



4 Tips
Everyone Struggling to Have a Baby
Should Know





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INTRODUCTION



At this point, you may be caught somewhere between frantic and frustrated. Infertility pierces the core of your identity. Having children isn't just a conscious desire — our biology drives us to reproduce. And when something obstructs that greater purpose, when something tells us “no,” there isn't a single one of us who doesn't feel rattled. But you do have options and parenthood is possible for the vast majority of people. Try your best to stay solution-oriented!

To start, consider these questions:

1. Are you female, under age 35 and unable to conceive after 12 months of trying?
2. Are you female, age 35 or older, and unable to conceive after 6 months of trying?
3. Have you had more than one miscarriage regardless of how long you've been trying?
4. Are you a male who has received poor semen analysis results?

If you answered “yes” to any of these questions, you should consider fertility treatment. Let us guide you through it. By reading this book, you've already taken the most important step: educating yourself.

Throughout your fertility journey, your resolve will be your closest ally, because guess what? Three out of four women who start fertility treatment will have a baby within 5 years. Granted, detailed fertility statistics are more complicated, especially when you consider age. But the point to keep in mind is that fertility treatment works well.

Before you start or continue fertility treatment, it's important to know your options, your available resources, and strategies for overcoming any challenges you face. This book will equip you with these tools, provide a comprehensive look at reproductive medicine, and help you make the best decisions for you and your family. Before diving into the details, let's review a few facts about fertility care.



It's easy to get swept up in the emotions of infertility. And while your feelings are entirely justified, it's important to tether your thoughts to facts. It's okay (and often unavoidable) to feel the pull of hopelessness, but never let the following facts escape your awareness. They'll provide you with grounding and reassurance.

INFERTILITY IS COMMON

"1 in 8 couples (or 12% of married women) have trouble getting pregnant or sustaining a pregnancy."

– Centers for Disease Control and Prevention

MEN AND WOMEN ARE BOTH INVOLVED

"Approximately one-third of infertility is attributed to the female partner, one-third attributed to the male partner and one-third is caused by a combination of problems in both partners, or is unexplained."

– American Society for Reproductive Medicine

IVF IS RARELY NECESSARY

"Approximately 85-90% of infertility cases are treated with drug therapy or surgical procedures. Fewer than 3% need advanced reproductive technologies like in vitro fertilization (IVF)."

– American Society for Reproductive Medicine

MOST COUPLES SUCCEED

"Three in four women starting fertility treatment will have a baby within 5 years, whether as a result of the treatment or following natural conception."

– European Society of Human Reproduction and Embryology

Armed with these realities, you should choose your fertility clinic and treatment path with an eye for detail and unapologetic selfishness. This is your baby, your family, your money and your life. Decide on your standards and stick to them as closely as you can. We can help. Next up, we'll provide some crucial items that we recommend you incorporate into your clinic selection and decision-making criteria.

Starting fertility treatment isn't quite as simple as picking the clinic nearest you and making an appointment — or at least, it shouldn't be. Taking the extra time to find a fertility clinic that meets your individual needs and preferences will pay off in the long term. Furthermore, choosing insurance coverage as your primary selection criteria isn't the right way to go. While you may save money on testing services (which, along with surgery, are often the only procedures that insurance plans will cover), just one extra IVF cycle can wipe out those savings and then some. With fertility care, excellent clinic quality and doctor expertise are both paramount.

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What should I look for when choosing a fertility clinic?

- Readily available success rates that match those reported by the Society for Assisted Reproductive Technology (SART), found here: <http://www.sart.org/clinic-pages/find-a-clinic/>.
- Verify that their success rates are “baby rates” and not “pregnancy rates.” Nobody seeks fertility care to get pregnant — giving birth to a healthy baby is what matters.
- Ask for their policy on transferring multiple embryos during IVF. While multiple implantations per cycle increase the chance of pregnancy, it can also have negative health implications for both mother and child.
- Check for a clinic size that meets your ideal. Some giant fertility centers feel cold and impersonal, but smaller clinics may not have the most advanced technology available.
- Find out if you'll see the same doctor at every visit. Although your gut reaction may be to stick with one doctor — and that's okay — rotating doctors also has its advantages, such as multiple perspectives and greater availability.
- Surgery can go unmentioned for obvious reasons, but for some people it's a significant factor in successful fertility treatment. Endometriosis, uterine fibroids and other conditions can make a successful pregnancy impossible. But these issues can often be solved through surgery. And although it may sound scary, you can save thousands of dollars by optimizing your chance of success before paying for cycle after cycle of expensive treatments.

Remember that education should be a never-ending feature of your journey. Even after you start your treatment, don't ever stop learning. While respectable fertility specialists will take steps to ensure that you understand what's going on, your doctor can never be you and your partner. Nobody can make your decisions for you, and those decisions can be costly. Knowledge is the surest protection you have against poor choices.

Once you've selected a clinic, you'll step into the world of tests and treatments. While your doctor should be your primary resource, being aware of the treatment landscape is valuable. It'll help you understand your physician's recommendations, and knowledge of other options can inform your questions.

Creating a fertility treatment plan involves a number of variables, including:

- Male and female infertility factors
- Past treatment efforts
- Age
- Surgical necessity
- Financial means

...and many more. But generally, every plan starts with testing and a complete medical history review. Solving a fertility case is like putting a puzzle together. You want to start with all the pieces in front of you – anything less, and the chance of solving your infertility declines. Along with actual treatment skill, finding a fertility specialist who thoroughly tests and analyzes your entire situation is important.

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FERTILITY TESTING

Most people won't need every test. Like the rest of your treatment plan, your doctor will recommend testing based on a variety of factors. However, here is a list of common tests that can help pinpoint the source of your infertility:

- **Semen analysis** – Tests the semen for ideal sperm count, movement (known as “motility”) and shape (known as “morphology”).
- **Blood testing** – Checks for hormonal problems and sexually transmitted diseases (STDs) in both partners.
- **Pelvic and genital exam** – Identifies STDs such as chlamydia and gonorrhea.
- **Pelvic ultrasound** – Checks the condition of the uterus and ovaries.
- **Hysterosalpingogram (HSG)** – After injecting dye into the uterus, X-ray imaging can identify any blockages in the fallopian tubes.
- **Hysteroscopy** – Inserting a lighted scope through the vagina allows your doctor to search for problems in the reproductive tract.
- **Laparoscopy** – Identifies problems on the outside of your reproductive organs, such as endometriosis, by passing a scope through a small incision in your abdomen.
- **Endometrial biopsy** – Removal of a small tissue sample from the inside of your uterus to verify that the proper conditions exist for embryo implantation.



We can identify most fertility problems through one or more of the above tests. After determining the source of your infertility, we'll sometimes need to take corrective measures — such as surgery — to optimize your ability to conceive and sustain a pregnancy.

SURGICAL NECESSITY

Determining whether or not you need surgery should be an early consideration. No matter what else is going on, certain physical conditions can make it impossible for you to give birth to a healthy baby.

Some conditions that may require surgical correction include:

- **Endometriosis** – A sometimes painful condition where the tissue that lines the inside of the uterus grows on the ovaries, fallopian tubes and the outside of the uterus.
- **Uterine fibroids** – Noncancerous growths in the uterus that can cause pain, infertility and miscarriages.
- **Polycystic ovary syndrome (PCOS)** – A condition where small cysts grow on the ovaries, affecting hormone regulation and the ability to ovulate.
- **Blocked fallopian tubes** – Blockages in the fallopian tubes can prevent the egg from reaching the sperm inside the uterus.

In some cases, surgical correction will completely resolve your infertility and allow you to conceive through normal intercourse. In other cases, further treatment will be necessary.

FERTILITY TREATMENTS

Once your specialist has either ruled out or performed surgery, the next stage will involve treating or circumventing any remaining infertility factors. And depending on these factors, your doctor may advise you to either start with simple treatments or skip to more advanced procedures.

Here are some of the fertility treatments your doctor may recommend:

- **Lifestyle modifications** – Tobacco, illicit drugs, excessive alcohol consumption, poor sleep and bad nutrition can all contribute to infertility in men and women.
- **Timed intercourse** – Having sex around the time of ovulation.
- **Medications** – A variety of medications are available to regulate or trigger ovulation.
- **Intrauterine insemination (IUI)** – After collecting semen from the male partner or donor, your fertility clinic will prepare a concentrated solution of sperm and transfer it directly into the uterus through the vagina.
- **In vitro fertilization (IVF)** – After harvesting an egg and collecting a sperm sample, an embryologist will combine the two in a lab and implant one or more embryos into the female partner or gestational carrier.
- **Intracytoplasmic sperm injection (ICSI)** – ICSI takes IVF one step further by injecting an individual sperm into the egg.
- **Preimplantation genetic screening (PGS)** – After analyzing each embryo's genetic code, we select the ideal candidate(s) for transfer, which guards against pregnancy loss, improves pregnancy and live birth rates, and allows for family balancing through sex selection. PGS is especially helpful for women who've experienced multiple pregnancy loss.
- **Preimplantation genetic diagnosis (PGD)** – PGD involves testing each embryo for shared genetic traits between the parents to help prevent the transmission of genetic disease.

With these therapies, most people will be able to take home a child.

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CRYOPRESERVATION

Even if you know that starting a family is the right choice, it may not be the best time right now. Through cryopreservation, you can wait for the ideal moment. It's now possible to postpone pregnancy while preserving quality and high birth rates by freezing and storing eggs, sperm and embryos. Two common reasons for postponing pregnancy through cryopreservation are:

1. A career path that would be hindered by pregnancy during the prime fertility years (under age 35).
2. Impending cancer treatment that may damage fertility.

As with most aspects of fertility, your emotional ups and downs will tend to be cyclical. Most fertility patients require multiple treatment cycles – and sometimes a combination of different therapies – in order to succeed. These cycles can involve some initial excitement, mounting anticipation, and disappointment if things don't go as planned.

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This cycle is normal – even for fertile couples. Keep in mind that a couple in their peak fertility years only has a 20 to 25% chance of conceiving each natural cycle. The difference, of course, is that infertile couples must tolerate these highs and lows for a longer period of time, and with greater anxiety. To build the resilience required to handle anything that comes your way, you need to arm yourself with knowledge of the journey ahead and techniques for managing your emotions.

MINIMIZING FINANCIAL STRESS

Relative to the profound importance of parenthood and fertility care, insurance plans tend to offer minimal coverage for the therapies themselves. For would-be parents who require fertility treatment, especially more expensive procedures like IVF and ICSI, the financial burden can sometimes feel overwhelming.

Like many other aspects of fertility care, knowledge and planning are your keys to reducing financial stress. If you're considering fertility treatment, here are a few areas you should consider:

- **Insurance coverage** – Certain states mandate different levels of fertility coverage than others. Typically, insurance plans will cover diagnostic testing and any surgical procedures necessary to correct infertility.
- **Treatment plan** – Remember, most couples do not require “extreme measures” to get pregnant. The first step is a proper diagnosis. At that point, your fertility clinic can provide you with estimated costs for appropriate procedures.
- **Affordability options** – Consider how much you are willing and able to invest to get pregnant. If necessary, can you borrow money from family or lenders and make payments over time?
- **Help from your fertility clinic** – Leading fertility clinics employ financial counselors to guide couples through these important issues. Be sure to ask.

MINIMIZING RELATIONSHIP STRESS

Before trying to get pregnant, most couples look at their partner as their greatest source of support. However, as the months tick by without success, relationships can start to shake under the strain.

As every relationship self-help book on Earth will tell you, communication is the most important part of your relationship, and that's especially true when facing infertility. Talk through everything that you're feeling and thinking. Make your decisions together. And start talking early about the common emotional, physical and financial pitfalls that couples encounter during their fertility treatment journey.

A common comment we hear from couples is that sex can start to lose its appeal when they try to have a baby. When you're following ovulation schedules and timing medications, the spontaneity that makes sex enjoyable can disappear. Add other stressors to the mix, and you're potentially looking at serious bedroom problems. There isn't a formulaic cure for this issue and every couple will need to address it in their own way. That may mean a night out together, or perhaps something spicier.

AVOIDING SADNESS, LOW SELF-ESTEEM AND DEPRESSION

It's tempting to blame yourself for your infertility. Feelings of sadness or inferiority are common, especially if many of your peers are starting their families with relative ease. Some common recommendations for coping with sadness and/or low self-esteem include:

- **Surround yourself with your partner, close friends and family** – This can help you avoid feelings of isolation.
- **Decrease stress** – Working out a shift in responsibilities with your employer may make a significant difference.
- **Dietary changes** – Ensuring you get an adequate amount of certain nutrients, such as omega-3 fatty acids and vitamin D, can improve your mood.
- **Exercise, meditation and yoga** have also been shown to have a positive effect on those suffering from sadness or even depression.

While feelings of sadness or low self-esteem are common, depression is more serious. Common symptoms of depression include feelings of hopelessness, loss of interest in daily activities, appetite or weight changes, sleep changes and concentration problems. If you experience symptoms of severe depression, especially suicidal thoughts, get professional help immediately.



“It’s normal to feel upset for a period of time after a failed cycle, or especially after a lost pregnancy. However, ongoing depression warrants a discussion with your doctor.”

Again, depression isn’t the same thing as sadness. It’s normal to feel upset for a period of time after a failed cycle, or especially after a lost pregnancy. However, ongoing depression warrants a discussion with your doctor. Medication, talk therapy and the other recommendations covered above can all help. If your emotional distress becomes too intense, professional therapists who are familiar with fertility care can help you navigate your thoughts and feelings.

Remember, you are not alone. Virtually all couples who struggle with infertility must learn to cope with some level of financial, emotional and relationship stress.

FINAL THOUGHTS



While fertility treatment may sometimes feel intimidating, remember that most couples won't require anything beyond basic therapies. But if you do require advanced treatment, the preparation advice you've found in this book will make a substantial difference in your experience. Above all else, do your homework and choose your fertility center carefully — selecting a clinic will be the most important decision you make.

“Our philosophy is to use the least complex (and least expensive) fertility treatment necessary to give you a healthy child.”

If you're considering fertility treatment, we invite you to come to one of Kofinas Fertility Group's centers in Manhattan, Brooklyn or Staten Island for a consultation or one of our free seminars. Our philosophy is to use the least complex (and least expensive) fertility treatment necessary to give you a healthy child. That being said, we're not shy about advanced therapies like IVF — and we have some of the highest success rates in New York City — but as you learned about in the first section of this book, these therapies are often unnecessary.

Also, in addition to our ongoing role as pioneers in fertility medicine, we have a number of Brooklyn's “firsts”:

- First IVF procedure and birth
- First successful gamete intrafallopian transfer birth
- First successful ICSI birth
- First assisted hatching procedure and birth
- First birth from frozen eggs and embryos
- Establishment of the first egg and embryo cryopreservation program
- First birth from donated eggs
- Establishment of the first egg donation program

FINAL THOUGHTS



Our center strikes the perfect balance between advanced capabilities and a compassionate, personal approach. Dr. George Kofinas, our founder and medical director, is a national leader in fertility medicine. He is particularly well known for his ability to solve difficult endometriosis cases, and every doctor he hires meets his sky-high standards for surgical and diagnostic skill.

In addition to the support offered by your doctor, we can refer you to therapists who are experienced with infertility, and our in-house affordability counselors will help you with all financial matters. Your emotional and financial well-being throughout this process isn't just crucial to the success of your treatment – we genuinely care about you, and we want you to be as comfortable as possible. Your mental and physical states are valuable to us as professionals and as human beings, so never be afraid to let us know how we can help.

**For more information, please visit [KofinasFertility.com](https://www.kofinasfertility.com) or call any of our three locations.
We're happy to answer any questions you have!**



MANHATTAN	55 Central Park West • New York, NY 10023	212-807-7000
BROOKLYN	506 6th Street • Brooklyn, NY 11215	718-243-1600
STATEN ISLAND	4855 Hylan Blvd. • Staten Island, NY 10312	718-356-4000