**JIM UNUNUMA SUCCESS**

**19/MHS02/128 (D.E)**

**Discuss the factors facilitating the movement of sperm in the female reproductive tract.:**

**PH LEVEL:**

Direct measurements have shown that within 8 seconds from the introduction of semen the pH of the upper vagina is raised from 4.3 to 7.2, creating an environment favourable for sperm motility. The normal environment of the vagina is inhospitable to the survival of sperm, principally because of its low pH (<5.0). The low pH of the vagina is a protective mechanism for the woman against many sexually transmitted pathogens, because no tissue barrier exists between the vagina (outside) and the peritoneal cavity (inside)

**COAGULATION:**

the coagulation of human semen through the actions of semogelin by a minute after coitus. The coagulative function is incompletely understood, but it may play a role in keeping sperm near the cervical os. Thirty to 60 minutes after it coagulates, prostate-specific antigen (PSA), a proteolytic enzyme, degrades the coagulated semen. Within the semen and altered vaginal fluids, the sperm have begun to swim. This ensures the spermatozoa doesn’t fall back. Coagulation acts as a seal.

**FRUTOSE:**

availability of fructose, a nutrient provided by the seminal vesicles, within the semen. Because of their paucity of cytoplasm, spermatozoa require an external energy source. Unusually for most cells, spermatozoa have a specific requirement for fructose rather than glucose, the more commonly utilized carbohydrate energy source.

**CERVICAL MUCUS:**

The cervical entrance (os) is not only very small, but it is blocked by cervical mucus. During most times in the menstrual cycle, cervical mucus is highly sticky (G mucus) and represents an almost impenetrable barrier to sperm penetration. Around the time of ovulation, however, the estrogenic environment of the female reproductive system brings about a change in cervical mucus, rendering it more watery and more amenable to penetration by sperm.

**UTERINE TUBES:**

The openings of the uterine tubes into the uterus (**uterotubal junction**) represent another barrier to sperm transport. With two uterine tubes and usually only one ovulated egg, any spermatozoon that enters the empty uterine tube is automatically doomed to reproductive failure. Roughly 10,000 or fewer sperm cells of the millions in the ejaculate enter the correct tube. These sperm cells collect in the lower part of the uterine tube and attach to the epithelium of the tube for about 24 hours.

**HYPERACTIVATION:** This occurs after capacitation which is necessary to fertilize the egg.

 Hyperactivation is manifest by the increased vigour in their swimming movements and allows the sperm to break free from their binding with the tubal epithelial cells. Hyper activated sperm are more efficient in making their way up the uterine tube and penetrating the coverings of the egg.

Once capacitated sperm break away from the tubal epithelium, they make their way up the uterine tube through a combination of their own swimming movements, peristaltic contractions of the smooth musculature of the tubal wall and the movement of tubal fluids directed by ciliary activity. In the upper third of the uterine tube, a few