



HELP WITH INFERTILITY: Reproductive specialist Dr. Lawrence Werlin, photographed at his office in Irvine, with photos sent in by grateful patients.

MIGUEL VASCONCELLOS, THE REGISTER

Regaining fertility

Secondary infertility has many causes and many treatments, but not all are successful.

By LISA LIDDANE
Sunday, January 9, 2005

The Orange County Register

When couples breeze through having their first or second child, it's logical for them to believe that the door to fertility stays open.

But in some cases, the door closes.

Permanently.

Secondary infertility is becoming more common, even though it's not as readily discussed by those who have it, said Pamela Madsen, executive director of Resolve - the National Infertility Association. "Women have their first kid at around 38. Then at 40, they're not getting pregnant," Madsen said.

Aging eggs is one of the common causes, but there are others, said Dr. Lawrence Werlin, reproductive endocrinologist at Coastal Fertility Medical Centers in Irvine and Aliso Viejo. And sometimes, tests reveal no problems, so infertility can't be explained.

In other cases, treatments are available, depending on the reason for infertility.

It's crucial to get a diagnosis and, if appropriate, be treated as early as possible, because eggs grow older with each passing year, Werlin said.

But arriving at the point of getting treatment is easier said than accomplished.

Although secondary infertility is more prevalent than primary infertility, couples are far less likely to seek treatment for the former, according to a Resolve report.

Because they've been able to conceive a child, couples may be reticent to address the possibility of infertility, and therefore keep trying for more than a year.

Madsen recommended that couples in their 30s wait no more than six consecutive months of attempting to get pregnant before seeing a physician, preferably a reproductive endocrinologist.

Here, a primer on secondary infertility.

DIAGNOSING INFERTILITY

Both the woman and man receive an infertility evaluation, Werlin said.

A woman's workup includes menstrual history, pregnancy history, birth-control use, surgical and medical history.

The doctor may also do the following:

Check the thyroid for possible problems, examine the breasts to see if they contain excess prolactin - a hormone that prevents ovulation - and inspect the cervix for abnormalities.

Recommend additional tests to evaluate ovulation, the condition of the ovaries, levels of the hormones progesterone, prolactin, androgen, thyroid-stimulating hormone (TSH), follicle-stimulating hormone (FSH), and luteinizing hormone (LH).

Perform an endometrial biopsy. A small piece of tissue is taken from the uterine lining to find out if it is thick enough for an embryo to implant.

Evaluate the quality and quantity of cervical mucus.

Perform exams such as hysterosalpingogram (an X-ray using a dye), hysteroscopy (use of a tiny telescope), and ultrasound to examine the integrity of the uterus, fallopian tubes and ovaries.

- A doctor checks a man's medical and surgical history and examines the penis, testicles and prostate for abnormalities. A semen sample is analyzed for volume, ability to become liquid during ejaculation, sperm count, ability of sperm to swim, and velocity, shape and size of sperm.

CAUSES OF INFERTILITY

Many causes of secondary infertility are the same as those of primary infertility, Werlin said. But the reason a pregnancy may not occur the second or third time around is not easily understood. The body changes and ages. People acquire infections or undergo surgery that may affect fertility. Exposure to environmental toxins may increase. Stress may affect a woman's hormone levels.

The known causes include one or more of the following:

Ovulation problems: Women may have irregular or absent periods, high or low levels of certain hormones. Excess amounts or abnormally low amounts of the thyroid hormones can impair ovulation.

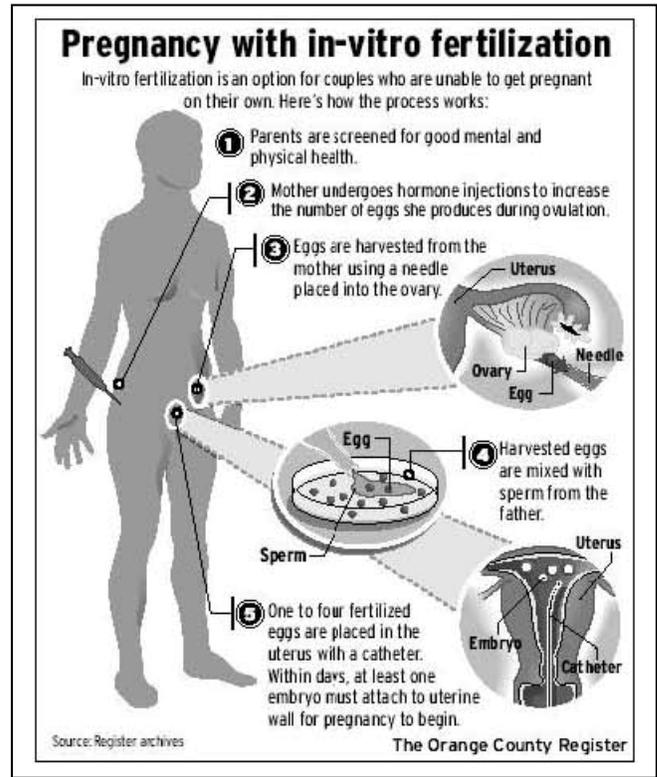
Implantation problems: Much is unknown about why an embryo may have difficulty attaching to or staying attached to the uterine lining.

Endometriosis: The lining of the uterus is found outside of the uterine cavity. There may be scarring that blocks the fallopian tubes.

Men's medical conditions: There may be blockages that affect the flow of sperm or seminal fluid, previous infections or surgery that now inhibit sperm production, ejaculation difficulty, impotence and abnormal hormone levels. Some researchers are looking at whether antisperm antibodies (defense mechanisms of the body that inhibit the sperm) can affect fertility.

Premature ovarian failure: Menstrual periods stop before a woman turns 40.

Luteal phase defect: The endometrium - the lining of the uterus - may not be ready to receive an embryo.



Sometimes, the cause of infertility remains unknown, despite numerous tests.

TREATMENTS

Medications: Drugs that induce or correct ovulation, stimulate follicle development, suppress or correct hormone levels and hormones to improve the quality of the hormone lining.

Surgery: Used to remove blockages or adhesions.

Artificial insemination: A woman is injected with sperm that has been "washed" in the lab.

Assisted reproductive technologies: The most widely used of these is in vitro fertilization, which involves removing a ripened egg from the ovary, fertilizing it with sperm, incubating the fertilized eggs in the lab and transferring the embryos to the uterus.

Copyright 2005 The Orange County Register