Endometriosis and Fertility

endometriosis new zealand

Kia Ora!

The aim of this booklet is to support you with clear, practical information about endometriosis and fertility, and to help guide you through the decisions you may need to make.

The issue of endometriosis and fertility can feel complex. Understandably, you may be feeling uncertainty, fear, frustration, hope and pressure.

You are likely to have many questions.

You may be wondering whether your endometriosis will affect your fertility, whether you will struggle to get pregnant, what your options are regarding IVF, whether surgery could help, and how you can look after yourself emotionally along the way.

You may be thinking about pregnancy now, planning for the future, or simply wanting to understand how endometriosis and its treatment could affect you later on.

Every person's situation is different, and this brochure is not a substitute for clinical advice, professional mental health care or the support of friends and whānau. However, understanding the basics can help you ask informed questions, seek help when you need it and feel more confident when making difficult decisions.

Does endometriosis always impact fertility?

No, having endometriosis does not mean you will definitely have difficulty getting pregnant.
Many people with endometriosis become pregnant without any fertility treatment.

However, endometriosis can be associated with fertility challenges for some people:

- Around 30% of women with endometriosis may experience infertility.
- Up to 50% of women with infertility may have endometriosis.
- Fertility is influenced by many things; including age, egg supply and quality, sperm factors, fallopian tube function, ovulation, the uterus, previous surgery, other health conditions, and how long someone has been trying to conceive.

THE KEY MESSAGE:

Endometriosis can affect fertility, but it does not mean pregnancy is impossible.

The right advice depends on your age, symptoms, fertility goals and individual clinical situation.

How can endometriosis affect fertility?

Endometriosis may affect your fertility in different ways, depending on the type, location and severity of your condition.

In milder endometriosis, the pelvic environment may become inflamed. This can affect how eggs, sperm and embryos function. It can impact the ability of the egg to reach the fallopian tube, sperm function, fertilisation and transport of the embryo down the fallopian tube

In moderate or severe endometriosis, fertility may be affected more mechanically. Adhesions can distort pelvic anatomy. Fallopian tubes may become blocked or unable to pick up the egg.

Endometriomas, sometimes called chocolate cysts, can affect the ovaries, reduce egg supply, or affect the ovary's ability to release an egg. Painful sex can also make trying to conceive more difficult through avoidance.

NONE OF THIS MEANS PREGNANCY IS IMPOSSIBLE. HOWEVER, IT DOES MEAN IT IS IMPORTANT TO GET THE RIGHT ASSESSMENT, ADVICE AND SUPPORT.

Fertility decisions are often made within the context of whānau, culture, faith and personal values.

For Māori and Pasifika women fertility uncertainty may also be shaped by cultural expectations, stigma or assumptions about parenthood.

You may wish to involve support people in appointments and discussions, and to seek care that respects your cultural needs and values.

What happens in a fertility assessment?

If you decide to seek fertility advice, the next step is usually an assessment that takes a holistic view of your fertility, rather than endometriosis alone.

A fertility assessment looks at the whole picture:

- Age
- Menstrual cycle
- Ovulation
- Fertility Goals
- Previous Medical History
- Ultrasound findings
- Known or suspected endometriosis
- Egg reserve testing such as AMH
- Fallopian Tube Function

Male-factor infertility should always be investigated, even when endometriosis is already known or suspected. A person may have endometriosis, but it is not the primary cause of fertility delay.

It is worth noting that AMH is not a complete measure of fertility. A low AMH may suggest a shorter or narrower reproductive window. But it does not measure the chance of someone becoming pregnant nor the quality of the eggs. Other investigations and many other factors, such as age, sperm and male age also matter.

A fertility specialist can help you navigate information and understand all the options you have available to you.

Do not be afraid to ask for a second opinion. This does not mean you lack confidence in your primary clinician. Sometimes another expert with a fresh perspective can help you feel reassured that your options have been fully considered.

What are my fertility options?

Your options will depend on a range of factors, including your age, symptoms, how long you have been trying, your fertility test results, sperm testing, and the impact of your endometriosis on the ovaries, tubes or pelvic anatomy.

Possible options may include:

- **Trying naturally** – This may be appropriate for a period of time where age, ovulation, sperm analysis and other factors are encouraging, and endometriosis symptoms are manageable.
- **Surgery** – Surgery can play an important role in endometriosis care, particularly for pain and visible disease. However, when fertility is a goal, surgery needs careful consideration, especially repeat surgery that may further reduce fertility. Surgery is not recommended solely to improve IVF success, and decisions should be based on your individual circumstances and goals.
- **IUI (intrauterine insemination)** – IUI may be one of the options discussed after a full fertility workup. Whether it is suitable will depend on your individual circumstances and specialist advice.
- **IVF (in vitro fertilisation)** – IVF may be one of the options discussed after a full fertility workup. For some people, findings such as blocked tubes, significant adhesions, reduced egg supply, age or previous treatment history may influence whether IVF is considered as a next step.
- **Egg freezing** – Egg freezing may be worth considering if you are not ready to conceive but are concerned about your age, egg supply or future fertility. It may also be an option for those with more severe endometriosis or before endometriosis surgery. Egg freezing will not be affordable or accessible for everyone.
- **Embryo banking** – Couples should consider their age when they try for their last child. When starting a family later in life, it may be prudent to consider freezing embryos to give the best chance of having a second or final child. This is especially important for endometriosis sufferers who may experience fertility delay.

Pain, sex and trying to conceive

For some people with endometriosis, sex can be painful. Over time, the body may begin to anticipate pain, which can lead to anxiety, physical tension and can lead to avoidance. This can create a cycle where stress and pressure increase discomfort.

Trying to conceive can add another layer, particularly when intercourse becomes timed, goal-focused, or emotionally stressful. This can affect both individuals and relationships, and may bring feelings of grief, frustration, guilt, disconnection or confusion. These responses are understandable and do not reflect personal failure.

Support is available, and many people find it helpful to:

- Talk openly with your partner or a trusted support person about the pain you experience, fear, anxiety and expectations.
- Work with a psychologist or sex therapist.
- Reduce pressure around timed intercourse where possible.
- Reframe intimacy as connection, closeness and communication rather than performance.
- See a pelvic physiotherapist.

The emotional side

Fertility concerns can be emotionally challenging, particularly when living with endometriosis. Trying to conceive can bring a mix of hope, uncertainty, grief, frustration, and anxiety. For some people, these feelings begin long before they start trying to conceive and can impact on many life decisions.

Many people also experience a sense of grief when endometriosis changes the timeline or expectations they had for starting a family. Thoughts about fertility can be hard to switch off. These reactions are common and understandable.

When things feel uncertain or overwhelming, it can help to focus on areas that are within your control:

- **What you know** - Seeking information from trusted and reputable sources can help you feel more informed and supported in decision-making.
- **What you can influence** - This may include seeking specialist advice, prioritising your wellbeing, and making decisions that align with your values and needs.
- **Where you can get support** - Support may come from your GP, psychologist, fertility specialist, sex therapist, partner, whānau, trusted friends, or organisations such as Endometriosis New Zealand.

Developing self-compassion can also be an important part of coping during what can be a challenging time. Recognise that you are going through something difficult and respond to yourself with kindness and understanding rather than self-blame.

"I'm doing the best that I can in difficult circumstances"

"I'm proud of how I'm managing a complex medical condition"

When fertility takes up too much space

Monitoring your symptoms, tracking ovulation, waiting for results, managing disappointment and making treatment decisions can take an emotional toll. Some people also find it isolating when friends or whānau announce pregnancies or growing families.

You may also encounter advice online about fertility diets, supplements or 'miracle' solutions. While healthy lifestyle habits can support overall wellbeing, fertility outcomes are influenced by many factors. It is important not to blame yourself if pregnancy does not happen despite doing everything you can.

EXPLORE AND ENJOY PARTS OF YOUR LIFE THAT ARE NOT FERTILITY.

THIS MAY INCLUDE WORK, FRIENDSHIPS, EDUCATION, CREATIVITY, RECREATION, SPIRITUALITY, CULTURE, OR SIMPLY TIME TO YOURSELF.

It is also okay to take a purposeful pause from the fertility process to find some distance and maintain connection to your life outside the fertility space.

This does not mean you are giving up. It can mean you are stepping back to rest, reconnect, gather more information, or to look after your mental health before stepping back into the process.

Questions to ask

You should ask your doctor, gynaecologist or fertility specialist as many questions as you need to understand your fertility situation and treatment options.

SOME QUESTIONS TO HELP GUIDE YOU IN THESE CONVERSATIONS:

- How might my endometriosis affect my fertility?
- Based on my age and history, how long should I try naturally before seeking further help?
- What fertility investigations should I consider?
- Would surgery be likely to help my fertility and how do I balance that with the need to reduce my pain?
- Could hormonal treatment affect my future fertility?
- Could fertility treatment affect my endometriosis symptoms? What are the costs and eligibility for treatment?
- Is IUI appropriate in my situation? When should IVF be considered?
- Should I consider egg freezing? What is the process and what are the costs?
- Who can I talk to if I feel overwhelmed or need to pause?
- If I become pregnant, how might endometriosis affect my pregnancy, symptoms or care?
- If fertility treatment is unsuccessful, or I decide not to continue treatment, what other pathways to parenthood could I consider?

When should I seek fertility advice?

For people without known fertility concerns, clinical advice is often to seek help after 12 months of trying to conceive.

If you know you have endometriosis or adenomyosis, it may be better to seek advice earlier – possibly after around six months of trying. If you are also over 35 you may wish to bring that forward even further, to around four months.

If you are concerned about your fertility, there is absolutely no harm in seeking advice from a fertility specialist early, even if you are not actively trying to conceive. Asking questions can help you understand your options, feel more informed, and make decisions that are right for your situation.

YOU MAY WANT TO SEEK EARLY FERTILITY ADVICE IF:

- You have known or suspected endometriosis or adenomyosis.
- You are over 35.
- You have one ovary or one fallopian tube.
- You have been told your AMH is low.
- You have had previous unsuccessful fertility treatment.
- You have painful sex that makes regular intercourse difficult.
- You are unsure whether to keep trying naturally, consider surgery, or explore fertility treatment.

ENDOMETRIOSIS NEW ZEALAND SUPPORT

You do not have to navigate endometriosis and fertility alone. Endometriosis New Zealand is Aotearoa's national endometriosis organisation. We provide practical and emotional support, education, advocacy, research and awareness for the 120,000 New Zealanders living with endometriosis.

We also understand the difficult and challenging journey you may be on and are committed to being a trusted source of information for you.

Website: www.nzendo.org.nz

Membership: www.nzendo.org.nz/join-us

Social Media:
Facebook: @nzendo
Instagram: @endometriosisnewzealand

Online Support Group:
www.facebook.com/groups/endometriosisnz

PLEASE DO NOT HESITATE TO REACH OUT IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL SUPPORT.

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Endometriosis
New Zealand
E info@nzendo.org.nz
P 0800 369 433

nzendo
endometriosisnewzealand
endometriosisnz

Developed with Andy Leggat, Health Psychologist and Fertility Counsellor, and Dr Simon McDowell, Fertility Specialist and Laparoscopic Surgeon. Peer-reviewed by the Endometriosis New Zealand Clinical Advisory Committee.