Louis Weckstein, MD Susan Willman, MD Mary Hinckley, MD Deborah Wachs, MD Carmelo Sgarlata, MD Evan Rosenbluth, MD Kristen Ivani, PhD



## **ANTRAL FOLLICLE COUNT**

Antral follicles are the small follicles (about 2-9 mm in diameter) that can be seen and measured within the ovary. Antral follicles are also referred to as resting follicles. Vaginal ultrasound is the best way to accurately assess and count these small structures. The Antral Follicle Count is predictive of current and future responses to ovarian stimulation and can be helpful in determining the prognosis for a reproductive-age woman.

Typically, the Antral Follicle Count is done at the start of a woman's menstrual cycle. A Vaginal Ultrasound is performed and the number of Antral Follicles is determined. A normal number of Antral Follicles would be 10 or more. If fewer than 10 Antral Follicles are present, this may indicate decreased ovarian reserve and a reduced chance for successful treatment and pregnancy. The presence of more than 24 Antral Follicles may indicate the presence of polycystic ovaries as well as an increased possibility of over stimulating your ovaries through the use of fertility medication.

## **UTERINE SOUNDING**

Prior to transferring embryos into the endometrial cavity, we require a Uterine Sounding. Uterine Sounding is also known as a trial or mock embryo transfer.

Typically, the Uterine Sounding is done at the start of a woman's menstrual cycle and may be done at the time of Saline Sonogram (SIS). Uterine Sounding involves passing an empty embryo transfer catheter through the cervix into the endometrial cavity. The procedure is done to ensure the cervical canal can be easily navigated with a catheter on the day of your embryo transfer.

By evaluating the path of the cervix and endometrial cavity in advance your physician can better anticipate any problems or complications that may interfere with an actual embryo transfer and suggest, if necessary, another treatment course.

