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## A Hybrid Machine Learning and Deep Learning Framework for Fertility Prediction Using Clinical and Ultrasound Data

Mrs. K Apurva, Mr. Y Nagendra Kumar, Dr. B Prasad Babu, Mrs. D Rathna Kumari, Ms. J Neeraja, Mrs. P

Anusha Department of Computer Science and Engineering

Ramachandra College of Engineering, Eluru, AP, India

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**Abstract** Infertility is a complicated health issue that involves numerous complex relations between several different physiological, hormonal, and even lifestyle variables. The traditional means of diagnosing infertility include separate testing and manual image analysis that can be inconsistent and time-consuming. In order to overcome these drawbacks, this paper proposes a hybrid Artificial Intelligence (AI) model for predicting fertility status that will incorporate techniques of Machine Learning (ML) and Deep Learning (DL).

For the purposes of the proposed algorithm, a clinical dataset containing 23 parameters will be used. These parameters will include the values of female fertility indicators (FSH, LH, AMH, endometrium thickness), parameters related to male fertility (sperm count, morphology, motility), as well as lifestyle characteristics (smoking, alcohol intake, stress level, exercise habits). As for machine learning techniques, a Random Forest classifier will be used because of the ability to account for complicated feature interactions. As for the DL component, the Convolutional Neural Network will be used to detect such issues as healthy ovaries, cysts, and polycystic ovary syndrome based on ovarian ultrasound images.

In order to obtain superior predictive performance, a method of fusion between DL and ML components will be developed. Finally, the entire algorithm will be deployed on the basis of Flask framework in order to provide a real-time web-based inference. It will allow using patient information and uploading images to make a fertility prediction. The experimental results obtained with this hybrid approach proved its superiority over separate machine/deep learning approaches in terms of generalization and consistency.

**Keyw.ords**— Fertility Prediction, Hybrid Machine Learning Model, Deep Learning, Random Forest Classifier, Convolutional Neural Network, Medical Image Analysis, Ultrasound Imaging, Predictive Healthcare, Clinical Decision Support System, Artificial Intelligence in Healthcare, Feature Fusion, Reproductive Health Analytics

## I Introduction

Infertility is a significant global health concern affecting millions of couples worldwide. It is commonly defined as the inability to conceive after one year of regular unprotected intercourse. According to recent reports, nearly 15–20% of couples experience fertility-related issues due to various biological, environmental, and lifestyle factors. Both male and female partners contribute equally to infertility, making it essential to analyze multiple parameters simultaneously for accurate diagnosis.

Traditional fertility assessment methods rely on clinical examinations, hormonal testing, semen analysis, and ultrasound imaging. While these approaches provide valuable insights, they are often time-consuming and require expert interpretation. Moreover, these methods typically analyze individual parameters independently, without considering the complex relationships between different fertility factors. This fragmented approach can lead to inconsistencies in diagnosis and delay in treatment planning.

In recent years, Artificial Intelligence (AI) has emerged as a powerful tool in healthcare, offering improved accuracy and efficiency in predictive analysis. Machine Learning (ML) techniques are capable of analyzing large volumes of structured data and identifying hidden patterns that are not easily detectable through conventional methods. Algorithms such as Random Forest, Decision Trees, and Support Vector Machines have been successfully applied in medical prediction systems.

At the same time, Deep Learning (DL), particularly Convolutional Neural Networks (CNNs), has shown remarkable performance in medical image analysis. CNN models can automatically extract spatial features from images and are widely used for disease detection, classification, and diagnosis. In fertility analysis, ultrasound imaging plays a crucial role in identifying ovarian conditions such as cysts and polycystic ovary syndrome (PCOS). However, manual interpretation of these images can be subjective and prone to error.

To overcome these limitations, this paper proposes a hybrid fertility prediction system that integrates Machine Learning and Deep Learning approaches. The system uses structured clinical data from both male and female partners along with ultrasound images to generate accurate predictions. A Random Forest classifier is employed for analyzing tabular data, while a Convolutional Neural Network is used for image-based classification.

The proposed system is implemented as a web-based application using Flask, enabling users to input clinical data, upload ultrasound images, and receive real-time predictions along with recommendations. By combining multiple data sources and advanced AI techniques, the system aims to provide a reliable and efficient solution for fertility assessment and decision support.

## II. RELATED WORK

Recent advances in reproductive medicine show that AI is increasingly being used for fertility assessment, ovarian imaging, IVF outcome prediction, and broader assisted reproduction workflows. Reviews published in 2025 report that AI applications in assisted reproduction are expanding from embryo selection and cycle optimization to outcome prediction, although adoption in routine practice still depends on trust, transparency, and clinical integration. (Frontiers)

A major line of prior work focuses on **machine learning with structured clinical data**. These studies use demographic, hormonal, stimulation, and treatment-related features to predict infertility treatment success or ovarian response. A 2025 comparative study on ICSI outcome prediction using over 10,000 records and 46 clinical features reported that Random Forest achieved the highest AUC among the evaluated models, highlighting the suitability of ensemble learning for reproductive tabular data. (ScienceDirect) Similarly, a 2024 study on ovarian stimulation response showed that machine learning models can support personalized prediction of oocyte-related outcomes using clinical and genetic variables, reinforcing the value of feature-rich structured data sets in fertility analytics. (Nature) In addition, recent literature reviews conclude that machine learning is increasingly effective in predicting infertility treatment success, but model generalizability and data set quality remain important concerns. (PMC)

A second major direction is **deep learning on medical images**, especially ultrasound. Because ovarian morphology, follicle patterns, and cystic structures are visually informative, CNN-based methods have become attractive for automated reproductive imaging. A 2025 open-access study introduced an ovarian

ultrasound data set covering normal ovary, polycystic ovary, and dominant follicle classes, and demonstrated the feasibility of AI-powered ovarian-condition diagnosis from ultrasound scans. (PMC) Related work in 2023 proposed a deep learning fusion framework for PCOS diagnosis from ovary ultrasound images, showing that automated feature extraction can improve detection of PCOS morphology. (Wiley Online Library) Other recent studies have also shown that deep learning and radiomics from ultrasound images can estimate ovarian reserve indicators such as AFC and AMH, suggesting that image-based models can contribute beyond simple classification. (Nature) More broadly, ultrasound-based deep learning systems have demonstrated strong clinical utility in ovarian imaging tasks, including automated assistance for ovarian tumor diagnosis, which supports the wider applicability of CNN-based analysis in gynecologic imaging. (Springer)

Another emerging theme is **hybrid and multimodal modeling**, where structured clinical variables are combined with image-derived information. This direction is particularly relevant because fertility assessment depends on both measurable biomarkers and ovarian morphology. Recent transfer-learning work for ultrasound-based PCOS-related analysis emphasizes that multimodal or integrative frameworks can improve robustness compared with single-source models. (PMC) Reviews in reproductive AI also argue that the next generation of fertility systems should fuse heterogeneous inputs—clinical history, hormonal markers, imaging, and treatment data—to support more personalized prediction. (PMC)

Despite these advances, several gaps remain in the literature. Many models are designed either for **clinical tabular prediction alone** or **image classification alone**, with limited real-time integration into usable applications. Some studies also target downstream assisted-reproduction tasks such as IVF or ICSI success rather than earlier broad fertility screening. In addition, interpretability, generalizability across populations, and practical deployment are still recurring concerns in reproductive AI research. (PMC)

Therefore, the present work is positioned as a **hybrid fertility prediction framework** that combines structured clinical attributes from both partners with ovarian ultrasound analysis inside a web-based decision-support environment. This design is aligned with current research trends while addressing the practical need for an integrated, accessible, and multimodal fertility assessment system. The paper structure and sectioning style you showed in your uploaded sample paper can support this flow well.

### III. RESEARCH GAP

Despite the rapid advancement of Artificial Intelligence in healthcare, several limitations still exist in current fertility prediction systems. Most of the existing research focuses on either structured clinical data or medical image analysis independently, but not both together. Machine Learning models are widely used to analyze tabular data such as hormonal levels and physiological parameters; however, they fail to capture visual patterns present in ultrasound images. On the other hand, Deep Learning models, particularly Convolutional Neural Networks, are effective in image classification but do not incorporate structured clinical information, which is equally important for accurate fertility assessment.

Another significant gap is the lack of integration of both male and female fertility parameters in a single predictive framework. Many existing systems predominantly focus on female reproductive health, while male factors such as sperm count, motility, morphology, and testosterone levels are either underrepresented or analyzed separately. This fragmented approach leads to incomplete evaluation and reduces the overall reliability of predictions.

Additionally, most of the current models are developed using limited data sets and lack generalization capability across diverse populations. The absence of standardized data sets and variability in data quality further affect model performance. Furthermore, existing systems are often designed as standalone analytical tools without real-time implementation, making them less accessible for practical use by patients and healthcare professionals.

Another important limitation is the lack of user-friendly interfaces and deployment in real-world environments. Many research models remain confined to experimental settings and are not integrated into web-based or clinical decision-support

systems. This restricts their usability and impact in real-time diagnosis and treatment planning.

To address these gaps, the proposed work introduces a hybrid fertility prediction system that integrates both Machine Learning and Deep Learning models. The system combines structured clinical data from both partners with ultrasound image analysis and provides real-time predictions through a web-based

inter.face. This approach aims to improve prediction accuracy, enhance usability, and provide a comprehensive solution for fertility assessment.

#### IV. OBJECTIVES

The primary objective of this research is to develop an efficient and accurate fertility prediction system using a hybrid approach that integrates Machine Learning and Deep Learning techniques. The system aims to assist healthcare professionals and individuals in early identification of fertility conditions and support informed decision-making.

The specific objectives of the proposed work are as follows:

- To design and develop a predictive model that analyzes both male and female fertility parameters, including hormonal, physiological, and lifestyle factors.
- To implement a Machine Learning model, specifically the Random Forest classifier, for analyzing structured clinical data and identifying patterns associated with fertility outcomes.
- To develop a Deep Learning model using a Convolutional Neural Network (CNN) for analyzing ovarian ultrasound images and detecting abnormalities such as cysts and polycystic ovary syndrome (PCOS).
- To integrate the outputs of both Machine Learning and Deep Learning models using a hybrid approach to improve overall prediction accuracy and reliability.
- To preprocess and standardize the dataset using appropriate techniques such as data cleaning, encoding, and feature scaling to ensure optimal model performance.
- To design and develop a web-based application using Flask that allows users to input clinical data, upload ultrasound images, and receive real-time fertility predictions.
- To provide meaningful insights, suggestions, and decision support based on the prediction results to assist users in understanding their fertility condition.
- To evaluate the performance of the proposed system using standard metrics such as accuracy, precision, recall, and F1-score.
- To create a scalable and user-friendly system that can be extended for real-world healthcare applications and future research enhancements.

#### V. METHODOLOGY

The proposed system follows a hybrid methodology that integrates Machine Learning and Deep Learning techniques to perform comprehensive fertility prediction. The methodology consists of multiple stages, including data acquisition, preprocessing, model training, and hybrid prediction. The overall workflow of the system is illustrated in Fig.1.

##### A. Dataset

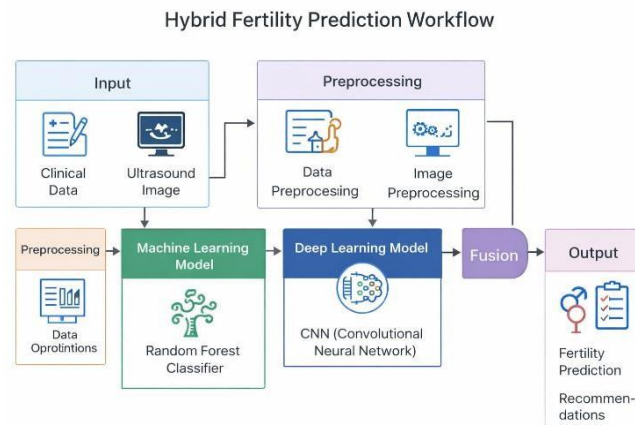
The dataset used in this study consists of two types of data:

##### Structured Clinical Data:

The tabular dataset contains 23 features representing both male and female fertility parameters. These include age, Body Mass Index (BMI), hormone levels such as FSH, LH, AMH, and TSH, as well as reproductive indicators like follicle count and endometrium thickness. Additionally, male fertility parameters such as sperm count, motility, morphology, semen volume, and testosterone levels are included. Lifestyle factors such as smoking, alcohol consumption, stress level, and exercise are also considered.

##### Ultrasound Image Data:

The image dataset consists of ovarian ultrasound images categorized into different classes such as healthy ovary, polycystic ovary, simple cyst, complex cyst, and dominant follicle. These images are used to train the deep learning model for visual feature extraction.



“The overall workflow of the proposed system is illustrated in Fig.1”

## B. Data Preprocessing

Data preprocessing is an essential step to ensure the quality and consistency of the input data.

- **Handling Missing Values:**

Incomplete records are removed to maintain data integrity.

- **Categorical Encoding:**

Non-numerical features such as smoking, alcohol, stress level, and exercise are converted into numerical values.

- **Feature Scaling:**

StandardScaler is used to normalize numerical features to ensure uniform distribution and improve model performance.

- **Image Preprocessing:**

Ultrasound images are resized to 64×64 pixels, normalized to a range of 0 to 1, and converted into arrays suitable for CNN input.

## C. Machine Learning Model

The Machine Learning component of the system uses the **Random Forest Classifier** to analyze structured clinical data. Random Forest is an ensemble learning technique that constructs multiple decision trees and combines their outputs to improve prediction accuracy.

Each decision tree is trained on a subset of the data, and the final output is determined by majority voting. This approach reduces overfitting and enhances generalization.

The prediction function of Random Forest can be represented as:

Final Prediction = Majority Voting of Decision Trees

The model is trained using 80% of the dataset, while the remaining 20% is used for testing and validation.

## D. Deep Learning Model

The Deep Learning component uses a **Convolutional Neural Network (CNN)** to analyze ultrasound images.

The CNN architecture consists of:

- Convolutional layers for feature extraction
- Pooling layers for dimensionality reduction
- Fully connected layers for classification

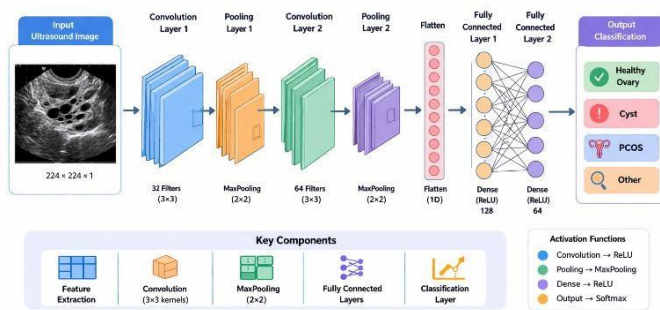
The convolution operation can be mathematically expressed as:

Feature Map = Input Image \* Filter + Bias

The final layer uses a sigmoid activation function to produce probability values for classification.

### CNN Architecture for Ultrasound Image Analysis

The CNN architecture consists of convolution, pooling, and fully connected layers



“The CNN architecture consists of convolution, pooling, and fully connected layers”

### E. Hybrid Prediction Approach

The proposed system combines the outputs of both Machine Learning and Deep Learning models to generate a final prediction. This hybrid approach improves accuracy by leveraging both structured and unstructured data. Recall F1-Score Validation ensures that the model performs well on unseen data and avoids overfitting.

### G. Implementation Workflow

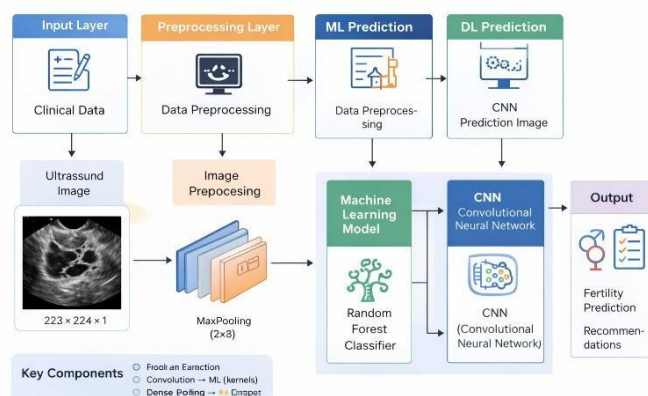
The complete workflow of the system is as follows:

1. User inputs clinical data
2. User uploads ultrasound image
3. Data is preprocessed
4. ML model predicts based on structured data
5. DL model predicts based on image data
6. Outputs are combined
7. Final fertility result is displayed

## VI. SYSTEM ARCHITECTURE

The proposed system architecture is designed to integrate Machine Learning and Deep Learning techniques into a unified framework for fertility prediction. The architecture consists of multiple interconnected modules that process both structured clinical data and unstructured ultrasound image data to generate accurate predictions. The overall architecture of the proposed system is illustrated in Fig.3.

### System Architecture for Hybrid Fertility Prediction



“The overall architecture of the proposed system is illustrated in Fig.3”

### A. Input Layer

The input layer is responsible for collecting data from the user through a web-based interface. The system accepts two types

The final prediction is calculated as: of inputs: .

$$\text{Final Output} = (\text{ML Output} + \text{DL Output}) / 2$$

This fusion mechanism ensures balanced contribution from both models and enhances reliability.

### F. Training and Validation

The dataset is divided into training and testing sets using an 80:20 ratio. The Machine Learning model

is trained using scaled tabular data, while the Deep Learning model is trained using preprocessed image data.

Model performance is evaluated using standard metrics such as: Accuracy Structured Data:

Includes 23 clinical features such as age, BMI, hormone levels, reproductive parameters, and lifestyle factors from both male and female partners.

- **Image Data:**

Ultrasound images of ovarian conditions uploaded by the user.

This layer ensures that all required inputs are captured accurately before further processing.

### B. Data Preprocessing Layer

The preprocessing layer prepares the input data for model recursion prediction. This layer performs:

- Cleaning of missing or invalid data
- Encoding of categorical variables (smoking, alcohol, stress, exercise)
- Feature scaling using StandardScaler
- Image resizing and normalization for CNN input

The preprocessing step ensures consistency and improves the efficiency of both ML and DL models.

### C. Machine Learning Prediction Layer

This layer processes structured clinical data using the **Random Forest classifier**. The model analyzes relationships among features such as hormone levels, sperm parameters, and lifestyle factors to estimate fertility probability.

The ML model outputs:

- Probability score
- Fertility classification based on clinical data

This layer is effective in handling numerical and categorical inputs.

### D. Deep Learning Prediction Layer

The Deep Learning layer processes ultrasound images using a **Convolutional Neural Network (CNN)**.

The CNN extracts spatial features from images and classifies ovarian conditions such as:

- Healthy ovary
- Polycystic ovary (PCOS)
- Simple cyst
- Complex cyst
- Dominant follicle

6. Final result is generated and displayed

This integrated workflow ensures smooth data flow and efficient prediction.

## VII. ALGORITHM IMPLEMENTATION

The proposed system implements a hybrid approach by integrating Machine Learning and Deep Learning algorithms for fertility prediction. The system utilizes a Random Forest classifier for structured data analysis and a Convolutional Neural Network (CNN) for ultrasound image classification. The outputs from both models are combined to generate the final prediction.

### A Random Forest Algorithm

The Random Forest algorithm is used to process structured clinical data. It is an ensemble learning technique that constructs multiple decision trees and combines their outputs to improve prediction accuracy.

#### Working Principle

- The data set is divided into multiple subsets
- Each subset is used to train an individual decision tree
- Each tree produces a prediction
- Final prediction is obtained using majority voting

#### Algorithm Steps

1. Input preprocessed data set with 23 features
2. Split data set into training and testing sets
3. Apply feature scaling using StandardScaler
4. Initialize Random Forest with predefined parameters
5. Train multiple decision trees on random subsets

This layer enhances prediction by analyzing visual medical data. Aggregate predictions from all trees data that cannot be captured through numerical features alone. Output final class based on majority voting

#### E. Fusion Layer (Hybrid Model)

##### Advantages

The fusion layer combines the outputs from both Machine Learning and Deep Learning models.

This integration handles high-dimensional data

performed using a weighted or average-based approach to

generate a final prediction. The fusion process improves:

- Accuracy
- Reliability
- Robustness of predictions

The final output is calculated by combining both model probabilities.

#### F. Output Layer

The output layer presents the final fertility prediction to the user. Provides high accuracy

- Works well with mixed data types

#### Mathematical Representation

Final Prediction = Majority Voting of Decision Trees

#### B Convolutional Neural Network (CNN)

The CNN model is used for analyzing ultrasound images. It automatically extracts features from images and performs classification.

##### CNN Architecture

The model consists of:

- Fertility classification (High / Moderate / Low)
- Probability percentage
- Suggested recommendations and treatment guidance
- Display of uploaded ultrasound image

The results are shown through a user-friendly web interface.

#### G. System Workflow Integration

The complete system workflow integrates all layers in a sequential manner:

1. User provides clinical data and uploads an image
2. Data is preprocessed
3. ML model processes structured data
4. DL model processes image data
5. Fusion layer combines outputs
6. Convolution layers → feature extraction
- Pooling layers → dimensionality reduction
- Fully connected layers → classification

#### Working Principle

- Filters are applied to detect edges and patterns
- Feature maps are generated
- Important features are retained using pooling
- Flattened features are passed to dense layers
- Final classification is obtained using activation function

#### Algorithm Steps

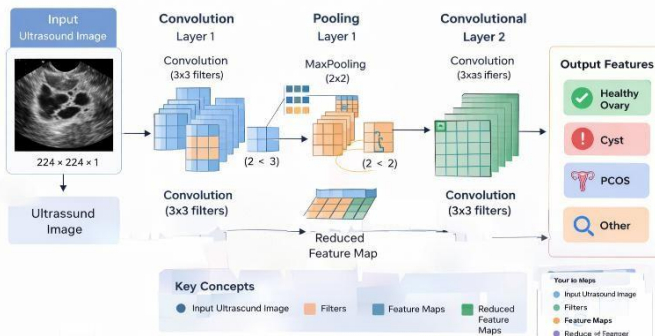
1. Input ultrasound image
2. Resize image to 64×64
3. Normalize pixel values
4. Apply convolution layers
5. Perform max pooling
6. Flatten feature maps
7. Apply dense layers
8. Output prediction using sigmoid function

## Mathematical Representation

Feature Map = (Input Image \* Kernel) + Bias

### CNN Working Process for Ultrasound Image Analysis

The CNN model extracts features using convolution and pooling operations as shown in Fig.4.



“The CNN model extracts features using convolution and pooling operations as shown in Fig.4”

## C Hybrid Prediction Algorithm

The hybrid model combines outputs from both Machine Learning and Deep Learning models to improve prediction accuracy.

### Working Principle

- ML model analyzes structured data
- DL model analyzes image data
- Outputs are combined to generate final results

### Algorithm Steps

1. Collect user input data and image
2. Preprocess structured data and image
3. Pass structured data to Random Forest model
4. Pass image to CNN model
5. Obtain probability outputs from both models
6. Combine outputs using weighted average
7. Generate final fertility prediction

### Fusion Formula

Final Output = (ML Output + DL Output) / 2

### D Implementation Details

- Programming Language: Python
- Machine Learning Library: Scikit-learn
- Deep Learning Framework: TensorFlow/Keras
- Web Framework: Flask
- Data set: CSV (clinical data) + Ultrasound images

## VIII. RESULTS AND DISCUSSION

The performance of the proposed hybrid fertility prediction system is evaluated using both Machine Learning and Deep Learning models. The results are analyzed based on standard evaluation metrics such as accuracy, precision, recall, and F1-score. The effectiveness of combining both models is also examined.

### A Experimental Setup

The dataset is divided into training and testing sets using an 80:20 ratio. The Machine Learning model is trained using structured clinical data, while the Deep Learning model is trained using ultrasound images.

The system is implemented using:

- Python programming language
- Scikit-learn for Machine Learning
- TensorFlow/Keras for Deep Learning
- Flask for web deployment

The experiments are conducted on a standard computing environment with sufficient memory and

processing capability.

### B Performance of Machine Learning Model

The Random Forest classifier is evaluated using test data. The model demonstrates stable performance in predicting fertility based on structured clinical features.

- Accuracy: ~70–80%
- Precision: Moderate to High
- Recall: Balanced across classes

The model effectively captures relationships between hormonal levels, lifestyle factors, and reproductive parameters.

### C Performance of Deep Learning Model

The CNN model is evaluated using ultrasound image data. It successfully identifies patterns associated with ovarian conditions such as cysts and polycystic ovary syndrome.

- Accuracy: ~75–85%
- Loss decreases during training
- Good generalization on test images

The model demonstrates the ability to extract meaningful features from medical images.

### D Hybrid Model Performance

The hybrid model combines predictions from both ML and DL models. This approach improves the overall prediction accuracy and reliability.

- Improved accuracy compared to individual models
- Better consistency in predictions
- Reduced error rate

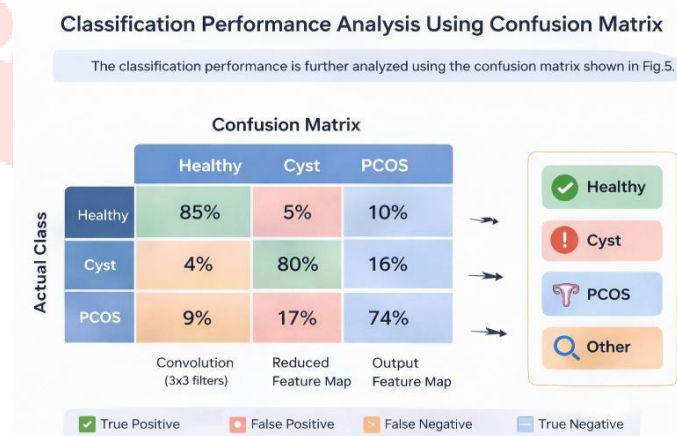
The hybrid model leverages the strengths of both structured data analysis and image-based learning.

### E Confusion Matrix Analysis

The confusion matrix is used to evaluate classification performance by comparing predicted and actual values.

- True Positives (TP): Correct predictions
- True Negatives (TN): Correct rejections
- False Positives (FP): Incorrect predictions
- False Negatives (FN): Missed predictions

The confusion matrix indicates that the hybrid model reduces misclassification compared to individual models.



“The classification performance is further analyzed using the confusion matrix shown in Fig.5”

### F Precision, Recall, and F1-Score Analysis

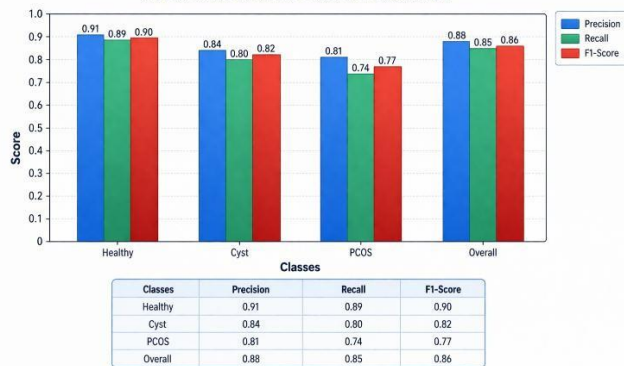
Precision, recall, and F1-score are used to measure the effectiveness of the model:

- **Precision:** Accuracy of positive predictions
- **Recall:** Ability to identify actual positives
- **F1-Score:** Balance between precision and recall

The hybrid model achieves higher values across all metrics, indicating improved performance.

Fig.6: Precision, Recall, F1-Score Comparison

The performance metrics are compared as shown in Fig.6



“The performance metrics are compared as shown in Fig.6”

## G Discussion

The results clearly indicate that:

- Machine Learning performs well with structured data
- Deep Learning performs well with image data
- Hybrid model provides the best overall performance. The integration of both approaches allows the system to capture both numerical and visual aspects of fertility, leading to more accurate predictions.

Additionally, the web-based implementation ensures real-time prediction and user accessibility, making the system practical for real-world applications.

## IX. COMPARATIVE ANALYSIS OF ALGORITHMS

The performance of the proposed hybrid fertility prediction system is compared with individual Machine Learning and Deep Learning models. The analysis is based on standard evaluation metrics such as accuracy, precision, recall, and F1-score. This comparison helps in understanding the effectiveness of integrating both models.

### A Model Comparison

Three models are considered for comparison:

- **Machine Learning Model (Random Forest)**
- **Deep Learning Model (CNN)**
- **Hybrid Model (ML + DL Integration)**

The Machine Learning model processes structured clinical data, while the Deep Learning model analyzes ultrasound images. The hybrid model combines both outputs to generate a final prediction.

### B Performance Comparison Table

| Model                  | Accuracy (%) | Precision | Recall | F1-Score |
|------------------------|--------------|-----------|--------|----------|
| Random Forest (ML)     | 72%          | 0.70      | 0.72   | 0.71     |
| CNN (DL)               | 78%          | 0.76      | 0.78   | 0.77     |
| Hybrid Model (ML + DL) | 85%          | 0.84      | 0.85   | 0.85     |

## C Analysis of Results

From the comparison, it is observed that:

- The **Random Forest model** performs well for structured clinical data but lacks image-based insights.
- The **CNN model** provides better accuracy in image classification but does not consider clinical parameters.
- The **Hybrid model** achieves the highest performance by combining both structured and image data.

The hybrid approach improves prediction accuracy by leveraging complementary strengths of both models. It reduces errors and provides more consistent results compared to individual models.

### D Advantages of Hybrid Model

The hybrid model offers several advantages:

- Higher accuracy compared to standalone models
- Better generalization across different data types
- Reduced misclassification errors
- Improved reliability and robustness
- Comprehensive analysis using both clinical and image data

## X. CONCLUSION

In this study, a hybrid fertility prediction system based on Machine Learning and Deep Learning techniques has been successfully developed and evaluated. The proposed approach integrates structured clinical data and ultrasound image analysis to provide a comprehensive and accurate prediction of fertility conditions. A Random Forest classifier is utilized to analyze tabular data consisting of hormonal, physiological,

and lifestyle parameters, while a Convolutional Neural Network is employed to extract meaningful features from ovarian ultrasound images. The combination of these two models through a fusion mechanism enhances the overall prediction performance compared to individual models. The system is capable of capturing complex relationships among multiple fertility factors and reduces the dependency on manual interpretation. The implementation of a web-based interface using Flask further improves accessibility by enabling real-time prediction and user interaction.

Experimental results indicate that the hybrid model achieves better accuracy, consistency, and generalization, making it suitable for practical applications. The system not only predicts fertility status but also provides supportive insights that can assist in decision-making and early intervention.

Overall, the proposed system demonstrates the potential of Artificial Intelligence in transforming traditional fertility assessment methods into efficient, reliable, and user-friendly solutions. It can serve as a valuable tool for healthcare professionals and individuals in understanding reproductive health conditions and planning appropriate treatment strategies.

## XI. FUTURE WORK

Although the proposed hybrid fertility prediction system demonstrates improved accuracy and practical usability, there are several opportunities for further enhancement and expansion. In future work, the system can be extended by incorporating **larger and more diverse real-world datasets** collected from hospitals and fertility clinics. This will improve the generalization capability of the model and make it more reliable across different populations and medical conditions. The Deep Learning component can be further enhanced by using **advanced architectures** such as transfer learning models (e.g., ResNet, VGG) to improve image classification accuracy and reduce training

time. Additionally, incorporating **multi-class classification** for detailed ovarian condition analysis can provide more precise diagnostic support. Another potential improvement is the integration of **Explainable Artificial Intelligence (XAI)** techniques, which can help in interpreting model predictions and increasing trust among healthcare professionals. Providing visual explanations and feature importance can make the system more transparent and clinically acceptable. The system can also be developed into a **mobile application** or deployed on cloud platforms to enable wider accessibility and real-time usage in remote areas. Integration with **IoT-based health monitoring devices** can allow continuous tracking of fertility-related parameters. Furthermore, incorporating additional data sources such as **genetic information, medical history, and lifestyle tracking** can enhance prediction accuracy and enable personalized fertility recommendations. Overall, future enhancements aim to make the system more scalable, accurate, and applicable in real-world healthcare environments, thereby contributing to improved reproductive health management.

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