

Risk Factors for Secondary Infertility in Thi-Qar (Province of Iraq)

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ABSTRACT

You can have primary or secondary infertility. When a person is completely unable to conceive, it is primary infertility. When someone has already given birth but is no longer able to, it is called secondary infertility. The purpose of this study is to shed more light on the most prevalent secondary infertility causes among infertile women in Thi-Qar, with a focus on modifiable risk factors and an attempt to control them through preventive and therapeutic measures with a chance to reduce secondary infertility incidence. A study was conducted between January 2019 and June 2022 to identify the risk factors for secondary infertility. From the infertility unite at Bint Al-Huda teaching hospital and private clinic, 50 cases in total were chosen. Interviews and document reviews were used to acquire the data. The study found that: age of the patient 70% from 31- 45 and 70% of them were house wife. Regarding their parity (54% para 1, 10% para 2 and 36% para 3). 70% of patient with ultrasound features of PCOS which is significant, 8% of them had tubal blockage. Regarding hormonal levels; 58% LH/FSH more than 2 and 76% with serum prolactin level more than 25ng/ ml. For thyroid function, 4 patient had hypothyroidism. 66% with irregular menstrual cycle, of them 10% had pelvic inflammatory disease and 2% with ectopic pregnancy 48% with history of abortion and 14% of them undergone curettage. 54% of the participant delivered by CS and only 9 of them use contraception, also we discover that 35 patients (75%) of them has history of primary infertility which highly significant. For male seminal fluid analysis: 10 of them 20% with abnormal SFA (6% oligozoospermia, 14% Asthenozoospermia). The features found in this study may aid in patient screening and the creation of preventative measures. This study concluded that a number of medical and demographic factors interact to cause secondary infertility. Age, profession, ectopic pregnancy history, pelvic inflammatory illness, high prolactin levels, hypothyroidism, and CS delivery were some of the factors that were considered. High significance is attached to the patient's PCOS and history of primary infertility.

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