Q&A With Duke Male Infertility Specialist

By Catherine Lewis

Karen Baker, MD, who joined Duke Urology in January 2017, has more than 2 decades of experience as a urologist and is fellowship-trained in male infertility.

She works at the Duke Fertility Center, where one of her main goals is to help couples understand their options for optimizing a man’s fertility.

Q How did you decide to specialize in male infertility?
A: When I was a general urologist, I observed that men with fertility problems are really underserved as a population. Whereas women tend to form social support around medical conditions like infertility, men often disassociate from their peer group, especially when the rest of their peers are having kids. Men with concerns about infertility don’t really have anyone who advocates for them.

Q What role does infertility treatment play in men’s health?
A: Although intracytoplasmic sperm injection (ICSI)—one of the biggest advancements in fertility treatments in the past several decades—has been an incredible, effective fertility option, it pretty much sidelines the man because, as long as a few sperm are there, a couple can have a pregnancy. Leaving the male partner out of the process means that many men never get a full evaluation.

This is not irrelevant because some men have treatable conditions, which may be contributing to the couple’s infertility. Also, emerging evidence suggests that male infertility may be linked to other profound health problems such as cancer, metabolic syndrome, diabetes mellitus, and obesity.

A fertility evaluation is an important opportunity to engage men in their health care and uncover underlying health problems, which can certainly have significant personal but also health care system-wide impacts.

Q What misconceptions do you think people have about infertility treatment?
A: Of the couples who would benefit from fertility treatment or counseling, less than a quarter receive treatment. This may be in part because many people think their only options are the more advanced infertility technologies (eg, in vitro fertilization, ICSI), which are invasive and, for many, cost prohibitive. But we may be able to offer a less risky, less costly option, especially if there’s a way to optimize the couple’s reproductive health. That’s where referring both partners for an assessment can really help. At the very least, both partners should have the opportunity to undergo evaluation, so they can learn about any underlying conditions and discuss their options.