two less than the total number of choices on the screen. This is to make sure that you are not checking DK or REF, if you are selecting other answer choices. You will have to be careful that you do not check either of these 2 items if you have chosen another answer before clicking next or pressing enter to move on.

Q61a-Q61f Questions about the ethical issues related to fertility treatments.

You will notice that these items will require you to put in two responses in order to move on. The blue colored response at the top of the screen is the question and answer area for the respondent. On the bottom of the screen you, in red, you will indicate whether or not you read the probe for the question to the respondent by typing in 1 or 0. This is being done so the researchers can gather more information about what was being read to the respondent.

| How do I quit or exit the interview if the respondent hangs up or needs a call back, there isn’t a quit button to click on at the bottom of my screen? | To exit the survey once you have started it, you will have to hit the Ctrl and End buttons at the same time to exit/quit. |

At some point, we will ask to interview the partner. Only females will complete interviews for this study until then.
GLOSSARY AND PRONUNCIATION GUIDE

PLEASE NOTE: THE DEFINITIONS LISTED ARE TO HELP YOU BETTER UNDERSTAND THE SURVEY. THEY ARE NOT TO BE USED TO HELP A RESPONDENT. THE ONLY TIME THAT YOU SHOULD DEFINE A WORD FOR A RESPONDENT IS WHEN YOU ARE GIVEN A PROBE WITHIN A QUESTION.

Acupuncture
(ACK-u-Punk-ture) Practice of puncturing the body (as with needles) at specific points to cure disease or relieve pain.

Adhesions
(ad-HE-shuns) Scar tissue occurring in the abdominal cavity, fallopian tubes, or inside the uterus. Adhesions can interfere with egg transport and embryo implantation.

Annovulation

Aspiration
(Ass-per-A-shun) Suctioning of fluid. For example, suctioning the fluid from a follicle to retrieve an egg.

Cervical mucous
(Sir-vic-al mew-cus) Mucous produced by the cervix allowing the passage of sperm to the uterus and fallopian tubes. Its volume and quality changes during ovulation.

Clomid
(Klow-mid) Brand name of the drug Clomiphene. Treats ovulation problems in women who want to become pregnant.

Cohabiting
(Ko-hab-it-tate-ing)

Contraception
(con-tra-cep-shun) The prevention of conception or pregnancy.
**Cystoplasmic transfer**
(sis-toe-plaz-mic) An extension of IVF. Genetic material is taken from a mother's egg and combined with the cytoplasm of a donor egg. Two methods of cytoplasm transfer exist: one transfers a small amount of cytoplasm by tiny needle from the donor to the recipient egg, the other transfers a larger amount of cytoplasm, which is then electrically fused, to the recipient cytoplasm.

**Electroejaculation**
(E-lect-row-e-jack-u-lay-shun) A controlled electric stimulation inducing ejaculation in a male with damage to the nerves controlling ejaculation.

**Elevated FSH [follicle stimulating hormone]**
(fall-ick-al) Elevated FSH levels indicate gonadal failure in both men and woman.

**Endometriosis**
(En-dow-me-tree-o-sis) The presence and growth of endometrial tissue outside the uterus. This often results in severe pain and infertility.

**Fallopian Tubes**
(Fall-o-pee-an) This pair of tubes normally carries the eggs of the female from the egg sac, or ovary, to the womb, or uterus.

**Fecundity**
(Fa-cun-di-ty) A measure of fertility such as sperm count, egg count, or the number of live offspring produced.

**Fibroids**
(f-i-br-oids) Non-cancerous smooth muscle tumors of the uterus.

**FSH [Follicle Stimulating Hormone]**
Hormone produced in the anterior pituitary gland that stimulates the ovary to develop a follicle.

**Foster parent**
Agency approved, licensed person(s) who provide protective service for children and adolescents for a planned, temporary period of time.

**Gestational carrier**
(Jess-tay-shun-al) A woman who contracts to carry a pregnancy for someone else. The carrier is not the biological mother of the baby being carried.
**GIFT [Gamete intra-fallopian transfer]**
(gam-meet) Procedure combining eggs and sperm outside of the body and immediately placing into the fallopian tubes to achieve fertilization. [Similar to IVF through the egg retrieval stage, but potential fertilization takes place in the fallopian tubes].

**Glucophage**
(Glue-ko-fage) Brand name of the drug Metformin. Used for treatment of Type 2 diabetes.

**Gynecologist**
A medical doctor who specializes in gynecology and diseases affecting the female reproductive system.

**Homeopathic**
(hoe-me-o-path-ic) a system of medical practice that treats a disease especially by the administration of minute doses of a remedy that would in healthy persons produce symptoms similar to those of the disease

**Hysterectomy**
(his-toe-rec-toe-me) Surgical removal of the uterus through the abdominal wall or through the vagina.

**ICSI [Intracytoplasmic Sperm Injection]**
(in-tra-cye-toe-plaz-mic)
The process of injecting a single sperm directly into the cytoplasm of the egg. Used in cases of severe male infertility or several failed IVF cycles.

**Infecundity**
(in-fa-cun-de-tee) Sterility; inability to “conceive.”

**Infertility**
In women under 35-the inability to conceive after a year of unprotected intercourse, in women over 35-after six months; the inability to carry a pregnancy to term. Also included are diagnosed problems such as anovulation, tubal blockage, low sperm count, etc.

**Insemination**
(in-sem-in-a-shun) Artificial introduction of semen into the vagina for the purpose of inducing conception.
IVF [In vitro Fertilization]  
(in-vee-tro) Fertilization outside the body in a laboratory (oldest, most common procedure). The term “test tube baby” is inaccurate—fertilization occurs in a small circular dish, not a test tube. Involves stimulation of the ovaries with hormone medications, retrieval of the resulting oocytes, insemination with sperm to form embryos, and transfer of the embryos.

Luteal phase defect  
(loo-t-al) The luteal phase is the final part of the menstrual cycle occurring after ovulation ending either with embryo implantation or menstruation. In luteal phase defect the corpus luteum inadequately functions, sometimes preventing a fertilized egg from implanting in the uterus or leading to early pregnancy loss.

Morphology  
(more-f-all-o-gee) The shape of sperm as studied in a semen analysis.

Motility  
(mo-till-i-tee) The measurement of motion and forward progression of sperm in a semen analysis.

Naturopathic  
(nat-u-ro-path-ic) a system of treatment of disease that avoids drugs and surgery and emphasizes the use of natural agents (as air, water, and sunshine) and physical means (as manipulation and electrical treatment)

OBGYN  
Commonly used abbreviation: GYN is short for gynecology (or a gynecologist)  
OB is short for obstetrician.

Obstetrician  
(ob-sta-trisch-an) A physician specializing in obstetrics (a branch of medical science that deals with birth and with its antecedents and sequels).

Oophorectomy  
(oo-fa-rec-toe-me) Surgical removal of the ovaries.

Orchidectomy  
(Or-ke-deck-toe-me) Surgical removal of the testis.

Ovulate  
(ahv-u-late) The release of the egg (ovum) from the ovarian follicle.

PCO [Polycystic ovaries]  
(poly-sis-tick) A condition in women who do not ovulate, characterized by multiple ovarian cysts and increased androgen production.
PGD [Preimplantation genetic diagnosis]
(pre-im-plant-tay-shun) Analysis of one-two cells of the developing embryos to
detect whether they carry inherited medical conditions.

POF [Premature ovarian failure]
Premature end of menstruation (associated with high levels of gonadotropins and
low levels of estrogen) before age 40.

Proxeed (prock-seed) A dietary (nutritional) supplement clinically proven to
optimize sperm quality.

Reproductive Endocrinologist
(en-do-krin-all-o-jist) An ob-gyn specializing in the treatment of hormonal
disorders that affect reproductive function.

Sertoli cell only syndrome
(sir-toll-i) Sertoli cells are testicular cells responsible for providing nourishment to
the spermatids (immature sperm). "Sertoli cell only" means there are absolutely
no sperm cells in the testicle.

Subfecundity
(sub-fe-cun-de-tee) Broad concept which includes difficulty or danger carrying a
baby to term as well as problems conceiving

Testes
(test-ies) The two male sexual glands contained in the scrotum that produce
both the male hormone testosterone and the male reproductive cells, the sperm.

Testosterone
(test-toss-ta-rone) Male sex hormone (androgen) responsible for development of
sperm and the formation of secondary sex characteristics and for supporting the
sex drive.

Tubal ligation
(too-bal lie-gay-shun) Female surgical sterilization procedure. The fallopian
tubes are closed to prevent an unfertilized egg from reaching the uterus.

Union
coupled

Varicocele
(vare-a-co-seal) Varicose veins in the scrotum.

Vas deferens
(vass diff-renz) A long tube through which sperm travel during ejaculation.
**Vasectomy**
(vass-sec-toe-me) Male surgical sterilization procedure which removes a segment of the vas deferens.

**ZIFT [zygote intra-fallopian transfer]**
(zye-goat) Combination of the IVF and GIFT procedures. IVF is employed up to the stage of embryo transfer, then the embryos are placed into the fallopian tubes through a catheter.