POSTCOITAL TEST

The postcoital test (PCT) attempts to assess the efficiency of transmission of sperm from the male to the female reproductive tract. Further, the test attempts to determine the capacity of sperm to survive and move within the female reproductive tract, specifically the cervix (opening of the uterus). The presence (under the microscope) of motile sperm in the cervical mucus is considered a normal postcoital test. Absence of sperm or the presence of only nonmotile sperm is considered abnormal. The PCT may be conducted as part of an infertility evaluation to determine if a cervical factor is preventing pregnancy.

Timing the PCT:

Cervical mucus is normally receptive to sperm only during the periovulatory time of the cycle, so timing the PCT is very important.

LH-timed:

In order to perform the PCT, the correct preovulatory time must be determined by monitoring the luteinizing hormone (LH) surge. Approximately 24 hours before ovulation, the pituitary gland secretes a burst of LH known as the LH "surge." This hormone LH is ultimately excreted in urine, which provides an easy way to test for LH and determine/predict ovulation. You should test your urine for the presence of LH (see specific instructions) and contact the office after a LH surge.

HCG-timed:

HCG is an injectable medication used to trigger ovulation and is administered at a specific time of the day, usually 10:00 p.m. for a PCT. The PCT is usually conducted 36 – 38 hours after your HCG injection.

The PCT may be scheduled by calling the office at the time of your luteinizing hormone (LH) surge, or day of HCG. An appointment will be made on the morning after the day of your LH surge, or two mornings after HCG (given at 10:00 p.m.). Intercourse should occur 2 to 4 hours before the appointed time. It is not necessary for your husband to accompany you.

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