Tracing Reproductive Health

Connect causes, effects, and treatment choices

HAP.8.7 "Research and analyze the causes and effects of various pathological conditions (e.g., infertility, ovarian cysts, endometriosis, sexually transmitted diseases, and ectopic pregnancy). Research current treatments for infertility."

NAME _____ DATE _____

1 READ AND MARK

Read it twice

YOUR JOB Underline each cause of a health problem, circle its possible effects, and number the treatments you find. Use your marks to trace how a condition can affect fertility or health.

What Changes the Path to Pregnancy?

1. At a reproductive health clinic, a patient reports pelvic pain and trouble becoming pregnant. An ovarian cyst, a fluid-filled sac on or in an ovary, may cause pain if it grows or ruptures, though many cysts cause no symptoms and go away without treatment. Endometriosis is different: tissue similar to the uterine lining grows outside the uterus. This tissue can trigger inflammation and scarring, leading to pain and sometimes making it harder for an egg and sperm to meet. Neither condition always causes infertility, and clinicians use symptoms, exams, and imaging to investigate rather than guessing from pain alone.

2. Another patient learns that an untreated chlamydia infection has spread into the upper reproductive tract. Chlamydia and gonorrhea can cause pelvic inflammatory disease, or PID. Inflammation from PID may scar the fallopian tubes, which can block sperm from reaching an egg and increase the risk of an ectopic pregnancy. In an ectopic pregnancy, an embryo implants outside the uterus, usually in a tube. It cannot develop safely there; a ruptured tube can cause life-threatening bleeding. Antibiotics cure these bacterial infections but cannot undo existing scarring. An ectopic pregnancy needs prompt medical care, sometimes with methotrexate or surgery.

3. When pregnancy does not occur after a year of regular, unprotected sex, clinicians may evaluate both partners; people age 35 or older may seek evaluation after six months. Causes may include irregular ovulation, blocked tubes, or low sperm count. Treatment depends on the cause. Medicines can help trigger ovulation. Intrauterine insemination places prepared sperm into the uterus near ovulation, but it still needs at least one working fallopian tube. In vitro fertilization, or IVF, joins egg and sperm in a lab and transfers an embryo into the uterus. IVF can bypass blocked tubes, although it does not guarantee pregnancy.

2 ANSWER WITH EVIDENCE

Use the passage

1. How might endometriosis affect fertility, and why would pelvic pain alone not prove that a patient is infertile?

2. Trace how an untreated chlamydia infection could increase the risk of an ectopic pregnancy.

3. Why might a person still have trouble becoming pregnant after antibiotics cure an infection that caused PID?

4. If both fallopian tubes are blocked, why might IVF be considered instead of intrauterine insemination?

3 YOUR TURN

Your own words

Invent a patient with two conditions from the passage. In four sentences, trace how each condition could affect fertility or health, then propose one infertility treatment from the passage and explain a limit of that treatment.

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PART 1 · READ AND MARK

Underline each cause of a health problem, circle its possible effects, and number the treatments you find. Use your marks to trace how a condition can affect fertility or health. Accept any marking that follows this job and points at the right text.

PART 2 · ANSWERS

#	QUESTION	ANSWER
1	How might endometriosis affect fertility, and why would pelvic pain alone not prove that a patient is infertile?	**Endometriosis can cause inflammation and scarring that make it harder for an egg and sperm to meet. It does not always cause infertility, and pain alone cannot establish its effects.**
2	Trace how an untreated chlamydia infection could increase the risk of an ectopic pregnancy.	**Chlamydia can cause PID, which may scar the fallopian tubes. Tubal scarring increases the risk that an embryo will implant outside the uterus.**
3	Why might a person still have trouble becoming pregnant after antibiotics cure an infection that caused PID?	**Antibiotics cure the bacterial infection but cannot undo existing tubal scarring, which may still interfere with pregnancy.**
4	If both fallopian tubes are blocked, why might IVF be considered instead of intrauterine insemination?	**Intrauterine insemination needs at least one working tube. IVF joins egg and sperm in a lab, so it can bypass blocked tubes, though pregnancy is not guaranteed.**

PART 3 · YOUR TURN (SAMPLE ANSWER)

Maya has endometriosis and fallopian tube scarring from a past chlamydia infection. Endometriosis may cause inflammation and scarring that make it harder for an egg and sperm to meet. Her tubal scarring can also make pregnancy harder and increase the risk of ectopic pregnancy. IVF could bypass her damaged tubes by fertilizing eggs in a lab and transferring an embryo to the uterus, but it cannot guarantee pregnancy.

Accept other medically accurate combinations of two conditions and a relevant infertility treatment. Responses should distinguish possible effects from certain outcomes and state a valid treatment limit.