The launch of Jay-Jay Feeney’s first book, Misconception, has us very excited! Misconception, a touching account of Jay-Jay and Dom’s fertility journey, is soon to arrive in bookstores (RRP $35).

Fertility NZ will be hosting four Misconception book launch evenings, in Auckland, Hamilton, Tauranga and Christchurch. Meet Jay-Jay and listen to her share her infertility journey. It will be a fun evening, with excellent goody bags for each attendee, and, of course, a signed copy of Misconception!

Ticket prices are:
Single: $40 – including a copy of Misconception and a goody bag
Double: $60 – including a copy of Misconception and two goody bags
Numbers are strictly limited – book now!

- **Tauranga**: 6pm, Friday 13th September, Historic Village
- **Hamilton**: 5pm, Saturday 14th September, Riverview
- **Christchurch**: 6pm, Friday 27th September, Rangi Ruru Girls’ School
- **Auckland**: 6.30pm, Wednesday 2nd October, Parnell Community Centre

Our local support representatives will be hosting the events and look forward to welcoming you. We ask that all attendees are members of Fertility NZ. If you are not yet a member, sign up today (free of charge) at www.fertilitynz.org.nz/register

Visit www.fertilitynz.org.nz, call 0800 333 306 or email support@fertilitynz.org.nz for more information.

**BREAKING NEWS:** Due to unprecedented demand, tickets have sold out. Misconception will be on sale at good bookstores from August 26.
Welcome Notes

Welcome back to all our existing members and welcome to all of our new members to this fourth edition of The Dandelion newsletter from Fertility NZ.

Since the last edition of The Dandelion, our Fertility Information Videos have been released. We are delighted with the positive feedback we have received. The videos have proven an excellent channel to provide reliable information and support to people, from the comfort of their own homes. If you haven’t yet seen the videos, you can find details on page 3.

A Night with Jay-Jay Feeney
Jay-Jay Feeney and Dom Harvey have been wonderful Ambassadors to Fertility NZ for a number of years. We are thrilled that Jay-Jay is soon to release her first book, which describes the ups and downs of their fertility journey. We will be hosting four Misconception launch events, entitled A Night with Jay-Jay Feeney. Come along and meet Jay-Jay and get a signed copy of her book along with a fantastic bag of goodies. Details on page 1.

Membership
Are you a Member of Fertility NZ? By becoming a Member, you will be able to participate in the forums on our website. Further, you will receive monthly email updates, hear about our regional events and also receive The Dandelion by email. Also, the more Members we have, the stronger our voice is in representing New Zealanders facing the challenges of infertility. If you are not yet a Member, sign up today at www.fertilitynz.org.nz/membership.

I would like to thank you for taking the time to read The Dandelion and look forward to continuing to provide support over the coming months.

Cheers
Nigel McKerras – President

Education needed on fertility decline in women

A recent study has shown that New Zealand students have unrealistic beliefs about both the impact of age on fertility and success rates of fertility treatment.

The study, contacted by Nathanael Lucas and Associate Professor Andrew Shelling of the University of Auckland, aimed to measure New Zealand university students’ knowledge of fertility decline in women, via both natural pregnancy and in-vitro fertilisation (IVF).

The results were somewhat alarming. Respondents overestimated the chances of women’s pregnancy and predicted fertility decline to occur much later than it does in reality. The students also appeared to view IVF as a ‘solution’ to achieving a family. They were largely aware of assisted reproductive technologies being available, but overestimated their effectiveness.

It is concerning that educated young people have unrealistic expectations about when they can start a family.

University students are known as the section of society most likely to postpone parenthood, and the study showed that the respondents were comfortable with pursuing ‘late’ and ‘very late’ pregnancies. Most of the respondents (81%) indicated that they wished to have children in the future. However, few students mentioned non-ART options or a healthy lifestyle as measures to prolong parenthood.

The study suggests that more education needs to be available to New Zealand students on the reality of fertility decline, and success rates of IVF.

President: Fertility NZ concurs with this recommendation and would like to see widespread education of our young people and young adults on factors influencing fertility and fertility preservation.

Wanted: Auckland Committee Members

Fertility NZ’s Auckland Committee is currently seeking new members. The Auckland Committee plans (and assists with organising) support groups and information events. They meet via Skype every two months.

Fertility NZ is largely run on a volunteer basis, through the kindness of people wanting to support others through their fertility journeys. If you are interested in joining our lovely group of Auckland volunteers, email support@fertilitynz.org.nz for more information.
The **TUI** study

Intrauterine insemination with stimulation in couples with unexplained infertility: a randomised controlled trial

Up to 20% of New Zealanders will experience infertility at some point in their lives. The TUI study aims to evaluate the effectiveness of a fertility treatment called intrauterine insemination (IUI) with ovarian stimulation.

We are recruiting women with unexplained infertility to take part in the study in the Auckland area from now until mid-2014. Women who take part in the study will be randomised to either three cycles of IUI (there is no cost to you for these cycles) or three menstrual cycles of expectant management (no treatment). Women who do not receive the treatment as part of the study will receive a partly subsidised cycle of IUI after the three menstrual cycles.

Currently knowledge around the effectiveness of this treatment in women with unexplained infertility and low chance of pregnancy (less than 30% chance) is not extensive. If this randomised controlled trial demonstrates that intrauterine insemination with stimulation is effective then this would provide evidence for a less invasive and cost effective alternative to In vitro fertilisation for women with unexplained infertility. The TUI study is pleased to report the first pregnancies resulting from the study.

By participating in the TUI study you would be helping further our knowledge about fertility treatments.

For more information or to find out if you meet the criteria for the study please contact Nicola on 09-923-9487 or n.arroll@auckland.ac.nz

Further information is available at: http://nurture.org.nz/research/areas-of-research/infertility/infertility-current-projects

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**Fertility Information Videos**

May and June saw the release of our Fertility Information Videos. The series of videos feature a multitude of people who all volunteered their time to help New Zealanders faced with fertility challenges.

Fertility doctors and technical experts give factual information and advice. Fertility NZ Members kindly share the highs and lows of their fertility experiences.

Counsellors give practical advice and coping techniques and our Ambassadors, Jay-Jay Feeney and Dom Harvey, explain the New Zealand situation and options for treatment and funding.

The most popular videos (so far!) have been Male Infertility, What does Fertility NZ do?, PCOS, and Infertility: The New Zealand Framework. There are 20 titles in the series:

- Complementary Therapies
- Egg Donation
- Endometriosis
- Fertility Treatment Guide
- Infertility: The New Zealand Framework
- Living Child-free
- Male Infertility
- Polycystic Ovarian Syndrome (PCOS)
- Preconception Health
- Recurrent Miscarriage
- Secondary Infertility
- Single People and Same Sex Couples
- Special Occasions
- Surrogacy
- The Emotional Impact of Infertility
- The Role of the Infertility Counsellor
- Tips for Friends and Family
- Understanding Your Cycle
- What Does Fertility NZ Do?
- What To Ask Your Doctor

The videos can be viewed at www.fertilitynz.org.nz and on www.youtube.com (search under Nigel McKerras). Send us your feedback, or post on our Facebook page.

Happy watching!
Whether you are trying to get pregnant for the first time or not, we can sometimes forget the science around trying to get pregnant – of course not the method, but rather the preconception care necessary for a healthy pregnancy. Regardless of where you are on your journey to parenthood, having the right tools is a must, as 1 in 5 New Zealanders have trouble conceiving. And, if you are trying to get pregnant again the road can be more complicated. Any subsequent conception may be difficult as you deal with an aging egg and sperm making them less viable for conception. The stats say it all, 90% of 25 year olds conceive within one year; 90% of 35 year olds conceive within two years and 50% of pregnancies for the over 40s result in miscarriage – and these are just for those without fertility issues.

As many fertility experts will tell you, preconception care needs to start at least four months before any possible conception, giving you the best chance of a healthy pregnancy and baby. Natural Family Planning, or charting, is a valuable part of pregnancy planning. Natural Family Planning (NFP) is described by the World Health Organisation as ‘Methods for planning and preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle’.

Fertility charting optimises your chances of conception by:

- Empowering you to see how your unique lifestyle impacts your combined fertility e.g. seeing in real time how alcohol or stress affects your cycle motivating you to make any necessary changes.
- Allowing you to see your fertile window in real time to pinpoint the best time for conception to occur.
- Observing if and when you are ovulating; and in order to time when to get a progesterone test done (not all women ovulate on day 14 and it is perfectly normal not to ovulate each cycle).
- Measuring the length of time it takes from ovulation to menstruation (the luteal phase) this needs to be more than 10 days in order to avoid miscarriage, according to NZ Ministry of Health guidelines.
- Saving time, energy and stress if any fertility issue becomes apparent and you need to be referred onto a specialist – as you have a unique cycle record that can be summarised by a qualified professional.

Many clients enjoy learning to chart, especially relearning facts about their reproductive system that they had long forgotten when taught at school. Men particularly enjoy hearing about their partner’s cycle as it is a discussion that does not (under normal circumstances) happen. And charting brings an awareness and understanding to hormonal changes and emotions due to PMS, bringing couples closer together. There are many types of charting that you may have heard of such as the Calendar Method, Billings, Creighton or Rhythm Method. This article talks about the Sympto-Thermal Method of NFP a ‘double check’ method which is scientifically proven and approved by the World Health Organisation. The Sympto-Thermal Method uses the fertility indicators of cervical mucus and sensation along with a rise in the basal body temperature, to accurately predict fertile phases.

Cervical Indicators

The quality and quantity of cervical mucus (the colour, amount and texture) changes throughout your menstrual cycle – at the beginning of your cycle it is thicker and may be scant or white, ensuring that no sperm can enter the cervix (at the top of your vagina), but as your cycle continues the mucus becomes more amicable to sperm transport and survival (becoming thinner, copious and may appear stretchy) indicating that ovulation is about to occur. In addition to cervical mucus the sensation at the entrance of the vagina (in particular the vulva) is used as another fertility indicator of this method – you are more fertile at wet times in your cycle i.e. optimum swimming conditions for sperm. Changes in the cervix can also be

Charting Your Path to Parenthood

Lorraine Ferrier of Naturally Fertile explains the Sympto-Thermal Method of Natural Family Planning.
charted as the position, openness and texture of the cervix changes throughout your menstrual cycle.

**Basic Science:** The cervical mucus changes throughout your cycle are in response to hormonal stimulus – oestrogen which promotes ova (egg) maturation before ovulation, signalling the cervix to release fertile mucus to aid sperm survival (clear, lots, stretchy) ready for fertilisation to occur. The hormone progesterone raises the body temperature and sends signals to the uterus/womb (endometrium) to thicken in preparation for pregnancy. It is this lining that is shed in menstruation if implantation does not occur. At the time after ovulation the mucus becomes thicker and inhospitable to sperm.

**Basal Body Temperature**
The basal body temperature (BBT) (temperature at rest) varies during your cycle, raising when ovulation occurs (the egg is released from an ovary).

**Basic Science:** Ovulation is depicted in the 24hrs when there is a rise in basal body temperature caused by the heat inducing hormone progesterone. It is this continual higher temperature without menstruation that informs that conception has occurred.

The sympto-thermal method can also be used for fertility awareness and pregnancy prevention (contraception) and as such is a valuable life skill. There is, of course, a myriad of information online about fertility charting but using a qualified professional is always advantageous.

A specialised fertility professional will be able to inform you on how your unique lifestyle affects your fertility; for example, how some medications such as cough medicine (natural or otherwise) impact mucus secretions they will also have a network of trusted fertility experts to refer onto. In addition, some Natural Fertility Educators belong to organisations which are audited and updated by a scientific board.

Wherever you are on your path to parenthood, charting can be an invaluable tool in your fertility arsenal, bringing awareness and empowerment on the road.

**WHAT’S NEW?**

**ELONVA – a new medicine launched in New Zealand**

**What is it?**
Elonva contains corifollitropin alfa, a medicine belonging to the group of gonadotrophic hormones. These hormones play an important part in human fertility and reproduction. One of these gonadotrophic hormones is follicle-stimulating hormone (FSH), which is needed in women for the growth and development of eggs in the ovaries.

**One of the challenges of IVF**
During an IVF cycle, injections of hormonal drugs such as FSH may be given to increase the number of eggs growing in a woman’s ovaries. FSH is administered by injection daily, for up to 10 days. Injections need to be given at approximately the same time every day which can be stressful and inconvenient.

**What are the benefits of Elonva?**
Elonva works much longer than FSH, so a single injection of Elonva can replace a whole week of daily FSH injections in women participating in IVF. Reducing the number and frequency of injections may help relieve some of the stress of IVF treatment. Your fertility specialist is the best person to ask if ELONVA is suitable for you.

**Mitochondrial Gene Replacement Therapy**
The Human Fertilisation and Embryology Authority is the UK’s independent regulator that oversees the use of gametes and embryos in fertility treatment and research. In September 2012 HFEA undertook a public consultation to explore the ethical issues involved in the new technique: mitochondrial gene replacement therapy. After accepting the report and recommendations from HFEA, on 26 June 2013, the UK government agreed to legalize the three-person IVF procedure as a treatment to fix or eliminate mitochondrial diseases that are passed on from mother to child.

**What are mitochondria?**
Mitochondria are known as the cell’s power producers. They are organelles that act like a digestive system that takes in nutrients, breaks them down, and creates energy for the cell. Although most DNA (the cells’ genetic material) is packaged in chromosomes within the nucleus of cells, mitochondria also have a small amount of their own DNA. Many genetic conditions are related to changes in particular mitochondrial genes, these disorders tend to affect parts of the body that need the most energy, including the heart, brain and muscles.

**What is mitochondrial gene replacement therapy?**
Mitochondrial gene replacement therapy is a new technique that enables women with dysfunctional mitochondria to have their own children free of the inherited abnormality that often leads to severely life-limiting disorders. DNA is transferred to another healthy egg cell leaving the defective mitochondrial DNA behind. The procedure could be offered in the UK within two years once regulations are established.

**Will this technology be available in New Zealand?**
The Advisory Committee on Assisted Reproductive Technology (ACART), which provides independent advice to the Minister of Health on such issues, commented as follows:

ACART has been monitoring progress with mitochondrial transfer procedures with interest. But decisions about whether such procedures would be possible in New Zealand are outside the scope of ACART’s jurisdiction.

ACART has noted that the use of the procedures in the UK depends on legislation yet to be passed by the UK Parliament. It appears that the same situation would apply here.

Fertility NZ has taken care to ensure the accuracy of information in this article, however FNZ does not endorse any fertility treatments, the use and interpretation of the information is at the responsibility of the user, and we recommend you consult your fertility specialist.
Choosing single motherhood

Kirsty Wild describes the singular delight of motherhood!

My son finally learned to jump this morning. He hasn’t quite perfected it yet, and he looks kind of like a springing cat, trying to use his whole body to force himself up into the air. At nearly two and a half he’s a bit of a late bloomer compared to his playmates, so it just makes the look of joy on his face at having finally mastered it extra super adorable. My toddler is just glorious, and my experience of motherhood has definitely been my most challenging and exciting to date. Yet, it’s difficult to talk about how much you love being a single mum.

As fellow single mother by choice and writer Nancy Sales sums up “I know I’m not supposed to be this happy. I’m a single mom, and that means I should be miserable, sitting at home alone, wrapped in a Snuggie and drinking PMS tea, seeking solace in a psychic hotline, right?”

Right. And yet most of the time, I’ll admit to mainly feeling incredibly lucky. Lucky that I live in a country that has made it possible for me to create my wonderful little family. And super lucky that my son’s donor dad – a family man who keeps bees and describes himself as ‘jolly’ – did the kindest thing imaginable when he chose to become a fertility clinic donor.

Although discussions of single motherhood often neglect to mention or skim very quickly over the great things about being a single mum, they perhaps deserve a tad more attention: there is the closeness and egalitarianness associated with small families. Also, if you handle it well, there are also the advantages associated with growing up in a family where your parent has the courage to defy convention. Peggy Drexler², who conducted research on the experiences of boys who were raised by single mothers by choice and lesbian mums found that in rejecting social judgements about their family structure these parents “model strength, character and conviction” in ways that lead their kids to become independent thinkers with a strong moral compass.

For me, the difficulty of talking about the joys of my son’s toddler years was actually matched in the early days by the challenges of talking about all the things that weren’t that great about being a new mum. The interest and gentle judgement that you experience when some people learn about your situation pushes you at times to feel that you need to be a sort of ‘ambassador’ for your decision. Which doesn’t leave much room for talking about what is not going well. “You feel like you made your bed, so now you have to lie in it, right”? My doctor said to me when I was struggling to ask for help with a bout of post-natal depression brought on by a mountain of post-birth pain.

So, two years in, with some new vocab and a mountain of reading under my belt, I feel more ready to talk about what it’s like to choose solo motherhood. I recently started a new website (www.singlemothersbychoicenz.wordpress.com) for other New Zealand women who might be thinking about this option or who might want to connect with others who have already gone solo. Drexler calls us ‘maverick mums’, women who are at the forefront of changes in the ways in which we define what adds up to a family. So far at the very least I call us way brave.

Kirsty Wild is a writer and researcher living in North Auckland with her son.

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2 Drexler, Peggy (2005) Raising boys without men: How maverick moms are creating the next generation of exceptional men. Rodale.

My toddler is just glorious, and my experience of motherhood has definitely been my most challenging and exciting to date. Yet, it’s difficult to talk about how much you love being a single mum.
Insulin is an essential hormone that regulates the fat and carbohydrate metabolism in the body. It aids in absorbing the glucose from the blood. Correct insulin balance is important if you are to stay fit and healthy. If insulin levels are imbalanced, especially for long periods of time, health challenges like Polycystic Ovary Syndrome (PCOS) and diabetes may result. There is a correlation between insulin levels and proper sleep.

**Insulin resistance**

Insulin resistance is a condition where the insulin in the body is not able to lower the blood sugar levels to healthy levels easily. So the body produces more insulin in an effort to reduce blood sugar levels. Eventually, the cells switch off their ears, so to speak. The body is screaming ‘get this excess sugar out of the blood’, but the cells are not listening well. It is possible to improve insulin sensitivity, with correct lifestyle choices. One important lifestyle choice to encourage insulin sensitivity is sleep.

**Healthy lifestyle brings difference**

Following great sleeping practices can do wonders for your health and fitness and helps to maintain optimal insulin levels. So, what can you do?

- Make sure you sleep for approximately 8 hours per night.
- Get to bed at the same time each night.
- Avoid caffeine (coffee, tea, cola drinks and chocolate), particularly at night.
- Keep your bedroom dark, quiet and at a comfortable temperature.
- Meditate.
- Keep a notebook and pen beside your bed. If you wake thinking about a task you need to do, write it down and go back to sleep.
- Try some maths! Have a list of 10 equations, each a three-digit number plus another three-digit number. Add the first up in your head. Then move to the next. Complete.
- Avoid bright light for an hour before bed. No TV, computer, smart phone, etc.
- If you stop breathing while asleep, have a sore throat in the morning, fall asleep on the couch in the afternoon or early evening, and/or snore, go to your doctor to see if you suffer from sleep apnoea.

Sweet dreams!
Upcoming events

SEPTEMBER
- Saturday 7 September: Coffee and Chat, Wellington
- Sunday 8 September: Support Group, Hawke’s Bay
- Tuesday 10, 17 and 24 September: Contact Group, Auckland
- Friday 13 September: A Night with Jay-Jay Feeney, Tauranga
- Saturday 14 September: A Night with Jay-Jay Feeney, Hamilton
- Tuesday 17 September: Casual Coffee Group, Auckland
- Friday 27 September: A Night with Jay-Jay Feeney, Christchurch
- Saturday 28 September: Secondary Infertility meet-up, Auckland

OCTOBER
- Wednesday 2 October: A Night with Jay-Jay Feeney, Auckland
- Saturday 12 October: Support Group, Tauranga
- Sunday 13 October: Support Group, Hawke’s Bay
- Tuesday 15 October: Casual Coffee Group, Auckland
- Saturday 19 October: Coffee and Chat, Wellington
- Saturday 19 October: Secondary Infertility meet-up, Auckland
- Possible Contact Group, Wellington – contact us if interested

NOVEMBER
- Sunday 10 November: Support Group, Hawke’s Bay
- Tuesday 12, 19, 26 November: Contact Group, Auckland
- Tuesday 19 November: Casual Coffee Group, Auckland
- Saturday 23 November: Secondary Infertility meet-up, Auckland
- Saturday 30 November: Coffee and Chat, Wellington

DECEMBER
- Tuesday 17 December: Casual Coffee Group, Auckland

For more information, contact your local representative (see right) or email support@fertilitynz.org.nz

Hawke’s Bay Support

The Hawke’s Bay has had an established fertility support group running for a number of years, thanks to Lisa, the dedicated organiser. The groups meet on the second Sunday of each month (at various locations). Everyone in the group has a different experience – and new members are always welcome. All Hawke’s Bay members have found tremendous support from meeting others ‘in the same boat’. For further information, please call Lisa on 021 950 323 or email hawkesbaysupport@fertilitynz.org.nz