

**Patient  
Information**

# Anti-Mullerian Hormone (AMH) Assessment

## Introduction

This leaflet gives you information about the Anti-Mullerian Hormone assessment, why you might need it and the cost.

## What is Anti-Mullerian Hormone (AMH)?

AMH is a hormone released by the small follicles (pouches which contain the eggs) in the ovary. It gives an indication of the number of remaining follicles/eggs in your ovary.

## Why am I being advised to have an AMH assessment?

The number of eggs present in the ovary declines as you age, until the menopause, when the supply runs out. The AMH results will enable your fertility specialist to advise you about your fertility potential, best treatment option and success rate.

Certain factors may affect AMH levels:

- If you have polycystic ovaries (PCO), more small follicles are growing in your ovaries, making it likely that you will respond vigorously to the stimulation drugs. In this situation, your levels of AMH may be higher. Identifying this allows your fertility specialist to modify your hormone doses accordingly.
- AMH is also increased in certain pathological tumours of the ovary but these occur rarely.
- If you have a low number of growing follicles, for example due to previous illnesses, pelvic operations, chemotherapy or because you are approaching the menopause, this will be identified from the results of an AMH assessment.

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Department

**Gynaecology**

Review due

**January 2028**

**Patient  
Information****Women planning to have assisted reproduction treatment (IVF)**

Women with a lower AMH may not respond as well to the drugs given. This results in a lower chance of pregnancy.

If the AMH is high, this indicates you have lots of follicles which potentially puts you at risk of Ovarian Hyperstimulation Syndrome, where you produce too many eggs. Hence, we will prescribe a low dose of medications to avoid over response. This is because over response could make you very unwell and you may need a hospital admission.

The result of your AMH assessment will help your fertility specialist decide what treatment and dose of drugs you need. However, AMH cannot tell us if you will achieve a pregnancy.

**I have had an AMH assessment in the past, why am I advised to have it again?**

Your AMH level will change over time, so it is better for the result taken into account to be from a test taken within the last 12 months.

It is important for you to know that different laboratories use different testing methods. Therefore, if you have had a test in another clinic, we will repeat it, so we have the best understanding of your result.

**Can I improve my AMH?**

No, there is nothing you can do to change your AMH levels.

**Is there a cost involved?**

Yes, the cost for the AMH assessment is £30 as it is not funded by the NHS at present. If you choose to have the blood test, this will be arranged through The Doctors' Laboratory (TDL) in London. You will need to settle the payment with TDL on receipt of their invoice.

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## Do I have to have an AMH assessment?

No, you do not have to have the assessment as there are some other blood tests which can be used. However, AMH is the most accurate predictor of your ovarian response.

## How, where and when can I have my AMH tested?

AMH assessment is done through a blood test. You will receive a pack by post with all the instructions.

On receipt of the pack, you can then arrange an appointment at your GP's surgery for the blood test to be taken. Alternatively, you can have it done with the phlebotomy services at the hospital. If you choose the hospital service, you will be charged £15.

The range of AMH level fluctuations during your menstrual cycle are very low, therefore **the blood test can be taken anytime during your menstrual cycle**. However, AMH levels may be affected by the use of hormonal medication. This means that it is better not to have the blood test while you are taking certain medications such as hormonal contraceptives.

## How do I get the results?

Mrs Reddy will write to you with the outcome of the AMH assessment once the results are available.

If you have any questions, please contact the:

**Fertility Team Secretary**

Tel: 03004 223128 / 3225 / 3224

Monday to Friday, 9:00am to 5:00pm

## Patient Information

### Further information

#### Gloucestershire Domestic Abuse Support Service (GDASS)

This is a county-wide service offering a variety of support programmes for women and men over 16 years old who are experiencing domestic abuse.

Tel: 01452 726 570

Monday to Friday, 9:00am to 5:00pm

#### Domestic Violence Helpline

Tel: 0808 2000 247 (24 hours)

Email: [support@gdass.org.uk](mailto:support@gdass.org.uk)

Website: [www.gdass.org.uk](http://www.gdass.org.uk)

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

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<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>