



INFERTILITY

Treatments Offer HOPE

BY HANNAH VANBIBER

Infertility is defined as an inability to get pregnant or remain pregnant despite having regular, unprotected sex for at least a year, or six months if a woman is 35 or older. According to the Center for Disease Control and Prevention, approximately a third of infertility cases are attributed to women and a third to men, while the rest are a mixture of male and female problems or from an unknown cause. Because of its personal and often deeply troubling nature, many who struggle with fertility fail to seek or find resources to help. However, depending on the cause, infertility is often temporary or treatable.

Causes and Risks

Dr. Joseph Bird Jr., a fertility specialist at Chattanooga's Fertility Center, says the most common cause of infertility he sees is ovarian dysfunction. Ovulation problems may stem from a number of conditions, but the most common are polycystic ovarian syndrome (PCOS) and primary ovarian insufficiency (POI). PCOS is a hormonal disorder and is responsible for 70 percent of infertility issues in women who have trouble ovulating. POI occurs when a woman's ovaries fail to function properly before she reaches the age of 40. It is not the same as early menopause, as women with POI may retain intermittent ovarian function and pregnancy may occur. Less common causes of infertility in women include blocked fallopian tubes, physical problems with the uterus, or uterine fibroids, which are non-cancerous clumps of tissue and muscle on the uterine walls.

One of the primary risk factors for infertility listed by the National Infertility Association is age. "A woman is born with all the eggs she will ever have and her body typically uses its best eggs first," Dr. Bird says. "As a woman ages, she has fewer and fewer healthy eggs available." By age 40, a woman's chance of conceiving has decreased from 90 percent to 67 percent. By age 45, her chance decreases to 15 percent, and her risk of miscarriage increases.



Joseph Bird Jr., M.D.
Fertility Specialist, The Fertility Center

Weight is also a risk factor for infertility as well as smoking, excess alcohol use, stress, a poor diet, intense physical training and sexually transmitted infections.

Testing

If a couple has been unable to conceive after a year of trying, or six months if the woman is over 35, they should consult a physician. A woman can start by bringing up fertility concerns with her OB-GYN, who will ask for her medical and sexual history, do a physical examination and test for infertility issues. If tests do not yield helpful results, women are often referred to a specialist. Fertility doctors are specially trained in Reproductive Endocrinology and Infertility (REI) and thoroughly understand the hormonal problems of women from early age through menopause.

A variety of tests can help discern whether a woman is producing an egg and if an egg can travel to her womb. Ovulation tracking monitors the changes in a woman's body throughout her cycle to discern if ovulation is occurring. Often, a woman can track these changes at home through an over-the-counter kit. Fallopian tube testing determines any blockage of the fallopian tubes. To look for a blockage, a doctor may perform one of two different procedures: a hysterosalpingogram (HSG) or a laparoscopy. An HSG is an x-ray procedure



that views liquid dye injected into the cervix. If the liquid doesn't flow completely through to the uterus, the tubes may be considered blocked. In a laparoscopy, a small injection is made in the lower abdomen so a surgeon can look through a laparoscope to evaluate whether fallopian tubes are blocked.

Other procedures look for problems like fibroids or polyps (noncancerous growths in the reproductive tract), scarring or an abnormally shaped uterus. These include a hysteroscopy, in which a telescope-like object is placed through the cervix to look at the uterus; a sonohysterogram, and

a pelvic ultrasound—both of which use an ultrasound to analyze the reproductive organs. A doctor may also run blood tests to measure hormone levels during menstruation in order to determine how many eggs are in a woman's body and how good they are.

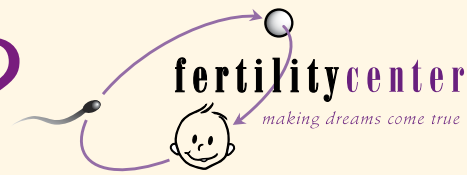
Treatments

According to the Hormone Foundation, infertility treatments fall into two categories: one method helps fertility through medications or surgery and the other uses assisted reproductive technologies. Fertility drugs are the main treatment for women with ovulation problems. These work like natural hormones to regulate or induce ovulation, and they are often used with intrauterine insemination (IUI). Known commonly as artificial insemination, IUI is a procedure in which sperm are injected directly into the uterus around the time of ovulation. For women with fibroids polyps, endometriosis or blocked fallopian tubes, surgery is an option. However, unblocking the fallopian tubes may increase the risk of a tubal pregnancy.

More and more, couples are turning to assisted reproductive technology (ART) as a solution to infertility. According to



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Dr. Bird, the most common treatments for women are In Vitro Fertilization (IVF) and variations of it. In IVF, a healthy egg is taken from a woman and mixed with sperm in a lab. Embryos are then implanted in the uterus three to five days after fertilization.

Variations of IVF include Intracytoplasmic Sperm Injection (ICSI), in which a microscopic technique is used to inject a single sperm directly into an egg; Gamete Intrafallopian Transfer (GIFT), in which a catheter is used to place both eggs and sperm into the fallopian tube; and Zygote Intrafallopian Transfer (ZIFT), in which fertilized embryos are placed in the fallopian

tube. Another common ART method is assisted hatching, in which the outer lining of the embryo is opened to help implantation. If a woman has health problems preventing her from carrying a baby, or if she has ovaries but no uterus, she may consider a gestational carrier. In this case, the woman's egg is fertilized by her partner's sperm and the embryo is then placed in the carrier's womb.

For women with few healthy eggs left, using an egg donor is also an option. Donated eggs are combined with a man's sperm in a lab and the resulting embryo is implanted in the uterus of the intended


mother. The intended parents may choose an anonymous egg donor from the fertility clinic's donor pool.

Though success rates of ART are good, complications may occur. The most common complication is a multiple fetus pregnancy, which often causes premature labor. Other risks for a baby include low birth weight and birth defects, while risks for a mother include bleeding, infection or ovarian hyperstimulation syndrome (OHSS), a painful enlargement of the ovaries.

Emotions and Support

Fertility treatment can come at a high physical, emotional and financial cost. According to the American Society of Reproductive Medicine, infertility can create one of the most distressing life crises a couple will experience together, and feelings of loss, failure, isolation, guilt, uncertainty, anxiety and despair are not unusual. The process itself – often a roller coaster of renewed hope and disappointment – can even become addictive. Before starting fertility treatment, couples should be aware of the risks and know when to seek help.

“Support can come from a variety of sources including books, support groups, family, friends and pastoral or professional counseling,” Dr. Bird says. “Couples should avoid becoming isolated and can start by asking their physician for local support options.”

Many couples set time and financial limits on themselves to protect from the addictive spiral of treatment. With the high costs of fertility treatment and millions of children in need of a loving home, adoption is also a viable option. 

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A Success Story: Vanessa Tripp



(l to r) Olivia, Lyla and Sean with mother, Vanessa

Vanessa got married at 30 and wanted to begin growing her family right away. But when attempts to conceive naturally and use of fertility drugs proved ineffective, she went to see a specialist at the Fertility Center. The specialist suggested an IUI, and although Vanessa was able to ovulate, her first IUI didn't take. Neither did her second. But Vanessa was still willing to try IVF, and her doctors were able to retrieve 14 matured eggs. Ten froze successfully, and she had a transfer that same year. When Vanessa was called back to hear the transfer results, the entire staff of the Fertility Center was waiting for her. “When they all shouted ‘Congratulations!’ You're pregnant!”

“I just started crying and fell into a chair,” she says. Nine months later, Lyla Tripp was born six pounds, twelve ounces.

Less than two years later, Vanessa and her husband tried for a second child, and she started IVF again. After two unsuccessful attempts, a third round of IVF proved successful. And this time, there was a surprise — an ultrasound showed that there was not only one healthy baby, but two. Today, Vanessa's twins, Olivia and Sean, are six months old. “I put my children to bed, and I think ‘Oh my God, how did this happen?’” Vanessa says. “We had amazing support. God gave our doctors amazing talents and knowledge to do his work.”

Infertility is a disease that affects around 6.1 million people in the U.S. alone, more than 10 percent of the reproductive-age population. The March of Dimes' mission is to help moms have full-term pregnancies and research the problems that threaten the health of babies.



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