

Grip report

You are planning on having kids in the next 1-3 years. You were x years old when you tested. You are using the pill. You're not using any medication. You experience(d) oily skin or hair, and you had a chlamydia infection. Your BMI is x given that your height is x cm and your weight is x kg.



Your blood sample was analysed on 19.10.2021 by an ISO15189 certified lab.

Your fertility risk profile:

Egg count

Based on your AMH of 27.26 pmol/L

low risk

Blocked tubes

Based on your Chlamydia IgG of 6.2 RU/mL

low risk

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Hi,

Your results all look positive and within the normal range. Based on your values, I see no indication that it should be specifically difficult for you to get pregnant in the future.

Getting ready for pregnancy is complex and a lot hasn't been researched yet. Most people start eating healthy and cutting back on smoking and drinking about 3 months before they actually want to conceive, but research has shown that the earlier you start doing these things, the more beneficial they are.

Remember, even with the best preparation: getting pregnant is like throwing a 6 on a dice; some people get lucky, others will need 10 attempts. This does not mean that something has to be wrong!

I recommend making lifestyle changes about a year before you want to get pregnant, and to start taking a prenatal vitamin about 3 months before.

Your first step towards getting ready for pregnancy is probably to come off birth control, and see how long it takes for your natural cycle to return. You could consider retesting 3 cycles after you come off birth control, as we'll be able to say more then.

I look forward to discussing your questions during our consultation!

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Your results have been reviewed and validated by [Dr. Emma Dickinson-Craig](#)

Your egg count is normal

You seem to have a normal amount of eggs for your age. We expect you to reach menopause around the average age, which is 51.

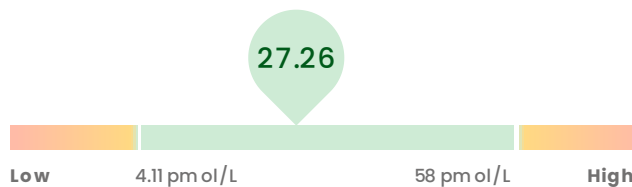
Your AMH (Anti-Mullerian Hormone)

Anti-Mullerian Hormone gets released by the growing follicles in your ovaries. It's the most reliable predictor of egg count that exists. A higher AMH means a higher number of eggs.

27.26

pmol/L

within range



You have a normal amount of eggs for your age. Your AMH level is 27.26 pmol/L. The median AMH level (the value that occurs most often) for a **31** year-old is **20.71** pmol/L.

Your egg count is around the **60th** percentile. This means that 40% of 31 year-old women have a higher amount of eggs and 60% a lower amount of eggs.

We expect you to reach menopause around the average age, which is 51 ([ref 2](#)).

Why do we test it?

Getting pregnant is like rolling a 6 with a dice: the more attempts you get, the higher the odds of getting lucky. As you get older, you have fewer cycles and therefore have fewer attempts at getting pregnant left. Early menopause (before 45) means that you have a shorter 'fertile window', and less chance of getting pregnant.

You were born with all the eggs you'll ever have, and every cycle you lose some in preparation for ovulation. You reach menopause when your egg supply is finished.



What you should look out for:

- We can't stress it enough: your egg count says nothing about whether you will become pregnant, or how long it will take. You only need one egg to conceive!
- To get pregnant you do not only need enough eggs, but also good quality eggs. Unfortunately, there is not (yet) a single test that can tell us anything about the quality of your eggs.
- The predictive value of AMH for the timing of menopause is not perfect, and there may be variation [\(ref 2\)](#).
- Because you're using hormonal birth control, your AMH value can be up to 20% lower than if you weren't using birth control. In other words: once you come off birth control, your egg count might be higher. AMH is reliable when you're on birth control (as in: if you have a normal value, then it's highly unlikely that you'll suddenly have an abnormal value when you come off birth control).

Ok, so what's next

- Here's the good news: you seem to have more than enough eggs to get pregnant, and it seems that your fertile window has a good length.
- It's hard to get exact stats by age, but to give you a frame of reference: people with ovaries who start trying for kids at 30 have an about **75%** chance of having a baby within 12 months and **91%** chance within 4 years. For those that start trying at 35, they have an 66% chance of having a baby within 12 months and 84% within 4 years [\(ref 10\)](#).
- The most important things that affect your egg count are your age and your genes. There is insufficient evidence that your weight or diet can affect your egg count, but if you're a smoker: stopping will definitely help.

You don't have a high risk of blocked tubes

You don't seem to have had a Chlamydia infection in the past, which means that your risk of blocked tubes due to scarring is low.

Your Chlamydia IgG

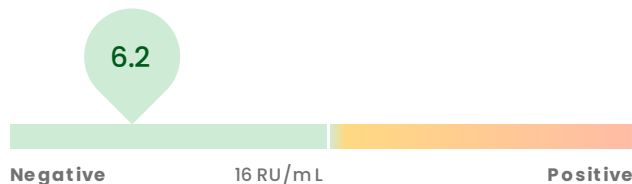
Chlamydia IgG stands for antibodies against the STD chlamydia. You can trace antibodies for a period of 7–10 years after having an infection, and the more intense the infection, the higher the number of antibodies.

Your Chlamydia IgG test is **negative**, which is a strong indication that you have never had a Chlamydia infection. If you know that you have had an infection in the past, this result means that the antibodies that your body has produced after that infection have since been cleared from your blood.

6.2

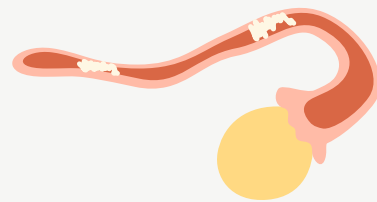
RU/mL

negative



Why do we test it?

If your tubes are blocked, the egg can't reach the uterus, and so you can't get pregnant. More than half of blocked tubes are the result of old Chlamydia infections, and majority of people with Chlamydia infection don't experience symptoms, so we test if you have antibodies against Chlamydia in your blood.



What you should look out for:

- Just because your Chlamydia IgG test is negative doesn't mean you definitely don't have blocked tubes. Antibodies are slowly cleared from your blood, so if your infection was >10 years ago it's possible that the test doesn't detect it.
- Other reasons for blocked tubes are endometriosis or a ruptured appendix, or other sorts of surgery on your stomach. If you've had these, then your risk of blockages is higher because of scarring.
- You've only been tested for past infections, not for a possible currently active infection. If you're worried about currently having Chlamydia, then please make sure you get tested.

Ok, so what's next

- Great news that your Chlamydia IgG is negative! This means the risk of blocked tubes is a lot lower, and it seems unlikely that this will stop you from getting pregnant.
- FYI: the risk of getting blocked tubes due to a Chlamydia infection is ~ 1% if you notice it early, and up to 20% if you experience pain and a fever.
- The risk of contracting Chlamydia when you have unprotected sex is ~ 1% ([ref 6](#) & [ref 7](#)). You already knew this, but – always make sure you use a condom until you've both tested!



Your next steps

1. Talk to one of Grip's doctors

Write down any questions that you might have, and we'll answer them during a videocall. You don't have to pay extra for this.

Questions that people typically ask include:

- What can I do to improve my fertility?
- Do you recommend any changes in diet or lifestyle?
- Is it a bad idea to wait another 2 years?

 **Schedule your consultation**

2. Get ready

- Consider coming off birth control for a while to see if your cycle comes back as normal. Depending on which type of birth control you use, this can take anywhere between being fertile again pretty much instantly, to over a year. You can track your cycle in your calendar or by using an app. Don't forget to use condoms if you're not ready to get pregnant straight away!
- You can do the full Grip test with a discount once you've been off birth control for at least 3 cycles. Use code RETEST120 for the discount, and we'll be able to tell you more about your risk of ovulation and thyroid issues.
- Has your partner been tested? 50% of fertility problems for straight couples originate from the man. If you have a male partner, encourage him to take a [sperm test](#). Your partner's diet has impact on the long term health of your baby, and so it's worth encouraging him to start eating healthy, cutting back on alcohol, and to stop smoking, too.
- Cliche but true: eating healthy, quit smoking, and reducing stress all have a positive impact on your chances to get pregnant.

 **Read more on our blog**

3. Join our community of 650+ women

You're not the only planner out there. There are over 3,000 women who have taken the Grip test - 25% are trying to get ready for a future baby, of which 21% are on hormonal birth control.

Join our online community of 650+ women who'd love to talk to you.

 **Join the conversation**

4. Talk to your GP

- You're unlikely to get any additional tests at your GP, because based on your results there's a good chance you will get pregnant naturally.
- We recommend keeping your GP in the loop, in particular if you want to come off birth control to see if your cycle is regular. To make this easier you can download a letter from Dr. Emma Dickinson-Craig and [your lab results](#).



Beste huisarts,

Uw patiënte, heeft op eigen initiatief en op eigen kosten een Grip test laten uitvoeren. Dit betreft een screenend vruchtbaarheidsonderzoek.

In het bijgevoegde labformulier vindt u de uitslagen, de afwijkende waarden zijn gemarkeerd.

Graag willen wij u verzoeken om in te schatten of verder onderzoek en behandeling op dit moment gewenst is.

Met vriendelijke groet,

Dr. Emma Dickinson-Craig

Grip

Meer informatie kunt u vinden op onze website via www.heygrip.com/huisartsen