

# Cycles of Reproductive Technology and Male Factor Infertility

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**Received date:** November 14, 2023, Manuscript No. IPJREI-23-18211; **Editor assigned date:** November 17, 2023, PreQC No. IPJREI-23-18211 (PQ); **Reviewed date:** December 01, 2023, QC No. IPJREI-23-18211; **Revised date:** December 08, 2023, Manuscript No. IPJREI-23-18211 (R); **Published date:** December 15, 2023, DOI: 10.36648/2476-2008.8.4.63

**Citation:** Jaiswal A (2023) Cycles of Reproductive Technology and Male Factor Infertility. J Reproductive Endocrinal & Infert Vol.8 No.4:63.

## Description

The term "infertility caused primarily by male factors encompassing:" is used to describe male factor infertility. Abnormal functions or parameters of the sperm; abnormalities in the reproductive system's anatomy, endocrine system, genetics, function, or immune system; persistent illness; and sexual circumstances that interfere with the ability to deposit sperm in the vagina. A crucial component of the diagnostic workup for determining the state of male fertility is the evaluation of sperm parameters like concentration, progressive motility, and morphology. Beyond the quality of the sperm, specific diagnoses of male factor infertility will ultimately require large-scale research. Up to 27% of men in infertile couples, according to the National Survey of Family Growth, had never been tested for male factor infertility. As indicated by the AUA/ASRM rules, an assessment of male fruitlessness for the most part starts with a nitty gritty clinical, careful, conceptive, and family ancestry. This should include the frequency and duration of coital periods, as well as a history of infertility in the past, such as erectile dysfunction, premature ejaculation, and Peyronie's disease in children. Male variable barrenness can be because of a few causes and ought to be at first assessed with an exhaustive history, actual assessment, sufficient SA, and when demonstrated, endocrine profile investigation. Azoospermia, asthenospermia, and oligospermia are examples of abnormal SA findings. Men with barrenness or potentially strange semen boundaries ought to be guided on conceivable related conditions and wellbeing gambles related with their regenerative condition.

## Assisted Reproductive Technology

A thorough history, physical exam, and sperm analysis should all be part of a male infertility evaluation. High-quality sperm analysis requires at least two tests, spaced at least two weeks apart. The prevalence of male factor infertility among patients and couples receiving Assisted Reproductive Technology (ART) treatments is monitored annually, despite the fact that there is insufficient information regarding the prevalence of male factor infertility in the general population. The fertility clinic success rate and certification act was enacted by congress in the united states in 1992. This law requires the Centers for Disease Control and Prevention (CDC) to publish standardized pregnancy success

rates for all fertility clinics in the United States, as well as to provide detailed information on all ART cycles to the CDC. Based on the most recent data on the type, number, and outcome of ART cycles performed in US clinics through the National ART Surveillance System (NASS), the CDC has reported ART success rates annually since 1995. The data collection tool offered a selection of up to eight distinct female diagnoses for each cycle for more than two decades. Notwithstanding, male element barrenness was gathered as a solitary variable to demonstrate whether male component fruitlessness was available or missing. The NASS began collecting more data about ART cycles in 2016 to learn more about the type of male factor infertility and the male date of birth. The purpose of this cross-sectional study was to analyze the NASS data to determine the prevalence of male factor infertility cycles in 2017 and 2018 and to identify their subcategories.

## Treatment

The treatment boundaries analyzed in this study were the utilization of PGT, ICSI, and SET with regards to male element fruitlessness. Preimplantation genetic testing was used more frequently in cycles in which the male partner reported a genetic or chromosomal abnormality, and it was used in approximately one quarter of cycles with a diagnosis of male factor infertility. Given the benefits of PGT in the context of known parental genetic abnormalities, this higher rate of PGT utilization among cycles with a genetic or chromosomal abnormality was anticipated. In cycles with a diagnosis of male factor infertility, the most common method of fertilization was intracytoplasmic sperm injection. Clinics have been performing ICSI in the majority of male and non-male factor cycles despite the lack of evidence that ICSI is beneficial to non-male factor infertile couples. More than 80% of male factor infertility cycles reported in the United States were treated with ICSI, according to this study. Preliminary reports indicate that the clinical pregnancy rates following SET in male factor infertility are comparable to those of other types of infertility. Unless poor-quality sperm contribute to poor-quality embryos, male factor infertility appears to play a smaller role in determining the number of embryos to transfer. It has been noted that a strategy to reduce ART-caused multiple births and improve outcomes is single embryo transfer, which is used in approximately two thirds of cycles with male factor infertility.