

## HOW STRESS AFFECTS FERTILITY

Feeling all stressed out with no place to go? You're not alone. Stress is a part of life. From getting stuck in a traffic jam on the way to work to being behind on bills, too much stress can wreak havoc on our bodies. For women, too much stress can contribute to missed periods. Irregular menstrual cycles make conceiving difficult. That's why

learning to manage stress is so important for women who are trying to get pregnant.

The uncertainty of infertility creates stress in and of itself in addition to the stress that already exists in day-to-day activities. The good news is that you can learn to control some of the stress in your life. Here are a few tips to de-stress yourself:

**Adjust your attitude.**

According to researchers, "hardiness," or the ability

to cope well with stress, depends on three things: challenge, control, and commitment. Try to interpret stressful situations as challenges, not as threats. Then determine what you can control. Sometimes the only thing you will be able to control in a stressful situation is the way you respond, but that's a start. Make a commitment to be good to yourself by eating healthy, thinking positive, and sharing love.

**Learn to problem solve.** A key part of learning to problem solve is knowing your limits and learning to be flexible.

**Communicate.** Keeping your infertility troubles inside will only add to your stress level. Sharing your innermost thoughts with a friend, rabbi, or clergy member will not only reduce stress, but also help you deal with your fertility treatment. Since your spouse is also probably feeling stressed by the situation, confiding in someone else is usually best.

**Exercise.** Regular exercise has been proven to relieve stress. It also can help protect the cardiovascular and immune systems from the consequences of stressful events. Whether it's swimming, walking, or another form of exercise, the key is doing it on a regular basis.

**Take control of your diet and sleep.** Eating a well-balanced, nutritious diet and getting a good night's sleep gives you the energy to better cope with stress. If you skip meals or eat a lot of junk food, you'll lack the energy you need to perform. And if you're tired and cranky, you'll be more susceptible to stress-related ailments. Moreover, physicians advise being at your optimum weight and health while trying to conceive.

**Learn to daydream.** When you're feeling flustered, use visualization to help you relax or enjoy a brief daydream. While breathing deeply, close your eyes and imagine yourself somewhere pleasant and soothing. Ahhh....

**Do something for others.** Volunteering at your church or synagogue, at a soup kitchen, or for another worthy cause can be a great experience. It also can help you forget about your own problems and increase your self-esteem.





## NEWS You Can Use

**CHUCK THESE HERBS.** If you're trying to get pregnant, you may want to steer clear of St. John's wort, echinacea, and ginkgo biloba, three popular herbs on the market. According to a preliminary study published in *Fertility and Sterility*, all three of these herbs affected sperm in some way. The researchers found that the herbs made it more difficult or impossible for the sperm to penetrate eggs and/or changed the sperm's genetic makeup, making them less viable. (Since the testing was done on hamster sperm, research involving humans must be done to confirm these results.)

**NEW TREATMENT FOR FIBROIDS.** A recent study conducted by members of the American Society

for Reproductive Medicine and the Canadian Fertility and Andrology Society found that high intensity focused ultrasound (HIFU) can successfully treat uterine fibroid tumors in mice. Following treatment, all 28 of the mice experienced tumor shrinkage, with 87 percent achieving reduction in four weeks.

The use of HIFU to decrease these common benign tumors is seen as a breakthrough because it can target tissue without damaging other tissue and provides hope for nonsurgical treatment. Some 20 to 25 percent of American women will develop uterine fibroids, a leading cause of hysterectomy. Fibroids also are associated with infertility.

**THE RIGHT TIME FOR A SIBLING.** If you want to have a healthy second child, researchers have found that spacing them at least two and a half years apart will give them a greater chance of being healthy. A study reported in *The New England Journal of Medicine* found that babies conceived at a minimum of 18 to 23 months after their elder sibling were least likely to be small and/or premature. Physicians believe that babies conceived earlier could suffer from maternal vitamin depletion and postpartum stress.

**FILTERS MAY HELP IN VITRO WORK BETTER.** Purifying air in embryology labs may significantly increase the success of in vitro fertilization, says a study that found adding air filters to embryo incubators increased the chances of pregnancy to more than 50 percent. Pregnancy rates increased from the national average of 30 percent to a surprising 52 percent when the Jones Institute for Reproductive Medicine at Eastern Virginia Medical School added air filters to their embryo incubators.

A few years ago, Gen X International of Madison, Conn., began selling filters that promised to keep certain polluting gases out of embryo incubators. The theory was that tiny amounts of "volatile organic compounds" that would never harm a fetus inside a mother's uterus might seep inside a lab's incubators and prove toxic to a microscopic embryo just lying in a dish.

While the Delaware Valley Institute of Fertility & Genetics already has one of these filters in its embryo incubator, Teresa Wiesak, Ph.D., an embryologist and director of DVIFG's Reproductive Laboratories, believes the study's high success rate is probably due to a combination of pure air and other factors, including superior embryo transfer and other improvements in patient treatment and laboratory techniques.

## Ask the Doctors:

**Q: Is it true that women who have endometriosis can't have children? I have it and really want them.**

**A:** Your concern is understandable since one-third of women with endometriosis are infertile. One of the most common causes of painful periods and infertility, endometriosis strikes one in 10 women. The condition occurs when tissue fragments from the endometrium (the innermost lining of the uterus) grow outside the uterus. These misplaced pieces of tissue cause scarring on the ovaries and the fallopian tubes. This whole process also provides a hostile environment to the eggs and embryos. The scar tissue can prevent eggs from moving into the tubes for fertilization.

The good news is that endometriosis can often be treated successfully with drug therapy or surgery. The first step is to have your condition correctly diagnosed. Besides painful periods and problems getting pregnant, symptoms of endometriosis include lower back pain; chronic pelvic pain; painful bowel movements during menstruation; tenderness of the abdomen; and painful intercourse.

**Q: Does caffeine affect conception?**

**A:** The jury is still out on this one, but some studies show that caffeine can cause some delays in getting pregnant. A study conducted by researchers at the Johns Hopkins School of Public Health found that nonsmoking women who drink more than 300 milligrams (three cups of coffee) a day may be less likely to become pregnant than women who do not consume caffeine. The women in the study who drank less than three cups of coffee a day experienced no delay in conceiving. Those who drank three or more cups of coffee a day increased the risk of infertility nearly three-fold. So, if you want to get pregnant, try cutting back to 100 milligrams of caffeine per day (one cup of coffee or two cups of tea).

**Q: What does the term "infertility" mean?**

**A:** According to the American Society for Reproductive Medicine, infertility is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children. Conceiving a child is a complicated process that depends upon multiple factors. These factors include healthy sperm and egg development; unblocked fallopian tubes that allow the sperm to reach the egg; the sperm's ability to fertilize the egg when they meet; the ability of the fertilized egg (embryo) to become implanted in the woman's uterus; and sufficient embryo quality. Last, but not least, for the pregnancy to continue to full term, the embryo must be healthy and the woman's hormonal environment sufficient for its development. When just one of these factors is off, infertility can result.

Couples are generally advised to seek medical help if they are unable to conceive after a year of unprotected intercourse or if they have a preexisting problem such as irregular periods or erectile dysfunction.

**Look for more "Ask the Doctors" questions and answers on our web site at:**  
[www.startfertility.com](http://www.startfertility.com)

# JUST DO IT!

## Why frequent lovemaking can help you conceive.

By Dr. George S. Taliadouros

For nine out of 10 infertile couples, there's usually an explanation as to why they have had difficulty conceiving. For the other 10 percent of couples, no adequate reason can be given. In these cases, diagnosing the problem can be complicated, and in some cases, painful (requiring surgical procedures). This entire process can lead couples to feel inadequate, depressed, angry, and frustrated. As if all this weren't enough, infertile couples also have to deal with the question of how to become pregnant. With this question hanging over their heads, they find it difficult to enjoy the natural and enjoyable process other couples cherish. In order to meet their goal, they have to go through a rather medical and structured process.

Infertility treatment is prolonged, very tedious, and requires discipline from both the man and woman. Some of the tasks involved include postcoital tests, intrauterine inseminations at the time of ovulation, and being sexually active at the appropriate time. Sometimes a diagnosis is postponed when the postcoital test or semen analysis cannot be achieved at a specific time. The male partner may experience performance anxiety when he needs to have intercourse or to provide sperm for his partner's artificial insemination. During these turbulent times, it's your doctor's job to provide appropriate treatment and to help ease the pressure in order to help you reach your goal.

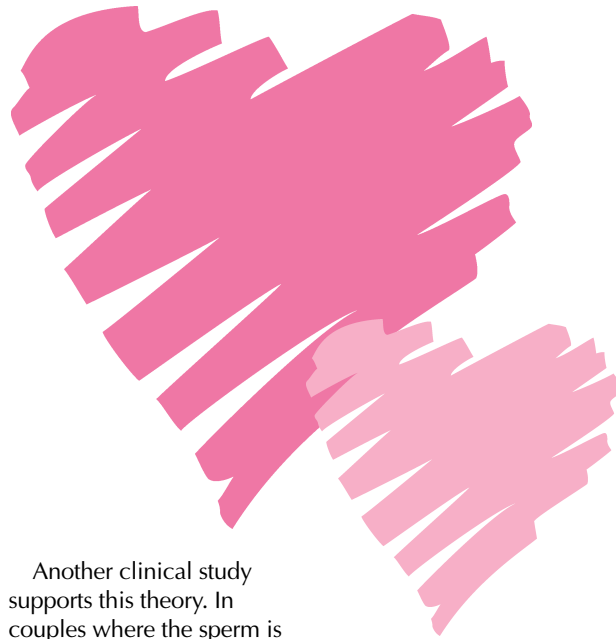
There has been a lot of discussion and hearsay regarding how often and when intercourse should take place to achieve pregnancy. There's also been much discussion regarding abstinence and its role before intercourse in achieving conception. All of these questions have been answered in detail recently in clinical journals.

What these studies have found is that prolonged abstinence doesn't seem to provide any benefit and could be rather detrimental. Rather, frequent intercourse is now being advised. This is good news to couples who hate having their lovemaking be ruled by ovulation cycles. Men and women can go back to enjoying the act instead of viewing it as a necessity.

The reason why frequent lovemaking is recommended lies with the sperm. Sperm, like any other cell in the body, has a limited life. After it dies, it doesn't have a functional value in reproduction. For instance, in the ejaculate, approximately 40

percent of the sperm is not alive and stored in the seminal vessels. Sperm is constantly produced. That's why it's best to have intercourse frequently in order to conceive. How frequently should a couple have intercourse? Maybe once or twice a week or more if so desired. Clinical studies have found that ejaculated sperm survives for approximately five days in the female's genitalia. That's why women can become pregnant after having intercourse several days prior to ovulation.

*George S. Taliadouros, M.D., FACOG, is the founder and president of the Delaware Valley Institute of Fertility & Genetics, one of the leading fertility practices in South Jersey.*



Another clinical study supports this theory. In couples where the sperm is normal, those who are sexually active prior to ovulation have a higher chance of achieving pregnancy compared to couples who only had intercourse during or after ovulation. This is probably due to an ill-defined function of the sperm called "capacitation," a process that requires the sperm to "mature" prior to being able to fertilize an egg.

These findings should help couples relax and enjoy lovemaking. If the sperm's parameters are normal and no intervention is required, Just Do It (as often as you like)!

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### Have an insurance question?

Call Carla Scott, DVIFG's staff insurance expert, for a free consultation. Call (856) 988-0072, extension 5, to schedule yours today.

Visit our web site at:  
[www.startfertility.com](http://www.startfertility.com)

Delaware Valley Institute of Fertility & Genetics  
**Conceptions**

*Conceptions* is published quarterly for a select group of OB/GYNs and their patients. To receive extra copies of the newsletter or to be placed on our mailing list, please call Carla Scott at (856) 988-0072 or e-mail her at: [info@startfertility.com](mailto:info@startfertility.com).

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## Happy Birthday to...



**Julia Rose Robinson**, born on June 21, 1999, to Mary and David Robinson.

**Sarah MacKenzie Krsnak Grund**, born on June 24, 1999, to Suzanne and Richard Grund.

**Maria Christina Figurelli**, born on June 25, 1999, to Christina and Thomas Figurelli.

**Carmella Rose Borm**, born on June 25, 1999, to Patty and Leo Borm.

**Isabel Chacko**, born on July 1, 1999, to Minimol and Jose Chacko.

**Mary Elizabeth Rensel**, born on July 6, 1999, to Patty and Joel Rensel.

**Sahel & Rutu Patel**, born on July 10, 1999, to Rekha and Husmukh Patel.

**Samuel George DeSimine**, born on August 18, 1999, to Maria and Joseph DeSimine.

**Katilyn & Kyle Owens**, born on August 25, 1999, to Lisa and Steven Owens.

**Melanie Rose Nicodemo**, born on September 5, 1999, to Barbara and Robert Nicodemo.

All the babies and parents are doing well. Thank you, DVIFG!



*Embryologist Teresa Wiesak, Director of DVIFG's Reproductive Laboratories (pictured right), recently spent five days touring and observing work performed at the IVF (in vitro fertilization) laboratories in Toronto, Canada, managed by Dr. Hanna Balakier, laboratory director (pictured left). Dr. Wiesak and Dr. Balakier exchanged protocols and suggestions on procedures and laboratory management. While there, Dr. Wiesak also attended the annual meeting of the American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society. A researcher on ovarian physiology, Dr. Wiesak also enjoys learning all she can about new techniques and methods. The DVIFG laboratories have received accreditation from the College of American Pathologists and from the Commission on Office Laboratory Accreditation (COLA) for meeting the highest standards and regulations.*

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OF FERTILITY & GENETICS**

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