



# Facing INFERTILITY

Infertility is on the increase and causes immeasurable pain to couples desperate for children. So what can be done to treat this condition?

WRITTEN BY AURELIA MBOKAZI

With careers taking precedence in the lives of many, starting a family has been relegated to later in life than it was for previous generations. Nowadays, it's common for a couple to put off having children until they've achieved their professional ambitions and made enough money to live a comfortable lifestyle – which often only happens once they're in their 30s. Tragically, though, a growing number of couples around the globe (about 15%, according to researchers) are realising they may never hold their

own natural offspring in their arms, due to infertility – and medical experts are blaming our stressful lifestyles.

In SA, Medfem Clinic's fertility specialist, Dr Antonio Rodrigues, places our own country's rate of infertility at an alarming 20%, and says it's increasing.

"In the middle- to upper-income groups, both women and men tend to put off having children because of their careers, which often compounds the problem. Women need to start thinking about having babies in their 20s [when their bodies are best able

to bear children] and to change their corporate lifestyles around that. We need to re-educate them because we often hear [older] women [who find they can't fall pregnant] asking: 'Why didn't anyone tell me?'" said Rodrigues in an interview on M-Net's *Carte Blanche*.

Yet infertility isn't always due to age. Elmarie Pretorius\* – at just 31 – is still coming to terms with the fact that she'll never give birth to a second child. After suffering eight miscarriages, she underwent a full hysterectomy last year and her doctors have still

failed to identify the underlying cause of her problems.

"I got married in 1997 and we were blessed with a baby girl in 2000. We tried for another child, hoping for a son, but after six miscarriages, I lost a fallopian tube.

"I consulted specialists and was prescribed medication. I finally fell pregnant for a seventh time, and all seemed to go well until my 16<sup>th</sup> week, when the baby's heart-beat suddenly stopped. We were devastated and sought a second opinion, but nothing could be done. This was the worst time of my life and I suffered a nervous breakdown," she recalls.

Eventually, with the support of her family, Pretorius rallied and conceived for the eighth time. But tragedy struck once more and after yet another miscarriage, she lost her second fallopian tube. She and her husband were left feeling too depressed and demoralised to try *in vitro* fertilisation (IVF).

"We're now in the process of adopting a little boy who's come to mean a lot to us," she says. "He's filled the void in our hearts and gets along very well with our daughter.

"The adoption process brought healing through counselling," adds Pretorius. "We've come to accept our misfortune as God's decision. Now I hope to help other people battling infertility because I know what it's like."

"I OFTEN FIND THAT ONCE WOMEN TAKE THEIR MINDS OFF FALLING PREGNANT AND AREN'T AS TENSE AND ANXIOUS ABOUT IT, THEY ACTUALLY CONCEIVE."

Cape Fertility Clinic specialist Dr Saleema Norsaka explains that while multiple miscarriages – such as Pretorius's – aren't strictly classified as infertility, they indicate a uterine abnormality and cause untold distress to couples. "Miscarriages can be caused by various things and it's important for the woman to consult a fertility specialist, so that tests can be conducted to identify the problem," she says.

Norsaka explains that it's important to show compassion towards couples dealing with infertility in order to help them regain perspective and give them the courage to try again.

"Many of these couples are under a lot of pressure from insensitive family members – so it's our job to tell patients not to worry." Obsessing about falling pregnant, warns Norsaka, is often in itself a factor preventing conception. "I often find that once women take their minds off falling pregnant and aren't as tense and anxious about it, they actually conceive," she says.

Krishnee Kisoonduth (42) has used her own struggle with infertility to help others. Having suffered greatly from a medical mix-up 13 years ago which thwarted her chances of having a baby, she and her husband, Derrick, set up the Infertility Support Network, which reaches out to thousands of men and women going through this dilemma. The network comprises an informative website, a support group, a bi-monthly newsletter and daily SMSs to would-be parents.

"Initially, my fertility challenges obsessed me and I was hypersensitive to remarks from family and at gatherings. Now my advice to anyone struggling with infertility is not to stop living as you wait for the miracle of a baby. Continue to enjoy life to the fullest," says Kisoonduth.

Although modern medical techniques such as the surgical unblocking of fallopian tubes and IVF have helped millions of women, they're not always successful. And the options left to childless couples – such as surrogate motherhood and adoption – are loaded with moral and cultural implications which may put many people off choosing them.

While not bashing Western medicine, Johannesburg-based homeopathic specialist Dr Graham Yutar encourages couples to consider using alternative medicines. Although unable to give specific statistics, he claims a positive success rate among his infertile female patients and says most of them come to him after having been diagnosed with conditions such as mild endometriosis, polycystic ovarian syndrome or simply an inexplicable inability to fall pregnant.

"In homeopathy, we look at the patient holistically, taking into account her mental state as well. There's a fair percentage of

success using alternative medicine and it's often a cheaper option than treatments such as IVF – which costs as much as R40 000 for one cycle, with no guaranteed results.

"Homeopathic medications, by contrast, cost only a couple of thousand rand for six months' treatment, and this is mostly covered by medical aids," says Yutar. **D**

\* Not her real name.

## DEALING WITH INFERTILITY

- Leading a healthy lifestyle – which includes following a balanced diet, exercising regularly, avoiding excessive alcohol consumption, not smoking and not abusing addictive substances – increases your chances of falling pregnant.
- If you're considered clinically obese, your chances of conceiving are lowered and you're also more likely to suffer a miscarriage. Try to achieve your desirable weight before trying to fall pregnant.
- If you're under 35 and have been trying unsuccessfully to fall pregnant for a year or more, it's time to consult a fertility specialist to identify what the problem is. Your partner must accompany you, as the problem could lie with him (a low sperm count or poor-quality sperm account for about 40% of infertility cases). The specialist will conduct appropriate tests on both of you and then advise you on treatment options.
- Common causes of infertility in women include endometriosis, polycystic ovarian syndrome, fibroids, premature ovarian failure, a history of diseases such as cancer, anorexia nervosa (or other forms of malnutrition) and German measles, among others. Psychological factors such as stress, tension, trauma and anxiety can also make it difficult to conceive.
- For further information about the causes and treatment of infertility, visit the following websites: [www.infertility-support.org.za](http://www.infertility-support.org.za), [www.capefertilityclinic.co.za](http://www.capefertilityclinic.co.za), [www.homeopathsouthafrica.co.za](http://www.homeopathsouthafrica.co.za) and [www.medfem.co.za](http://www.medfem.co.za). **D**