

the dandelion

JUNE
12

If you are trying to start or grow your family and it is not happening as you hoped or expected, or if you need to have fertility treatment; Fertility NZ is here to help you.

We understand what you are going through and we are here to support you. We can answer your questions and assist you with information about fertility issues, fertility treatment and family building options.



Nigel McKerras

President

Welcome back to all our existing members and welcome to all of our new members to this 1st edition of The Dandelion (formerly Pathways) newsletter from Fertility NZ.

We are re-launching our newsletter with the new name 'The Dandelion' and new format to create brand awareness for Fertility NZ as an important support service in New Zealand. The Dandelion has been part of the Fertility NZ branding for some time now so we thought it was an appropriate name for the re-launching of our newsletter.

Who am I?

Firstly for those of you who don't know me, my name is Nigel McKerras and I am the current President for Fertility NZ. I have held this role since November 2010 and have just started my second term with the support of our Executive Committee.

My background that brought me to Fertility NZ was that of a consumer after a 10 year fertility journey with my amazing wife Catherine which has resulted in our now 19 month old daughter, Abigail. We have

been through the fertility system after being diagnosed with unexplained infertility, and have experienced everything from drug trials to IVF twice. My perspective as president is to ensure that Fertility NZ does everything it can to do to support our members.

New Office & Contact Information

The Fertility NZ head office was closed permanently after damage during the Christchurch earthquakes and the Executive Officer position has been disestablished. At present Fertility NZ is operated by the Executive Committee and has redirected its mailing address to PO Box 28262, Remuera, Auckland 1541. Although this location has changed the 0800 number is still operating (0800 333 306) as well as the support@fertilitynz.org.nz email. These details are also included on the back page of this newsletter for your convenience.

In the coming months we will be appointing an Executive Assistant who will undertake the day to day administration of Fertility NZ under the guidance of the Executive Committee.

New Website

Hopefully you will all have seen, and used, the new and improved website. We have Tom from Adifen to thank for donating the new design, he has spent many hours getting the new site up and running for us. Our hosting has now moved to Full Flavour Media who are looking after our day to day needs and keeping the site going.

We are constantly adding to and improving the information included in the site and value any feedback you may have. Please take the time to look at the forums and support one another. The best support is that from someone who has experienced or is experiencing exactly the same thing.

continued overleaf

- A man's matter
- Just one beautiful child
- An IVF world first
- A reader's story of courage
- Seeing a Counsellor
- Noticeboard

A Man's Matter

This is the opinion of Katrina Gascoyne who is involved with natural fertility treatment.

A Man's Matter

'Regaining responsibility for the health of your sperm'.

It can be devastating for a couple wishing to conceive to hear the news that the male partner has returned sub-optimal sperm results.

When couples are confronted with the possibility that conception is not occurring due to a sperm issue the most common assumption is that a high tech intervention is both required, and the only option.

Few men bother to ask the questions: Why has this occurred, what can I do about it and how can I improve my sperm count and quality?

This is a hugely different response to women, who are generally highly motivated to do everything in their power to improve their chances of conception.

Why do men react so differently?

Most men do not realise that simple self-help measures can be employed to improve sperm production and change conception from a potentially stressful life event back to a natural process.

Modern treatment for lack of male fertility is unique in that women are expected to undergo invasive IVF treatment whilst the male partner looks on too often guilt ridden, unsure of how to react and seek support, whilst continuing to give support to their partner. Men need to know there are other options that can transform the experience.

Enlightened thinking presupposes that the responsibility of men to ensure they have healthy sperm belongs to them, not to a fertility clinic lab, except in the most serious of cases.

President continued

Fertility NZ Focus

Although we have had some changes in location, website and staffing over the past year Fertility NZ would like to reiterate that our focus has remained the same. This includes:

- Supporting and providing information and understanding for men and women faced with fertility issues and infertility.
- Raising awareness about infertility and advocating for social and legislative change.
- Providing a national voice for people affected by fertility issues and infertility.
- Providing information on causes, treatments, implications and impact of infertility – up-to-date, objective and practical information means people affected can make informed choices about which paths to take.
- Representing the voice of the people affected by infertility on medical, ethical and policy issues.
- Providing opportunities to network and share experiences, which helps remove the feelings of isolation felt by many people affected by fertility issues and infertility.
- Providing links between people affected by infertility and the doctors and specialists who provide treatment.
- Providing information and education so people can make choices which protect and enhance their fertility.

Conference

As many of you will be aware Fertility NZ ran a one day conference a couple of years ago. We have good news; we will be running a Fertility conference again in 2012. At this stage we are planning for late October in Auckland; look out for more details in the next issue of The Dandelion.

AGM Update

In November 2011 we held our AGM in Auckland as required by our constitution. At this meeting all existing Executive Board Members were reinstated and one new Board Member was added. The Members of the Executive Board are as follows:

General (Consumer) Members

Nigel McKerras – President/Treasurer
Loula George
Cate Curtis

Corporate Members

John Peek – Secretary
Margaret Merrilees
Greg Phillipson

Regional Representatives

Auckland: Maria Van den Berg
Wellington: Kate Lee

A Man's Matter



Why should preparing for conception with lifestyle changes be the domain solely of women – surely co-parenting begins before conception.

The development of this odd social construct has occurred largely because fertility clinics focus on and promote high tech solutions. Men are often incorrectly told 'there is nothing you can do to help improve sperm' when the evidence does not support this.

Consultations regarding low sperm counts often very quickly shift to a perceived and urgent need for IVF. Any questioning about why this may be occurring and 'what can I do' may therefore be avoided or overlooked. This approach often leaves a man feeling completely bewildered, uninformed and disempowered.

What better way to make a man feel guilty and undervalued than to rob him of the discussion about what opportunities he has to contribute in a positive way to creating his own family.

Research over recent years indicates that with a degree of effort men can improve their sperm by using five simple tools. However, discussing or offering just one method such as a male antioxidant supplement which may improve sperm by around 30%, is not full disclosure.

The clinical evidence is that the combination of using all five natural fertility methods listed below provides a certain synergy giving the best possible results for improving sperm. So why are men not being routinely told about, or offered, this option?

The Five Natural Fertility methods which all have positive research behind them are –

1. A course of Acupuncture treatment
2. Herbal Medicines – to both improve sperm and change underlying driving factors.
3. Dietary Supplements
4. Diet Modification
5. Lifestyle Changes

In Chinese Medicine each person presents with their 'individual pattern' as well as symptoms.

We know that changing a person's underlying pattern can change the physiology of the body and thus symptoms.

Research in Chinese medicine is suggesting clinically superior results occur when treatment addresses these individual patterns. Generic protocols are likely to be of some value but can be limited, whereas traditional individually applied treatments are the most effective.

Natural fertility treatments do not suit every condition nor every person and they do take time, on average 3-6 months. Since sperm production takes around 70 days, time is needed to allow optimum results with these methods to be realised. Lifestyle changes take a similar amount of time to show positive results. In the long term life of the family this initial time factor becomes inconsequential and fades into the distance, quickly replaced by couple empowerment and ego reward for the male partner when sperm returns to normal parameters.

On the subject of semen parameters to achieve conception, the World Health Organisation revised these downwards in 2010; some clinics are quoting parameters even lower than this. It must be stressed that such levels do not guarantee fertility as they represent the lower end of the scale.

Go to www.achievefertility.co.nz for further information, free downloads on diet, lifestyle changes and research links to improve sperm.

Start now to regain responsibility for the health of your sperm!

- **Become** informed – read the research, consider the potential benefits.
- **Act** – put in at least equal effort as your partner into achieving fertility.
- **Commit** to the lifestyle changes required – share these with your partner.
- **Participate** in treatment programmed to your individual needs.
- **Begin** active parenting prior to conception – the rewards are lifelong.

Katrina Gascoyne is Wellington based and one of the pioneers of Natural Fertility Treatment based on Oriental Medicine in New Zealand. She has helped hundreds of couples achieve fertility naturally and alongside IVF over the past 26 years.

Just one beautiful child

Before my husband and I married we discussed having a family and our expectations regarding how many children we would like. We settled on two. Just like that, like somehow we could order up two children with ease. Six months after we married and not yet pregnant, we consulted with a fertility specialist who delivered the diagnosis that, unbeknown to me, I had severe endometriosis.

An operation, a round of IVF treatment and blessedly I was pregnant within three months of diagnosis with our first child, a lovely healthy son, Jack. The plan was coming together nicely.

When Jack was two we felt ready to add to our family once more. Three rounds of IVF followed, each with less encouraging results and no baby. Finally our fertility specialist advised us that we had such a tiny chance of conceiving a baby with one of my eggs, it was time to consider egg donation or adoption in order to add to our family. There is a name for it: secondary infertility, and it's not that uncommon.

My husband and I gave our options due consideration and decided neither egg donation nor adoption were something we personally wished to pursue. We turned our attention back to our family and away from striving for the much wanted second child.

My husband came to terms with it reasonably quickly and I envied him for that. Thankfully I didn't resent him, instead looked to him for guidance on how to come to terms with our situation. He had a satisfying job to go to each day. For me, as a full time mum, it was hard. A lot of our friends, neighbours, acquaintances – everyone it seemed

– were having their second or third children. Double buggies and people movers, anything that signified a family of more than one child, seemed to taunt me.

I started looking for other only children in a bid to somehow validate our situation. I'd see them with their parents, breathe a sigh of relief, only to see another child appear from out of view and complete the picture. I enjoy reading house and garden magazines and I would pour over the pages willing at least one of the families featured enjoying their lovely home to have just one child – if they could be magazine perfect with one child then so might we.

I envied people, not only with more than one child but those who could have additional children but chose to have just one. I found myself explaining to complete strangers in the playground why Jack was an only child, like it was somehow socially unacceptable to have just the one.

All the while genuinely well-meaning people were trotting out what they believed were comforting words – certainly truthful – but not especially comforting. "You'll be able to travel" (yes, and airlines and hotels still welcome you with two children); "you'll

be able to take one of Jack's friends on holiday with you" (sure, this is definitely a great practical solution but not in the least bit reassuring when you're coming to terms with not being able to share your lives with a second child); and "you are just so lucky you have Jack" (very, very true, but why should we graciously accept only being able to have one child simply because I suffer from a disease?). A couple of friends said something that has always stayed with me: "that's awful. You're great parents. You deserve to have another child". Validation can be so comforting.

Other people's pity felt like the enemy. I did not want a single person to pity us. Sympathise with us but please, please do not pity us. Trying to think how lucky we were, with couples at the fertility clinic still childless, didn't help one bit. How can reassuring yourself on the back of someone else's misfortune ever be a good thing? It seems mean to me. Our friends were great, never tiptoeing around the subject of their growing families, happily sharing their family expansion news with us when they were pregnant. This was so important to us. I won't say it wasn't hard and I usually had a day or two of mixed feelings; happy for them, and sad for us, but that soon passed. We have so enjoyed the

arrival of each and every one of these children. I thank all our wonderful friends and family for entrusting us with the care of their precious children. This certainly has gone some considerable way to filling the gap.

When Jack was four, we made a couple of decisions that have come to really enrich our lives as a family. The first was to buy a beach house. The house brings a new dimension to our family life and gives us somewhere the three of us can come together and really connect. It is also a great place to gather with friends and family. Jack loves our weekends and holidays there, sharing our retreat with his buddies.

The second was getting a pet. I did some research and just before Jack turned five, we brought home the most charming little burmese kitten who Jack promptly named Toby. Toby also went just a little way towards filling the gap. He is loving and playful and brings an

empty house alive. Jack calls him his fur brother and I jokingly call him my second born.

Naturally Jack has asked why he doesn't have siblings like his friends and we have always been honest and up front with him about my disease, his conception and my inability to grow another baby in my tummy. Thankfully he is very accepting, only occasionally raising the subject and he is easily reassured.

I believe there are benefits in having siblings and not having siblings and they possibly come out about even. A friend and mum of an only child once told me you are under no obligation to provide your child with a sibling but you are obliged to provide them with a social network. That we have done, and done well, I believe.

Jack started school this year. We made the conscious decision to send him to our local school. We wanted him to

strongly identify with his own community. He is loving it and we are loving it too. We really enjoy our sociable walks to and from school and the ease of neighbourhood play dates.

I'm not conscious of the day, week or even month the shift occurred but it did. The gap in our family, that existed in my head and heart for about three years, has closed up or been filled. I'm not sure which. I am a mum and can enjoy all that comes with the ups and downs of motherhood just the same as any mum. I am at peace with the blessing of just one beautiful child and am free now to truly appreciate our great marriage, our awesome kid and our family unit which happens to be just perfect, for us.

This article was first published in the Parenting Place magazine "Parenting".

www.theparentingplace.com

Resources

Wanting Another Child: Coping with Secondary Infertility
by Harriet F Simons

Parenting an Only Child by Susan Newman

My Only Child, There's No One Like You – picture book by
Dr Kevin Leman and Kevin Leman II

Fertility clinic counsellors

www.psychologistsboard.org.nz for the register of
New Zealand psychologists

Parenting an Only Child Workshop at The Parenting
Place, Auckland

An IVF world first – in NZ

Fertility and Sterility, Volume 96,
No 4, October 2011-12-12

John D Hutton Ph D
FRANZCOG CREI

Fertility and Sterility is the top specialist fertility journal in the world and where pioneering advances are often reported. New Zealand does not feature often, but has just done so in the October edition.

The report published by the Fertility Associates Wellington team led by Andrew Murray and John Hutton is about the world's first blastocyst transfer into a fallopian tube, with a subsequent successful intrauterine pregnancy and birth of a healthy infant. The report is of particular interest because the blastocyst was transferred into the fallopian tube on Day 5 when normally a blastocyst is in the uterine cavity – obviously the blastocyst

passed quickly into the uterus, but had it hatched and implanted in the tube where it was placed, the outcome would have been an ectopic pregnancy – not a good outcome! The woman required the transfer into the tube because it was not previously possible to pass a catheter through the cervix as the cervix was blocked after previous radical surgery, and earlier transfers by injecting embryos through the muscle of the uterus into the

uterine cavity had been unsuccessful. The cervix was quite short and its function of retaining a pregnancy was compromised but was being reinforced with nylon tape – and a successful pregnancy after a blastocyst transfer in this situation was also a world first. The woman was delivered at 27 weeks by caesarean section, and the baby, after a nervous time in the neonatal unit, is now very well and thriving – a very satisfactory outcome.

Seeing a Counsellor – is that for me??

This is the opinion of 2 fertility counsellors. Winnie Duggan and Margaret Stanley-Hunt.

Infertility and fertility treatment are much more than just physical realities. They involve a whole lot of emotions, reactions and feelings that may not have been experienced before. People commonly recognise a multitude of losses– loss of hopes and dreams, of control, of privacy, of self-image and sometimes of a pregnancy and a baby. The losses may be hard to explain to others, including partners, family or friends, and so infertile people can often feel that they are coping with them by themselves. That's when it can help to talk with a fertility counsellor.

In Wellington, Fertility Associates have two counsellors, Winnie Duggan and Margaret Stanley-Hunt. They have both worked in this specialist area for over 15 years and are professional members of the NZ Association of Counsellors and the Australia and NZ Infertility Counsellors Association. What they have found over the years is that people can be a bit resistant to the idea of counselling and not sure what it may be like. They often have people commenting that, "I wish we had seen the counsellor earlier."

People see counsellors at different points along their 'journey' through infertility:

- When things are really distressing, perhaps after a loss or diagnosis.
- When beginning medical treatment
- When making difficult decisions
- When feeling the strain on their relationship
- When looking at ways to move on after treatment

People have said that counselling helped them to allocate time just for themselves, to allow them to focus on their own needs, and to have someone who will listen just to them.

Counselling at any of these points can help you to explore the issues you are coping with, look at the options you have, think about possible outcomes, and ensure you have as much information as you feel you need to make your decisions.

Some people have said that counselling helped them to allocate time just for themselves, to allow them to focus on their own needs, and to have someone who will listen just to them. Others found counselling helpful in being able to finally grieve for a past loss, or to vent their anger about the unfairness of infertility in a place which was confidential and non-judgemental.

Margaret and Winnie can also reassure people who are experiencing turbulent and unexpected emotions that this is quite normal and that others have felt similar things. They are sometimes asked for strategies for coping with the ups and downs of infertility and treatment, with the comments of family and friends, or with how to deal with the workplace. Winnie and Margaret can help you work out practical ways of getting through it all, based on what others have found useful.

Counselling can work with you in your relationship too. Many couples find facing infertility raises a new level of stress for them individually and in their partnership. It can be helpful to look at how each partner deals with stress, loss and grief, and how you can support each other through this time.

Occasionally they are asked to advocate for people feeling vulnerable in the medical environment, and they can also help you explore different options such as donor gametes, or even leaving treatment behind. They understand that gathering information and knowledge can help you feel more in control and are able to help you find appropriate resources or other support.

Margaret and Winnie also recognise that sometimes you may not want to be seen at the clinic and can suggest other counsellors in your own area who have an understanding of infertility issues and sometimes can arrange to see you outside the clinic environment.

A typical counselling session starts with the usual introductions, a brief summary of what you are hoping to get out of the counselling, and then talking together about your experience of the current situation, exploring some possible options and perhaps what might need to change. Sometimes a single session is enough to get a new perspective on what you are experiencing, sometimes people decide to be proactive and plan sessions at different stages of their treatment, to ensure they have support at the stressful times.

A counselling session is included in many treatment cycle charges. Winnie and Margaret are counsellors at Fertility Associates Wellington.

Dandelion Cards



Fertility New Zealand relies on donations to exist, as a fund-raising initiative we have designed beautiful cards featuring the Fertility New Zealand Dandelion – a symbol of childhood dreams.

The cards have been left blank for your own message; use them throughout the year for all your general card requirements such as birthdays,

invitations, reminders, thank-you messages and changes of address.

Cards are \$10 for a pack of 5 or 3 packs for \$25 (price includes p&p). They can be purchased directly from the Fertility New Zealand website <http://fertilitynz.org.nz> by using the donate button and then emailing: support@fertilitynz.org.nz with delivery details OR from your local FNZ branch.

Living with Mayer-Rokitansky-Küster-Hauser (MRKH) Syndrome

I was born with scoliosis, and grew up wearing metal and leather brace to support my spine, till I was 10.

I stopped wearing it because breathing problems developed, so I grew up differently.

When I was 16 my Mum insisted that I need to see a gynaecologist, as I had not started my periods yet. It was very embarrassing for me to go but my Mum took me. After a series of tests, ultrasound and other examinations doctor came up with the report that I have no uterus, just a shallow hole in place of a vagina, and an absent left kidney. I have ovaries and other hormones, so in future I can have sex but never can have baby.

It was hard for me to believe because until that I was struggling with scoliosis and I used to think "Now what more can happen when I am already at the worst." For me it was dreadful, I was torn, I lost all my hopes and lost my charm for life. Initially I used to cry alone for hours. 16 is the age of blooming but I was shrinking. When other girls used to talk about their periods I used to change topic or avoid discussion about it. For many years because of lack of knowledge about my condition I doubted my identity as a female and I often used to withdraw from relationships. Most of the time I prevented myself from falling for someone. I used to suppress my

emotions and feelings for the opposite sex. It was very hard for me to cope with this situation.

I was brought up in a very conservative society, all my cousins were getting married and having babies and I was the only one left unmarried. "28 and still single!!!" is not respectful status for a girl in my culture. I decided not to marry because I had fear of rejection, "Why would anyone marry a girl who cannot have a baby?"

I stopped socialising and attending social functions because I didn't want to be gossip material for fun, and the mere thought of how my parents would feel, made me more vulnerable, because they have been very supportive parents and they sacrificed a lot of things for my scoliosis treatment and my education. I feel very blessed, having them as parents, because in my extended family girls are not highly educated, they left study after high school and became housewives, whereas I have been educated and had a career.

But singles are not digested in my culture. My parents arranged a boy for me, who accepted me the way I am.

But before marriage my Mum asked me go see a gynaecologist, and I was shocked, she told me that I have to undergo vaginal surgery. I had the surgery. I got married in 2008.

Now I have emotional support, but still a part of me feels incomplete, without a baby. I long for a baby. I know there are many options available adoption, surrogacy, IVF but I am confused where to start and how this journey would be? Lot of things in my mind. It's not easy.

I came to New Zealand in 2009, I googled my condition typing "absent uterus" and for the first time I came to know it is called MRKH Syndrome, and it's not just the absence of my uterus but scoliosis, missing kidney, and shallow vagina are all linked to that and then I looked at the positive side of it, that maybe I could have a hearing problem or a heart disorder but I have not.

I learnt more about it and now I don't fear or feel miserable and depressed because I know there are lots of girls in the world who are living and coping with this condition. New Zealand society is quite open-minded and friendly. It's my goal to bring support, hope, comfort, love, and awareness to those suffering with this syndrome, and to promote awareness to those who know nothing of MRKH.

You can contact me on my mobile: 021 053 7070, landline 550 5411, email me at: mrkhgnz@gmail.com or join me on

Facebook on following URL: <http://www.facebook.com/pages/MRKHgroupnz/321902064512626?sk=wall>

Someone has to come up, someone has to speak, someone has to say – hey, you are not alone!

Can you help us?

None of the work we do would be possible without the input of the local committees; all of us are volunteers, and many of us are going through treatment – so there is a limit to what we can each do.

Please consider if you would be able to spare some time to volunteer on your local committee and help us to support those who are experiencing infertility. There is so much work that needs to be done – the more hands on deck the better. Most local committees meet about once a month.

As well as being able to use your skills and experience in a positive way, joining the committee is also a great way to meet others who are experiencing fertility issues.

If you would like more information about the committee/volunteering please get in touch.

Noticeboard

This newsletter was produced with the help of Hoi Polloi Designz, www.hoipolloi.co.nz

Auckland Contact Group

Couples or singles who are yet to have children are welcome to this informal group which is designed to bring together people who are experiencing fertility issues.

Contact Groups are only open to FNZ members. There is a small fee of \$10 per person (or \$20 per couple) to help us cover the costs of running a group. This one payment covers all 3 sessions. Some people are unsure if a Contact Group is really the right thing – please be assured that the Groups are run by trained facilitators and the feedback we get from people who attend the Groups

is that it's often one of the most helpful things for them in helping them cope with this journey.

You need to register in advance for the group and please note that numbers are limited and they tend to fill up fast! If you would like to register please email us at: cg.fnzauckland@gmail.com

August 14, 21, 28 (7.30-9.30pm)

November 13, 20, 27 (7.30-9.30pm)

Facilitator training day, Saturday
September 22 (1-5pm)

fertility
NEW ZEALAND

Head office
0800 333 306

Email: support@fertilitynz.org.nz
web: <http://fertilitynz.org.nz>

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FNZ Auckland Contact Points and Coffee Groups for Fertility Issues

Would you like to contact someone about a particular aspect of infertility? We'd like to keep expanding this list to address more issues/subgroups within our membership. Can you help by being a "contact point" for any of these or other issues? If so, please email cg.fnzauckland@gmail.com, thank you!

First time treatment	People considering or undergoing assisted reproductive techniques for the first time.	Donor Egg	People who are looking to try to conceive via donor eggs or have already had a child using donor eggs.
Secondary Infertility	People who had no fertility issues with their first child or children, and are now facing infertility when trying for another child.	Single Women	Single women who are considering/undergoing treatment, or are pregnant or have children from DI.
Early Menopause	Women who have been diagnosed with premature ovarian failure or gone through a medically or surgically induced menopause.	MRKH Syndrome	For women living with Mayer-Rokitansky-Küster-Hauser Syndrome
Casual Coffee Group	An informal coffee group open to all members regardless of your situation – a chance to chat.	Beyond Childlessness	For those with few options left who are coming to terms with being childless.

Local information

How can we help you in your area?

Whangarei

musojo@windowslive.com

Auckland

cg.fnzauckland@gmail.com

Tauranga

nigel.catherine@xtra.co.nz

Rotorua

cpjessep@hotmail.com

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Donor Conception Network

donor.conception@actrix.co.nz

FERTILITY NZ LOCAL GROUPS