

Planning Your Reproductive Health for Positive Outcomes

A reproductive life plan is a set of personal goals about having or not having children, and also about how to achieve those goals. Taking care of your overall health can improve your overall health, protect your fertility and improve your chances of having a healthy baby. Preconception health and health care focuses on things you can do before and between pregnancies to increase the chances of having a healthy baby.

The chance of conception for a couple in a single month of planning during the fertile period of her cycle is around 15% & around 70 - 80% of couples conceive within the first year of planning. Today, global infertility is increasing and the reasons for which are multifactorial - genetic, lifestyle and environment. So just like you research a lot before you plan your education, career, select a partner or buy a house, you also need to understand and be aware of your own fertility status and your partner's. This knowledge will help you conceive easily whenever you plan.



FOLLOWING ARE THE IMPORTANT STEPS THAT ONE CAN TAKE TO HAVE A HEALTHY PREGNANCY OUTCOME:

- 1) See a doctor before getting pregnant to discuss about any medical conditions you currently have that could affect pregnancy, any current medications if you are taking that might need a change, vaccinations that you might need, and steps you can take before pregnancy to prevent certain birth defects.
- 2) Lifestyle modifications: Smoking, drinking alcohol, and using certain drugs can cause many problems during pregnancy for a woman and her baby, such as premature birth, birth defects, and infant death. Health care professionals can help you with counseling, treatment, and other support services.
- 3) Folic acid supplementation: To be started at least one month before and continued during pregnancy can help prevent major birth defects of the baby's brain and spine.
- 4) Reach and maintain a healthy weight: Not only overweight people but also people who are underweight are at risk of serious health problems during pregnancy. The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating and regular physical activity.
- 5) Sharing your family's health history with your doctor can be important for your child's health.
- 6) Have a Healthy Pregnancy: Once you are pregnant, be sure to keep up all of your new healthy habits and see your doctor regularly throughout pregnancy for prenatal care.

UNWANTED PREGNANCY:

Having a reproductive health plan also



helps in preventing unintended pregnancy. Visiting a doctor can help you seek advice regarding birth control. Use an effective contraceptive correctly and consistently if you choose to delay or avoid pregnancy.

INITIAL EVALUATION:

Evaluation includes consultation and tests to find out the reason behind subfertility. For women a pelvic exam and a few blood tests are carried out while for men a semen analysis is performed.

NEW STEPS FOR ENHANCING FERTILITY:

- The fertile period for the female starts about 4 days prior to ovulation and ends on the day of ovulation. So, a girl with a regular cycle of 28 days is fertile between cycle day 10 to 16. This is not applicable if cycle is irregular.
- Eat a healthy high protein nutritious diet at least 6 months before planning pregnancy avoiding fast food, artificial colours, preservatives, taste enhancers, canned foods, caffeinated drinks, alcohol and smoking.
- Be physically active by doing certain exercises such as yoga, work out, ice skating or games like badminton and have adequate sunlight exposure.
- Have a harmonious relationship with your partner and plan short holidays during the fertile period to be away from work related stressors.
- Try to avoid night shifts as they do affect the hormone release pattern.
- Any problems related to sperm

aldysfunction faced by the male or female partner like erectile dysfunction, premature ejaculation, decreased libido or vaginismus and painful intercourse need to be addressed early on in your marital life and don't postpone them till you plan a family.

WHEN TO VISIT A FERTILITY SPECIALIST:

- 1) You have not become pregnant after 1 year of having regular sexual intercourse without using any birth control.
- 2) You are older than 35 years of age &

have not become pregnant after trying for 6 months without using birth control.

TREATMENT OPTIONS AVAILABLE FOR SUBFERTILITY:

- 1) Hormonal cycle monitoring and timed intercourse.
- 2) Ovulation induction and timed intercourse.
- 3) Intrauterine insemination (IUI): It is the process of placing washed sperm into a woman's uterus when she is ovulating. This procedure is used for couples with mild male factor infertility and unexplained infertility. IUI is often done in conjunction with ovulation-stimulating drugs. Success rate is 25-18 % per cycle.
- 4) Minimally invasive surgery (laparoscopy &/or hysteroscopy): Laparoscopy is a surgical procedure involving insertion of a narrow telescope like camera through a small incision in the abdomen - allows visualization

of abdominal and pelvic organs including uterus, fallopian tubes and ovaries.

Hysteroscopy is inspection of the uterus cavity by endoscopy with access through the vagina and cervix. It allows for the diagnosis & treatment of various uterine conditions that lead to fertility problems.

In vitro fertilization (IVF):

Multiple eggs are collected from woman's ovaries after stimulating with hormone injections & fertilized with partner's sperm in a special laboratory where they develop into embryos in 3-6 days. The doctor then puts the embryos back into the womb. Success rate being approx. 40-50 %.

WHEN SHOULD IVF BE DONE?

IVF is likely to be recommended for the following fertility problems:

- Tubal Factor (Damage to Fallopian Tubes due to infections or surgery)
- Endometriosis
- Male Factor Infertility (very low sperm count/ Abnormal sperm where sperm have to be retrieved surgically from the test)
- Disturbed Ovarian reserve
- Age related subfertility (advanced age for women)
- Women with anovulation & Polycystic Ovarian Syndrome (PCOS) where simple treatment options like ovulation induction and IUI have failed.
- Unexplained infertility (seen in 30% of sub fertile couples).

MYTHS AND FACTS ASSOCIATED WITH IVF:

- 1) IVF can resolve all infertility issues. There are many assisted reproductive procedures available today which can help infertile couples conceive and IVF is just one of them.
- 2) IVF is only for the rich. IVF is a little expensive but cheaper than many other surgeries.
- 3) IVF has a 100% success rate. The success rate of IVF is about 40% in couples below the age of 35. Also, the success rate of IVF depends on factors such as age, cause of infertility and biological and hormonal conditions.
- 4) IVF babies are born with birth defects and malformations. The absolute risk of delivering an IVF baby with malformations is low. The risk of an abnormal fetus in spontaneous or IVF babies is the same as in general population.
- 5) IVF is not safe. It is a safe procedure with only about 1% of patients avoiding the risk of becoming unwell from ovarian hyperstimulation syndrome.
- 6) IVF leads to multiple pregnancies. Although there are cases of multiple pregnancies with this procedure, reducing the number of embryos transferred, particularly in younger women, can minimize this risk.
- 7) IVF requires a person to be admitted in the hospital. The hospital admission is only for few hours during the egg collection procedure. It does not require overnight admission.
- 8) Bed rest is needed during and after the IVF treatment. Not true. It is, by and large, an outpatient treatment. Only on the day of egg collection one might have to take off from work. During the entire treatment period normal routine activities can be carried out. There's no need to put your life on pause after the embryo transfer.

IVF pregnancies are just like naturally conceived ones and not an indication for caesarean section. Couples who have tried to conceive for many years or those with higher chances of multiple pregnancies can opt for elective caesarean delivery. A normal vaginal delivery is possible following IVF.

In case couple fails to conceive with above procedures they will be evaluated further and may need more advanced fertility procedures.

Fertility Enhancing Surgeries
 • Hysteroscopy is a procedure that allows a doctor to look inside the uterine cavity using a hysteroscope which is a thin long tube (telescope). This system is passed inside the uterus through the vagina. The camera is connected to a TV screen or monitor. A distension media (liquid or gas) is used to distend the uterine cavity which provides space and vision for the surgery. The instruments are passed through the hysteroscope and surgical procedure can be performed.
 • Laparoscopy is a type of surgical procedure done to assess the abdominal and pelvic organs without making large incisions in the abdomen. Since this incision is very small, it is also called key-hole surgery or minimally invasive surgery (MIS).

Infertility or the inability to conceive a child can cause a fair amount of stress and unhappiness. While many couples seek help early others take time to get the required help. Significant advances have occurred in the diagnosis and treatment of reproductive disorders over the past decade. This has led to almost 80% of infertility cases to be diagnosed and treated.

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