



Fertility Flash

The Newsletter of
Medfem Fertility Clinic

December 2015

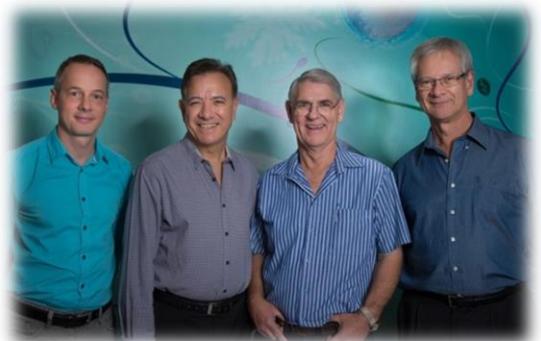
Welcome to the final Medfem newsletter for 2015. As the year draws to a close we would like to take this opportunity to give thanks; to our wonderful team at Medfem, thank you for all your hard work and the passion with which you perform your jobs and serve our patients; and to our incredible patients, it has been an honour to be a part of your family building journey. So many beautiful miracle babies were born this year and this is always our greatest reward. For those of you still on your family building journey, we hope that 2016 brings you the bundle of joy you have been dreaming of.

If you are the proud mommy or daddy of a Medfem miracle baby, please enter our Santa Baby Competition on our Facebook page.

In this month's newsletter we present: The new RI Witness system (the only one of its kind in Africa), our latest audit, facing Christmas without a baby, how male and female cancers can affect your fertility, and fertility treatments for HIV patients.

We would love to hear your feedback, as well as topics you would like to see covered in future issues. We can be emailed at communications@medfem.co.za

From all at Medfem Fertility Clinic



Medfem Fertility Clinic 2015 Santa Baby Competition

Our annual Santa Baby competition has begun. Post your Medfem baby's holiday picture in the comments section of this post on Facebook. This can be a recent holiday picture or one that was taken years ago!

You have until Thursday 31st to post your pictures, and winners will be announced 4th January 2016!

Remember to include your doctors name.

One lucky winner (the picture with the most likes) will receive a R1000,00 gift card for Woolworths.

Note: Competition only open to Medfem Clients



RI Witness: The Highest Level of Security and Safety for Our Patients and Embryos Alike

Our laboratory at Medfem Fertility Clinic maintains an efficient and trusted system of patient sample identification, using multiple identifiers on sample labels with double witnessing of each critical step of treatment. To attain an even higher level of care, Medfem has now installed RI Witness, the most secure system available for IVF laboratories.

RI Witness uses Radiofrequency Identification technology (RFID) to monitor critical laboratory procedures, creating a complete record of each stage of a patient's IVF cycle. The system tracks and records all activity and locks the patient's identity to the sperm, eggs, and embryos at every stage of the treatment. If a patient's sample comes into proximity with those of other patients, the embryologist is alerted, and chart locked until the oversight is corrected. RI Witness provides our staff and patients with the peace of mind that the most secure and best possible procedures are being employed to prevent any laboratory errors.

RI Witness works from the start of the IVF treatment when the patient is assigned an RI Witness ID card that has their identity assigned to it, to the freezing of sperm, eggs and embryos and finally to embryo transfer.

The RI Witness system also logs the time, date, person completing the procedure and the person double witnessing at the start and end of the cycle. These records are kept in each patient's notes. The system is completely safe. Extensive tests have been carried out to ensure that there is no danger to any of the samples placed onto the witnessing system.

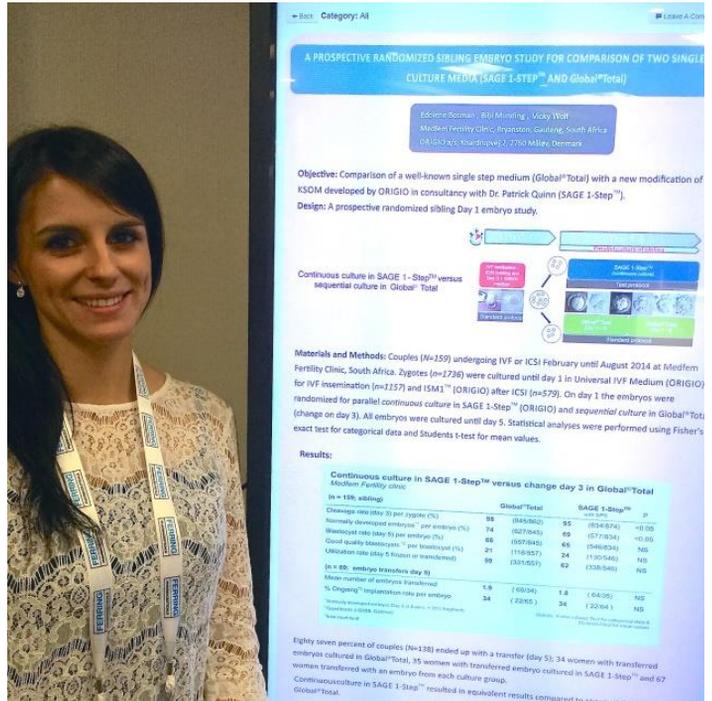
Medfem is the first infertility clinic in Africa to have installed RI Witness.

To understand more about how the RI Witness system works visit <http://www.medfem.co.za/blog/297-ri-witness-the-highest-level-of-security-and-safety-for-our-patients-and-embryos-alike>



Welcome to the Medfem team Sasha

Sasha Reznichenko joined the Medfem embryology team in June 2015. She obtained her BSc and BHSc (Hons) at the University of the Witwatersrand, before completing an MSc in Prenatal Genetics and Fetal Medicine at University College London in 2013. After finishing her internship in Reproductive Biology at Steve Biko Academic Hospital, she registered as a Medical Scientist with the HPCSA in early 2015. Sasha conducts the PGT (preimplantation genetic testing) consultations and assists patients with any genetics queries.



Congratulations to Edolene

Many congratulations to Edolene Bosman our Lab Director on completing her doctorate studies at the Tshwane University of Technology (TUT). Edolene's study titled "The Influence of insulin on male infertility", has contributed to understanding the detrimental effect on IVF outcomes and helped to gain important clinical data in this field. The articles published on this subject have been well received internationally and have been, according to the BioMedLib, one of the top 20 most read articles in this scientific domain. She was also invited to have her work published in the handbook titled: Handbook of Fertility: Nutrition, Diet, Lifestyle and Reproductive Health.

Medfem Fertility Clinic gets audited

Medfem Fertility Clinic is accredited with our local board and SASREG. Many overseas labs have international accreditation with well-known bureaus of standards and Medfem strive to keep in line with international standards.

Professor Cecilia Sjoblom, the Scientific Director at Westmead Fertility Centre (WFC), University of Sydney, recently visited Medfem to conduct an audit of our premises. Cecilia is one of the first people to implement and develop accreditation, quality management and quality assurance systems for IVF clinics. Cecilia is also a member of the European Society of Human Reproduction and Embryology (ESHRE) committee for accreditation and certification.

This audit not only verifies our laboratory systems and records, but also ensures compliance with systems, processes and standard operating procedures. It also ensures that all aspects of the lab are correct e.g.

- Environmental conditions
- Lab equipment
- Movement of material and people in the lab
- Suitable and appropriate products (media and consumables) are used
- That tasks are performed correct and in right time frame
- That info is recorded and stored correctly
- That data is correctly and honestly analysed and reported

This guarantees that the Medfem laboratory performs on par with internationally accredited clinics and promotes a culture of best practise within Medfem as well as one of continuous improvement.



Facing Christmas without a Baby?

While the holiday season can be filled with joy, for many it is a hard reminder of their infertility and childlessness, and is instead a time of deep sadness. It is a constant reminder of going through another Christmas without the baby they so desperately want to have.

If you have never faced infertility and have never desperately yearned for your own offspring to celebrate the season of giving with, then this can be a very hard concept to understand. But for one in six couples in South Africa that struggle with infertility, it is a very harsh reality.

At this time of year, at every turn, there are constant reminders of 'children and family' that are guaranteed to push our buttons. From television and radio commercials to Santa booths everywhere, these scenarios can be emotionally excruciating for the childless couple. Christmas itself is the ultimate miracle baby story and the celebration of a birth. And so, facing another Christmas without your baby can be a bleak prospect when you're trying to conceive or facing infertility.

Family oriented holiday celebrations (regardless of religion) can bring difficult feelings to the surface that we know are some of the hardest human emotions to deal with. While everyone else seems to be getting into the holiday spirit, many of our patients report feeling lonely, depressed, heart broken, pressurised, worthless and angry.

These are all signs and symptoms of grief. Our society is advanced enough to acknowledge and grieve the loss of loved ones with us. Yet many people are unable to empathise with the childless couple and recognise their right to grieve. Because of that, you may not realise that what you are feeling is actually grief. And you have a right to grieve the absence of your children.



What can you do?

This holiday season, show yourself and your partner the compassion you deserve. Acknowledge your feelings, understand they are based on very real circumstances, and make allowances for them. Give yourself space when you need it, but also remember that your loved ones do want to be there for you.

At times even our greatest loved ones will say the most inappropriate things e.g. just relax and it will happen, have you thought of adoption, your life is so easy, etc. Have your answers ready, and don't be afraid to tell people that this is a very hard and emotional conversation for you. No one can read your mind and this could be the ideal opportunity to educate them on some real facts versus myths. Remember, they are probably speaking from a place of deep love, but are not educated enough on the subject to know how to act/respond appropriately.

Arrange dates and celebrations with other childless friends if this would be easier for you to handle. Often our patients find some of the greatest support in meeting other couples who have also struggled with infertility. They may have had their children after repeated rounds of IVF, egg/sperm donation or through adoption. But the one thing for sure is they will understand exactly how you feel. Couples who go through any degree of infertility are without a shadow of a doubt the most loving, understanding and tolerant couples ever.

Don't deny yourself or your partner the right to let your hair down and have fun with family and friends. Those special moments could be exactly what you need to get you through this difficult time.

How Breast Cancer Can Affect Fertility

Statistics shows that 1 in 29 South African women will be diagnosed with breast cancer in their lifetime. Of those diagnoses, the majority will be over 50 years of age who have passed their childbearing years. In 5 percent of new cases, women will be age 40 or under. For many of those women, it is crucial to understand their future family building options.

A cancer diagnosis is devastating and will turn your world upside-down. Winning the breast cancer battle only to find you are unable to conceive or carry a child opens the pages to an entirely new book of pain. And this pain can be avoided.

A breast cancer diagnosis does not mean you will be infertile.

The degree to which breast cancer affects fertility is dependent upon a variety of factors such as the type of breast cancer, the progression of the cancer, whether you will enter early menopause, and the type of cancer treatment prescribed. A discussion between your oncologist and reproductive specialist can better estimate what your fertility potential will be after cancer treatment. With both teams working on your behalf, your probability for future success is increased.

Fertility drugs are not linked with cancer.

Recent studies have confirmed that there is no link between breast cancer risk and fertility treatments. But increases in hormones can accelerate certain types of breast cancer. Infertility drugs and pregnancy can increase a woman's hormone levels. If a hormone-sensitive tumour is present in the breast, there is a possibility that breast cancer growth will accelerate.

Cancer treatment can harm fertility potential.

When taking into consideration how cancer treatment will affect fertility, there are a number of different factors. Cancer type and age play a large role -- some cancers are more aggressive than others and may be hormone-sensitive. As women, we are born with as many eggs as we will have in our lifetime. The resilience and health of eggs for a woman 39 years of age will not be the same when compared to a woman five years younger.

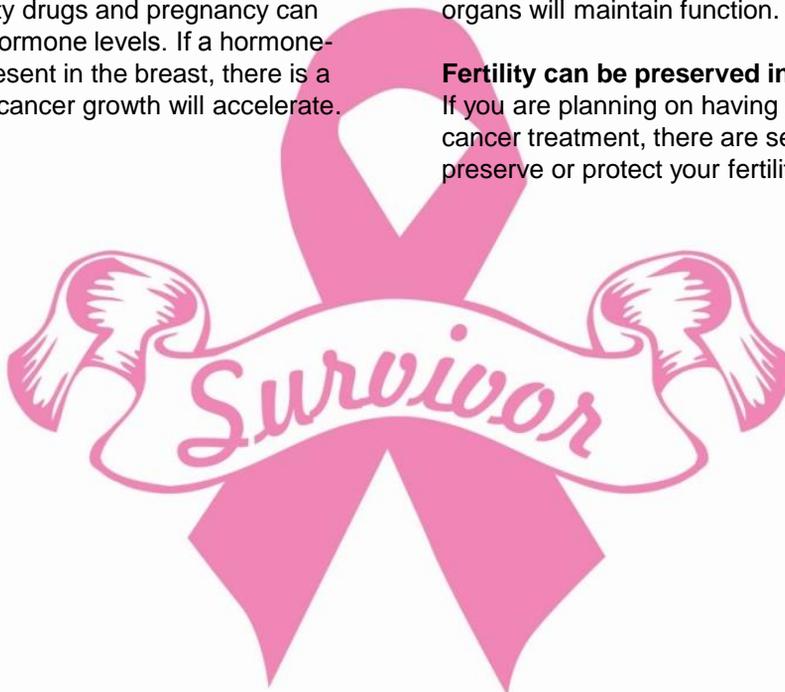
Treatment prescribed, be it surgery, chemotherapy or radiation, will determine how much damage the ovaries and reproductive organs will sustain. Delving further, the dose, type, duration, location and scope used for these methods will also affect whether or not treatment will impact fertility.

There are various techniques oncologists can use that can minimise the damage done to reproductive potential. Ovarian shielding can protect ovaries during radiation while ovarian suppression methods temporarily shut down ovaries.

After treatment, some women may retain their fertility potential. For others, menopause may arrive earlier in life, or even immediately after treatment. Taking into account, all of these factors can make it very difficult to predict whether a woman's eggs or reproductive organs will maintain function.

Fertility can be preserved in women

If you are planning on having a family after breast cancer treatment, there are several different options to preserve or protect your fertility.



How Breast Cancer Can Affect Fertility

Egg Freezing

Egg freezing can be roughly a 1-2 month process. However, with cancer patients the evaluation and treatment are done together to quickly freeze eggs and move on to cancer treatment immediately. First, patients must complete blood tests and ultrasounds to determine candidacy for egg freezing. Next, two weeks of medicine are taken to prepare the eggs and then an egg retrieval procedure is done. While you are on medicine, the growth of the eggs is monitored with ultrasound and blood tests to see when they will be ready. During the egg retrieval, you will be placed under light sedation and may feel a bit of cramping and bloating afterwards. The goal is to freeze somewhere around 10-15 eggs to optimise the chance of success later. Patients with hormone-sensitive breast cancer or breast cancer that has progressed may not be eligible for this form of fertility preservation.

Embryo Freezing

Should you already have a partner, this is the best option for future success. As you can imagine, eggs are extremely delicate and fragile and not all frozen eggs will survive the thawing process. You will need to undergo an egg retrieval after which your eggs will be fertilised with your partner's sperm. The resulting embryos are frozen and can be used in the future for treatment. If carrying a baby in the future is not a possibility, a gestational carrier or surrogate is also an option.

Ovarian Tissue Freezing

While this is still an experimental procedure that is not widely available, ovarian tissue freezing is an exciting option for those looking to preserve fertility. Patients undergo a surgical procedure where part or all of an ovary is removed. The ovarian tissue containing immature eggs and hormone-producing cells is then cut into strips and cryopreserved. After a patient is cancer-free, the frozen ovarian tissue is thawed and transplanted back to the patient's uterus. Even if this isn't for three years, the frozen ovarian tissue will remain the same age as when it was cryopreserved.



Male Fertility and Cancer Treatment

Male infertility is an inability to produce healthy sperm or to ejaculate sperm. Cancer treatment can affect a man's ability to have children by causing genetic damage to sperm cells. The endocrine glands and endocrine-related organs, such as the testes, thyroid, and adrenal gland, release hormones that stimulate puberty and control fertility. Fertility problems occur when cancer or cancer treatments damage one of these glands or organs, or alters the part of the brain that controls the endocrine system. Men who receive higher doses of radiation therapy or chemotherapy need to wait longer for sperm production to begin again and have a higher likelihood of being permanently infertile. In some cases sperm production can recover after cancer treatment, however before commencing treatment there are steps a man can take to preserve his fertility.

Cancer and infertility

Some types of cancer temporarily lower a man's fertility. Infertility is most likely to happen before cancer treatment and just after treatment is finished. For those who will recover sperm production, semen analysis will usually improve within one to three years after finishing cancer treatment. However, some men improve many years later.

Testicular cancer: Fertility may be poor during the two years before testicular cancer is discovered. Although only one to three percent of men with testicular cancer get cancer in both testicles, the cancer-free testicle may not function normally. On the other hand, men treated for testicular cancer often end up with improved semen quality within several years.

Newly-diagnosed Hodgkin's disease, lymphoma or leukemia: Recent surgery, fever or physical stress experienced by survivors may affect the quality of semen.

Cancer treatment and infertility

Cancer treatment, not cancer itself, is often what damages fertility. Here are some common treatments and their possible effects on fertility.

- Radiation therapy can slow down or stop sperm cell production if the testicle is in or near the target area for the radiation. A lead shield can help protect the testicles, but radiation "scatters" within the body, so it's impossible to shield the testicles completely.

- Total body irradiation used before some bone marrow transplants often causes permanent infertility. If the testicles get a mild dose of radiation, a man's fertility may drop but can then recover over the next one to four years. If the radiation dose to the testicles is high, sperm production may stop forever.
- Chemotherapy does the most damage to fertility. High doses of chemotherapy can damage sperm cell production and the testicles' ability to make testosterone. This hormone is crucial in a man's fertility.
- Surgery to treat prostate or bladder cancer removes the prostate and seminal vesicles. These glands make the liquid part of a man's semen. They also cut the pathway for sperm cells to be included in the semen. Men with testicular cancer or colon cancer sometimes have surgery that can damage nerves involved in orgasm. The result may be a "dry orgasm" or the sensation of pleasure, but without ejaculating any semen.



Male Fertility and Cancer Treatment

Fertility Testing

A semen analysis tests a man's fertility. The analysis usually includes at least three scores that define semen quality:

- The sperm count is the number of sperm present. A normal count is at least 20 million sperm per of semen.
- The motility is the percentage of sperm that are actively swimming around. At least 50 percent of the sperm should be motile.
- The morphology is the shape of the sperm. It is considered normal if at least 30 percent of the sperm have an ideal shape.

Fertility Preservation Options

- Sperm Banking: Before beginning chemotherapy or radiation, a man produces a semen sample at a sperm bank. Masturbation is the preferred method since even using a condom during intercourse could leave the semen contaminated with bacteria. A semen analysis is done, and as long as the sample contains some live sperm cells, it can be frozen and stored for future use in infertility treatment. Once frozen, samples can be kept for at least 20 to 30 years (possibly longer) without further damage. Males who have reached puberty (even as young as age 12 or 13) can bank sperm for as long as the semen contains enough live and healthy sperm.
- Testicular sperm extraction and epididymal sperm aspiration: For men who do not have mature sperm in their semen, this procedure involves removing a small amount of tissue from the testicle. This tissue is examined under the microscope for mature sperm, which can be frozen or used immediately for IVF.
- Testicular-tissue freezing. This investigational option for boys who have not experienced puberty involves removing, freezing, and storing testicular tissue, which contains stem cells that may eventually become sperm before treatment begins. Researchers are studying how to thaw the tissue and surgically put it back into the body to restore sperm-producing capabilities.

- In Vitro Fertilisation - Intracytoplasmic Sperm Injection (IVF-ICSI): When less than two million sperm cells are available for infertility treatment, the usual choice is to use them in In Vitro Fertilisation with Intracytoplasmic Sperm Injection (IVF-ICSI). The woman who will carry the child must undergo hormone shots for several weeks to stimulate her ovaries to ripen more than one or two eggs. The woman's eggs are harvested and fertilised with the man's sperm to create embryos that can be frozen for later implantation. Since only a few sperm are needed, IVF-ICSI is a good option for men who have poor semen quality or have sperm with poor motility.
- Intrauterine Insemination (IUI): This option is for men with semen quality that is closer to normal. A man's semen sample is purified and concentrated to contain as much active sperm as possible. The sample is put in a thin catheter (tube) and slipped directly through the woman's cervix into her uterus to give the sperm a head start on fertilising the egg. The procedure is done at a woman's midcycle, her fertile time of the month. Sometimes the woman is given extra hormones to ripen more than one egg, but not in the high doses used in IVF.

Family Building Options

- Donor Insemination: An unknown or known man donates his sperm to the sperm bank. This sperm is normally used in IVF to create embryos using the partner's eggs.

Male and Female Fertility Preservation - What you can do

Before treatment begins, talk with your oncologist about the possible fertility-related side effects and options you may have to preserve your fertility. Medfem Fertility Clinic is keeping hope alive by offering the opportunity to freeze eggs and sperm before treatment. If you are facing a medical treatment such as chemotherapy, radiation or surgery that may affect your fertility, we may be able to help you. In these circumstances, we often need to take action prior to the medical treatment. Therefore, we try to see all urgent cases within 24 hours of having received a referral from your physician.

If you or someone you know has been recently diagnosed with cancer that can impact their future fertility, call our offices immediately at +27 (11) 463 2244 to schedule a consultation.

CERTAIN CANCER TREATMENTS CAN HARM FERTILITY OR CAUSE STERILITY

The likelihood that cancer treatment will harm fertility depends on several factors, including



OPTIONS AVAILABLE BEFORE CANCER TREATMENT



OPTIONS AVAILABLE AFTER CANCER TREATMENT



GO TO WWW.IFAASA.CO.ZA FOR MORE INFORMATION



BREAK THE SILENCE

IFAASA is the only South African NPC dedicated to educating and advocating for those suffering from infertility

HIV and Fertility Treatments

HIV is a serious but manageable chronic disease that affects people of all ages, but the largest groups affected are people of reproductive age, many of whom express a desire to be biological parents. The potential for HIV-infected persons to live long and healthy lives, have uninfected children, and not transmit the virus to their partners has resulted in increasing numbers of individuals to seek out optimal means for creating biologic families. Transmission of the disease to the partner and offspring is a major concern. However, treatments for HIV can now limit the risk of viral transmission to the uninfected partner and baby.

So although you have HIV, it is still possible for you to have a healthy pregnancy, and for your baby to be healthy and HIV negative.

Planning to get pregnant

If you are planning to become pregnant, it's very important to find out how you can reduce the risk of passing HIV on to your baby and to ensure you have a healthy pregnancy.

For an HIV-positive woman and an HIV-negative man:

If the woman is HIV positive, but her partner is HIV negative it is possible to become pregnant without risking HIV transmission through intrauterine insemination/artificial insemination (IUI/AI).

For an HIV-positive man and an HIV-negative woman:

HIV and antiretroviral therapy can cause some males to have sperm abnormalities, including low sperm count, low motility, and low volume. Sperm washing is the safest way for an HIV-positive man to biologically father a child with his HIV-negative partner. Sperm washing is used to separate the seminal fluid, which contains HIV, from the sperm, which do not contain HIV. Once the sperm sample has been 'washed', it can be used in a range of fertility treatments. The simplest of these is IUI/AI where the washed sperm is placed into the uterus around the time the woman is ovulating. If the woman has any difficulty in conceiving, or if her partner has a low sperm count, the washed sperm IVF (where the eggs are inseminated with washed sperm in a laboratory) or ICSI (where the sperm are injected directly into the egg) will be recommended.

The likelihood that you will become pregnant after sperm washing depends on many factors (including your age, your overall fertility and the technique used to implant the sperm), but the sperm washing itself does not reduce the chance of any technique working. Although it can't be guaranteed that no HIV remains, sperm washing is considered very safe.

Risk of passing HIV to the baby

Without any treatment or care, the chance of a woman with HIV passing it on to her baby is between 35 and 40%. With the right treatment and care, this risk can be much reduced to a substantially lower number, in some cases to less than 2%.

HIV-infected women need to be actively treated with antiretroviral drugs to reduce the risk of transmission to the baby. Treatment reduces the viral load so that the baby is exposed to less of the virus while in the womb and during birth. Some anti-HIV drugs can also cross the placenta and enter your baby's body where they can prevent the virus from taking hold. This is also why newborn babies whose mothers are HIV positive are given a short course of anti-HIV drugs (this is called infant post-exposure prophylaxis, or infant PEP) after they have been born.

To avoid passing HIV to your baby, your gynaecologist may recommend you have a pre-labour caesarean section. This is because there is an increased risk of you or your baby developing an infection after your waters have broken.



HIV and Fertility Treatments

After your baby is born

For the best chance of preventing HIV, your baby will need to take HIV treatment for a short period after he or she is born. This is sometimes called infant post-exposure prophylaxis, or infant PEP. What sort of treatment your baby has will depend on the HIV treatment you have taken during your pregnancy.

Your baby will be tested for HIV several times in his/her first 18 months. The first time will be a few hours after your baby is born, and then again at six weeks old and at 12 weeks. These first tests are looking for the virus itself to see if it is present in the baby's blood. If all these tests are negative, and you are not breastfeeding your baby, you will be told your baby is HIV negative (does not have HIV) at 12 weeks.

Finally, your baby will have an antibody test at 18 to 24 months. HIV antibodies (proteins that are produced by our body in response to infections) are passed from mother to baby via the umbilical cord during pregnancy. This is not the same as HIV being passed on, and does not mean your baby has HIV. These antibodies can last for up to 18 to 24 months, so testing the baby at 18 to 24 months is the final confirmation that your child does not have HIV.

If your baby is diagnosed with HIV, your baby will be referred to a specialist clinic for children with HIV, so he or she can receive the care they need. They will be given antibiotic treatment to stop them developing PCP, a type of pneumonia (this is often referred to as PCP prophylaxis).

To avoid passing HIV to your baby, it is safest to formula feed because breast milk can contain the virus.

HIV and Fertility Treatments at Medfem Fertility Clinics

All patients presenting at Medfem Fertility clinic are required to undergo HIV testing.

Medfem works with a limited number of external facilities that deal specifically with infertility treatments for HIV patients. The treatment of infertility in HIV affected people requires specialised laboratory facilities and as such we only work with clinics that adhere to international best practises.



Inside Every Hero, There's a Million More.

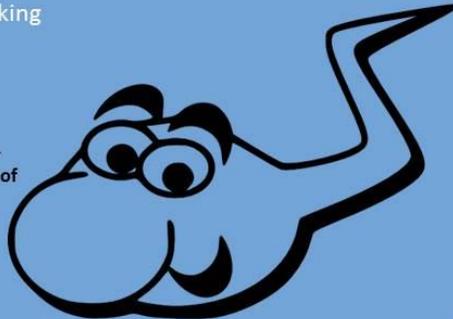
Medfem Fertility Clinic is currently recruiting sperm donors from all ethnic groups. If you are a healthy non-smoking male between the ages of 21 – 40, give us a call! (011) 463 2244

do you have **strong swimmers?**

Our fertility program is looking for new sperm donors – can you help?

We are searching for healthy non-smoking males between the ages of 21 and 40 from all ethnic backgrounds.

Compensation is R700 for every usable sample.



Call
(011) 463 2244



By becoming a sperm donor you are helping others to have the family they have always wanted.



Most people take it for granted that they'll have children one day. Yet one in six couples is infertile. Approximately 40% of this unfortunate event is due to male factor infertility. Azoospermia (no sperm present) may exist from birth or may have developed later on in life due to illness, injury, or surgery (including cancer treatments, hormonal problems, cystic fibrosis, mumps, obstruction to the ducts leading out from the testis, ejaculation issues, paralysis, sperm antibodies, and much more).

Assisted reproductive treatment (ART) using donor gametes, has provided new opportunities for treating infertile couples, single women and same-sex couples. Sperm banking or more formally referred to as sperm cryopreservation has become one of the major assisted reproductive treatments.

As a sperm donor you are only allowed by law to donate at any one institution, and can have only five live births resulting from your sperm. You have the right to indicate to whom you would like to donate your sperm to e.g. marital status of the receiving couple, ethnic grouping, sexual preference, and religion.

Non-smoking men, between the ages of 21 and 40, who hold a matric qualification and higher are invited to donate their sperm. We require sperm donations from all ethnic groups. If you would like to become a sperm donor at Medfem Fertility Clinic, we invite you to set up an appointment with us.



Volunteers Required

Do you have a passion for anything infertility related? If yes, we may just need your assistance!

We really need help with the following (but not limited to):

- Public Relations
- Graphic Design
- Legal Work
- Events Management
- Sponsorship
- Website Development
- Finance/Accounting

Email meggan@ifaasa.co.za

"Strength doesn't come from what you can do. It comes from overcoming things you thought you couldn't."



IFAASA, the Infertility Awareness Association of South Africa NPC, is a non-profit organisation that aims to break the silence for those suffering from infertility by supporting Southern Africans living with reproductive health issues through education and advocacy, and by educating the public about reproductive diseases.

IFAASA is the only South African NPC dedicated to educating and advocating for those suffering from infertility.



Endometriosis Warriors South Africa is a Facebook support group for women suffering from endometriosis. If you or a loved one suffer from endometriosis this group may add much needed support and understanding.

Endometriosis South Africa is a national organisation providing information and support to those living with this chronic condition. Endometriosis South Africa has been created especially for South African women living with this chronic disease and hopes to soon become a recognised and credible organisation whose major goal it is to provide education and build a network of support.

<http://www.endpain.co.za/>



When to Test for Infertility

We believe that anyone worried about their fertility should take immediate steps to have their situation assessed. Immediate evaluation and treatment of infertility is warranted in cases of known problems such as anovulation, tubal occlusion, and severe male factor infertility. Otherwise the standard guideline is that an evaluation of infertility is warranted for a couple when the female partner is older than 35 and has been trying to conceive for 6 months without success. It is also indicated if the female partner is 35 years of age or less after the couple has been trying to conceive for one year. We also must be aggressive in evaluating and treating women 40 years and greater because of the increased potential for significant loss of ovarian reserve in this age group.

Facebook? Blog? Pinterest?

Social media is changing how Medfem Fertility Clinic connects with the world. We can now be found on Facebook, Pinterest, Youtube, Linked-In and Google+. Along with our new website, we've launched a blog to talk about current fertility topics. Visit www.medfem.co.za for quick links to our social media pages and our informative blog. Following us on Facebook will allow you to stay informed about our latest articles, events and more.

Patient Testimonials

Tell us your Medfem Fertility Clinic story! We would love to share your experience of how Medfem helped grow your family. Please know that all testimonials will be posted anonymously, unless you give us permission to use your name. Email us at: communications@medfem.co.za

For further information on Infertility Testing visit <http://www.medfem.co.za/where-to-start>



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