



## **Infertility: Why Can't I Get Pregnant**

By Françoise H Harlow

*If you have been trying for a baby for a while, with no luck, you may be wondering about fertility treatment. This article outlines the options available to you.*

Having children is a natural expectation for most couples. The majority (84 out of every 100 couples) who have regular sexual intercourse will get pregnant within a year. While women become less fertile as they get older, the effect of age on men's fertility is less clear. Sadly, fertility problems affect 1 in 7 couples in the UK and are often very distressing.

### **Improving Your Chances**

If you are trying to get pregnant, general health measures, such as stopping smoking and maintaining a healthy body weight are advisable, and improve fertility in some cases. You should be taking low dose folic acid tablets (400 micrograms per day) since this decreases problems with the development of its brain and spinal cord of the baby. It is also vitally important that any medical problems you have, such as diabetes or high blood pressure, are well controlled with drugs that are safe in pregnancy, prior to getting pregnant.

#### **DID YOU KNOW?**

Did you know that since April 2005, all eligible couples should be entitled to one full cycle of IVF on the NHS?

### **Investigations**

If you have not got pregnant after one year of trying, your doctor will start investigating possible causes for your fertility problems. In men, a fertility problem is usually because of low numbers or poor quality of sperm. The principle test for your partner is a sperm test. The sample must be produced

into a clean container (without using a condom), be kept warm, and reach the laboratory as soon as possible. If the first sample produces an unsatisfactory result, it should be repeated since there can be a marked variation between samples. Unlike women who are born with a certain number of eggs, men continue to produce sperm throughout their lives.

**YOUR DOCTOR'S ADVICE....**

If you're trying to get pregnant, you should be taking folic acid tablets (400 micrograms once a day), which are available without prescription at chemists and health food stores.

It is a popular misconception that men who have fathered children in the past will be able to do so without problem in the future. Many conditions, such as flu like illnesses, hernia repairs, and heavy smoking, can have dramatic effects on sperm production.

Men are often reluctant to produce samples, but this remains an essential, basic component of investigating you as a couple.

A woman may have fertility problems because she doesn't produce eggs regularly or because her fallopian tubes are damaged or blocked and the sperm cannot reach her eggs. Your doctor will take a careful record of your periods and any sexually transmitted infections



you may have had in order to help determine what the problem may be. The initial tests will be to see if you

are releasing eggs regularly. The use of temperature charts may give an indication, but are not a reliable test for this. Ovulation prediction kits, which are available from chemists, can be used but often result in couples 'timing' sexual intercourse. All the evidence suggests that having sex regularly, every 2-3 days throughout the cycle, is most likely to result in conception.

### **WHAT DOES IVF INVOLVE?**

1. 'Switching off' the natural cycle of egg production in your ovaries. This is commonly done with nasal sprays.
2. Stimulating your ovaries to produce more than one egg. You will give yourself injections to achieve this, and you will need to have frequent ultrasound scans at the specialist unit.
3. Collecting the mature eggs. A needle is inserted, via your vagina, into your ovaries under ultrasound guidance. This is usually done with you awake and is generally well tolerated.
4. Collecting sperm from your partner (as before) and mixing it with your eggs in the laboratory.
5. Incubating the fertilised eggs for a few days in the laboratory to form 'embryos'.
6. Putting one or two embryos into your womb. This is done via a fine tube inserted through your cervix. Again this is usually well tolerated.

Your doctor will take a blood test to measure a hormone called progesterone, which is produced by the ovaries when an egg is released. The timing of this test is critical and depends on the length of your cycle. For the average woman with a 28-day cycle, the hormone estimation should be carried out 21 days after the first day of your last period. If this result is abnormal, further blood tests and scans will be performed to see why you are not releasing eggs regularly. If an underlying problem is found, the treatment can be specifically directed to that condition.

These tests should be performed before investigating your tubes. You will also be tested for Chlamydia, since women are often unaware that they are infected, and tests on your tubes run the risk of spreading infections to them. Three tests are available to check your tubes – an ultrasound scan (hysterosalpingo-contrast-sonogram or HyCoSy), an X ray (hysterosalpingogram or HSG), or a laparoscopy and dye test (inserting a telescope through your belly button). This last test provides the most information but requires a general anaesthetic. A number of factors will determine which test you are offered.

### **Treatments**

For nearly one-third of people, no reason can be found for their fertility problem. This is known as 'unexplained infertility'. More advanced treatments of fertility problems are usually performed in specialist fertility units. Most of the treatments to stimulate ovaries to release eggs require careful monitoring with frequent ultrasound scans to avoid over-stimulation.

Men have to have their sperm prepared in a special way, often called a 'wash and swim-up'.

Intra-uterine insemination (IUI) is often the first treatment offered where the sperm sample is normal and the tubes are open. This involves stimulating the woman's ovaries to produce 1 or 2 eggs. This is done by a combination of tablets and injections carefully monitored by regular ultrasound examinations. Prepared sperm are then injected high up in the womb so that they travel rapidly to the end of the tubes at the time of ovulation. In many centres, the success of this treatment is as high as 25%

**DID YOU KNOW?**

It is encouraging to know that many couples get pregnant naturally whilst being investigated for fertility problems.

Where this fails, or where there are tubal or sperm problems, in-vitro fertilisation (IVF) and related treatments have revolutionised the management of infertility and have superseded many of the techniques that were previously used. For every 100 women (23-35 years old), up to 35 will get pregnant after one cycle of IVF. The chances of success decrease with increasing maternal age.

Twin pregnancies are more common after IVF and if you are concerned about this, you need to discuss this with your specialist. It is also worth remembering that multiple cycles of IVF can be very stressful for couples. Counseling services are available, and Infertility Network UK run a More to Life network for those facing life without children.

Much can nowadays be done to achieve pregnancy in couples experiencing fertility problems. Use the information sources listed to expand your knowledge and get support.

**HELPFUL LINKS**

**National Institute for Health and Clinical Excellence**

<http://www.nice.org.uk/>

**British Infertility Counselling**

<http://www.bica.net/>

**Infertility Network UK**

<http://www.infertilitynetworkuk.com/>

***Françoise H Harlow** is a consultant obstetrician and gynaecologist.*



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[www.wellbeingofwomen.org.uk](http://www.wellbeingofwomen.org.uk)