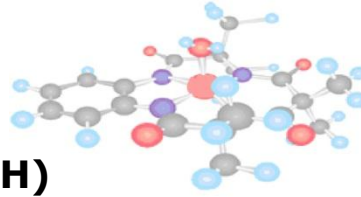


Sims Fertility Clinic		Form No.	PT-INFO-038
Revision No.	03	Effective Date	28/08/12

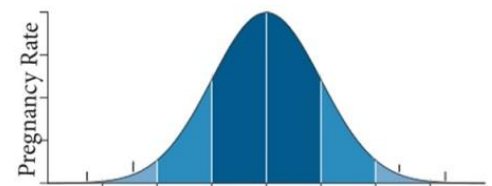
Patient Information:

Anti-Müllerian Hormone (AMH)



Background

Knowledge of how you will respond to the hormone injections of an IVF treatment cycle is a very important part of fertility treatment. Depending on your own individual characteristics you may fall into the extremes of response i.e. an excessive response or an inadequate response. Both these scenarios are undesirable but are experienced all too frequently. Unfortunately, we cannot avoid either of these end-points completely, but we can now use a recently developed test to allow us to modify our approach, resulting in a reduced incidence of both these extremes and moving your individual response more toward the centre where pregnancy rates are highest and with reduced complications.



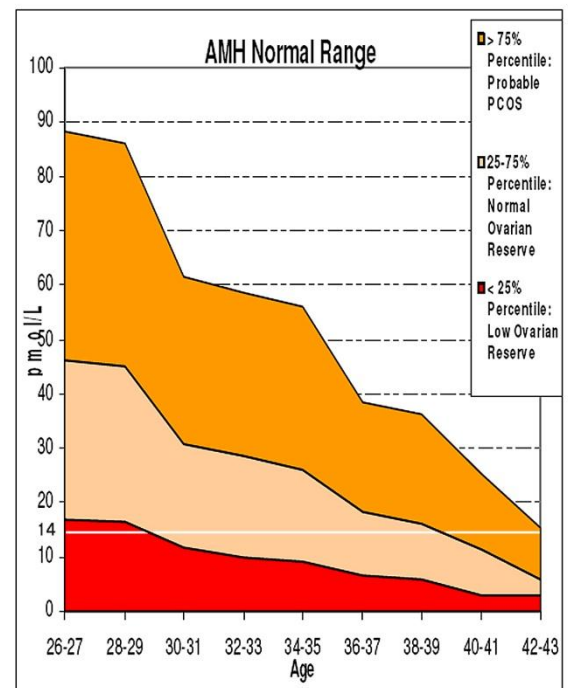
It has now been established that the hormone **AMH**, which is made by the ovarian follicle containing the egg, can accurately predict how your ovaries will respond to fertility drugs. This is sometime called the “ovarian reserve”. Armed with this information your Sims Clinic physician can make better decisions from the outset as to how best to proceed with your assisted reproduction cycle. In light of this we have decided to replace the more traditional measurements of FSH and LH with AMH going forward.

Treatment strategies:

The assessment of the levels of this hormone allows us to use different treatment strategies for different patients, taking into account your likely response to fertility drugs, thereby increasing treatment safety and pregnancy rates.

When the AMH concentration is high, it indicates a risk of OHSS (ovarian hyperstimulation syndrome) when traditional treatment methods are used. We can therefore modify our strategy to accommodate this. If the scans, and other tests, show indications of polycystic ovary syndrome, we can modify our approaches accordingly.

When the AMH concentration is low, it indicates that the response to traditional treatment methods will be below average, and therefore the chances of success in IVF / ICSI will be reduced. This is common in older women (>37y), where it is well known that success rates are reduced. However, the predictive value of AMH is considerably better than using a patient’s age. With this information, however, our physicians will make adjustments to your treatment protocol to move your ovarian response more towards that of a patient with “normal” AMH levels



Sims Fertility Clinic		Form No.	PT-INFO-038
Revision No.	03	Effective Date	28/08/12

What are the levels? Studies in the field over several years have shown that there is a significant reduction in the incidence of OHSS and the incidence of cancelled cycles due to poor response when AMH results are used to decide the drug regimen for individual patients. This allows our team to use a more individualised treatment regimen which should ultimately result in improved fertilisation and pregnancy rates for all.

It should be remembered that Measuring AMH cannot predict whether a woman is able to become pregnant – there are other important factors that have to be taken into account – lifestyle, past medical history, anatomic and genetic abnormalities, quality of sperm and other male factors - but it is considered the best hormone to date to identify your potential reproductive capacity.

The Test. AMH testing involves a single blood test which can be performed at any stage in the menstrual cycle. Sims Clinic will analyse your AMH levels in our own dedicated laboratory. Other relevant hormones may be measured in parallel with AMH, these will be TSH (thyroid stimulation hormone) and Prolactin. Together these tests will be known as the **AMH profile**.