

Grip report

You are planning on having kids in the next 1–3 years. You were x years old when you tested. Your menstrual cycle is regular as it's between 21 and 35 days and never varies by more than 3 days. You pricked on day 3 of your cycle. You are not on hormonal birth control. You're not using any medication. You experience(d) excess hair growth. 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

low risk

Based on your AMH of 32.53 pmol/L

Ovulation issues

low risk

Based on your AMH of 32.53 pmol/L · Testosterone of 1.6 nmol/L · LH of 7.1 IU/L

Thyroid issues

low risk

Based on your TSH of 1.75 mIU/L

Blocked tubes

low risk

Based on your Chlamydia IgG of 6.2 RU/mL

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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!

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](#)).

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.

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.

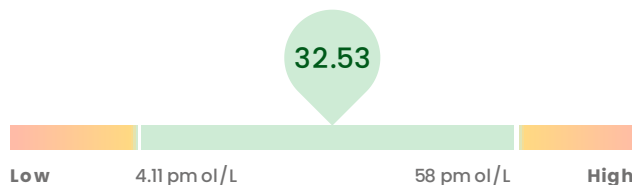
Your AMH (Anti-Mullerian Hormone)

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.

32.53

pmol/L

within range



You have a normal amount of eggs for your age. Your AMH level is 32.53 pmol/L. The median AMH level (the value that occurs most often) for a **34** year-old is **17.86** pmol/L.

Your egg count is around the **70**th percentile. This means that 30% of 34 year-old women have a higher amount of eggs and 70% 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 [\(ref 2\)](#).

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 seem to be ovulating regularly

We have no reason to believe you have ovulation issues, which is a huge step towards getting pregnant easily in the future.

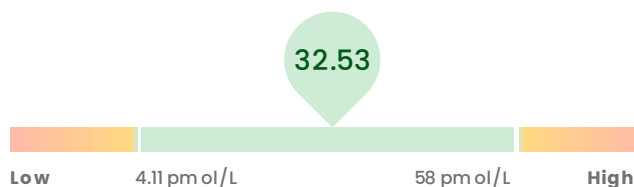
Your AMH (Anti-Mullerian Hormone)

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.

32.53

pmol/L

within range



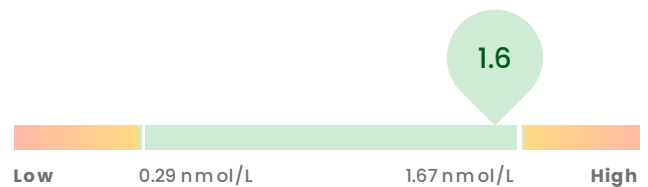
Your Total T (Total Testosterone)

Your Total Testosterone helps diagnose Polycystic Ovarian Syndrome. A raised Total T means you might be at risk of ovulation issues.

1.6

nmol/L

within range



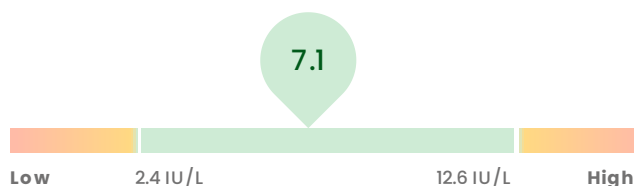
Your LH (Luteinizing Hormone)

Luteinizing Hormone is helpful to understand whether you are ovulating. A high LH indicates that your body has to 'work harder' to release an egg.

7.1

IU/L

within range



The most common reason why women struggle to get pregnant is [Polycystic Ovarian Syndrome \(PCOS\)](#). Because your AMH, LH and total T are all within the normal range, and your cycle is regular, **we have no reason to assume you are at an increased risk of PCOS.**

Why do we test it?

A regular ovulation is a big indicator that your hormones are healthy, and it means that you can time when to have sex to get pregnant. About 1 in 10 women have PCOS, which means that it's harder to predict when the egg gets released. PCOS is the most common reason that women struggle to get pregnant.



What you should look out for:

- The most reliable predictor for ovulation problems is an irregular cycle. A regular cycle lasts between 21 and 35 days and does not differ more than 3 days in length per month. Your cycle is currently regular, which is great!
- If your cycle suddenly changes, then we always recommend to chat to a doctor.

Ok, so what's next

- It's helpful to understand your ovulation pattern before you actually want to start trying for a baby. You can use ovulation kits or a temperature curve to understand when exactly you ovulate.
- Given that your ovulation seems regular, it should be possible to pinpoint roughly when you are releasing an egg each month, using ovulation kits or a temperature curve.
- We recommend having sex every other day in the 5 days before you ovulate and 2 days after you ovulate for the highest chances of getting pregnant.

Your thyroid seems to be working well

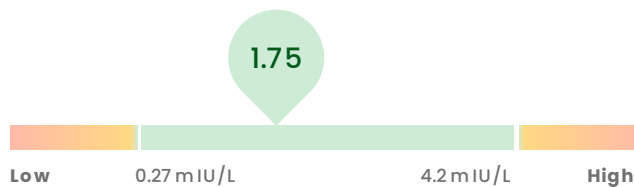
A healthy thyroid helps with ovulation and lowers your risk of miscarriage. 1 in 8 women have thyroid issues.

Your TSH (Thyroid-Stimulating Hormone)

TSH stands for thyroid stimulating hormone. It's one of the hormones that regulate your thyroid gland. An in-range TSH means your thyroid is functioning well.

1.75
mIU/L

within range



Your **TSH level is normal**, which gives us no reason to assume your thyroid is under- or overactive.

Why do we test it?

Your thyroid produces hormones which regulate a tonne of things in your body. It can be over- or underactive, causing issues with your weight, your metabolism, and your fertility. Once diagnosed, thyroid issues are relatively easy to treat and manage.



What you should look out for:

- Always stay alert to symptoms that suit an under- or overactive thyroid: hypersensitivity to temperature (always cold, always warm), fatigue, depression, bowel problems (constipation or diarrhea), heart palpitations and unwanted weight gain or loss.

Ok, so what's next

- It seems very unlikely that your thyroid will stop you from getting pregnant, so you're on the right track.
- Maintain a balanced diet and regular physical activity to help your thyroid stay healthy.

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

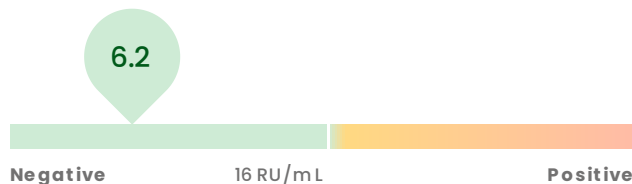
Chlamydia IgG stands for antibodies against the STD chlamydia. You can trace antibodies for a period of 7–10 years after having an infection, and the more intense the infection, the higher the number of antibodies.

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

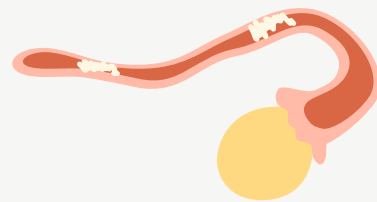
RU/mL

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

- Track your ovulation, for example with the use of ovulation tests. You're only fertile for 48 hours every cycle, and what day you ovulate is different for everyone. We also recommend using a tracking calendar, like an app or diary. This will help you understand when to have sex once you're ready to get pregnant, and optimises your chances.
- 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.

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. To make this easier you can download a letter from Dr. Emma Dickinson-Craig and [your lab results](#).

If you have any questions about your report feel free to contact us: WhatsApp [+31 6 57 62 54 78](tel:+31657625478) Email

hello@heygrip.com



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,

Namens professor Broekmans, hoogleraar voortplantingsgeneeskunde & endocrinologie aan het UMC Utrecht en onze fertiliteitsartsen

Dr. Emma Dickinson-Craig

Grip

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