



FERTILITY IN POLYCYSTIC OVARY SYNDROME (PCOS)

- Myths: People with PCOS must have children young and older people with PCOS cannot conceive.
- A PCOS diagnosis often occurs after difficulty becoming pregnant or recurrent pregnancy loss.
- Many people with PCOS can conceive naturally. However, around 70% people with PCOS will take longer or take more help to conceive (also known as infertility). With appropriate fertility treatment, people with PCOS have live birth rates similar to the general population.
- Individuals with PCOS completing IVF achieve a better live birth rate than those without PCOS, but are at an elevated risk of adverse pregnancy-related outcomes.
- Research shows that those with PCOS show sustained fertility with advancing age compared to controls.

POSSIBLE FERTILITY STRUGGLES



Irregular or infrequent periods and/or lack of ovulation, difficulty becoming pregnant, and/or pregnancy loss.



Excessive worries about infertility, which may lead to risk taking with contraception, pressure to conceive early, or changing life plans.
Persistent depressed mood, grief, and/or feelings of hopelessness or helplessness.



Social isolation or avoiding loved ones, maybe due to hurt from criticism or lacking empathy.
Relationship conflict or disconnecting from partner or spouse.
Negative thoughts about self due to societal stigma of infertility in PCOS.
For people who identify as female, may feel a sense of threat to womanhood or inadequacy.



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PCOS Challenge
THE NATIONAL POLYCYSTIC OVARY SYNDROME ASSOCIATION



WHAT YOU CAN DO



ADVOCATE AND COLLABORATE

Collaborate with your providers for early fertility assessment and intervention. One year of trying is often recommended but may not be best for PCOS.

Ask providers their knowledge about PCOS and fertility.

Ask for referrals to knowledgeable specialists (OBGYN, Nutritionist, Health Psychologist, Endocrinologist, Dermatologist, etc.)



SEEK INFORMATION AND SUPPORT

Seek information from OBGYN or fertility specialist to understand how PCOS may impact fertility, so that you can prepare and manage your symptoms before conception.

Seek support from compassionate peers, online infertility support groups, or psychotherapy.



IDENTIFY EXTERNAL SOURCES OF DISTRESS

Notice when stigma, insensitivity, and societal expectations are negatively impacting you.



SET BOUNDARIES

Tell loved ones what support you need, what is helpful, what is hurtful.

Limit social media use and online information seeking.



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QUESTIONS AND TIPS FOR TALKING WITH YOUR MEDICAL PROVIDER ABOUT FERTILITY CARE:

- Do you think I am ovulating? If you don't know, how can we get more information about this?
- How do my age and ovarian reserve play into my plans for future fertility?
How might these factors influence my timeline for trying to conceive?
- Is there any testing (genetic, infection, immunity, otherwise) that I should have before starting to try to conceive?
- Do we need to rule out non-PCOS causes of fertility problems?
- Is my medication regimen compatible with trying to conceive?
If not, what needs to be changed?
- How can I optimize my chances at natural fertility?
- Seek an OBGYN provider with knowledge of PCOS and/or a fertility specialist to address questions/concerns.
- Collaborate with your provider to make a proactive treatment plan.

ADDITIONAL RESOURCES



Scan for PCOS
resource links

- Access Support through the PCOS Challenge: The National Polycystic Ovary Syndrome Association Support and Empowerment Network
- Attend a free, virtual support group related to Pregnancy Loss or Fertility Challenges offered by Postpartum Support International
- Listen to Fertility Related Podcasts
- American Society for Reproductive Medicine Podcast about PCOS and Fertility, and other reproductive medicine resources
- Fertility Information on AskPCOS – www.askpcos.org



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