

## **Infertility: Helping Mother Nature**

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Infertility is a highly personal and emotional subject and it's a medical problem that is growing. In fact, six million American adults will be touched by infertility this year representing all ages, socioeconomic groups, and genders. Because of the personalized nature of infertility—the inability to conceive or take a baby to term—there is no one rule as to when to seek treatment but there are guidelines including:

- Couples over the age of 35 and six months of unprotected intercourse with no pregnancy;
- Couples under the age of 30 with one year of unprotected intercourse with no pregnancy,
- Known medical or health issues that could impact natural conception (i.e., cancer, diabetes, sterilization procedures, etc.) It's important to note, however, that every couple is different and a consultation might in order much sooner. If nothing else than to provide peace of mind.

### **Age & Infertility**

One of the main reasons for the rise in infertility is due to the postponement of childbearing. As women delay marriage and subsequent pregnancy, their egg quantity and quality declines. A similar situation happens to men but not quite as significantly as to women. Infertility doesn't discriminate. It affects all racial and socioeconomic groups and because of this, every couple's situation is different and requires a comprehensive approach, which is what we endeavor to do every time. It's important to note that most couples seeking fertility care will benefit from low tech' options such as medication or surgery before they get pregnant. Some of the options utilized to help overcome ovulation or age issues include the use of clomiphene citrate or Clomid, and egg donation.

**In-Vitro Fertilization (IVF)** For the approximately 20% of couples who require high-tech methods of getting pregnant, help is most often found in in-vitro fertilization or IVF. This is where the egg and sperm are fertilized outside the woman's body and then placed back into the uterus to continue growing. A technique called blastocyst transfer, researched in part at our center is used in conjunction with all of our IVF cases. Its benefits are two-fold: one, it allows only the most healthy embryo to be placed back into the mother thereby increasing pregnancy rates, and two, because the embryo is healthier, fewer embryos are placed (usually two at the most) so there is much less chance of multiple babies and risks like prematurity.

### **Recurrent Miscarriage and Genetics**

Another tool we use, which we helped research in a national study, that helps couples conceive or carry a baby to term is pre-implantation genetic screening (PGS). Pre-implantation genetic

screening (formerly known as preimplantation genetic diagnosis) is not for everyone. It is most often used to identify the cause of recurrent miscarriage or to identify inheritable conditions such as Tay Sachs, certain muscular dystrophies, sickle-cell anemia, and hemophilia so that they can be avoided.

In PGS, a single cell is taken from the embryo and analyzed for any abnormalities. On occasion patients use PGS for gender selection and family balancing.

### **Second Chance Pregnancy**

Ironically, we have a growing number of patients who seek help years after they've had a tubal ligation or a vasectomy. If a woman has had a tubal ligation or the man a vasectomy, there are still ways to get pregnant again most often through IVF or tubal reversal surgery (reanastomosis). Which tact to take depends on when and how the original procedure was done, number of children desired, age and health, etc. For men, we can take sperm directly from the testicle in a painless in-office procedure known as TESA.

### **Getting Good Information and Help**

Today's headlines address infertility from a number of vantages and occasionally deliver misinformation. Both Dr. Shapiro and Dr. Daneshmand always tell couples struggling with infertility to have hope because there is help. First, if you suspect a problem discuss it with your Ob/Gyn. Secondly, do your research. To find a board certified reproductive endocrinologist call or go online to respected infertility sources such as American Society for Reproductive Medicine, Society for Reproductive Technologies, and the U.S. Centers for Disease Controls. Third, read-up on the clinic's success rates as they relate to people of your age, gender or circumstance. Some clinics have great statistics but they also don't accept the older patient or more complex cases because it would reflect poorly on their statistics. The U.S. Centers for Disease Control report the most valid information on their website. Fourth, enlist the support of friends and family. Infertility can be emotionally, physically and financially challenging but patients buoyed by support and armed with information can make the process less arduous. Couples need to know that most times pregnancy is conceivable.

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