



The Infertility Support Network (TISN) Trust

Non-Profit Organization Number 069-682

Issue 5

April – June 2011

WORD FROM THE FOUNDERS

At the onset of every year, people predict the quality / outcome of the year that lies ahead. 2011 was internationally called by many as “The Year Of Unanswered Prayer”. We rejoice with the many women / couples around South Africa and abroad who finally reached parenthood in some form or another. At the same time, we encourage any couple / person who anxiously awaits a positive pregnancy result, especially those who might be in the middle of the umpteenth fertility treatment. Rest assured, you are not alone neither are the rollercoaster emotions you are going through unique. This issue of the newsletter is especially dedicated to the impact of infertility on marriages. Please do not hesitate to contact me telephonically, post or via email if you require support in any way on this challenging road.

Krishnee Kissoonduth

THE SECRET

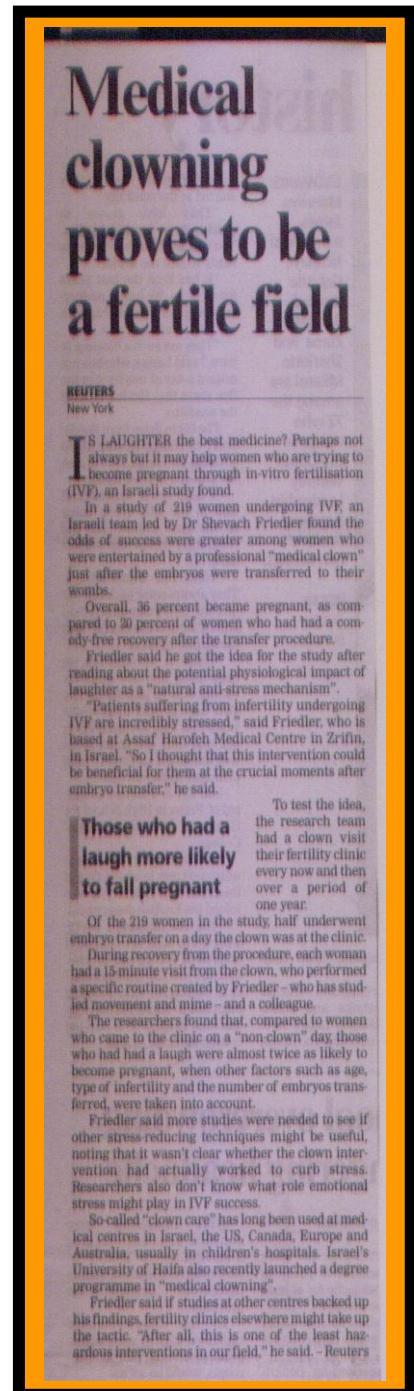
One day, one friend asked another, “How is it that you are always so happy ?
You have so much energy, and you never seem to get down.”

With her eyes smiling, she said, I know the Secret
What secret is that ?
To which she replied, I’ll tell you all about it,
But you have to promise to share the secret with others.

The Secret is this : I have learned there is little I can do
In my life that will make me truly happy
I must depend on God to make me happy and to meet my needs.
When a need arises in my life,
I have to trust God to supply according to His riches.
I have learned most of the time
I don’t need half of what I think I do.

He has never let me down.
Since I learnt that "Secret", I am happy.

The questioner's first thought was,
That's too simple !
But upon reflecting over her own life
She recalled how she thought a bigger house
Would make her happy, but it didn't !
She thought a better paying job would make her happy, but it hadn't.
It is true, I must depend on God to make me happy and to meet my needs !



Good news for childless couples

But more tests needed before soya infusion could be used to treat infertility

SUBASHNI NAIDOO

A COMPARATIVELY inexpensive soya-based supplement may bring hope to women who now have to endure the repeated failure of costly IVF treatments, a study has shown.

Women who struggle to conceive — and who regularly miscarry — often have problems with their immune system. But the study, conducted at the Care Fertility in Nottingham in the UK and released this week, found that an infusion of Intralipid — a soya oil-based substance used for the artificial feeding of patients — could boost success rates among women with fertility problems.

The study, by fertility expert Dr George Ndukwe, involved almost 100 women aged around 37 who had suffered repeated failures with in vitro fertilisation (IVF).

Fifty of the women were given Intralipid intravenously and 46 were not.

Half of the women on the nutritional supplement fell pregnant — compared with only 12, or just under 6%, of the

woman who didn't get Intralipid. Of the women on Intralipid who fell pregnant, there were two miscarriages — compared with seven miscarriages in the second group.

Ndukwe, who is also the director of the Care Fertility Clinic, found that women with recurrent IVF failure and miscarriages tended to have high levels of TH1 cytokines. The protein molecules trigger rheumatoid arthritis and the bowel condition Crohn's disease.

'This infusion is inexpensive, well tolerated and easy to administer'

Speaking from Dublin — where he presented his findings at the British Fertility Society meeting — Ndukwe said: "Every day in my clinic I see women who have endured numerous IVF cycles, all with the same negative outcome... I also regularly see couples who have suffered the misery of repeated miscarriages. This infusion is inexpensive, well tolerated and easy to

administer."

The condition is treated with Humira, a drug used in the management of rheumatoid arthritis. But Humira is expensive (a prescription costs up to R20 000), is considered risky and is unsuccessful in about 20% of patients.

Ndukwe found that intravenous Intralipid was more effective, and only cost about R2 000.

However, Jenny Currie, of the South African organisation

intravenous feeding, Ndukwe said the infusion was relatively risk free but unsuitable for women with egg or soya allergies.

According to an Eastern Cape fertility clinic, more than 10% of South African couples suffer from some form of infertility.

Dr Paul le Roux of the Cape Fertility Clinic said South African fertility doctors were closely following the use of Intralipid, but that there was insufficient evidence to recommend such treatment.

"All the large medical institutions worldwide including the Royal College of Obstetricians and Gynaecologists and the American Reproductive Society have said there was not enough evidence to use substances like Intralipid and intravenous haemoglobin yet... The sample sizes are too small," he said.

He said the treatment carries risks: "It is possible to get a fat embolus — where some of the solution can block a vein or an artery in the body."

He did not think it should be seen as a general treatment which any doctor could perform.

Women who wait might not procreate

DAILY MAIL

DOCTORS have issued a stark warning to couples not to leave it late to try for a baby.

With more and more women raising careers, they and their partners are leaving parenthood at least their late thirties.

But women aged 35 are six times more likely to have problems conceiving compared with those 10 years younger, warns a new study from the Royal College of Obstetricians and Gynaecologists.

The report says older parents are making it harder for themselves to have children — and raising the likelihood of serious medical complications for both mother and baby.

By the age of 40, a woman is six times more likely to have a miscarriage in give birth.

Men's fertility also declines steadily from the age of 25 and the doctor's estimate that the average year-old takes two years to get a partner pregnant — even if she is in her twenties.

The report is a clear and forthright wake-up call on the dangers of late parenthood. However, increasing numbers of couples are doing just that without properly understanding the consequences — and the risks.

Separate figures show that the number of mothers giving birth after their 40th birthday has trebled in the last 20 years.

Almost 27 000 babies were born to mothers over 40 last year compared with 9 336 in 1989.

The doctors insist women should be given clear reminders that "the most secure age for childbearing remains 20 to 35".

Up to 30 percent of 35-year-olds take longer than a year to get pregnant, compared with only 5 percent of 25-year-olds, according to the figures in the report by the Royal College.

The research, which looked at several major studies on fertility, also shows that the average childbearing age has risen from 23 in 1968 to 29.3 today.

They also say that IVF has given women a "false sense of security", despite major breakthroughs in recent years.

Fertility treatment has a 3 percent success rate for women over the age of 44.

More than half of those having such treatment in their forties use donor eggs, because their own supply has diminished, or the quality of those remaining is not good enough.

The study, published in the medical journal *Obstetrician and Gynaecologist*, says that risks of

prolonging parenthood should be taught at school alongside lessons on safe sex.

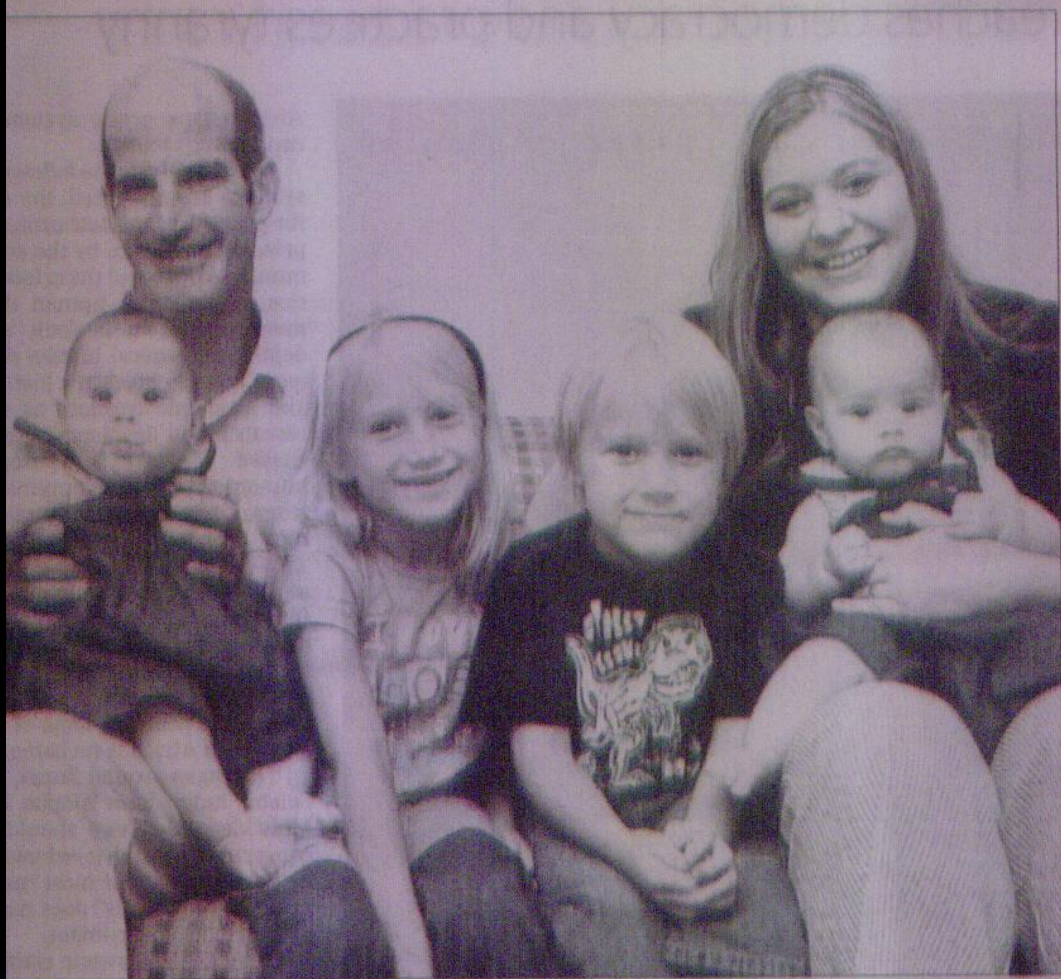
Fertility experts say that there is not enough provision in the workplace to allow women to simultaneously have children while pursuing a career.

Gedis Grudzinskas, a consultant in infertility and gynaecology, said: "Many women I see say they find it very difficult to try to do everything."

"Society has changed and there is now much more opportunity to follow exciting careers — especially with such inadequate provision of childcare. Women achieve career satisfaction and decide they want to start a family but by this time it is too late and they can't turn the clock back."

He added: "We should be making it easier for women to start a family while they are at work."

Jason Waugh, consultant in obstetrics and editor in chief of the *Obstetrician and Gynaecologist*, said: "There are a number of reasons why women are leaving it later to start a family, for example, career concerns, financial reasons and finding a suitable partner. However, women should be given more information on the unpredictability of pregnancy and the problems that can occur in older mothers."



Brad and Trace'Lee Turner with, from left, Hannah, Shianne, Joshua and Grace.

PICTURE: SIBONELO NGCOBO

... AND NOW THERE ARE FOUR

TRACE'LEE and Brad Turner have been together for 10 years and married five. They faced a future with children owing to a medical condition that led to Trace'Lee losing her fallopian tubes removed in her 20s.

Today they are parents of a wonderful brood of four children. How did it happen?

"We tried IVF (in-vitro fertilisation) twice – when I was 26 and 28, but it failed," says Trace'Lee. The Turners then decided to adopt and heard of a baby through a friend. Through a private adoption agency, they met a biological mother and were sent to the birth of Joshua, five years later.

Three years later, the biological mother contacted the Turners

and asked if they would take her daughter, Shianne, four at that time. Her partner and father to the children had died in an accident and she said she could not raise the child.

So Trace'Lee and Brad adopted Joshua's sister.

"We wanted to try fertility treatment again but waited 18 months to let Shianne settle down," says Trace'Lee. "We approached Dr Anil Ramdeo of the Care Clinic in Westville and went ahead with ICSI (intra cytoplasmic sperm injection). Eight weeks later we had a positive pregnancy result."

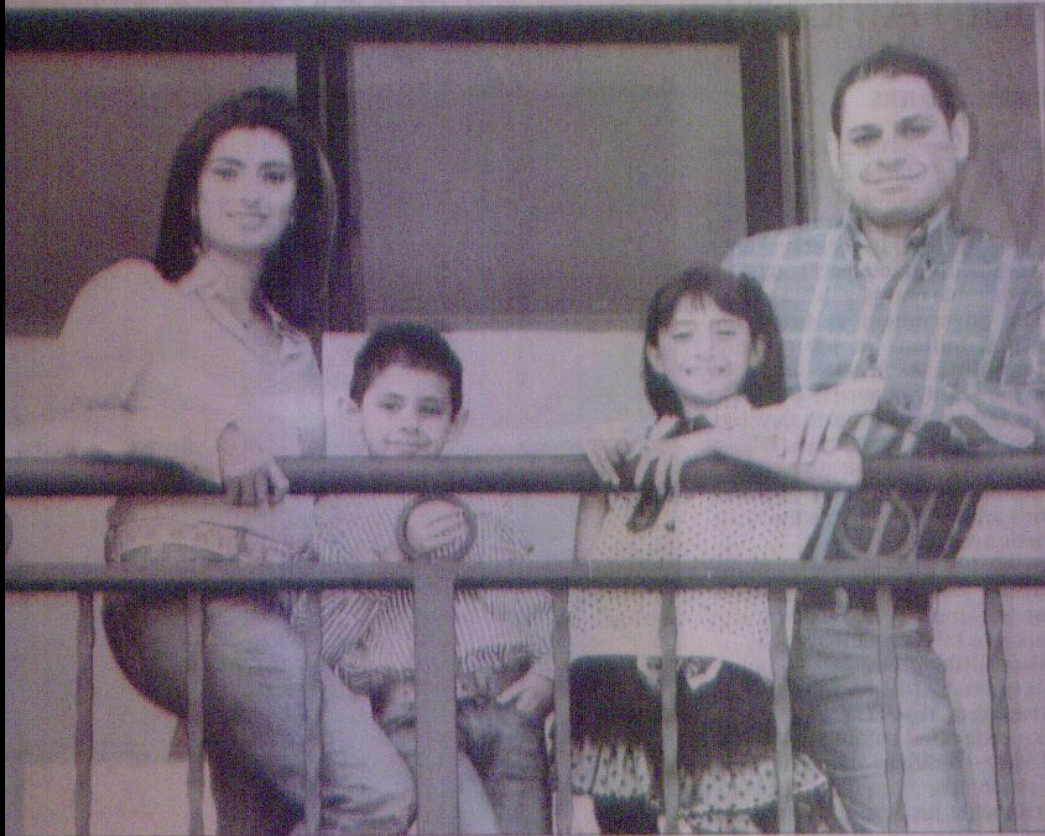
In mid-January last year, they heard they were expecting twins. When her blood pressure shot up at 34 weeks, Trace'Lee was admitted to Westville Hospital and the

babies were delivered by Caesarean section, weighing 1.3kg and 1.5kg.

Seven-month-old Hannah and Grace today complete the family.

INTRA CYTOPLASMIC SPERM INJECTION (ICSI)

ICSI is the injection of a single sperm into the centre of the egg. It is used to assist fertilisation for couples who are not suitable for IVF. Couples who have not achieved fertilisation during IVF may also be considered for treatment. A similar programme of treatment is carried out for ICSI and IVF patients. The actual process of ICSI is carried out by an embryologist in a laboratory. It requires special treatment of the semen to select the best sperm. Mature eggs are identified and a single sperm is injected into each egg using a fine glass needle.



Mariam and Hussein Cassim with their children Zia, 6, and Iman, 8.

'BE POSITIVE DURING TREATMENT'

LIFE is sweet for Mariam Tayob Cassim and her husband, Hussein, a chartered accountant and a dentist who gave up their professions to start a sweet factory, Richester Foods.

After suffering the heartbreak of infertility, they now have two beautiful children - and they're talking about trying for a third.

"We had been married for a few years and decided to delay starting a family until we had finished studying," says Mariam.

"After trying to conceive for four months, we consulted my gynaecologist, who prescribed a fertility drug to stimulate ovulation. I am a strong person but it made me so emotional I opted to stop. We then decided to consult Dr Merwyn Jacobson at the Italab Clinic."

Jacobson diagnosed Polycystic Ovarian Syndrome in Mariam, a condition that can

lead to impaired fertility but one that is very treatable. Mariam underwent a laparoscopy to examine the condition of her ovaries and to remove scar tissue.

Injections were given to stimulate egg production and she went for daily scans to monitor the state of her follicles and to determine when she would be most fertile. After four months, she fell pregnant.

Iman, now eight, was delivered after a trouble-free pregnancy and the couple underwent similar procedures to have Zia, now six.

"Because of the stress and the treatments, I was nervous in both pregnancies and especially at the scans," says Mariam.

"My advice to people who are having fertility treatment is to be positive, accept the fact that you might need to be patient and be grateful for what medical science

can do."

Mariam and Hussein are talking about a third baby.

"We have parents and a large extended family so although we have busy working lives, we also have a wonderful support system. And that is a blessing."

POLYCYSTIC OVARIAN SYNDROME

Polycystic Ovarian Syndrome (PCOS) affects one in 8-10 women. It is caused by a hormonal dysfunction of excessive androgen (male hormone) production in the ovaries, resulting in enlarged ovaries with multiple small cysts.

Patients suffering from PCOS often have difficulty conceiving because of irregular ovulation. The hormonal imbalance of PCOS also contributes to a slightly increased risk of a miscarriage.

Good short- and long-term medical care can address and alleviate most of the implications of PCOS.

Rock survey shows that up to two thirds of SA women may develop cervical cancer

By **Steve Mapumulo**

CHECKING fresh figures show that up to two thirds of African women are at risk of developing deadly cervical cancer, which is linked to deaths of more than 3000 women each year. The World Health Organisation (WHO) report indicates that 10 to 17 million local women, mostly black women between ages of 15 and 64, were at a heightened risk of developing cervical cancer. Cervical cancer ranks as second most frequent cancer among women in South Africa with one in 35 women diagnosed with it, said Lucy Maseko, spokesperson for the Cancer Association of South Africa (Cansa). The WHO report says that more than 3000 women die from the cancer each year in South Africa. Maseko said, "The worst affected group is that of women between 15 and 44. More recently, we have witnessed a scourge in black communities, which makes us realise the problem is more serious than we thought." At least 5 million women are thought to be harbouring cancerous cells caused by sexually transmitted infection Human Papilloma Viruses (HPV). This virus has been identified as a leading cause of cervical cancer. Professor Martin Hale, head of the department of anatomical pathology at Wits and of the National Health Laboratory Service, said yesterday that limited access to information and resources make it easy for the condition to thrive. Maseko said very few women (few as 20%) had taken advantage of the screening programmes in public health facilities. This was because of lack of equipment, limited training, reluctance among women to provide pap smears, and of laboratory services and

long turnaround time for results to be returned from laboratories and clinics.

Hale said, "Other risk factors that increase susceptibility include first intercourse at an early age, the number of children per woman and a weakened immune system, to name a few."

"But public education, a regular pap smear and modifying human behaviour will slow the rise in cervical cancer cases."

"There are worrying indications that cervical cancer is more prevalent in black women and there is evidence that there is a more rapid progression of premalignant dysplasia to invasive cancer in HIV-positive patients."

In the sub-Saharan region Swaziland has the most cases, followed by South Africa.

Further culprits include tobacco smoking, high-parity long-term hormonal contraceptive use and co-infection with HIV which have been identified as established co-factors.

However, it was not all doom and gloom.

"The good news is that HPV vaccines that protect against HPV 16 and 18 infections are now available and have the potential to reduce the incidence of cervical and other anogenital cancers."

"However, the debate is still raging on how, to whom and whether the vaccine should be administered," said Hale.

Two cervical cancer vaccines have been registered and approved by the Medicine Controls Council.

They are gardasil and cervarix and are available in the private sector. Each vaccine costs more than R2100 for the three injections needed.

They both help protect against multiple strains of HPV and injections at six-month intervals.

Vaccination is recommended for girls and women aged nine to 26.

Generations Fertility Centre, the natural alternative for modern couples, opened at Hoogland Health Hydro in October 2010. You can find further details on their website address <http://www.generationscentre.co.za>. Contact Monia Vermaak on (012) 3455072 / 084 555 7802.

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