FEMM™
FERTILITY EDUCATION & MEDICAL MANAGEMENT

FEMM: Statement on Clinical Diagnostic Guidelines, Research, and Outcomes

FEMM (Fertility Education and Medical Management) medical providers treat reproductive disorders, ovulatory dysfunction, hormonal imbalances, and underlying endocrine conditions. They assess and treat conditions using highly-targeted, evidence-based pharmacological and lifestyle interventions to restore the body's natural hormonal function and fertility.

Comprehensive Diagnostic Guidelines and List of Clinical Conditions

Our clinical framework, the Reproductive Health Research Institute Guidelines (2026), uses clinical history, physical examination, structured biomarker tracking (in women), semen analysis (in men), ultrasound, and targeted laboratory metrics to identify root physiological imbalances. Once treated, fertility can be restored in female and male patients. FEMM medical providers assess, diagnose, and treat the following core conditions through specialized diagnostic testing:

> ***Conditions:*** Acne, Alopecia, Anorexia Nervosa, Cushing's Syndrome, Delayed Puberty, Functional Hypercortisolism, Functional Hyperprolactinemia, Genital Infections, Hyperprolactinemia, Hyperthyroidism, Hypogonadism, Infertility and Subfertility (female-factor, male-factor), Insulin Resistance, Kallman's Syndrome, Late Onset Congenital Adrenal Hyperplasia, Metabolic Syndrome & Insulin Resistance, Primary Hypothyroidism, Obesity
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> ***Female-specific conditions:*** Abnormal Uterine Bleeding, Adenomyosis, Corpus Luteum Insufficiency, Dysmenorrhea, Endometriosis, Hirsutism, Hyperandrogenism, Hypothalamic Amenorrhea, Iatrogenic Anovulation, Mastodynia, Oligomenorrhea and Polymenorrhea, Osteopenia and Osteoporosis, Ovulatory Dysfunction and Amenorrhea, Perimenopause, Polyendocrine Metabolic Ovarian Syndrome (PMOS)/Polycystic Ovarian Syndrome (PCOS), Premature Ovarian Failure, Recurrent Miscarriage
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> ***Male-specific conditions:*** Cryptorchidism, Gynecomastia, Obstructive Azoospermia, Retrograde Ejaculation, Varicocele

Presentation Summary of FEMM Data at the National Conference on Women's Health

We recently presented our latest research via poster at the HHS National Conference on Women's Health in March 2026. Poehailos and colleagues (2026) highlighted the underlying endocrine causes of ovulatory dysfunction in adolescent (12-18) and reproductive age (19-35) women. The identified endocrinopathies amongst the 251 women included in the study were found to be: insulin resistance *(measured via ISI composite, I0*G60, or HOMA)*; hyperandrogenemia *(measured via total testosterone, calculated free testosterone, DHEA-S and androstendione)*; altered TSH levels; and hyperprolactinemia.

The presentation demonstrated that endocrine disorders are frequent contributors to ovulatory dysfunction–a known contributor to infertility–and highlight the value of systematic endocrine evaluation in this population.

Earlier evaluation with precise assessment and personalized care facilitates earlier diagnosis, guides targeted treatment, and supports long-term reproductive and metabolic health.

Another poster from Soto and colleagues (2026), with a sample size of 120 women, demonstrated that, after assessment, the diagnoses of patients seeking to achieve conception (with the percentage of affected couples achieving pregnancy after treatment contained in brackets) were the following: ovulatory dysfunction (56% achieved pregnancy); infections (52%); endometriosis (50%); autoimmune (49%); abnormal nutritional status (47%); structural cause - male (29%); ovarian failure (26%); structural cause - female (25%); and oligoasthenoteratozoopermia (17%).

It is important to note that diagnosis and treatment of infection, endocrinopathies and other health disorders in men is also necessary to improve fertility. FEMM's medical protocols provide an accessible, cost-effective, and highly accurate frontline diagnostic tool and treatment pathway for infertility and numerous other reproductive health conditions.

Cited Research

The clinical approach of FEMM medical providers prioritizes the use of evidence-based medical literature. The RHRI Guidelines (2026) translate peer-reviewed and published clinical literature into actionable care pathways to manage health. Some of the references cited in our Guidelines include:

Brown, S., Blackwell, L. F., & Cooke, D. G. (2017). Online fertility monitoring: Some of the issues. International Journal of Open Information Technologies, 5(4), 85–91.

Cortés, M. E., Carrera, B., Rioseco, H., del Río, J. P., & Vigil, P. (2015). The role of kisspeptin in the onset of puberty and in the ovulatory mechanism: A mini-review. Journal of Pediatric and Adolescent Gynecology, 28(5), 286–291. https://doi.org/10.1016/j.jpag.2014.09.017.

Del Río, J. P., Tapia, V., Soto, H., & Vigil, P. (2024). Neuroactive hormones and personal growth: Associations in Chilean adolescents (ages 12–25) with ovulatory dysfunction. Frontiers in Psychology, 15, Article 1433437. https://doi.org/10.3389/fpsyg.2024.1433437

Ecochard, R., Duterque, O., Leiva, R., Bouchard, T., & Vigil, P. (2015). Self-identification of the clinical fertile window and the ovulation period. Fertility and Sterility, 103(5), 1319–1325.e3. https://doi.org/10.1016/j.fertnstert.2015.01.031

Vigil, P., Meléndez, J., Petkovic, G., & Del Río, J. P. (2022). The importance of estradiol for body weight regulation in women. Frontiers in Endocrinology, 13, Article 951186. https://doi.org/10.3389/fendo.2022.951186