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## QUESTIONS?

VISIT US  
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or E-mail them to us at  
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# FERTILITY IN WOMEN OVER 35: EVALUATION AND TREATMENT OPTIONS

Women are now more frequently having children at a later age, most often on account of career choices and marrying later. In many cases, couples decide to have children a number of years after marriage. As a result, many women are first attempting to conceive when they are in their mid- to late thirties or are into their forties. While many women are still fertile at that time, some women unexpectedly have a difficult time conceiving. Since fertility potential declines as a woman progresses through her fourth decade of life, it is very important that women over the age of 35 who wish to conceive have a good understanding of (1) when to be evaluated by a physician specializing in infertility; and (2) what treatment options are available if they are needed.

The general rule of thumb is that women should be evaluated after one year after having attempted to conceive without success. Once a woman is 35 years old, however, an investigation should strongly be considered after six months of trying. Initial evaluation should focus upon the entire couple: women should undergo an evaluation focusing on reproductive hormonal testing as well as anatomic assessment of the uterus and fallopian tubes. Men should also have a comprehensive semen analysis test performed here in our Andrology laboratory. In women with subfertility (especially in women age 35 and older), hormonal testing should always include "ovarian reserve" screening; this assessment, which is performed by simple blood testing, is an integral part of the evaluation as the results can (1) help predict whether a woman will have a more difficult time conceiving, and can (2) be used to tailor treatment regimens on an individual basis.

Treatment can consist of simple therapies to the more advanced. As a woman approaches the age of 40, we frequently recommend more appropriate, aggressive treatments. Some patients may conceive with simple monitoring of the menstrual cycle or can be successful with the addition of ovulation-enhancing medicines in conjunction with intrauterine inseminations. We are now offering in vitro fertilization (IVF) to patients in their thirties and forties as a first-line treatment, as IVF yields extremely high pregnancy rates compared to lesser therapies. For women who have poor ovarian reserve and are unable to conceive with their own eggs, egg donation (using the eggs from a young, healthy volunteer) is an option to achieve a successful pregnancy. It is important that when treating women over the age of 35, short- and long-term treatment plans should be discussed as to stay on track and to not let time slip by. For many women, time can be the enemy of reproduction.

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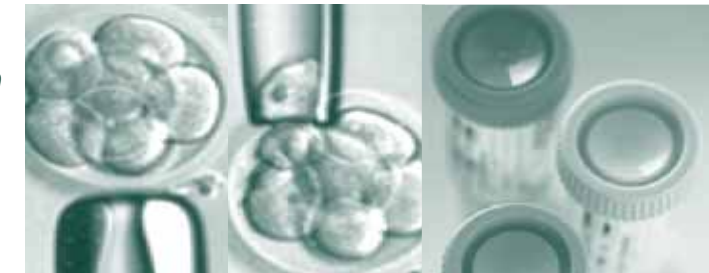
# FERTILITY CONNECTION

email us at AskUs@CtFertility.com

CONNECTICUT FERTILITY ASSOCIATES - Winter 2004

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

## Pre-Implantation Genetic Diagnosis (PGD) continues to increase pregnancy rates for many CFA patients with infertility and miscarriage



CFA's PGD Program is helping many Connecticut couples to overcome embryo-related obstacles which previously were untreatable. Specifically, by evaluating the chromosomes of the embryos achieved through in vitro fertilization (IVF), and screening for the most common abnormalities associated with infertility and miscarriage, PGD can distinguish healthy, chromosomally normal embryos from nonviable 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. 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.

In 2003, the CFA laboratory performed embryo biopsy in over 30 cases, most of which for couples with recurrent miscarriage or previously unexplained reproductive failure. Pregnancies are now ongoing in ten. According to one CFA patient, who is pregnant with twins, "Twelve of my embryos were biopsied, and only two were normal. But we chose those two, and the rest is history."

Traditionally, the overall appearance of embryos conceived by IVF have been assessed microscopically to predict their chances of implanting. According to Dr. Michael Doyle, Medical Director of CFA, "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."

## ANNOUNCING OUR NEW OFFICE IN ORANGE

Orange Medical Building  
339 Boston Post Road  
Suite 380

off exit 41 (I-95)  
See website for  
directions

Immediate appointments  
now available!  
Call 799-1200

## Learn More About RESOLVE ...

RESOLVE of Fairfield County, CT is our local chapter of RESOLVE, the National Infertility Association dedicated to educating and supporting people experiencing infertility, through public education and advocacy.

The chapter is 100% volunteer-run, and dedicated to providing timely, compassionate support and information to anyone who is struggling with family building.

Membership in the Fairfield County Chapter offers you :

- HelpLine assistance
- Physician and mental health referrals
- Monthly educational seminars
- Peer support groups
- Quarterly chapter newsletter
- Annual subscription to Family Building magazine
- Lending library
- Advocacy
- Volunteer opportunities

For more information about their programs or support network, please call their HelpLine at (203) 329-1147. Or email them at [resolvect@yahoo.com](mailto:resolvect@yahoo.com)



Stay tuned for details...

## CFA's 2003 Annual Roomful of Miracles rescheduled

This year 's Holiday Reunion which would have reunited CFA staff and the 350 babies born in 2003 as a result of CFA treatments, was rescheduled due to inclement weather, and will be held this spring at a place to be determined.

Questions? Please visit us at our website: [www.CtFertility.com](http://www.CtFertility.com)



## Women's FERTILITY & WELLNESS Symposium

Sunday, March 28, 2004  
Milford Hospital

Topics will include:  
*Reviewing the Available Tests*  
*Simple Approaches to Treatment*

*Miscarriage:  
Prevention and Treatment*  
*Advances in Male Fertility*

**Announcing A Newly  
Approved IVF Study at CFA!!**  
Development of a grading  
system to predict implantation  
rate of advanced embryos.

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



**Did you know that  
in 2003, over 350  
babies were born as a  
result of treatments  
occurring at CFA?**

PCOS results from an imbalance in hormones, and often results in irregular or absent ovulation, irregular periods, and signs of excess testosterone, including unwanted hair, balding, and obesity. Sometimes insulin resistance can be present. CFA actively screens for and treats PCOS.

## Polycystic Ovarian Syndrome

*(PCOS): Making the Diagnosis and Implementing Treatment*

Polycystic Ovarian Syndrome (PCOS) is a condition prevalent among reproductive-aged women. Women with PCOS experience irregular menstrual periods and frequently have oily skin, acne, and growth of facial hair (usually involving the upper lip and chin). In addition, about half of women with PCOS are overweight. The ovaries of women with PCOS are often polycystic in appearance on ultrasound, having multiple small cysts (often greater than twenty, each about 2-10 mm in size). The ovarian hormonal environment is dominated by testosterone, which prevents a single follicle (which houses the egg) from growing; hence, women with PCOS do not ovulate monthly and consequently have irregular periods. High levels of testosterone also circulate in the blood and can lead to acne, facial hair, and menstrual irregularity. Irregular periods often cause infertility these women.

The diagnosis of PCOS is usually made clinically by a physician (by the patient's history of irregular periods and facial hair). Ultrasound and blood testing are frequently used to confirm the diagnosis. An ultrasound demonstrates enlarged ovaries with multiple, small cysts; blood tests may show elevated "male" hormone levels (such as testosterone). Women with PCOS often have high insulin levels; while they are not diabetic, high insulin levels can contribute to menstrual irregularities and cosmetic problems.

Many women with PCOS experience irregular bleeding that can be both troublesome and worrisome. The hormone imbalances associated with PCOS often lead to cosmetic problems. Because a woman with PCOS may only have a few menstrual periods each year, she may have difficulty getting pregnant. In fact, PCOS is the most frequent cause of infertility in reproductive-aged women. Women with PCOS may also be at an increased risk for miscarriage because of hormonal imbalances. In the long-term, untreated women with PCOS also appear to be at higher risk for heart disease, diabetes, and uterine cancer.

The treatment of PCOS can be quite simple once the diagnosis is made. For women who are not trying to become pregnant, birth control pills (BCPs) can regulate a woman's menstrual cycle and can control those hormonal imbalances that cause cosmetic problems. Other medicines can be used in combination with BCPs if needed. For women who desire pregnancy, medicines such as clomiphene citrate can induce ovulation, and drugs such as metformin can lower insulin levels that may interfere with ovulation. These medicines may also reduce the risk of miscarriage. Weight loss is also important in women with PCOS, as losing even a small amount of weight can help to restore regular menstrual periods.

In sum, PCOS is a very common condition among reproductive-aged women. Once the diagnosis of PCOS is made, it is readily treatable. For those women with PCOS experiencing infertility, there are many therapies available that can result in a successful pregnancy. Most importantly, women with symptoms of PCOS should meet with their physician to confirm the diagnosis and to discuss all possible treatment options.



# Ask Our Staff

Questions submitted through [AskUs@Ctfertility.com](mailto:AskUs@Ctfertility.com)

## Frequently Asked Questions about Egg Donation

**Q: Does CFA have its own pool of recruited donors?**  
**A:** Yes, we recruit our own donors, and of list of these donors is available on our website [www.CtFertility.com](http://www.CtFertility.com)  
We presently have over forty donors available for immediate matching.

**Q: What is the age range of an egg donor at CFA?**  
**A:** All egg donors are between the ages of 21-32 years of age. Almost all are under 30.

**Q: Will your donors be anonymous, or will they be known to us?**  
**A:** All CFA donors remain anonymous at every phase of your care.

**Q: How accessible is the donor's pertinent medical history to the recipient couple? How long do you keep the records?**  
**A:** During the donor search, the recipient views an extensive application, which the donor completed prior to her acceptance to the program. Records are held in archives after donation is complete.

**Q: What is your screening process for recruited donors? Is the screening similar or different with relatives, friends or third-party recruited donors?**  
**A:** All donors undergo extensive testing including a physical examination, blood work for overall health, infectious diseases and genetic testing, and psychological counseling.

**Q: How long do we have to wait for a recruited donor?**  
**A:** Depending on your needs, donors are available for immediate matching and after screening is complete, the cycle can usually begin within 2 months.

**Q: Can we choose from a file of donors? Can we see pictures, or read a short history about each prospective donor?**  
**A:** Yes. We offer an extensive list of donors for immediate matching, and supplement their profiles with essays and childhood pictures (whenever available.)

**Q: Do you work with sperm banks to provide donor sperm if there is a male factor?**  
**A:** Yes, we work almost exclusively with California CryoBank.

**Q: I am a potential recipient. How long will it take to schedule the first consultation?**  
**A:** An appointment can be made with Dr. Doyle or Dr. Levi within a few weeks.

**Q: Is the clinic a member of the Society for Assisted Reproductive Technology?**  
**A:** Yes.

**Q: What kind of medical screening do the recipient and her partner receive?**  
**A:** Recipients undergo a physical examination, blood testing, psychological counseling, uterine evaluation and uterine mapping, and semen analysis. Other tests may be performed depending on the individual case.

**DO YOU HAVE  
QUESTIONS?  
E-mail them to us at  
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## Male Fertility Testing Now Available at CFA

Many couples have questions about what a semen analysis is, why it should be performed, and what the results of the test mean.

A semen analysis evaluates many aspects of the semen which a man ejaculates, including the sperm, which are the cells (gametes) that fertilize the female's egg. The sperm are only responsible for approximately 1-2% of the semen volume. The remainder of the fluid is predominantly composed of secretions from other male glands. Therefore, these secretions which can affect the sperm motility and function are also carefully tested.

While normal semen analysis results cannot absolutely guarantee your fertility, the semen analysis definitely is very helpful in determining whether there is a male factor contributing a couple's difficulty conceiving. If abnormalities are discovered in the semen analysis, further evaluation is usually indicated to look further for certain potential problems. For example, an increased white blood cell count may indicate infection or inflammation. Other abnormalities in many of the main parameters are non-specific. For example, there are a number of different causes for a decreased count or diminished movement. Some of these causes have other serious medical implications. A thorough evaluation helps determine the cause of an abnormal semen analysis and rules out medical problems.

All certified sperm laboratories, including CFA's, report their semen parameters based on categories which have established by the World Health Organization (WHO):

### **Concentration (or sperm count):**

This is a measurement of how many sperm there are in each milliliter of seminal fluid. Average sperm concentration is more than 60 million per milliliter (>60 million/cc). Counts of less than 20 million per milliliter are associated with subfertility.

### **Motility:**

This describes the percentage of sperm that are moving. > 40% of the sperm should be moving.

### **Morphology:**

This describes the shape of the sperm when examined under a microscope by the andrologist. The sperm must meet specific sets of WHO criteria in order to be considered normal. > 30% of the sperm should be normal by these criteria.

### **Volume:**

This is a measurement of the volume of the seminal ejaculate. A normal ejaculation contains 2 milliliters (2 ccs) or greater of seminal fluid. The volume may be low if a man is anxious when producing a specimen, if the entire specimen is not appropriately collected, or if a hormonal imbalance or obstruction exists.

### **Total Motile Count:**

This is the number of moving sperm in the entire ejaculate. Ideally, there should be > 40 million motile sperm in the ejaculate.