RI AUDIT

THE IMMUNE INVESTIGATION MOST WOMEN NEVER GET

DR. ALLISON PAOLINI, PH.D., NCC

A NOTE FROM DR. PAOLINI

YOU ARE NOT ASKING FOR TOO MUCH

REPEATED IMPLANTATION FAILURE DESERVES INVESTIGATION. A NORMAL STANDARD WORKUP DOES NOT PROVE THAT NOTHING IS WRONG; IT PROVES ONLY THAT THE STANDARD WORKUP DID NOT IDENTIFY THE CAUSE. THIS AUDIT HELPS YOU ORGANIZE THE QUESTIONS THAT BELONG IN A REPRODUCTIVE-IMMUNOLOGY CONVERSATION.

WITH CARE

DR. ALLISON PAOLINI, PH.D., NCC

WHY YOUR LABS ARE NORMAL — AND YOUR CYCLES KEEP FAILING

RI AUDIT

THE PROBLEM

FERTILITY CARE OFTEN EVALUATES EMBRYO QUALITY, UTERINE STRUCTURE, HORMONES, AND COMMON CLOTTING FACTORS WHILE LEAVING IMMUNE SIGNALING AND INFLAMMATORY PATTERNS UNEXAMINED.

A STANDARD RE WORKUP MAY COVER

OVARIAN RESERVE, SEMEN ANALYSIS, UTERINE ANATOMY, THYROID SCREENING, BASIC HORMONES, GENETIC TESTING, AND SELECTED THROMBOPHILIA TESTING.

REPRODUCTIVE IMMUNOLOGY MAY ADD

NATURAL KILLER CELL ACTIVITY, CYTOKINE BALANCE, AUTOIMMUNE MARKERS, INFLAMMATORY MARKERS, CLOTTING–IMMUNE INTERACTIONS, AND INDIVIDUALIZED IMMUNE-TREATMENT REVIEW.

THE GAP

WHEN TRANSFERS FAIL DESPITE REASSURING STANDARD RESULTS, THE MISSING INFORMATION MAY LIVE OUTSIDE THE STANDARD FERTILITY PANEL.

WHAT YOUR STANDARD WORKUP MISSED — AND WHY

RI AUDIT

01 · IMMUNE ACTIVITY

ASK WHETHER NATURAL KILLER CELL CYTOTOXICITY, CYTOKINES, OR OTHER IMMUNE-ACTIVATION MARKERS ARE CLINICALLY APPROPRIATE IN YOUR CASE.

02 · INFLAMMATION

REVIEW HS-CRP, CRP, HOMOCYSTEINE, AND ANY HISTORY THAT SUGGESTS CHRONIC INFLAMMATORY ACTIVITY.

03 · AUTOIMMUNE + CLOTTING OVERLAP

DISCUSS THYROID ANTIBODIES, ANTIPHOSPHOLIPID ANTIBODIES, INHERITED OR ACQUIRED CLOTTING RISKS, AND HOW FINDINGS INTERACT RATHER THAN REVIEWING EACH IN ISOLATION.

YOUR URGENCY SCORECARD

RI AUDIT

SCORE 1–4 · FOUNDATIONAL RISK

YOUR PATTERN MAY CALL FOR STRATEGY ADJUSTMENT, DEEPER INVESTIGATION, AND ATTENTION TO GUT OR SYSTEMIC INFLAMMATION BEFORE ANOTHER TRANSFER. SUPPORT MAY BE LIFESTYLE, DIETARY, SUPPLEMENTAL, OR CLINICAL DEPENDING ON YOUR FINDINGS.

SCORE 5+ · HIGH RI PROFILE

YOUR PATTERN MAY JUSTIFY A REPRODUCTIVE-IMMUNOLOGY EVALUATION BEFORE ANOTHER TRANSFER. TRADITIONAL APPROACHES MAY REMAIN INCOMPLETE WITHOUT EVALUATING IMMUNE AND INFLAMMATORY CONTRIBUTORS.

SCORE 7+ · ESCALATE

SEEK A REPRODUCTIVE-IMMUNOLOGY SPECIALIST NOW. DO NOT WAIT FOR ANOTHER FAILED TRANSFER TO ASK FOR SPECIALIST-LEVEL REVIEW. TELEMEDICINE MAY EXPAND YOUR OPTIONS.

YOUR NEXT MOVE

RI AUDIT

STEP 1 · SAVE THIS AUDIT

BRING YOUR COMPLETED ANSWERS, LABORATORY RESULTS, TRANSFER HISTORY, AND TREATMENT TIMELINE TO THE APPOINTMENT.

STEP 2 · BOOK THE RIGHT APPOINTMENT

ASK WHETHER THE CLINICIAN EVALUATES IMPLANTATION FAILURE THROUGH IMMUNE, INFLAMMATORY, AUTOIMMUNE, AND CLOTTING PATHWAYS.

STEP 3 · DOCUMENT THE RESPONSE

WRITE DOWN WHAT WILL BE TESTED, WHAT WILL NOT BE TESTED, WHY, AND WHAT FINDINGS WOULD CHANGE TREATMENT.

YOUR NEXT MOVE

DO NOT ACCEPT “EVERYTHING IS NORMAL” WITHOUT ASKING WHAT WAS ACTUALLY EVALUATED. A FAILED TRANSFER IS NOT PROOF THAT YOU NEED MORE OF THE SAME. IT IS INFORMATION THAT SHOULD REFINE THE INVESTIGATION.