

# Infertility

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While one in eight couples in the United States are plagued with fertility problems, the outlook—if they seek medical help sooner rather than later—has never been brighter. Infertility treatments have improved, options have expanded, and doctors are more skilled at the techniques.

Sometimes infertility can be treated with medication or surgical repair of reproductive organs. Another standard fertility treatment is to do one to three cycles of ovarian stimulation and intrauterine insemination, says Guy Ringler, MD, a reproductive endocrinologist at the Santa Monica—UCLA Medical Center.

This involves stimulating the ovaries to boost egg production with medicine such as Clomid, and then inserting a thin catheter into the uterine cavity to place the sperm there. The treatment, Dr. Ringler says, "will increase the pregnancy rate from about 3 percent per month to about 12 percent to 15 percent in women under age 40, and to about 5 to 7 percent in those over age 40."

With in vitro fertilization (IVF), the chances of pregnancy are greatly increased, says Dr. Ringler. In IVF, the woman's eggs are surgically removed from the ovaries, mixed with sperm outside the body and allowed to fertilize before the embryo is then transferred back into the uterus. "With IVF, if the woman is under age 40, the pregnancy rate is about 40 percent in the first attempt," Dr. Ringler says. In women over 40, the success rate is greatly dependent on age, he says.

For women 40 to 42, the success rate with IVF is about 15 percent, says Steven J. Ory, MD, a reproductive endocrinologist in Margate, Florida, and president of the American Society for Reproductive Medicine. But it's less than 5 percent for women over age 42.

Still, he says, proceeding with IVF is one of the biggest trends now, whatever a woman's age.

While many women balk at the idea of using another woman's eggs, "they have to go through their personal journey of acceptance," Dr. Ringler says. Their desire to have a baby often wins out over genetics, he says. "If a woman is over age 43, donor eggs are the most realistic [approach]."

Dr. Ory agrees. "We have no patient over age 45 successfully using her own eggs," he says of women coming to his Florida clinic.

For infertility due to "male factor" problems, a technique called intracytoplasmic sperm injection (ICSI) has made a dramatic difference, says Mousa Shamonki, MD, director of IVF and a reproductive endocrinologist at the University of California, Los Angeles David Geffen School of Medicine.

In ICSI, a single sperm is injected into an egg. "Routine use of ICSI, generally used for male factor infertility, has improved outcomes," Dr. Shamonki says. The male factor is the sole cause of infertility, he estimates, in about 20 percent of cases and is a combined cause in up to 40 percent of infertile couples.

It's important to have a basic and thorough fertility evaluation before having any treatment, especially aggressive ones, Dr. Ringler warns. Otherwise, you could jump into expensive, time-consuming treatments when the problem could have been relatively minor and treatable with less intervention.

The trend of transferring fewer embryos was reiterated in updated guidelines issued at the 2006 annual meeting of the American Society for Reproductive Medicine (ASRM). The revised guidelines—jointly issued by ASRM and the Society for Assisted Reproductive Technology (SART)—recommend that no more than two embryos be transferred in women under age 35, and

that single-embryo transfer be considered. Previous guidelines recommended one or two in these women. The number recommended for older women varies by age and by how many days past fertilization the embryo is.

For instance, for women over age 40, the transfer of no more than five embryos that are two or three days past fertilization is recommended, and no more than three embryos that are five or six days past fertilization.

Avoiding multiple pregnancies, ideally, is a goal of infertility treatment, says Eric Surrey, MD, former president of SART and a fertility specialist in Denver. Multiple births boost the chances of preterm labor and delivery, and that can mean health problems for the infant. "For the patient, the concept of a twin pregnancy is a positive one, but health-wise, there is more risk," Dr. Surrey explains.

In infertility clinics nationwide, there's a growing willingness to consider—and in some cases embrace—alternative or complementary techniques. "We commonly refer patients for complementary therapies, especially when what we are doing is not working," says Dr. Ringler.

Among the most frequently tried complementary techniques to achieve pregnancy are acupuncture and Chinese herbal medicine, but acupuncture is more accepted by traditional reproductive endocrinologists. "There are studies showing acupuncture before embryo transfer may increase the pregnancy rate," Dr. Ringler says.

Acupuncture and other complementary treatments may also ease a woman's stress, Dr. Ringler says, and that is always helpful in achieving pregnancy. Even though studies are conflicting about acupuncture's value, he says it's not known to have any harmful effects.

There is one caveat. "It's important that there is a dialogue between the reproductive endocrinologist and the Eastern practitioner if you are going to go along with a complementary treatment regimen," Dr. Ringler says.

"Often couples [who can't conceive] are told by family members, 'Just relax and take a vacation, you will get pregnant,'" says Dr. Surrey.

That won't work for couples with underlying fertility problems, he says, and at some point seeking medical help is wiser than persisting on their own. If a woman is under 39 and has been attempting to conceive for a year without success—or over 39 and trying unsuccessfully for six months—it's a good time to seek medical help, he says.