

## Answers to Questions for PregnancyandBaby.com 6/30/03

Lawrence Werlin is a leader in reproductive technology, research, education, and patient services and the founder and director of Coastal Fertility Medical Center. Werlin is also a principal investigator of GENESIS Network for Reproductive Health, a group of leading independent fertility specialists. He is a member of the American Society of Reproductive Medicine, Pacific Coast Reproductive Society, and the Society of Assisted Reproductive Technologies, an organization in which he held national office from 1991-2000. Werlin is currently leading a team of nationally noted infertility specialists in a continuation study regarding the effects of PGD. He was named as Orange County's Best Doctor in Infertility 1999 - 2002 and selected to the Best Doctor's in America from 1996 - 1999.

Additional information can be found at <http://www.coastalfertility.com>

1) Name: **Lawrence B. Werlin, MD, FACOG**

2) Professional title: **Reproductive Endocrinologist**

3) City and State: **Irvine, CA & Aliso Viejo, CA**

4) Affiliations with hospitals/universities, etc.:

**Irvine Multi-Specialty Surgical Care (IMSC), Hoag, South Coast Medical Center, UCI**

5) Please explain the process of timing ovulation to achieve pregnancy?

**Each month one egg is generally recruited to be the dominant egg in the cycle. As this egg develops and grows, hormonal changes occur which trigger the process of ovulation. This process involves releasing the egg from the follicle which is the structure in which the egg develops. The egg remains viable for approx. 24 hrs. If one were to try to successfully achieve a pregnancy, clearly timing is of the utmost importance.**

What signs must a woman look for? **As the egg is developing estrogen levels will rise. As this occurs the mucus becomes very thin, very clear, and very sticky. These are signs that indicate ovulation is imminent.**

6) What are the most reliable devices to use in determining ovulation - from OPKs to charting ovulation? **The easiest and probably most reliable devices to use to document ovulation are urinary ovulation prediction kits. These kits utilize the fact that at the time of ovulation, the hormone LH is dramatically elevated in the blood, which will later correspond to demonstrating this hormone in the urine.**

7) What advice do you offer to a patient who comes to you and says she wants to get pregnant - How do you best prepare her to take charge of her fertility and learn when the optimum chances of achieving pregnancy are?

**Timing is by far the most critical factor in trying to achieve a successful pregnancy. It is important that a woman understand what changes occur in her cycle, and what they mean, so that she may use these factors as sign posts to knowing when best her chances are to achieve a pregnancy. For example, when her mucus begins to change, and become thin, clear and sticky, she is close to ovulation.**

8) At what point is the best chance of getting pregnant - what point in the ovulation cycle?

**It is important to remember that the egg remains viable (fertilizable) for a 24 hr period. Thus once a month the patient has the ideal chance to successfully achieve a pregnancy. In looking at a woman's cycle, the only fixed part of the cycle is from the time of ovulation,**

**to the onset of menses, this measures 14 plus or minus 2 days. So, for example if a woman has a 28 day cycle, ovulation will most likely occur somewhere between day 12 and day 16.**

9) Regarding intercourse - do you recommend patients have intercourse every day during ovulation or is it better to "skip a day"? What are the reasons for either explanation.

**If a patient utilizes an ovulation prediction kit, I would recommend intercourse on the day of color change, as well as the next. If a woman has regular cycles, for example 28 days, then I would recommend intercourse beginning on day 10 through day 18 every other day.**