

The facts of fertility

Nearly one in eight women struggles with conception

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Lost in the celebration of all things motherhood in May, is the reality that the natural process of reproduction eludes many women who struggle with issues of infertility.

In the United States, difficulties in conceiving occur in about one in every eight couples, or 12 percent of married women, according to the Centers for Disease Control and Prevention (CDC).

While breakthroughs in infertility treatment have made the option of having children a greater likelihood than in the past, the root causes of infertility remain unchanged, and often unknown.

"Infertility treatments have advanced and improved outcomes over the years, but the basic concepts of treating infertility has stayed generally the same," said Dr. Ingrid Reyes, co-founder along with her husband, Dr. John Reyes, of Modern Obstetrics and Gynecology of North Atlanta. "There are certain specific factors that affect a couple's fertility."

She noted the causes of fertility are so varied it is hard to pinpoint whether it's primarily linked to genetics or lifestyle, or personal or family history. And so often, a women with no known risk factors, no environmental exposures, negative medical history, or other apparent reasons ends up simply with "unexplained infertility."

"It's often things that women or their partners have no control over," said Dr. Reyes, who is Board Certified and a Diplomate of the American Board of Obstetrics and Gynecology. "And I think that's one of the things we women do too much -- put so much burden on ourselves."

She says when a woman struggles with infertility they invariably think "what did I do?"", or "how could I have caused this?"

Most women are unaware of their infertility issues until the point they decide to start their family.

"In our lifetimes [women] are either trying to prevent pregnancy or trying to get pregnant," said Dr. Reyes. "Most

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INCREASING THE CHANCES OF CONCEPTION

1. Always have safe sex with condoms until you are in a monogamous, serious relationship. Getting a sexually transmitted disease like chlamydia is something that is preventable, and results in a higher chance for tubal blockage due to scarring.

2. Listen to your body, and be aware of what's normal and not normal for you. If you have very painful cycles, very heavy bleeding, this may not be normal. There could be fibroids affecting the uterus, or hormonal abnormalities causing heavy bleeding, endometriosis causing the pain. Pay attention to your symptoms, and if you feel like your cycles may not be the "every 28 days, 4 days of bleeding" period, then talk to your doctor.

3. Take good care of your health. Treat your body with respect. Get enough rest, and eat healthy, fresh food. Don't go on binge diets, be consistent with healthy habits, and maintain a normal healthy weight. If you have medical problems such as hypertension, diabetes, or thyroid disorder, have them treated and well under control before trying to conceive.

4. Learn about how your body works, about ovulation, about timed intercourse, about a normal menstrual cycle. In a normal menstrual cycle, ovulation will happen 14 days prior to the onset of menses. Ovulation prediction kits can help identify your most fertile window of time. You want to have intercourse within 24 hours of ovulation for best chance for success.

Source: Dr. Ingrid Reyes, Modern Ob/Gyn

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women at some point wonder if they will have any trouble conceiving. And you rarely know if you will have any trouble having children until you start trying."

She noted healthy women under 35 should try having unprotected intercourse for at least one year before seeking medical advice. Women older than 35 may want to seek medical advice after six months of trying to conceive.

Treatments for infertility begin with testing to rule out, or rule in, any factors that prevent pregnancy (for both men and women), including a physical exam, bloodwork testing, ultrasound testing, tubal patency evaluation, and/or semen analysis. At that point, your doctor will develop the most appropriate plan. [see sidebar of treatments]

Age and medical histories determine a lot of the next steps, with the age of the mother the most important determinant in female infertility.

"Egg quality and quantity are directly linked to female age," said Dr. Reyes. "At the age of 30, 7% of [women] are infertile; that slowly increases to 11% by age 35."

Beyond that, there is a rapid increase of infertility, with one in three [women] infertile by age 40 and nearly 90 percent by age 45. At that point, conception plans may need to include a donor egg.

Although there are cases of women over 50 having babies, Dr. Reyes said it is extremely rare for anyone to spontaneously conceive beyond the age of 44. These women most likely went through either years of infertility management, had their eggs frozen at a younger age, used donor eggs, or some other combination of things.

"While a healthy, fit woman can carry a pregnancy in her 50s (and beyond) I think it sets an unfair expectation. [Conception] didn't happen just by chance....but they don't always speak openly about what struggles they might have gone through to do that."

But for women of childbearing age, the good news is it is possible for most women to have children of their own.

"It all depends on the cause of the fertility issue [and treating] the couple in a very focused and effective way," she explained. "Even in the cases of unexplained fertility, and after many years of trying to conceive, as long as a patient is open to all the options, most couples are able to have a child of their own in one way or another."

TREATMENT OPTIONS FOR INFERTILITY

The most common interventions for infertility are ovulation induction with oral or injectable medications, intrauterine insemination, and in vitro fertilization (IVF).



Dr. **Ingrid Reyes**, Modern Ob/Gyn.

Sometimes patients will need more specific care including egg donation, surgical management for fibroids or endometriosis, egg and embryo freezing, or preimplantation genetic testing,

"In-vitro fertilization is the most preferred option because of the highest chance of success in a shorter window of time. [However] there are many options before needing to move forward with IVF," said Dr. Reyes.



The basic components of the IVF process include stimulation of the ovaries to produce multiple eggs at a time, removal of the eggs from the ovary (egg retrieval), fertilization of the eggs in the laboratory, and subsequent placement of the resulting embryos into the uterus (embryo transfer).

In 2015, about two percent of all babies born in the United States were a result of successful IVF, according to the CDC. In 40 percent of those cases, IVF resulted in multiple births (primarily twins) because of the practice of implanting more than one embryo to increase the chances of success.

"There are many, many options for infertility management so I usually try to counsel my patients that it may be very quick and successful, but it can sometimes take years to find success [using] multiple different interventions," said Dr. Reyes.

She said she encourages her patients to not give up, even after years of trying, although they may need to take breaks from the treatments.

Looking ahead, Dr. Reyes said advances in fertility treatments are promising, especially in the success rates of IVF. In fact, the process has become so successful that most women are being advised to only implant one egg.

One promising technique is preimplantation genetic testing where an embryo can be tested for specific genetic traits to preclude passing on debilitating disease.

"While this is an incredibly deep ethical issue, it also is a powerful opportunity for the women to [choose not to have a child] who will inevitably have a very difficult life. But there are always concerns about how far should/will this go," said Dr. Reyes.

Egg freezing/egg banking is also an option for women who want to defer their childbearing. It has been used for women undergoing medical treatments that could impact fertility, and also for women who want to wait to have kids until they've established a career, find a partner, or for other reasons.

"Again, the field of infertility management has its own ethical dilemmas, but these are powerful options that women can take advantage of," said Dr. Reyes. ■

FAST FACTS ON INFERTILITY

What is infertility?
Infertility is a disease or condition of the reproductive system often diagnosed after a couple has had one year of unprotected, well-timed intercourse, or if the woman has suffered from multiple miscarriages and the woman is under 35 years of age. If the woman is over 35 years old, it is diagnosed after 6 months of unprotected, well-timed intercourse.

Who has infertility?
- One in 8 couples (or 12% of married women) have trouble getting pregnant or sustaining a pregnancy.
- Approximately one-third of infertility is attributed to the female partner, one-third attributed to the male partner and one-third caused by a combination of problems in both partners or unexplained.
- A couple ages 29-33 with a normal functioning reproductive system has a 20-25% chance of conceiving in any given month; after six months of trying, 60% of couples will conceive without medical assistance.

What are the leading causes that prevent pregnancy?
- Mother is older than 35
- Ovulatory dysfunction
- Anatomical issues in the uterus or fallopian tubes
- Sperm disorders causing male infertility

Infertility is a disease.
There are many medical conditions that can be the underlying cause of infertility for both men and women. Some of these conditions are simple to diagnose with the help of an OB/Gyn. Others require an array of additional testing and the expertise of a specialist such as a Reproductive Endocrinologist or an urologist. If you suspect you may have infertility, it is best to go ahead and get a complete fertility work-up and diagnosis.

Costs of Infertility Treatment
Costs vary based on treatment and location, but the bottom line is infertility treatment is expensive -just one cycle can cost anywhere from $10,000 up to $25,000. And insurance often covers only a very small portion of the treatment (15 percent of the cost at best).

The National Institute of Health (NIH) monitored approximately 400 women/couples going through infertility treatments over an 18-month period in 2010-11 to determine the costs of treatment.

These were the average costs of treatment:
- Medication only - $1,200
- In-Vitro Fertilization - $24,000
- In-Vitro Fertilization with donor eggs - $38,000

The study also found that patients with successful outcomes – those who had a baby within 18 months of starting treatment – paid an average of $61,000.

While credit cards, health savings accounts and borrowing money are always options, there are also local support groups and programs across the country which offer assistance as well.

Visit the RESOLVE website (www.resolve.org) and click on the "making treatment affordable" tab to learn more.

Source: RESOLVE – The National Infertility Association (www.resolve.org)