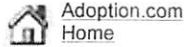




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Chapter 49:

Preventing Infertility

How to Have a Baby: Overcoming Infertility

By Dr. Aniruddha Malpani, MD and DR. Anjali Malpani, MD

To learn more about Doctor Malpani [click here](#)

Often preventing infertility is much easier and better than treating it! What can you do to reduce the risk of being infertile?

The biggest preventable danger to fertility is due to uncontrolled sexually transmitted diseases (STDs) such as syphilis, gonorrhea and chlamydia. These can cause irreparable damage to the reproductive tract in both men and women. STDs can be prevented by:

- Being thoroughly informed about STDs and being aware of the risks they pose.
- Not engaging in promiscuous sexual activity. Abstinence or monogamy is safest!
- Using condoms if there is more than one sexual partner.
- Testing for STD if you are at risk.
- Taking early and thorough treatment for STDs. This includes: careful follow-up; testing for cure; and screening of sexual partners.

Often, couples will want to postpone childbearing after marriage. Contraception can also pose a hazard to future fertility, if not selected carefully.

- IUDs should not be used in women who are at risk for STDs because they increase the risk of pelvic inflammation; and it may be a good idea not to use IUDs in women who have never conceived.
- Oral contraceptives usually have no direct effect on fertility at all. However, women who have irregular anovulatory cycles before taking the pill will find that their irregular cycles return once they stop the pill and they may need treatment for this.
- The use of depot contraceptives (such as Norplant) can interfere with the resumption of ovulation, causing infertility, but this is uncommon.
- Sterilization (tubal ligation and vasectomy) as a method of family planning should be offered only to patients who are sure they have completed their families; have received adequate counseling; and whose children have grown up.

An important preventable cause of testicular damage in men is uncorrected undescended testes. Undescended testes should be surgically treated at an early age to prevent damage - preferably before the age of two years. This requires educating mothers of young boys and doctors as well.

It may also be a good idea to immunize boys against mumps in childhood, thus preventing the ravage that mumps can cause to the testes in later life.

Drugs - including alcohol, cocaine and marijuana - are all poisons. They can reduce sex drive; damage sperm production; and interfere with ovulation - and sometimes this damage is irreparable. Smoking tobacco also affects reproductive function - by depleting egg production; increasing the risk of PID; and lowering sperm counts. Often, the adverse effect is temporary, so that when these are stopped, the harmful effects on reproductive function are likely to be reversed. However, since abstinence is easier than moderation, the best

option is not to smoke, drink or use drugs!

Occupational hazards can also decrease sperm counts. Many toxic drugs - including radiation, radioactive materials, anesthetic gases, and industrial chemicals such as lead, the pesticide DBCP and the pharmaceutical solvent ethylene oxide can reduce fertility by impairing sperm production. Intense exposure to heat in the workplace (for example, long-distance truck drivers exposed to engine heat; and men working in furnaces or in bakeries) can cause long-term and even permanent impairment of sperm production. You should be aware of these hazards and may need to control your exposure if fertility is a concern.

Wearing loose cotton underwear and trousers is advisable - tight clothes increase testicular temperature and may harm sperm production.

X-rays can be harmful to gonads. If X-rays are needed, the scrotum should be covered with a lead shield.

Unnecessary surgery can also cause harm to fertility. For example, appendectomy for chronic abdominal pain in young women can create pelvic adhesions that damage the tubes. It is also important to educate doctors and patients about the necessity (or the non-necessity!) of certain operations in young women. Procedures like ovarian cystectomy to remove small ovarian cysts; myomectomy to remove small fibroids; and D&Cs may actually cause more harm than do good. If surgical procedures are needed, then these should be performed meticulously, preferably using microsurgical techniques. Minimally invasive surgery (laparoscopic surgery and ultrasound guided procedures) offers an alternative to conventional surgery in these patients, where conserving fertility is a major concern.

For some young men with cancers (such as Hodgkin's lymphoma or testicular cancers), the therapy for the cancer (chemotherapy and radiation) can destroy sperm production and render them sterile. For these men, sperm preservation (by freezing in a sperm bank) is an option to maintain their fertility.

Some young couples use abortions as a method of family planning when they inadvertently get pregnant - either very soon after marriage - or even before. These unwanted pregnancies are then removed by medical termination of pregnancy MTP. A MTP is usually a safe and easy surgical procedure but it can have complications. One of these is infertility because of blocked tubes following an infection after the surgery. Contraception should be easily available for couples - and they should be taught how to use it effectively.

It is also important to prevent unnecessary damage to the cervix in women. Regular PAP smears to screen for early cervical precancerous disease allows conservative treatment of these lesions when they are found, thus preserving the function of the cervix. Unnecessary surgical treatment of benign cervical lesions such as erosions should also be avoided.

* Young women who are obsessed with their fitness can paradoxically impair their own fertility. Excessive dieting; together with too much exercise in order to maintain a thin figure can actually cause irregular menstrual cycles and stop ovulation. This is especially common in women athletes, swimmers, gymnasts and dancers; and women with anorexia nervosa. Simply regaining body weight can reverse their infertility.

Obesity can also interfere with ovarian function. Excessive fat disrupts normal hormonal production, causing abnormal ovulation. Reducing body weight down to normal can correct the problem.

* Another problem that has become more prevalent recently is the advanced age at which women are opting to have babies. Because of socio-economic pressures, women prefer to complete their education and pursue their careers before starting a family. This sometimes means that childbearing is postponed till women are in their late twenties or early thirties - and for some women at least, the biological clock has ticked on too far as a result of this delay. In addition to the natural decline in fertility with increasing age, the longer a woman puts off pregnancy, the more she risks having her fertility threatened for various other reasons - such as endometriosis and STDs. While postponing childbearing can be an economic necessity for some couples, the best time to have a baby from a biological point of view is when the woman is in her early twenties.

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