

Anti-Mullarian Hormone (AMH) Blood Test

Women with diminished ovarian reserve may have reduced fertility and an increased risk of miscarriage. It is important to identify these women early on, so that they can make decisions about when to start having a family and when to access assisted reproductive technology if required.

What is AMH and ovarian reserve?

AMH is a hormone produced by cells in the follicles in a woman's ovaries. The follicles contain the eggs. The number of eggs a woman has that are capable of fertilising and resulting in a successful pregnancy is sometimes referred to as the "ovarian reserve". As the number of these eggs decreases with age, typically so too will the level of AMH. This is why AMH levels are used as an indicator of a woman's ovarian reserve.

Who should have ovarian reserve testing?

- Women under the age of 38 years who are considering delaying pregnancy
- Women with a family history of premature ovarian failure or early menopause
- Women with an autoimmune disease or having chemotherapy
- Women who have had previous surgery to the ovaries
- Women who are undergoing surgery to remove endometriosis.

What time in the menstrual cycle should AMH be taken?

AMH levels fluctuate very little during the menstrual cycle and therefore can be taken at anytime during a normal menstrual cycle.

Referrers should note that serum AMH can be artificially suppressed by the contraceptive pill, therefore if a patient is initially identified as having low ovarian reserve (AMH < 10th percentile) while on the contraceptive pill it may be advisable to take her off the pill for two months before retesting.

How do I arrange for ovarian reserve testing?

Patients can be referred for a serum AMH by requesting an AMH on a Repromed Pathology Request Form or on their preferred pathology provider's request form. Simply note on the request form for the sample to be sent to Repromed.

What can be done if a woman has low ovarian reserve?

Depending on how soon the woman is planning to start a family, she could freeze her eggs, or consider starting a family sooner.

If a woman has low ovarian reserve and has not conceived within 6 months of unprotected intercourse, then we would also suggest you refer the patient to Repromed for an early investigation for 'infertility'. If a severe male factor is identified at this point, then early referral for IVF may assist with conception.

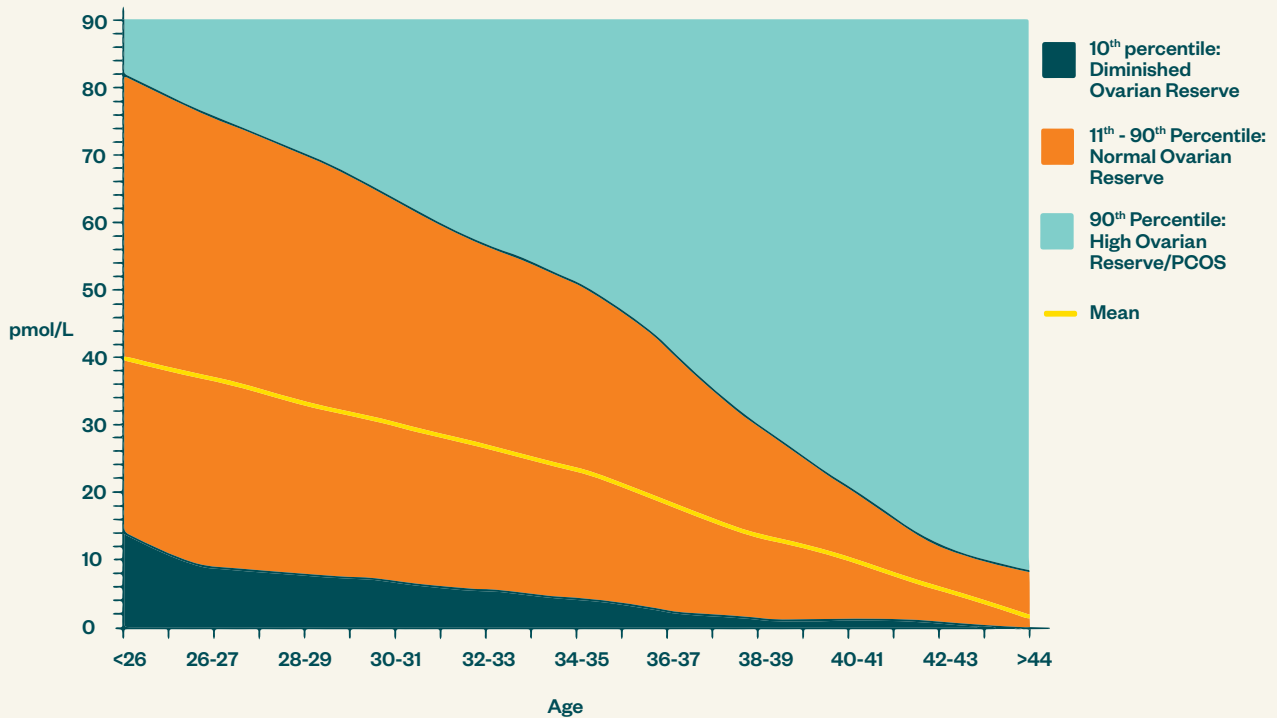
Pathology request forms can be sent to your consulting rooms by emailing us at enquiries@repromed.com.au or scanning this QR code



repromed.com.au



Anti-Mullarian Hormone*



*References

Anderson RA, Anckaert E, Bosch E, Dewailly D, Dunlop CE, Fehr D, Nardo L, Smits J, **Tremellen K**, Denk B, Geistanger A, Hund M. Prospective study into the value of the automated Elecsys antimüllerian hormone assay for the assessment of the ovarian growing follicle pool. *Fertil Steril*. 2015 Apr;103(4):1074-1080 **K Tremellen** and D, Zander-Fox. *Serum Anti-Mullerian hormone assessment of ovarian reserve and polycystic ovary syndrome status over the reproductive lifespan. *Aust NZ J Obstet Gynaecol*, 2015; 55, pp 1-6

Repromed has been performing Anti-Mullerian Hormone (AMH) testing since 2004 and was the first clinic in Australasia to offer a commercial AMH assay service and to publish normal ranges for AMH over the reproductive age span.

Repromed Pathology

Repromed's on-site NATA accredited pathology laboratory provides high quality, diagnostic pathology services to our internal clinicians as well as external referring medical practitioners.

Our pathology laboratory is one of South Australia's most respected fertility diagnostic testing sites and our expertise in fertility science ensures the results produced in our purpose built laboratory are reliable, comprehensive and timely.

Repromed laboratories were the first in the country to offer AMH Testing in 2004 and our South Australian lab was the first in the world to offer the fully automated Roche AMH Assay clinically.

Since then we have developed our own 'normal range' of AMH results for women in the reproductive age range which will help referrers identify individuals with low ovarian reserve (AMH < 10th percentile for age) and those with PCOS. This study, published in ANZJOG (Tremellen and Zander, 2015).

For more information or to make a referral

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