



Infertility - November/December

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Fertility problems have increased dramatically over the last 20 years and no one knows for certain how many couples have difficulty conceiving as many decide not to seek out medical advice or treatment.

Infertility

Infertility is usually defined as a failure to conceive after a year or more of regular sexual activity during the time of ovulation and also the inability to carry a pregnancy to full term.

Approximately 25% of couples planning a baby in the UK today are having troubles conceiving and more are turning to fertility treatment to help them have a family.

Infertility is not just a women's problem as many couples experience more than one problem when trying to conceive. For a man this is most probably the result of low sperm count or an anatomical

Most common cause for Infertility

These are the main areas that show the percentage in many cases where a cause has been identified, but in 28% cause is unknown or unexplained.

In Women

- Ovulation and egg quality
- Blocked fallopian tubes
- Endometriosis/cervical mucosa
- Others - infections

In Men

- Male-factor problems - sperm
- Coital problems - Impotence, erectile dysfunction

Ovulation

A blood test is normally the first test in assessing female fertility problems and this will normally determine as to whether or not a women is ovulating. The test takes place around the 21st day of a women's cycle and measures the hormone levels of progesterone. If ovulation were not occurring then you would be advised to see a gynecologist for further investigations.

Complications affecting ovulation could be:

- Blocked fallopian tubes***
- Endometriosis***
- Fibroids,***
- PCOS polycystic ovary syndrome***
- Or infections - Chlamydia, Cytomegalovirus (CMV), Candida, Toxoplasmosis***

Common Tests for women

- Laparoscopy - this procedure involves inserting a narrow telescopic lens through a small incision below the naval into the abdomen to check for any problems.
- HSG - A special dye is injected through the cervix to check whether the fallopian tubes are open.
- HSS -This is an ultrasound to assess your fallopian tubes

and also for fibroids or any other problems.

- Hysteroscopy - The use of a lighted scope to view inside the womb.

Blood tests - To monitor your hormone levels

Between day one and three at the beginning of your cycle blood is taken to measure estradiol, and luteinising hormone (**LH**) and follicle stimulating hormone (**FSH**), which is produced by the pituitary gland. Your prolactin levels and egg reserves will also be checked as well as hormone output from the thyroid, which may diagnose PCOS.

Saliva Test

Total of 11 saliva samples are collected at home across the menstrual cycle to check the levels of hormones - estrogen and progesterone across the month and to work out what maybe causing problems such as: **early ovulation, no ovulation or a fall in progesterone levels.**

Tests for Men

Semen analysis to test for:

- Sperm count,
- Sperm mobility
- Quality of movement
- The percentage of abnormal sperm
- The volume of sperm

Blood Tests to assess:

- Hormone levels
- Infections
- Antibodies which cause the sperm to clump together, lose mobility or prevent fertilization
- Any abnormalities

What Treatment can be offered?

Drugs

If you are not ovulating but all other tests appear normal with you and your partner then taking a drug for inducing ovulation will normally be the first option.

Hormones

If progesterone levels are not being maintained in the second half of the cycle, then progesterone support will be given.

Intra-uterine insemination

This is when your partner's sperm is inserted directly into your womb using a fine catheter at a much higher point than it would be during intercourse which improves the chances of fertility.

In-vitro fertilisation (IVF)

Fertilising your eggs with your partner's sperm outside your body and then implanted back into your womb.

How can we help using Nutrition?

The natural approach to fertility has been enormously successful and is worth considering. A study by the University of Surrey in the UK showed that couples with previous history of infertility that made lifestyle changes and took supplementation had an 80% success rate.

Diet

Eat plenty of fruit and vegetables

Eat complex carbohydrates - wholegrain

Buy organic and avoid xenoestrogens (pesticides & plastics)

Eat phytoestrogens - lentils, chickpeas and soya products

Eat oily foods - fish, nuts, seeds and oils

Drink enough fluid and avoid alcohol and caffeine

Supplements

Fertility Plus for women (formulated by Marilyn Glenville)

Fertility Plus for men (formulated by Marilyn Glenville)

Hypnotherapy

This may help to release any emotional problems stopping you from conceiving