

Fertility Screening and Preservation: Planning for the Future



By: Peter Ahlering MD
 Medical Director,
 Sher Institutes for Reproductive
 Medicine - St. Louis

There are few individuals, male or female, that don't think at some point in their lives about having children and raising a family. It's hardwired in the human genetic code. However, it's become increasingly common to get "distracted" in life from these thoughts of procreation and family, pushing them out of our minds while we occupy ourselves with career and other various activities. Invariably, however, the idea of child-bearing comes back.

The problem is that nature doesn't get distracted from its incessant negative effects on reproductive potential. The "Biological Clock" does not stop ticking for anyone, and for some individuals, it ticks much faster than they would hope or expect.

This sounds horribly ominous!

Nevertheless, it's true. The good news is that there are ways to preemptively address this reproductive aging process. The first crucial step for anyone in understanding the effect on the clock on them at any given point in time is a *fertility assessment*.

For females, this 'snapshot' assessment is simple and easy to perform with routine blood work and an ultrasound. It's usually covered by insurance, and if not, can all be done for a few hundred dollars.

Here's the background for women: Even before birth, you're losing eggs from your ovaries. (See Table 1) At birth, a woman has about two million eggs. By the time the first menses occurs at around age 11, she has about 400,000. In her mid-thirties, the rate of loss increases, such that by around age 50, there aren't any left. This is the onset of menopause.

Adding insult to injury, egg quality also declines as a woman ages. That is, the chance that any one egg will make a baby decreases as "the Clock" ticks. So with age comes fewer eggs - and poorer quality ones at that. Though I think that most people instinctively understand the concept of age-related fertility decline, I've found that very few of them understand that the decline starts a lot younger than is commonly thought - on average around **age 27**. (See Table 2)

As a reproductive specialist, the first thing that I do when evaluating a

patient/couple that is having problems achieving pregnancy is assess the impact of the Biologic Clock in that individual woman. This means assessing ovarian reserve - finding out "how many eggs are left." If the reserve is low, time is not that patient's friend. She may decide to pursue pregnancy sooner

- "I'm young. I should have no problems getting pregnant when I'm ready."

- "I know someone that had a baby at age 42. I'll be OK."

- "I'm healthy, eat right and exercise, so I should have great fertility."

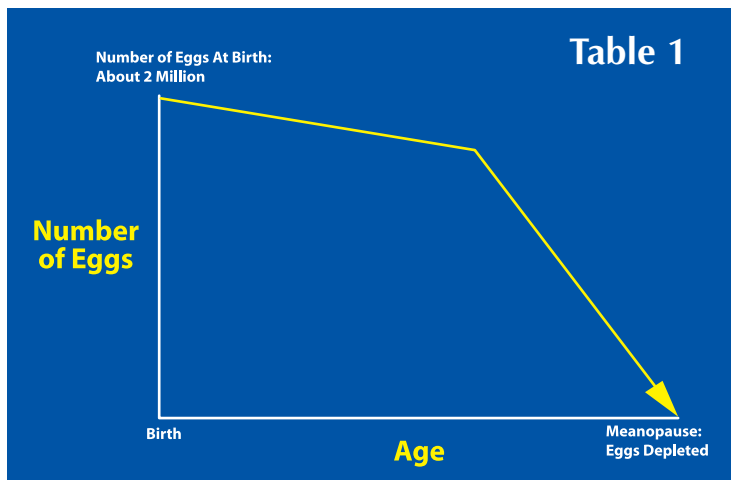
- "My Mom was 55 before she hit menopause, so I'll be fertile for a long time."

These thoughts often give people false hope. Don't make assumptions. The only way to know is to do the simple blood tests and ultrasound - so simple, yet so valuable. Then talk to your doctor or reproductive specialist about what it means to **you**. Ask them to put it in the context of **your** particular situation. This is

easy to do and it can change your thinking and your life.

In the field of Reproductive Medicine, there are viable emerging techniques and technologies for egg freezing or "cryopreservation" (sperm cryopreservation has been available for decades). These technologies have recently undergone significant advances that dramatically improve live birth rates. We can now cryopreserve eggs for patients that are undergoing potentially damaging ovarian surgery and cancer chemotherapy (both which can negatively impact ovarian reserve and thus fertility future). These techniques also make it possible to freeze and store eggs for those that wish to preserve fertility or postpone childbearing for other personal reasons.

I strongly encourage women who are considering having children now or in the future to undergo a fertility evaluation. The information is too easily obtained and too valuable to neglect.



rather than later, before the reserve declines further or is completely depleted. If reserve is high, she can plan her childbearing path accordingly.

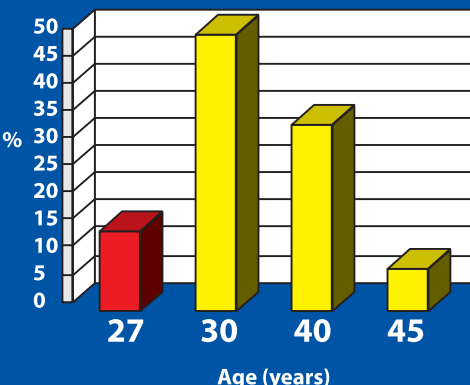
Ovarian reserve and egg quality are undeniably the most important aspects to achieving a pregnancy. Knowing these things is a relatively simple matter of undergoing the basic screening tests and discussing the results with your physician.

Fertility screening can empower a woman by providing critical information about her fertility that she can use to make informed decisions that impact her life, such as:

- Do I want a family?
- If so, how soon?
- What do I want to do with my career?
- Does the knowledge gained from fertility screening alter how I look at that?

Some misconceptions I hear frequently are:

A woman's fertility starts to measurably decline at what age?



12,365 respondents
12.65% answered correctly
39% felt fertility started declining at age 40 or later

Table 2

SIRM™ - St. Louis
 456 N. New Ballas, Suite 101
 Creve Coeur, MO 63141
(314)983-9000
www.haveababy.com stlouis@haveababy.com