

# Delaware Valley Institute of Fertility & Genetics

# Conceptions

Fall 2001



## WE'RE ON THE MOVE!

Effective, January 1, 2002, our Marlton office will relocate to a state-of-the-art facility located at: 6000 Sagemore Drive – Suite 6102, Marlton, NJ 08053. Our telephone number will remain the same— (856) 988-0072.

## OUR SUCCESS WITH IVF

DVIFG is pleased to announce its IVF success rates for the period of January 1, 2001 through July 31, 2001. The following tables provide information for all initiated fresh and frozen cycles at DVIFG and is presented as successes over all ages, and then by specific age groups.

**Table 1: All ages for Retrievals from 1/01 - 7/01**

Clinical Pregnancies per Embryo Transfer	52%
Clinical Pregnancies per Egg Retrieval	41%
Ongoing Pregnancies per Embryo Transfer	43%
Ongoing Pregnancies per Egg Retrieval	34%
Cancellation Rate	19%

**Table 2: By Age for Retrievals from 1/01 - 7/01**

Age	Clinical Pregnancy Rate Per Embryo Transfer	Ongoing Pregnancy Rate Per Embryo Transfer
<35	58%	50%
35-40	50%	40%
>40	0%	0%

**Table 3: By Age for Frozen Embryo Replacements from 1/01 – 7/01**

Age	Clinical Pregnancy Rate Per Embryo Transfer	Ongoing Pregnancy Rate Per Embryo Transfer
<35	63%	63%
35-40	50%	50%
>40	No Data Available	

### Key Terminology

**Egg Retrieval:** an attempt to obtain eggs from the ovaries

**Embryo Transfer:** embryos are transferred back to the patient's uterus

**Clinical Pregnancy:** the presence of a gestational sac in the uterus

**Ongoing Pregnancy:** the presence of a gestational sac and heartbeat for > 20 weeks

**Cycle Cancellation:** a cycle may be cancelled after initiation of medication due to poor response or to hyperstimulation of the ovaries

## A Child At Last

*By following Dr. Chung H. Wu's advice, Pei Liu and Siem Duong finally have the baby they always wanted.*



*Siem Duong and Pei Liu show off their new son, Felix, to Dr. Chung H. Wu, who made their dream possible.*

Soon after marrying his friend's sister in 1989, Pei Liu was eager to start a family. He and his wife, Siem Duong, were overjoyed when she became pregnant a year later. But the pregnancy was difficult, with Siem developing chorioamnionitis, a serious uterine infection, and gestational diabetes. Sadly, the child was stillborn at eight months due to an umbilical cord knot.

Only in America for two years, Siem missed her Vietnam homeland and grieved for the baby she lost. Pei, who immigrated from China in 1985, was also saddened by the tragedy but knew that they would one day have a healthy baby to hold.

Once the couple mourned their loss, they tried to conceive for the next several years. Unfortunately, none of their attempts were successful. In 1999 they turned to an infertility specialist for help, and Siem was diagnosed with Polycystic Ovarian Syndrome and diabetes mellitus. Despite being placed on Glucophage medication to control the diabetes and Clomid to induce ovulation, Siem failed to ovulate. Further testing found that she was insulin resistant.

After another year of disappointment, the couple turned to DVIFG and Dr. Chung H. Wu, director of the Institute's Syndrome X Early Detection and Treatment Program. "Our friends told us how he had helped them, and they told us to see him," says Pei. "Dr. Wu was so very nice. He never made us feel nervous. He made us feel very comfortable. He made sure that Siem took her vitamins and that she ate good food—no beef, and plenty of fruits and vegetables."

Like many women, Siem didn't know that being overweight can lead to infertility. Many times overweight women can develop "Syndrome X," a relatively common, though not well-known condition that is caused by having too much insulin in the body. Syndrome X can not only impede a woman's ability to become pregnant but her ability to carry to term as well.

After meeting with Siem and Pei, Dr. Wu placed Siem on DVIFG's special program for metabolic disorders after determining that she had mixed ovarian and adrenal androgen excess (DHEA-S and testosterone), in addition to insulin resistance and diabetes mellitus. She was also overweight, with a body mass index (BMI) 3 points higher than a woman of normal weight.

The five-step program involved having Siem adopt a healthy, balanced, low carbohydrate diet rich in vegetables and fruits with little meat intake and plenty of seafood, adopting an easy (low-impact) exercise program, and managing stress via mind/body exercise, such as yoga or T'ai Chi. She also had to take Glucophage, an

***"Nothing great was ever done without much enduring."***

***— Catherine of Sienna***

insulin-sensitizing agent, to help correct her metabolic and ovarian dysfunction. Last, but not least, the couple had to postpone conception attempts until Siem's metabolism problem was corrected.

When the time came to try to conceive, Dr. Wu placed Siem on a couple rounds of Clomid therapy to encourage ovulation. When that failed, Dr. Wu prescribed

another antiestrogen called tamoxifen. At this time, Dr. Wu also discovered that Pei had a condition called teratospermia, where the sperm is malformed, which can make conception difficult. To correct this problem, Pei's sperm was "washed" to leave only the well-formed sperm. This sperm was then inserted into Siem's uterus using a procedure called interuterine insemination (IUI). After her third cycle of tamoxifen and IUI, Siem conceived.

Overjoyed with the news, the couple followed Dr. Wu's regimen diligently. She exercised, reduced her stress level, and increased her protein intake by eating chicken without the skin and plenty of seafood.

"Although she came to us with diabetes, she did not develop gestational diabetes during her pregnancy. She also did not develop any complications that might develop in a diabetic patient, such as pregnancy-induced hypertension or preeclampsia [pregnancy-induced high blood pressure]," says Dr. Wu. "In fact, by following the program she didn't need to take any medication for diabetes at all during her pregnancy."

Siem only gained 20 pounds during her pregnancy and vaginally delivered Felix on September 12, 2001 at West Jersey Hospital in Voorhees. The bouncing baby boy weighed 7 lb., 12 oz. and had a healthy Apgar score. Although she's getting little sleep taking care of her new baby, Siem has maintained her weight loss by following Dr. Wu's healthy diet/exercise regimen and is no longer diabetic.

Pei is also tired but happy, so much so that he and Siem may try to conceive another child as soon as they can. "My child is my future, my hope," he says. "Thank you, Dr. Wu."

To schedule an appointment with Dr. Wu, M.D., or to arrange for insulin resistance testing, call DVIFG at (856) 988-0072.

To schedule a weight-management consultation with Melissa Bennett, RD/CDE, DVIFG's medical nutrition therapist, please also call DVIFG at (856) 988-0072.

## Ask the Doctors

**Q: I have read several articles about the potential healing power of prayer. It has been found to help with cancer, heart disease, and other diseases. Can it be of potential help to infertile couples as well?**

**A:** The current issue of the Journal of Reproductive Health cited a Columbia University study of 199 women at an IVF clinic in South Korea. Unbeknownst to the women in the study, total strangers prayed on their behalf for a successful IVF attempt. The women who were prayed for became pregnant twice as often as those who did not have people praying for them. While the results are highly preliminary, they suggest to researchers that some kind of efficacious phenomenon has been observed.

"I have professionally and anecdotally observed the power of prayer (or guided meditation in non-religious people) to facilitate a highly efficacious impact on the outcome of serious medical conditions, including infertility," says Geoffrey D. Nusbaum, Ph.D., director of DVIFG's Medical Psychotherapy and BioMedical Ethics Service. "In my 30 years of treating patients, I have often worked with patients to tap into 'their latent religious and spiritual resources.'"

The Columbia researchers stopped short of saying that there is a definite association between prayer and improved fertility, but they do plan to conduct further studies to investigate this intriguing concept.

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



### Ways to Cut Back on Sugar

Instead of grabbing your favorite candy bar or a cupcake when you crave sweets, try these tips:

- Wait 15 minutes to see if you can ride out the impulse.
- Keep a stash of low-fat granola or other unsweetened cereals on hand as a substitute for your sugary snacks.
- Eat plenty of fruit. Bananas and peaches, in particular are high in natural sugar.



*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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[www.startfertility.com](http://www.startfertility.com)

**Happy Birthday to . . .**



**Sania Parvani**, born on July 25, 2001, to Rasham and Sanjay Parvani.

**Gabrielle Elizabeth Allen**, born on August 16, 2001, to Gina and Randal Allen.

**Michaela Madison Cremin**, born on September 10, 2001, to Valerie and Michael Cremin.

**Felix Liu**, born on September 12, 2001, to Siem Duong and Pei Liu.

**Alexandra Renee Brodzik**, born on October 2, 2001, to Chris and Renee Brodzik.

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



*Kimberly Beth Gleason, Ph.D., Director of DVIFG's Reproductive Laboratories (pictured above), is pleased to announce that the DVIFG laboratories have received accreditation with distinction from the College of American Pathologists (CAP) for meeting the highest standards and regulations. To receive this distinction, DVIFG's Reproductive Laboratories met all of CAP's stringent standards, including state-of-the-art equipment, optimum laboratory safety, and excellent laboratory management to offer patients the highest quality of care. The award was given to DVIFG in September.*

**DVIF&G**

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