

**> Q6**

Is Crash Diet Crushing My Baby Dreams?

My husband and I are in our mid thirties and have been trying for a baby for the past two years. I used to be overweight and my gynae advised me to lose some pounds to improve my chances of getting pregnant. After signing up with a slimming centre, I successfully dropped 15kg to my present weight of 60kg within two months. However, over the past year, I notice that my period comes once every two or three months instead of monthly, which makes it harder for me to gauge my fertile window. Is it due to my crash dieting? To make matters worse, my husband has just changed his job and is feeling stressed out. A friend suggested that we sign up for in vitro fertilization (IVF) since we're not getting any younger. What is the procedure like and what are the risks, benefits and costs? Besides adoption, is this our only option left?

Irregular, infrequent periods indicate that you are not ovulating regularly (ovaries are not releasing an egg every month). This could be because of a pre-existing hormonal imbalance or an over or underproduction of certain hormones. Irregular ovulation could also result following sudden weight loss, like after a crash diet or due to the use of certain types of medications which can affect hormone secretion. Stress can contribute to hormonal disturbances and make matters worse.

Irregular ovulation may make it quite difficult for you to get pregnant. However, there are several drugs that can be used to induce ovulation (make ovaries start ovulating again). The appropriate treatment will depend on your age as well as the actual cause of the hormonal imbalance.

Sometimes there can be more than one cause contributing to the difficulty in conception. Thus, it is important to see a gynaecologist who specialises in fertility management. He or she will do the necessary tests for both you and your husband and advise you on the appropriate treatment depending on the results of the tests; in-vitro fertilization (IVF) may be one of the options.

IVF or test-tube baby programme involves several steps. For most women, the long protocol is used. There are three phases: the first phase entails giving injections for two weeks to suppress the hormones produced by the body. Following this, the stimulation phase starts. Daily injections

are given to help stimulate the ovaries to produce several follicles (fluid filled spaces inside which the egg stays). During this phase the patient needs to be monitored closely using ultrasound scans and blood tests to tailor the dose according to her response.

Once the follicles are mature, the eggs are retrieved. This is done under general anesthesia but requires hospitalisation for only for a few hours. The recovered eggs are fertilised with her husband's sperm, the embryos then grown in the laboratory and are transferred in the patient's womb three to five days later. The success rate for each cycle is generally 30 to 35 per cent but depends on the age of the patient undergoing IVF. The cost of the procedure varies from centre to centre. Part of the cost can be paid using Medisave, the details of which can be obtained from any centre offering the IVF procedure.

Like all procedures, there are certain risks involved and hence it is recommended that

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IVF to be done by a trained specialist. Ovaries may under-respond to the medications resulting in cancellation of the cycle midway. Over-response or hyper-stimulation can happen in some patients resulting in bloating and fluid collection in the tummy or in some rare cases, even in the lungs. There is also a 20 to 25 per cent chance of the pregnancy following

the IVF being a multiple pregnancy (twins etc) and these pregnancies may have a higher chance of complications like miscarriage, premature birth etc.

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