

# EVERYTHING YOU NEED TO KNOW

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## LOW AMH

The AMH test ( anti-Mullerian hormone) is used to measure ovarian reserve. In recent years it has become an increasingly popular test to assess a woman's fertility and reproductive age. Yes, there is a slow underlying decrease in AMH as your ovaries age in the same way that all your cells' vitality declines with age. In fact, your AMH levels tells you very little about your fertility, egg quality or your chance of natural conception. So please don't panic !!

The test is used within fertility clinics to indicate whether you will respond to IVF treatment. Low AMH will usually mean a lower number of follicles will be available to collect from an IVF cycle but it does not mean that this smaller number of follicles are producing poor quality eggs, it really depends upon your specific health situation.

It's important to remember that by your late thirties, an AMH test will naturally show lower levels of ovarian reserve than in your twenties, so don't be alarmed by the results. While very low AMH has been associated with little or no chance chance of conceiving, often this just isn't the case.

I use the analogy of glancing into a room of a house and immediately deciding the whole building needs to be renovated from that one glance.

In my opinion this is a red herring. It may well be an indicator that there is something negatively impacting the ovarian environment. I would be looking at the patient's overall health, her fallopian tubes, any other conditions and her medical history.

The worst option is to race into IVF without some investigations and some holistic fertility support to help prepare for IVF (if it is really needed).

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## Some key messages about AMH:

- Some women have naturally lower AMH levels throughout their menstruating years. Some women can ovulate and menstruate for years with undetectable AMH.
- AMH declines very slowly over years and is expected to reach an undetectably low level around 6-8 years before menopause.
- AMH can be lowered by many factors other than age - and improving these issues may allow AMH to return to a more normal level. However some women may genuinely be going into Premature Ovarian Insufficiency (POI), so this needs to be kept in mind.
- AMH can go up or down over time, week to week and month to month, depending on many underlying health and lifestyle factors. Infection, inflammation, blood circulation, vitamin and mineral deficiencies all have an impact on AMH. If these issues can be resolved or improved, AMH levels will recover as the ovarian environment improves, the follicle survival rate improves and the antral follicle count increases.

So saying that AMH cannot be improved because it decreases with age, is like saying that fitness cannot be improved on the basis that fitness decreases with age.

If you find out your AMH level is low, the first thing to do is to look back over the previous 3 months to work out if you went through any significant health issues or stressful events in that time. I have seen bouts of covid or a high fever have a serious impact on AMH in the short term, but then seen it recover a few months later.

If you're comparing AMH test results make sure they are taken at the same time each cycle to minimise the chance of the results being affected by a natural tendency for AMH to vary through the cycle. I recommend testing on day 2-3 for consistency.

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You often have an ultrasound scan test alongside the AMH test. This test is known as an **Antral Follicle Count** and helps to determine ovarian reserve. The more follicles that are visible, the better it is estimated that you might respond to IVF treatment. I think this is a very worthwhile diagnostic scan and quite an accurate guide to fertility when combined with FSH and AMH tests.

If you have been diagnosed with unexplained infertility and have low AMH for your age then read on; anything that impacts ovarian function can lower AMH:

- Vitamin D deficiency
- Anaemia (low iron or ferritin levels)
- Internal adhesions, scarring, previous trauma or previous abdominal surgery
- Inflammation (Crohn's disease, IBS, IBD)
- Microbiome dysbiosis or infection
- Pelvic inflammatory disease
- Recent infection or illness (eg. covid)
- Smoking (cigarettes, e-cigarettes, vaping, shisha etc)
- Poor gut health
- Poor sleep
- Poor insulin control
- Contraceptive pill
- Ethnicity (tends to be lower in Black and Hispanic women)
- Autoimmune conditions (Hashimoto's, Type 1 Diabetes, Celiac disease, Crohn's disease, Rheumatoid Arthritis, ME etc.)

This list is not an exhaustive list, but it should give you some idea of the plethora of things that have been shown to lower AMH levels.

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If you have been given a diagnosis of low AMH it is important to investigate further to see if there are any signs of Premature Ovarian Insufficiency: high FSH, low Oestrogen and Anti-ovarian antibodies (AOA). POI is rare, it is thought to occur in around 1 in 100 women under the age of 40. It isn't completely understood why some women find their ovaries start to move towards menopause far too early but autoimmune issues are thought to play a part in the process for up to 55% of cases and Anti-ovarian antibodies (AOA) are present in up to 74% of cases.

There are also ways to lower your health risks and treat the conditions that POI can cause: Hormone replacement therapy (HRT). HRT is the most common treatment. It gives your body the oestrogen and other hormones that your ovaries are not making.

It is possible that you have POI but this would not be my first assumption (unless you have a family history of early menopause or complex autoimmune issues). If you are young and AMH is lower than expected for your age, there are many other things to consider before panicking.

I'm not advocating that you ignore a red flag that AMH is low. On the contrary, it is time to get serious and start digging into your fertility!

As a fertility support trained acupuncturist I would help you investigate and hunt for potential causes of unexplained infertility and offer guidance on how to improve low AMH.

If you'd like to work with me either in clinic or virtually then please drop me a DM.

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