

# Trying for a baby?

Information about fertility problems



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English

# Introduction

The information in this leaflet is for people who might be experiencing problems in getting pregnant and need to know more about infertility, its causes and treatments available. It also includes a list of organisations that can provide more information and the details of groups who provide support for people who are experiencing problems in having children.

## Infertility – what is it?

A couple are usually described by doctors as being affected by infertility if they have not conceived a child after one or two years of trying to become pregnant. Problems with fertility are quite common, with around one out of every six couples needing help to have a baby. Couples may already have a child, but have problems getting pregnant again. In this case, you can still receive help, though some treatments may not be available on the NHS.

There are several reasons why a couple may have difficulty in conceiving, which may involve either or both partners. In about one quarter of cases there are problems with the sperm produced by the man, which make getting pregnant difficult. In many cases a couple may be experiencing more than one 'cause' and in some cases there is no clear explanation. The terms in brackets are how doctors might describe some of the conditions that affect fertility.

### For the female:

- Problems with ovulation (ovulatory disorders) – sometimes an egg is not released from the ovaries for fertilisation every month. An indication of this may be absent or infrequent periods.
- The fallopian tubes which join the ovaries and the womb can become blocked, stopping the egg moving from the ovary (tubal problems). Tubes can sometimes become damaged after contracting a sexually transmitted infection; after miscarriage or childbirth or after abdominal surgery, such as for appendicitis.
- Tissue resembling the lining of the womb is sometimes found in other parts of the body, particularly the pelvis and in severe cases this can cause damage to the ovaries and fallopian tubes, affecting fertility (endometriosis)

### For the male:

- Sperm disorders – Sometimes too few sperm are produced by the man (low sperm count). Even where there are adequate numbers of sperm, sometimes the quality of the sperm is poor. The sperm may be abnormal or the sperm may not move very well (poor motility).

### **For both partners:**

- Unexplained infertility – this means that all the tests appear normal and that there is no obvious medical reason that a couple have not conceived. Couples with unexplained infertility who have been trying for 2-3 years still have a good chance of conceiving without any help. For those that have been trying for longer than three years, IVF treatment (see below) may offer a better chance of getting pregnant.

## **What should we do if we are worried?**

If you have been having regular, unprotected intercourse for a year or longer and have not become pregnant, it may be advisable to make an appointment to see your GP. It is especially important to seek advice promptly if you are a woman over 35 years old, since it is more difficult to get pregnant as you get older. Your GP may carry out some simple tests (blood tests for the woman and a test of the sperm for the man) or he may refer you to a specialist doctor at a hospital. Your GP may also suggest changes to your diet or lifestyle, or the timing of intercourse, which may help you get pregnant.

## **What tests might we need to have?**

### **Tests will involve both partners and may include:**

#### **For the female:**

- Checking hormone levels, usually by taking blood for testing
- Checking whether an egg is being released each month, sometimes involving a scan of the ovaries
- Examining the fallopian tubes, either by a special kind of x-ray, called a hysterosalpingogram, or by a procedure called a laparoscopy.

#### **For the male:**

- Checking the number and quality of sperm in a semen sample

## What treatments are there for infertility?

There are many different treatments available to help with infertility. The choice of treatment will depend on the cause of your problem. The list below gives some of the more common treatments:

**Ovulation Induction** – this treatment may be used where a woman needs help to produce an egg each month. The treatment usually involves taking a course of tablets or injections and sometimes being monitored by scans or blood tests to ensure that the egg/s are developing successfully.

**Intrauterine insemination (IUI)** – a fairly simple treatment which involves taking a sample of sperm from the male partner which the doctor or nurse then inserts directly into the uterus (womb) of the woman. Sometimes the woman will also take drugs to help her produce an egg. This treatment is often used to treat couples with unexplained infertility. It can also be used if the man has a sperm disorder and the couple choose to use donor sperm (see below).

**Donor insemination (DI)** – can be used in cases where a man has a sperm disorder or an inherited illness that could be passed on to a child. A sperm sample from an anonymous donor is prepared and inserted into the woman's uterus. The identity of the donor would not be known to the couple, but they can choose a donor who physically resembles the male partner.

**In vitro fertilisation (IVF)** – this treatment is often known as the 'test-tube' baby method. The female partner takes a course of drugs, which help her to produce several eggs. These are then collected from her ovaries using a very fine needle and mixed with a sample of sperm from her partner or from a sperm donor. When the eggs have been fertilised and have developed into embryos, up to three embryos are put back inside the female's uterus. There is then a waiting time of two weeks to see whether one or more of the embryos has resulted in a pregnancy.

**Intracytoplasmic sperm injection (ICSI)** – can be used to treat male infertility. ICSI needs only a small number of healthy sperm from the male as a single sperm is injected directly into the egg, which is then allowed to fertilise and develop into an embryo. Following this, the treatment procedure is then the same as for IVF. Unlike donor insemination, the resulting child is biologically related to the male partner.

**Donor eggs**– Some women may have no eggs, or the quality of their eggs may not be good enough to result in a pregnancy. In cases like this it may be possible to have IVF treatment using the eggs of another woman. This woman can be an anonymous donor, or under certain circumstances can be a friend or family member.

**Egg sharing** – Many infertility clinics now run a scheme called egg sharing which means that if you are willing to donate approximately half the eggs you produce in any one cycle to another (anonymous) woman who cannot produce eggs of her own, you will have free or subsidised treatment. You should ask about this if it seems appropriate for you.

## Things to consider

If you are faced with the decision of whether or not to go ahead and have treatment, there are several factors that you may like to consider, and you should talk these through with your partner and the doctors and nurses who are treating you.

Although infertility treatment is now widely available across the UK, the success rates vary according to who is carrying out the treatment, and which treatment you are having. At least half of all couples having difficulty in getting pregnant will have a successful outcome. In general, success rates for IVF are approximately 20% per treatment cycle, which means that there is a 1 in 5 chance of getting pregnant each time IVF is used. Information about success rates is available from the Human Fertilisation and Embryology Association (HFEA) (address and website at the end of the leaflet).

There may be waiting lists for some NHS treatments and you may not be eligible for IVF on the NHS. If you are unable to wait, or are not eligible for treatment on the NHS, you may be able to have treatment at a private clinic. Treatments such as IVF can be expensive. For price lists and availability of treatment you should speak to your GP or hospital consultant, or you can get information from the links to fertility clinics on the HFEA website (see information at the end of the leaflet).

Being affected by childlessness can be an emotional and difficult time for many couples. If you need to talk to someone about your feelings there are several support organisations that you can contact (details at the end of this leaflet). Alternatively, your GP or hospital consultant can refer you to a counsellor who is specially trained in dealing with couples or individuals facing childlessness. All information discussed with a counsellor or member of hospital staff is strictly confidential.

If you need an interpreter please let your doctor or nurse know. Ask your GP to request this when he or she refers you to hospital. The hospital or clinic should provide access to a professional interpreter.

## Lifestyle: what can we do to help ourselves?

Your GP or consultant may offer you some advice about practical changes that may help with getting pregnant. These may include:

**Weight** – in order to conceive it is important that you are not overweight or underweight as both can affect hormone levels.

**Smoking** – can reduce the sperm count in men, and for women can affect the unborn child.

**Alcohol** – can reduce chances of conception and intake should be kept to a minimum.

**Intercourse** – for a good chance of conceiving it is a good idea to have intercourse two or three times a week.

**Folic acid** – it is a government recommendation that women who are trying for a baby should take Folic acid to help prevent some birth defects. It should be taken from three months before you conceive so if you are trying to get pregnant speak to your GP or Pharmacist about a supplement.

## Support and Further Information

There are several support groups that are run by people who have had problems having children and who can offer information, advice and support. They are very understanding of the needs of couples experiencing infertility and can help to support couples through the treatment process and afterwards.

### **CHILD – The National Infertility Support Network**

This organisation has groups meeting locally across the UK. Contact them to find a support group in your area:

CHILD  
Charter House  
43 St Leonards Road  
Bexhill On Sea  
East Sussex  
TN40 1JA

Tel: (01424) 732361  
email: [office@child.org.uk](mailto:office@child.org.uk)  
Website: [www.child.org.uk](http://www.child.org.uk)

### **ISSUE – The National Fertility Association**

This organisation has a helpline run by professionally trained infertility counsellors, on a confidential one-to-one basis. The helpline number is:  
09050 280 300 (Premium Rate Line all calls cost 25p per minute)

ISSUE  
114 Lichfield St  
Walsall  
WS1 1SZ  
Tel: (01922) 722888

email: [info@issue.co.uk](mailto:info@issue.co.uk)  
website: [www.issue.co.uk](http://www.issue.co.uk)

For more information about clinics providing infertility treatment and how to choose one; guides to treatment; legal issues and lots more, you can visit the HFEA website at: [www.hfea.gov.uk](http://www.hfea.gov.uk)  
Tel: 020 7377 5077  
email: [admin@hfea.gov.uk](mailto:admin@hfea.gov.uk)

Information on these sites is only available in English.

## **Books**

There are many books about infertility (in English), which you might find helpful, including:

- van den Akker, O.B.A. (2002) *The Complete Guide to Infertility: Diagnosis, Treatment, Options*. Free Association Books
- Chambers, R. (1999) *Fertility Problems: A simple guide*. Abingdon: Radcliffe

This information leaflet is also available in Gujarati, Punjabi, Bengali and Urdu

This information leaflet is also available in audio format on CD and via the internet

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एही प्रचारपत्राटि बांग्ला भाषातेओ पाओया याय ।

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Contact: Nicky Hudson  
Faculty of Health and Life Sciences  
De Montfort University  
The Gateway, Leicester

Tel: (0116) 207 8766  
Email: nhudson@dmu.ac.uk

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