

Jane's Fertility Hormone Report

This report will help you better understand your reproductive hormones and what it means for your fertility. Below is a quick summary of your results. A more detailed description of what each hormone means is included further on in 'Understanding the science'.



Ovarian reserve

AMH | Anti-Mullerian hormone

2.03 pmol/l - low



FSH | Follicle-stimulating hormone

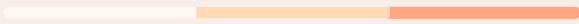
7.95 iu/l - within range



Ovulation

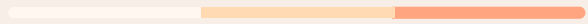
LH | Luteinizing hormone

4.36 iu/l - within range



P | Prolactin

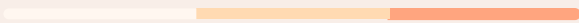
343 mU/l - within range



General Thyroid Health

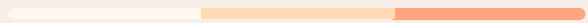
TSH | Thyroid-stimulating hormone

3.11 mIU/l - within range



T4 | Free thyroxine

15.5 pmol/l - within range



Understanding the science

AMH | Anti-Mullerian hormone

2.03 pmol/l - low



The science:

You are born with a particular number of eggs that decline over time. AMH is a hormone released by your eggs, and therefore is a good indicator of the number of eggs you have and your ovarian reserve. Having a higher AMH typically means that you have more eggs releasing the hormone. Additionally, it helps clinicians predict your response to drugs used in IVF. At normal levels of AMH your ovaries respond better to stimulating medication used in IVF. If the AMH level is high, you may over-respond to medication, and with a low AMH the ovaries may not respond to the drugs.

What a low result may mean:

Low levels of AMH is indicative of poor ovarian reserve which may correlate with low fertility. It does not mean that a woman with low AMH cannot become pregnant particularly if they are ovulating regularly. There are many factors that influence a woman's chance of conception.

What a high result may mean:

A high AMH suggests that there are a high number of eggs within the ovaries. In general, having a greater number of eggs is positive, however this could also be associated with polycystic ovaries. Women with polycystic ovaries have higher numbers of follicles and therefore produce excess AMH. Some women with polycystic ovaries have polycystic ovarian syndrome which can lead to irregular periods because ovulation is not taking place regularly.

FSH | Follicle-stimulating hormone

7.95 iu/l - within range



The science:

FSH is released by the pituitary gland in the brain. It is a useful indicator of your ovarian reserve, which is a measure of both the number of eggs in your ovaries, and the fertility potential of those eggs. This test should be taken between days 2-4 of your menstrual cycle. This hormone rises when there are fewer eggs, as greater stimulation is required to achieve ovulation. High FSH levels can make getting pregnant difficult and often causes poorer response to fertility medication. Normal FSH levels are below 9. Typically, IVF remains an option if your score is below 10, some clinics may have higher cut-off scores.

What a low result may mean:

Low levels of FSH can signal that you are not ovulating or are pregnant. It can also be caused by use of certain contraceptives or hormone replacement therapy.

What a high result may mean:

If your FSH level is above 9 this will indicate lower ovarian reserve (fewer eggs) and likely that your ovaries are not ovulating regularly. FSH rises in women as egg production declines. FSH can be used to assess if a woman is going through the menopause. A level above 25 is suggestive of the menopause.

 **LH** | Luteinizing hormone

4.36 iu/l - within range



The science:

LH is released by the pituitary gland in the brain. This hormone rises in the first half of your cycle, and when it peaks, it causes an egg to be released from the ovary (ovulation). The pee sticks that are used every month to track ovulation is actually measuring the surge in LH that happens right before ovulation! This hormone is tested between days 2-4 of your cycle so it is not looking for the peak. The baseline result can help identify if a woman is likely to have polycystic ovarian syndrome, as the baseline level is likely to be high in this condition.

What a low result may mean:

Low levels of LH can be seen in secondary ovarian failure indicating disorders of the pituitary gland or hypothalamus.

What a high result may mean:

Raised LH in women is usually indicative of polycystic ovarian syndrome and may mean that you are not ovulating regularly.



P | Prolactin

343 mU/l - within range

The science:

Prolactin is a hormone produced by the pituitary gland. It is mainly used to help women produce milk after childbirth. However, Prolactin also plays an important role in reproductive health. High levels of prolactin can cause irregular cycles or missed periods.

What a low result may mean:

It is normal for women who are not pregnant or breastfeeding to have low levels of prolactin in their blood. Low levels of prolactin in breastfeeding women may impact milk supply.

What a high result may mean:

Women who produce too much prolactin are said to have hyperprolactinemia. This can be caused by a cyst on the pituitary gland which causes the gland to produce more prolactin. Women with high prolactin can find that they have a milky discharge from their nipples. High prolactin is associated with hypothyroidism and can be caused by some medications. In women it can be linked with polycystic ovaries. As prolactin inhibits ovulation women with high prolactin may experience irregular or missed periods.



TSH | Thyroid-stimulating hormone

3.11 mIU/l - within range

The science:

The thyroid is the little engine that helps regulate all your hormones. So ensuring that you have a good thyroid function is important in the context of trying to get pregnant. The TSH (thyroid stimulating hormone) test helps us understand if your thyroid functions are normal. TSH is particularly important in regulating metabolism, and plays a significant role in reproduction and pregnancy health.

What a low result may mean:

Low TSH means that your thyroid gland is over-producing thyroid hormones and you may have an overactive thyroid (hyperthyroidism). Common symptoms include feeling hot, losing weight, feeling more anxious. We like to look at TSH in the context of T4. If low TSH is accompanied by low T4, this means the underlying problem is in the pituitary gland. Low TSH can occur in people who have a diagnosed thyroid condition and are taking medication. In this case it means the medication may need to be adjusted.

What a high result may mean:

High TSH means that your thyroid gland is under-producing thyroid hormones and you may have an underactive thyroid (hypothyroidism). An underactive thyroid means your body is not producing enough thyroid hormones to keep your metabolism running at a healthy level. Common symptoms include putting on weight, finding it difficult to lose weight, feeling cold, feeling tired, having dry skin and hair.

 **T4** | Free thyroxine

15.5 pmol/l - within range

The science:

T4 (thyroxine) is produced by the thyroid and is important in regulating various functions including growth and metabolism. High free T4 may indicate an overactive thyroid and low results in an underactive thyroid. We like looking at T4 together with TSH because it gives us an indication of how your pituitary gland is working – the main gland that controls your reproductive hormones!

What a low result may mean:

Low T4 may indicate that the thyroid is underactive (hypothyroidism) and is not producing enough thyroid hormone resulting in a slower metabolism. Common symptoms include feeling cold, gaining weight and low mood.

What a high result may mean:

High T4 indicates an overactive thyroid resulting in an overactive metabolism. Symptoms of an overactive thyroid include sensitivity to heat, difficulty in gaining weight and feelings of anxiety. Sometimes raised T4 occurs in people diagnosed with a thyroid disorder and are taking too much thyroid replacement hormone (thyroxine).

Our mission is to empower women with access to personalised support, trusted expertise, and convenient services. We're here for you!



Created with world leading health experts



Providing personalised guidance specific to you.



Enabling health care on your terms.

Dear Jane

We hope that by doing the hormone test and reading this report we have armed you with more facts so that you can be better prepared for your fertility journey.

Please remember these tools are to educate you. We do encourage you to share this with your doctor so they can best guide you on any treatment you may or may not need.

If you have more general questions about our product or processes, please contact us at hello@myparla.com and we will help you find the answer.

The Parla Team

The information presented here is general. Parla provides information only, not diagnosis or treatment. If you are unsure of what your results mean or have any concerns, you should discuss your results further with your Doctor. Please read our Terms and Conditions.