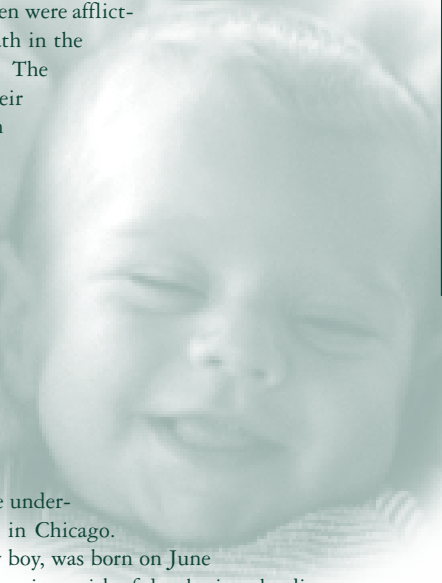


## Miracles Happen: It Only Takes One!!!

Michael and Cindy Stanton were blessed with the birth of their first child, a beautiful daughter on Christmas Eve 2000. The birth was easy and the joy from their baby so great, they decided to immediately expand their family. Five months later, Cindy was pregnant again. By the time Cindy was six months pregnant, their daughter exhibited low muscle tone. They went to several specialist doctors raising concerns about the second pregnancy but in the absence of any concrete diagnosis they were advised to proceed with the pregnancy. In March of 2002, their son was born. Shortly after, their worst fears were realized as their son developed identical problems. By the end of 2002, it was discovered both children were afflicted with a rare and serious genetic leukodystrophy disease, which affects the myelin sheath in the brain. Although Cindy was completely healthy, she was somehow a carrier of the disease. The condition which doctors said could be fatal, affects the children's ability to control their muscles and all coordination functions. Cindy and Michael moved to Connecticut from New York City, and invested heavily in physical therapy. Their children, who are now 5 1/2 and 4, have improved greatly, though they can only walk with canes.

Cindy and Michael decided to have a third child, but could not risk having another child afflicted with the same disease. Through research the Stantons learned about PGD and IVF, and discovered that only one PGD lab in America, located in Chicago, had experience in developing genetic probe for this type of leukodystrophy disease. The Stantons sought the assistance of Dr. Michael Doyle and Connecticut Fertility Associates. Dr. Doyle was, "hopeful that we could help the Stantons achieve their goal of a healthy baby. On Cindy's first cycle 23 eggs were retrieved, but only one healthy embryo remained after the PGD testing, which was transferred."

Now a year later, Cindy and Michael are happy to share the great news, "Dr. Doyle understood our concerns and most importantly agreed to help and work with the PGD lab in Chicago. That single embryo resulted in a successful pregnancy. Our miracle child, a healthy baby boy, was born on June 22, 2006". Genetic testing has confirmed that the baby has no trace of the gene, and there is no risk of developing the disease.



4920 Main Street  
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**MICHAEL B. DOYLE, M.D.**  
**NORA R. MILLER, M.D.**  
**SHAUN C. WILLIAMS, M.D.**

CONNECTICUT  
FERTILITY ASSOCIATES



### UPCOMING EVENTS

#### MILFORD HOSPITAL SEMINAR

Milford Hospital Seminar: Genetic Counseling, Is it Right for You?  
Michael Doyle, MD  
and James Speer, MS  
September 13, 2006, 7:00 pm

#### FREE WORKSHOPS

In Vitro Fertilization:  
Is it Right for You?  
Bridgeport Office  
October 10, 2006, 7:30 pm  
November 14, 2006, 7:30 pm  
December 12, 2006, 7:30 pm

#### WELLNESS SYMPOSIUM

Michael Doyle, MD, Nora Miller, MD,  
Shaun Williams, MD  
Bridgeport Office  
October 14, 2006, 10 am to 1 pm

#### GRIFFIN HOSPITAL SEMINAR

Misconceptions about Conception  
Michael Doyle, MD  
November 1, 2006, 6:30 pm

#### RESOLVE WEB CHAT

Miscarriage: New Advances in  
Treatment and Prevention  
Michael Doyle, MD  
Location: www.northeast.resolve.org  
November 1, 2006, 8:00 pm

#### FAMILY BUILDING SYMPOSIUM

RESOLVE'S National Infertility  
Awareness Week  
Nora Miller, & Shaun Williams, MDs  
Stamford Hospital  
November 4, 2006, 9:00 am -1:00 pm

#### CFA'S 15TH ANNUAL REUNION

Roomfull of Miracles  
Hosted by Michael Doyle, Nora Miller,  
Shaun Williams, MDs, & the CFA staff  
Maritime Aquarium, Norwalk  
November 5, 2006 12:00 to 4:00 pm

#### AFA WEB CHAT

Been There, Done That: Experienced  
Patient Q & A  
Michael Doyle, MD  
Location: www.theafa.org  
December 5, 2006, 8:00 to 8:00 pm

## CFA Launches [www.EggDonorMatch.com](http://www.EggDonorMatch.com)

Egg donation can offer exciting options for many couples to build their families. Patients for whom traditional treatments such as artificial insemination or in vitro fertilization have failed, are now turning to egg donation to achieve parenthood. In the past year alone, CFA has successfully matched over 75 couples to egg donors.

Egg donors are healthy non-smoking women between the ages of 21 to 32 who are chosen after rigorous screening. According to Colleen Iversen, CFA's Donor / Surrogacy Coordinator, "We begin the process by looking at medical, genetic, and psychological criteria, and then quickly move on to physical characteristics including blood type, weight and body type, hair color and type, eye color, age, religious or cultural background, educational background, previous pregnancies, occupation, special interests, musical talents, and an availability for additional donations. We also provide a detailed family history, results from psychological screening, personal essays written by the donors, and even photographs (current, childhood, and family) to give the recipient of donated eggs maximum information, choice and comfort."

The profile summaries for each donor, which contain over 30 pages of details, can be viewed on-line at [www.EggDonorMatch.com](http://www.EggDonorMatch.com). Profiles may be accessed with the use of an assigned personal password, allowing the entire process to occur privately and confidentially. In most cases the donation is a fully anonymous process, which assures confidentiality and eliminates any potential future legal issues. CFA egg donors are also limited in their frequency to donate, to prevent repetitive donations, particularly within the same geographic region.

Says one patient, "My biggest fear was that I would not be able to find someone whose eggs could blend into my family, or that I would not feel connected to the baby. I was amazed at how many incredible donors I was offered, and that they were ready to begin immediately. Other practices were not able to offer me the choice, had waiting lists over a year long and had the same donors being used over and over again. I didn't want to waste a year waiting to conceive. I wanted a baby NOW. And CFA understood, and made that happen. Thank you CFA and Dr. Doyle."



**CFA's Egg Donation Counselors  
Lorrie Mirizio  
Sharron Steere,  
RN and Colleen Iversen.**

Visit our current donors at [EggDonorMatch.com](http://EggDonorMatch.com)  
Or to learn more email us at [eggdonation@CTfertility.com](mailto:eggdonation@CTfertility.com)  
or call 203-373-3447



## Let us check your insurance coverage

Your fertility benefits may be better than you think. Let us check.

The State of Connecticut now requires that most insurance companies provide coverage of infertility diagnosis and treatment for women under 40.

#### The legislation includes:

- Lifetime maximum benefit of 4 cycles of fertility medications
- Lifetime maximum benefit of 3 cycles of intrauterine insemination (IUI)
- Lifetime maximum benefit of 2 cycles of in vitro fertilization (IVF)

Learn your options, and check for "loopholes." For example, the law does not apply to employees in self-insured plans, and requires that you have maintained coverage under your current policy for at least 12 months.

For more information about what this new law means for YOU in terms of testing and treatment options, speak to one of CFA's Financial Coordinators: Nina Peterson or Kim Gagne or visit our website [www.CTfertility.com](http://www.CTfertility.com) and click on "Contact a Benefits Specialist."

## Celebrate with Us CFA's 15th Annual Baby Party

Connecticut Fertility Associates will hold its 15th annual reunion, "A Roomful of Miracles", on Sunday afternoon, November 5th at the Maritime Center in Norwalk from 12-4 pm. The CFA medical team is proud to host the 350 Connecticut babies, and their proud parents, all the result of successful CFA treatments during the past year.

Dr. Michael Doyle, Medical Director, CFA's Medical Director since the center opened in 1991, wants to honor this special anniversary by extending the invitation to all the CFA miracles that have come into the world during the past 15 years. Drs. Doyle, Miller and Williams are all looking forward to seeing the newborns, children, and now even college students that are part of our family. Insists Dr. Doyle, "We are honored to have helped build these families, and excited to reunite in celebration."

This annual event celebrates success in family building and expresses appreciation through giving to others less fortunate. The reunion attendees will participate in a fundraising drive for the Make-A-Wish Foundation of Connecticut, [www.ct.wish.org](http://www.ct.wish.org). To RSVP for the reunion



## DO YOU HAVE A QUESTION?

E-mail us at

[AskUs@CTfertility.com](mailto:AskUs@CTfertility.com)

## Genetic Counseling Program Provides Screening & Services to Optimize Your Goal: A Healthy Baby

While the vast majority of babies are born healthy, approximately 2 to 3% of all babies are born with some type of birth defect or genetic condition. Genetic counseling is the process of providing individuals and families with information and support on the nature, inheritance and implications of genetic and related conditions. CFA's Genetic Counseling Program offers tests to assess the risks for passing on various genetic diseases.

James W. Speer, MS, a Certified Genetic Counselor on staff at CFA, believes that the optimal time to perform genetic testing is before a couple begins trying to conceive. With a specialized graduate degree in the areas of medical genetics and counseling, Mr. Speer meets with patients and determines which genetic conditions are the most appropriate to screen based on family history and ethnicity.

According to Jamie, "Genetic counseling is most helpful women who are age 35 or older, couples with recurrent miscarriages, individuals with family histories of birth defects and/or genetic conditions, patients planning fertility treatments such as intrauterine inseminations (IUI), in vitro fertilization (IVF) and pre-implantation genetic diagnosis (PGD)." Couples with male factor infertility, patients with questions regarding genetic screening or gender selection, prospective egg donors and directed semen donors, as well as newly pregnant patients who are over age 35 or who have questions regarding prenatal testing options, would also benefit.

Once a couple's risk of genetic concerns is assessed, treatments can be offered. For example, in vitro fertilization (IVF) using PGD can be used to distinguish healthy, chromosomally normal embryos from nonviable and diseased ones. As Dr. Miller explains "For women over 35, this is particularly helpful 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. 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. Michael 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 more likely to implant", explains Dr. Doyle, "and when they do, the chance of a problem is lower."

In other instances, family genetics (regardless of age) is an issue. Mr. Speer has found that, "Most of the genetic screening tests for such conditions, which are inherited in an autosomal recessive manner, require that both parents be tested, since both parents would need to be carriers in order to have an affected child. It is common for the female partner to be tested initially, and if she is found to be a carrier for a particular genetic condition, it is recommended that the male partner consider testing. If both members of the couple are carriers for the same genetic condition, I review the implications of these results, and discuss appropriate testing options."



Screening for the following genetic disorders are available: Cystic Fibrosis, Sickle Cell Disease, Alpha Thalassemia, Beta Thalassemia Fragile X Syndrome, and for conditions with increased frequency in the Ashkenazi Jewish population: Tay-Sachs disease, Canavan disease, Familial Dysautonomia, Fanconi Anemia group C, Bloom syndrome, Gaucher disease, Niemann-Pick disease type A, Glycogen storage disease type 1A, Maple syrup urine disease, and Mucopolysaccharidosis type IV.

**Mr. Speer is available for consultations on Tuesdays and Fridays at CFA's Bridgeport office. Would you like to learn more? Email: [jamie.speer@CTfertility.com](mailto:jamie.speer@CTfertility.com)**

# Q&A Ask The Doctors

Answers to your frequently asked questions.

**Q: What is the most important part of the semen analysis? Also my husband travels a lot and we wondered about freezing his sperm. Does CFA offer that?**

A: Abnormalities which may not allow enough sperm cells to "swim" to an egg and fertilize that egg are crucial to identify. It is necessary to know how many sperm cells are present in a sample (concentration), how much sample is typically produced (volume), and how many of the sperm cells are actually swimming (motility). There are normal ranges for all of these aspects below which pregnancies happen less often. In addition, the shape of the sperm cell helps us understand how easy or difficult it may be for a sperm to actually bind to and fertilize an egg. The morphology score is the percentage of normally shaped cells in a sample, and as the percentage of normally shaped sperm declines, fewer pregnancies are seen.

Sperm can be frozen and stored indefinitely, and this process works very well, as long as the original sperm counts are good. There is always a loss of some sperm during the freeze-thaw process, so if the count is low to begin with, sometimes after the thaw there are too few sperm to help achieve pregnancy without more advanced techniques. Sperm cryopreservation can be used to help with timing issues, as well as to preserve the ability to achieve pregnancy in men planning treatment with chemotherapy. This is available to all couples at CFA.

**Q: What are the potential advantages of intrauterine insemination (IUI) over intercourse?**

A: IUI helps deliver much more motile sperm to the fallopian tubes at the critical times around ovulation, and is recommended to improve pregnancy rates in many instances, including: unexplained infertility; sperm issues (such as count, motility or morphology); when fertility medications (including Clomid or injectable medications) are being used; or when a cervical mucus abnormality blocks the ability of the sperm to swim in to the uterus. The sperm is first "washed" to improve the motility and to filter out the abnormal sperm which all men have, then concentrated, and then placed into the uterus by the doctor a painless procedure which is performed in the office in less than 5 minutes.

**Q: I have unexplained infertility, which means that all my tests have been normal. What types of treatments work best for that?**

For women with unexplained infertility, the goal of treatment is to increase the likelihood that pregnancy will happen in any given month. This usually involves increasing the number of eggs available while increasing the number of sperm present within the fallopian tubes at the most appropriate time. This is called superovulation with an insemination. For some with unexplained infertility, IVF can increase the likelihood of pregnancy by ensuring that many steps in the process occur—we ensure that eggs and sperm come into contact with each other in the laboratory, we ensure that fertilization takes place, we ensure that embryos are growing normally, and we ensure that quality embryos are present in the uterus. Through these controls, we see excellent pregnancy rates even with unexplained infertility.

**Q: Is there definite evidence that smoking reduces fertility?**

A: Yes, both tobacco and marijuana affect fertility in both men and women. Cigarette smoking in women accelerates the depletion of eggs in the ovaries. This makes it more difficult for a female smoker to conceive and also increases the risk of miscarriage. Nicotine, the main component in cigarettes, increases the risk of genetic abnormalities in eggs. Women who smoke also enter menopause on the average a year and a half earlier than nonsmoking women.

Men who smoke also have problems with their sperm. Smoking one to two packs of cigarettes daily increases the possibility of abnormal sperm motility (movement) and morphology (shapes of sperm).

**Q: I have had two miscarriages and now I am 42. My doctor says that I should keep trying. Do you agree?**

A: I don't agree with your doctor. To have one miscarriage is common, with 25% of pregnancy ending this way. However, to have two or more miscarriages is very uncommon and should be investigated. Testing for a possible clotting, hormonal, immune or chromosomal problem is recommended before trying to conceive again. There are treatments available, depending on what the problem might be.

Women are born with all their eggs, and as they age, the eggs inside their ovaries age along with them. As a result, chromosomal mistakes and breaks become more common with advancing female age. This causes difficulty getting pregnant for some women and for others, leads to miscarriage. A woman who is forty years or older should not just keep trying to conceive on her own. She should undergo fertility testing and treatment to optimize her chance of conceiving a healthy pregnancy as soon as possible.

## Conception Labs: CFA's Sperm Laboratory

by Dr. Shaun Williams

Semen analysis is extremely important in determining whether there is a male factor contributing to a couple's difficulty in conceiving. An analysis measures **concentration** (sperm count): how many million sperm in each milliliter of seminal fluid, **motility**: percentage of the sperm which swim normally, **semen fluid**: the thickness (viscosity), color, and the time required for the sperm to liquefy, **morphology**: shape of the sperm's head, midpiece, and tail, **volume**: the amount of total seminal fluid in an ejaculation; **total motile count**: number of moving sperm in the entire ejaculate.

While a normal semen analysis cannot absolutely guarantee fertility, abnormal results usually do reflect an underlying problem. For more information visit CFA's Male Fertility website [www.conceptionlabs.com](http://www.conceptionlabs.com) .... or just ask!



## The "Thrifty Gene" Problem

Infertility and Weight (PCOS)

By Dr. Brett M. Carr, Clinical Nutritionist, Mind Body Alliance at CFA.

If you are struggling with infertility, weight gain, high insulin levels, or polycystic ovary syndrome (PCOS), you may have what one researcher has called "thrifty genes" (*J Endocrinol Invest.* 1998). "Thrifty genes" can interfere with metabolism and fertility. Fortunately, exercise and weight loss help by promoting increased insulin sensitivity, decreasing testosterone, and improving reproductive function (*Trends Endocrinol Metab.* 2002). Stress reduction has also been shown to enhance increase fertility.

Are you taking advantage of these approaches?

Would you like to learn more?

Email: [brett.carr@CTwellness.com](mailto:brett.carr@CTwellness.com)

