

A Guide to Infertility and Treatments



The essential event for your fertility and parenthood journey

Infertility treatment can be a long, anxious and emotional journey but success rates are improving all the time and procedures are safer than ever. Treatment usually depends on reasons for the infertility.

You may suffer from infertility if ...

- You're younger than 35 and have been trying to fall pregnant for at least 12 months
- You're 35 or older and have been trying to fall pregnant for at least 6 months.
- You're trying to fall pregnant, and you have irregular, very painful or no periods.
- You're trying to fall pregnant, and you have conditions like endometriosis, pelvic inflammatory disease or a past miscarriage.
- You and your partner think there may be a male factor (like a history of testicular trauma or past infertility with another partner).

Common reasons for infertility are ...

- Ovulation problems
- Endometriosis
- Poor egg quality
- Polycystic ovarian syndrome
- Fallopian tube problems
- Poor sperm quality
- Fibroids of the uterus
- Age

The above can be treated with drugs and/or assisted conception or donor eggs when it comes to age.



If you think you or your partner needs infertility treatment ...

- Talk to a pre-natal care provider, like an obstetrician or a midwife, who takes care of pregnant women. Or see a fertility specialist (also called a Specialist in Reproductive Medicine in South Africa).
- Advise them of your family health history - a record of health conditions and treatments that you, your partner and everyone in your families have had, including previous pregnancies and any children you've had.
- Make changes in your life that may help you get pregnant without treatment, such as quitting smoking and recreational drugs, being over- or underweight, drinking too much caffeine and/or alcohol and taking certain medicines that can affect you or your partner's fertility.
- Keep track of your periods to find out when you ovulate. The time you ovulate usually happens in the middle of your menstrual cycle or halfway between the start of your periods. To find out when you ovulate, write down when your period starts each month and how long it lasts.

The care provider may give you and your partner medical tests such as ...

- A semen analysis to make sure the man's sperm is healthy.
- Tests to make sure there are no problems with your fallopian tubes or uterus. Blocked tubes or problems with the uterus may hinder pregnancy.



What kinds of fertility treatment are there?



Drugs to help with ovulation. Ovulation is the first step of the monthly reproductive cycle and if it doesn't happen or if it happens very irregularly it is almost impossible to conceive with regular sex alone. Problems with ovulation are a very common cause of infertility. The following drugs may help to bring on ovulation in women who don't ovulate regularly or at all:

- Clomifene. Encourages the monthly release of an egg (ovulation). A commonly used brand is Clomid.
- Letrozole. An alternative to Clomifene and provides a good chance of ovulation.
- Metformin. Not a fertility drug but it may help women with polycystic ovary syndrome ovulate as it treats insulin resistance, which in turn may regulate hormones.
- Gonadotrophins. These are injected and can help stimulate ovulation in women and may also improve fertility in men.



Surgery. Used to treat physical blockages or scarring on any of the organs involved in the reproductive system, because they might be blocking the egg from its journey to the womb. Different types of surgery include:

- Fallopian tube surgery. If your fallopian tubes have been shown to be blocked or scarred, you may need surgery to remove the blockage, making it easier for eggs to go through. Possible complications if you conceive with damaged tubes include an ectopic pregnancy when the fertilised egg implants in the fallopian tubes.
- Surgery for endometriosis, fibroids and PCOS. Laparoscopic surgery is often used for women who have endometriosis to destroy or remove endometriosis. It may also be used to remove fibroids, which are benign growths in the womb.



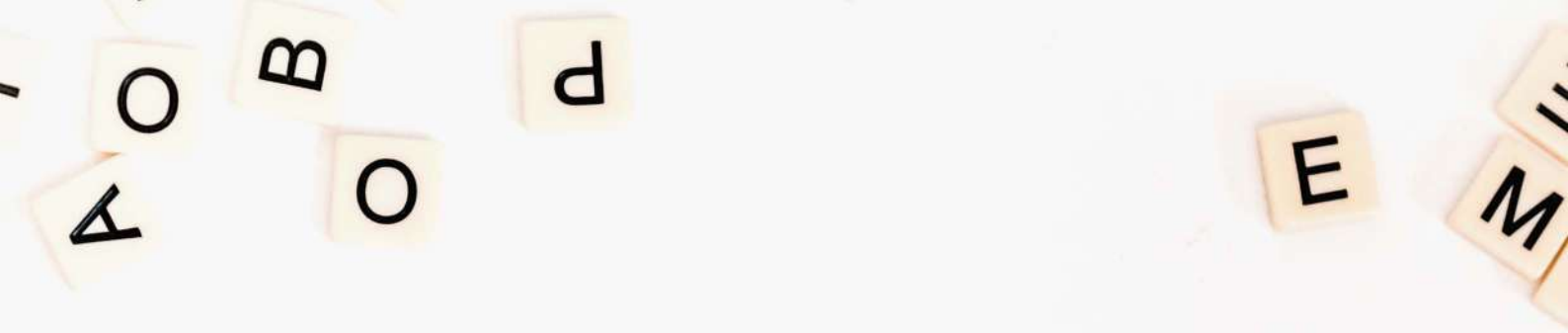
Assisted conception – which make use of medical techniques to help the process of becoming pregnant.

- In vitro fertilisation (IVF). In IVF, the ovaries are stimulated using drugs so that they produce more eggs than normal. Then the eggs are extracted and fertilised with the sperm in a laboratory by mixing them together in a dish. The resulting fertilised eggs are called embryos, which are then returned to womb to grow and develop.
- Intrauterine insemination (IUI) is a type of fertility treatment in which high quality sperm are separated from sperm that's sluggish or non-moving. This sperm is then placed directly into the womb to meet the egg.
- Intracytoplasmic sperm injection (ICSI) is a treatment for couples where the man has low sperm count or low-quality sperm. It is part of an overall IVF treatment, but the sperm is injected directly into the egg instead of simply mixing them in a dish. This improves the chance of conception because the sperm does not need to be able to penetrate the egg as this part is done with the injection.
- Egg and sperm donation*. If you or your partner has an infertility problem with eggs or sperm, you may be able to receive eggs or sperm from a donor to help you conceive. Treatment with donor eggs is usually carried out using IVF.

Things to consider when choosing a fertility clinic

- Diagnosis & eligibility. Get a diagnosis before you jump into anything and make sure you are in the best health that you can be to ensure you are not turned down for treatment. (Ideally, your BMI should be under 30).
- Location - think about the logistics. You will need to make multiple trips to your clinic, sometimes at short notice.
- Wherever you choose, ensure the clinic is regulated i.e a SASREG centre of excellence / SASREG accredited clinic.
- Are the fertility doctors registered with the HPCSA as a Subspecialist in Reproductive Medicine?
- How many physicians are part of the practice? How many office sites are there?
- Cost - consider all hidden costs.
- Success rates - look at the clinic's birth and multiple birth rates. How many embryos are routinely transferred? Do they follow SASREG ET guidelines? You can check a country's success rates by looking at the regularity boards SART, HFEA or the South African Registry for IVF (SARA).
- Selection - look at the treatments offered - are they right for you? What treatments and testing does the fertility clinic offer?
- Do they offer support and counselling?





Congratulations! You are pregnant. What now?

- You are one of the lucky ones that will know after four weeks you are pregnant. The downside is that you will have long waiting periods between scans, consults and tests.
- Be careful, be healthy and behave. No bungee-jumping!
- If you are worried about something, speak to the nurse at the clinic and ask the doctor to get back to you.
- If there is blood or severe pain – phone your emergency number immediately and lie down.
- You will be scared. We all are. Miscarriages happen with normal pregnancies.
- Have a support structure
- Avoid negative people
- Rest
- Take your medication (which you will probably receive until week 10 – 12 of your pregnancy).
- Eat healthy. Don't smoke or drink alcohol.
- Stay away from people who smoke and smoked filled rooms
- Exercise responsibly

Enjoy being pregnant. You worked hard enough for this miracle to happen for you and your partner.



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HAVING A
BABY

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