Prof. Abha Majumdar

Director, Center of IVF and Human Reproduction
Sir Ganga Ram Hospital, New Delhi, INDIA

President's Medal for best medical graduate of year1970-75
Award from DMA on Dr. B.C Roy's birthday: outstanding contribution to medicine,1999
Vikas Ratan Award by Nations economic development & growth society 2002
Chitsa Ratan Award by International Study Circle in 2007
Life time Medical excellence award Obs & Gyne by Hippocrates foundation 2014
Abdul Kalam gold medal 2015 & **Rashtriya Gaurav Gold Medal award** 2017 by Global Economic Progress & Research Association.
Distinguished teacher of excellence award for PG medical education by ANBAI & NBE 2017 and **Inspiring Gynecologists of India** by Economic Times 2017. Felicitated by highest Merck Serono honor award at times healthcare achievers award 2018
Course director for post doctoral **Fellowship in Reproductive Medicine** by NBE, since 2007, IFS since 2014, ISAR 2014 and by FOGSI for basic & advanced infertility training since 2008.
Member of Editorial board of '**IVF Worldwide',** peer reviewer for '**Journal of Human Reproductive Sciences',** and member of advisory board for '**Journal of Fertility Science & Research'.**
Field of interest: Infertility, ART, Reproductive endocrinology, Endoscopic surgery for pelvic resurrection. and ART.

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MBBS, MS, FICS
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Expertise

Infertility, assisted reproductive techniques, reproductive endocrinology, endoscopic surgery for pelvic resurrection.

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SGRH
IVF SIR GANGARAM HOSPITAL

TOP 10 MISTAKES A FERTILITY CLINICIAN MAKES

The first principle of infertility management

Cause no harm

Infertility is not a disease

but a condition of life which is treated only by

choice

UNDERLYING DISEASE CAUSING INFERTILITY MAY WARRANT TREATMENT ON ITS OWN MERIT AND NOT BECAUSE IT IS CAUSING INFERTILITY

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First error

Not to find whether couple really needs treatment!!!

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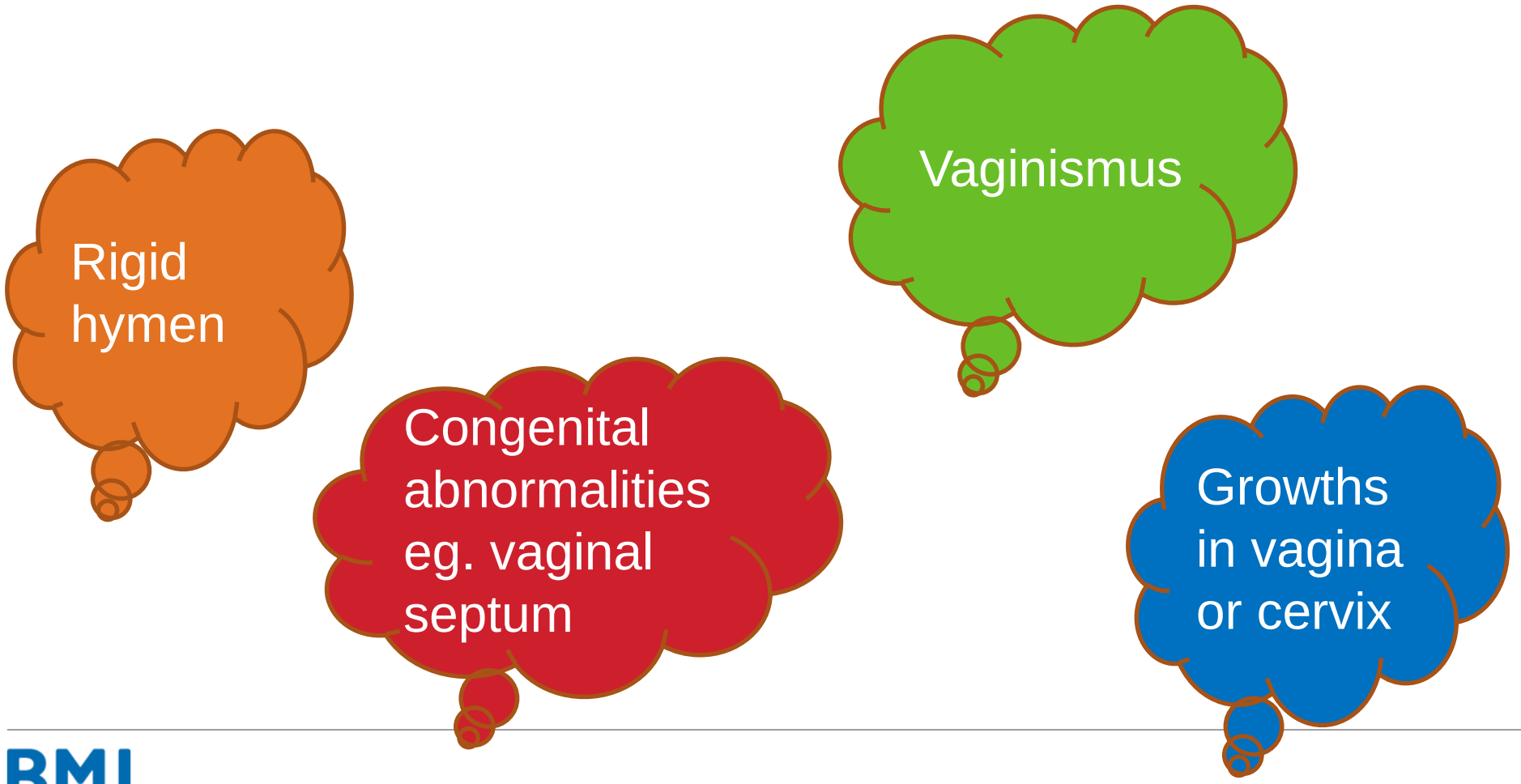
Second error

Examination

Don’t forget to examine your patient!!!!

An USG or its report is not enough

(gives a good idea about coital practices, difficulties and frequency)



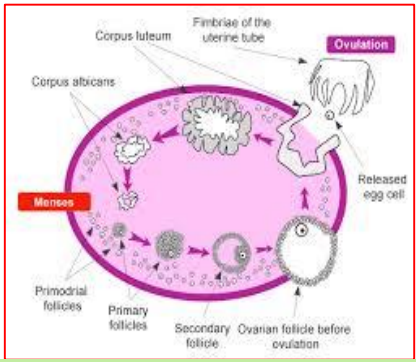
Third error

Don’t be in a hurry to start treatment before establishing correct diagnosis

- Tentative diagnosis on history only
- Scope to change diagnosis and management if investigations show other wise
- Unexplained infertility is the diagnosis of exclusion after having done all basic investigations
- Unexplained infertility does exist in almost 20% of couples all over the world !! don’t label these patients with tuberculosis especially if their tubes are patent

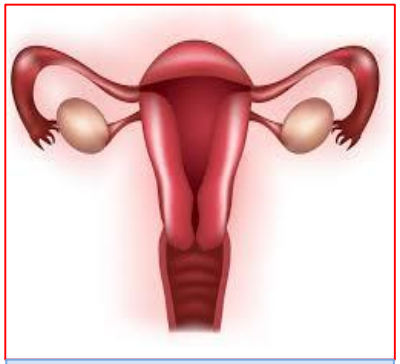
Diagnosis

- Establish approximate diagnosis before writing any medicine. 5 main areas to look for:

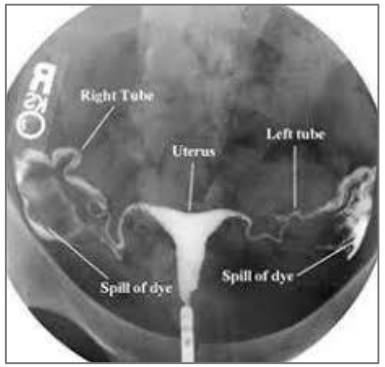


Ovulation
- Serum P4
- USG FM
- LH surge

Semen
Analysis
Post coital test



Uterus & ovaries
Ultrasound examination

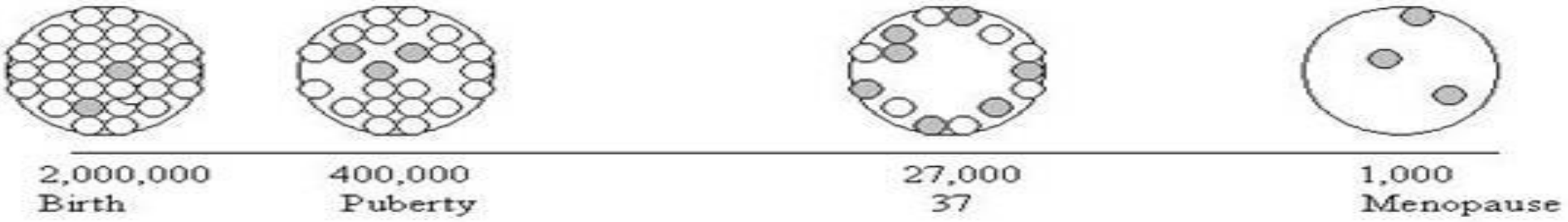


Tubal patency
HSG
Laparoscopy

Unexplained infertility

Ovary sensitive mind

- Consciousness towards ovarian reserve but don’t panic
- Don’t waste valuable time with poor reserve or older age
- Give adequate trial with IUI in older women if married recently rather than resorting to IVF in panic of ovarian reserve
- Don’t jump to oocyte donation unless one has tried conception with ones own oocytes especially in younger women



Fourth error

Prescribing loads of medicines

Lesser the medicines, lesser side effects & better compliance !!!!

- First prescription no medicines except few definitive medicines as
  - Progesterone withdrawal
- Later prescription preferably only one medicine
- No empirical combination of medicines such as: clomiphene with estradiol valerate, progestogens, steroid, ATT, vitamins and ayurvedic medicines (M2tone, speman forte)

Which is easier to follow?

Patient Name: John Smith
Address: 400 E 3rd Street
Duluth, MN 55804

Rx Amoxicillin 250 mg tablets # 42
TT tablets p.o. T.i.d. X 7 days

Do Not Refill X (Sign) M.D.
Refill ____ Times D.E.A. Number ____
Date 10/3/00 Print Last Name Johns

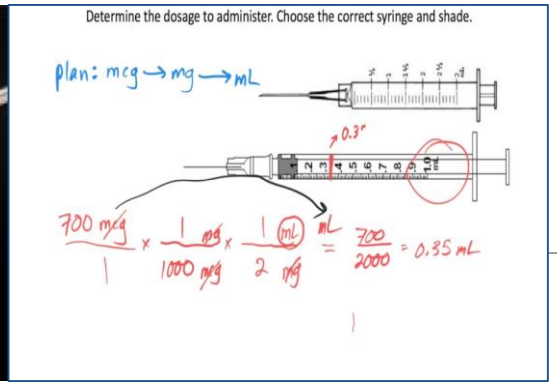
M.B.B.S., D.M.R.D., D.N.B.
कन्सल्टैन्ट रेडियोलोजिस्ट एण्ड सोनोलोजिस्ट

दर्द रहित प्रसव की सुविधा

Rx
① Thyrox 125 mcg 1OD E/S
① Tab Utifal 1OD AU 9 BOH
② Tab Bioprogf HOD
③ Tab Prostium ES 1 BD
④ Tab Endogest 300 1 BD
⑤ Tab. Suphaclav 1 TDS
⑥ Tab Ecosprin 150 OD
⑦ Tab Wysolone 5 1 TDS
⑧ Zindee 60k 1 sachet Wkly
⑨ Inj HUCOG 5000 IU IM1 Wkly
⑩ Inj Prolutan depot 250 IU IM1 Wkly
⑪ Inj Lonopin .4 mg S/c daily
⑫ Inj Bhargloba 16.5% 2 ml IM1 wr every 3 wks

20.2.19

• टेस्ट ट्यूब बेबी (I.V.F.) • ईक्सी (I.C.S.I.) बेबी • लेसर असिस्टेड हेचिंग (L.A.H.) •



Beware! Medicine cocktails may be dangerous

- **Cocktail of medicines: Don’t use**

These may prevent pregnancy as combination of clomiphene with estrogens and duphaston may act as sequential contraceptive

- **Clomiphene Citrate: Don’t use *in normally ovulating women***

They may become further sub-fertile by CC’s negative effect on endometrial perfusion and thickness and perhaps also on tubal motility and cervical mucous

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Principles of ovulation induction with gonadotropin

For treating clinicians

Stimulating for IUI :

Use smallest doses
50 to 75 units daily
Don’t use agonist or antagonist

For IVF specialist

Options for over stimulated patients:
Agonist trigger with
Aggressive luteal support with
progesterone+estradiol+hCG

- Aspirate most follicles and leave only 2 or 3 and proceed with IUI
- Convert to IVF

Don’t resort to testing & treatment of conditions not understandable

LIT

TORCH

How do these cause infertility?
How do we assess cure?
Will the treatment help?

LATENT TB

Fifth error

Availability of all methods of treatment under one roof will prevent bias towards one procedure

Ov Stimulation

IUI

Endoscopy

IVF with ICSI

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Fit your treatment into one of the standard treatment or a combinations within thes

- Medical
  m

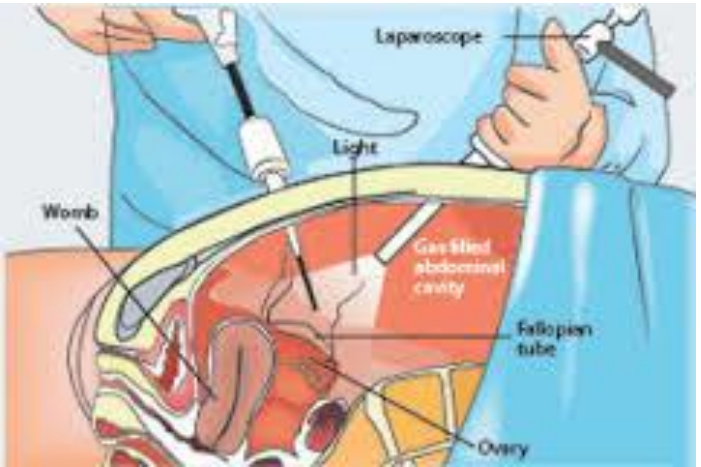
- inalization
- **FEMALE**
- Recanalization
- Resurrection of pelvis
- Cystectomy & myomectomy

- IVF

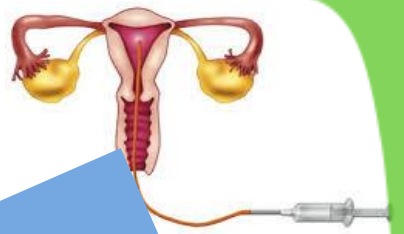
Beware of wasting patients money on non-specific drugs!! These are expensive and the only good you do by prescribing them is to help pharmaceuticals survive on the cost of your patients.

Don’t decide surgical interventions because something needs to be done

- 3 to 4 failures of IUI cycles think of the next step
- Open minded for laparoscopy and hysteroscopy
- No place for diagnostic hystero instead do 3D USG
- DON”T drill ovaries if you find nothing on laparoscopy
- No place for diagnostic lap instead do good HSG



Seventh error



Don’t take IUI lightly

- Standardize the technique to give
  towards IVF can be minimiz
- IUI gives a PR of
  from well des
- Do
- E
  pr

IVF from IUI is a big jump for the couple!.....
not only cost wise but also psychologically
because they know that if
IVF fails then there is nothing next

ility

intercourse before or

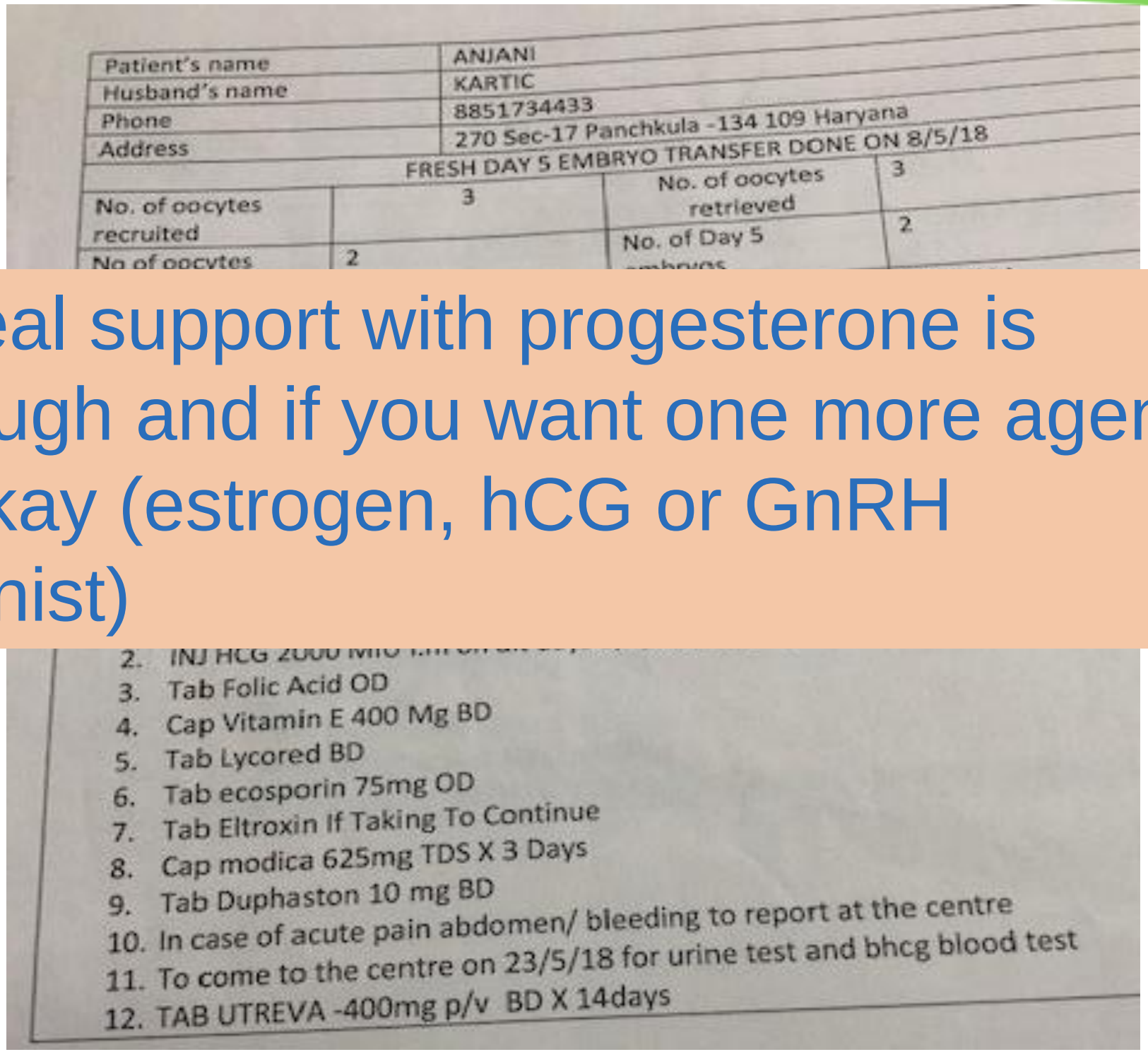
adotropins if they give better
in IUI cycles

BMJ

IVF

Eighth error

- Treat your embryologist with the respect they deserve
- Use standard conventional protocols for most cases (long agonist or antagonist protocols)
- When a biochemical pregnancy is reported ensure it is not after hCG injection given prior to pregnancy test
- Don’t give your patients luteal phase scare:



Patient's name	ANJANI
Husband's name	KARTIC
Phone	8851734433
Address	270 Sec-17 Panchkula -134 109 Haryana

FRESH DAY 5 EMBRYO TRANSFER DONE ON 8/5/18

No. of oocytes recruited	3	No. of oocytes retrieved	3
No of oocytes	2	No. of Day 5 embryos	2

2. INJ HCG 2000 MIU
3. Tab Folic Acid OD
4. Cap Vitamin E 400 Mg BD
5. Tab Lycored BD
6. Tab ecosporin 75mg OD
7. Tab Eltroxin If Taking To Continue
8. Cap modica 625mg TDS X 3 Days
9. Tab Duphaston 10 mg BD
10. In case of acute pain abdomen/ bleeding to report at the centre
11. To come to the centre on 23/5/18 for urine test and bhcg blood test
12. TAB UTREVA -400mg p/v BD X 14days

Luteal support with progesterone is enough and if you want one more agent is okay (estrogen, hCG or GnRH agonist)

Ninth error

Don’t put your patients to rest / bed rest!!

- Exercise improves metabolism and circulation, both of which contribute to better egg production
- Regular activity also optimizes reproductive system by stimulating endocrine glands, which help eggs grow
- Sweating out is a known stress reliever — a good thing, as stress significantly decreases probability of conception
- Don’t stop your patients from exercising or having sexual contacts; if ART fails she still has a chance of getting pregnant!!!

Tenth error

- Sexual intercourse is the only way to get pregnant naturally in case your treatment fails except in following circumstances:
  - In IVF cycles after day 7 of COS only if ovaries are big and hyper-stimulated
  - In IUI cycles one day before IUI if partner not confident of producing sample for IUI

How to improve infertility treatment and ART results?

- Quality control and quality assurance is the key to success
- Be open to criticism and change
- Don’t be defensive of wrong practices
- Feed back forms are a very important way of improvement

BMJ

What is successful treatment

- To have a single live pregnancy is successful treatment
- Twins are failure of treatment
- Triplets are disaster for the woman and family both

BMJ

Thank you

for giving me
a reason to scratch my brains

•Abha majumdar

Amajumdar

BMJ