

FERTILITY CONNECTION

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CONNECTICUT
FERTILITY ASSOCIATES

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CONNECTICUT FERTILITY ASSOCIATES ~ Fall 2003

Michael B. Doyle, M.D., Medical Director

New Solution Is Now Available at CFA to Overcome Infertility and to Help Prevent Miscarriages

A ground-breaking solution for patients suffering from infertility and miscarriage called pre-implantation genetic diagnosis (PGD) is now available at Connecticut Fertility Associates. The technique evaluates the chromosomes of the embryos achieved through in vitro fertilization (IVF), and screens for the most common abnormalities associated with infertility and miscarriage.

Using PGD, healthy, chromosomally normal embryos can now be distinguished from non-viable and diseased ones. This is particularly helpful for women over 35, since chromosomal problems account for a large percentage of miscarriages and infertility in these women. This is chiefly due to the fact that as a woman ages, her eggs decrease in both number and quality. Consequently, over time, a couple's chances of becoming pregnant with a healthy baby decrease, and the rate of miscarriage climbs. In fact, if a healthy 40 year-old woman in excellent health does conceive, her chances of having a chromosomally abnormal embryo are over 50% without PGD, resulting in infertility, inevitable miscarriage, or fetal abnormality.

Traditionally, the overall appearance of embryos conceived by IVF have been assessed microscopically to predict their chances of implanting. According to Dr. Doyle, pre-implantation genetic diagnosis (PGD) takes fertility treatment to a new level. By screening the genetic information contained within the embryo prior to deciding which embryos to transfer, genetically normal embryos can be selected and transferred back to the patient. "These pre-screened embryos are much more likely to implant," explains Dr. Doyle, "and when they do, the chance of a problem is much lower."

According to Dr. Levi, PGD has great potential to evaluate the cells of embryos for abnormal numbers of specific chromosomes. Dr. Levi explains, "A normal embryo must have 46 chromosomes in the right combination to enable normal viability – 23 from the mother and 23 from the father. If the early dividing cells do not equally divide and distribute these chromosomes equally and in the right way, then chromosomal errors can result. This occurs more often in older women and a significant reason why fertility declines and miscarriage increases with advancing female age. This also explains why chromosomal problems and many birth defects increase with increasing age of the female partner."

Infertility and miscarriage can be extremely frustrating and stressful to couples trying to conceive. We are very excited to be able to offer pre-implantation diagnosis at CFA, a revolutionary technique available at only a small number of fertility centers in the nation. In conjunction with other advanced reproductive techniques, PGD can help couples to conceive and have children who otherwise would have not been able to do so. For more information, please contact any of the CFA physicians and embryologists to learn more about PGD.



PHYSICIANS

Michael B. Doyle, M.D.
Andrew J. Levi, M.D.

NURSE PRACTITIONERS

Patricia O'Neill, APRN
Franci Sheehan, APRN
Jayne Fatse, APRN
Jeanne Cail, APRN

IVF NURSE COORDINATORS

Vanessa Bernardo, RN (Bridgeport)
Alice Verraastro, RN (Norwalk)

LABORATORY

Colleen Burgess
IVF Laboratory Supervisor
Karen Bailey
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EGG DONOR & SURROGACY COORDINATORS

Franci Sheehan, APRN
Colleen Iversen

BUSINESS MANAGER

Lenore Miller

PATIENT SERVICES

Wendy Parks
Front Desk Manager (Norwalk)
Casey Treat
Front Desk Manager (Bridgeport)

CFA News

CFA is pleased to announce its affiliation with The American Infertility Association

The American Infertility Association is a national non-profit organization dedicated to assisting women and men facing decisions related to family building and reproductive health – from prevention and treatment of infertility to social and psychological concerns. The mission of The AIA is to serve as a lifetime resource for men and women needing reproductive information and support and to forward the causes of adoption and reproductive health through advocacy, education, awareness building and research funding.

Visit their website at www.americaninfertility.org

UPCOMING CFA LECTURES & WORKSHOPS

"UNDERSTANDING INFERTILITY"

Wednesday, September 17th 7 – 9p.m. New Haven Public Library
Thursday, October 2nd 7 – 9p.m. Norwalk Hospital
Wednesday, December 3rd 7 – 9p.m. Milford Hospital

"UNDERSTANDING EGG DONATION"

Wednesday November 19, 7 – 9p.m. ~ New Haven Public Library



Questions? Please visit us at our website: www.CtFertility.com

What's New?

CFA offers free monthly IVF teaching seminars.

These lectures are a great opportunity for you to ask questions, tour the new state-of-the-art IVF suite, and meet the Embryologist and IVF Team!

Tuesday, August 12, 7:00p.m.
Tuesday, September 9, 7:00p.m.
Tuesday, October 14, 7:00p.m.
Tuesday, November 11, 7:00p.m.
Tuesday, December 9, 7:00p.m.

All seminars held at CFA
4920 Main Street
Bridgeport, CT 06606
(203) 373-1200

Call to reserve your space at these exciting and informative lectures!



Announcing A Newly Approved IVF Study at CFA!!

Development of a grading system to predict implantation rate of advanced embryos.

CFA's new video is now available: ask for your copy, or check our website.

New financing and payment plans are now available through CFA's Billing Department. Ask us about them, including Personal Financial Systems. Or log on to our website for more information or loan application materials.

Women's FERTILITY & WELLNESS Symposium

Sunday, October 26, 12-5
Trumbull Marriott Merritt Parkway

Watch for details...



The Truth About Infertility: "Ovarian Reserve" Testing

More excerpts from Dr. Andrew Levi's book

1. "Ovarian reserve" refers to the quality and quantity of robust eggs that a woman has remaining that are capable of being fertilized, that can then implant in the uterus, and that will ultimately lead to the birth of a child.
2. Egg quality and quantity do not always correlate with a woman's age. Declining ovarian reserve can be the source of infertility in even young patients.
3. Ovarian reserve testing is simple and easy to perform. It usually involves blood testing at a specific time in the menstrual cycle.
4. Screening of ovarian reserve should be considered in all women experiencing infertility, regardless of age.
5. The easiest test to perform is to measure a follicle stimulating hormone (FSH) on day 2, 3, or 4 of the menstrual cycle. FSH is a hormone made by the pituitary gland in the brain and when elevated, is a sign that ovarian reproductive function may be waning.
6. In some patients, a Clomiphene Citrate Challenge Test (CCCT) can be used to further assess a patient's ovarian reserve. This test involves checking the FSH level on day 2, 3, or 4 of the cycle followed by the oral administration of 100 mg of clomiphene citrate (Clomid) from days 5-9 of the cycle. The FSH is again measured on day 10. An abnormal value on day 3 or 10 can be a sign of declining ovarian function. Some women who have "normal" FSH values early in the menstrual cycle are found to have abnormal test results on day 10.
7. A woman may be tested during more than one menstrual cycle in order to best assess her ovarian reserve.
8. Additional tests may need to be performed to further assess a woman's ovarian reserve before a fertility treatment is initiated.
9. When a woman is found to have diminishing ovarian reserve, it is important to be aggressive with treatment. Many patients will conceive if treated appropriately.
10. It is very important to always consider the age of the patient, even when testing is "normal". Treatment in women over the age of forty should often be aggressive, even if ovarian reserve testing does not reveal an abnormality. Women over the age of forty have a harder time conceiving compared to younger women, regardless of test results.



Andrew Levi, M.D.

Ask Our Staff

Questions submitted through AskUs@Ctfertility.com

Q: My sisters have endometriosis, and I have heard that it runs in families. I have no symptoms, but I wonder if I should be concerned?

A: Endometriosis involves the retrograde (backward) flow of a woman's menstrual period, into the pelvis. This tissue can then implant and cause inflammation and scarring, which can lead to pelvic pain and infertility. The classical symptoms associated with endometriosis include pelvic pain, painful menstrual periods, pain with sexual intercourse, and infertility. While endometriosis may be hereditary, many women who have endometriosis may not have symptoms. If you have a family history of endometriosis (especially sister or mother) and are concerned about your fertility, your physician can help you understand more about this condition and what can be done to help make a diagnosis of endometriosis and select an appropriate treatment option.

Q: What is involved with egg donation? How do you get your donors? I am 44 years old and am seriously considering using egg donation? What are the risks?

A: Egg donation involves both an egg donor and a recipient. At CFA, this process is almost always performed anonymously, unless someone wishes to use a relative or close friend. Donors between the ages of 21-32 undergo intensive medical, genetic, and psychological screening. Donor and recipient couples are then anonymously matched. Following that, egg donors take medications that stimulate their eggs to grow while recipients take medications to prepare the uterus for implantation. The eggs are removed from the donor and fertilized in our laboratory by in vitro fertilization (IVF). A few days later, usually two fertilized eggs, now called embryos, are transferred to the recipient. Because the eggs used are from young donors, there are very few risks and the rates of success are high.

Q: I have recently been diagnosed with polycystic ovaries (PCOS) and am having difficulty finding information about my condition. HELP!!

A: Polycystic ovarian syndrome, or PCOS, is a very common condition affecting many reproductive-aged women. It is usually characterized by irregular periods; and sometimes high levels of "male" hormones (such as testosterone) causing oily skin, acne, and/or excess facial hair. Ovaries of women with PCOS often contain many small follicular cysts that are characteristic of a lack of ovulation. PCOS is a very common cause of female infertility. It can also be related to weight gain. Perhaps the best way to obtain more information about PCOS is to meet with your physician. CFA physicians are experts on PCOS and can help you to learn more about this common problem.

Q: What are uterine fibroids? How common are they? Do they cause infertility? How quickly do they grow?

A: Uterine fibroids are benign smooth muscle growth within the uterus that affects many women. They affect anywhere from 20-30% of all women. They can cause pain, excessive menstrual bleeding, and can impact reproduction. They typically do not cause infertility unless they block the connection between the fallopian tubes and the uterus. However, if large enough and located in the right location, fibroids can inhibit embryo implantation; hence, they are associated with early miscarriage.

New Hope for Patients Suffering from Recurrent Miscarriage

by Michael Doyle, MD, and Andrew Levi, MD,
Connecticut Fertility Associates

A miscarriage can be a terrible loss for any couple, but when it happens more than once, it can be devastating. Fortunately, for people experiencing recurrent pregnancy losses, proper diagnosis and treatment can lead to a successful pregnancy.

There are many causes of recurrent miscarriage. These include:

- genetic abnormalities
- hormonal imbalances
- structural problems, such as fibroids, polyps, or scar tissue
- autoimmune and clotting disorders
- environmental factors, including smoking
- decreased egg quality – often as a result of normal aging

Diagnosis can be made through blood tests, X-rays, or ultrasounds of the uterus; obtaining a biopsy of the uterine lining; or by culturing the cervix for infection.

Treatment options include outpatient surgery, hormone supplementation, a course of antibiotics, or taking blood thinners daily, depending on the problem.

However, more advanced treatments, such as in vitro fertilization (IVF) with preimplantation genetic diagnosis (PGD), are used when the cause of the miscarriage remains unexplained. After the eggs are fertilized in the laboratory, PGD is used to sort healthy embryos from genetically unhealthy ones, and only those healthy ones are transferred back to the patient. This exciting new option is now available in our community.

In some patients, the eggs can be fertilized but do not lead to a successful pregnancy. For these patients, egg donation is an exciting treatment option with extremely high pregnancy rates and successful delivery of a healthy child.

While recurrent pregnancy loss is a difficult challenge, new tests and treatments increasingly lead to successful pregnancies. For many patients, the answer is simple. For others, newer technology is needed, including preimplantation genetic diagnosis and egg donation.

DO YOU HAVE QUESTIONS?

E-mail them to us at Askus@CtFertility.com

CFA OFFERS SURROGACY OPTIONS FOR WOMEN AND COUPLES

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Types of Surrogacy

There are three different types of surrogacy arrangements.

Traditional (AI) Surrogacy occurs when the egg of a woman is artificially inseminated with the sperm of the intended father, and she then carries that pregnancy to term.

Gestational Surrogacy occurs when a woman agrees to carry embryos that were formed through in vitro fertilization (IVF) from the eggs and sperm of the intended parents, and were transferred into her uterus. Unlike a surrogate, who donates both her egg and uterus, a gestational carrier donates only the uterus to carry a pregnancy.

Donor Egg/Gestational Surrogacy occurs when a woman is unable to carry a pregnancy, and also unable to produce healthy eggs, so eggs donated by one woman are used and placed into the uterus of the gestational carrier.

CFA's Gestational Carrier Program

A gestational carrier is often utilized when a woman cannot carry a pregnancy to term, but does produce healthy eggs. For example, a woman who has had her uterus removed, or a woman who has a severe medical condition which makes pregnancy extremely risky or impossible, will often turn to a gestational carrier. Other conditions leading to gestational carrier or surrogacy arrangements have included a malformed or previously ruptured uterus, genetic or congenital absences of the uterus, recurrent pregnancy loss of unknown cause, advanced maternal age, severe endometriosis, or other maternal conditions (kidney disease, advanced diabetes, severe heart disease, clotting disorders, to name a few).

For more information, log on to www.CtFertility.com; or call us.

Philosophy and Approach



At CFA, we understand and coordinate the complex medical, psychological, social and legal issues which surround the use of a gestational carrier.

We perform extensive medical, psychological and legal screening to locate an ideal carrier for you, and our team of our experienced attorney consultants oversees the associated legal work, including all contracts and court-mediated adoption proceedings. CFA's Financial Manager also assists in securing maximal insurance coverage whenever possible, and can provide short- and long term- financial options when possible.

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