What is male infertility? — Male infertility is the term doctors use when a man has trouble getting a woman pregnant. In order to get a woman pregnant, a man needs to have a normal number of healthy sperm. Doctors call this a “normal sperm count.” Men with infertility can have one of the following problems with their sperm:

- They have no sperm at all
- They do not have enough sperm – this is called having a “low sperm count”
- They have unhealthy sperm – the sperm might move abnormally or have abnormal shapes

There are many reasons that men can have an abnormal sperm count. These include:

- Problems in the testicles, such as a block in the path the sperm takes to reach the penis (figure 1) – For example, a block can be caused by a past infection or by a vasectomy. A vasectomy is a surgery a man can choose to have so that he can’t get a woman pregnant. In a vasectomy, a doctor cuts or blocks the sperm’s path.
- Having low levels of hormones
- Genetic problems that men might be born with

But most of the time, doctors cannot explain why a man has an abnormal sperm count.

When should I see a doctor? — Most doctors recommend that a man be tested if a couple cannot get pregnant after having unprotected sex for one year. At that time, both the man and the woman are often tested. But if you are worried, talk with your doctor or nurse. He or she might recommend that you have tests done sooner.

What tests will I have? — Your doctor will order a test called a “sperm count” to check your sperm. This test counts your sperm and checks to see how healthy they are. For this test, a man needs to provide a sample of his sperm.

If your sperm count is low, your doctor will repeat the test one or more times. If repeat sperm counts are still abnormal, your doctor might do other tests. For example, he or she might do:

- Blood tests
- An exam to measure the size of your testicles
- Tests to see if there is a block in your testicles

What treatments can help men with infertility? — Different treatments can help men with infertility still be able to father children. These can include:

- In vitro fertilization, also called “IVF” – During IVF, a doctor takes an egg or eggs from a woman and sperm from a man. He or she puts them together in a test tube so that the sperm can fertilize
an egg. Then the fertilized egg is put into the woman’s uterus to grow (figure 2). Many times, a
doctor will do a treatment called “intracytoplasmic sperm injection,” or “ICSI,” along with IVF. During
ICSI, a doctor takes only one sperm and puts it right next to an egg. IVF with ICSI is often used for
men who have low sperm counts or abnormal sperm. But this treatment can also be used for men
who seem to make no sperm. This is because these men might still have sperm in their testicles
that a doctor can take out and use for the procedure.

- Surgery to open up a block in the testicle – For example, a man who had a vasectomy in the past
can have surgery to reopen the sperm’s path.
- Hormone treatment to increase sperm counts – Some men have low hormone levels in the brain
and can be treated with hormone shots.

Do treatments always work? — No. Treatments do not always help a couple get pregnant. The same
treatment can help one couple get pregnant, but not another couple.

How do I decide which treatment to have? — Talk with your doctor about the benefits and downsides
of the different treatments. To choose the treatment that is right for you and your partner, you might want
to think about:

- How well your doctor thinks the treatment will work
- Cost of the treatment – Health insurance pays for treatment in some states, but not all.
- How long your doctor thinks the treatment will take
- Downsides of the treatment

What choices do I have if I choose to stop or not have treatment? — Couples who choose to stop or
not have treatment have other options. They can:

- Try to have a baby using another man’s sperm, such as sperm from a sperm bank
- Adopt a child
- Not have children of their own

Couples can have a tough time making these decisions. You might find it helpful to talk to a counselor or
go to a support group for people who are facing the same issues.

More on this topic

Patient information: Infertility in couples (The Basics)
Patient information: Infertility in women (The Basics)

Patient information: Evaluation of the infertile couple (Beyond the Basics)
Patient information: In vitro fertilization (IVF) (Beyond the Basics)
Patient information: Ovulation induction with clomiphene (Beyond the Basics)
Patient information: Infertility treatment with gonadotropins (Beyond the Basics)

All topics are updated as new evidence becomes available and our peer review process is complete.

This drawing shows what a man's reproductive organs look like.
Female reproductive anatomy

These are the internal organs that make up a woman’s reproductive system.