



THE HEALTH PROVIDER

THE OFFICIAL NFPB NEWSLETTER

October - December 2020

CONTENT

Editorial **1**

QUIZ **2**

Live Series 'Sex and You'

Q&A **3**

A POINT TO PONDER **7**

In addition, as a lead up to the series on-line users were teased with questions on the subject area to test their knowledge. Now it's your turn to see how well you can do. We would suggest that you read the Q&As derived from the content of the Live Series. At the end attempt the Quiz to see just how much you learned or knew before reading this newsletter.

This quarter's edition will be the first of two dedicated to the subject of Assisted Reproductive Technology. So look out next quarter will have more insights.

In closing, we are imploring you to protect yourself and those around you from the coronavirus by observing social distancing, sanitizing, wearing a mask and as much as possible staying at home. All the best.

MATERNAL CARE MATTERS LIVE SERIES

TOPIC: **Assisted Reproductive Technology**

OCT. 29. 2020 / 6:30 PM

GUEST SPEAKER:
DR. LEROY CAMPBELL
OB/GYN, DM, FACOG

GUEST SPEAKER:
DR. NASTASSIA TATE
CONSULTANT OB/GYN

HOSTED BY:
NICKEISHIA BARNES
TREATMENT LIAISON OFFICER
NFPB

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Editorial:

Recently the National Family Planning Board (NFPB) hosted a Live Series 'Sex and You' focusing on Maternal Health Care, on Instagram. One of the programmes in the series focused on Infertility and Assisted Reproductive Technology. Our guest presenters were Dr. Nastassia Tate, Consultant Obstetrician and Gynaecologist and also Dr. Leroy Campbell, Obstetrician and Gynaecologist. The Moderator was Miss Nickeishia Barnes, Behaviour Change Coordinator – Public/Private at the NFPB. There was a lot of valuable information that we gleaned in the discussion that ensued which we believe makes excellent material for the continuing education of health care providers. For purposes of the newsletter we have paraphrased and condensed her responses to the questions.



Both men and women can contribute to infertility.



source: <https://www.cdc.gov/reproductivehealth/infertility/index.htm>

Quiz

1. After how many months of unprotected sex, that does not result in pregnancy, would you think that there is an infertility issue?

2. What are the factors that contribute to increased risk of infertility in both men and women?

3. Can infertility be naturally reversed?

4. What are the options available if a person or couple are experiencing infertility challenges?

5. Name one(1) form of assisted reproductive technology

6. How can society positively support individuals and couples who are infertile rather than stigmatise them?

7. Which is the greatest deterrent to person's accessing assisted reproductive technology?

a. Fear b. Lack of knowledge c. Lack of Universal Coverage d. Cost

8. Name the most sought after reproductive assisted technology.

Live Series 'Sex and You' Q&A

Q: What is infertility?

A: Infertility is the inability to conceive after a couple has been having frequent and unprotected sexual intercourse for one (1) year.

You won't get pregnant if you are having sex every couple weeks, once per month, every couple months. By frequent we mean 3 to 4 times per week, or having sex around your ovulation period. You can only get pregnant if you have sex around your ovulation period and the egg is fertilised. Invariably if you have sex once per month, it is very likely that it is not around your ovulation period. Some people have sex once per week and get pregnant but that is because they had sex around their ovulation period.

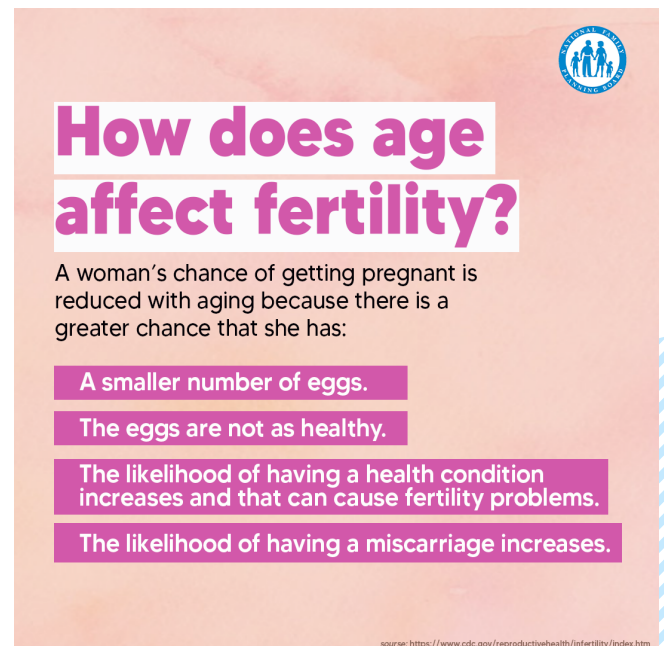
If you are having protected sex, if you are on contraceptives to prevent ovulation then you won't get pregnant.

For females 35 and older the timeframe of one year has decreased significantly from 12 months to 6 months. Physiologically, when we are born female we have between 1 million to 2 million eggs. By the time we start our reproductive lives, say 9 to 12 years old, then the eggs decrease to about 300,000. By the time we are 35 to 37 years it is about 27,000 to 30,000 eggs and then the decline is very rapid because our ovarian quantity, that is the number, and quality of eggs has decreased significantly.



Q. What is the best age range for a woman to try and become pregnant?

A: Going off your ovarian function, ovarian quantity and quality, it is between your 20s and early 30s that's the ideal time.



Q. Do males step forward to have the discussion about ART?

A: Sometimes the male is pushing the discussion and want to do the evaluation. But more often than not it is the female who takes the lead.

Q. Can invitro-fertilisation be investigated with surrogacy?

A: For sure because with surrogacy, someone outside of union will be the gestational carrier for the foetus or embryo so that falls under the ambit of ART.

Q. What lifestyle (and environmental) factors can contribute to infertility in both men and women?

A: For the female she has to be ovulating, the tubes have to be patent, and the uterus has to be receptive for implantation. All 3 areas must be working normally. In men - adequate sperm count, sufficient motility (speed), sperm must look normal and function normally; and the fluid in which the sperm moves has to be receptive for transportation.

Factors common to men and women:

1. Obesity can reduce men's sperm motility and count. In females, it can affect ovulation.
2. Smoking - tobacco, marijuana, decreases sperm motility and count.
3. Alcohol.

Factors common to women:

1. Scarring or blocking of Tubes - if they have Pelvic Inflammatory Disease (PID). PID is caused from not treating or inadequately treating sexually transmitted infections.
2. Unaware of presence of a STI - that affects the lining of the uterus and the tubes that can cause blockage or damage.

3. Increased risk of pregnancy - early sexual initiation, having multiple sexual partners, and/or your partners have multiple partners;
4. Unprotected sexual intercourse; and
5. Polycystic Ovarian Syndrome (PCOS) - the female does not ovulate every month and has irregular periods.

Q. If a woman has not been able to become pregnant having used the injectable contraceptive Depo Provera and stopped for almost a year should she be concerned about infertility?

A: What needs to be asked is whether or not her periods have returned and are they regular. When using hormonal methods (for example Depo Provera, Jadelle, Mirena) your period stops (amenorrhoea). These methods work to prevent ovulation. But once off the method, the body takes a little while to regain its rhythm and return to fertility. Return to fertility can take anywhere from months to up to two years. If her period has not come back it is recommended that she visit the gynaecologist for them to help her regulate her cycle. If she has a regular period then other causes will be evaluated.

Q. Is there a possibility you can get pregnant after being treated for PID?

A: After being treated for PID, once there is no scarring or blocking of the tubes then there is no reason why a woman should not be able to have a baby. Remember that treatment is individualised.

Q. How do women know when they are ovulating?

A: The easiest way to figure it out is to use a 28 day cycle. Figure out if you are like the typical women who has a 28-day period. You typically ovulate 14 days before your next cycle/period. So for example if it is that you see your period on the

Q. Can you become infertile after an abortion?

A: There is no straightforward answer to this question. However, if the person did a D&C (that is, Dilation and Curettage) where there is the scraping of the lining of the womb and that is done repeatedly for multiple abortions, sometimes the womb is not so receptive for implantation. If they had used the tablets to induce an abortion then it should not influence the lining of the womb and cause infertility. Repeated and excessive D&Cs can cause infertility.

Q. How do you determine that there is an issue of infertility for an individual or a couple?

A: An indicator is the patient's complaint about the inability to conceive. If for more than one year they have been having sex frequently and still have problems conceiving, then the doctor determines if it is

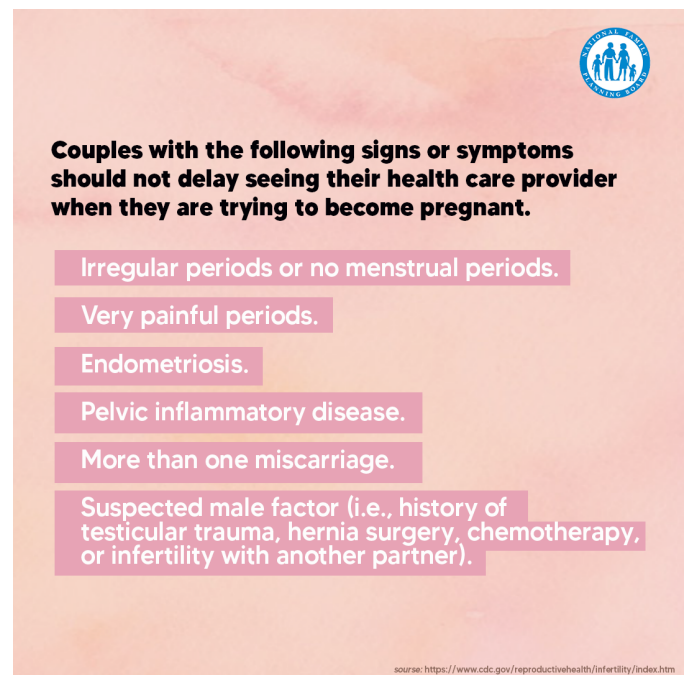
- a male factor
- a female factor,
- a combined factor or
- an unexplained or unidentified factor.

If the patient has risk factors for infertility then an evaluation is recommended to be done earlier.

Often infertility is assumed to be a problem with the female, but in actuality in 1/3 of cases it's the female factor; 1/3 it's the male and other 1/3 a combined or unexplained factor.

In our culture, females are more willing to visit the doctor and be tested, males are usually the reluctant party. Since it is an issue that affects the couple, the couple needs to be evaluated. With the definition and based on history and the examination the physician can narrow down

the underlying cause of infertility and it can be addressed directly. It may be due to an ovulatory dysfunction (that is, the female is not ovulating adequately). This would be investigated and treated accordingly. Similarly, if the issue is sperm production - quantity and quality - it is addressed when an investigation is conducted and treatment recommended.



Q. What is Assisted Reproductive Technology?

A: Assisted Reproductive Technology is a broad definition that includes anything else that medical personnel have to do in order to aid reproduction. When people speak of ART usually they reference In-vitro fertilisation -that involves the treatment of sperms and of eggs, fertilisation occurs in a Petri dish in a lab and then it is re-implanted into the womb. However there are different aspects and variations to ART.

Depending on what is causing your infertility - a male or female factor - what's offered to you for treatment may differ from that for someone else.

first day of the month and it comes again on the 28th or 29th day of the same month, then you would have ovulated 14 days before that.

A 32 or 30 day cycle is also normal, in those cases it means you ovulate 14 days before your next cycle begins. Patients sometimes know when they are ovulating because they have abdominal pain. The pain is caused when the ovulation cyst bursts. There are tests that are available over-the-counter that can confirm if you are ovulating.

Q. What support and encouragement can society provide to persons facing infertility?

A:

- Do not interfere and belittle.
- Stop talking about it/asking persons about the fact that they do not have children as it is insensitive to pry. It has a psychological effect on the individual and can impact the union.
- Allow the impacted individual to broach the subject.
- Remember not everyone wants children.
- Couples should support each other if one or both have a fertility challenge.
- Everyone has a different path to travel. We each have to own our path.
- Encourage them to get evaluated, they must know what they want, accept what they have, and plan how to get to what they want.

Q. Does incompatibility between the persons in the union affect fertility?

A: If it is in relation to sexual incompatibility then it shouldn't. For if the individuals are having sex, the woman is ovulating and the male is ejaculating and egg and sperm meet then fertilisation should take place. Once there is ejaculation with adequate number of sperm with good motility and they look normal and once the

female is releasing an egg, tubes are patent, the womb is receptive to implantation, then pregnancy and reproduction should occur.

Q. Can infertility be naturally reversed?

A: More persons are aware and interested in natural remedies for medical problems.

Attention to general health and wellness will lead to improved health and wellbeing. Our overall health contributes to our fertility. The less healthy we are the greater the risk of fertility issues. Exercise, nutritional habits (smoking, alcohol use, excess caffeine) need to be considered. Admittedly, our challenge is with the lack of extensive available data and research, or what is available is not as robust and concrete on many of the herbal remedies.

Recommendations have been made for Folic acid, CoQ10 (that is Coenzyme Q10), blends of varying supplements for example fertility blends. Even as research may not support the use of a supplement the reality is that infertile couples are willing to try anything as long as it doesn't harm them.

Lifestyle changes should also be looked at as they will be beneficial for fertility and for our overall health.

Q. Where can persons in Jamaica and the rest of the Caribbean explore the possible options of in-vitro fertilisation, surrogacy. Where are those services available ?

A: In Jamaica - The Hugh Wynter Fertility Management Unit, at the University Hospital of the West Indies; while in Barbados there is a centre that provides this therapy. However, it should be noted that not all conditions of infertility require IVF. There are many cases that can be treated with medication before we get to IVF.



**Through the Hugh Wynter
Fertility Management Unit,
UHWI, the following ART
is offered:**

In-Vitro Fertilization

IUI

**SSR (surgical sperm removal/ICSI
(Intracytoplasmic Sperm Injection))**

Gamete Donation

Egg Freezing

Q. What are some of the procedures a patient would have to be tested for to see if they are infertile?

A: Aside from them trying for some time, the older the couple (over 40) the less time it is suggested that they wait for assessment. The doctor will interview them, review their history, underlying illnesses, sexual practices, perform physical examinations. The doctor will then treat the underlying cause.

In females, specific tests are conducted as the underlying cause may be a hormonal issue affecting ovulation, obstructed tube from previous infection or another issue, damage to the lining of the womb from previous infection or surgery, or abnormality in womb.

For the man, the assessment tests are to determine sperm count, structure and function of the sperm. A health profile is done and this is important to acknowledge that as persons get older they have more chronic illnesses.

If the female has chronic illnesses they may have to be treated to optimise her health before she

pursues pregnancy. If the issue is a hormonal imbalance more often than not it has to do with PCOS.

For young couples having sex they have an 85% chance of conceiving naturally. Health care providers should advise on lifestyle and timing of intercourse.

A POINT TO PONDER

At an estimated cost of \$200,000, would you pay for medical services to increase your likelihood of becoming fertile, if you found out you were infertile?

STAY COVERED.

PROTECT YOURSELF

PROTECT YOUR FAMILY.

- Wear mask in public spaces.
- Wash your hands regularly (with soap & water).
- Abide quarantine restrictions.
- Maintain 6 ft. distance.



CHOOSE 2:



+



(CONTRACEPTIVE INJECTION)

(CONDOM)

PREVENT PREGNANCY AND STIs



USAID
FROM THE AMERICAN PEOPLE