

# DIFFICULTY IN CONCEIVING? WHAT COULD BE GOING WRONG...



When you're ready to start a family and you're not getting pregnant, it can be frustrating and overwhelming. Today, infertility is on the rise and around 1 in 8 couples struggle to conceive.

Conception involves many bodily functions and requires the systems of the man and woman to be in good condition, all of which must happen in the right sequence at the right time. Conception can be impacted by ovulation irregularities, blocked fallopian tubes, endometriosis, PCOS, premature menopause, fibroids, thyroid problems and sperm problems or simply not trying enough. After investigation, the doctor will determine the appropriate treatment depending on the cause.

While infertility can have symptoms like irregular periods or severe menstrual cramps, most causes of infertility are silent.

## WHEN TO CONSULT A SPECIALIST? Not Trying Long Enough?

The first thing to consider is how long you have been trying. About 90% couples conceive after six months of trying. Approximately 90% will be pregnant after 12 months of trying. These rates are assuming you have well-timed intercourse every month. See a healthcare provider even without any symptoms of a fertility problem if

- You're 35 years or older and have been trying for at least six months
- You're younger than 35 and have been trying for at least one year

## For women, age does matter!

The oft heard phrase "your biological clock is ticking" refers to a woman's fertile window.

Women can't conceive after their menstrual cycles stop, which sometimes happens in their 40s. Men produce sperm throughout their lives, but women are born with a set number of eggs that decrease as they age.

At birth, women have about two million eggs, but naturally lose thousands of them by the time they reach puberty. The rate at which women lose eggs accelerates around the age of 37.

The quality of eggs stored in the ovaries also declines over time. The eggs women are born with are naturally paused in the process of dividing their DNA. They complete that process or ripen, when they ovulate 20-40 years later. The longer eggs are stuck in the mid-division stage, the more likely that process will go wrong. Creating eggs with the wrong number of chromosomes results in failed pregnancy, experiencing miscarriages or having babies with genetic syndromes due to chromosomal abnormalities.



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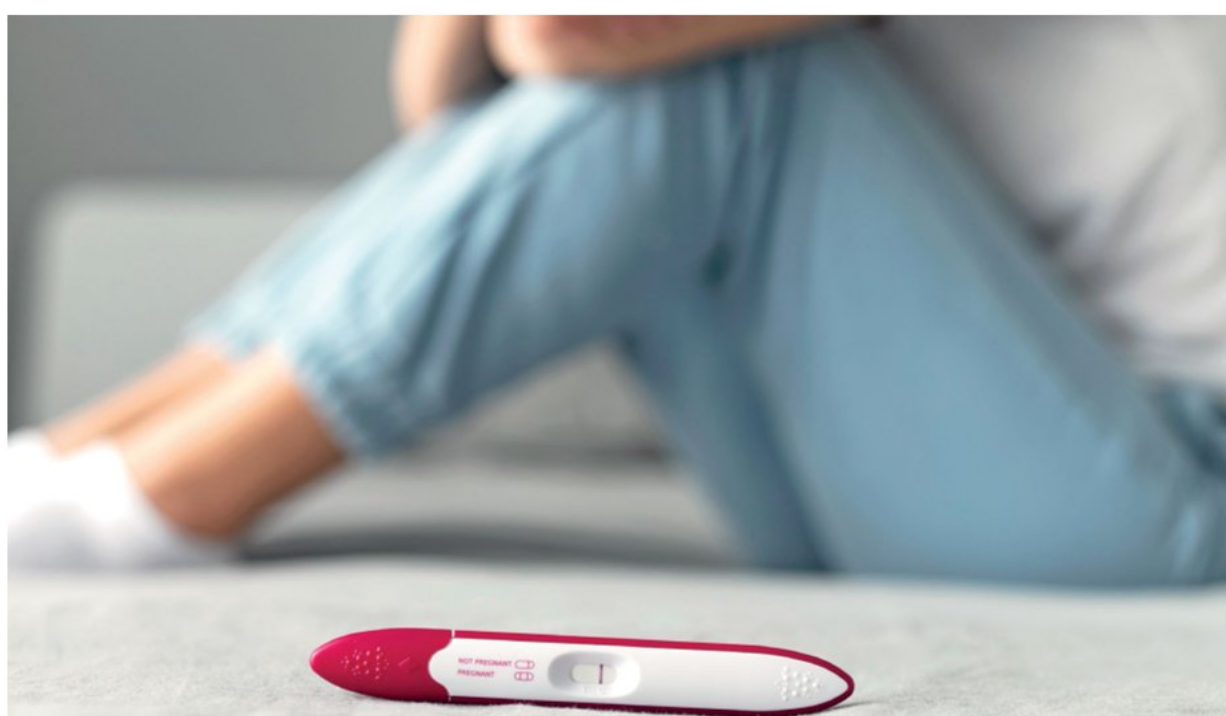
## Not Ovulating!

Human conception requires an egg and sperm. Anovulation (not ovulating) is a common cause for female infertility which can be triggered by many conditions like Polycystic Ovary Syndrome (PCOS). Other possible causes include being overweight or underweight, primary ovarian insufficiency, thyroid dysfunction, hyperprolactinemia and excessive exercise.

Most women who experience ovulation problems have irregular periods. However, regular menstrual cycles don't guarantee normal ovulation. Women with irregular cycles must consult a doctor, even if they haven't been trying for a year yet.

## PCOS and infertility

PCOS is the most common endocrine (hormonal) disorder in women. Symptoms include menstrual problems such as irregular periods and anovulation, high androgen



(testosterone) levels which can cause male pattern hair loss, acne, metabolic problems which cause weight gain and an increased risk of type 2 diabetes.

Although PCOS impacts fertility, 60% of women with PCOS become pregnant naturally. Some women may experience reduced fertility or take longer to conceive.

In women with PCOS, the hormone changes that causes irregular cycles may also affect ovulation and affect fertility. Lack of ovulation is the most common cause of infertility in PCOS. An anovulatory cycle means that women bleed but do not release an egg or ovulate.

## Premature & Early Menopause

Normally menopause happens after age 40. Premature menopause before 40 years can occur due to

- premature ovarian failure surgery to remove both ovaries (oophorectomy)
- chemotherapy which has caused ovaries to fail

## Thyroid Problems

The thyroid is a small butterfly-shaped gland located in the neck, wrapped around the windpipe. The thyroid gland takes iodine (mostly found in foods such as seafood and salt) to produce thyroid hormones. Two key thyroid hormones triiodothyronine (T3) and thyroxine (T4), help oxygen get into cells and regulate the body's metabolism.

- Factors that increase risk of thyroid disease are:
- A personal history of autoimmune conditions, including Type 1 diabetes
  - Growing up in an area that was iodine deficient
  - Past exposure to head and neck radiation
- Thyroid conditions affect women five times more often than men.

If the thyroid is underactive, symptoms of hypothyroidism may occur. An overactive thyroid gland produces excess thyroid hormones and is called hyperthyroidism.

## How thyroid problems affect fertility and pregnancy

- Decreasing fertility, making it much harder to conceive
- Increased risk of miscarriage
- Increased risk of pre-term or early delivery
- Hypertension (high blood pressure)
- Premature birth

Thyroid treatment is quite easy and manageable.

## Male Infertility

It takes both partners to conceive. In 20% to 30% of infertile couples, the male partner has a fertility problem. Another 40% of couples have infertility factors in both partners.

Male infertility rarely has symptoms that are observable without a semen analysis, which is a test that measures the health of the semen and sperm.

## Blocked Fallopian Tubes

The fallopian tubes are the pathway between the ovaries

and the uterus. When an egg is released from the ovaries, hair-like projections from the fallopian tube draw the egg inside.

Sperm must swim up from the cervix, through the uterus, and into the fallopian tubes. Conception takes place inside the fallopian tube, where the sperm and egg finally meet.

If anything prevents the fallopian tubes from working properly, or if scarring blocks the sperm or egg from meeting, pregnancy is impossible.

There are many possible causes for blocked fallopian tubes. While some women with blocked tubes experience pelvic pain, many others have no symptoms. Only fertility testing with a hysterosalpingogram (HSG), a specialized X-ray, can determine if the tubes are open.



**Dr Akash Agarwal,** Scientific Director

## Endometriosis

Endometriosis is when endometrium-like tissue (which is the tissue that lines the uterus) grows outside the uterus. 50% of women with endometriosis have difficulty conceiving.

The most common symptoms of endometriosis include painful periods and random pelvic pain. However, not everyone with endometriosis has these symptoms. Some people only discover they have endometriosis during an infertility work-up.

Although around 10-15% of women have endometriosis, it is commonly misdiagnosed or simply missed. Diagnosis of endometriosis requires a diagnostic laparoscopic surgery. Endometriosis can decrease the ovarian reserve and affect implantation of the embryo.

## Adenomyosis

Adenomyosis is a uterine condition wherein cells which normally form a lining on the inside of the uterus also grow in the muscle wall of the uterus. Adenomyosis is only seen in women in their reproductive years because its growth requires oestrogen. After menopause, adenomyosis lessens because of the lack of oestrogen.

Studies suggest that adenomyosis may impact the ability of the uterine muscles to contract appropriately. The endometrial cells inside the muscle may release chemicals resulting in subfertility.

Adenomyosis mainly affects embryo implantation (sticking to uterus) and can lead to IVF failure, miscarriage and preterm delivery.

## Fibroids

Fibroids are non-cancerous growths or lumps of muscle tissue that form within the walls of the uterus.

Fibroids can vary in size ranging from the size of a pea to the size of a watermelon or larger. Fibroids occur in women of reproductive age, growing at varying rates until the onset of menopause, when they tend to decrease in size and may slowly shrink in size due to the loss of oestrogen and progesterone.

Fibroids can interfere with implantation of the embryo into the uterus, increase the risk of miscarriage or impact the progress of labour depending on the size and position.

## Underlying Medical Problems

Underlying medical conditions can lead to male and female infertility. For instance, thyroid imbalance, undiagnosed diabetes, or autoimmune diseases like lupus can cause infertility. While it's not well understood, mental health conditions like anxiety and depression are also associated with infertility. Undiagnosed sexually transmit-

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ted infection (STI), which has no symptoms can also cause infertility.

## Certain Medications

Research shows that some prescription medications like antidepressants may impact fertility. However, never stop taking a medication without consulting a doctor. If you have concerns that a drug you've been prescribed may be interfering with getting pregnant, consult a healthcare provider. They may consider another medication, suggest a different type of treatment, or offer reassurance that the medication isn't an issue especially in conditions like epilepsy, diabetes, hypertension etc.

## Lifestyle Factors

Marijuana, whether taken recreationally or for medicinal purposes, may also impair fertility. Studies show that smoking tobacco, excessive alcohol use, and use of illicit drugs like cocaine, ecstasy, ketamine, and amphetamines, can contribute to fertility issues.

Additionally, living with extreme or chronic stress, experiencing trauma, or having insomnia and other sleep issues may reduce fertility.

Being significantly overweight or underweight is also known to disrupt fertility. Exercising excessively or not at all can also cause problems getting pregnant. Following a program to reach a healthier weight and physical activity level often increases conception rates.

## Unexplained Infertility

Unexplained infertility is the diagnosis that fertility specialists give individuals or couples when basic fertility tests like scan, semen analysis and tube test can't confirm a definitive cause for infertility. Unexplained infertility does not mean that there is no cause for infertility; it simply means that the present tests and examinations are not able to detect the reason behind infertility.

Unexplained infertility is the diagnosis in about 10-15% of infertility cases. However, not having answers doesn't mean there are no treatments. Fertility medication combined with IUI (intrauterine insemination) or in vitro fertilization (IVF) can dramatically improve the chances of pregnancy for those struggling with unexplained infertility.

## Seek Fertility Treatment

Help is available for those facing difficulties getting pregnant. Couples trying to get pregnant for the first time, hoping to conceive after a miscarriage, or have been pregnant before but having difficulty conceiving now, can consult a fertility specialist who can evaluate their fertility problems and offer treatment accordingly.

Many couples put off testing and treatment, thinking that they should just "try a little longer" first. This is a mistake. Many causes of infertility are silent and worsen with time. The sooner you get help, the more likely fertility treatments will work for you. Please seek help immediately. Don't wait.

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