

Fertility Matters

Health Professionals Newsletter November 2010



Staying in touch and staying up to date are the two main aims of Fertility Matters.

In addition to providing you with current updates and information in the field of human reproduction, I also want to draw your attention to a patient seminar Fertility East will be hosting on Saturday the 27th November aimed at providing fertility information and options for a very special and often neglected group of your patients.

Patients who have infertility and have tried

IVF and other therapies and have still not succeeded in achieving a pregnancy.

The Aim of the Seminar is to try and answer patient's questions such as:

1. *Why has my IVF not worked as I was told I had good embryos?*
2. *How many IVF attempts should I try?*
3. *How can I improve the outcome of IVF?*
4. *My friend used (aspirin, steroids, IVG, Intralipid, DHA and or co culture) should I be trying any of these?*
5. *When do I stop treatment?*
6. *Coping with disappointment*
7. *What alternatives are available e.g. donor eggs, sperm, embryos and or surrogacy?*

This seminar ties in with some important publications that recently appeared as well as information I obtained at the 6th World congress of Induction of Ovulation in Naples last month.

1. Prof J Brown¹ discussed the different types of ovarian activity that normal woman experience each month revealing how the frequency of infertile cycles varies with fertile cycles in "normal" women and how these can be detected with ovulation monitoring.

Thus over a few months a fairly regularly menstruating female may experience normal ovulation (fertile), anovulation (infertile) with oestrogen rise enough to cause a period, unruptured luteinised follicle cycle (infertile) and corpus luteal insufficiency cycle (infertile) and be none the wiser.

This is easily detected on ovulation tracking. (A benefit of our bulk billed ovulation tracking service, see overleaf.)

2. A second potential landmark article² appeared in September discussing the molecular basis of recurrent pregnancy loss (RPL). The authors suggest that RPL could be due to a failure of the decidualised endometrium (a change in the luteal phase allowing the implantation window) to act as a filter and prevent the implantation of abnormal embryos, which leads to them implanting, and then aborting. This idea is especially interesting considering that current literature suggests that there is no evidence that the use of Aspirin, Steroids, IVG, Intralipid, DHA and Embryo Co culture actually reduces the incidence of RPL, not to mention the possible serious side effects these therapies can cause!

IVF and still not pregnant? Do not give up, we could help.



Dr Joel Bernstein
Medical Director



Dr Julie Lukic



Dr Jenny Cook



Bev Aronstan
Counselling Psychologist

If you have not yet achieved your dream and have tried every treatment available, consider attending this **free** seminar.

This seminar will update you on available therapies & myths and help explain why therapies haven't worked in the past. Also we will discuss alternative options which may assist you in planning your future fertility path.

This information comes directly from our fertility specialists and incorporates the latest papers presented at the 2010 Annual Congress on Ovulation Induction in Italy.

SEMINAR

Sat 27th Nov - 2pm to 4pm
Club Rose Bay
1 Vickery Ave Rose Bay

Bookings essential

9389 1177

Light refreshments provided



Assisted Conception Clinic

Our success is your baby

www.fertilityeast.com.au

3. Despite interest in polar body biopsies, proteomics, metabolomics and genomics there is still no test of egg or embryo viability allowing prediction of which embryo will make a baby.

Highlights of the Ovulation Induction Congress:

- The value of minimal ovulation stimulation (Mild or Light IVF) again re-emphasised. "More (drugs) is less (worse outcome)"
- World trend to individualise patient's treatment cycles
- Up and coming ability to measure receptors, ovarian and endometrial and the how this could affect stimulation protocols.
- A potential role for aromatase inhibitors (letrozole) in inducing ovulation and the positive and negative value of androgens in assisting ovulation induction.
- Importance of prematurely elevated progesterone levels in a stimulated cycle and the value of replacing embryos in a natural cycle rather than a stimulated cycle. This would involve freezing embryo and not undertaking an embryo transfer but deferring the transfer to a natural cycle, as the endometrium is more receptive. Fresh is not always best!

Thus no matter how much we think we know, it looks like a number of IVF treatment protocols could be in for some change and hopefully you have been forewarned.

If you would like to discuss any of the above points please feel free to contact me on 02 9386 1315.

1. Human Reproduction Update, Vol.00, No.0 pp. 118, 2010
2. Mol. Hum. Reprod. Advance Access published September 17, 2010, James B. Brown
The molecular basis of recurrent pregnancy loss: impaired natural embryo selection, G. Teklenburg¹, Madhuri Salaker², Cobi Heijnen¹, Nick S Macklon^{1,3}, Jan J Brosens²

Fertility East Specialists



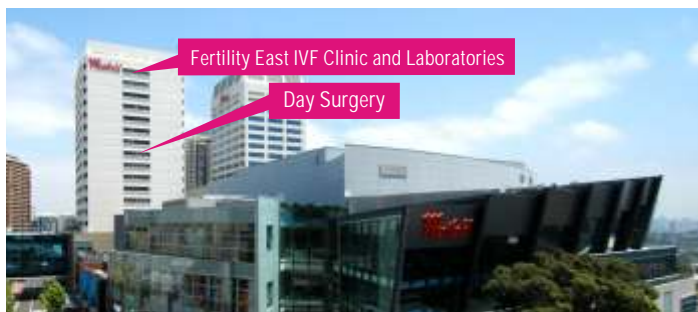
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Ovulation Tracking

A fully BULK BILLED service where by the GP can manage their patient right through to pregnancy. Ideal for females who have irregular menstrual cycles which make timing of intercourse difficult to determine, or females with regular menstrual cycles who have tried to conceive for a few months but still do not wish to undergo infertility investigations or treatment.

**GP
FAMILY DOCTOR**

REFERRAL

A referral to a Fertility Specialist is necessary to have the service bulk billed however tracking is performed directly with Fertility East.

PATIENT

Phone for appointment 02 9389 1177
NO CONSULTATION REQUIRED



Assisted Conception Clinic

**Level 26 Westfield Tower 1,
520 Oxford Street Bondi Junction 2022**

- 2 hour free parking in Westfield
- 1 minute walk from Bus Terminal and Train Station

BULK BILLED

- BLOOD HORMONE TESTING
- PELVIC ULTRASOUNDS
- BLOOD PREGNANCY TEST

PREGNANT

IF NOT PREGNANT
(After 3 cycles)

Referral to a Fertility Specialist is current for 12 months for diagnosis & treatment of infertility if required