Steps before starting fertility treatment

Begin with a fertility clinic consultation

The first formal step is usually a fertility clinic consultation. This visit is more than a quick intake: it is a structured review of your reproductive history, previous pregnancies, menstrual pattern, prior surgeries, infections, and any known conditions such as endometriosis, polycystic ovary syndrome, thyroid disease, or prior chemotherapy. If you have a partner, their history is important too, especially any prior paternity, testicular surgery, infections, or exposures that could affect sperm production.

Bring a list of questions, prior records if you have them, and details about how long you have been trying to conceive. The clinician will often ask about cycle regularity, intercourse timing, contraception history, and medications or supplements. They may also ask whether you have been tracking ovulation, because that information can change the interpretation of test results and help decide whether to continue timed intercourse, move to ovulation induction, or consider a different treatment path.

It helps to go in with realistic goals. Some people need only a few targeted tests before starting treatment; others need a broader evaluation. Either way, the consultation is the place where the plan starts to become specific.

Review your medical history, cycle pattern, and family history

Before treatment starts, the team usually builds a detailed medical picture. This includes not only your own health history, but also family history on both sides. Information about early menopause, recurrent miscarriage, congenital anomalies, genetic disorders, clotting disorders, or known carrier status can guide decisions about genetic carrier screening and other testing. In some cases, family history changes which labs are ordered or how urgently treatment should move forward.

Cycle pattern matters as well. Regular monthly bleeding suggests ovulation may be occurring, while very irregular or absent periods can point toward ovulatory dysfunction. If you have been using an ovulation test, charting basal body temperature, or noting cervical mucus changes, bring those details. They can help the clinician understand whether ovulation timing is predictable enough for timed intercourse or whether medication support may be needed.

A medication review is also part of this stage. Some prescriptions, over-the-counter drugs, and supplements can affect fertility treatment safety or interact with stimulation medications. Do not stop anything on your own, but do make a complete list so the clinician can decide what should be continued, adjusted, or paused.

Complete the core fertility tests

Most people need several baseline tests before active treatment begins. The exact combination depends on age, symptoms, and the likely cause of infertility, but common studies are designed to assess the uterus, ovaries, sperm, and infection risk. These tests help avoid trial-and-error treatment and can reveal issues that change the treatment choice entirely.

Ovarian reserve testing estimates how many eggs may remain and how the ovaries might respond to medication. This may include blood tests such as AMH and sometimes an antral follicle count on ultrasound.
Semen analysis evaluates sperm count, motility, and shape. Male factor infertility is common, and a semen analysis is one of the simplest ways to identify it.

Uterine exam or pelvic imaging can look for fibroids, polyps, adhesions, or structural issues inside or around the uterus.
STI screening is often done before procedures such as intrauterine insemination or in vitro fertilization to reduce infection risk.
Genetic carrier screening may be recommended to identify conditions that both partners could pass on to a child.

Not every person needs every test, but the goal is the same: match treatment to the biology, not to guesswork.

Prepare your body for treatment safety and response

Pre-treatment preparation is not only about fertility testing. It also includes steps that may improve safety and support a better treatment response. A clinician may recommend a prenatal vitamin with folic acid before embryo transfer or even before treatment starts, especially if pregnancy is a realistic near-term goal. Folic acid helps lower the risk of certain neural tube defects, and it is commonly included in preconception counseling.

Lifestyle factors deserve a practical review. Smoking cessation, limiting alcohol, optimizing sleep, and addressing weight extremes can all matter, though the impact varies by diagnosis and treatment type. None of these changes should be framed as blame; they are simply modifiable factors that may influence outcomes and medication response. If you use cannabis, nicotine, anabolic steroids, testosterone, or other performance-related agents, be transparent with your clinician because these can affect fertility and treatment planning.

If you have chronic conditions such as diabetes, hypertension, seizure disorder, asthma, or autoimmune disease, make sure they are well controlled before treatment begins. Fertility care often works best when general health is stable, because pregnancy itself is a physiologic stressor and some medications need to be coordinated carefully.

Get ready emotionally, financially, and logistically

Fertility treatment can demand time, money, and emotional energy. Before the first cycle begins, it helps to think about how you will manage monitoring

appointments, blood draws, ultrasounds, medication schedules, and possible short-notice changes. Some people need help arranging work leave, transportation, or childcare for clinic visits. Planning these details early reduces stress later, especially during cycles that involve frequent monitoring.

Financial counseling is often part of preparation. Ask what is covered, what requires prior authorization, and what the expected out-of-pocket costs are for medications, testing, retrieval, transfer, or insemination. If a cycle is canceled or postponed, ask how fees are handled. Clear information does not remove the emotional burden, but it can prevent avoidable surprises.

The emotional side matters just as much. Many people feel grief, pressure, guilt, or ambivalence while trying to conceive. Consider whether you would like support from a counselor, support group, partner, trusted family member, or friend. Treatment is easier to tolerate when you know who will help you process the uncertainty, especially if results are delayed or if the first plan does not work.

Understand consent, timing, and the first treatment plan

Before treatment begins, you will usually review consent forms and the practical details of the plan. This is the point where the clinician explains what the next step actually is, how it will be monitored, what side effects are possible, and what happens if the response is not as expected. If you are considering in vitro fertilization, this may include discussion of egg retrieval, embryo culture, embryo transfer timing, and what will happen to any remaining embryos. For less intensive treatment, it may focus on ovulation induction, timed intercourse, or insemination logistics.

It is reasonable to ask how the team decides when to start a cycle, what symptoms should prompt a call, and how results will be communicated. Ask about the number of blood tests or ultrasounds that may be needed and whether there are activity restrictions. If anything in the plan is unclear, pause and ask for clarification; informed consent should feel understandable, not rushed.

The final pre-treatment step is often a reality check: making sure the medical plan, your schedule, and your support system are aligned. When those pieces fit, treatment usually feels less chaotic and more intentional.