#### INFERTILITY

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# OUTLINE

- Introduction of infertility.
- Definition of infertility.
- Risk factors of infertility.
- Causes of infertility in men & women.
- Types of infertility.
- Diagnosis of infertility.
- Treatment of infertility.

# **INTRODUCTION OF INFERTILITY**

- Infertility is a significant social and medical problem affecting couples world wide.
- Infertility refers to an inability to conceive after having regular unprotected sex.
- Average incidence of infertility is about 15% globally. (varies in different populations ).

- According to Mayoclinic, USA :-
  - 20% cases of infertility are due to a problem in man.
  - 40% to 50% cases are due to women.
  - 30% cases are due to problem in both men & women.

# **DEFINITION OF INFERTILITY**

 Infertility is the failure to achieve a birth ever a 12 months period of unprotected intercourse.

OR

Infertility is the inability of a sexually active non contracepting



# **RISK FACTORS OF INFERTILITY**



# CAUSES OF INFERTILITY IN MEN & WOMEN

#### IN MEN:-

- Low sperm count:
  - Less than 10 million sperm per ml of semen.
  - Normal count is 20 million sperm per ml of semen or more.

No chorme



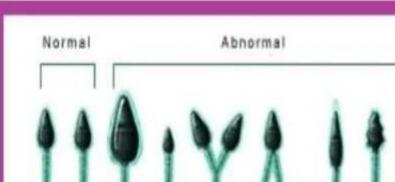
- Low sperm motility:
  - Sperms are immotile, can not swim.

#### Abnormal sperms:

(Unusual shape , more difficult to move and fertilize egg)

#### Its causes are:

- Testicular infections.
- Tosticular cancor



# Continued....

- Overheating testicles.
- Ejaculation disorders (Retrograde ejaculation).
- Variocele (includes varicose vein in scrotum).
- Undescended testicles.
- Hypogonadism (testosterone deficiency).
- Genetic abnormality.
- Mumps (testicular inflammation).

#### IN WOMEN:-

- Ovulation disorders:
  - Premature ovarian failure (before age of 40)
  - Polycystic ovary syndrome.
  - Hyper-prolactinemia (in non pregnant state)
  - Poor egg quality.
- Problems in uterus & fallopian tubes:
  - Surgery.
  - Sub-mucosal fibroids



### Medications:

- NSAID'S (aspirin & ibuprofen).
- Chemotherapy.
- Radiotherapy.
- Illegal drugs.



# **TYPES OF INFERTILITY**

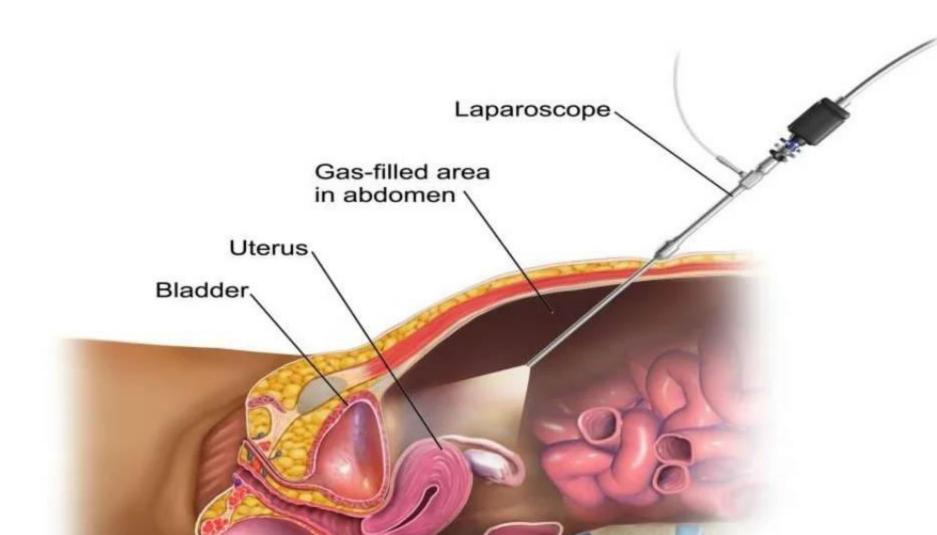
- Two types of infertility:
  - Primary Infertility.
  - Secondary Infertility.

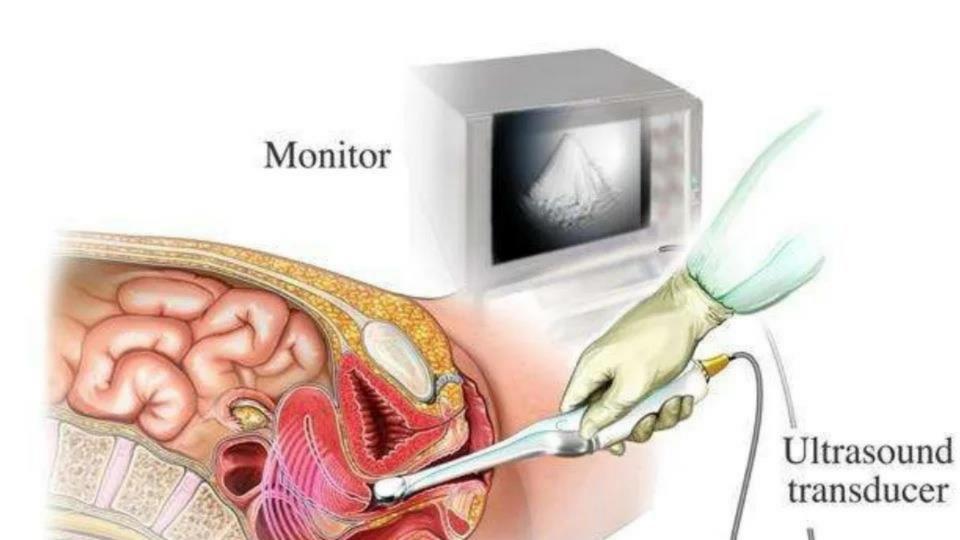
## Primary Infertility: When a women is unable to ever bear child .

### 2. Secondary Infertility: When a women has been pregnant but

## **DIAGNOSIS OF INFERTILITY**







## TREATMENT FOR INFERTILITY



#### <u>IN MEN:-</u>

- 1. Premature ejaculation or Erectile dysfunction:
  - Behavioral approaches (giving suggestions).
  - or medications.
- 2. Variocele:
  - If there is varicose vein in scrotum, it can be surgically removed.
- 3. Blockage of the ejaculatory duct:

#### 4. Retrograde ejaculation:

- Sperms can be taken directly from the bladder and injected into an egg in laboratory.
- 5. Surgery for epididymal blockage:
  - A bypass of the blockage can be performed, called vaso-epididymostomy
    (vas deferens is re-connected to epididymis).

#### IN WOMEN:-

1. Ovulation disorder:

Fertility drugs are prescribed ...

## a) Clomifine:-



 To encourage ovulation (in case of PCOS, etc).

#### b) Metformin:-

- Clients who do not respond to clomiphine.

### c) FSH:-

- A hormone produced by pituitary.
- Controls estrogen production by ovaries.
- It stimulate ovaries to mature egg follicle.
- Ex: Gonal-F, Repronex, Follistim, (given S/C)

#### d) Human Menopausal Gonadotrophin:-

- EX: Bravelle, Repronex, and Menopur (given I/M or can be S/C).
- Genetically engineered products.
- Contains both FSH & IH

#### e) Human Chorionic Gonadotrophin :-

- Given in combination (clomiphine + HMG + FSH ).
- It stimulates follicles to ovulate.
- given I/M or S/C.

#### *f*) Gn- RH :-

- For women who ovulate premature follicle during HMG treatment.
- Delivers constant supply of Gn-RH to pituitary gland, which alters the production of bormono, that allows

### g) Bromocriptane:-

- Stimulate ovulation by inhibiting production of prolactin.
- Prolactin stimulates milk production in lactating mothers.
- Ex: Parlodel, Cycloset, (given oral or i/v)

# **INFERTILITY COUNSELING**

- Infertility counseling deals with the psychosocial impact of infertility in terms of :
  - Intervention,
  - Treatment, and
  - After-effects of both successful and unsuccessful treatments.
- It also involves therapeutic work to help

## Objectives & need of infertility counseling: – Informed consent.

- To offer coping strategies to couples.
- To facilitate decision making.
- To offer preparation for procedures.
- To help client in achieving a better quality of life.

### Counseling Services:

- IVF- group discussion by staff.
- Third party reproduction for both donors & recipients.
- -Therapeutic counseling.
- -Crisis counseling.
- Assessment & Follow-up.



#### Advantages of infertility counseling:

- Helps to deal with the emotional stress.
- Provide extra support.
- Allow the client in exploring all possible options for family.
- Help the couples in overcoming the dilemmas & deciding the right fertility treatment.



#### Role of Nurse in Infertility counseling:

- Receiving the patient & family, and make them accessible & comfortable for counseling.

 – Nurse need to obtain history as prenatal, family and other relevant history.

 Nurse has to perform primary physical examination and collect other relevant information regarding patient of reports. Give psychological support throughout the counseling.

 Collect other information about tests, reports & documents.

-Establish plan of care with family and co-

Maintain privacy and confidentiality of all cases.

– Performing inseminations.

– Performing embryo transfers.

# ETHICAL & LEGAL ASPECT OF ASSISTED REPRODUCTION TECNOLOGY (ART)



 The aim of ART (fertility treatment) is to promote the chances of fertilization and subsequent pregnancy by bringing the sperm and egg close to each other.

Different types are:

#### ✓ Intra-uterine Insemination (IUI):-

- It is indicated as a first-line management where there are problems such as:
  - -Hostile cervical mucus,
  - Anti-sperm or male fertility problem (low sperm count or premature ejaculation),
  - Although tubal patency of female partner must be assured.

It is also useful for cases of unexplained infertility.

- In order to increase the chances of success:
  - Ovulation is monitored,
  - Ovulation is induced oftenly,
  - Sperms are prepared to maximize their fertility before insertion into uterus.

### ✓ In- vitro fertilization (IVF)/ Embryo transfer:-

- Describes lab techniques where the fertilization occurs outside the body and is one of the main types of ART.
- IVF is indicated in cases where the female partner has:
  - Uterine tube occlusion ,
  - Endometriosis or cervical mucus problems,

 Stimulation of the ovaries to produce more than one egg is required and treatment starts with pituitary desensitization (done by Gonadotrophin injection).

### ✓ Intracytoplasmic sperm injection (ICSI):

• Developed in 1992.

 It is a highly specialized variant of IVF treatment that involves the injection of a single sperm into the cytoplasm of an egg with It is useful technique when sperm quality is poor.

 In azoospermic man sperm can be obtained surgically from the epididymis or by extraction from testis itself.

### ✓ Gamete intra-fallopian transfer (GIFT) & Zygote intra-fallopian transfer (ZIFT) :-

 Both GIFT & ZIFT are laparoscopic technique that offer little clinical advantage over invitro fertilization (IVF) and are no longer recommended.

#### **Third party assisted ART:-**

When couples do not achieve pregnancy from the infertility treatments or traditional ART, they may choose to use a third party assisted ART method to have a child.

## ✓ <u>Sperm donation:</u>

 Couples can be donated sperm when a man does not produce sperm or produces very low no. of sperm and if he has a genetic disease.

 Donated sperm can be used with intra-uterine insemination or with IVF.

## ✓ Egg donation:

 This can be used when a women does not produce healthy egg that can be fertilized.

 An egg donor undergoes ovary stimulation and egg retrieval steps of IVF.

Donated egg can then be fertilized by sperm

## ✓ <u>Surrogacy:-</u>

 Legal arrangements for surrogacy require the commencing (beginning) couple to both be over the age of 18, married to each other and the child genetically related to at least one of them.

Surrogate mother acts as a host as the embryo

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