

Prof. Abha Majumdar Director, Center of IVF and Human Reproduction Sir Ganga Ram Hospital, New Delhi, INDIA

'President's Medal' for best medical graduate 1970-75
'Dr. B.C Roy's award' for outstanding contribution towards 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' by Global Economic Prog & Research Association 2015
'Distinguished teacher of excellence award' for post graduate medical education by ANBAI and NBE on 5th September 2017
'Rashtriya Gaurav Gold Medal award', on 15th October 2017 by GEPRA

Course director for post doctoral Fellowship in Reproductive Medicine by NBE since 2007 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', Member of advisory board for 'Journal of Fertility Science & Research' and consultant advisor for queries to NDTV.com

Field of interest: Infertility, ART, Reproductive endocrinology, Endoscopic surgery for pelvic resurrection.



Expertise

reproductive endocrinology, endoscopic surgery for pelvic resurrection.

Director

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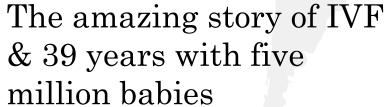


UNRAVELLING THE JOURNEY OF IVF

Dr. Abha Majumdar
Centre Of IVF and Human Reproduction
Institute of Obstetrics and Gynecology
Sir Ganga Ram Hospital
New Delhi









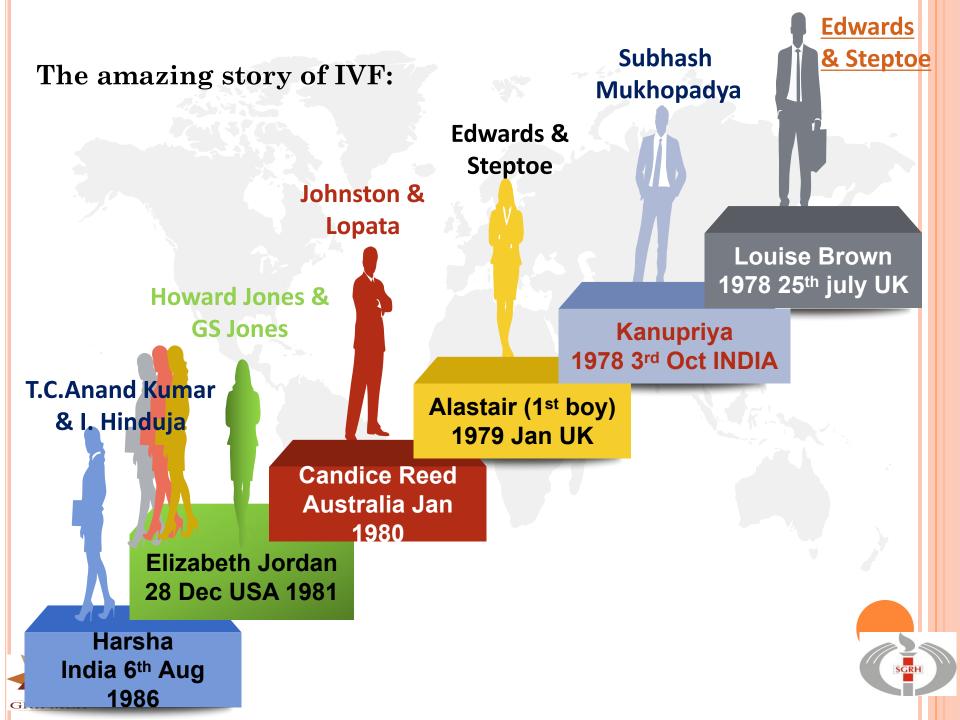




An old bell jar that sits on top of a cupboard at a Cambridge Shire fertility clinic which made history 39 years ago;

In a dish inside this jar world's first IVF baby spent hours after her conception





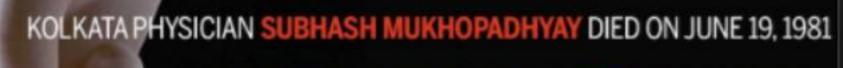
Subash Mukhopadyay Kolkata, India reported successful cryo-

A small publication of Mukhopadyay in 1978 clearly shows he was on the right line of thinking much before anyone else had demonstrated the successful outcome of a pregnancy following the transfer of frozen-thawed embryo into human subjects

achievements are:

Creator, Architect or father....

- •HMG for ovarian stimulation for IVF
 - •First to use trans-vaginal approach for ovum pick up
 - •First to cyro-preserve human embryos
 - •First to transfer embryo in a subsequent untreated cycle



FIRST TO PERFORM IVF IN INDIA

He got his recognition only in 2002, disastrously 21 years after he died...

Instead of being recognised, was insulted & barred by the govt

from attending conferences & evements

THE FILM ICTOR KI MAUT IAS BASED IN HIS LIFE India to perform IVF & create a test tube baby 'Durga' on Oct 3, 1978



COMMITTED SUICIDE at his Kolkata residence

TC ANAND KUMAR, Director of Institute for Research in Reproduction acknowledged his achievement

Tribute to another unsung hero

Such generosity and honesty are very rare

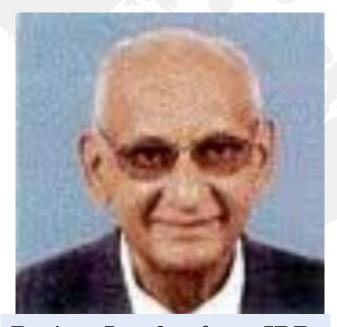
Prof. T.C. Anand Kumar had the courage to research his predecessors' findings & scientifically present it to the world, giving Dr Mukerjee his due place in medical history in 2002





Prof. T C Anand Kumar?

The creator of the first officially documented IVF baby of India Harsha



Project Leader from IRR of ICMR who had 5 collaborators and one of them was Dr. Indira Hinduja from KEM hospital Bombay

He published their technical report and procedural details in the ICMR *Bulletin*. (1997: 526).

The work leading to Harsha's birth was executed by a team of scientists from the IRR and clinicians from the KEM Hospital working under his direct guidance and supervision



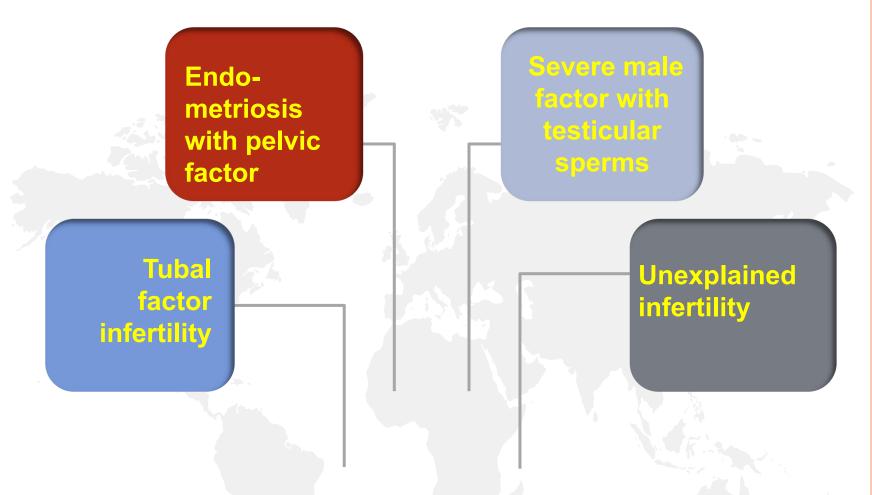


Prof. T C Anand Kumar

On 26 January 2010, he passed away, ending his illustrious

career

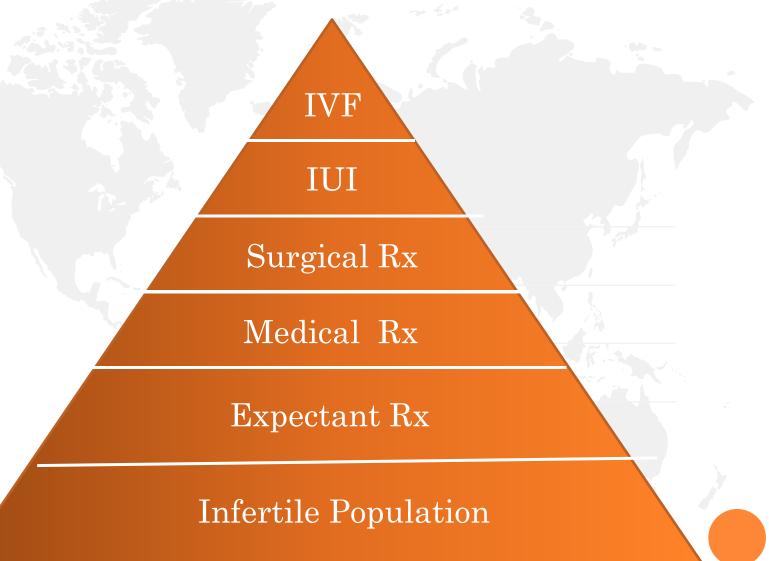
A man who stood for truth had the greatness to give away his fame and glory of being the pioneer of India's first testtube baby when he discovered all the handwritten notes of Dr Subhash Mukherjee



IVF FOR MEDICAL INDICATIONS ONLY!



IVF HAS THE SMALLEST CONTRIBUTION IN TREATING INFERTILE COUPLES











USE OF IVF STARTED TO EXPAND BECAUSE OF:

- Awareness, knowledge, availability and Acceptance
- True rise in incidence of infertility
- Advancement of Technology





AWARENESS, KNOWLEDGE, AVAILABILITY & ACCEPTANCE

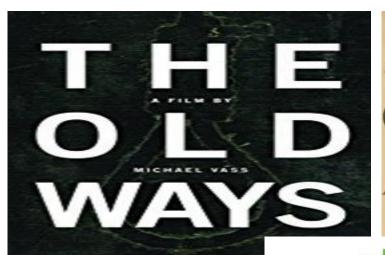
Awareness & knowledge

- News paper, radio and television
- Patient to patient disclosure & openness about using IVF
- Better education
- Internet

Availability & acceptance

- Institutional centers
- Mushrooming of private stand alone centers
- Flying embryologist managing multiple centers





DAILY EXPRESS



No. 16,440 Price 11d. REFUGEES Flood from East

DMET CRASHES: 11 DIE

Disaster at take-off

FIRST FATAL MISHAP TO WORLD'S No. 1 PLANE

AIR EXPERTS KILLED ON EMPIRE FLIGHT

KARACHI, Tuesday.



THE SILENT



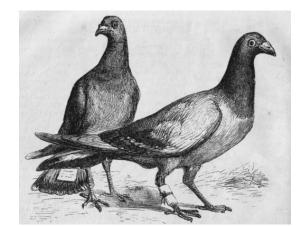
QUEEN MARY



patience strong positivity flexibility adjusting scary strength beginning different strong positivity flexibility

fight tough

support acceptance





2017 This Is What Happens In An Internet Minute







VISIT OUR STORE





Selling ART: An Empirical Assessment of Advertising on Fertility Clinics' Websites JIM HAWKINS*

Attributes of Care Advertised on Fertility Clinic Websites

Attribute of Care	Percentage Mentioning	Number (of 372 websites)
Excellent Technology	83.87	312
Personal Care	75.00	279
High Quality Doctors	69.89	260
Donors	56.45	210
Success Rates	55.65	207
"Firsts"	25.81	96
Hard to Treat Cases	18.55	69
Facilities	12.37	46
Older Patients	5.91	22









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CHANGING SCENE OF INFERTILITY





According to WHO,

One out of every four couples
in the developing countries,

is said to be affected by infertility.



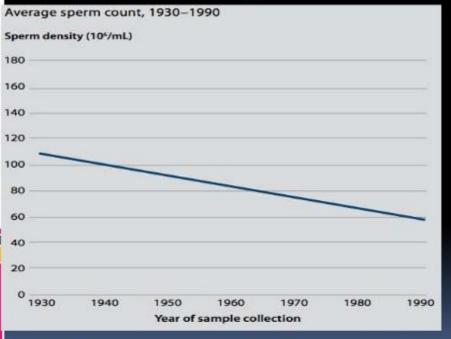


DECREASE IN SPERM COUNT A REAL GLOBAL PROBLEM OR JUST STATISTICS



DECREASING SPERM QUALITY AND QUANTITY? IS IT A REALITY?

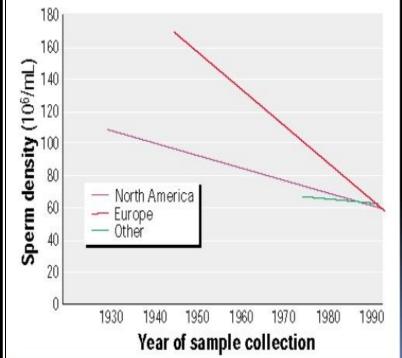




nvironmental Health Perspectives 108 (10) (Oct. 10, 2000); E. Carlsen et al.

British Medical Journal 305 (Sept. 12, 1992).

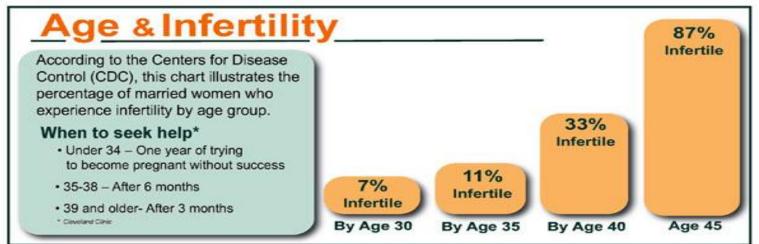
Reduction in sperm density **Decreasing**sperm quality & Quantity just in
Data??????? What is reality

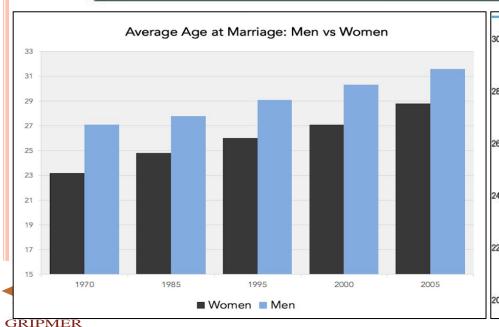






INCREASING AGE OF MARRIED COUPLES (ESPECIALLY INCREASE IN FEMALE AGE)











INCREASE IN INCIDENCE OF INFERTILITY

- Male factor
 - Decreasing sperm counts, motility and morphology
- Female factor
 - Increasing age of marriage especially the female
 - Increase prevalence of PCOS in western world as well as urban India (over nutrition): anovulatory infertility
 - Increase in STD's in developing countries: increase in tubal factor infertility (PID STD's)
- Unexplained infertility: Low tolerance for expectant management





IVF STARTED TO EXPAND BECAUSE OF:

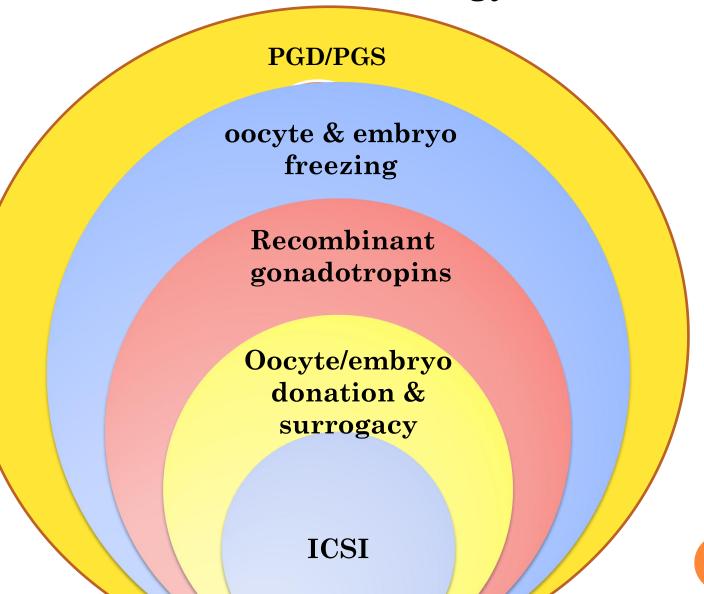
- Awareness, knowledge, availability and Acceptance
- True rise in Incidence of infertility
- Advancement of Technology





Advancement of technology:









TECHNOLOGICAL ADVANCEMENTS



Widening of applications of IVF

- ICSI: Couples with severe male factor infertility
- Oocyte donation: Women with ovarian failure and insufficiency
- Embryo donation: Couples with deficiency of sperm and oocyte both
- Surrogacy: Couples where woman had no uterus or non-correctable defects in uterus
- Oocyte freezing: Fertility preservation before cancer therapy
- PGD and PGS: Select disease free or euploid embryo









IMPROPER USE OF TECHNOLOGICAL ADVANCEMENTS



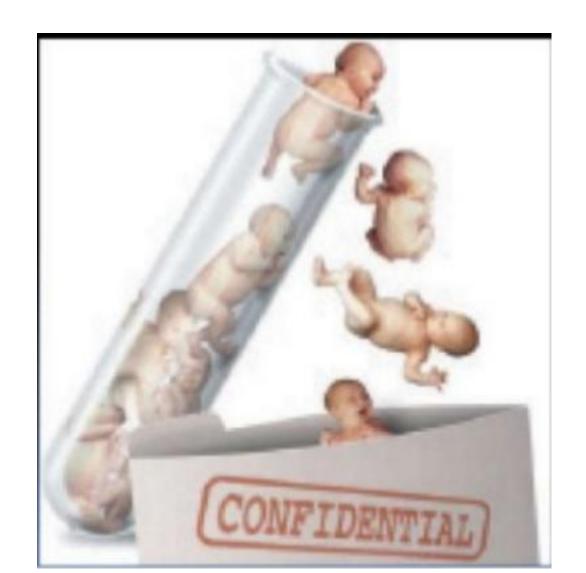
- ICSI for all undergoing IVF
- **Donated oocytes:** all women with one cycle failure to cover for sub-optimal performance of a centre, or for older women (+50 years)
- Embryo donation: For couples of any age, 'Older the better' greater publicity of the centre
- Surrogacy: couples with a family but financially powerful to afford a large family but, 'not wanting to jeopardize owns health with motherhood', single men, gay couples
- Oocyte freezing: To preserve fertility for career priorities
- PGD/ PGS: sex selection of embryo







PAST: IVF WAS THE LAST RESORT









Present: it is becoming the first resort









BUT WHY SHOULD IT NOT BE THE FIRST RESORT IF IT HAS SO MANY POSITIVE SIDES TO IT?

WHY IVF NOT FOR ALL IF THIS GIVES THE HIGHEST CHANCE OF PREGNANCY TO AN INFERTILE COUPLE?







WITH EXPANSION OF IVF CAME PROBLEMS:

- Affordability and financial issues
- Complications and health concerns
- Emotional drain with denial of failure
- Use/(misuse) of technology for personal gains or social reasons





Affordability and financial issues



FINANCIAL IMPLICATIONS

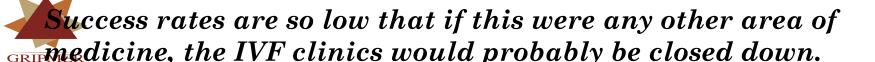
Britain:

30,000 cycles /year, cost £2,500 each with £75 million turnover.

'Pregnancy rates per IVF cycle 25% or more only by "good" clinics with women under forty and men with normal fertility'. Dr Mercia Page, Medical Director of Serono Laboratories, which has 80% of the market in <u>infertility</u> drugs.

A mere 12.7% of treatment cycles in many clinics actually result in a live birth of a baby. Disturbing fact 'birth rates for individual IVF clinics over a six month period can vary from 0% to 50% recent report

HFEA







WITH EXPANSION OF IVF CAME PROBLEMS:

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LONG-TERM HEALTH EFFECTS OF IVF



There had been a growing body of evidence that IVF babies may be less healthy than naturally conceived children.

Conventional IVF, ICSI, blastocyst culture, ovarian stimulation drugs, and embryo freezing and PGT

Birth defects can range from genital and urological abnormalities, kidney problems or deformities of stomach & intestine. Chromosomal abnormalities, alteration of key gene responsible for suppressing cancerous tumor growth, and epigenetic changes are also being explored

The fact that the warning came from Lord Robert Winston in 2001 a man who was one of the world's leading IVF pioneers gives it extra power



Hum Reprod Update. 2013 Jul-Aug;19(4):330-53.

Assisted reproductive technology and birth defects: a systematic review and meta-analysis.

Hansen M¹, Kurinczuk JJ, Milne E, de Klerk N, Bower C

45 cohort recent studies in the last 10 years included in this review to estimate birth defect risk after ART

ART infants (n=92671) had higher risk of birth defects compared to naturally conceived infants (n = 3870760). [RR 1.32, 95% CI 1.24-1.42]

Risk further increased when data were restricted to Major birth defects (RR 1.42, 95% CI 1.29-1.56)
Singletons only (RR 1.36, 95% CI 1.30-1.43)

CONCLUSIONS:





NOT GIVING COMPLETE INFORMATION TO PATIENTS IS EQUIVALENT TO REPRODUCTIVE FRAUD



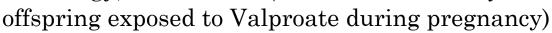




On a brighter note!

If we allow diabetics and epileptics to conceive with its antecedent 4 and 7 times respective increased risk of congenital abnormality then IVF and ICSI stand a far better chance for giving birth to a healthy baby.

Iran J Pediat, 2013 Dec; (Malformations in fetuses of gestational and pre-gestational diabetic mothers)
Neurology, 2005 march (Increase rate of major malformations in









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EMOTIONAL DRAIN AND DENIAL TO FAILURE

Myth: IVF can treat all infertile couples

Reality: one in 6 couples seek medical help because of childlessness, and 1 in 20 will never have a child despite all that medicine can offer.

When IVF fails! Which is the ultimate resolve to infertility; it entangles the emotional and physical lives of tens of thousands of people every year, affecting their sex lives, causing tension in relationships, creating guilt, embarrassment and feelings of shame or inadequacy.





HIGH FAILURE RATE

J Reprod Infertil. 2012 Jul-Sep; 13(3): 123.

PMCID: PMC3719356

Low Success Rate of ART, an Illusion, a Reality or Simply a Too High Expectation?

Mohammad Reza Sadeghi, Editor-in-chief

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Assisted reproductive technologies have spread worldwide to help infertile couples but access to these advanced treatments is of varying degrees in different countries. Access to infertility treatment is very limited and insurance coverage of these treatments is insufficient in developing, underdeveloped and low-income countries.







WITH EXPANSION OF IVF CAME PROBLEMS:

- Affordability and financial issues
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PREVIOUS MEDICAL INDICATIONS ONLY!! PRESENT ANY COUPLE!!!

 Mind set of people changing towards need for fast and easy conception

Service providers

Service takers

Service at door step Future of IVF: Embryo

- By companies
- By doctors
- By laboratories





Baby crawls out of bed



INTENSE COMMERCIALIZATION IMMEDIATE RESULTS



Intense commercialization





The first and only revolutionary concept in the world LIVE Birth or 100% Money Back

What more an infertile couple would want?

The goal of every patient going for IVF treatment is to get a LIVE BORN CHILD. No institute in the world can guarantee any IVF patient a live born child in any

at the end of X number of tients get a feeling tha

and did not get a child also. This distients from trying tients remain childles At the same time, many

still do not get a child. Our Aim at Bavishi Fertility Insti to every couple who comes to us for treat-

A: Any couple, who takes IVF treatment under this plan, gets assurance of a live born child or 100% money back!

Miracle mom at 60 Saroj Changakar, a pri-mary school teacher at Petlad, was shattered when she lost both her sons. One died of can-

P WED BRAND

I TECHNOLOGY I TRUST I

A BFI Moment of Pride

cer in 1993 and the other in an accident in 2012. She desperately needed children to make her life whole

Dr. Falguni Bavishi Saroj was 58 years olc

but her womb was healthy. We used a donor egg and im-planted the embryo.

She became pregnan in the first cycle itsel

and subsequently deliv

A: When a couple tries treatment, for a child and does not get it, gets a feeling that they lost the money and still did not get the child. Any couple, taking any treatment for infertil ity, any number of time may not get a live born child. This uncertainty prevents many couples from taking appropriate treatment for enough number of times and ultimately they may remain childless even when they can get a child. Assurance of "either a live born child or 100% money back" protects them against the situation that they lost money also and did not get the child also. It helps couples plan for a fixed budget. It takes off the stress of treatment and uncertainty of the outcome, which helps improve the outcome of the treatment and help them sustain

A: Any couples undergoing IVF treatment as Bavishi Fertility Institute can avail, whether eggs, donor eggs, donor embryo

tute is to give a normal healthy live born child They get a fix time line. Finish treatment fast It takes away the stress of the treatment. There is no double mind and confusion at the PACKAGE PLAN is the perfect solution of this priceless and they get it for a very small price

> A: If a couple tries for appropriate IVF treat-ment enough number of times at our institute, we are confident that a couple will get a live born child. However, we do not guaran tee a live born child as it is scientifically not

BASIC CONSIDERATION Patient has to pay a fixed amount at the beginning for the treatment.

· Patient has to try a certain pre decided no

The cost of this is included in the package cost paid at the beginning of the treatment.

• If at the end of those pre decided number If at the end of those pie techniques of IVF treatment cycles, patient does not get the live born child, the entire amount paid at the start of the treatment is refunded.



Win a Free Basic Micro-IVF Cycle!

Enter the Long Island IVF contest today.





Social reasons Third party reproduction



COMMERCIAL SURROGACY

A multi-million-dollar business, with majority of money spent going to agencies, lawyers and brokers - not the women actually carrying and birthing the children so desperately wanted. History is witness to the fact that once middle man is created, it gives birth to only one thing.....

corruption!!

Gammy's situation has highlighted necessary ethical questions that must be asked! 'Clementine Ford'





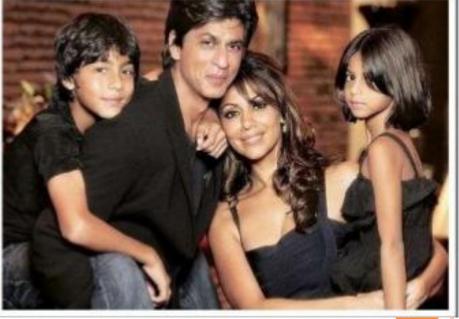


Social reasons involving Third party reproduction

SAME SEX COUPLES

PSEUDO INFERTILITY





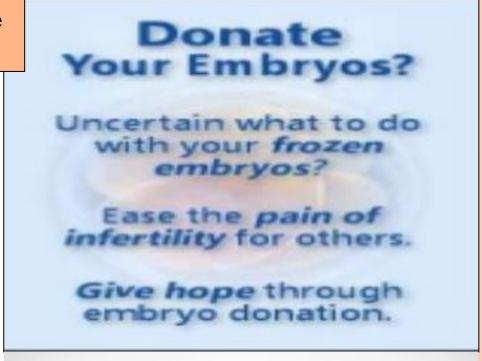
Elton John Singer for lion king

The bollywood King Khan

Punch line, 'Donating parents are greater than adopting parents'!!!!!

EMBRYO DONATION:

Boon or Bane for the baby who's fate we are going to decide!!!!!











TO COMPLICATE ALL OF THIS—CAME IN PROBLEMS OF OLD AGE PREGNANCY!!

- Older women (of grand mother's age) can get pregnant by oocyte or embryo donation
- Older parents or handicapped parents who are unfit to have a pregnancy can also use a surrogate to carry their child

Irony! The ART guidelines specify age limit for oocyte donors and surrogates but there is no age limit for intending parents.





COMPLICATIONS TO THE MOTHER OVER 40

- Increase abortion rate
- Medical complications: gestational diabetes, preeclamptic toxemia, hypertension, intra hepatic cholestatic pruritis and jaundice
- Obstetrical complications: abruption, IUGR, APH PPH and preterm delivery
- Higher maternal morbidity and mortality owing to increase in high order gestations
- Lowered life expectancy post delivery

Is this not writing a early demise sentence for the woman?



How old is too old?





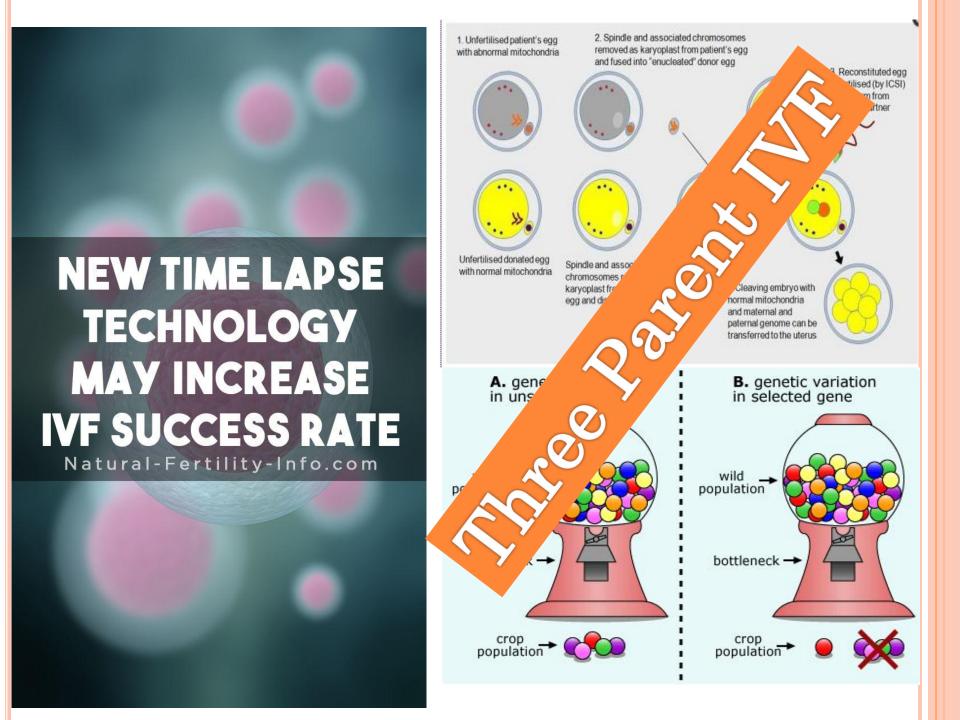




AND THE UNBORN SPEECHLESS BABY?

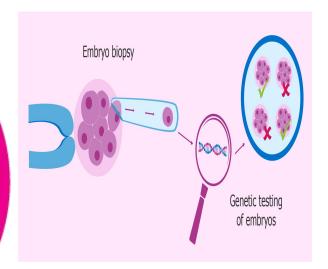


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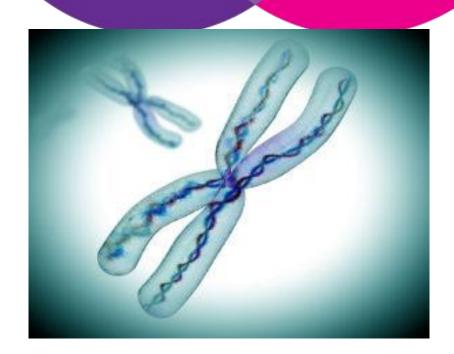


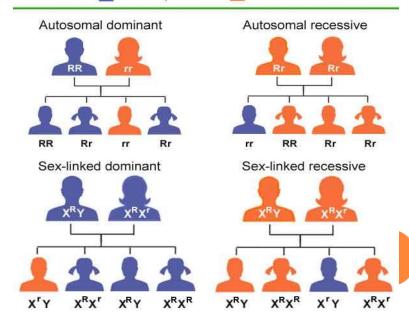
PGS
(Preimplantation
Genetic Screening)
screens embryos to
ensure 23 pairs of
chromosomes (22
autosomes and the
sex chromosomes X
and Y) are present
and there is no
aneuploidy.

PGS - VS -PGD (Preimplantation
Genetic Diagnosis)
diagnoses embryos
for known genetic
disorders that both
the patient and
partner are carriers
of including: Sickle
cell, Cystic Fibrosis,
SMA1, Tay Sachs,Fragile
X, etc.



Disease free





Disease present



20 July 2016

Menopause reversal restores periods and produces fertile eggs

Women who have already passed through the menopause may be able to have children

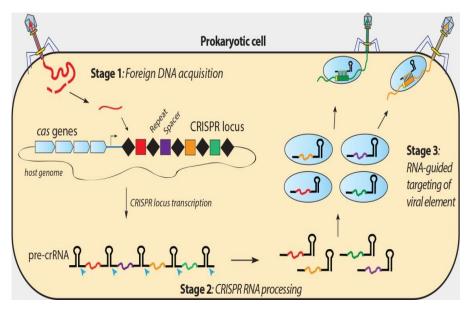
October 17, 2016

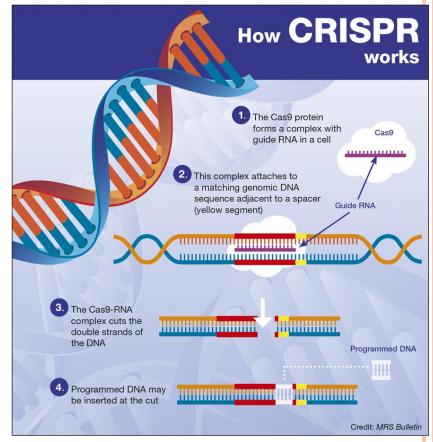
First working eggs made from stem cells points to fertility breakthrough
Adam Watkins, Aston University
Kyushu University, Japan,

OVARIAN REJUVENATION THERAPY is a procedure that may create new eggs in the ovaries of women who are unable to conceive because of early menopause, advanced maternal age or low oocyte (egg) reserve, yet who wish to have their own biological child.

July 28, 2017

Editing human
embryos with CRISPR
is moving ahead –
now's the time to
work out the ethics





CRISPR – an acronym for <u>clustered</u>, <u>regularly interspaced</u>, <u>short</u> <u>palindromic repeats</u> – allows scientists to <u>cut and edit small pieces</u> <u>of DNA</u> at precise areas along a DNA strand, essentially modifying DNA.

Louise's own birth was the landmark that changed the face of reproductive medicine

It was the tenacity of Steptoe and Edwards, and the courage of their early patients that so many parents today have happy families.











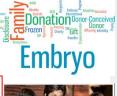




Social exploitation









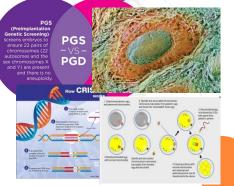
Balance between the two





Scientific advancement









- We need good and strong legislation to safe guard mothers as well as the unborn child who might get entangled in this rut of human race unknowing and unaware of the complications.
- Human brain is very fertile and cannot stop at this! It will continue to find more and more applications to the technology.
- The technology must continue to grow as it is one of the greatest advancements in the field of medicine where 'life is created outside the human body'.

