

Coping strategies  
How to deal with  
fertility problems

Know your options  
New treatments  
making a difference

The male approach  
Breaking the silence  
on male fertility

**MEDIA  
PLANET**

# FERTILITY & PREGNANCY

3  
STEPS

## NEW HOPE FOR THE FUTURE

**The future's bright:** Innovative treatments are offering  
a better chance of success than ever before

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## CHALLENGES

Around 1 in 6 couples in the UK today will struggle to conceive a baby. That means that more than 3 million people will, at some point, face the agony of infertility, robbing them of the free choice to have a child that so many of us grow up assuming is our right.

## Don't suffer in silence

Whilst many women will get pregnant within two years without the need for medical assistance, there are around 14,000 births each year in the UK which are the result of in-vitro fertilisation (IVF) and intra cytoplasmic sperm injection (ICSI). Since the birth of the world's first 'test tube baby', Louise Brown, in 1978, around 5 million babies have been born worldwide following IVF.

## Offering support

➔ Infertility is the most common reason for women aged 20–45 to see their GP, after pregnancy itself. Infertility Network UK leads the National Infertility Awareness Campaign and over the past 10 years our aim has been simple: we fight to give people suffering from infertility a voice, to let them be heard and to help them get fair and equal access to the IVF treatment that is accessible here.

We know that the emotional and physical impact of infertility is huge. It is an agony often borne in secret,

and people suffer in silence. The distress it causes cuts deeply and the isolation and despair people face as they go through this lonely process can be devastating to couples and their families.



Clare Lewis-Jones MBE,  
Chief Executive, Infertility Network UK

## A medical condition

➔ This may surprise people, but around 90 per cent of sufferers have a medical reason that has resulted in their infertility. That is not a lifestyle choice. Both the World Health Organisation and the Department of Health recognise infertility as a disease. Although not directly life threatening, infertility causes patients considerable distress and can lead to significant psychological harm.

We would like young people to be

much more fertility aware and understand how different factors can impact on their fertility throughout their life. Fertility changes with age and it is vital that young people realise that fertility is not to be taken for granted.

## Worldwide trends

➔ Although Europe leads the world in the number of IVF cycles taking place, a report by Fertility Europe — an umbrella organisation of 22 patient associations in 21 European countries — shows a patchwork of inequality towards legislation and reimbursement across Europe.

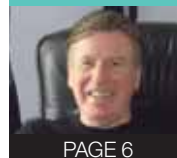
In the UK we lag way behind many of our European neighbours as access to treatment here is largely determined by where you live — a 'postcode lottery' approach to whether you get the treatment you need.

We want people to understand the truth about fertility because it is never what people imagine. No-one — fertile or otherwise — should have the right to have a baby. But there has to be the right to try.

Visit [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com) or call 0800 008 7464 for more information. Infertility Network UK does not endorse the advertisements within this report.



## WE RECOMMEND



Pip Reilly  
Psychotherapist,  
[www.mensfe.net](http://www.mensfe.net)

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'Couples tend to go off into separate mental corners, which can affect the communication in the relationship'

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## INSPIRATION

## New treatments offer new hope

STEP  
1KNOW YOUR  
OPTIONS

■ **Question:** How have fertility treatments improved over the last 20 years?

■ **Answer:** What was once ground-breaking is now routine — and far more successful.

■ New fertility treatments are giving couples who are struggling to conceive a better chance of success than ever before. “When I started work here in 1989, treatment was to a large extent ‘hit and hope’,” says Charles Kingsland, Professor of reproductive medicine at Liverpool Women’s Hospital. But how things have changed. “Now techniques are far more controlled and we can reasonably expect couples that can get pregnant will do so.”

#### Innovations

The last 20 years have seen some great steps forward.

■ **In-vitro fertilisation (IVF)**, the process by which an egg is fertilised by sperm outside the body has become routine and more reliable. “It is now four times as successful as intercourse between couples with average fertility,” says Professor Kingsland.

■ **Intracytoplasmic sperm injection (ICSI)**, which involves

injecting a sperm into an egg, has helped tackle the problem of low sperm counts or sperm which are unable to reach the egg. The UK’s first ICSI baby was born in 1992. “Two decades later ICSI means that male factor infertility has been addressed to a large extent,” says Professor Kingsland.

■ **IMSI, or intracytoplasmic morphologically-selected sperm injection**, involves using microscopes with ten times the power of those initially used for ICSI, to select the healthiest sperm, increasing the chances of fertilisation.

#### Female fertility

In women’s fertility, improvements in cryobiological techniques mean women can have eggs removed, frozen and thawed for re-implantation later — good news for women facing cancer treatment that can render them infertile, or younger women wanting

to save healthy eggs for later.

Advances in embryology have made it easier to select the healthiest embryos, and to diagnose those carrying genetic disorders, while developments in culture media mean that embryos can be developed in-vitro to the blastocyst (32 cell) stage.

“Implanting a normal blastocyst into a woman of up to 35 gives her an over 50 per cent chance of pregnancy,” says Professor Kingsland.

#### Managing expectations

While techniques are more advanced than two decades ago, so are expectations. “Profoundly infertile couples are still in a difficult position, but it is important to try everything possible among the proven technologies,” says Professor Kingsland.

He advises couples: “Give yourself the best chance by living a healthy lifestyle and trying for a reasonable time before seeing your GP. Don’t waste money on unproven methods that could give you false hope.”

LINDA WHITNEY

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#### HOW TO EAT FOR FERTILITY

**Weight and nutrition affect your chance of conception explains registered dietitian Priya Tew.**

■ **A body mass index (BMI)** of under 20 or over 30 reduces the chance of conception. The ideal BMI is 20-25.

■ **Eat a ‘fertility diet’**, high in mono-unsaturates such as olive oil, avocados and nuts, plant protein, unprocessed foods, fruit, vegetables and pulses, iron-rich leafy greens and wholegrains.

■ **Avoid food containing trans fats and caffeine.** Over one or two cups a day can affect foetal growth and increase miscarriage risk.

■ **Women suffering infertility and miscarriage show lower levels of folic acid and vitamin B12.** However, too much Vitamin A can damage the foetus. Supplements designed to boost conception help ensure the correct balance.

■ **Avoid smoking, alcohol, and stress.** Thirty minutes of moderate exercise (walking, cycling, running) five to seven days a week helps.



**Charles Kingsland**,  
Professor of reproductive  
medicine,  
Liverpool Women’s  
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Quote reference **Guardian**

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## INSPIRATION

STEP

2

FIND THE RIGHT  
SUPPORT

## HOW I MADE IT



**David Prever** went through fertility problems and set up a website to help those in similar situations

David Prever was 39 when he got the telephone call. "We had been married a year and my wife had decided we should get some tests. I did not think it necessary because it was so soon. We'd moved house and changed jobs, and at 39 and 37 it was bound to take a bit longer," says Prever, a writer.

But he went along for tests and soon after, the doctor called with the results. "Both our phones were on hands-free and the sound was bit muffled. I did not quite understand what he said at first so I asked him to repeat it. He shouted 'severe impairment.'

"The words seemed to bounce round the room. I'd heard the first time of course but I couldn't quite believe what he'd said."

**Different ways of coping**

Prever and his wife Victoria, a food writer, reacted differently. While she found other women to talk to, he initially coped alone.

"The male approach is to find out the facts, call for a recount, a replay, or to blame the referee. I looked for people to blame or even sue. "I put my head in the sand, worked early and late, told no-one and just got on with brave male face-style."

They started IVF and Prever felt guilty about putting his wife through so many medical procedures and angry with the clinics, the drugs industry and himself.

**Happy ending**

After five IVF cycles, the couple became pregnant and their son was born. His sister was born in 2010 from an embryo frozen before her brother's birth.

Prever and his wife remembered the experience so well, they decided to make their story public so others would know they are not alone. They now run a website [www.multiplymagazine.com](http://www.multiplymagazine.com) to help others in the same situation.



**THE MALE APPROACH**  
Men often try to take control and find a practical solution to fertility problems through research  
PHOTO: SHUTTERSTOCK

# Breaking the silence about male infertility

■ **Question:** Why do men seem so reluctant to talk about infertility?

■ **Answer:** There's a host of reasons for male silence — and men often suffer as a result.

**CHANGE**

For many men infertility is still a taboo subject. "When a man is diagnosed with fertility problems it is a tremendous blow, and he is not likely to want to talk about it. Initially he tends to go into denial," says Pip Reilly, the psychotherapist who runs [www.mensfe.net](http://www.mensfe.net), a website and forum designed to help men research and talk about infertility issues.

**Ways of dealing with it**

Men and women have different ways of coping. Men usually need to control the situation and take action to find a solution, perhaps by lone research on the internet. Women want to understand the situation, which requires communication, and is the first stage of acceptance. "Couples tend to go off into separate mental corners, which can affect the communication in the relationship,"



**Pip Reilly**  
Psychotherapist,  
[www.mensfe.net](http://www.mensfe.net)

says Reilly.

Following denial, men commonly show anger, often in consultations with clinicians. This is the first coping strategy they use to control of their feelings of loss. Anger is not 'wrong', but a step in the grieving process that can lead to acceptance and understanding. "Handled correctly by a counsellor anger can be used to take a man forward safely," says Reilly. "Failure to handle anger can ruin relationships. There are no figures for the number of couples with fertility problems who eventually split, but I think 15 per cent would be a conservative estimate."

Following anger, men experience infertility as a loss, and feel shame about not being able to conceive naturally, and thus putting their partners through diagnosis and treatment. "They will often do anything to support the woman and only later think about

themselves," says Reilly.

**The importance of support**

NICE guidelines state that clinics should offer counselling to people with fertility problems but the service is not always satisfactory. While 80 per cent of women accept counselling, only 20 per cent of men do.

"Over 90 per cent of counsellors are women, and some men feel reluctant to open up to them," says Reilly.

Clinics and GPs do not always treat men in a sensitive way. Semen test results are sometimes sent by post, so a man can learn of his infertility with no support at all. Best practice would see men invited back to the clinic to get results, so they can ask questions and be offered support.

Overall Reilly advises men with infertility problems to get practical information to help them understand their options — there are several support organisations.

"Ask for counselling to help you cope and try to do all the things you normally do together as a couple," he says. "Don't let infertility and its treatment take over your life."

LINDA WHITNEY

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## NEWS

**Question:** How can ovulation testing ensure I stand the best chance of conception?  
**Answer:** The best methods can monitor your individual cycle and predict your period of peak fertility.

# OVULATION TESTING SHEDS LIGHT ON FERTILITY WINDOW

In the film *Maybe Baby* a woman calls her husband while he is in a meeting, demanding that he rush home and make love to her immediately. They are trying for a baby, and it is her 'ovulation day'.

"There really are couples who do this," says Dr Spyros Papaioannou, consultant obstetrician and gynaecologist at the Heart of England Foundation NHS Trust. "It is a pity because it can be destructive to a relationship — and it is based on a myth."

## Waiting until ovulation day may be too late

The National Institute for Health and Clinical Excellence (NICE) states 'Most pregnancies can be attributed to sexual intercourse

during a six day period ending on the day of ovulation, with the highest estimated conception rates associated with intercourse two days before ovulation.'

"Sex on ovulation day has less than half the chance of pregnancy than sex two days before. One day after ovulation your chances plummet," says Dr Papaioannou. Sperm remains viable in the female genital tract for some days, so sex two days before ovulation makes more sense. The time-honoured method

of detecting ovulation involves recording oral temperature every morning, looking for tiny rise, but this is easily missed. Alternatively, over the counter ovulation testing kits can detect the surge in luteinising hormone in urine signalling ovulation.

However, according to NICE, six studies evaluating the use of basal body temperature or urinary luteinising hormone kits to time intercourse did not improve the chance of natural conception.

## Personalised results

Hormonal testing kits that give a daily reading of the urine hormone levels, build a database that can predict individual ovulation patterns. A recent trial showed better results

for the advanced fertility monitor, a tampon-style device that measures the vaginal temperature regularly all night. A small computer uses the data to build a personal profile of the woman.

'As so much data is used this is a more reliable way of detecting ovulation, so the fertile period can be predicted more accurately,' says Dr Papaioannou.

Whichever method you use, remember that delaying sexual intercourse until ovulation day can be counter-productive. Women have a fertility window of a few days, and waiting until ovulation can reduce your chances.

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The hidden reasons why couples may not conceive

**It's a myth that infertility is just a lifestyle problem for career women who have put off having children.**

Karen Veness of the charity Infertility Network UK says: "There are many, often invisible, reasons why one in six couples struggle to conceive." Many illnesses can affect fertility in women, such as Chlamydia (which often shows no symptoms), polycystic ovary syndrome, fibroids, endometriosis, and blocked fallopian tubes.

It can result from apparently-unrelated conditions: Veness herself found her fertility problem stemmed from a burst appendix suffered years earlier, aged 23. "The infection had resulted in blockages to my fallopian tubes, but at the time nobody explained the risk and I did not think to ask," says Veness. It was only years later, when she wanted to start a family, that extensive investigations revealed the problem.

## Unexplained reasons

Figures from the Human Fertilisation and Embryology Authority (HFEA) show that tubal disease was the second most common reason for couples seeking IVF treatment in 2010, identified in 18 per cent of cases. It was beaten only by unexplained reasons, which accounted for 30 per cent.

Veness says: "If you have had gynaecological or abdominal problems, or a family history of them, ask if it could affect your fertility, even if you are not considering children at that time. It could save you a big shock later on."



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## PANEL OF EXPERTS

	<b>Dr Gedis Grudzinskas,</b> Consultant in infertility and gynaecology and fertility expert for RaMenX 	<b>Dr Magdy Asaad,</b> Clinical Director, London Fertility Centre, Spire Healthcare 	<b>Dr Thomas Mathews,</b> Medical Director, Bourn Hall Clinic 
<b>Question 1:</b> Will infertility help be more widely and affordably available?	<b>There are figures</b> that show fertility treatment is cost effective so it would pay to extend treatment as widely as possible. However, treatment is labour intensive so costs will always be high.	<b>National Institute for Health and Clinical Excellence (NICE)</b> proposed guideline changes to age limits for fertility treatment could mean more patients qualify. The lower age limit for treatment (now 23) could be removed and the upper limit extended from 39 to 41 or more, though local trusts will make their own decisions.	<b>We welcome the</b> original NICE recommendation that all eligible infertile women should be entitled to have up to three fresh funded cycles of IVF. By assessing a woman's ovarian reserve carefully before treatment, we are now able to predict more reliably how she will respond to treatment. As a consequence of this, success rates have improved considerably.
<b>Question 2:</b> How can people protect and maintain their own fertility?	<b>Don't smoke, avoid</b> becoming overweight, drink moderately or avoid alcohol altogether and try to have your babies before your fertility starts to decline. 	<b>Understand the decline</b> in pregnancy rate with age. The birth rate per IVF cycle averages 40 per cent for under-35s. It drops to 15-20 per cent over 40 and just 1-2 per cent at 44.	<b>The universal advice</b> of eating healthily and keeping fit is sound, as a high BMI does impact fertility. Men can increase the quality of their sperm by keeping their testicles cool and avoiding hard bicycle saddles. Women should remember that fertility declines with age, and those over the age of 35 should seek medical advice earlier if they have been trying unsuccessfully to have a baby.
<b>Question 3:</b> In which treatment areas are new developments likely?	<b>Cryobiology will improve</b> and be more widely used. Fast/Flash freezing methods, called vitrification, will mean that thawed frozen eggs can be used for cryopreserved and stored as well as or, instead of embryos, which poses moral dilemmas for some people, and women can store a group of eggs and use them as required, perhaps when they are older. Ovarian tissue transplants after freezing, storing and then thawing will mean more women can conceive naturally without resort to IVF.	<b>Work is going on</b> to improve implantation rates of embryos into the womb lining, which is the major factor preventing pregnancy. If that is successful IVF pregnancy rates could rise from 50 per cent to eighty percent — a breakthrough as big as intra-cytoplasmic sperm injection (ICSI) or even IVF itself. Developments in embryo screening will mean the healthiest possible embryos can be used for transplants.	<b>We are seeing</b> exciting developments in the area of male infertility. There are now facilities for microsurgery to retrieve sperm from testes, even in cases where routine surgical sperm retrieval has been unsuccessful. Another big challenge is to improve implantation of the embryo in the womb. We have been trying a new approach in this area and the initial results are very promising.

## Find your parenting match with Pride



There are many options nowadays for single, gay and infertile couples wishing to start a family of their own. Pride Angel is a valuable resource for people wishing to find known sperm donors, egg donors and co-parents within the UK and worldwide.

Recently there has been a social and cultural shift towards women wishing to meet a known donor. Some may say this is because of high fertility costs, or maybe the shortage of donors. Others state it is because women are thinking of their children's future, in that they would rather personally meet a like-minded individual who is happy to stay in touch as an uncle-type figure. Research has shown that children who know about their conception and identity from an early age grow up to be more secure in adulthood.

Sperm donor websites assist in the much-needed recruitment of donors and help to create alternative families in a way that clinics alone are less able to do. Choosing the right connection service is very important. A spokesman for the HFEA is advising people to only use those websites, which direct their users to a licensed clinic and provide the right health screening and legal advice.

Pride Angel is dedicated to providing a quality service and providing the ultimate gift, allowing lesbian and gay couples the chance to experience the joys of parenthood. Alternatively, why not pass on your genes by donating eggs and help someone else achieve their dream?

Register with Pride Angel as a co-parent, recipient, or an egg donor for free at: [www.prideangel.com](http://www.prideangel.com)

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RATHER HAVE IVF?

Available on the  
App Store

## Having IVF treatment can be a very stressful experience so why not give yourself the best chance of success?

Studies have shown that stress has a very negative effect on fertility, and by trying to juggle your IVF appointments around work does not leave you feeling very calm and relaxed.

Many couples in the UK are discovering the most relaxing and effective way to undergo treatment is to travel to the beautiful island of Barbados in the Caribbean. Here the team at Barbados Fertility Centre work hard to ensure you are at your optimum of relaxation to undergo IVF treatment.

This JCI accredited centre of excellence has been helping couples achieve their dream of having a family for the last 10 years with excellent success rates - 72% for women under 35. Treatment costs are also less than half of treatment costs in the UK.

**Don't run from the cab to your next IVF appointment - just stroll from your hammock!**



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