

Causes of INFERTILITY

WHEN YOU DON'T GET PREGNANT

If you have decided you want a baby then not getting pregnant can be devastating. But it is surprisingly common. One in seven couples are affected by infertility at some point in their lives, but the good news is that even those who have not conceived for three years, the likelihood of getting pregnant in the end is 25%.

Fertility treatment has made great progress and there are now many options available. We answer some common questions.

WHY CAN'T I GET PREGNANT?

It is an emotional thing when you don't get pregnant. Very often people blame themselves and think it is their fault. Women can feel guilty and think, 'I'm not a proper woman if I can't have a baby'. For men it can be particularly hard, especially if the reason for the infertility is because of them – a low sperm count for example. Often couples find it difficult to admit that there is a problem and don't go for treatment. But there can be lots of reasons for infertility, many of which can be treated with great success.



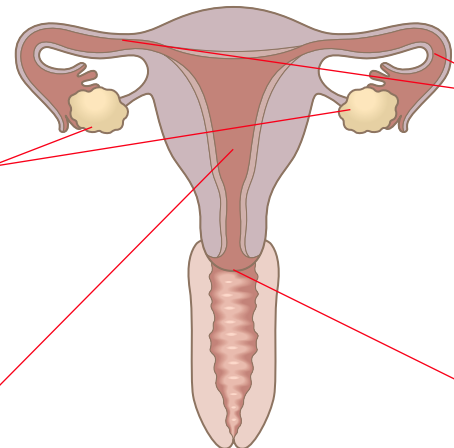
Causes of infertility in women

Ovaries

- May not be producing eggs. This could be for a number of reasons for example polycystic ovary syndrome (PCOS).
- The eggs may not be released.
- There may be damage from 'endometriosis' or cysts.

Womb/uterus

- May be an abnormal shape, so the egg cannot implant itself and grow.
- May contain fibroids or polyps, (growths inside the womb), which prevent the egg from attaching itself.



Fallopian tubes

- May be blocked because of a previous infection or operations, so that the sperm cannot get through to meet the egg.

Cervix

- May be partly opened so that infection gets in and damages the embryo.
- May produce hostile mucus that kills the sperm as they try to swim through to fertilise the egg.

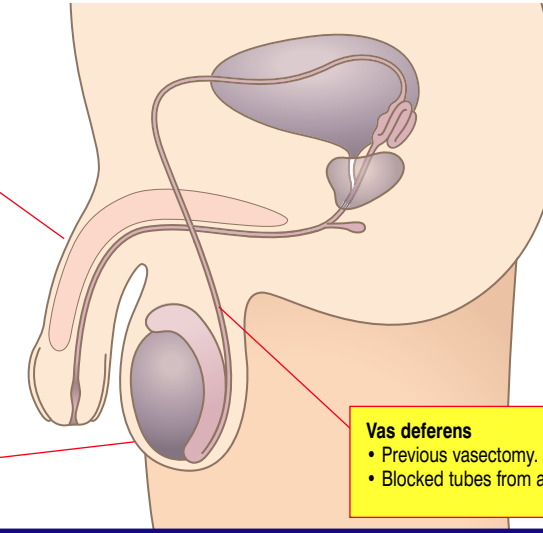
Causes of infertility in men

Penis

- Problems with ejaculation, or impotence.

Testes

- Low sperm count, which may be the result of hormonal problems of previous illnesses such as mumps, or a number of other reasons like smoking and too much heat.
- Poor quality sperm, which are not strong enough to swim up into the woman's fallopian tubes.
- Enlarged veins within the testes, called 'varicocele', which prevent the sperm from passing through.



Vas deferens

- Previous vasectomy.
- Blocked tubes from an infection.

But very often there is no particular reason why a couple may be having difficulty in conceiving. It could be due to stress or just a question of time. When all the investigations have been done and there is nothing obviously wrong physically with either the man or the woman, it is called 'unexplained infertility'.

WHEN SHOULD WE GO FOR HELP?

This depends on how you feel, but 85% of couples will normally conceive after one year, it is a good idea to seek help after twelve months. There may be a reason why you are not conceiving which can be treated. Visit your GP or your local family planning clinic.

SO WHAT HAPPENS IF YOU DECIDE TO GO FOR TREATMENT?

First of all your GP or family planning nurse will want to find out if there is any reason why you aren't getting pregnant. They will check whether you have had any previous illnesses or operations, whether either of you have any problems, such as irregular periods for the woman, and how often and at what time of the month you have sex. The questions can be embarrassing, but it is essential to check that there isn't a simple explanation for the problem. Some people may just not be having sex at the most fertile time of the woman's cycle.

The next step is some simple tests. For the woman there are blood and urine tests to check that ovulation has taken place. For men there is a semen analysis to check the quality, quantity and mobility of sperm. The family planning clinic can also do a postcoital check, where 12 hours after making love the mucus in the woman's vagina is checked for live healthy sperm.

Other investigations are ultrasound and laparoscopy – a procedure where a small camera is used to see what is going on inside your body. Finally, if there is still no sign of a pregnancy, the couple may then want to consider fertility treatment, or 'assisted conception'.

Q&A Fertility treatment

Q We have found out that the reason I'm not getting pregnant is because my partner's sperm count is low. Now he has completely gone off sex. Is this normal?

A It is not unusual for couples to find baby making stressful. Making love can become clinical and your partner may

feel he is a failure because he can't get you pregnant. It might be a good idea to take a break from baby making and to spend time doing things together that you both enjoy, to remind you why you wanted to be together in the first place.

Q I've read that if you have IVF you are more likely to have twins or triplets. Is this true?

A IVF involves replacing fertilised embryos into the womb. Because the treatment involved in creating live embryos is long and hard for the couple, and unfortunately there is a risk that the embryos may still die once implanted, the doctors try to increase the chances of a pregnancy by implanting several embryos at the same time. The authorities recommend that only two embryos are implanted, but in some circumstances they may allow three. This obviously increases the chances of having a multiple birth. After discussion with the doctor you will be given the choice of how many embryos are reimplanted, up to the maximum of three.

Q My partner was married before and had 3 children and then a vasectomy. Now we are together we want to have a baby of our own. What choices do we have?

A Has your partner had his vasectomy reversed? If not then you might want to consider this as a first step. It is a delicate operation, which involves unblocking the tube which carries the sperm from the testicles to the penis. He would have to have an anaesthetic and would need to stay in hospital for a day or so, but there is a 30–70% chance that he would then produce sperm as normal. Your second option is to consider using a sperm donor (DI or donor insemination). This would involve using sperm that was not your partner's to make you pregnant. You might want to discuss this option very carefully with your partner before taking it because he would not be the natural father of the baby.

Q After we'd been trying for a baby for eighteen months I went to the doctor. He couldn't find anything wrong with me and says he needs to see my husband. But he refuses to go.

A A good start may be to explain to your husband that in the first instance, the doctor will probably just want to check out his overall health. This does not mean giving a semen sample there and then as this is usually carried out at assisted conception clinics. In some cases, men can make quite small changes to their lifestyles and improve their sperm count. If your husband still refuses, you may need to talk about your feelings as in the long term his refusal is likely to create tension and resentment in your relationship.

What are the options for fertility treatment?

Our quick guide gives you a summary of information, though your assisted conception unit or fertility clinic will be able to provide you with information to meet your own needs.

For Women

Treatment	How it works	What it means for you
Fertility pills 'Clomiphene'	Tablets for 5 days in each monthly cycle to make the ovaries produce eggs regularly.	This treatment has a 65% success rate if the periods are restored.
HMG injections	Injections from the beginning of the cycle until just before ovulation to improve egg production. This treatment is used as part of IVF.	Has to be carefully monitored by your doctor. There is a higher risk of twins or triplets.
Pump therapy	Giving hormones through a pump worn on the arm to make the ovaries produce eggs.	This is a good way to give hormones, because the pump mimics the body.
Nasal spray 'Buselin'	A spray into the nose every 4 hours. This slows down the ovaries so they respond better to HMG injections.	Particularly good for treating polycystic ovaries in preparation for IVF.
Treatment for endometriosis	This is done using drugs or microsurgery.	The success rate is variable so the surgery is only recommended when the condition is severe.
Tubal surgery	This involves operating on blocked or scarred fallopian tubes to open them up.	Although the results won't be immediate, there is a 60% chance of conception after the operation, depending on the nature and extent of the tubal damage.
Operating on the uterus (womb)	This can be a major operation to remove fibroids or open up the cavity in the uterus.	There is a 65% to 75% chance of getting pregnant after successful surgery on the womb.

For Men

Treatment	How it works	What it means for you
Fertility drugs 'Mesterolone' and 'gonadotrophin' to improve sperm count	Tablets or injections to increase the activity of the testes.	Unfortunately the evidence suggests that drug treatment for men is not very effective.
Varicocele treatment	This is a short operation where the blocked vein in the testicle is tied off or removed with a chemical injection.	This is a short and painless operation so is worth trying as some men have an improved sperm count afterwards.
Reversing a vasectomy	A delicate operation where the tiny narrow tube from the testes to the penis is unblocked.	The success rate varies from 35% to 71%.

Assisted conception

Treatment	How it works	What it means for you
IUI (Intrauterine insemination)	Specially selected and washed sperm are placed into the partner's womb using fine plastic tubing. The woman usually takes fertility drugs beforehand.	This method can be successful when there are problems with the cervix or the man's sperm quality.
DI (Donor insemination)	This is when sperm from a donor is put into a woman's vagina or womb. It is offered to couples if the man has very few sperm, or has had a vasectomy, or carries an inherited disease.	Although the chances of a pregnancy are high, this needs careful thinking about beforehand, because the woman's partner will not be the baby's natural father.
IVF ('in vitro fertilisation' or test tube babies)	This is where an egg is taken from the woman, fertilised with her partner's sperm in a test tube and replanted into her womb.	This is now a widely used procedure and has a one in five chance of success each time it is tried. However it can be a lengthy and traumatic process for the couple.
GIFT (gamete intrafallopian transfer)	Newer than IVF, this treatment involves taking eggs from the ovaries, mixing them with the partner's sperm and immediately replacing them into the fallopian tubes before fertilisation has taken place.	This is an alternative to IVF, which is sometimes used when there is no obvious reason for the infertility.
ICSI (intracytoplasmic sperm injection)	A relatively new treatment, this is where an individual's sperm, which has been specially prepared, is injected directly into the partner's egg. It is done to bypass any barriers to conception, such as blocked tubes.	This treatment has worked when IVF has failed and when the man has a low sperm count. It offers another chance to couples who have been through all the other treatments.