Understanding Diminished Ovarian Reserve:

What You Need to Know

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Table of Contents

What Is Diminished Ovarian Reserve?

Diminished ovarian reserve (DOR) means that the number of eggs in your ovaries is lower than expected for your age. Every woman is born with all the eggs she will ever have, and this number naturally decreases over time. In some women, this decline happens earlier or faster than usual.

DOR is not the same as menopause. It does not mean you have no eggs left, and it does not automatically mean you cannot get pregnant.

Can I Still Get Pregnant?

Yes — many women with DOR can still conceive. A large study of over 750 women found that those with low ovarian reserve markers had similar chances of getting pregnant naturally compared to women with normal markers. Your fertility test results tell your doctor how your ovaries might respond to fertility medications — they do not predict whether you can conceive on your own.

That said, because your egg supply is lower, the window of opportunity may be shorter than expected. If you are hoping to become pregnant, it is generally best not to delay.

Understanding Your Test Results

Your doctor may order several blood tests and an ultrasound to evaluate your ovarian reserve, hormonal balance, and overall fertility health. The table below explains each test, when it should be drawn, what the target ranges are, and what the results mean.

Lab Test	When to Draw	Optimal / Normal Range	What It Tells You
AMH (Anti-Müllerian Hormone)	Any time during cycle	>1.0 ng/mL	Reflects the remaining egg pool; lower values suggest fewer eggs remaining
FSH (Follicle-Stimulating Hormone)	Cycle day 2–3	<10 IU/L	Higher levels indicate the brain is working harder to stimulate the ovaries, suggesting diminished reserve
Estradiol (E2) — early cycle	Cycle day 2–3	<80 pg/mL	Elevated early estradiol can mask a high FSH and may itself indicate diminished reserve; interpreted alongside FSH
Estradiol (E2) — luteal phase	7+ days post ovulation	Varies; confirms ovulatory response	Supports assessment of adequate luteal phase function and ovulatory status
Progesterone	Progesterone 7+ days post ovulation (typically cycle day 21 in a 28-day cycle)	>3 ng/mL confirms ovulation; 10+ ng/mL suggests robust ovulatory response	Confirms whether ovulation occurred and whether the corpus luteum is producing adequate progesterone to support early pregnancy
Antral Follicle Count (AFC)	Early follicular phase (cycle day 2–5)	12 or more total (both ovaries)	Ultrasound count of small resting follicles; correlates with ovarian reserve and predicted response to stimulation
TSH (Thyroid-Stimulating Hormone)	Any time	Less than 2.0 mIU/L	Thyroid function affects fertility and miscarriage risk; even mildly elevated TSH can impair conception and pregnancy outcomes
Vitamin D (25-hydroxyvitamin D)	Any time	50–70 ng/mL	Vitamin D deficiency is associated with lower AMH, reduced IVF success rates, and poorer pregnancy outcomes

A note on the TSH and Vitamin D targets: The TSH target of less than 2.0 and the Vitamin D target of 50–70 ng/mL listed above are optimization targets used by some fertility specialists. Standard medical guidelines consider TSH normal up to about 4.0 mIU/L (with many reproductive endocrinologists targeting less than 2.5) and Vitamin D sufficient at 30 ng/mL or above. Your doctor has chosen these tighter ranges to give you the best possible foundation for conception. Always follow your own doctor's specific recommendations.

These numbers help your doctor plan the best treatment approach for you. They are not a pass-or-fail test of your ability to have a baby.

What Caused This?

In many cases, the exact cause is unknown. Known factors include:

- **Age (the most common factor)**
- **Prior ovarian surgery**
- **Chemotherapy or radiation therapy**
- **Genetic factors (such as a family history of early menopause or fragile X premutation)**
- **Autoimmune conditions**
- **Smoking and certain environmental exposures**
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Even if no specific cause is found, your doctor can still help you explore your options.

What Are My Options?

There are several paths forward, depending on your goals and circumstances:

- **Try to conceive now.** If you are ready, trying sooner rather than later gives you the best chance with your own eggs.

- **Egg freezing (oocyte cryopreservation).** This involves taking fertility medications to stimulate your ovaries, then collecting and freezing your eggs for future use. Women with DOR typically produce fewer eggs per cycle (around 2–3 compared to 7–9 in women with normal reserve), so more than one cycle may be needed. Younger women with DOR tend to have better outcomes.

- **IVF (In Vitro Fertilization).** Specialized medication protocols — including higher doses of fertility drugs and sometimes supplements like testosterone or DHEA — may help improve egg yield. Your fertility specialist will tailor a plan to your situation.

- **Donor eggs.** If your egg supply is very low, using eggs from a donor is a highly effective option with excellent pregnancy rates. This is a personal decision, and your care team can help you explore it without pressure.

- **Adoption and other family-building options.** There are many ways to build a family, and your doctor or a counselor can help you explore all of them.

A Traditional Chinese Medicine (TCM) Perspective on DOR

Traditional Chinese Medicine offers a different but complementary way of understanding diminished ovarian reserve. In TCM, reproductive health is closely tied to the kidney system, which is believed to store "essence" (called Jing) — the fundamental energy that governs growth, development, and fertility. DOR is understood as a depletion of kidney essence, sometimes accompanied by poor blood circulation (blood stasis) and emotional stress affecting the liver system (liver qi stagnation).

TCM treatment for DOR focuses on replenishing kidney essence, nourishing blood, and restoring balance to the body's reproductive energy. Common approaches include:

- **Chinese herbal formulas**. Kidney-tonifying and blood-activating herbal combinations (such as Bushen Huoxue formulas, Kuntai capsule, and Liuwei Dihuang Wan) are the most widely used. Research has shown that these formulas may help improve AMH levels, increase antral follicle counts, and lower FSH levels. A study of 122 women with DOR found that herbal treatment — alone or combined with hormone therapy — led to significantly greater improvements in AMH compared to hormone therapy alone, with the best results seen in women under 40.

- **Acupuncture.** A review of 13 clinical trials involving 787 patients found that acupuncture significantly decreased FSH levels and increased antral follicle counts in women with DOR. The most commonly used acupuncture points include Guanyuan (lower abdomen), Sanyinjiao (inner ankle), Zusanli (below the knee), and Zigong (uterus point). Acupuncture is generally considered safe with minimal side effects.

- **Proposed mechanisms.** Research suggests TCM may work through multiple pathways: promoting follicle development, balancing reproductive hormones through the brain-ovary connection, reducing oxidative stress that damages eggs, and protecting the cells that support egg growth (granulosa cells).

It is important to know that while the research is promising, many of these studies have limitations, and more high-quality clinical trials are needed. TCM is best used as a complementary approach alongside — not a replacement for — conventional fertility care. Always discuss any herbal supplements or TCM treatments with your fertility doctor, as some herbs may interact with fertility medications.

Transcutaneous Electrical Acupoint Stimulation (TEAS)

TEAS is a non-invasive treatment that uses small adhesive pads placed on the skin at specific acupuncture points. These pads deliver gentle electrical pulses to stimulate the points — similar to acupuncture but without needles. It is painless and can often be done at home or in a clinic setting.

Research suggests TEAS may be particularly helpful for women with DOR who are undergoing IVF:

Improved egg retrieval. A review of 15 clinical trials found that TEAS was the most effective acupuncture method for increasing the number of eggs retrieved and improving antral follicle counts in women with poor ovarian response — outperforming both traditional needle acupuncture and electroacupuncture.

Better IVF outcomes. A large review of 19 clinical trials involving over 5,300 women found that TEAS improved clinical pregnancy rates by 42%, high-quality embryo rates by 9%, and live birth rates by 42% when used alongside IVF.

Especially helpful for women over 35. A multicenter clinical trial of 739 women found that TEAS more than doubled the clinical pregnancy rate in women over 35 undergoing IVF (48.9% vs. 23.7%).

How it may work. TEAS is thought to improve blood flow to the ovaries and uterus, enhance the uterine lining's ability to support an embryo, and help regulate reproductive hormones.

Safety. No serious side effects have been reported with TEAS in clinical studies. It is considered a safe, well-tolerated treatment.

TEAS is typically used as an add-on therapy before and during IVF cycles. Common treatment points are on the lower abdomen and lower back. Ask your fertility specialist or a licensed acupuncturist experienced in reproductive medicine if TEAS might be appropriate for you.

Your Emotional Health Matters

Receiving a DOR diagnosis can feel overwhelming, frightening, and isolating. Many women describe feelings of grief, anxiety, and loss of control. These reactions are completely normal.

Research shows that women with DOR are at increased risk for anxiety and depression. You are not alone in feeling this way, and you do not have to cope by yourself.

What can help:

- Seek a therapist or counselor who specializes in infertility — they understand the unique pressures you face.
- Connect with support groups (online or in-person) for women with DOR or infertility.
- Talk openly with your partner, family, or trusted friends about what you are going through.
- Let your fertility team know if you are struggling emotionally — they can connect you with resources.

Your Long-Term Health

If DOR progresses toward premature ovarian insufficiency (POI) — when the ovaries stop working before age 40 — there can be effects on your overall health, including:

- **Bone health**: Lower estrogen can lead to bone thinning. Your doctor may recommend a bone density scan and calcium/vitamin D supplementation.

- **Heart health:** Early loss of estrogen is linked to increased cardiovascular risk. Maintaining a healthy lifestyle and monitoring blood pressure and cholesterol are important.

- **Hormone replacement:** If your periods become irregular or stop, hormone therapy

Where to Find Reliable Information

Not all information online is accurate — studies show that the majority of fertility-related content on social media is not created by medical professionals and may contain misleading claims. For trustworthy, evidence-based information, look to:

- **ACOG (American College of Obstetricians and Gynecologists): acog.org**
- **ASRM (American Society for Reproductive Medicine): asrm.org**
- **RESOLVE: The National Infertility Association: resolve.org**

Always discuss what you read online with your doctor before making decisions about your care.

Questions to Ask Your Doctor

- What do my specific test results mean for my situation?
- What treatment approach do you recommend, and why?
- How many egg freezing or IVF cycles might I need?
- Are there any supplements or lifestyle changes that could help?
- Would acupuncture, TEAS, or Traditional Chinese Medicine be appropriate for me?
- Can you refer me to a counselor who specializes in infertility?
- What should I be monitoring for my long-term health?

Remember:

A DOR diagnosis does not define your future. There are real options, and the right care team can help you navigate them. Be kind to yourself, ask questions, and know that seeking support — both medical and emotional — is a sign of strength.