

Restorative Reproductive Medicine

**A “Clinical Evidence”
Based approach to
care**

**University College Dublin
Saturday 26th March
2011**

Dr. Phil C. Boyle











David

Maureen

James



Restorative Reproductive Medicine

- Fertility *is not a disease* that needs to be suppressed or “treated” with medications



Restorative Reproductive Medicine

- Fertility *is not a disease* that needs to be suppressed or “treated” with medications

Dr. TW. Hilgers



Restorative Reproductive Medicine

Restore normal function
and avoid techniques that are

1. Suppressive
2. Destructive
3. Circumventive



Restorative Reproductive Medicine

1. IUI
2. IVF
3. ICSI



Restorative Reproductive Medicine

Why Bother??

Pre-restoration



.....Because Restoration matters!!

Pre-restoration



Post restoration





A thing of beauty is a joy for ever:
Its loveliness increases; it will never
Pass into nothingness; John Keats



Clinical Evidence

- Symptoms
- Signs
- Investigations
- Diagnosis
- Treatment



Clinical Evidence

- Symptoms
- Signs
- Investigations
- Diagnosis
- Treatment

All Improved by charting.



Clinical Evidence

- Symptoms
- Signs
- Investigations
- Diagnosis
- Treatment
- Assessment of outcome
- Modification of treatment as required



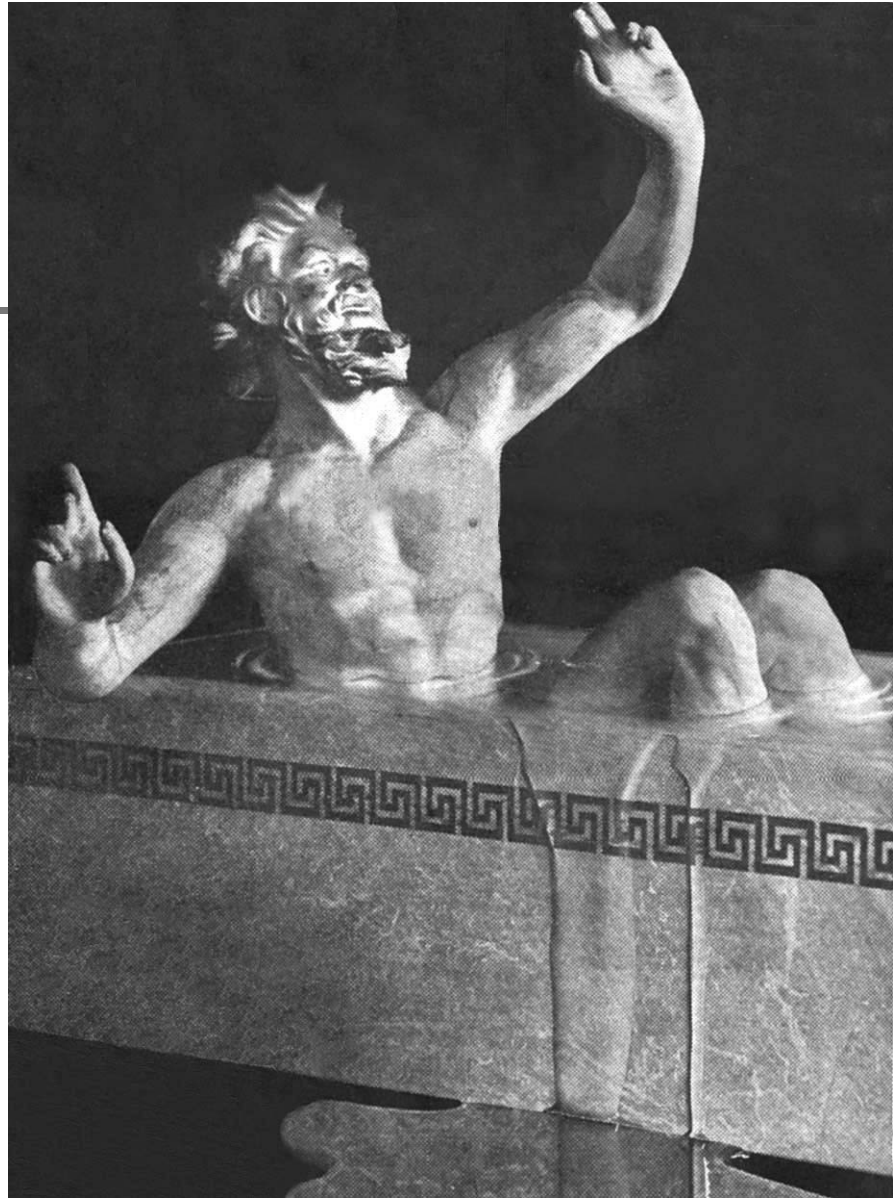
Clinical Care

Supported by

1. Medical Training
2. Published Studies
3. Clinical Experience
4. Common Sense
5. Ongoing critical evaluation and audit of patient care



Eureka!





Clinical Care

Supported by

1. Medical Training
2. **Published Studies**
3. Clinical Experience
4. Common Sense
5. Ongoing critical evaluation and audit of patient care



Medical Publications

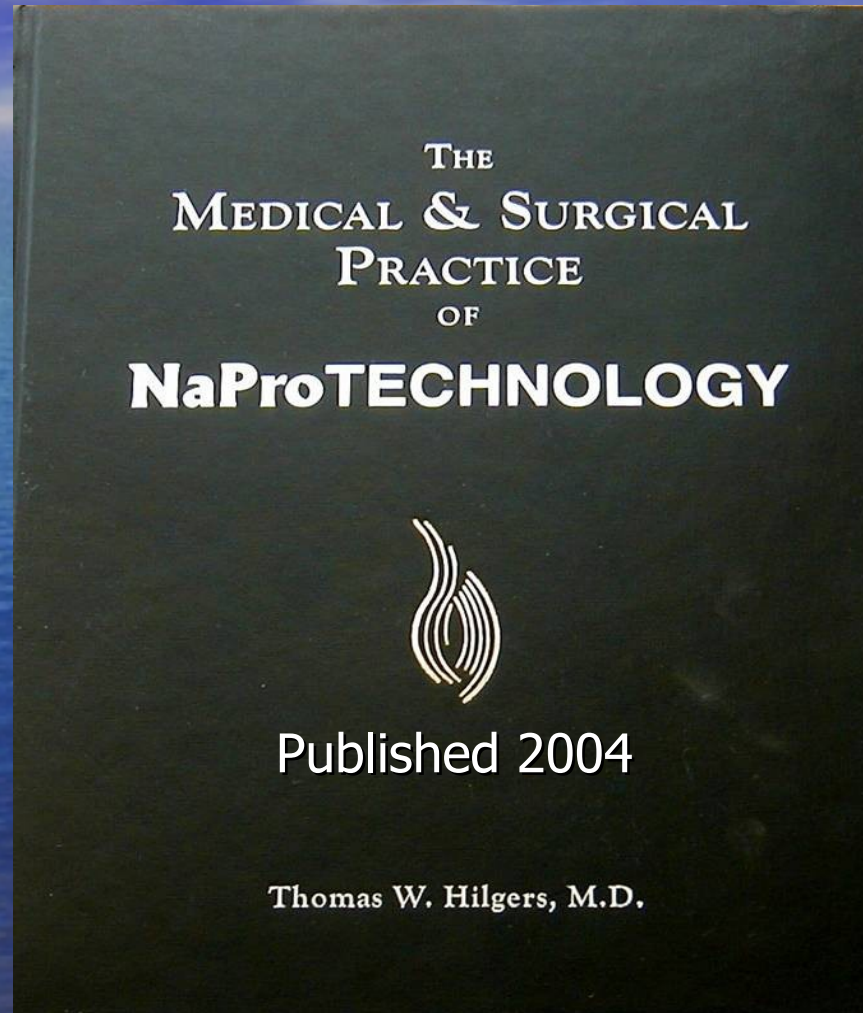
Serious need to inform peers of “new evidence”
through publications in medical journals



NaProTechnology

- There are many publications regarding the medical and surgical techniques used, but they are not well known or widely applied

NaProTechnology



www.NaProTechnology.com

Galway NaPro study- live birth rates

- All couples
- Crude rate: 25.5
- Adjusted rate: 52.8

Stanford, Parnell, Boyle. JABFM, *Sept 2008*



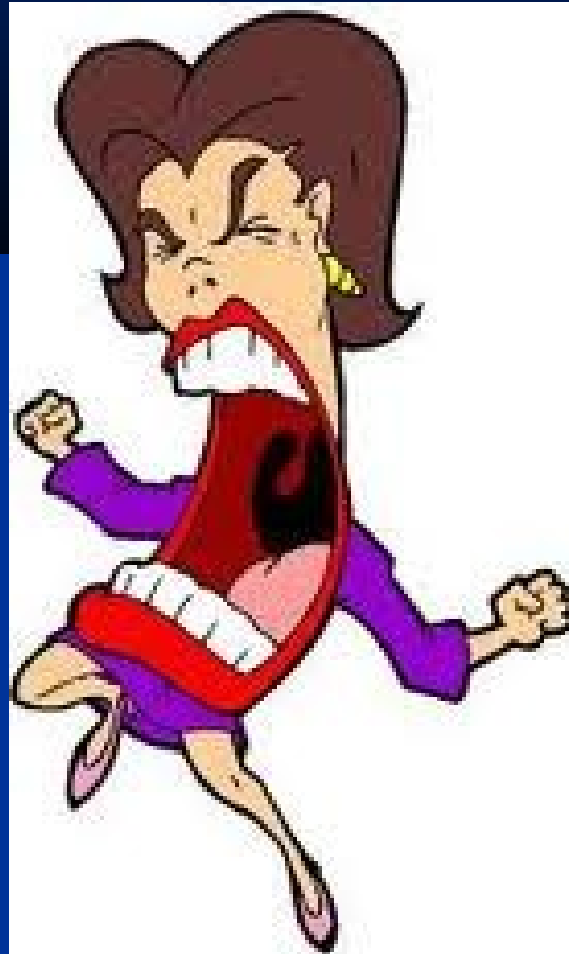
Restorative Reproductive Medicine

- Complicated and challenging to be proficient?
- How can I help my patients NOW!?

Topics

- PMS
- Post Natal Depression
- Male Factor Infertility
- Premature Ovarian Failure
- Recurrent Miscarriage
- Repeated Failed IVF

Pre menstrual Syndrome



Incidence of Symptoms Associated with Premenstrual Syndrome (PMS) (N=147)

Symptoms	%	Symptoms	%
Irritability	92.6	CHO craving	83.7
Bloating	91.7	Breast tenderness	82.7
Crying easily (teariness)	90.2	Weight gain	75.6
Fatigue	89.1	Headache	64.4
Depression	88.0	Insomnia	49.2

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 29-9.

Premenstrual Syndrome (PMS)— Number of Days Prior to Menses that Symptoms Start (N=115¹)

Number of days symptoms start premenstrually

4-6	7-9	10-13	14 or more	Average
8.7%	37.4%	29.6%	24.3%	9.4 ± 3.2

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 29-10.

Incidence of Premenstrual Syndrome (PMS) in General Population¹

	% of women
No premenstrual symptoms	3–10
Mild premenstrual symptoms	50–75
Moderate to severe premenstrual symptoms that disrupt lifestyle	20–30
Severe, debilitating symptoms	2–10

1. Mezrow G, Shoupe D: The Premenstrual Syndrome, In: Mishell's Textbook of Infertility, Contraception, and Reproductive Endocrinology. Lobo R, Mishell DR, Paulson RJ, Shoupe D, Eds. Blackwell Science, Malden, MA 1997, pp. 403-414.

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 29-1.

Use of Progesterone to Treat PMS of PMDD¹

“Although vaginal progesterone suppositories were once widely used in the treatment of PMS, this therapy can no longer be advocated. **Studies failed to demonstrate the superiority of progesterone over placebo.** Oral progesterone also has been found to be no more effective than placebo in treating PMS.”

-
1. APGO (Association of Professors of Gynaecology and Obstetrics) Educational Series on Women's Health Issues. Premenstrual Syndrome and Premenstrual Dysphoric Disorder: Scope, Diagnosis and Treatment. APGO, Washington, DC, October 1998.

Double-blind Trial of Progesterone Therapy and the Precision of Targeting the Luteal Phase

Author	Year	Targeting Luteal Phase	Effectiveness
Sampson ⁴⁹	1979	Calendar	No improvement
Van der Meer, et al. ⁵⁰	1983	Calendar	No improvement
Dennenstein, et al. ⁵¹	1985	Urinary hormonal assessment	Significantly better
Anderschi, et al. ⁵²	1986	Calendar	No improvement
Maddocks ⁵²	1986	Day 16	No improvement
Freeman ⁵⁴	1990	Day 16	No improvement

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 29-6.

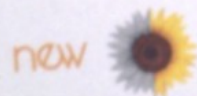


She says she feels

Irritable *and*
Bloated *at*
that time of the month.

It makes her feel

~~out of control~~



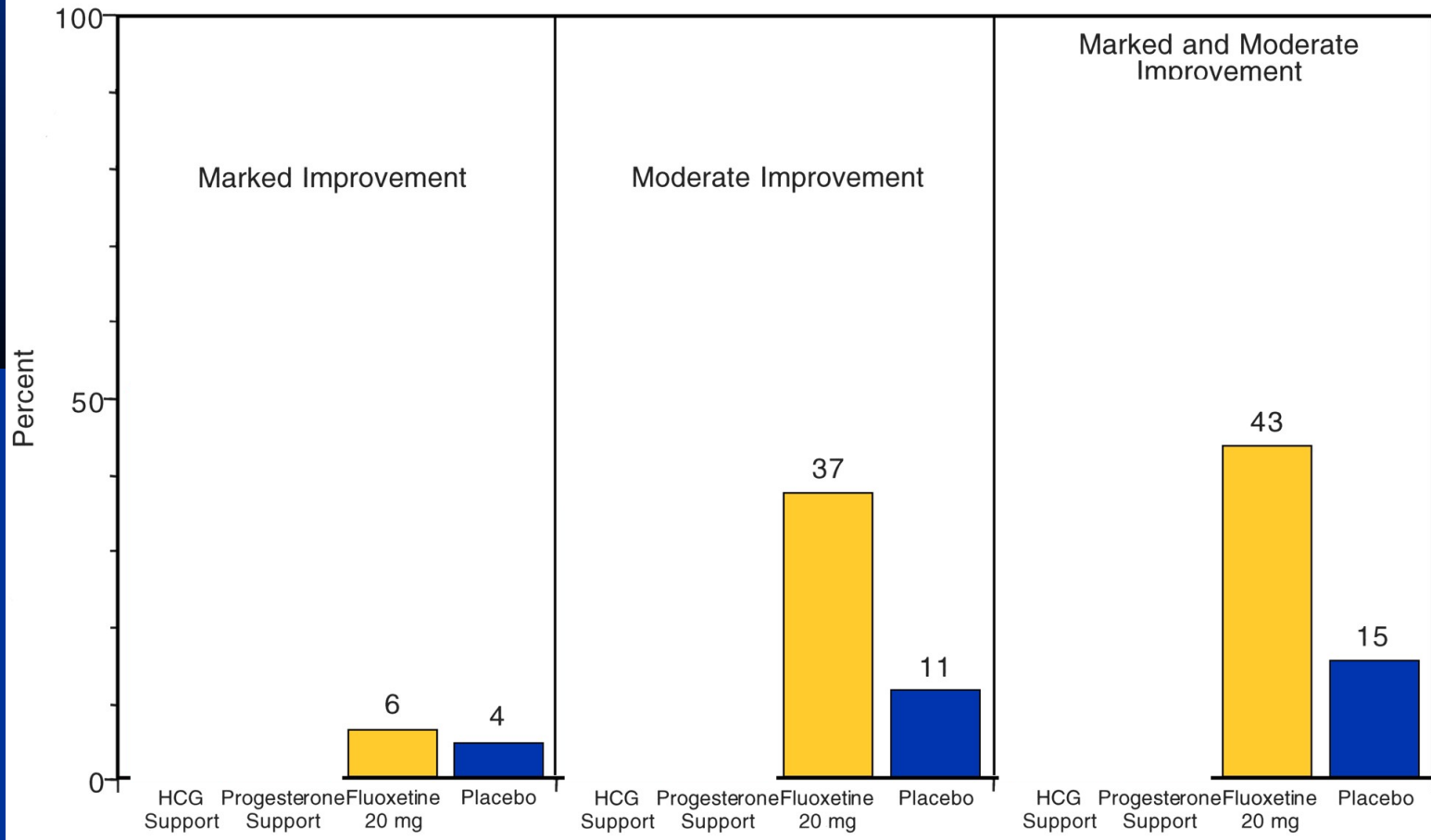
Sarafem[™]
fluoxetine hydrochloride

More like the Woman she is

See Important Safety Information on back cover.
See full prescribing information in the pocket.

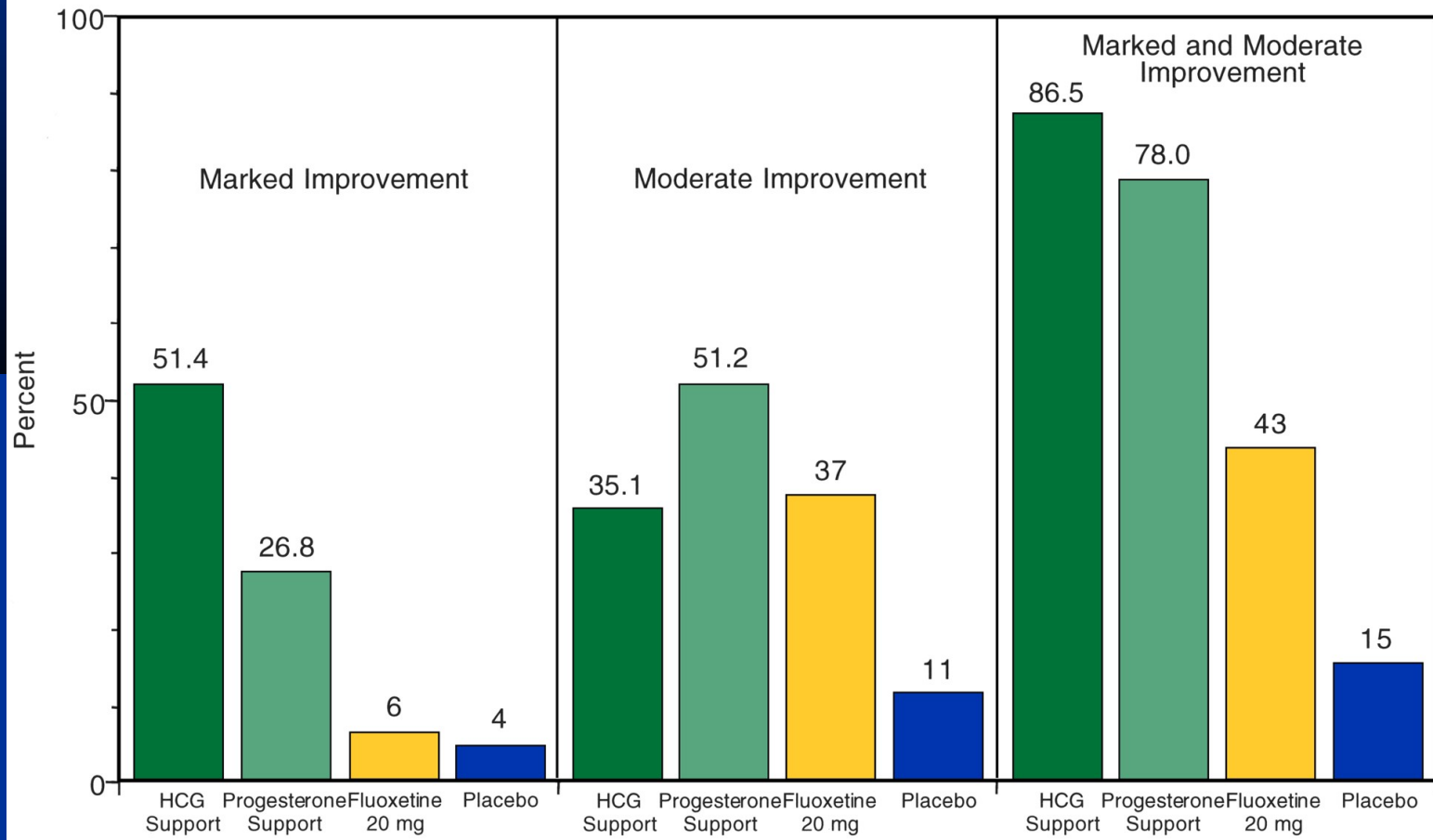
Lilly

Comparison of Response to Treatment of Premenstrual Syndrome (PMS) Placebo vs. 20 mg Fluoxetine hydrochloride



The comparison of response to treatment of PMS with 20 mg of fluoxetine hydrochloride versus placebo (From: Pope Paul VI Institute research, 2004, and published data on fluoxetine hydrochloride).

Comparison of Response to Treatment of Premenstrual Syndrome (PMS) Targeted Hormone Therapy vs. 20 mg Fluoxetine hydrochloride



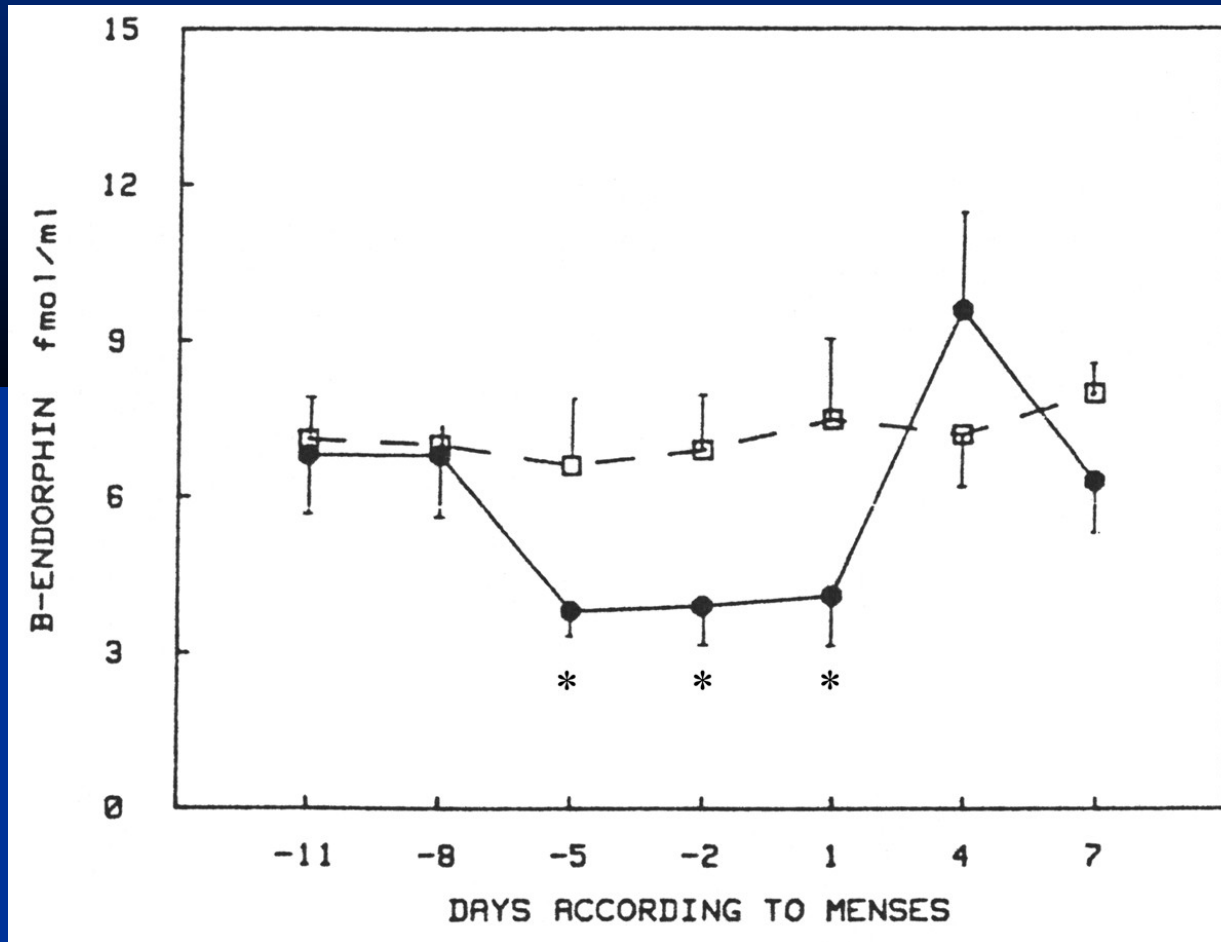
The comparison of response to treatment of PMS with targeted HCG and progesterone hormone therapy versus 20 mg of fluoxetine hydrochloride versus placebo (From: Pope Paul VI Institute research, 2004, and published data on fluoxetine hydrochloride).

Incidence of Premenstrual Symptoms— Patients with PMS, Infertility, and Spontaneous Abortion

Symptoms	PMS (n=147)	Infertility (n=252)	Spontaneous Abortion (n=300)
Irritability	92.6	90.5	73.3
Bloating	91.7	85.3	81.6
Crying easily	90.2	80.2	63.6
Fatigue	89.1	67.3	55.2
Depression	88.0	74.1	62.8
CHO cravings	83.7	75.1	64.6
Breast tenderness	82.7	85.7	74.4
Weight gain	75.6	69.4	60.3
Headache	64.4	50.8	42.0
Insomnia	49.2	29.0	9.9

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 29-22.

Perimenstrual β -Endorphin Levels PMS vs. Controls



Plasma β -endorphin changes (mean \pm SE) in the perimenstrual period in PMS patients (solid line) and controls (dashed line). * $p < .05$ between groups (From: Facchinetti F, Martignoni E, Petraglia F, Sances MG, Nappi G, Genazzani AR: Premenstrual Fall of β -endorphin in Patients with Premenstrual Syndrome. *Fertil Steril* 47:570-573, 1987).

Premenstrual Syndrome (PMS)

What You Can Do...

- 1. Diet – Trial for 2 months
Avoid Milk, Wheat and Sugar**
 - 2. Exercise**
 - 3. Low Dose Naltrexone 2mg 1st Week,
3mg 2nd week and 4.5mg nocte thereafter
compounded – fast release!**
 - 4. Omega 3 2000mg daily**
-

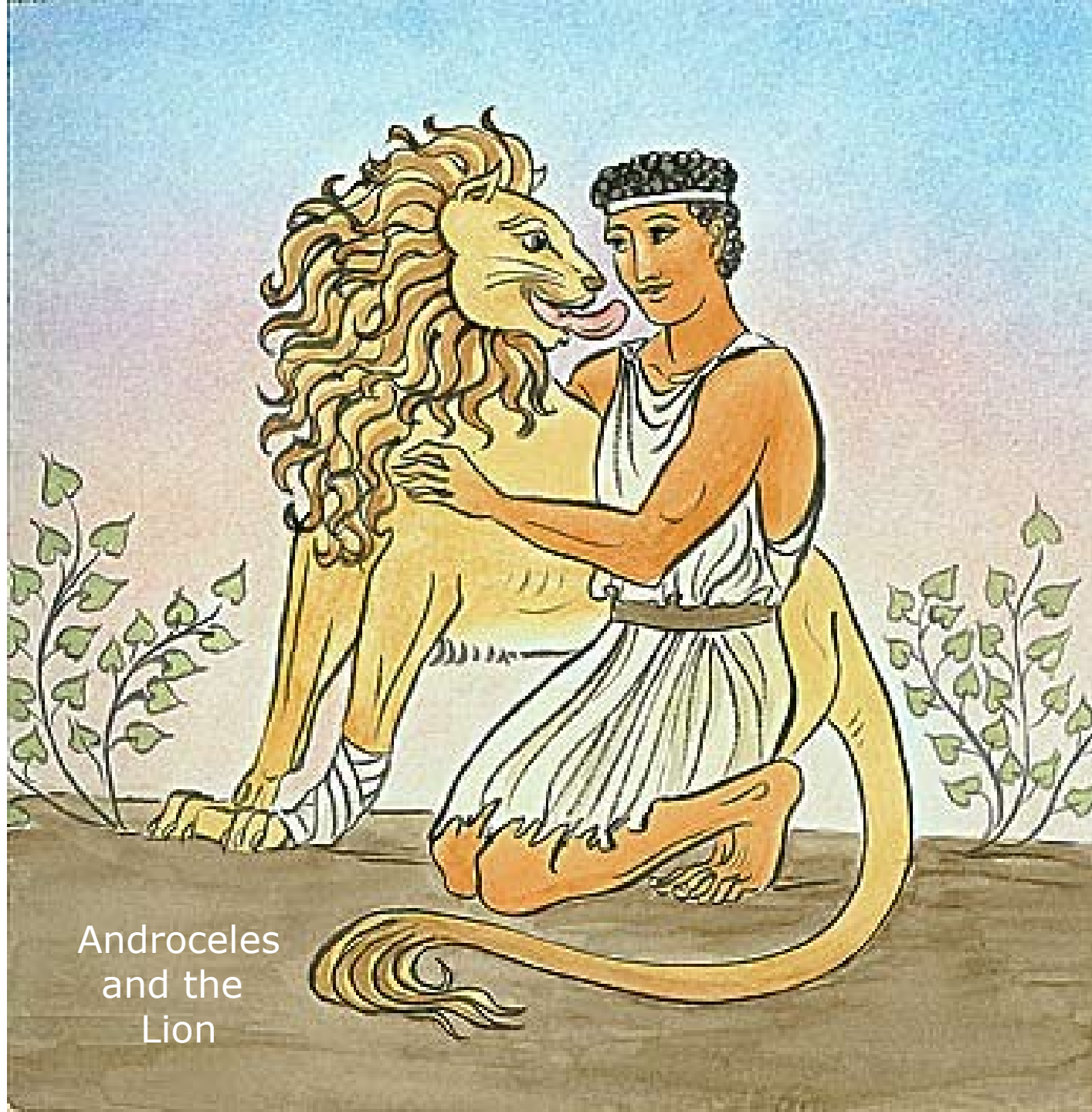
Premenstrual Syndrome (PMS)

What You Can't Do...

1. Progesterone on day 16 of cycle!

Premenstrual Syndrome (PMS) If Resistant.....

1. Refer to FertilityCare Practitioner for Charting and **you can prescribe timed progesterone** (cyclogest 400mg pv nocte x 10 nights) on Peak +3 of cycle
 2. Refer to “NaProDoc” if desired
-



Androceles
and the
Lion

Post Natal Depression



Symptoms of Postpartum Depression¹

- ◆ Dysphoric mood
- ◆ Loss of interest in usually pleasurable activities
- ◆ Psychomotor agitation or retardation
- ◆ Fatigue
- ◆ Changes in appetite or sleep
- ◆ Recurrent thoughts of death/suicide
- ◆ Feelings of worthlessness or guilt, especially failure at motherhood
- ◆ Excessive anxiety of child's health

Leopold KA, Zoschinick LB: Postpartum Depression. *The Female Patient*. 22: 40-49, 1997.

From: Hilgers TW: *The Medical and Surgical Practice of NaProTechnology*. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 30-1.

Incidence of Postpartum Depression¹

Risk of postpartum depression ¹	12-16%
Risk in women with a history of depression	25%
Risk in adolescent pregnancies ²	26-32%

1. Marcus S, Flynn HA, Barry KL, Tandon R, Gredber JF: Depression in Pregnancy and Postpartum: A Review of Clinical Issues. *Postgrad Obstet Gynec* 20: 1-7, 2000.

2. Leopold KA, Zoschinick LB: Postpartum Depression. *The Female Patient*. 22: 40-49, 1997.

From: Hilgers TW: *The Medical and Surgical Practice of NaProTechnology*. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 30-3.

Progesterone Dosage Patients with Postpartum Depression Phase II Study (N=30)

Dose	n	%
200 mg IM only	5	16.7
200 mg IM then 100 mg QOD x 5 additional doses	25	83.4
◆ Repeat series.....	3	
◆ Titration with oral dosing.....	4	
◆ Titration with long-term IM or oral dosing	2	

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 30-5.

Results of Progesterone Therapy Second Phase of Study (N=30)

Improvement Response	n	%
Marked	26	86.7
Moderate	3	10.0
		96.7
No improvement	1	3.3

From: Hilgers TW: The Medical and Surgical Practice of NaProTechnology. Pope Paul VI Institute Press, Omaha, Nebraska, 2004. Table 30-6.

**POST PARTUM DEPRESSION
CLINICAL WORKSHEET**

Patient's Name: _____ Tele. #: _____

City/State: _____ Date: _____

Date of Baby's Birth: _____ Previous History PMS: Y N

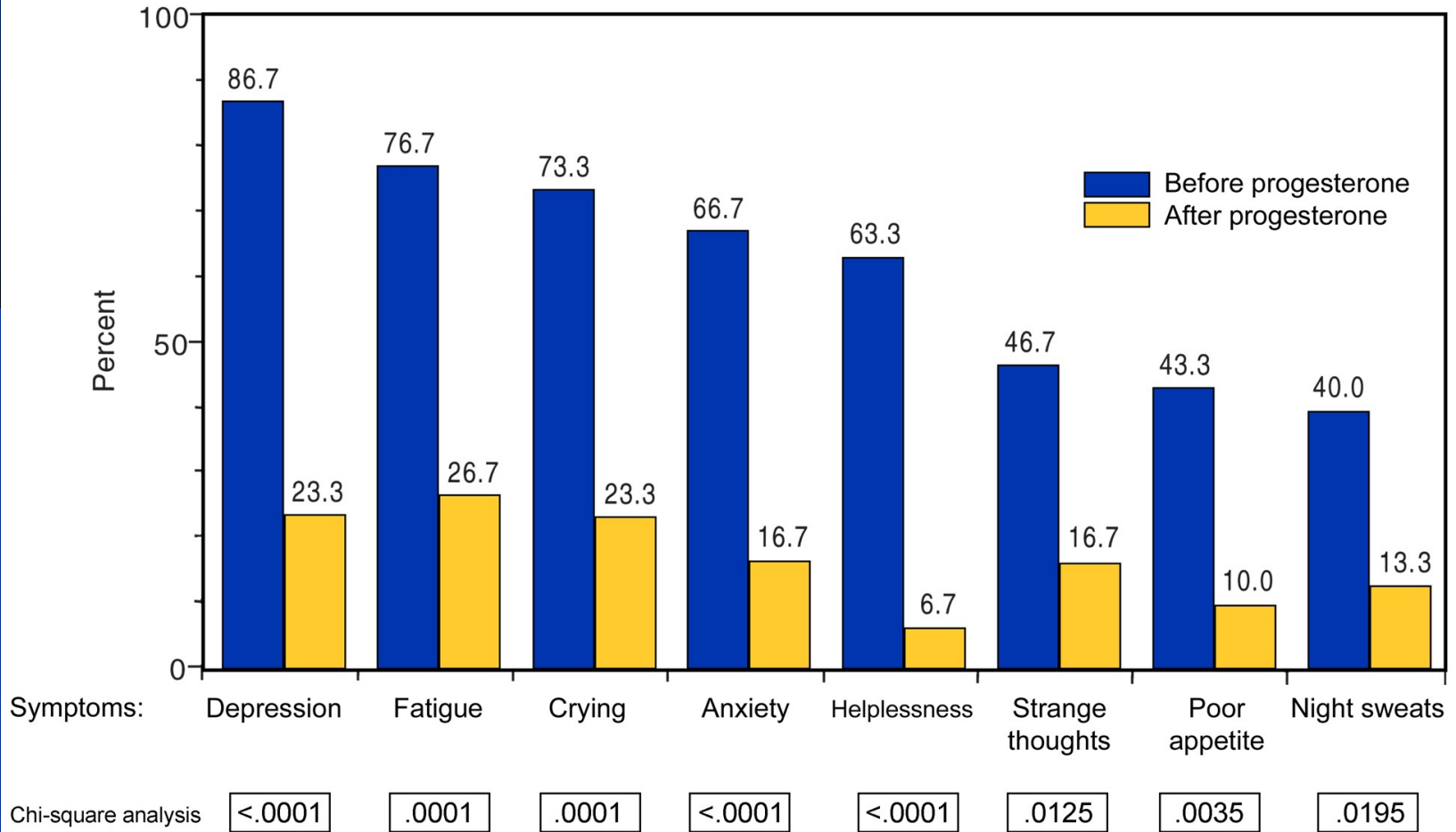
Previous History Post Partum Depression: Y N

of Pregnancies ____: Full Term ____, Miscarriages ____, Preterm Birth ____, Induced Abortion ____.

SYMPTOM LIST	BEFORE TREATMENT Y/N	AFTER TREATMENT			EXACT TREATMENT DOSAGES AND DATES
		Y/N	Y/N	Y/N	
DATE					
Depression					
Anxiety					
Panic Attacks					
Fatigue					
Insomnia					
Poor Appetite					
Helplessness					
Feel Wired					
Shaky					
Crying					
Hot Flashes					
Night Sweats					
Rapid Heartbeat					
Nausea					
Strange Thoughts					
Suicidal					
Other					
Date Symp. Began					

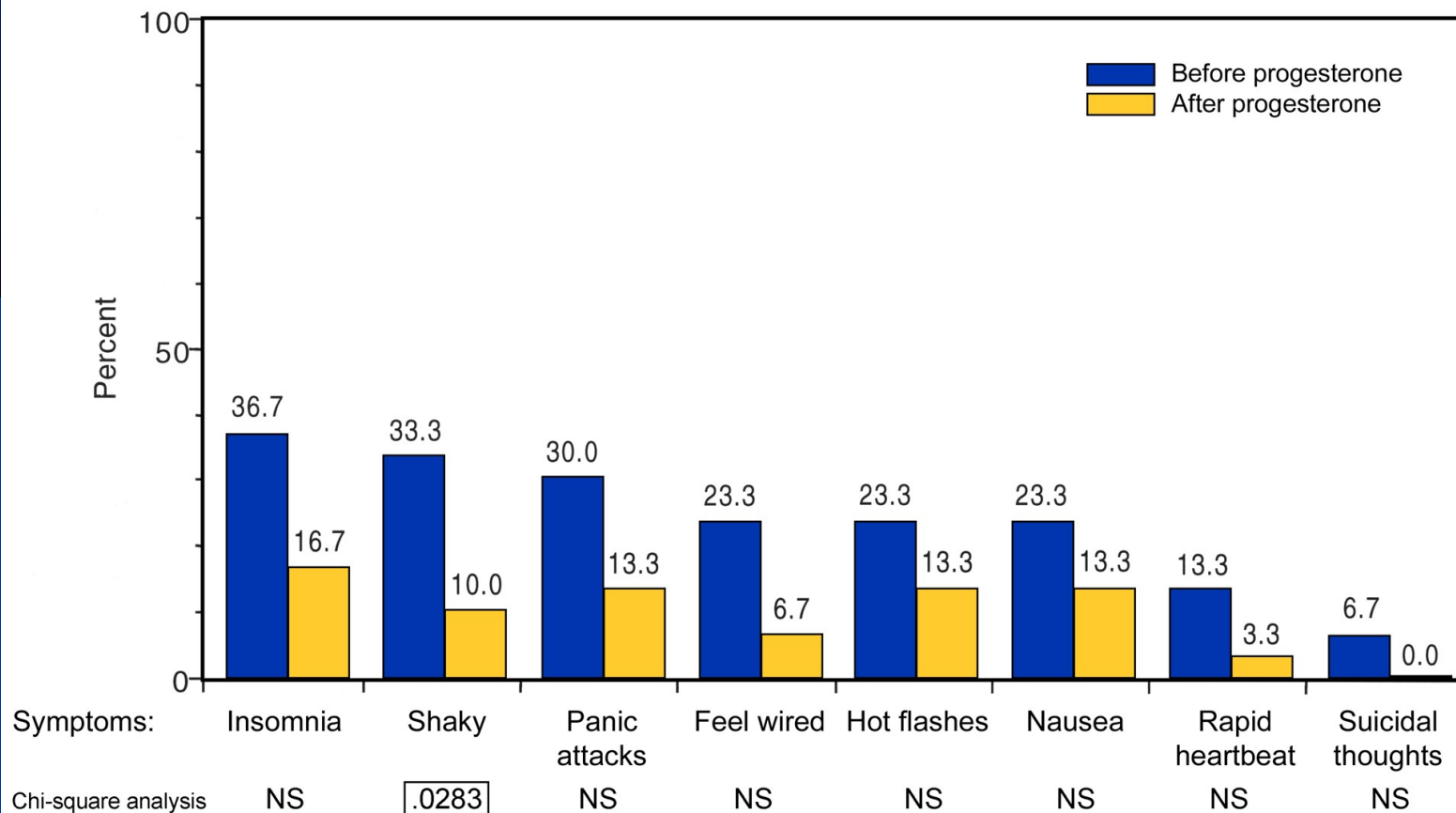
Postpartum Depression Clinical Worksheet of the Pope Paul VI Institute.

Symptoms Before and After Progesterone Therapy Patients with Postpartum Depression (N=30)

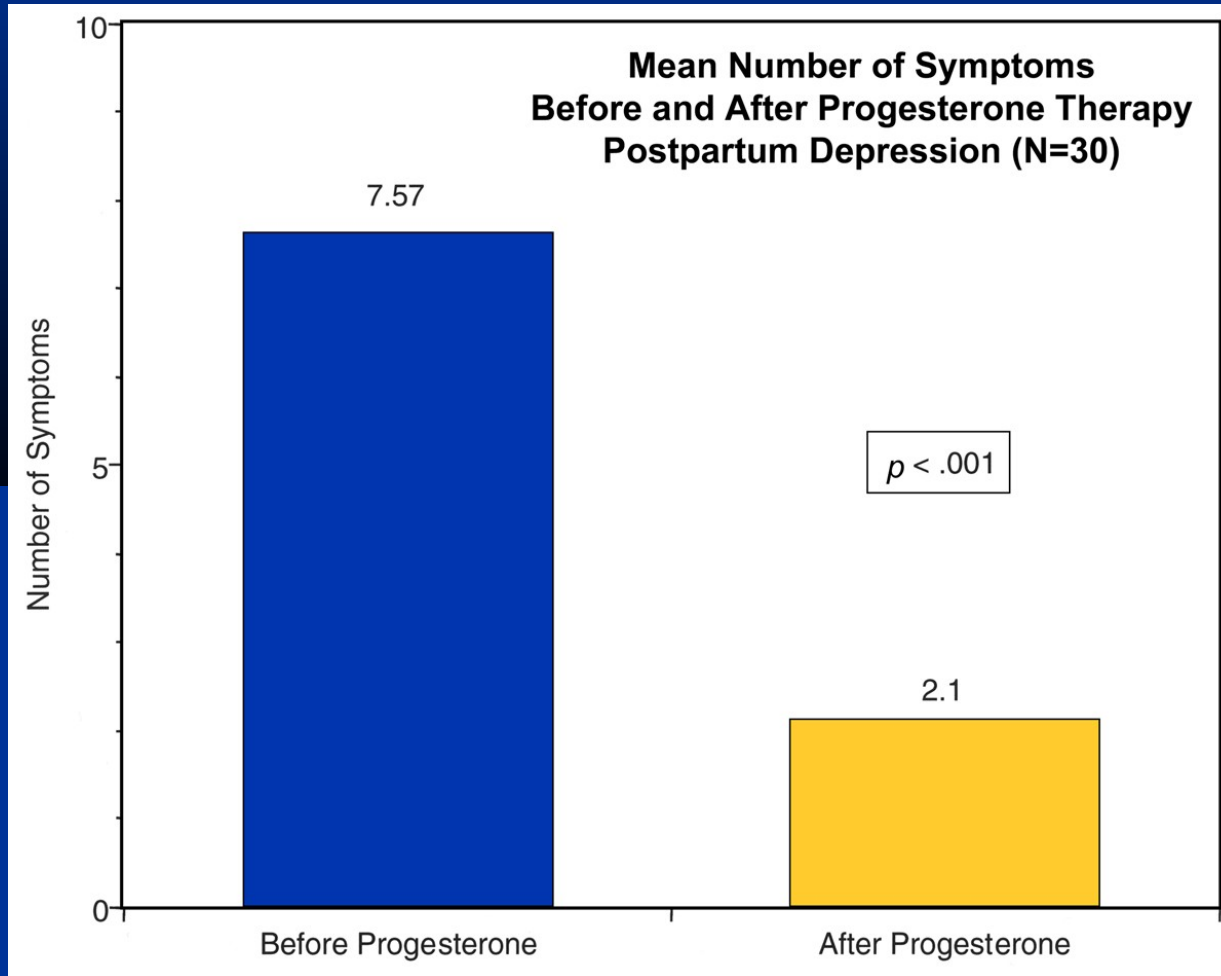


Symptoms before and after progesterone therapy in patients with PPD (N=30)
(From: Pope Paul VI Institute research, 2004).

Symptoms Before and After Progesterone Therapy Patients with Postpartum Depression (N=30)



Additional symptoms before and after progesterone therapy in patients with PPD (N=30) (From: Pope Paul VI Institute research, 2004).



The mean number of symptoms before and after progesterone therapy in patients with postpartum depression (N=30). (From: Pope Paul VI Institute research, 2004.)

Postnatal Depression What You Can Do...

- 1. Cyclogest 400mg pv twice daily** for 5 days, followed by one nightly for 5 days and stop.
- 2. If symptoms return, repeat above and add Low Dose Naltrexone (as before) 2mg, 3mg and 4.5mg nocte thereafter for 3 to 6 months**
- 3. Consider Omega 3 2000mg daily**

**Progesterone treatment may be worth trying for up to
1 year after delivery**

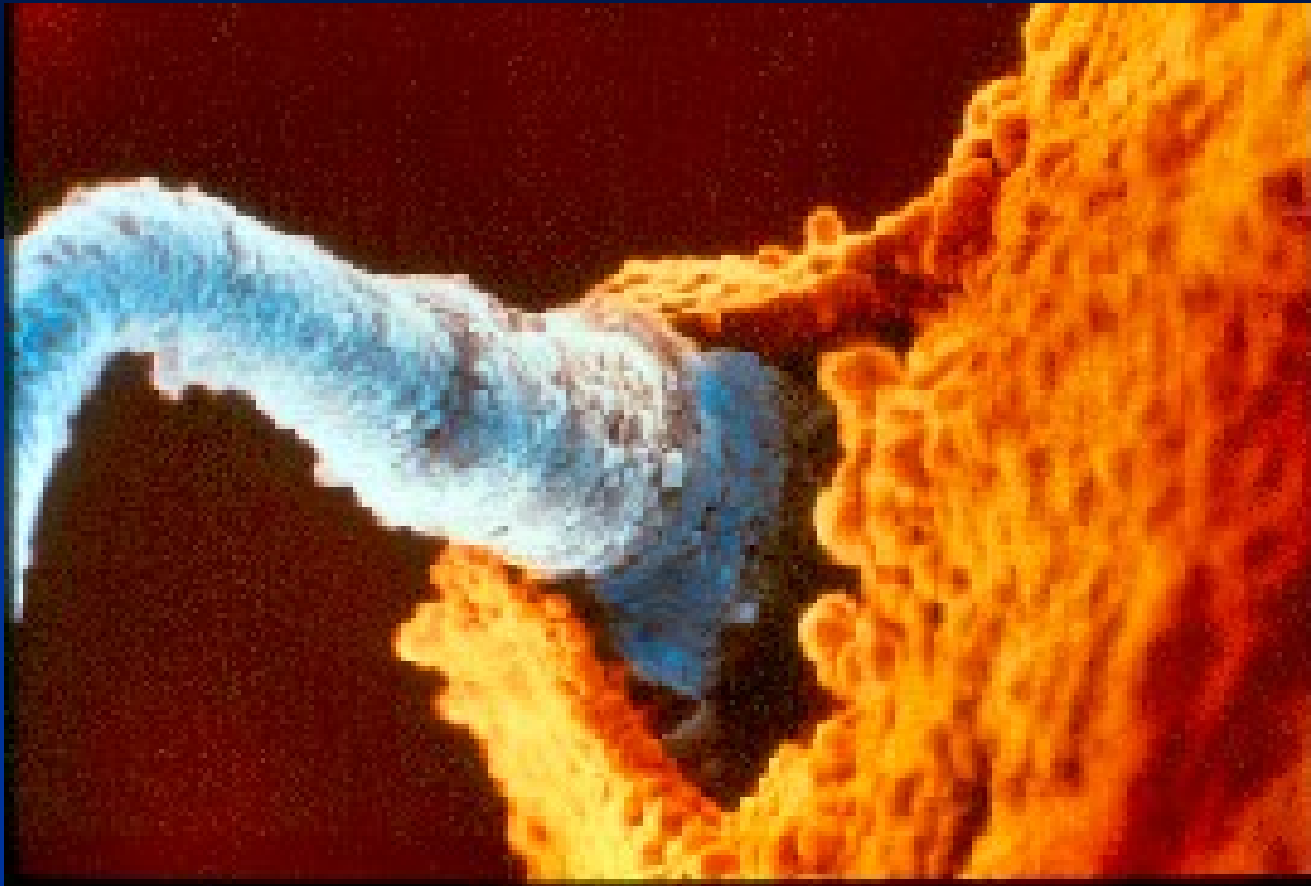
Postnatal Depression What You Can Do...

- 1. The results of treatment are rapid and profound!**
 - 2. Literally dramatically better within hours of intramuscular progesterone and within a day of cyclogest pessary**
 - 3. Patients are unrecognisable at review**
-

Bliss Love
Joy Pleasure Delight
Gratitude
Excitement
Appreciation
Happiness



Male Factor Infertility



Male Factor Infertility

How low can you go?



Male Factor Infertility

- WHO Criteria
 - Volume >2ml
 - Count >20million per ml
 - Motility >50%
 - Morphology >50%



Male Factor Infertility

- Changed Criteria
 - Volume $>1.5\text{ml}$
 - Count $>15\text{million per ml}$
 - Motility $>50\%$
 - Morphology $>50\%$, Krugers 4%

WHO Criteria 2010



Male Factor Infertility

Oligozoospermia	Sperm concentration fewer than 15×10^6 /ml
Asthenozoospermia	Fewer than 50% spermatozoa with forward progression
Teratozoospermia	Fewer than 4% spermatozoa with normal morphology
Oligoasthenoteratozoospermia	Signifies disturbance of all three variables
Azoospermia	No spermatozoa in the ejaculate



Male Factor Infertility

- Additional Criteria
 - Antisperm antibodies < 50%
 - Viability (24 hour survival) >50%
 - DNA Fragmentation Index DFI
 - 15% - normal
 - 16 – 30% Borderline (or 25%)
 - >30% Abnormal – ART advised
 - >60% Advised Donor Sperm



Semen analysis

- Very poor seminal fluid results can result in successful pregnancy.



Semen analysis

- Very poor seminal fluid results can result in successful pregnancy.
- Frequently physicians recommend ICSI for male factor infertility.



Semen analysis

- Very poor seminal fluid results can result in successful pregnancy.
- Frequently physicians recommend ICSI for male factor infertility.
- They give up on the possibility of natural conception too quickly

Semen analysis

- Seminal Fluid Collecting Device
 - Male Factor Pak
 - **PERFORATED**

Zavos, PM: Characteristics of human ejaculates collected via masturbation and a new Silastic seminal fluid collection device.

Fertil Steril 43:491, 1985.





Treatment Strategy

- Loose clothing – cotton trousers
- Minimum Stress
- Exercise & Diet – weight reduction



Treatment Strategy

- Loose clothing – cotton trousers
- Minimum Stress
- Exercise & Diet – weight reduction
- **No Cigarettes**
- **Minimum alcohol**
- **Diet - No Caffeine**
- **Supplements - FertilityPlus**



Treatment Strategy

- Repeat Semen analysis after 10 - 12 weeks



Treatment Strategy

- **Low Count - Oligozoospermia**
 - Antibiotics
 - Ciproxin 250mg BD for 3 weeks
 - Tamoxifen 20mg daily

- NSAID – Diclofenac Sodium 100mg rectally – day 5, for 2 weeks



Treatment Strategy

- **Low Motility – Asthenozoospermia**
 - Antibiotics
 - Ciproxin 250mg BD for 3 weeks
 - CoEnzyme Q10 200mg daily



Treatment Strategy

Low Morphology - **Teratozoospermia**

- Antioxidants
 - Pycnogenol 60mg daily
 - Vitamin C 1000mg daily
 - Alpha Lipoic Acid 300mg daily



Treatment Strategy

- Repeat Semen analysis in 10-12 weeks



Treatment Strategy

- Blood Tests
 - FSH
 - LH
 - Thyroid Function
 - Testosterone profile



Treatment Strategy

- Urologist referral
 - Varicocele Repair
 - Chromosomal testing

Case Presentations

- Case 1 – Motility < 5%
- Case 2 – Motility < 5% , Low Volume
- Case 3 – Zero motility, occasional sperm

- Additional Brief cases



Case 1 34 year old, 15 months trying

- Low Motility - Asthenozoospermia
 - < 5%
- Volume 3ml
- Count 40 Million



Case 1 34 year old, 15 months trying

- Lifestyle
- Co Enzyme Q10 200mg
- FertilityPlus

- Ciproxin 250mg bd for 3 weeks



Case 1 34 year old, 15 months trying

- +ive pregnancy test June 2009
 - First cycle after antibiotic treatment

Case 1 34 year old, 15 months trying

- Baby Boy
- Feb 2010

- 9 lbs
(4,090 gr)
- T+10
- C Section
 - all well





Case 2 31 year old, 15 months trying

- May 2008 Asthenozoospermia
 - Volume 1.3ml
 - Count - 90×10^6
 - Motility < 5%
 - Morphol



Case 2 31 year old, 15 months trying

- Lifestyle
- Co Enzyme Q10 200mg
- FertilityPlus

- Ciproxin 250mg bd for 3 weeks



Case 2 31 year old, 15 months trying

- SEMEN ANALYSIS

- May 2008

- Volume **1.3ml**
- Count - 90×10^6
- Motility **< 5%**
- Morphology – normal

Pre treatment

- October 2008

- Volume **0.5ml**
- Count - 27×10^6
- Motility - **NIL**
- Morphology – normal

3 months After Rx



Case 2 31 year old, 15 months trying

- Advised to discontinue treatment in Oct 08
- Female had Laparotomy for adhesions and endometriosis 2 months before this in July08!



Case 2 31 year old, 15 months trying

- Spontaneously conceived April 2009
- 6 Months after stopping treatment!

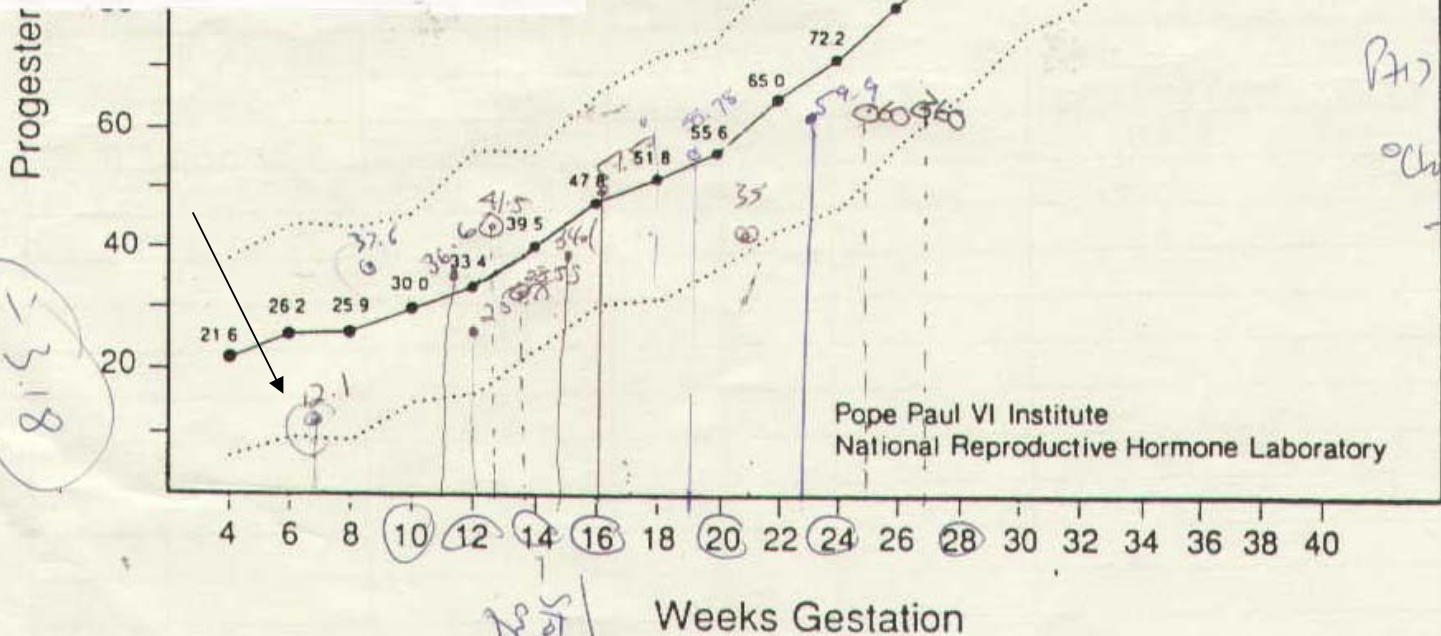


in

EDD Nov 09

EDD 11.11.9

Cycle True
Duly



BH7 - N/A

BH7 N/A

Oct 11/09

Pope Paul VI Institute
National Reproductive Hormone Laboratory

Case 2 31 year old, 15 months trying

- Boy
- November 2009
- NVD T+9 days
- 7lb 11 0z
3,490 gr





Case 2 31 year old, 15 months trying

- Spontaneously conceived a second time
- EDD 26/4/11.
- Cyclogest until 18 weeks.



Case 2 31 year old, 15 months trying

- Should have tried
 - Repeat Semen Analysis
 - Referral to Urologist
 - NSAID?





Case 3 35 year old, 3 miscarriages

Oligoasthenoteratozoospermia

- October 2005, July 2006, Dec 2006
 - Volume 3.5ml
 - Count – occasional sperm
 - Motility - 0%
 - Morphology – too few



Case 3 35 year old, 3 miscarriages

- Lifestyle
- Tamoxifen 20mg daily
- CoEnzyme Q10 200mg daily
- Fertility Plus
- HCG 5000iu x3 times per week



Case 3 35 year old, 3 miscarriages

- SEMEN ANALYSIS

- October - Dec 2006

- Volume 3.5ml
- Count – occ sperm
- Motility - 0%
- Morphology

- Feb 2007

- Volume 3.ml
- Count – 0.7 million/ml
- Motility - 15%
- Morphology – 4



Case 3 35 year old, 3 miscarriages

- Lifestyle
- Tamoxifen 20mg daily
- CoEnzyme Q10 200mg daily
- Fertility Plus
- HCG 5000iu x3 times per week
- **Ciproxin 250mg bd for 3 weeks**



Case 3 35 year old, 3 miscarriages

- Conceived 2 months later!

Case 3 35 year old, 3 miscarriages

- 4th April 2008
Term +7
- 10lb 1 oz (4,600g)
- Baby Girl
C-Section





Other cases - Couple A

Oligoastheno-teratozoospermia

■ Apr 2005 SEMEN ANALYSIS

- Volume 1.6ml
- Count – 9 million/ml
- Motility - 29%
- Morphology – 12%

3 similar samples previously

Advised IVF - ICSI



Other cases - Couple A

- Nov 2006
- 3.26kg - Boy
- Vaginal delivery , full term

- 2nd Success – October 08
- 3rd Baby on the way



Other cases - Couple B

- 3 failed IVF – ICSI
- Count 6 million
- Motility 37%



Other cases - Couple B

- 3 failed IVF – ICSI
- Count 6 million
- Motility 37%
- Live Birth June 2009 – 7lb 6 oz
3.4 kilos
- Boy



Other cases - Couple C

- 2 failed IVF – ICSI
- Count 4 million (was 1 million)
- Motility 15%
 - 0% rapid motility
 - 5% slow progressive motility
 - 10% non progressive motility



Other cases - Couple C

- 2 failed IVF – ICSI
- Count 4 million
- Motility 15%
- Live birth Oct 2007
- 9lb 13 oz - 4.43 Kilos



Other cases - Couple C

- 2 failed IVF – ICSI
- Count 4 million
- Motility 15%
- Live birth Oct 2007
- 9lb 13 oz - 4.43 Kilos
- **Currently expecting 2nd Pregnancy**



Other cases – Irish couples

- 3 couples with 100% antisperm antibodies have conceived successfully in our programme
- 1 couple , count of 3 million, 75% antisperm antibodies, and 2 failed ICSI (advised donor eggs)
- – Success with NPT



Other cases – Irish couples

- 2 couples with 1% normal morphology
- Success with NPT

Never ever give up!



Premature Ovarian Failure



Premature Ovarian failure

- April 2008, 35yo G0 P0
- 18-30 day cycle
- DX Premature Ovarian failure
 - Raised **FSH 23.7iu**



Premature Ovarian failure

- Previous Treatment
 - Clomiphene x5 cycles
 - IUI x 4 cycles
 - IVF
 - Sept 2006 – 1 Follicle – cancelled
 - Oct 2007 – Flare Protocol – No follicles



Premature Ovarian failure

- NPT Plan
 - FoodPrint – IgG food antibodies with Cambridge Nutritional

Patient Number: 7414

Test Date: 13-May-08

7414

13-May-08

Fax 44 (0) 1353 863330
 www.cambridge-nutritional.com
 labtests@cambridge-nutritional.com

Type	Avoid (>60)	Borderline (40-60)	No reaction
dairy	COW'S MILK (448)	EGG WHITE ¹	COD
dairy			
dairy			
dairy			
fish/seafood	CRAB (75)		HADDOCK
fish/seafood			
fish/seafood	LOBSTER (109)		PLAICE
fish/seafood			
fish/seafood	OYSTER (92)	SHRIMP/PRAWN	SALMON
fish/seafood			TROUT
fish/seafood			TUNA
fish/seafood			APPLE
fruit			AVOCADO
fruit			BLACKBERRY
fruit	CHERRY		
fruit	GRAPE		
fruit	GRAPEFRUIT		
fruit	LEMON		
fruit	LIME		
fruit	ORANGE		
fruit	PEAR		
fruit	PINEAPPLE	RASPBERRY	
fruit		STRAWBERRY	
fruit		BARLEY	
grain	CORN (maize) (61)		DURUM WHEAT
grain			GLIADIN
grain			OAT
grain			RICE
grain			RYE FLOUR
grain			WHEAT
grain			GARLIC
herb/spices			GINGER
herb/spices	PEPPERCORNS (B/W)	MUSTARD SEED	
herb/spices		RED CHILLI	
meat			BEEF
meat			CHICKEN
meat			LAMB
meat			PORK
meat			TURKEY
nut	ALMOND (64)		BRAZIL NUT
nut			CASHEW NUT
nut			HAZELNUT
nut			PEANUT
nut			PISTACHIO (77)
nut			
vegetable		BEAN (red kidney)	BEAN (white haricot)
vegetable			BROCCOLI
vegetable			BRUSSEL SPROUT
vegetable			CABBAGE
vegetable			CARROT



Premature Ovarian failure

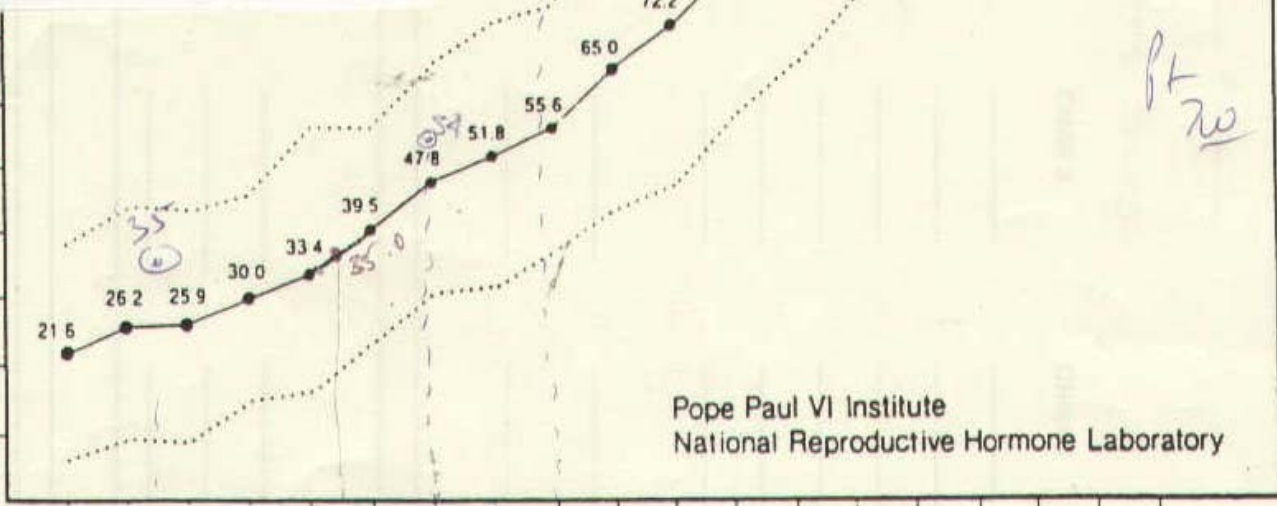
- NPT Plan
 - FoodPrint
 - D3 2,400iu, Ca, Mag, Probiotics, Omega 3
 - LDN 4.5mg
 - Ovulation induction – clomiphene
 - Bolus HCG 10,000iu



in

2.7.9 8030
5.4.9.

Progesterone



Pope Paul VI Institute
 National Reproductive Hormone Laboratory

P+5 P-61.
 E-941
 P-112 (35.2)
 E-~~941~~

(Handwritten scribble)

Handwritten notes: "Uterine progesterone", "P-112", "E-941", "35.2", "51.8", "65.0", "81.6", "90.4", "104.5", "118.2", "134.8", "152.3", "159.4", "166.2".

Weeks Gestation

Pregnancy and Birth Details after NaproTechnology Fertility Treatment

Name of Parents _____

Parents Date of Birth (Mother) 21.08.72 Father 13.08.74

Gravida 0 Para 0 SA _____ IA _____

Live Birth Miscarriage Trying 5 yrs.

Birth Details Child 1

Name _____

Male or Female Male

Birth Weight 8LB 7 1/2 oz.

Actual Date of Birth 26.3.2009

Estimated date of delivery 5.4.09

Weeks of Pregnancy _____

Delivery Details
Induced, NVD, Forceps, Vacuum
C-Section - Planned or Emergency (Emergency Section)

Weeks of Progesterone Support during Pregnancy _____

Any problems during Pregnancy?

Any problems with baby?
e.g. Intensive Care after delivery (Days) _____

Heart or breathing problems? _____

Ongoing health problems? _____

Comments:





Premature Ovarian failure

- What Can you do?
 - FoodPrint
 - FertilityPlus
 - Vitamin D3 2,400iu, Omega 3 2000iu
 - LDN 4.5mg
 - DHEA 25 mg TID
 - Alpha Lipoic Acid 300mg daily

Recurrent Miscarriages

- 6 Recurrent Miscarriages
 - **Couple 1**
 - **Case Series**



LUKE



G.W. - 6 Miscarriages

- **Dec 04 6.5 years Age 40y.**
- **DOB Aug '64 G0 P0 SA 6 (6-13wks)**
- **Dx Unexplained Recurrent Miscarriages**
- **Regular cycles – 28-30 days**
- **Surgery to remove Uterine Septum
Sept 04**

G.W. - 6 Miscarriages



NaPro Assessment

- **Low Progesterone – 35.5 nmol/l**
- **Low B12 – 187 pmol/l**
- **Under-active Thyroid – TSH 4.42 iu.**

FFF

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
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Femara 1.25mg daily for 3 days from day 3
HCG 5000 on P+3,5,7,9
B12 4mcg tid
Thyroxine 50mg daily

FFF

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
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USE THESE SIGNS: P = PEAK • 1.2.3 = FERTILE DAYS FOLLOWING PEAK • I = INTE

ELF-EXAM

Pre-restoration



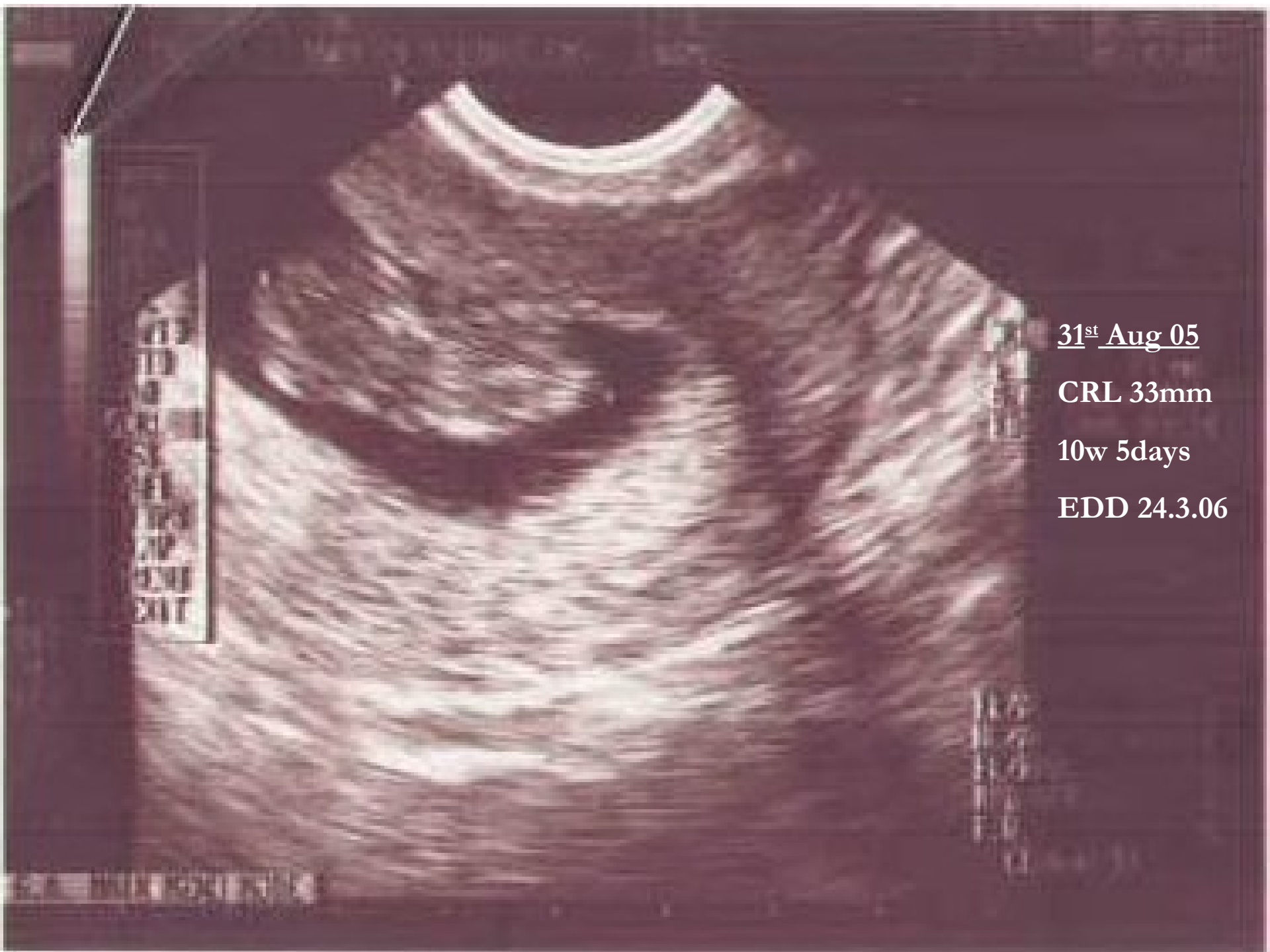
Post restoration





G.W. - 6 Miscarriages

- **Conceived with an optimum cycle**



31st Aug 05

CRL 33mm

10w 5days

EDD 24.3.06

G.W. - 6 Miscarriages



- **During Pregnancy**
 - **Vaginal Prog 400mg**
 - **Prednisolone 5mg daily**
 - **Eltroxin 50mcg daily**
 - **Folic Acid/ B12**

- **EDD 24th March 2006**



G.W. - 6 Miscarriages

- **Baby Girl @ 39 weeks gestation**
- **6lb 7oz**
- **Cesarean Section**

- **Mum and Baby are well!**





Discussion

1. Miscarriage Data Jan 04-Apr 08

All couples – 6 recurrent miscarriages

Previous DX Jan 2004 – April 2008



- **15 conceptions**
- **11 couples**

Couples 6 or more miscarriages	Excluded	Meet Criteria	Live Birth or pregnant >24Wks	Miscarriage	Success Rate
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Jan 2004 - Apr 2008	pre conception	Conceived in programme			
22	7	15	8	7	53.33%

Couples 6 or more miscarriages	Excluded	Meet Criteria	Live Birth or pregnant >24Wks	Miscarriage	Success Rate
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Jan 2004 - Apr 2008	pre conception or Non Compliant	Compliant with treatment			
22	13	9	7	2	77.7%

Couples 6 or more miscarriages	Excluded	Meet Criteria	Live Birth or pregnant >24Wks	Miscarriage	Success Rate
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Jan 2004 - Apr 2008	pre conception or Non Compliant	Non -Compliant with treatment			
22	13	6	1	5	16.67%



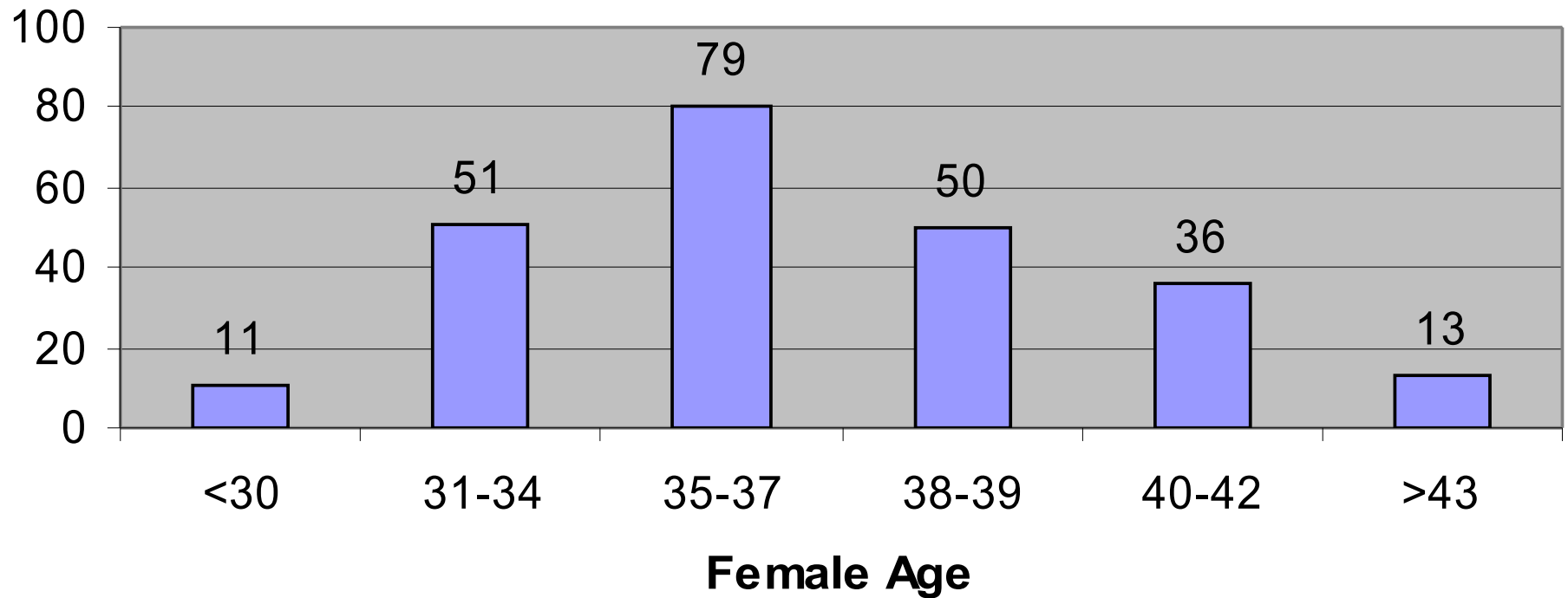
240 Conceptions using NaProTechnology for couples with previously failed IVF

**The first 12 years of practice
in
Galway, Ireland**

Dr. Phil Boyle

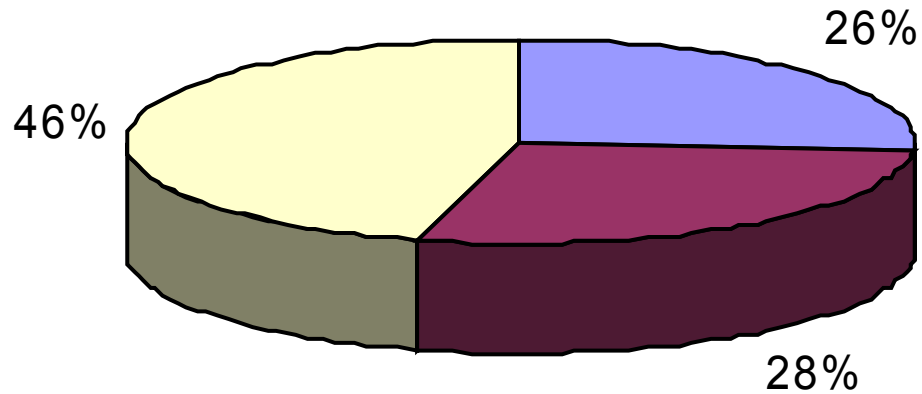
MICGP MRCGP CNFPMC

Age Profile - 240 conceptions, previous failed IVF



Average Age 37 years, 41% aged 38 years or greater

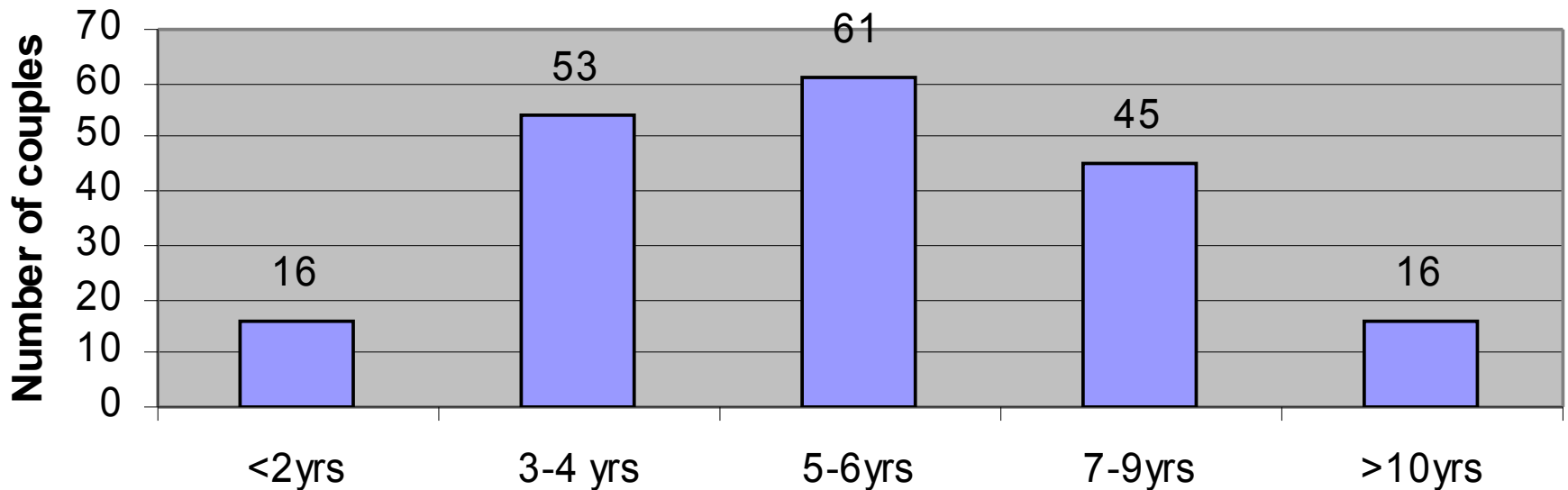
Past Obstetric History 191 Couples



■ Previous Live Birth ■ Previous Miscarriage ■ Never Conceived


74% no previous live birth

Years Trying to conceive, 191 couples previous failed IVF



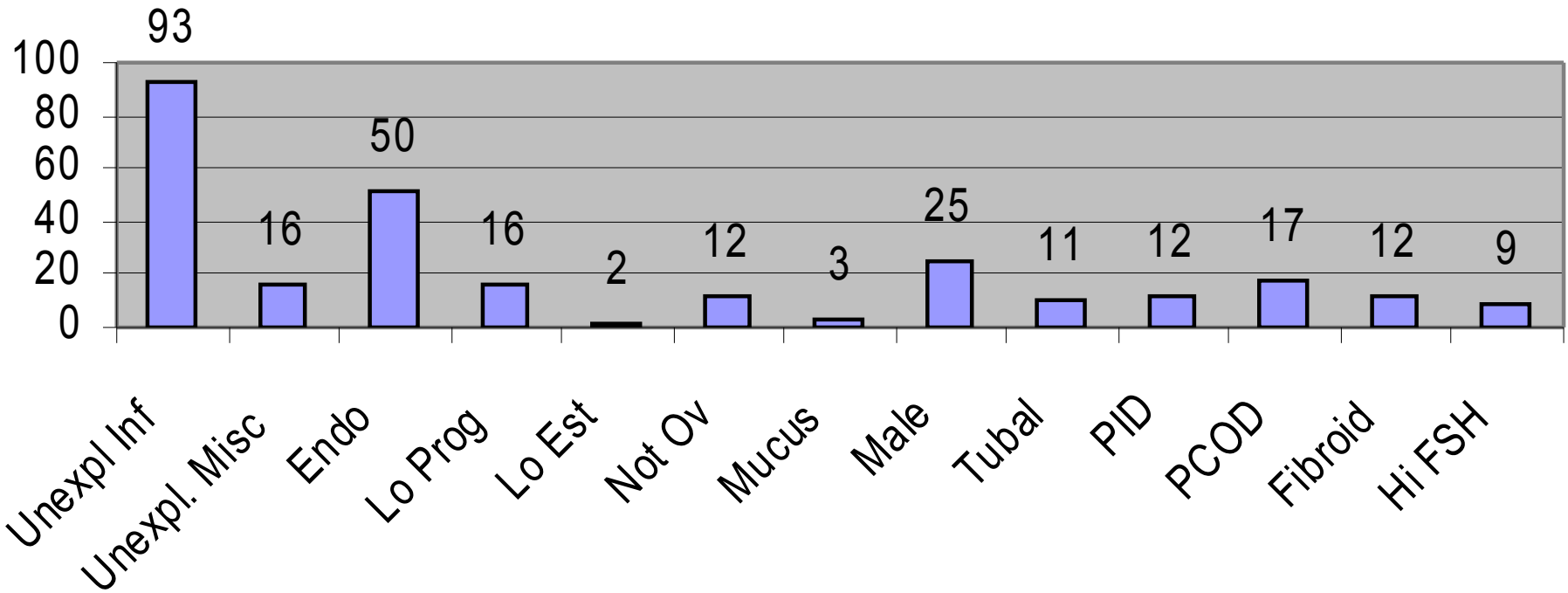
	Average	Range
Years Trying to conceive - Years	5.7	1 to 14

191 couples, with 345 Failed IVF

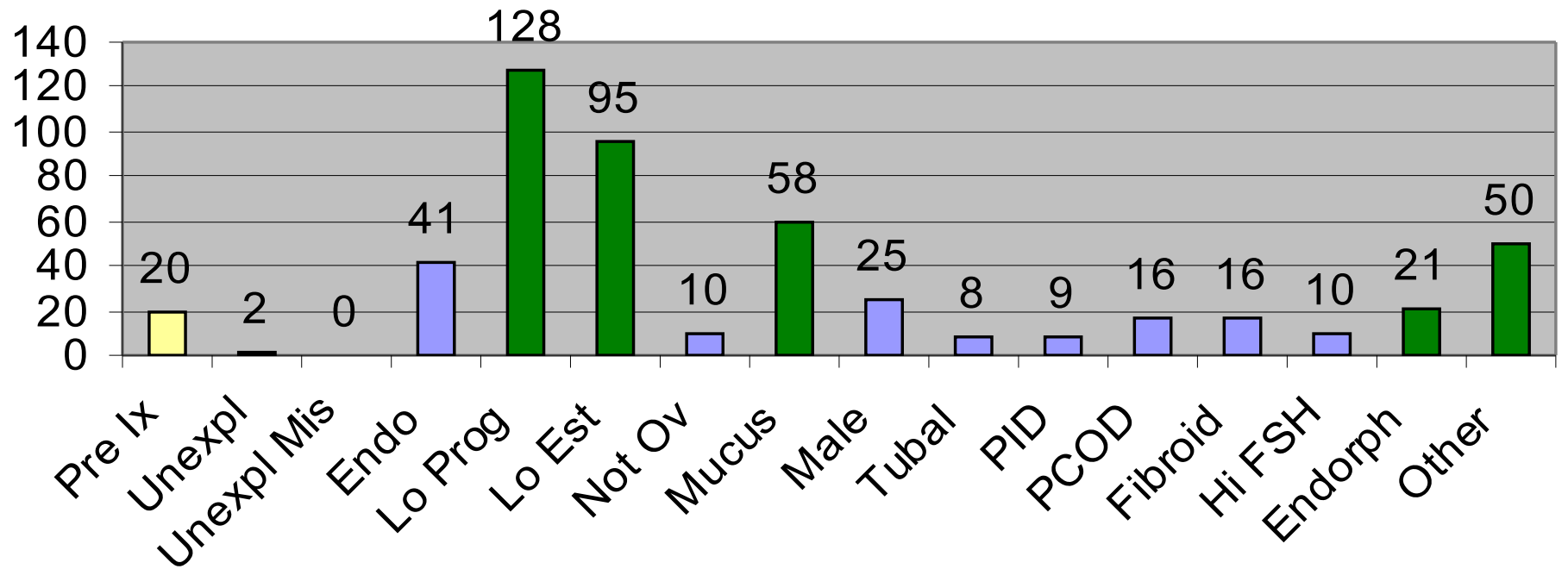


	Average	Range	Total
Failed attempts at IVF	1.8	1 to 9	345
Failed attempts at Embryo Transfer	1.8	0 to 8	340

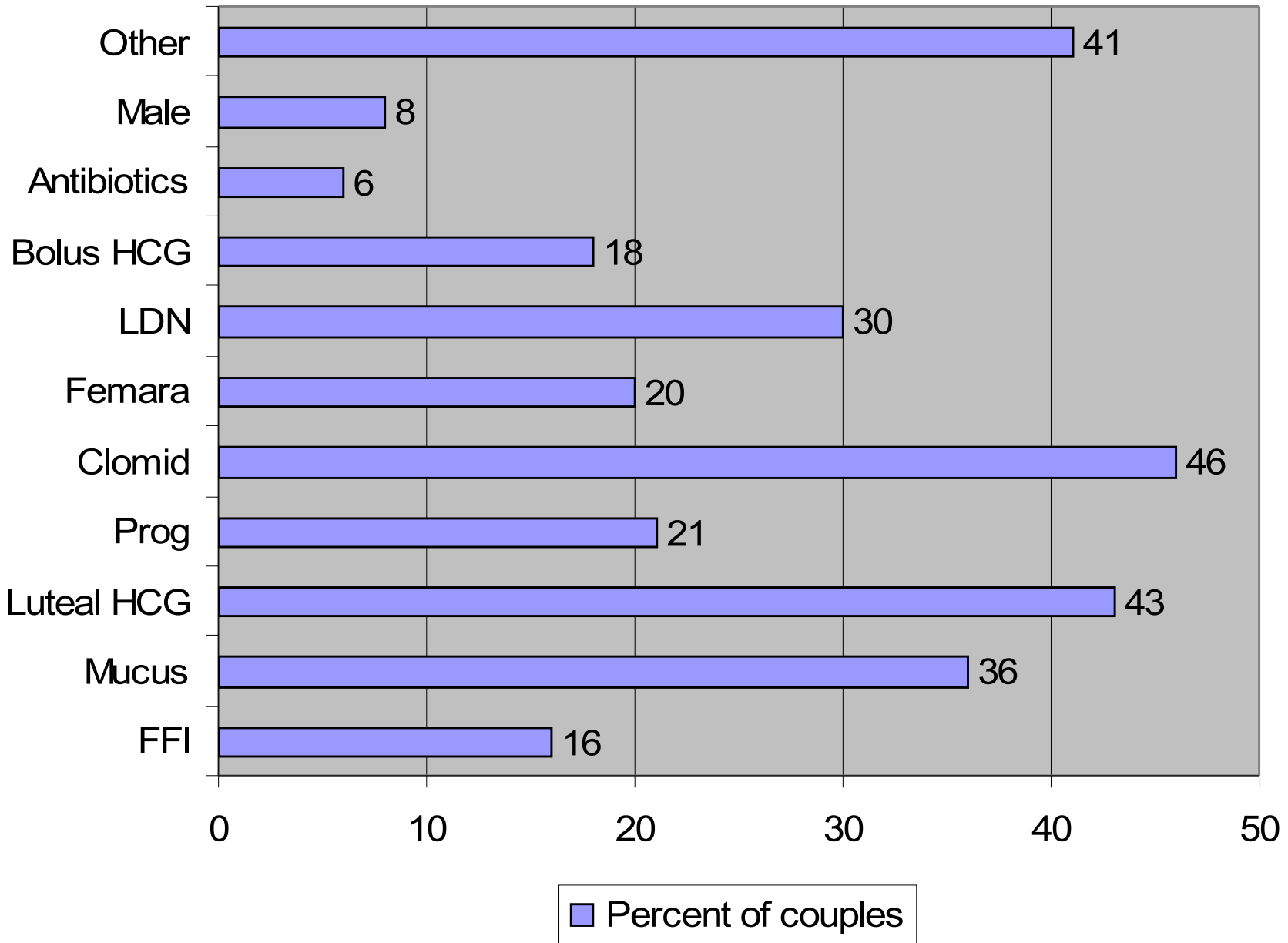
Diagnosis Before NaProTechnology, 191 couples previous failed IVF



Diagnosis after NaProTechnology, 191 couples previous failed IVF



Medical Treatment, 191 previous IVF

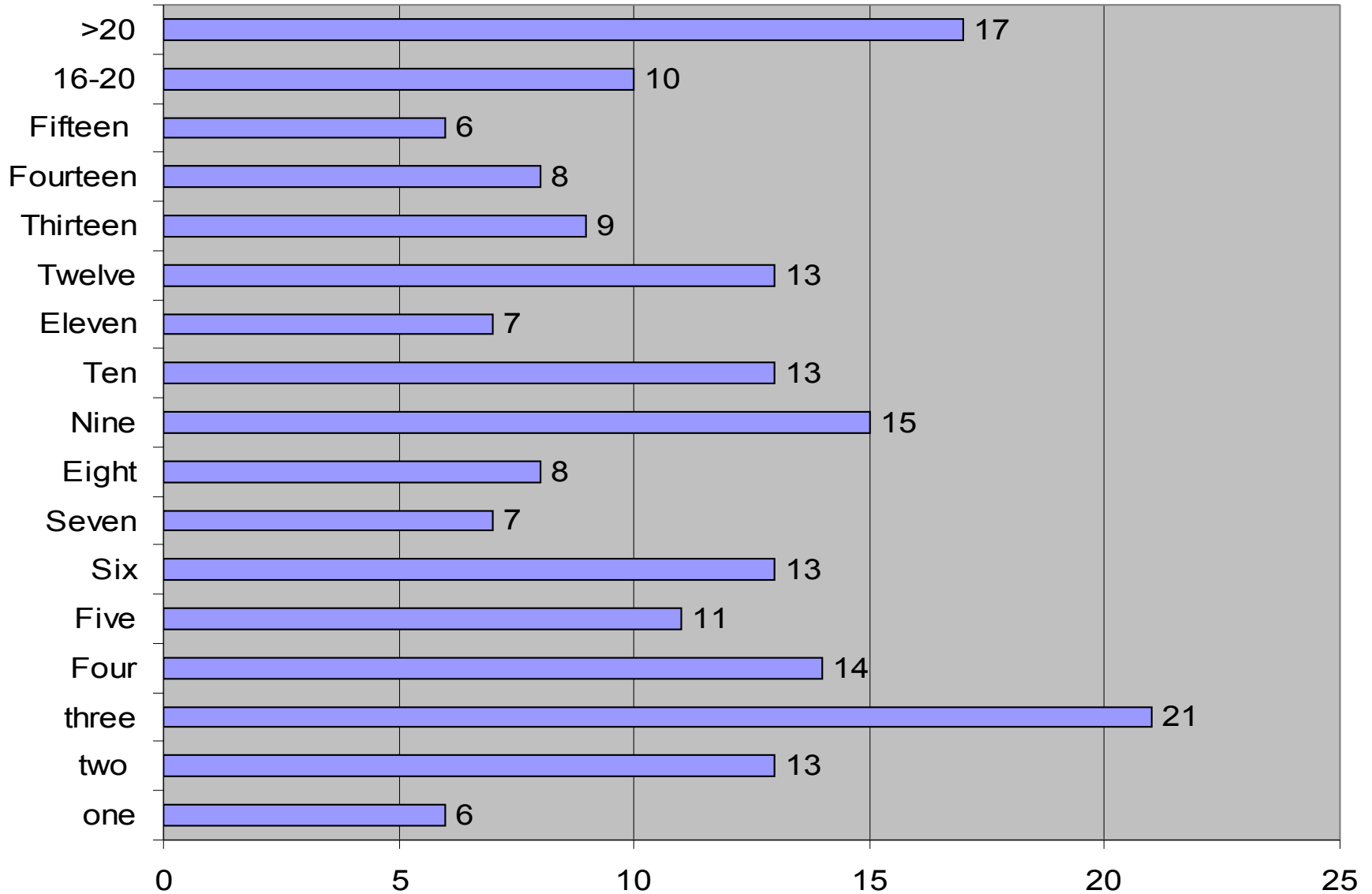




Note

- 30 out of 191 conceived with FFI (15.7%)!

Months of Treatment to conceive, 191 previous failed IVF



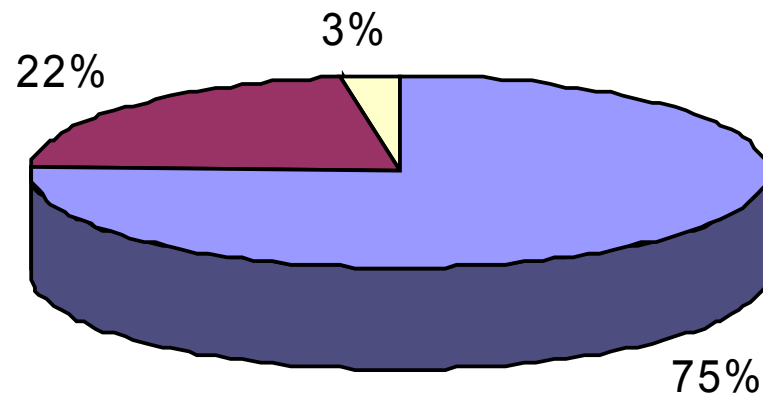




TWINS

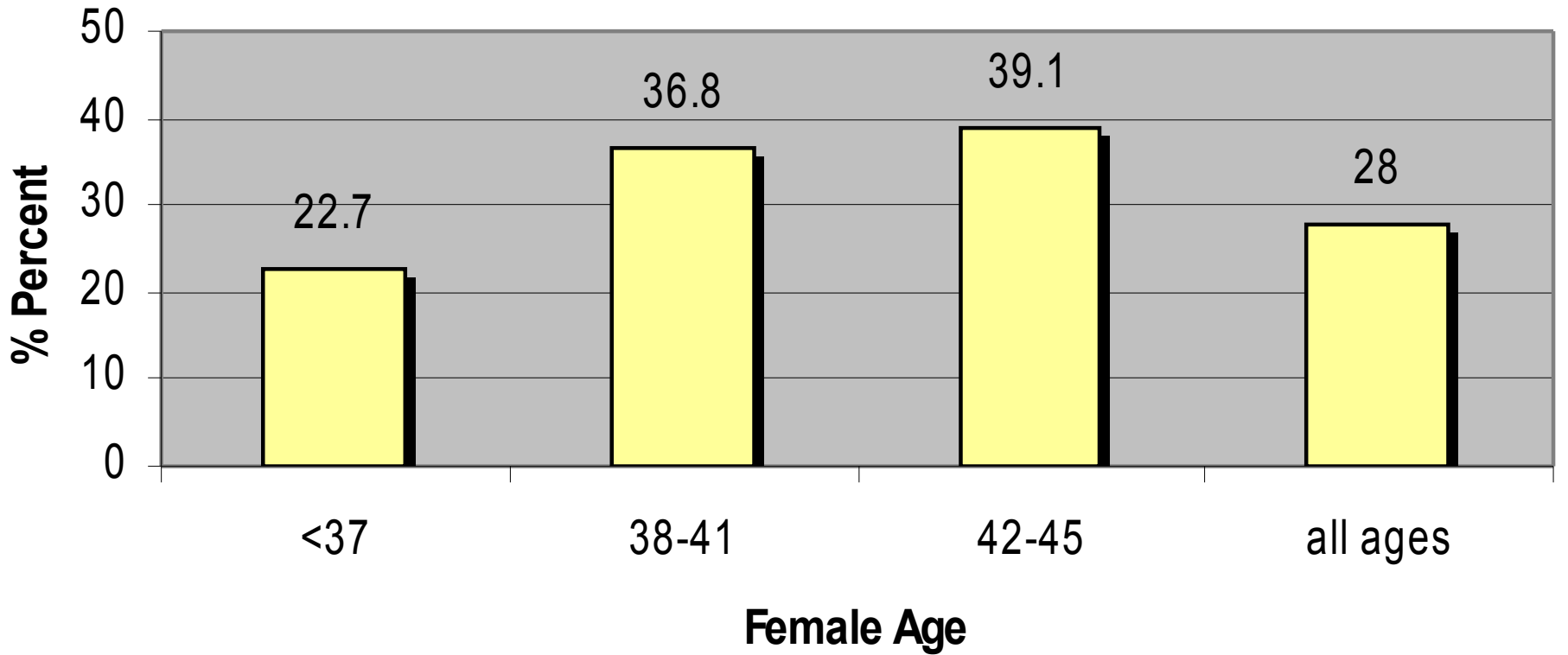
- **4 out of 171 Live Births = 2.3%**
- **4 out of 240 conceptions = 1.6%**
- **No Triplets in this group.**

Final Outcomes from 191 Couples, previous failed IVF



■ Live Birth/ Ongoing ■ Miscarriage ■ Ectopic

Miscarriage rate, 240 conceptions previous failed IVF





Louise and Eamonn McMillan, from Omagh, Co Tyrone, with their children Rose, Lucy and Alice
Picture by Donna McFadden

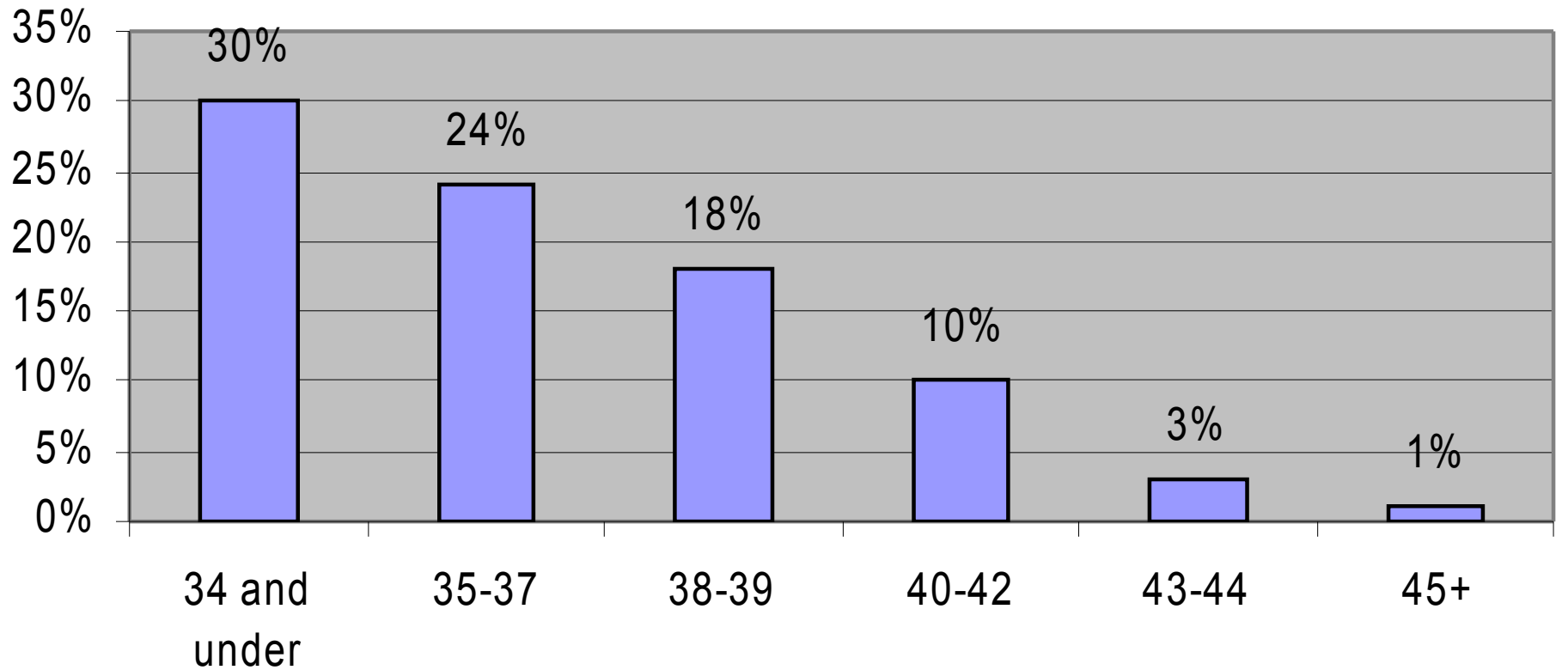




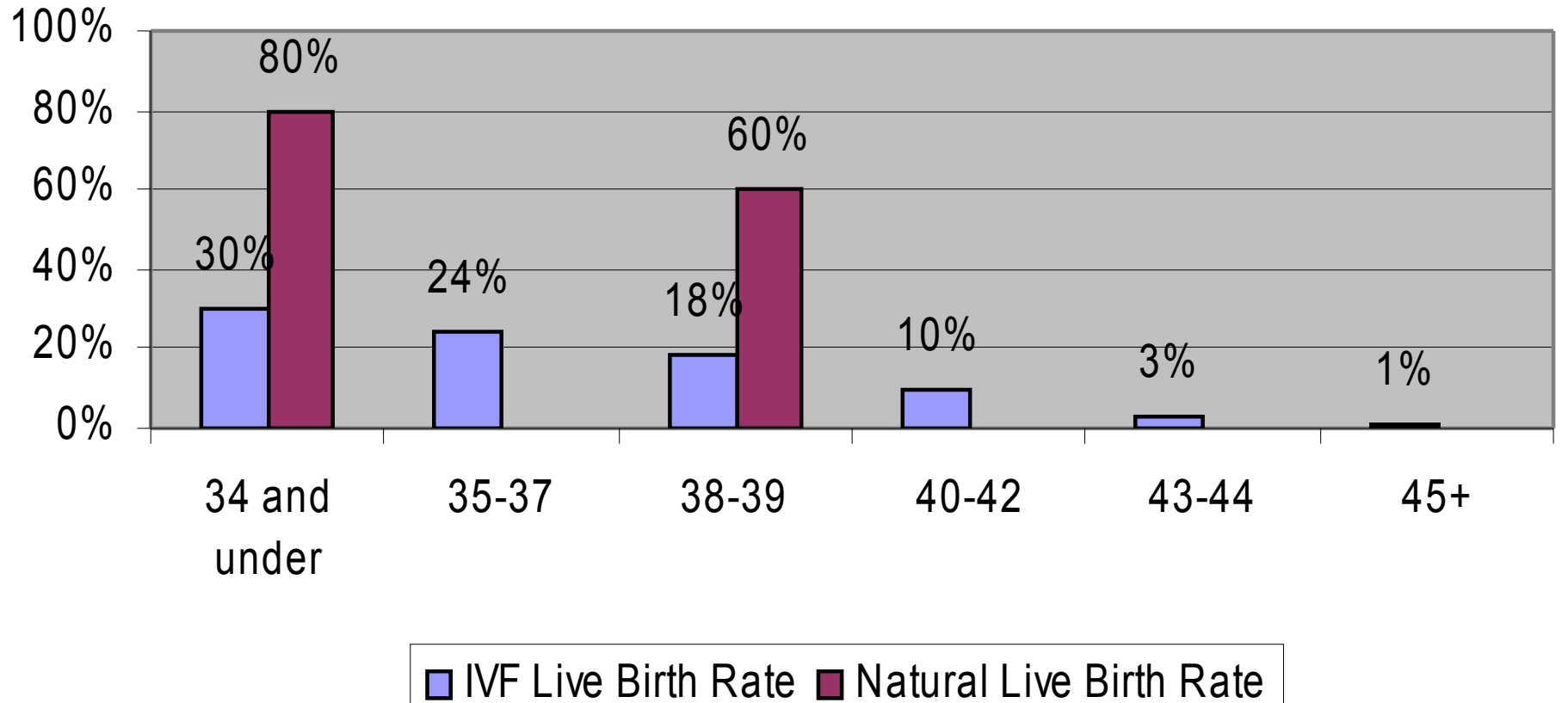
Panic !.....You are 35 !



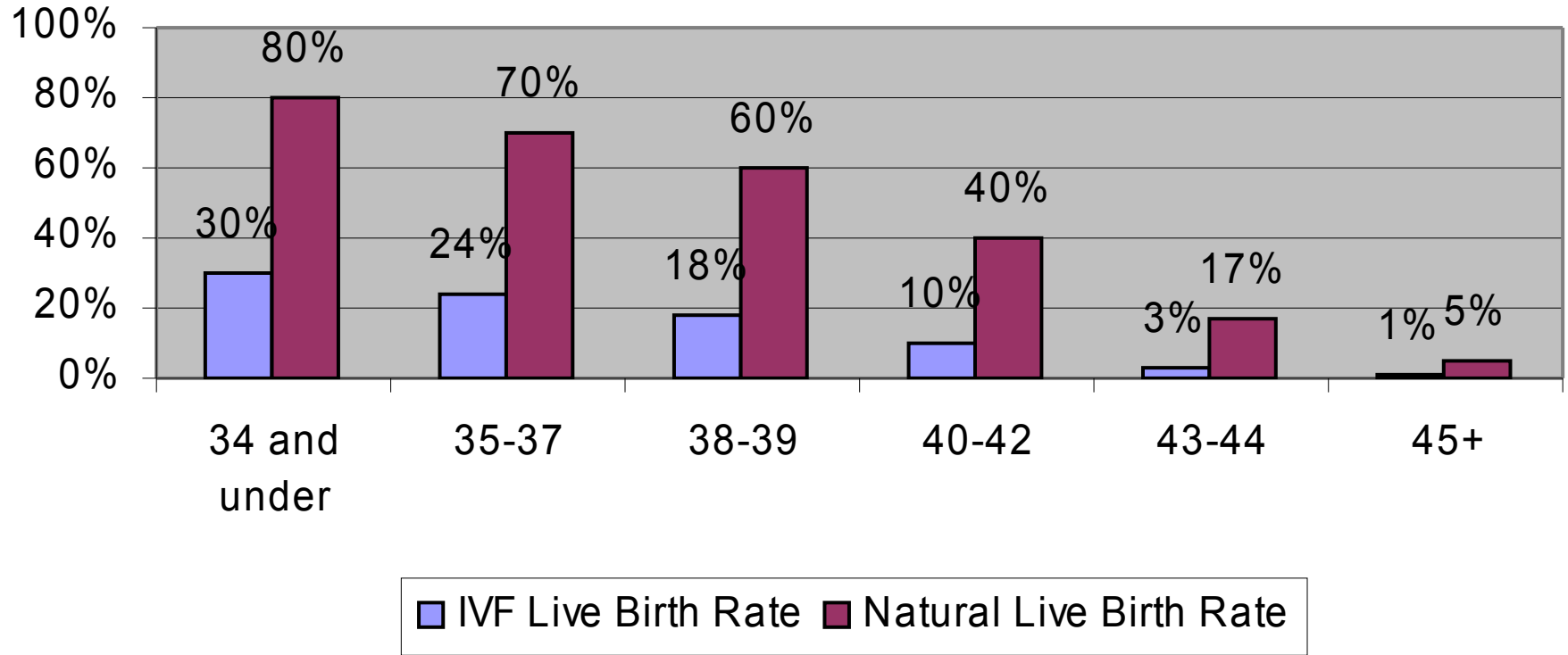
IVF Live Birth Rate 2005 HFEA UK



Live Birth Rate - IVF and Natural



Live Birth Rate - IVF and Natural





Don't DelayIVF Quickly!

- There is a tendency to rush into IVF without taking the time to establish a diagnosis and restore optimum conditions for natural conception to occur.



Don't DelayIVF Quickly!

- No Progesterone assessment



Don't DelayIVF Quickly!

- No Progesterone assessment
- No assessment of Ovulation by ultrasound



Don't DelayIVF Quickly!

- No Progesterone assessment
- No assessment of Ovulation by ultrasound
- **No Laparoscopy**



Don't DelayIVF Quickly!

- No Progesterone assessment
- No assessment of Ovulation by ultrasound
- No Laparoscopy
- **No ovulation Induction**



Don't DelayIVF Quickly!

- No Progesterone assessment
- No assessment of Ovulation by ultrasound
- No Laparoscopy
- No ovulation Induction
- **Inadequate trial of natural conception**



Don't DelayIVF Quickly!

- IVF has not been shown to be superior to expectant management for unexplained infertility – [Cochrane Jan 05](#)
- IVF is only proven to be effective for blocked fallopian tubes, and severe male factor infertility – [NICE 2004](#)

Slow Down....

It is better to avoid IVF altogether!

- Natural conception rates are superior in every age range
- What is the rush in pursuing an inferior success rate?

Slow Down....

It is better to avoid IVF altogether!

- Natural conception rates are superior in every age range
- What is the rush in pursuing an inferior success rate?
- Establish a diagnosis
- Relaxed calm environment
- Aim for 12 good cycles



Slow Down....

It is better to avoid IVF altogether!

- A Child is a fruit of your Love



Slow Down....

It is better to avoid IVF altogether!

- A Child is a fruit of your Love
- Not your Labour!



Here are two ways to live your life.
One is as though nothing is a miracle.
The other is as though everything is a miracle.

Albert Einstein (1879–1955)