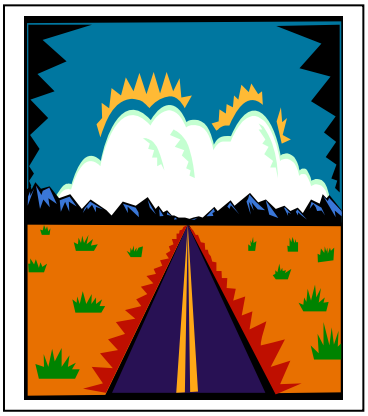
INFERTILITY–SUPPORT NEWSLETTER

{The long walk to parenthood}

http://www.infertility-support.org.za

December 2008 / January 2009 *2008 – Issue 3*

WORD FROM THE FOUNDER



I dedicate this edition of the newsletter to **miracles** that only God can perform. This past month, I have witnessed a miracle in my own life in theatre during a period of ill-health and heard of miracle pregnancies in two women within the Infertility Support Network … women who had subconsciously concluded that their medical and health related issues were too great for conception to occur naturally.

In the one case quoted above, a friend found out she was pregnant only after 3 months when she went in for an examination for cysts. Since she had a history of not having a menstrual cycle for months on end, it was not unusual for her that she did not menstruate for at least 3 months prior to the consultation with her gynae. During those 3 months, she did not experience any nausea at all to suggest that she might be pregnant. This particular friend is due to give birth to this "miracle baby" in April 2009 when she will be 43 and her husband will be 48 years old.

In the second case, a couple that struggled to fall pregnant for 14 years, decided to end their road of endless fertility treatments and follow the adoption process. They visited a gynae for a routine check-up and after a routine pregnancy test before a laparoscopy (negative), the lady went into theatre and was operated on for at least 3 hours for severe endometriosis.

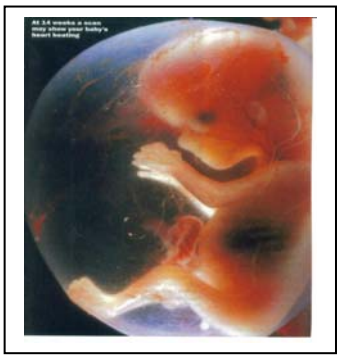
Several weeks later after recovering from the trip to the theatre, a pregnancy test proved positive much to the couple's excitement. When examining the size of the little baby during a sonar examination, the gynae worked backwards to determine how far into her pregnancy the lady was. To everyone's amazement, it was discovered that the lady must have been pregnant already at the time of the laparoscopy … although the pregnancy test had been negative. The baby was born without any complications. Shortly thereafter, the couple fell pregnant again and today have two beautiful children.

How does one survive the rollercoaster ride of infertility … it is riddled with potholes. My advice would be to hold onto relevant scriptures such as a) Matthew 19:26 - "With man this may be impossible but with God ALL things are possible" or b) Psalm 84:11 – "No good thing will He withhold from them that walk uprightly". Surround yourself by positive things including your choice of friends and family, what you listen to, what you choose to keep within yourself (especially after traumatic experiences) and how you choose to live your life.

Don't put your life on hold waiting for the gift of a child … you can become obsessed and miss blessings that are right in front of you. Instead, live your life to the fullest whilst trying to reach out to others in need. Focussing on the pain of others and trying to help them deal with it in a constructive way will go a long way in placing your own pain in perspective. Some people out there have it far worse. Take good care of yourself.

Krishnee Kissoonduth

MISCARRIAGE – THE HIDDEN LOSS AND PAIN



Miscarriage, the loss of a pregnancy before 20 weeks, is a devastating event with both physical and emotional components. A loss of pregnancy after 20 weeks is considered a stillbirth.

Miscarriage is not uncommon … one in six pregnancies end in miscarriage before 12 weeks. Some women experience signs and symptoms before a miscarriage occurs … others do not. There is no specific treatment. Some doctors suggest bed rest or at least limited physical activity.

Recurrent pregnancy loss is usually defined as three or more consecutive miscarriages. If you have had recurrent pregnancy loss, it is important for your doctor to do a thorough evaluation, including any relevant hormonal and genetic blood tests and tests for common immune conditions. In approximately 50-60% of women with recurrent pregnancy loss, no reason will be found. Men and women often react differently to the trauma of a miscarriage. Many men feel they must be strong and protect their wives from their own feelings of loss and sadness. Society tends to reinforce the need to "make it better", often neglecting to ask the expectant father how he is doing.

Common causes of miscarriage include a :

a) **genetic error** - may be passed from one of the parents;

b) **abnormal hormone levels** – progesterone, the hormone that triggers the development of the uterine lining, is produced in the luteal (after ovulation) phase of the menstrual cycle.

   If mid-luteal phase measurements of progesterone is low, the uterine lining may not adequately develop to implant and nourish the fertilized egg and miscarriage may occur;

c) **polycystic ovarian syndrome (PCOS)** – patients who are significantly overweight due to PCOS may have an increased miscarriage risk, particularly if they have insulin resistance;

d) **structural problems** – structural problems of the uterus may cause miscarriage by interfering with the implantation of the fertilized egg. Fibroids, also known as uterine myomas, are non-cancerous growths in the uterine wall, which may not allow the embryo to implant well.

e) **infections –** infections such as German measles (rubella) can affect foetal development and in some cases, result in miscarriage;

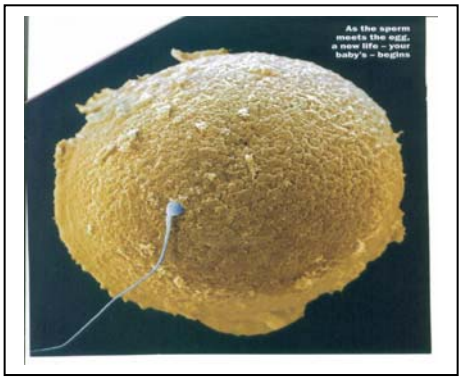
f) **environmental factors –** toxins in the air can also lead to foetal damage or miscarriage, especially if you experience regular exposure after 20 weeks of pregnancy;

g) **blood incompatibility –** blood incompatibility between a mother and the foetus can result in miscarriage after 20 weeks.

h) **age –** as a woman ages, the rate of miscarriage increases;

i) **immunologic causes –** such as blood clotting disorders and an abnormal immune responses which prevents the body's normal protective response to the embryo.

It is interesting to note that aspirin is no longer regarded as just a headache cure, aspirin can reduce your risk of cancer, protect against strokes and heart disease AND prevent miscarriage. It is recorded that aspirin could improve the blood flow to the uterus, improve ovarian response to IVF treatment, help to build the uterine lining and so reduce the chances of miscarriage.



The emotional impact of a miscarriage is huge. Many women describe a great sense of emptiness. Ultrasound pictures may be the only tangible evidence that you have to document that you "really were pregnant". The bonding process starts early.

Dreams and fantasies begin as you imagine your life with your baby. Yet with a miscarriage, there is often nothing tangible to grieve. It is an invisible or hidden loss. Dealing with grief takes time … it peaks and fades. Certain events can trigger its intensity such as getting your period, anniversaries of the miscarriage and birth date, Mother's and Father's Day. Sadness, loneliness and emptiness may be intense and depression is not uncommon. Initial joy turns to devastation. As a friend to the couple, you can just be sensitive to what they may need and when necessary, give them the space they need to deal with their grief.

Each couple's experience will be unique to their circumstances. Hence, there is no hard and fast rule in terms of the grieving period or the way forward.

If you have suffered the miscarriage, don't be afraid to ask for help. Seek a counsellor that you connect with and relate to. Even a child lost early is a significant loss. Take time out for yourself. Let loved ones support and comfort you. Do what works for you. Ask questions and gather information relevant to your unique situation.

Resolve : Miscarriage – The Hidden Loss

Fit Pregnancy : October / November 2008 {A Loss Unspoken}

Fit Pregnancy : August / September 2008 {Nthabiseng Mavuka's miracle after 12 heartbreaking years of loss}

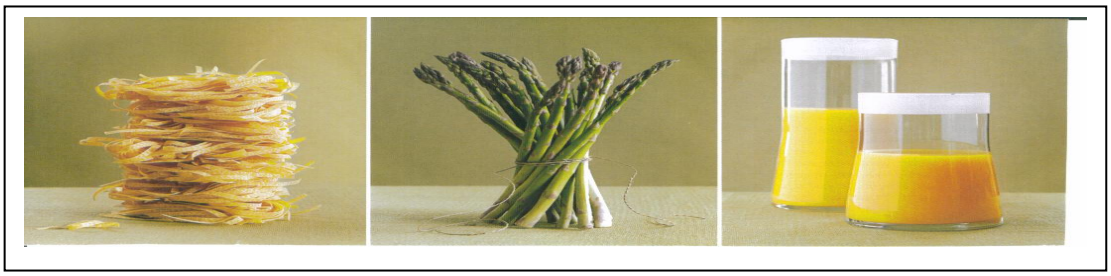
Your Pregnancy : October 2008 {Andre and Maria Smit's story – no baby yet but adopting a positive outlook on life}

Prima Baby and Pregnancy : September 2008 {Natalie and David never gave up hope after multiple miscarriages}

SHE – August 2008 {Aspirin – the wonder drug ?}

WHY ALL THE FUSS ABOUT FOLIC ACID ?

You may have cut out all the unhealthy foods a couple that is trying to fall pregnant ought not to have, but even though you are eating healthily, you might still be lacking one of the most crucial pregnancy nutrients : **FOLATE**. Even though we now have proof that this B vitamin is key in preventing serious birth defects and premature birth, recent research in some parts of the world shows that consumption is on the decline.



Folic acid is found in green vegetables, granary bread and fortified cereals. Some countries have actually ordered cereal manufacturers to fortify their products with folic acid.

In South Africa, all maize mail and bread flour has been fortified with folic acid (among other nutrients) since the implementation of the National Food Fortification Programme in 2003.

Spina bifida is Latin for "split spine" and occurs when the neural tube fails to close properly at around the 14th to 23rd day after conception. It can cause lifelong disabilities, including loss of bowel control and lower-body paralysis. Spina bifida occurs in 10 out of every 10 000 births in the United Kingdom and is caused by both a genetic susceptibility and environmental factors, particularly a shortage of folic acid.

Babies with ***anencephaly***, in which part or all of the brain is missing, die before or shortly after birth. Birth defects of the spine and brain occur in the first weeks of pregnancy; often this is before a woman even realizes that she is pregnant. By getting adequate folate, or folic acid daily before and during pregnancy, you can reduce your baby's risk of a neural-tube defect by up to 70% and the risk of the baby being born with a cleft lip or cleft palate by one third.

There are three main types of spina bifida always present at birth :

1. **Cyst-like spina bifida**

   The visible signs are a sac or cyst, rather like a large blister on the back, covered by a thin layer of skin. There are two forms :

   a) **Myelomeningocele** – most serious and more common of the two forms of cystic spina bifida. Here the cyst not only contains tissue and cerebro-spinal fluid but also nerves and part of the spinal cord. The spinal cord is damaged or not properly developed. As a result, there is always some paralysis and loss of sensation below the damaged region.

      The amount of disability depends very much on where the spina bifida is and the amount of affected nerve tissue involved.

Bladder and bowel problems occur in most people with myelomeningocele, as the nerves come from the bottom of the spinal cord, so are always below the lesion. It is also necessary to have intact nerve pathways to the brain for complete control and sensation.

b) **Meningocele** – in this form, the sac contains meninges (tissues which cover the brain and spinal cord) and cerebro-spinal fluid, which bathes the central nervous system. Development of the spinal cord may be affected, but impairment is usually less severe than myelomeningocele.

2. **Spina Bifida Occulta (hidden form)**

This is a mild form of spina bifida which is very common. Often people only become aware that they have spina bifida occulta after having a back x-ray for an unrelated problem.

3. **Encephalocele**

This is a sac which is formed when the bones of the skull fail to develop. It may contain only cerebro-spinal fluid or part of the brain may also be present in the sac, resulting in brain damage.

COMMON QUESTIONS FOLLOWING A DIAGNOSIS OF SPINA BIFIDA

1. *Why does spina bifida happen ?*

At present, cause is not known and research continues.

2. *How is spina bifida treated ?*

The baby will be seen by a paediatric surgeon or paediatric neurosurgeon shortly after birth. The surgeon will then decide whether the baby should have surgery to repair the defect in the back;

this surgery will take place in a specialist unit usually within 48 hours. Some surgeons do not close the back surgically but leave it to heal without intervention.

There is also a significant decrease of 70% in the risk of miscarriage if folic acid is consumed at least a year before conception. The current recommendation is that all women capable of becoming pregnant get 400 micrograms of folic acid from supplements in addition to their intact of folate from a varied diet. The Recommended Dietary Allowance (RDA) for folate equivalents for pregnant women is 600-800 micrograms, twice the RDA for women who are not pregnant. Dads need folate too. Low levels can lead to sperm with too few or too many chromosomes resulting in birth defects or miscarriage.

Association for Spina Bifida and Hydrocephalus (ASBAH): http://www.asbah.org

Prima Baby and Pregnancy – September 2008

Fit Pregnancy – August / September 2008

PREGNANCY AFTER 40 – HOW SAFE IS IT?

A record number of women over 40 are having babies. Better medical care including increasingly successful infertility treatment has improved older women's chances of conceiving and having a healthy baby. In some respects age is an asset not a liability as an older woman is so much more emotionally ready to be a parent. However, a later-in-life pregnancy tends to entail more complications as well.

Over 40-mums are between 2 and 5% more likely than younger women to experience gestational diabetes, placental abnormalities, high blood pressure, miscarriage and stillbirth. Their offspring are at a higher risk for genetic disorders, premature birth and low birth weight.

But that doesn't mean that an individual over 35 is destined to have a problem pregnancy. It is important to remember that it is a label not a diagnosis. If you are over 40, you can boost your odds of having a healthy pregnancy by making smart lifestyle choices.

a) Be as healthy as you can before you conceive including the quality of your lifestyle, diet and mental health;
b) Give yourself a break when you feel worn out. Your body is not necessarily as energetic as it was when you were younger;
c) Join a support group where you can benefit from education and encouragement in terms of pregnancy later in life and how to cope and enjoy your pregnancy;
d) Over-40 mums are more likely to have a C-section because of their higher rates of multiple births and medical complications.

Fit Pregnancy – October / November 2008

UPCOMING EVENTS NOT TO BE MISSED

1. The Infertility Support Network (TISN) has 4 parts to the initiative :

    a) Firstly, the website http://www.infertility-support.org.za;

    b) Secondly, the circulation of a bi-monthly newsletter pertaining to infertility related information to educate, empower and encourage;

    c) Thirdly, monthly Support Group Meetings on the first Saturday of every month from 1-4pm with a specialist in the field of infertility present. In time, Support Group Meetings will take place in other areas within Pretoria as well as other provinces as well;

d) Fourthly, a message of encouragement / inspiration is sent to everyone within TISN every evening from the number 082 9555 572. If you know anyone that might benefit from receiving this form of encouragement, please forward their cell number to me.

2. Infertility Support Group Meetings take place :

a)	*Where*	-	Garsfontein Road, Opposite Pretoria East Hospital, Pretoria East, Pretoria
b)	*When*	-	The first Saturday of every month
c)	*Time*	-	1-4 pm
d)	*Cost*	-	None
e)	*Contact*	-	Krishnee Kissoonduth on : 082 9555 572 or krishnee@infertility-support.org.za

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CONTACT ME ?

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Please enjoy a blessed festive season and travel safely should you be on the roads. May 2009 bring you and your loved ones an abundance of joy, peace, health and prosperity as you extend your life to serve others in their time of need !
