
INFERTILITY-SUPPORT NEWSLETTER

{The long walk to parenthood}

<http://www.infertility-support.org.za>

October / November 2008

2008 – Issue 2

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WORD FROM THE FOUNDER



Each of us goes through seasons in our life. No season lasts forever. It all depends on how long we take to absorb and convert the lessons from that season into a more meaningful life !



I just finished reading the book “**Don’t die in the winter – your season is coming**” by Dr Millicent Hunter. I highly recommend this book if you are also in pursuit of a more purposeful life in the will of God. I am overwhelmed by the response to the website <http://www.infertility-support.org.za> as well as the circulation of our very first newsletter for the period August / September 2008. May I extend a special word of appreciation to Dr Richard Joubert (gynaecologist) and Mr Trevor Naidoo (technical expert) for their tireless contribution to the success of this humble initiative, which is primarily to provide support to individuals and couples that face the rollercoaster ride of infertility.

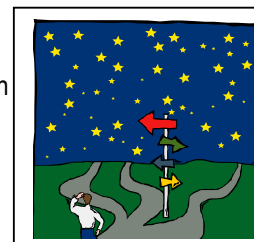
In the interim, support group meetings in Pretoria have commenced as well and will continue on a monthly basis. The ladies / couples that attended left feeling blessed and empowered. Discouragement, doom and gloom gave way to hope and a positive approach. An expert in the field of infertility will be present at each meeting and will facilitate an information sharing session. With time, I intend to initiate support group meetings in more areas in Gauteng and into other provinces. Please keep e-mailing me your useful suggestions. Though I set out to encourage others, I have found the e-mails from patients and medical practitioners an absolute encouragement. It is heartwarming to know that there are so many out there who are seeking to make a difference with no desire to highlight themselves !

Krishnee Kissoonduth

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BELOW THE BELT TROUBLES FOR WOMEN

Many women will argue that being a female is much more challenging than being a male. Hence, women have a higher propensity for pain, by implication women are born with a higher capacity to endure pain because their road has many more valleys than that of a man. Do you agree ?



A woman is most often multi-skilled. She can be very unwell but will still keep her finger on the pulse of all activities in her home. You can't bluff your way around a woman. Her 6th sense won't allow you to get away with anything ! From ovarian cysts to endometriosis, from cervical cancer to blocked fallopian tubes, a woman remains a unique species who can be proud of the role that she was born to play in this world.

Yet, I am sure that there are days that even a woman doesn't like being a woman !

Ovarian cysts – Many women will develop growths, known as cysts, in or on our ovaries. Cysts are water-filled sacs that can vary in size and need not necessarily be painful. This is why a woman may not even know that she has cysts until a gynecologist picks it up during a routine examination. Some cysts though may be large enough to cause menstrual irregularities and a great deal of discomfort. It all depends on what type of cyst it is – while some are simply filled with fluid others are solid and more complex. Most cysts are benign growths therefore not cancerous.

Polycystic ovarian syndrome (**PCOS**) occurs when the ovaries develop lots of tiny cysts on the surface. These contain egg follicles that have not matured properly due to a complex hormonal imbalance, with the result that ovulation is affected and fertility significantly impaired. Symptoms would include greasy skin, irregular or absent periods, increased facial hair, weight gain (and difficulty losing it), difficulty getting pregnant and recurrent miscarriage. If your mother or sister has had PCOS, you may be genetically predisposed to this condition as well. Cysts may normally disappear during a period. If they persist after oral medication, surgery may be necessary. Hormonal treatment, a low GI (glycaemic index) diet, healthy lifestyle, exercise and emotional wellbeing will go a long way to helping.

Endometriosis – This is a highly complex medical condition that occurs when endometrial tissue from the lining of the uterus “migrates” to other parts of the pelvic region, such as the ovaries, fallopian tubes or bladder. The tissue responds to hormonal changes and therefore bleeds at the same time as your period. This eventually leads to scarring and adhesions. Endometriosis is a major cause of failure to conceive. Symptoms include severe menstrual cramps from an early age, long heavy periods (including clotting), pain during intercourse, back pain, nausea, fatigue, gastrointestinal problems such as diarrhea and bloating and general pain in the pelvic area. If you have mild endometriosis it is possible to conceive without much difficulty. However, if the endometriosis is severe, some form of surgery eg. laparoscopy or laparotomy, may be necessary first before an assisted reproductive technique (infertility treatment) is suggested by your gynaecologist.



Dysmenorrhoea – The medical term used to describe painful periods (including severe menstrual cramps) is dysmenorrhoea. Painful periods are more likely to occur when a woman’s cycle is irregular and can be extremely uncomfortable, with severe pain in the lower back, abdomen and inner thighs. This may be particularly so if the menstrual cycle has been very long as there has been more time for the hormone progesterone to cause the build-up of a thicker womb lining. Painful periods can also be caused by underlying conditions such as endometriosis or fibroids. Up to 60% of women suffer from menstrual cramps, some of them in silence not knowing that it may be affecting their ability to conceive. It is wise to consult a gynaecologist in such instances rather than live off painkillers and accepting the pain as normal.

Uterine fibroids - Fibroids are benign tumours that grow on or within the uterus. A fibroid can be as small as a pea or as large as a seven or eight month old foetus. Fibroids occur when cells start to overgrow in the muscular wall of the uterus. Often the presence of fibroids produces no symptoms at all, although some women do experience pain, heavy or irregular bleeding and menstrual cramps. Fibroids may impact on fertility if they are on the outside of the uterus preventing the fallopian tube from retrieving an egg after ovulation. If they are growing on the wall of the uterus, they may interfere with the embryo’s ability to implant in the uterine lining. A low-fat, high-fibre diet can help with fibroids.

*Longevity Magazine : August 2008
West Z, “Plan to get pregnant”, 2008*



***WHAT IMPACT DOES THE
ENVIRONMENT, YOUR BODY WEIGHT AND
EXERCISE HAVE ON FERTILITY?***

We live in a polluted environment moving at lightning speed to accomplish everything within a day with no time at all for exercise. In the meantime, the heart pumps away faithfully while we pay so little attention to its health. A person’s heart beats 40 million times a year while our liver has 500 different functions. Two hundred million of a person’s body cells will have died and been replaced in the time it has taken you to read this paragraph alone. How can we ever criticize our miraculous machine ?

Research indicates that the number of people that are being treated for infertility today has increased drastically and is a cause for concern. Many cases remain unexplained while others point to a male or female medical factor. Chemicals in use in the natural environment including your own home as well as what may be used in our surroundings has a long term effect on the quality of sperm and eggs that are produced by male and female respectively. It therefore helps if a person read the labeling on food products carefully before purchasing them.

To better understand such problems over the long term, the US National Institutes of Health is planning a national children's survey (<http://www.nationalchildrenstudy.gov>) that will enroll over 100 000 pregnant mothers, measure a range of important health factors including chemical exposures in the womb and track the health of their babies through adulthood. The results are expected to provide guidance to clinicians, parents and parents-to-be.

Promising news is that RESOLVE, the National Infertility Association in the USA, recently announced new headquarters in Washington DC where the organization intends to step up advocacy efforts on behalf of the infertile. Researchers have been quite vocal in saying that a failure in science to meet this challenge will hand the poisoned chalice of infertility to the next generation. Below is an extract from a larger research study conducted by Resolve.

IMPACT OF PROLONGED EXPOSURE TO TOXINS ON MEN AND WOMEN		
EXPOSURE	IMPACT ON WOMEN	IMPACT ON MEN
Perchloroethylene (dry cleaning fluid)	Prolonged exposure - miscarriage	-
Toluene (inks, coatings, gasoline, cosmetics, glues)	Reduced fedundity – miscarriage	Decreased sperm count
Phthalates (plasticizers added to plastics)	Pregnancy complications eg. pre-eclampsia	Sperm damage
Solvent mixtures	Menstrual disorders	Abnormal sperm

Steps to take to try and reduce exposure to toxic chemicals :

1. Don't smoke and minimize your exposure to second-hand smoke.
2. Determine what is in your drinking water. If necessary, filter drinking, cooking and bathing water.
3. Make informed choices about the choice of fish you consume. Consider certified contaminant-free brands of fish oil pills to get important omega fatty acids you and your baby need.
4. If possible, buy organic food. Wash (and peel where you can) non-organic produce before eating to remove agricultural chemicals they may have on them.
5. Reduce or stop use of pesticides and herbicides for home, lawn, garden and pet care where possible. Try non-toxic alternatives.
6. Avoid environments that have been recently treated with pesticides and herbicides.
7. Exercise caution – some candies from Mexico : some food colourings, make-up and ayurvedic medicines from India, some Chinese herbal remedies and some gumball toys / jewellery dispensed in the US have been found to contain lead. There are a few labeling requirements and only minimal regulation of these products.

8. If pregnant, avoid pumping fuel, remodeling your home, painting and hobbies that involve solvents and glues. Be careful not to use non-toxic nail and hair products.
9. Make sure that PVC plastic “cling” wraps you put in contact with food do not contain phthalates. Never microwave foods in plastic containers that might leach harmful compounds.

How does BMI (body mass index) and exercise affect fertility?



There are two populations of women who are at risk for ovulatory infertility : those who are obese and those who are underweight. Obesity (excessive body weight and body fat) may have several adverse effects on a women’s reproductive health including increasing the risk of miscarriages.

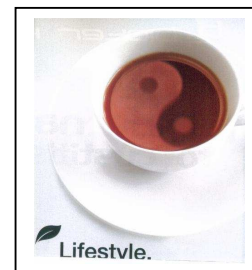
Women with polycystic ovarian syndrome often have excess fat in the stomach area. Women that are underweight or whose body fat is low also jeopardize their reproductive health. Here the risk may not be because of body composition alone but also a lack of proper nutrition. One study suggests that when calories consumed are less than what the body uses for energy, regardless of actual food intake, it can impact estrogen and progesterone production which helps regulate the reproductive process and may cause temporary or permanent loss of menstrual periods.

RESOLVE – The National Infertility Association in USA



CAFFEINE – GOOD OR BAD FOR YOU ?

There are conflicting answers in response to this question. Caffeine has clear-cut, prompt, readily-perceived effects and is widely used in our society. Adverse effects of caffeine have been difficult to demonstrate for general health as well as for fertility. While there has been a suggestion that caffeine may slightly increase the time needed to achieve pregnancy, this has not been confirmed by multiple studies. It may be reasonable for people to limit their caffeine intake to the equivalent of two to four cups of coffee per day.



RESOLVE – The National Infertility Association in USA

Some studies have found a link between high levels of caffeine consumption in women and a delay in conceiving.

Those who consumed more than 300mg of caffeine per day – the equivalent of two cups of fresh coffee were more likely to have a delay in conceiving. It is still unclear where it is safe to consume caffeine before and during pregnancy and if so, in what quantities.

As a precaution, you should aim to cut down on caffeine as much as possible while you are trying to get pregnant. There is also some evidence to suggest that drinking large amounts of caffeine during pregnancy may increase the risk of miscarriage.

<i>HOW MUCH CAFFEINE AM I CONSUMING ?</i>	
DRINK	CAFFEINE
240ml of brewed coffee	150mg
240ml of instant coffee	100mg
240ml cup of tea	60-90mg
355ml can of caffeinated fizzy drink	35-40mg
28g of dark chocolate	20mg

West Z, "Plan to get pregnant", 2008

Several studies have shown that caffeine can cause the release of body fats into the bloodstream during activity. This means that fat is burned during exercise rather than carbohydrates and that endurance capacity is improved. A study found that drinking 1-2 cups of coffee up to an hour before a gym session can delay or prevent post-exercise tiredness by up to 60%. Glycogen, the muscles' main source of fuel during exercise is replaced faster when both carbohydrates and caffeine are consumed after a workout.

Health Tip of the Day
tips@healthmail.co.za



MULTIPLE PREGNANCIES

Multiple pregnancies involve a couple having twins (2), triplets (3), quadruplets (4), quintuplets (5), sextuplets (6), septuplets (7) or more babies. Infertility treatments make multiple pregnancies possible but are very expensive, emotionally draining and are not covered by the medical aid in South Africa. Whilst a couple may be elated at first to be pregnant, it is realistic to expect that the multiple births may place them in financial debt over and above the emotional trauma of the rollercoaster ride. It is for this reason that couples often hope for twins or triplets at one attempt.

Those that are at risk for having multiple pregnancies are :

- a) Women under 30 years old who are undergoing intrauterine insemination (IUI) with ovulation stimulating drugs. When fertility drugs are used, more eggs may be produced ... hence the rate of pregnancies are increased;
- b) Women undergoing assisted reproductive techniques eg. IVF, ICSI, GIFT etc.;
- c) Women using donated eggs;
- d) Women who use an oral drug to stimulate ovulation;
- e) Women with a body mass index of at least 30 may be at higher risk for having fraternal twins;
- f) Women with polycystic ovarian syndrome (PCOS).

Risks during multiple-gestation pregnancy include severe nausea and vomiting, pre-eclampsia, gestational diabetes, maternal anemia (condition that causes weakness and tiredness due to low levels of iron in the blood), premature aging of the placenta, severe bleeding during labour, delivery or after delivery.

Risks to the multiple babies include premature labour and delivery. Babies born prematurely may have the following complications viz. low birth weight, underdeveloped lungs, brain damage resulting in cerebral palsy and vision problems or blindness.

Multiple births can put a family under severe financial risk. While many new parents of multiples adjust well, the stress of parenting, feeding and caring for several infants can lead to anxiety, marital difficulties, depression and social isolation. Furthermore, multiple births abrupt the normal lifestyle of a couple and can be difficult to adjust to.



*Resolve – The National Infertility Association
Infertility treatment and multiple-gestation pregnancy*

The Sunday Times newspaper in South Africa recently reported on two penniless mothers who wanted sons but now have too many children. In Egypt, a 27-year old mother appealed to the government for help after delivering three girls and four boys (septuplets). The couple lives on a meager income as farm workers. In addition, they already had three other daughters aged between five and ten. The mother had used fertility drugs in a bid to conceive a boy. The babies weighed between 1.5kg and 2kg after being born prematurely.

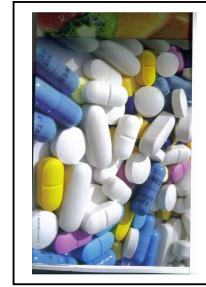
It was further reported in the same article that a 70-year old woman in India gave birth to twins on 27 June 2008 and became the oldest mother in the world. The 77-year father and 70-year old mother reportedly took a loan of 4400 pounds for fertility treatment in the hope of conceiving a boy who could inherit. The couple already has two daughters in their 30's and five grandchildren. Boys are cherished in India because daughters are not allowed to inherit property.

*Sunday Times Newspaper, Republic of South Africa
2008-08-24*



USEFUL VITAMINS

The infertility road is filled with so many potholes that a couple would do well to create the most optimal conditions for pregnancy. Ideally a couple should surround themselves by positive people who accept them as they are, engage in positive activities and maintain a well balanced life. Knowing which vitamins / supplements to take to give the body an extra boost is useful and can support the optimal conditions needed :



1. ***Staminogro*** - High releaser and mitochondrial enhancer slow release tablets. The number of tablets taken may influence general health as follows :
 - a) 1 tablet daily - general supplement
 - b) 2 tablets daily - general boost to cell function
 - c) 4 tablets daily - recommended for, amongst others, improving egg and sperm quality.

2. ***Avoid*** -
 - a) coffee – may decrease fertility
 - b) caffeinated soda – even one drink a day can decrease your chances of becoming pregnant
 - c) alcohol – if infertility is as a result of problems with ovulation, one drink a day can increase the difficulty of becoming pregnant by 30%.
 - d) antihistamines and decongestants as they may reduce secretion of cervical mucus. If you need a painkiller around ovulation time, rather use aspirin or acetaminophen.

<http://www.healthspas.co.za/sub.php>

Vitamin	Found in	Good for ... in relation to fertility
Vitamin A	Egg yolk, oily fish, orange fruit and vegetables ...	Production of male and female sex hormones
Vitamin B1	Potatoes, wholegrains, brown rice ...	Converting carbs and fats into energy (B vitamins work together and should be taken as a complex) ...
Vitamin B6	Bananas, avocados, lentils, eggs ...	Balance of female sex hormones – deficiency causes the ovaries to stop producing progesterone leading to oestrogen dominance ...

Vitamin	Found in	Good for ... in relation to fertility
Vitamin B12	Animal protein	Maintaining sperm count, ripening eggs prior to ovulation ...
Vitamin C	Fruit and vegetables, especially citrus fruit, berries, spinach ...	Promotes healthy motile sperm, protecting ovarian health. Women should not take more than 1000mg vitamin C per day because large doses may dry up cervical secretions.
Vitamin D	Oily fish, butter, egg yolks, exposure to daylight ...	Absorption of calcium, healthy bones and teeth ...
Vitamin E	Wholegrains, nuts, seeds, eggs	Male and female fertility, red blood cells ...
Iron	Lean meat, broccoli, spinach, sardines, prunes ...	Female fertility, maintaining levels of red blood cells and keeping blood oxygenated ...
Zinc	Lean meat, fish, eggs, pumpkin and sunflower seeds, rye ...	Sperm and egg production, healthy cell division and immune system, sperm count and motility, healthy menstrual cycle
Selenium	Brazil nuts, eggs, meat, fish, sunflower seeds, butter, oats	Antioxidant properties, male and female fertility, healthy sperm, preventing chromosomal abnormalities



WHAT'S HAPPENING ?

1. **Baba Indaba**

SABC Education

<http://www.babaindaba.co.za>

(011) 691 4311 / (021) 689 3262

- | | | | | | |
|-----|--------------|---|--------------------|---|-------------------------------------------|
| 1.1 | Cape Town | - | 25-27 July 2008 | - | Cape Town International Convention Centre |
| 1.2 | Johannesburg | - | 24-26 October 2008 | - | Sandton Convention Centre |
| 1.3 | Durban | - | 17-19 April 2009 | - | Durban Exhibition Centre |

2. **Infertility Support Group Meetings**

Venue - Pretoria East

Contact person - Krishnee Kissoonduth
(krishnee@infertility-support.org.za)

When - First Saturday of every month from
13H00 – 16H00

Next meeting - Saturday 2008-10-04 thereafter
Saturday 2008-11-01

Fee - Free

Venue - Morningside (Johannesburg)

Name of Support Group - Footprints Support Group

Contact number - Robyn
(fertilityr@worldonline.co.za)

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CONTACT ME ?

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