

Exploring Infertility Myths
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Myth 1: Infertility only affects women.

It is more accurate to state infertility is a condition that affects couples. Nationally 15% to 20% of couples trying to conceive will have difficulty. Female causes are found in 40% of couples while male factors are detected in 30% to 40% of men. In the remaining 20 % to 25%, we diagnose a combination of different factors. At West Coast Fertility Centers (WCFC), we offer three simple tests for the man and woman to determine the factors contributing to infertility.

The belief that men do not contribute to a couple's infertility problems is one of "mythical" proportions. Sperm production is a complex function occurring under special hormonal and environmental conditions. Problems may be threefold: (1) sperm production; (2) the transport process; and, (3) the motility percentage. While just one sperm reaches the egg, millions are needed so that only a few can approach the target egg cell.

The diagnosis of male factor starts with a well-timed semen panel to evaluate at least ten parameters. The test results are best reviewed by a fertility specialist along with an Andrologist. Male patients often believe that vitamins or supplements can improve fertility, but special diets, vitamins and supplements play a minimal role. Avoiding smoking and excessive drinking may be a more useful lifestyle choice. We also advise avoiding prolonged exposure to high temperatures to the genital organs. If severe male factor is diagnosed, a laboratory procedure called ICSI is recommended where a single healthy sperm is injected into the egg.

Recommendation: It is counterproductive for couples to assign blame to one another. A suggested plan is to have basic testing with a fertility specialist following one year of unprotected intercourse.

Myth 2: Women have lots of time to get pregnant.

While it may seem unfair, women are born with a fixed, pre-determined number of oocytes (eggs). It is estimated that most, but not all women will enter reproductive life in their teens with about 100,000 eggs stored in their ovaries, each with their own potential for development. With time, egg quantity and quality is diminished. The occurrence of pelvic infections, endometriosis, cysts and adhesions can compound the problem of egg quality. Conversely, in males a new cycle of sperm production usually takes place about every 75 days.

Recommendation: At WCFC we recommend that women between the ages of 30 to 35 years have a simple hormonal blood test that provides information about a woman's ovarian reserve and a time frame for a woman to attempt pregnancy.

Myth 3: Your emotions play a large role when trying to conceive.

No one can anticipate a visit to a fertility center. It is often a difficult and emotional decision to take the first step. Happy young couples who are hopeful about starting a family are often shocked to learn that the ability to conceive escapes them. Other couples have focused on their education and careers only to discover that their dream of having a "perfect" family is clouded by the obstacle of infertility. Feelings of anger and frustration can overwhelm successful people who are accustomed to problem solving but now feel helpless in trying to get pregnant.

Understanding the emotional and psychological needs of couples struggling with infertility is a key part of the treatment plan. Having a supportive, compassionate medical staff is important for patients that need extra special attention.

Recommendation: Learning about infertility is a good way to lower stress and to feel more in control. Develop expectation, about your odds for success. It helps a lot to explore all your options and to be persistent. Couples who don't give up hope have the best chance of reaching their goal for pregnancy

Myth 4: It is very difficult for women over age 40 to get pregnant.

Understanding the physiologic change, for women after 40 is crucial in overcoming infertility. Simple tests are

available to determine ovarian function and egg quality. For women over 40, it is necessary to measure levels of follicle stimulating hormone (FSH) and Estradiol (E2). The results of these laboratory tests and the woman's age are important in deciding the appropriate fertility treatment and expected outcome. Keep in mind, the goal is to have a healthy child. However, when test results indicate that the outcome may be a failure, a miscarriage, or a genetically ill child, the couple is advised to consider another option. Through the miracle of egg donation or embryo donation, the uterus of the intended mother is prepared with carefully prescribed hormones and healthy embryos are placed inside the uterus. Success rates at WCFC with this technique are encouraging, with 60% to 70% of couples achieving a healthy pregnancy and the ultimate miracle of childbirth.

Recommendation: Don't delay another minute! Take the tests to measure your ovarian reserve.

Myth 5: Most doctors can treat infertility.

Women generally rely on their OB/GYN for routine gynecological and obstetrical care. However, when pregnancy fails to occur, the patient may need to see a reproductive endocrinologist (REI) for advanced infertility diagnosis and treatment. Most OB/GYN doctors receive basic training in their residency program to help recognize female infertility. Whereas a REI completes four years of OB/GYN residency then pursues additional two years of Fellowship Training. An REI specialist focuses only on the fertility and reproductive needs of women who wish to become parents. Once the woman achieves pregnancy, she is returned to the care of her OB/GYN who manages her pre-natal care and delivery.

Recommendation: All patients should be involved in deciding upon their health care options. If you believe you need the services of an REI specialist, ask your OB/GYN or your primary care physician for a referral.