Grip

LING LIN

GRIP FERTILITY REPORT

London
United Kingdom

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About you

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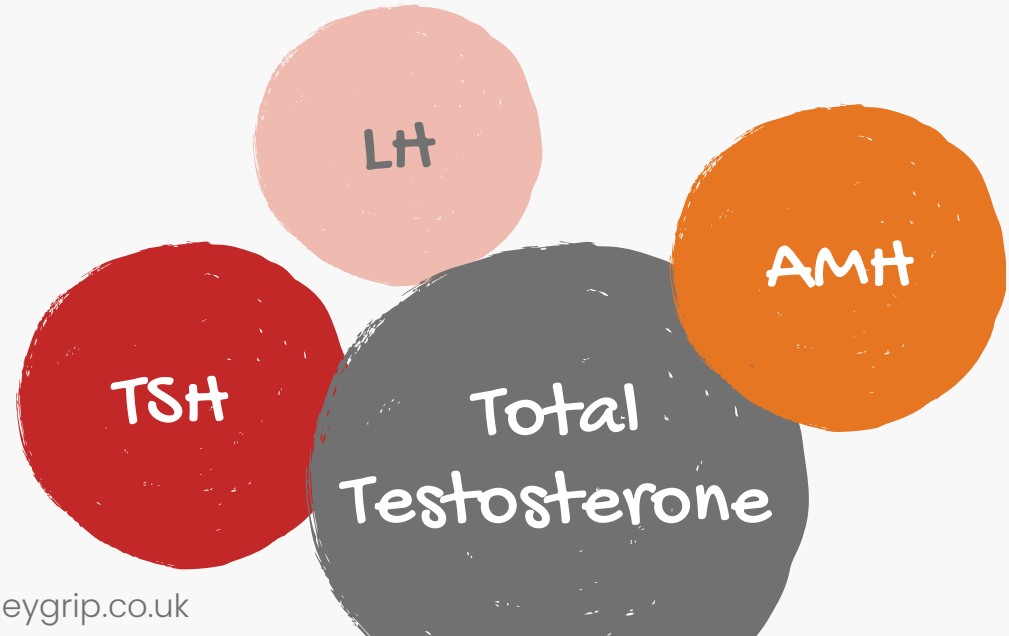
- You are 32 years old
- You are not on birth control
- Your menstrual cycle is regular
- You are not on any medication
- You were tested for the following hormones:
  - AMH (Anti-Mullerian Hormone)
  - LH (Luteinizing Hormone)
  - Total T (Total Testosterone)
  - TSH (Thyroid-Stimulating Hormones)

Your blood sample was analyzed on 06-04-2020.
Your blood was analyzed by an ISO15198 certified lab.
This report has been validated by Drs. Emma Dickinson-Craig.



Quick summary

Grip

You have a normal amount of eggs for your age.

Based on AMH of 4.21 ng/ml

This is a technical term for "how many eggs you have left". Your range is adjusted to your age. AMH correlates with the number of follicles (small egg sacs) you currently have, and whether this is normal for your age. The number of eggs does not affect your chance of getting pregnant at this time.

You are not at risk of PCOS.

Based on AMH of 4.21 ng/ml, Testosterone of 1.3 nmol/L, and LH of 8.7 IU/l

The most common reason women have difficulties conceiving is ovulation problems. Women with PCOS tend to have irregular cycles. One in ten women suffer from Polycystic Ovary Syndrome (PCOS), which is often difficult to diagnose. 75% of women with a high testosterone value, in combination with high AMH and high LH, suffer from PCOS.

Your thyroid gland appears slightly underactive.

Based on TSH of 4.82 mU/L

One in six women has thyroid problems, often without knowing it. A fast or slow thyroid makes it difficult to get pregnant because it can interfere with ovulation, and it increases your risk of miscarriage when you are pregnant.

Your fertility

Ovarian reserve

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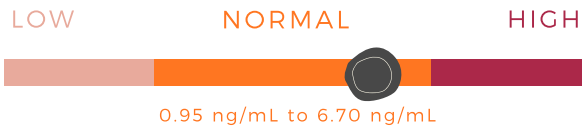
AMH (Anti-Mullerian Hormone) **4.21 ng/mL**



YOU SEEM TO HAVE A NORMAL AMOUNT OF EGGS

You seem to have a normal amount of eggs for your age. The median AMH (which is the most common value) for a 32-year-old woman is 2.6 ng / ml (ref 1). An AMH value of 4.21 ng / ml is around the 70th percentile, meaning that 70% of the 32 year old women have fewer eggs.

The average age of women entering menopause with is 51. Based on your AMH value, you are likely to enter menopause around the average age. As such, we have no reason to assume that you will enter early menopause (ref 2). AMH isn't a perfect predictor as the interval of age that it predicts you going into menopause is wide and additionally its predictive value decreases the older you get. It's always good to check when your mother entered menopause and whether your periods are regular, too.

WHAT DOES THE TEST NOT TELL YOU?

Remember: AMH cannot predict whether you will become pregnant. To get pregnant you 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. In addition, the predictive value of AMH for the timing of menopause is also not perfect and there may be variation (ref 2).

OK, SO WHAT'S NEXT?

Even though your AMH level is normal, it can be nice to know if there is something you can do to keep it that way. The most important things that can affect your ovarian reserve are your age and your genes, but your lifestyle can also have an effect. The biggest lifestyle change that will benefit your ovaries is to quit smoking (if you smoke), even if your AMH levels are in the normal range (ref 3). There is insufficient evidence that your weight or diet can affect AMH. We recommend that you test annually so that you can keep track of whether your AMH is decreasing quickly or slowly.

Your fertility

PCOS

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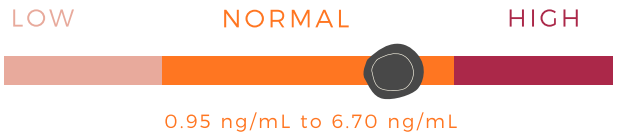
AMH (Anti-Mullerian Hormone) — 4.21 ng/mL



LH (Luteinizing hormone)

LH is to be tested on the 3rd day of your period, during the follicle phase

8.7 IU/L

Total T (Total testosterone)

Testosterone is to be tested on the 3rd day of your period, during the follicle phase

1.3 nmol/L

YOU DON'T SEEM TO HAVE PCOS

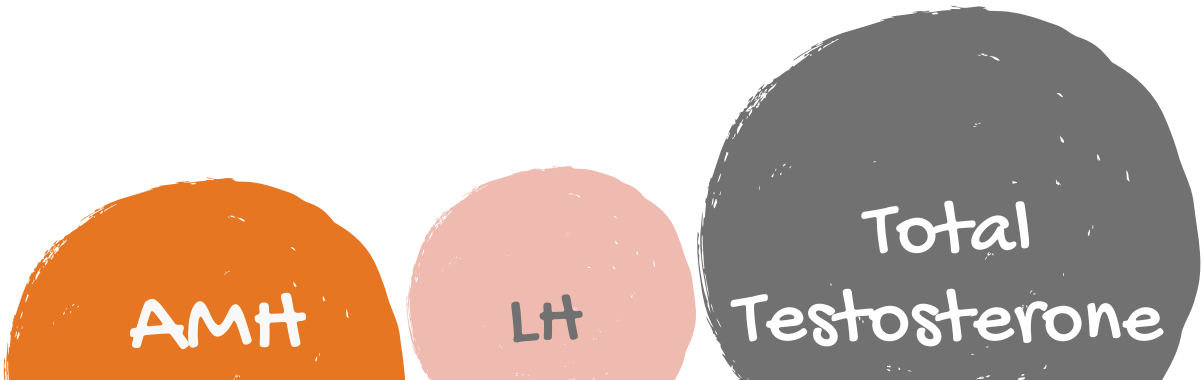
Your AMH, LH and testosterone are all in the normal range, so we have no reason to believe you have ovulation problems. The most common ovulation disorder is Polycystic Ovary Syndrome (PCOS), but we find no evidence in your hormones that you are suffering from it. PCOS is a complicated syndrome that is difficult to diagnose, but if you have irregular period, a high AMH value, and a high T value, the chance of PCOS is about 75% (ref 4).

WHAT DOES THE TEST NOT TELL YOU?

The most reliable predictor for ovulation problems is an irregular cycle (a normal cycle lasts 23-35 days and does not differ more than 3 days in length per month). If you suffer from this, it is always wise to talk to your doctor. The Grip test does not measure your actual ovulation. This is only possible with a (daily) ultrasound at the gynecologist.

OK, SO WHAT'S NEXT?

These results make it much less likely that you have PCOS, but if you suffer from an irregular cycle, it is wise to speak to your doctor.



Your fertility

Thyroid

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TSH (Thyroid-stimulerend hormoon) **4.82 mU/L**

YOUR THYROID GLAND APPEARS SLIGHTLY UNDERACTIVE

Your TSH level is slightly above the normal range, which means you may have a thyroid glands are slower than average. We recommend that you talk to your doctor and have your FT4 checked. Your thyroid is not only important for your fertility, but also plays an important role in your metabolism

WHAT DOES THE TEST NOT TELL YOU?

Your thyroid hormones are work closely with each other and your TSH is only one part of that. TSH is a good first indication that something is wrong, but more tests are needed to identify a problem (if there is one).

Symptoms that suit an under active thyroid are: hypersensitivity to temperature (always cold), fatigue, depression, bowel problems (constipation), palpitations and unwanted weight gain.

OK, SO WHAT'S NEXT?

Your GP can order additional analysis based on your TSH measurement to find out if there's anything wrong with your thyroid gland. We expect that the GP will at least want to measure FT4. Thyroid abnormalities are easy to treat with medication.

What's next?

TALK TO YOUR DOCTOR

We recommend you to share y our results with your doctor or gynecologist. Even if everything looks good, it's a good time to talk to your doctor about your fertility.

Your doctor can also tell you more about freezing eggs or other treatments.

COMPLIMENTARY VIDEO CALL WITH GRIP'S DOCTORS

Drs. Noor Teulings is one of the co-founders of Grip. She completed her PhD in maternal cardiovascular health at the University of Cambridge and medical doctoral at University of Utrecht.

If you have questions about your results, or if you want to make a plan how to proceed, you can make an appointment for a free video call with her. You can email her at noor@gripfertility.com, or book a consultation at https://gripfertility.com/book-online.

JOIN OUR PRIVATE CHAT GROUP

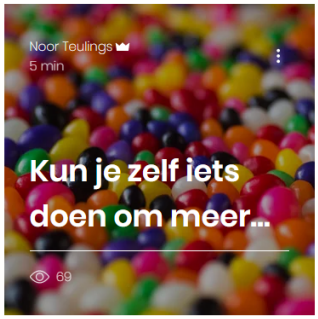
If you are not yet a member of our Slack group, now is the time to do so! Grip is not just a test, but a community of women who have taken matters into their own hands.

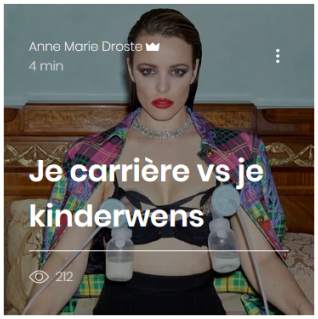
You should have an invitation to join our private Slack group in your mailbox. Email us if you have any questions.

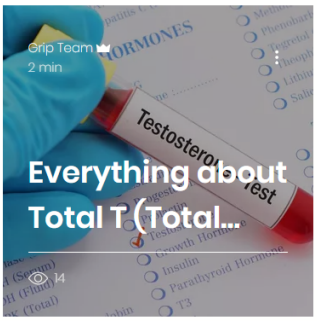
Read more

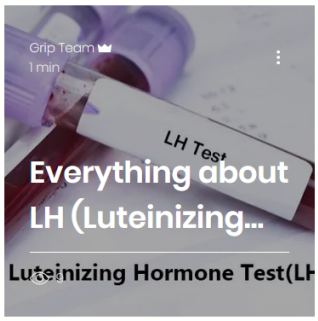
Grip

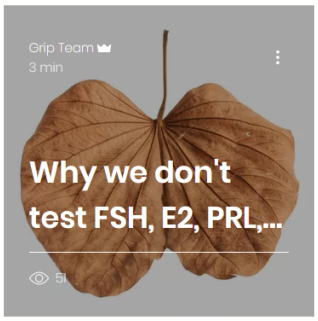
New insights & stories on our blog every week.

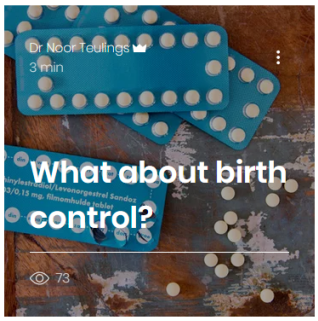


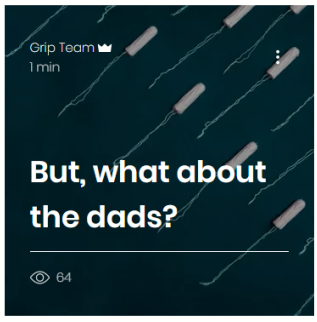


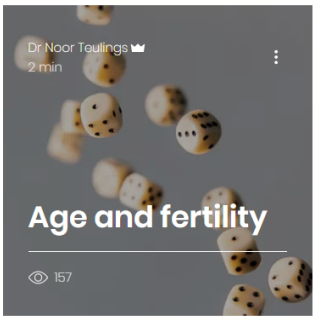


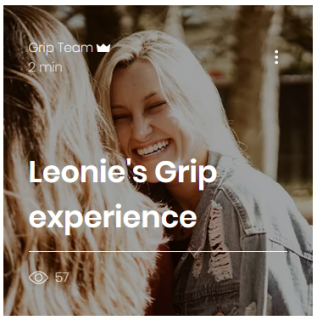


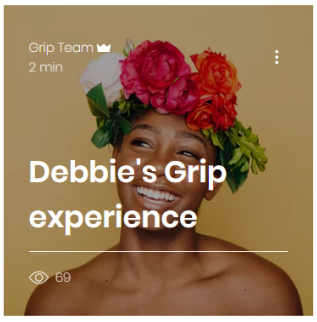












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