CONDITION GUIDE:
POLYENDOCRINE METABOLIC OVARIAN SYNDROME (PMOS)

UNDERSTANDING PMOS



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ABOUT THIS GUIDE

Whether you've just received a diagnosis or you think you might have it, we're here to explain everything from the condition itself to what having Polyendocrine Metabolic Ovarian Syndrome (PMOS) means for your chances of getting pregnant.



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WHAT IS PMOS?

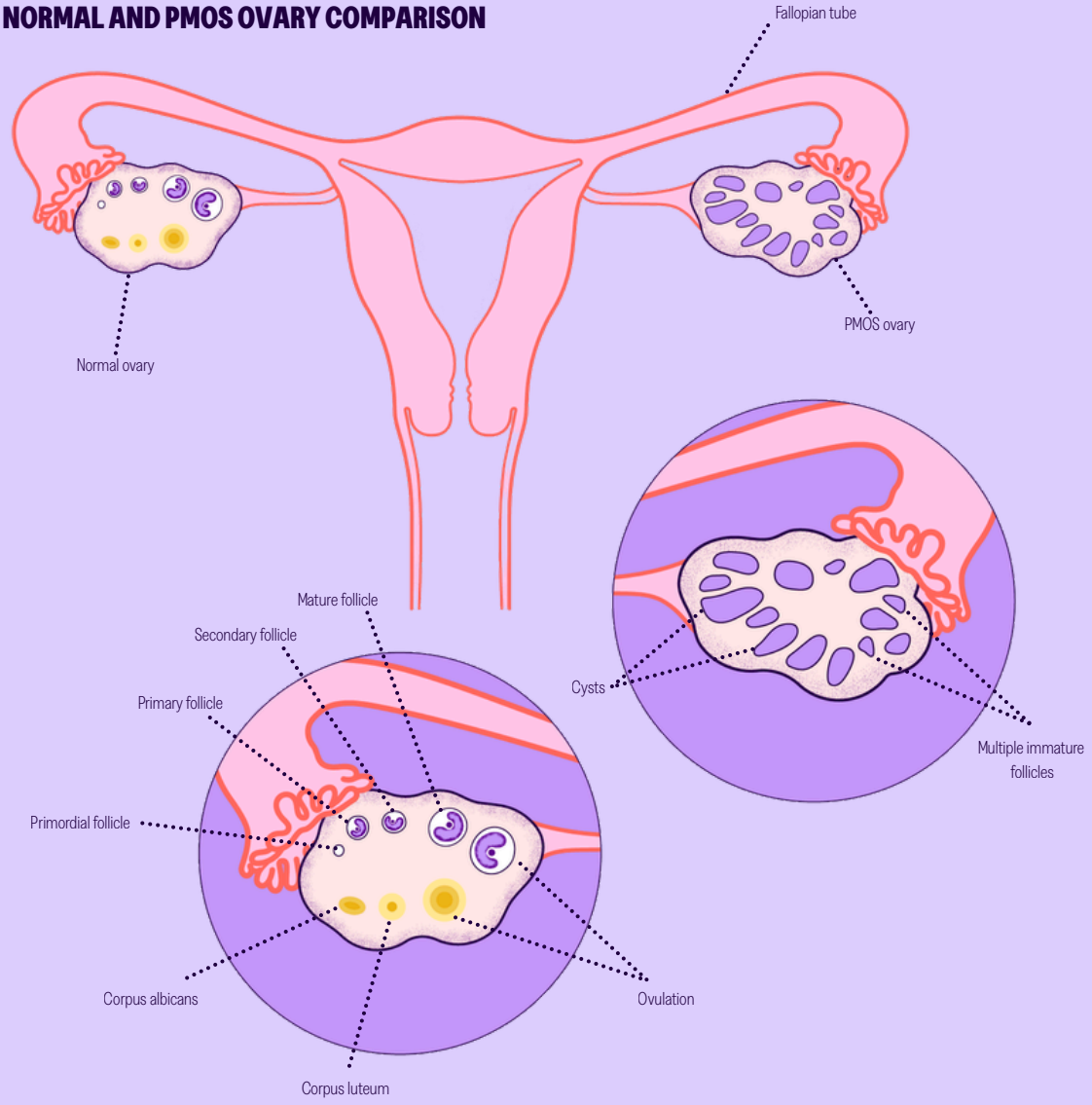
Polycystic ovary syndrome (PMOS) is a common hormonal condition that affects how the ovaries work. It impacts around **1 in 7** women of reproductive age and is one of the leading causes of infertility. However, with the right care and treatment, many people with PMOS go on to have successful pregnancies.

PMOS is characterised by three key features:

- Irregular or absent periods – indicating ovulation is not occurring regularly.
- High levels of androgens – hormones like testosterone that can cause excess hair growth and acne.
- Polycystic ovaries – where the ovaries contain multiple small follicles (fluid-filled sacs) that can prevent eggs from developing properly.

Not everyone with PMOS will have all three symptoms, and the severity can vary from person to person.

NORMAL AND PMOS OVARY COMPARISON



With PMOS, many small sacs of fluid develop along the outer edge of the ovary. These are called cysts. The small fluid-filled cysts contain immature eggs. These are called follicles. The follicles fail to regularly release eggs.

WHAT ARE THE SYMPTOMS OF PMOS?

PMOS symptoms vary from person to person. Some may have mild signs, while others experience more noticeable effects. The condition can sometimes go undiagnosed for years, especially if menstrual cycles are still somewhat regular.

SYMPTOMS

Irregular or absent periods

One of the most common signs of PMOS is infrequent, irregular, or absent periods. Periods may be more than 35 days apart, or you may have fewer than nine periods a year. This is caused by irregular ovulation or a complete lack of ovulation (anovulation).

Excess hair growth (hirsutism)

PMOS causes higher levels of androgens (like testosterone), which can lead to excess facial and body hair. Hair growth is most common on the face, chest, stomach, back, or thighs. Hirsutism affects up to 70% of people with PMOS.

Acne and oily skin

Increased androgens can also lead to persistent acne, particularly on the face, chest, or upper back. The skin may produce more oil (sebum), making acne harder to manage.

Thinning hair or hair loss

Some people with PMOS experience scalp hair thinning similar to male-pattern baldness. This occurs because excess androgens shrink hair follicles, slowing hair growth over time.

Weight gain and difficulty losing weight

Many people with PMOS struggle with unexplained weight gain, especially around the stomach area. This is often linked to insulin resistance, which affects how the body processes sugar. Losing weight can be more challenging due to metabolic changes, even with diet and exercise.

Darkened skin patches

Often a sign of insulin resistance, some people develop dark, velvety skin patches in areas such as the neck, armpits, groin, and under the breasts.

Difficulty getting pregnant

Since PMOS affects ovulation, conception can take longer than expected. Some people ovulate less frequently, while others may not ovulate at all without treatment.

WHAT CAUSES PMOS?

When you're trying to make sense of your symptoms, understanding what might be behind PMOS can feel like a puzzle. It's not always caused by one single factor—in many cases, it's a mix of things working together. Knowing the possible contributors can help you feel more in control and better equipped to manage your health.

CAUSES

Hormonal imbalances

PMOS is linked to higher levels of insulin and androgens (male-type hormones), which can disrupt ovulation and affect things like your skin, hair growth, and cycle.

Genetics

If a close family member has PMOS, you're more likely to have it too. It often runs in families, though symptoms and severity can vary.

Insulin resistance

Many people with PMOS have trouble using insulin properly. This can raise insulin levels, which may then boost androgen production and throw off your hormone balance.

DIAGNOSING PMOS

There is no single test for PMOS, but diagnosis is typically made using the Rotterdam criteria, meaning you need to meet two out of the following three factors:

DIAGNOSIS

Irregular or absent periods

Irregular cycles suggest that ovulation isn't happening consistently, making conception more difficult.

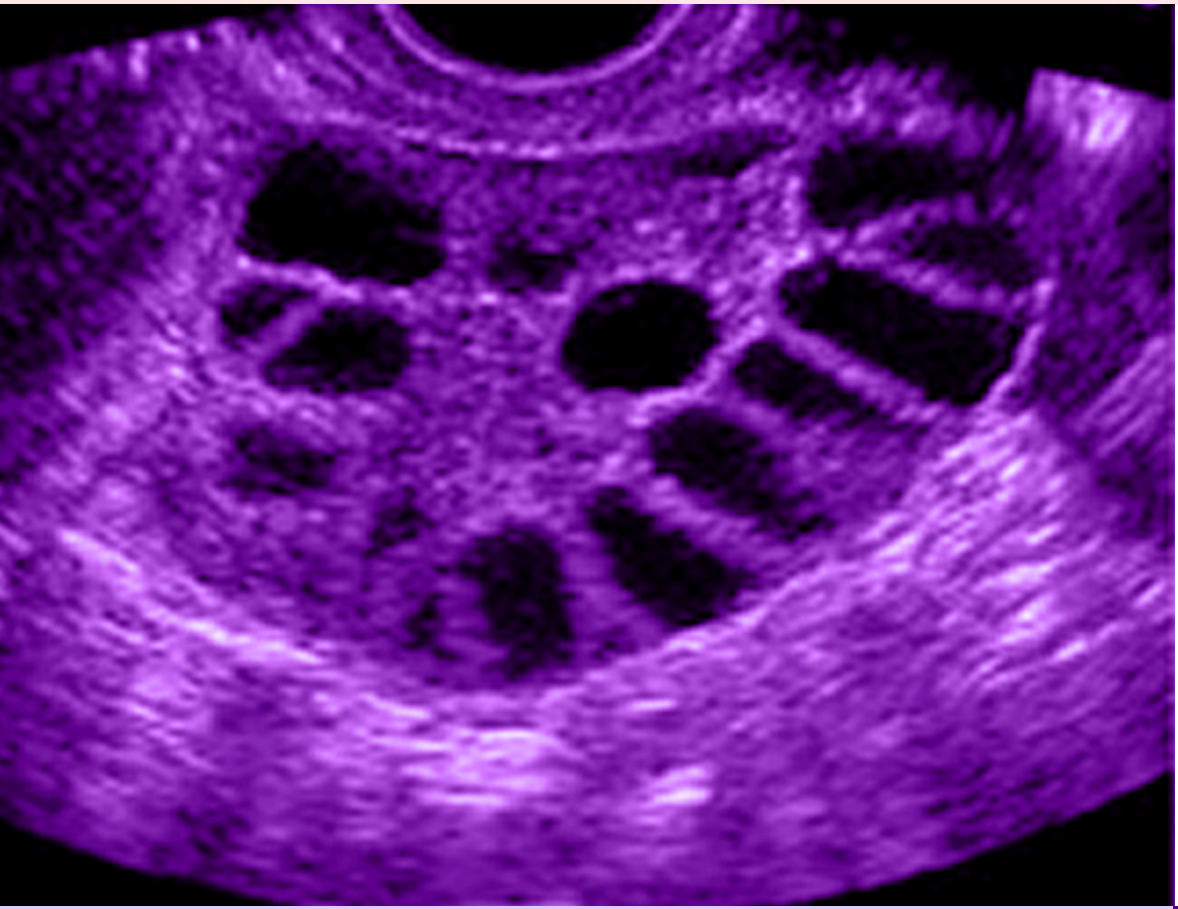
Higher than normal androgen levels

This can be detected either through blood tests or visible signs, such as excess hair growth, acne, or hair thinning.

Polycystic ovaries on an ultrasound scan

An ultrasound may show multiple small follicles around the edge of the ovaries, giving them a 'string of pearls' appearance.

Since other conditions can cause similar symptoms, doctors may also check for thyroid disorders, adrenal gland disorders, or high prolactin levels



This scan shows multiple small fluid-filled sacs (follicles) around the edge of the ovary—often described as a "string of pearls".

This pattern is common in polycystic ovary syndrome (PMOS). The ovary may also appear slightly enlarged with a brighter central area (the stroma).

This ultrasound feature is one part of how PMOS is diagnosed.

HOW TO IMPROVE FERTILITY WITH PMOS

PMOS is one of the most treatable causes of infertility. With the right approach, many people successfully conceive naturally or with medical assistance.

LIFESTYLE

Simple adjustments to your diet, exercise, and overall health can improve ovulation and enhance fertility.

Maintain a healthy weight

Even losing 5-10% of body weight can help regulate ovulation and improve hormone balance. Weight loss can also increase the effectiveness of fertility treatments like ovulation-stimulating medication.

Eat a balanced, PMOS-friendly diet

A low-GI (glycaemic index) diet helps manage insulin levels by keeping blood sugar steady. Low-GI foods—like whole grains, beans, veg, and most fruits—are digested slowly, avoiding sugar spikes that can throw hormones off balance.

Aim for fibre-rich foods, lean protein, and healthy fats. Try to cut back on processed carbs and sugary snacks, as these can make insulin resistance worse.

Exercise regularly

Staying active helps improve how your body uses insulin. Aim for around 30 minutes of moderate exercise—like walking, swimming, or cycling—at least five times a week. A mix of cardio and strength training works well for supporting hormone health and overall wellbeing.

MEDICATION

If lifestyle changes alone don't result in regular ovulation, fertility medications may be needed.

Clomifene (Clomid) or Letrozole

These oral medications help trigger ovulation. Letrozole is often recommended as the first-line treatment for ovulation induction in PMOS. Around 80% of people with PMOS ovulate after taking Clomid or Letrozole.

Gonadotropins (Injectable hormones)

If oral medications don't work, gonadotropin injections (FSH and LH) can help stimulate ovulation. Close monitoring is required to reduce the risk of ovarian hyperstimulation syndrome (OHSS).

Metformin

Originally used for type 2 diabetes, Metformin can help regulate insulin levels in people with PMOS. It may restore ovulation, especially for those with insulin resistance. Metformin is sometimes used alongside Clomid or Letrozole to improve results.

SURGERY

If other treatments don't work, laparoscopic ovarian drilling (LOD) may be considered.

LOD is a minimally invasive surgery where a small laser or needle is used to destroy some ovarian tissue. This can lower androgen levels and restore ovulation. While not a first-line treatment, it may be useful for those who don't respond to medication.

IN VITRO FERTILISATION (IVF)

For those who don't conceive with ovulation induction, IVF may be the best option.

Why IVF works well for PMOS patients

- PMOS patients often have a good ovarian reserve, meaning they can produce more eggs during IVF.
- Carefully controlled ovarian stimulation helps reduce the risk of overstimulation (OHSS).
- Success rates are high, particularly in those under 35.

What to expect with IVF at Care Fertility

- Ovarian stimulation using tailored hormone doses to ensure the safest response.
- Egg collection when follicles are mature.
- Fertilisation of eggs with sperm in the laboratory.
- Embryo transfer, placing the best-quality embryo into the womb.

At Care Fertility, we create personalised treatment plans to ensure the best chance of success.

FERTILITY TREATMENT AND PMOS

Factors that can affect the success of IVF for women with PMOS include:

4 KEY FACTORS



Clinic and doctor expertise

Women with PMOS often produce more eggs, so expert care is vital. At Care Fertility, we closely monitor each cycle and tailor treatment to reduce risks and improve outcomes.



Ovarian stimulation

PMOS ovaries can be highly sensitive to stimulation medication. We use carefully personalised plans—and sometimes a “freeze-all” cycle—to keep stimulation safe and effective.



Hormonal balance

Higher androgen and insulin levels can affect egg quality and implantation. Managing hormones with treatments like Metformin can help improve IVF success.



Number of eggs

PMOS often leads to more eggs, but quality matters most. We focus on collecting the best eggs and selecting top-quality embryos to maximise your chances.

WHAT OUR CUSTOMERS SAY



“AFTER THREE MISCARRIAGES, I STOPPED GETTING PREGNANT. MY PARTNER WAS LATER DIAGNOSED WITH A CONDITION, BUT WE STILL HAD NO ANSWERS ABOUT THE LOSSES. THE NHS AND OTHER CLINICS FOUND NOTHING, SO WE TURNED TO CARE FERTILITY IN MANCHESTER. FROM THE START, WE FELT HEARD AND UNDERSTOOD. AFTER THOROUGH TESTING, I WAS DIAGNOSED WITH A RARE BLOOD CONDITION, PMOS, AND ENDOMETRIOSIS—THINGS THAT HAD BEEN MISSED FOR YEARS. WITH TAILORED CARE AND OUR FIRST ROUND OF ICSI, WE NOW HAVE OUR RAINBOW BABY. WE’RE SO GRATEFUL WE CHOSE CARE FERTILITY.”

Laura, patient at Care Fertility

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