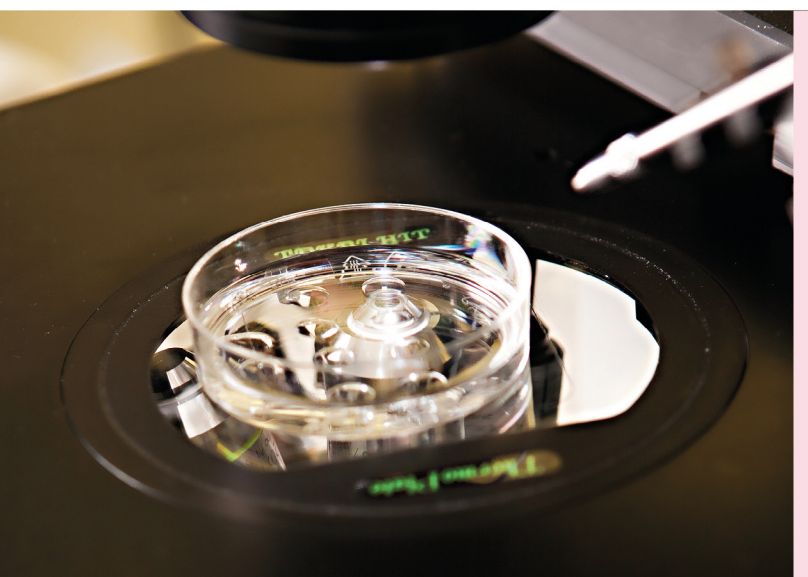


What you need to know about fertility management

‘Saving for the future’ is not a term that applies only to financial security. For women undergoing cancer treatment, saving their eggs provides a reassuring safety net that means they have a chance for motherhood when the time is right.

By Wendy Teo, Obstetrician & Gynaecologist



The uterus can carry a pregnancy well into the 40s and 50s, but the ovaries and oocytes (eggs) do not age as well. A woman is born with a set number of eggs (some two million or so) and these are depleted over time. According to some studies, a woman is left with as little as 20% of her eggs by age 30 and by 40, only about 3% are left. The quality of the eggs also deteriorates with age.

The twin issues of late marriages and the corresponding dip in a woman's fertility have caused much concern for many women who dream of a family, but whose circumstances may not be ideal for starting one. For women with cancer, there is the added fear that the illness and its treatment may adversely affect their fertility in the future.

The good news is that fertility management in the form of in-vitro fertilisation (IVF) and oocyte cryopreservation (more commonly known as egg freezing) is helping women preserve their fertility for the time when it's best for them to have children.

These advancements in fertility management are particularly helpful for women who have undergone chemotherapy and for those who have a family history of early menopause. In many parts of the world, egg or embryo freezing removes the pressure of needing to have children by a certain age and gives women control over their own fertility. At the moment in

Singapore, however, egg and embryo freezing cannot be carried out for elective or social reasons. It can only be done during the IVF process if the egg donor is waiting for a sperm donor, or for women undergoing medical treatment that may impair their reproductive health.

If you are considering IVF, here's what you need to know about fertility management.

‘Growing’ your eggs

Before IVF, a regimen of medication and daily injections is needed to stimulate the ovaries to produce eggs. These drugs are aimed at ensuring that the ovarian follicles grow in synchronous fashion. Once the optimum response is reached, gonadotropin injections are given

to stimulate the growth of the follicles in the ovaries. An ultrasound scan will determine the number and size of the growing follicles. Once the follicles have reached the ideal size, an injection of HCG is given and egg collection is scheduled to take place within about 36 hours after this.

Sperm collection and egg retrieval

Sperm and egg collection are timed to happen close to each other. The eggs are collected through a special needle attached to an ultrasound probe that goes into the vagina. This will be done under mild medication. For women who are storing their eggs to preserve their fertility due to medical reasons, the eggs are frozen using a special process that prevents ice crystals from forming in the egg. The frozen (cryopreserved) eggs are then stored at -196 degrees until they are needed.

The IVF process

The IVF process can be done via natural selection with a single egg and a collection of sperm or via Intra-Cytoplasmic Sperm Injection (ICSI), which involves injecting a single sperm into each egg. The fertilised eggs are grown for a short period of time before being introduced into the uterus. A successful pregnancy can be confirmed within about two weeks.



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