What is PCOS?

Polycystic ovary syndrome (PCOS) is one of the most common hormonal disorders in women of childbearing age. It is estimated to affect up to 10 percent of reproductive-age women, but this may in fact be a low estimate. The World Health Organization estimates that PCOS affects as many as 116 million women worldwide.

PCOS is a very complex disorder that is not well understood, but basically, women with PCOS have hormones that get out of balance. This includes both the sex hormones as well as hormones like insulin, which regulate blood sugar and metabolism. Normally, the ovaries make very small amounts of male sex hormones called androgens. In PCOS, the ovaries start making more androgens, which can cause patients to develop many small cysts in the ovaries, stop ovulating, develop acne, and grow extra hair on the face and body.

Patients with PCOS may also have a problem called insulin resistance or impaired glucose tolerance. When the body doesn’t respond correctly to insulin, blood sugar levels go up and metabolism slows down. In addition to problems with gaining weight, this increases the chance of developing diabetes, high cholesterol, and heart disease over a patient’s lifetime.

While the genetics of PCOS are not well known, it does seem to run in families, so the chance of having PCOS is higher if other women in your family have PCOS, irregular periods, or diabetes. PCOS can be passed down from either your mother’s or father’s side. In PCOS, symptoms often begin in the teen years. The symptoms and severity of the syndrome vary greatly among affected women. Recognition is important, as treatment can help control the symptoms and prevent long-term problems.

![Figure 1](Estimated by the World Health Organization.)

28% OF WOMEN WORLDWIDE MAY BE AFFECTED BY PCOS

THAT'S 116 MILLION
Common Symptoms

Early diagnosis and treatment for all PCOS patients whether they are trying to conceive or not is important. Many patients with PCOS are surprised to learn that not only will it affect their ability to conceive, it also increased the risk of high cholesterol, blood pressure, heart attack, and stroke.

IRREGULAR CYCLES

One of the most common symptoms with PCOS is irregular menstrual cycles. Most commonly the cycles become fewer and more spaced out in time (oligomenorrhea). Very severe cases result in amenorrhea—a condition where cycles can stop altogether. Irregular menstrual cycles, caused by hormonal imbalances, result in either sporadic or a complete lack of ovulation, the body’s process of releasing of an oocyte or egg, causing infertility. Infertility in women with PCOS is usually due to the lack of ovulation caused by hormonal imbalances. The abnormal release of hormones from the brain lead to a lack of stimulation of the ovaries to produce an egg, which in turn leads to the lack of ovulation and ultimately results in irregular menstrual cycles.

WEIGHT GAIN

Some women with PCOS also experience weight gain and difficulty with weight loss. Women with PCOS tend to gain weight more in the abdominal area, called central obesity. Elevated levels of insulin due to resistance of the ovaries can be an underlying mechanism for the hormonal imbalance resulting in the weight gain and other PCOS symptoms.

INCREASED INSULIN LEVELS

Many women with PCOS also have a higher tendency to have diabetes; studies are looking at the relationship between PCOS and the body’s ability to produce insulin. There is evidence to suggest that high levels of insulin contribute to increased production of androgens, which worsens the symptoms of PCOS. The high levels of insulin can also be manifested as dark patches of skin on the back of the neck or armpits, called acanthosis nigricans. High levels of insulin are also believed to be the underlying mechanism of increasing a woman’s chances of heart-related complications. The levels of insulin linked to PCOS increase the risk for high cholesterol, blood pressure, and atherosclerosis. These conditions can ultimately increase the risk for a heart attack and stroke.

INCREASED ANDROGENS

Some other symptoms include: excess facial hair or body hair (hirsuitism), and acne. These androgenic signs are due to elevated levels of androgens, masculinizing hormones. Compared to women of other ethnic backgrounds, Asian women with PCOS tend to have lower symptoms of excess hair growth due to the fact that they tend to have lower number of hair follicles in the skin. In some patients the excess of androgens can cause frequent abnormal uterine bleeding issues, also known as hypermenorrhea.

We still don’t know what exactly causes PCOS. Like most medical conditions, there is probably some genetic component. One does find PCOS clustering in some families and races. At this time we don’t know exactly what gene or combination of genes leads to the development of PCOS, but ongoing research hopes to answer these questions.
How PCOS is Diagnosed

Although there are many easily identified markers of PCOS—like irregular cycles, excess body hair, and weight gain—at this time there is no single test used to diagnosis PCOS. Physicians currently use one of two sets of criteria when diagnosing PCOS. The first was sponsored by the National Institutes of Health (NIH) and the second, known as the Rotterdam criteria, was determined by the European Society of Human Reproduction and Embryology (ESHRE) and the American Society for Reproductive Medicine (ASRM).

NATIONAL INSTITUTES OF HEALTH CRITERIA

In 1990, the first general consensus of criteria used to diagnosis PCOS was agreed upon by reproductive endocrinologists and outlined by the National Institutes of Health (NIH) defined as a woman having:

- Decreased number of menstrual cycles (oligoovulation)
- Signs of androgen excess such as a clinical excess as in increased hair growth or a biochemical excess, such as increased testosterone levels
- The exclusion of other disorders, such as adrenal and thyroid disease, that can mimic PCOS symptoms

THE ROTTERDAM CRITERIA

In 2003, ESHRE and ASRM established the Rotterdam criteria, named after the city in which the consensus workshop was held. Widely used in Europe this definition includes:

- Irregular or absent menses
- Excess androgen activity
- Polycystic appearing ovaries on ultrasound

The Rotterdam definition is broader and includes more patients to be classified as having PCOS. It is important to note that not all women with PCOS have polycystic appearing ovaries on ultrasound and not all women with ovarian cysts have PCOS. Since the diagnosis does vary and is not straightforward it is a good idea to seek the help of a fertility specialist or an OB/GYN when PCOS is suspected.

It is important to note that not all women with PCOS have polycystic appearing ovaries on ultrasound and not all women with ovarian cysts have PCOS.

FIGURE 3

This illustration demonstrates a polycystic ovary compared with a normal ovary. The reason it’s difficult for a woman with PCOS to conceive is that all of these follicles stay small. Her ovaries never produce a big follicle that can be released.
Impact on Fertility

Ovulation is the result of a series of well-timed events and hormones. Initially, both ovaries have multiple small follicles, most of which contain an egg. From this pool of follicles, usually one will continue to grow and become dominant. The dominant follicle then is ovulated, or released, and it travels into the Fallopian tube where it is fertilized by the partner’s sperm. Once fertilization has occurred the egg becomes an embryo and travels into the uterus where implantation occurs.

In women with polycystic ovary syndrome, the ovary does not produce all the hormones in the necessary sequence for an egg to fully mature. The follicles may start to grow and then stop or simply not grow at all. Some of the follicles may remain as cysts, frequently seen in vaginal ultrasounds. If ovulation does not occur then the ovary does not produce the critical hormone progesterone, which is important in maturing the uterine lining. This then results in irregular menstrual cycles or in some cases no cycles at all.

In women with PCOS, the ovary does not produce all the hormones in the necessary sequence of events for an egg to fully mature. Obesity can further complicate these hormonal imbalances and make the problems worse.

**TIMING IS KEY**

Traditionally it has been suggested that women under the age of 35 try to conceive on their own for 12 months before seeking a basic infertility work-up and treatment. The time table in the case of women, no matter their age, with irregular or a complete lack of periods is shorter. Infertility is a very time-sensitive disease. If menstruation is not occurring or is irregular, do not wait to seek a diagnosis from your OB/GYN or reproductive endocrinologist.

**PREGNANCY AND PCOS**

Pregnancy without intervention is possible; however, if you have irregular cycles, it is difficult to determine if and when you are ovulating. Not only is getting pregnant more difficult but also keeping the pregnancy is more complicated in women with PCOS. Some studies have shown a higher rate of miscarriage in women with PCOS. Also, medical conditions such as gestational diabetes and pregnancy-induced high blood pressure are more prevalent in pregnant women with PCOS. Close supervision and monitoring in pregnancy can help to reduce these risks and sometimes medication is used, such as metformin to lower sugar levels.

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**When is the Right Time to See a Reproductive Specialist?**

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<th>Woman’s Age</th>
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<td>Irregular Periods</td>
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Treatment

There is no cure for PCOS. It is managed based on your symptoms and goals. Lifestyle modifications are a good place to start. Since frequently women with PCOS are overweight or obese, healthy eating and exercising is an important first step. Simply losing 5 to 10 percent of your body weight can help to jump start a menses back to a regular rhythm.

ORAL MEDICATION

Since women with PCOS often do not ovulate regularly, oral medication, such as clomiphene citrate (Clomid, Serophene), is used to help induce ovulation. Clomid with timed intercourse or intrauterine insemination (IUI) is usually the first step when a patient is just beginning treatment either at the OB/GYN or with a reproductive endocrinologist.

The natural chance of conception for women without infertility is approximately 20 percent a month. The goal with IUI treatment is for patients to return to those natural chances. While under the care of a reproductive endocrinologist, this is achieved by using Clomid to recruit and develop one or two eggs. At the time of ovulation, the partner’s sperm is introduced directly into the uterus with an IUI. This treatment places the sperm closer to the egg and at a higher concentration than would be possible with conventional intercourse.

Sometimes the use of a medication like metformin is used in combination with Clomid to help treat a sub-group of women with PCOS who have insulin resistance. Metformin helps to lower insulin levels and as a result may help to induce ovulation.

INJECTABLE MEDICATIONS

If patients are not successful or responsive to Clomid, the next low-tech treatment option is the use of gonadotropins, which are administered as injectable medications. Injectable medications induce the recruitment, maturation, and ovulation of eggs. A lack of ovulation is fundamentally the problem in PCOS patients. With treatment the goal becomes to induce the development and ovulation of a single egg.

Sometimes multiple eggs are recruited in a single cycle, increasing the number of “targets” for sperm to fertilize and, as a side effect, increasing the risk for multiples. At the point of ovulation the IUI is performed. Many PCOS patients will be successful with low-tech treatments; those who aren’t however, can move to in vitro fertilization (IVF) and more than double their chances of success. In general, studies have shown that most pregnancies (75 to 80 percent) occur within three IUI treatment cycles. After the third cycle patients will often move to a more advanced form of treatment.
IN VITRO FERTILIZATION

Many patients will experience multiple factors affecting their fertility, such as low sperm counts, decreased sperm motility, or tubal factors like blocked Fallopian tubes. For many of these patients, in vitro fertilization (IVF) will be the first line of treatment.

Stimulation

In a normal cycle, usually one follicle will be recruited, develop, and ovulate from the pool of immature antral follicles in the ovary. In a woman with PCOS, frequently none of the follicles will mature. In an IVF cycle, the goal is to have as many mature eggs as possible, as this will increase the odds of success with treatment. In the stimulation phase of the IVF cycle, injectable medications are used for approximately 8 to 14 days to stimulate the ovaries and produce on average 10 to 20 eggs. The stimulation phase ends with a trigger shot, providing final maturation to the developing follicles and setting ovulation in motion.

Egg Retrieval

The egg retrieval is the next step in the IVF process. During the procedure, an ultrasound is used to guide a needle into each ovary and remove the follicular fluid and egg. Patients will receive sedation during the procedure, which usually lasts 20 to 30 minutes.

Embryo Development

Once the eggs are collected they are taken to the embryology laboratory to be counted and evaluated. PCOS patients frequently have a high number of eggs retrieved as they respond well to the stimulation medications. Once evaluated each egg is introduced to the sperm for fertilization either through conventional insemination or intracytoplasmic sperm injection (ICSI), most commonly used when the male partner has male factor infertility. Each embryo is watched for development and typically transferred on day 5.

Embryo Transfer

The embryo transfer is a simple procedure that takes about 5 to 10 minutes to complete. The morning of the transfer, the embryologist will make a final embryo assessment. The doctor will use the information provided by the embryologist and other factors related to your case, such as your age and history with previous treatments, to make their recommendation on the number of embryos to transfer. Since PCOS patients usually have several embryos, it is often suggested, based on the patient’s age, to transfer a single embryo and freeze the additional for a subsequent cycle. Transferring a single embryo brings the chance of multiples down to a conservative 2 percent.

Patients who use IVF have a high chance of pregnancy in any given cycle. Some other benefits of IVF is that it gives the medical team more control of the cycle, IVF gives more information as to the quality of the embryos, and can reduce the risk of multiples by encouraging single embryo transfers where possible.
Success Rates

Both low-tech and high-tech fertility treatment for patients with PCOS have proven to be successful, partly because patients with PCOS are able to create many follicles in a cycle. What was once considered a curse—many immature follicles—can become a blessing with the right medication and treatment.

Patients who have higher numbers of antral follicles, like those with PCOS, can have a significantly higher success rate with IVF when compared with patients with other diagnoses.

Beyond knowing “Will I get pregnant?” it is also very important to know “Am I at risk for multiples?” When considering treatment options and potential outcomes it should be noted that PCOS patients are at a higher risk for high-order multiples when using low-tech treatment. The chance of twins with low-tech treatment ranges 11 to 20 percent depending on the type of medication administered. Patients using IVF and choosing to transfer a single embryo will have around a 2 percent chance of twins, the natural rate of spontaneous twinning.
PCOS
Patient Stories
Of Hope
Steve and I met in October 2004 and have been together ever since. After 3 years of being together, Steve proposed. We ended up having a long engagement because we both had goals of finishing college and starting our careers. In June of 2012, we got married.

Right after we got married, I went to my OB/GYN to talk to her about planning for a child within the next year. I knew my pregnancy would have to be planned since I work with special needs students. I do not have a typical job and my students thrive on routine so I knew I had to have a plan. Little did I know that it would not be easy to get pregnant. Everyone around me made it look so easy. They were able to get pregnant without even trying. The plan was to get off of my birth control and start taking prenatal vitamins until the time was right. I asked my doctor if my weight was a concern and she told me that I was at a higher risk for things like preeclampsia but no indication that I would have trouble getting pregnant.

After trying for 8 months, I went to go see my doctor to talk about infertility. My husband came with me but was told he wasn’t allowed in the room. The first thing my doctor said was, “I was not ovulating because I was overweight.” She told me that she would not run any tests until I lost 25 lbs. She told me that if I lost the 25lbs she would consider IVF. How could she tell me this without doing any tests? She also decided to try and comfort me by saying “It must be hard seeing all of your friends pregnant and you are not.” Did she honestly think that was going to help the situation???? I was devastated and left my appointment in tears barely able to breathe.

**SEEKING ANSWERS**

After all of the horrible OB/GYN appointments and the months of being depressed about the situation, I finally took the initiative to look for more information regarding infertility. I was not going to allow for my OB/GYN to stop me. I knew I had more options and not just IVF. I had heard wonderful things about Shady Grove Fertility, so I went on their website and made an appointment to go to an informational open house.

At the open house, I met with the wonderful staff of Shady Grove Fertility. I learned so much information and met Dr. Bromer. After listening to him speak, I knew he was the doctor to help us. Every word he had to say, spoke to me. We left that day making an appointment to sit down with Dr. Bromer in the Frederick office to see what our options were.

I was so anxious to sit down with Dr. Bromer and finally get some answers. I knew he was going to go over our medical information and hopefully he would be able to come up with a plan for us. After reading through all of my medical history, Dr. Bromer informed me that I have polycystic ovary syndrome (PCOS). Dr. Bromer decided that we were going to do three cycles of timed intercourse, followed by IUI, and then if we do not have any success we would do IVF.

**BEGINNING TREATMENT**

We ended up doing only one cycle of timed intercourse. My insurance was changing so I wanted to use my benefits before we lost them. We decided that IUI was the best route for our second cycle.

After an ultrasound, it showed that I had two huge follicles this cycle and ended up scheduling for our IUI. I was so nervous because I did not know what to expect. We dropped off my husband’s specimen and had to wait another hour for the procedure. I felt sick to my stomach just having to wait. It felt like forever until it was my turn. I had to lay on the table with a huge bright light shining into my lady parts. Dr. Bromer inserted the tubing and it was done within minutes. He then threw my legs up in the air and told me I had to wait like that for 10 minutes. The
The hardest part of the procedure was the dreaded 2 week wait to see if it worked.

**The Two Week Wait**

We were not able to go into the office for a blood test because we were on vacation. After just celebrating our 3rd wedding anniversary, I took a pregnancy test and it was **POSITIVE!!** It took about 30 seconds for the test to show that I was pregnant!

Once we got back from vacation I had to get my blood test done for confirmation. We scheduled our ultrasound when we found out that I was pregnant with twins and that my due date is February 22, 2016. Our babies came a few weeks early on February 6, 2016. I can't thank the Frederick office of Shady Grove Fertility enough. Every time we interacted with Dr. Bromer and his staff, we were met with warmth, professionalism, and true kindness. They made us feel so comfortable and had our best interest at heart.

**Colleen's Advice**

My advice to other patients is to never feel like you are alone. There are so many people around us who also struggle with infertility. My way of helping cope with everything I was going through was to blog about it. It was a great avenue for getting everything out and helped my family understand without having to ask all of the time. I would highly recommend consultation with Shady Grove Fertility as early as possible in your journey. You need to be an advocate for yourself and fight for what you want.
Jessica's Story  
Diagnosis: PCOS  Treatment: IVF, FET

Like most women, all my life I knew I wanted to have children. I never thought that I would ever have “trouble” conceiving on my own. I started having irregular menstrual cycles when I was in high school so my OB/GYN put me on birth control pills to regulate my periods. Still being so young I didn’t think anything of it. I just thought this is normal, no big deal.

Well, all through college I stayed on birth control pills and when I met this guy towards the end of my college years who would later become my husband, I thought that once we got married I would get off of birth control pills and get pregnant, easy. I soon found out that it wasn’t as easy as I thought. Because I was on birth control for over 6 years, I thought that by stopping the pills right before my wedding day it would allow me to get pregnant on my honeymoon and my new husband and I would soon be announcing that we are expecting. A few months after my husband Eugene and I got married there was a pregnancy announcement in my family but it wasn’t from us, it was from my sister. I was excited to be an aunt so I didn’t think much of it, just thought it hadn’t happened for us yet.

SEARCHING FOR ANSWERS

Fast forward 3 1/2 years into our marriage and still no baby. My OB/GYN recommended I start taking Clomid so we did that twice. Still no luck and no baby. She then recommended that I go to see Dr. McKeely. I went through a series of tests to determine what was going on so Dr. McKeely could best treat my case. It was determined that I had some signs of PCOS and endometriosis and I had a cyst on both ovaries, but nothing to be alarmed about. My husband did all of his testing and everything came back normal, so it was all me. What a weight that was on my shoulders. I became upset and frustrated with myself because I wanted to know why I couldn’t get pregnant like everybody else.

BEGINNING TREATMENT

From October 2012 (when we started at Shady Grove Fertility) to about March or April 2013 we tried Clomid (again) with timed intercourse and went in for monitoring. What a job that became and it was unsuccessful. Then in May 2013 the cyst on one of my ovaries became really enlarged and I was told to stop treatments and have it removed by my OB/GYN. This was heartbreaking because I just wanted to have a baby and didn’t want to prolong the process any longer. So after I had my surgery to remove the cyst, my husband and I went through some personal issues and we did not start treatments again until December 2013.

Dr. McKeely looked at our insurance and said that since it covers IVF we should go that route. So my husband and I agreed and the injections began. The injections were not too bad but they did leave the area a little sore after the first couple of days. My trick to help ease the pain of getting a needle every day was to ice the area before doing the injection and I place the oils under my arm to warm a little before extracting them with the needle from the bottles. Fortunately, my husband was the one who administered my injections and he was more nervous than I was. He hated giving me injections because I would tense up when the needle would go in and having to watch the needle puncture my skin and sometimes bleed wasn’t a pretty site for him to look at every day. It became like a chore that we did every night. A couple of times I didn’t want to have the injection because I was sore and too lazy to get up to ice myself, gather all the materials etc. but we did what we had to do in order to bring our baby into the world.
I knew this time was going to be it, we were going to conceive. I had a few friends get pregnant around this time naturally and I believed I was going to join them soon. The medicines worked great, my egg retrieval was great (33 eggs retrieved), my husband’s sperm count was great, and I had 13 embryos that were in excellent condition.

So January 2014 was the day of our fresh embryo transfer. We were so excited that it went well. We had to go through that long 2 week wait for the pregnancy results. The day arrives and I received the call that I was not pregnant. Talk about heartbreaking. My husband and I agreed that we wanted to try again right away. So we did the injections all over again. This time I also really watched what I was eating, and worked out once in a while.

March 2014 was our FET. That went great and again the dreaded 2 week wait. I actually got sick the night before the pregnancy test so my husband and I prayed to God really hard that I got sick because I was pregnant. I went in the next day for the pregnancy test and received the call later that day with the best news I’ve ever received.....I was pregnant! I jumped for joy, cried happy tears. My husband and our entire families were so happy and excited for us. On November 29, 2014, we gave birth to our princess Carmen as a result of the successful FET. She was a perfectly healthy little girl and she is such a joy.

ROUND TWO
My husband and I decided to “try” again and have a second child and since we decided to freeze the remaining embryos we went back to Shady Grove Fertility in August 2015 to do another FET.

Hello again injections! We were scheduled for our FET in October 2015 and received the call that we were not pregnant. My husband and I decided to try again immediately, which meant more injections and meds.

On December 2015 we completed another FET and received the call that we are PREGNANT (currently 8 weeks)! We graduated from Shady Grove Fertility on January 21, 2016, and moved back to my regular OB/GYN. My husband and I are so grateful to God and the doctors, nurses, and staff of Shady Grove Fertility for giving us the blessings we always wanted.

JESSICA’S ADVICE
To all future patients my advice to you is to never give up on your desires, trust in the promise, keep the faith, and remember you are not alone.
Christopher and I met in 2010. I graduated from college in Virginia and went back to live in my hometown, where I regrouped with some friends from high school one night. Christopher was at the gathering, and turned out to be related to my friends from high school. I instantly felt comfortable with his family... probably because I already knew some of them. We had a quick connection and moved in together in 2011. He proposed in November 2011 and we were married in October 2012. Once my husband and I were married we wanted to have children right away. The dilemma we were faced with was that I stopped taking birth control I did not get a period and therefore, was not ovulating. The PCOS likely had something to do with this. We tried metformin to regulate my periods and that did not work. We gave up trying on our own in 2013 and went to Shady Grove Fertility. 

**DECIDING TO SEEK TREATMENT**

Our first meeting with Dr. Osheroff was very promising. He told me he could do to help us get pregnant. He made us feel so comfortable and hopeful. After it was confirmed that I was in fact battling PCOS, we immediately started treatment using Clomid. This went on for about 3 months because we started with the lowest dose and kept working our way up. When the highest dose of Clomid wasn’t working, we were told we needed to start with Gonad-f shots. I was terrified at the thought of sticking myself with a needle every day, but we were willing to do whatever it takes in order to start the family we’ve always dreamed of having. Upon starting the shots, I began eating clean and losing weight. I lived my life around making sure I was healthy during treatments. I became so preoccupied and scared that I pushed my friends and family away. Every time we went for an ultrasound, the shots were not working so we had to increase the dose. This went on for about 1 month and then we finally had two viable eggs!

We ended up doing one round of IUI to start. However, Dr. Osheroff told us that it could take up to three times for it to work. If it didn’t work the first three times, we were to move on to IVF. I never thought we would conceive on the first IUI.

We successfully became pregnant (the 2 week wait was agonizing) with twins! The 2 week wait was so difficult because my body was going through changes and every time I felt a strange physical or emotional symptom, I hopped on the internet and searched EVERYTHING. That was the worst decision. I spent my days google searching and developed terrible anxiety. I remember the day my nurse called. I waited to listen to the voicemail because I was nervous about receiving a negative result.

On our last ultrasound with Shady Grove Fertility, we found out one of the babies did not have a heartbeat. We were devastated, but reminded ourselves that everything happens for a reason. We were still over the moon ecstatic to be pregnant with one
baby. The nurses and doctors were with me every step of the way. I cried and laughed with them on many occasions, and they always made me feel so comfortable. They never gave me false hope and provided the most honest answers and information. They always let me know what the worst outcome would be, so I was pleasantly surprised with the pregnancy. I did not expect it to happen so quickly.

BECOMING PARENTS

I gave birth to my daughter Charlotte on 12/27/14 via emergency c-section due to HELLP Syndrome. It was a scary day, but Charlotte and I both came out of the surgery perfectly healthy. Our family of three is perfect and I owe it all to Dr. Osheroff and his team. The life we have now would not be possible without them! I have actually started having regular periods since my pregnancy, for the first time in my life. We are going to try for a second child on our own, but if we are unsuccessful we will definitely be returning to our friends at SGF.

DEVIN’S ADVICE

Keep trying and don’t alienate friends and family as I did. I pushed everyone out and kept our struggle a secret. I now realize that letting everyone know what was going on would have been the better choice. At the time, I was embarrassed and felt so alone. Now I know so many other people have been through this process, and talking openly about it would have made my treatment process so much easier.
Tamara’s Story
Diagnosis: PCOS  Treatment: IUI

I was always the chubby girl growing up. I have struggled with my weight for as long as I can remember. I could eat all things healthy and it wouldn’t matter, the number on the scale would stay the same.

I met my husband, my prince, when I was 19 and we were married when I was 20. He thought I was beautiful inside and out, and my weight was pushed to the back of my mind. We knew from the very beginning that we wanted to be parents. My periods were always so irregular, heavy, and painful. We were not using any protection for 3 years and we knew that it should have already happened. I began to worry that it was me. I scheduled an appointment with my OB/GYN to talk about getting pregnant. He did an ultrasound and said that I had metabolic syndrome and PCOS.

COMPLETING THE EVALUATION

I knew what PCOS was because my sister also has it. My doctor started me on metformin and Clomid. I was on this regimen for a year and nothing happened. I would go in monthly for check-ups and I would never ovulate. My doctor said he had done everything he could and would have to refer me to a fertility specialist. That brought me to Shady Grove Fertility. I knew I was in great hands because my sister already had a Shady Grove Fertility miracle of her own.

I met with Dr. Esposito, and I felt so comfortable with her. I wondered why we had waited so long to get to this point.

Dr. Esposito sat down with me and my husband, and told us the hard truth that if I wanted to be a mother, I had to lose weight. Knowing that my weight was one of the things stopping me from being a mother was heartbreaking. How could I have been so selfish? My weight was not only stopping me from being a mom, but stopping my husband from being a dad.

Going through the testing, Dr. Esposito found that my thyroid was hypo-active. My total blood count was low and my lining of my uterus was super thick. First thing I had to do was get a blood transfusion. I immediately started to feel better after this! My energy level sky rocketed! Next I had to get a D&C to find out why my lining was so thick. They did a biopsy and everything came back ok. All those years of not having regular periods and going untreated for PCOS had caught up with me.

Next, Dr. Esposito referred me to an endocrinologist who diagnosed me with Hashimoto’s thyroiditis, a swelling of the thyroid gland that can result in reduced thyroid function. Once I got on medication to help regulate my thyroid for the first time I started to see weight loss! I got a gym membership and a treadmill. Every day I would get on my treadmill it didn’t seem like a chore anymore but part of my daily life. I lost 50 pounds and we got the green light to start fertility treatment. We were so excited, anxious, and nervous!

SUCCESS WITH LOW-TECH TREATMENT

On our first IUI cycle, we got pregnant but unfortunately it turned out to be an ectopic pregnancy. Dr. Esposito and our nurse Elizabeth were so compassionate and understanding. Dr. Esposito sat with us and listened to all of our fears and questions. She treated us like we were her only patients. We had to wait 3 months before trying again.

“If knowing that my weight was one of the things stopping me from being a mother was heartbreaking.”
Those 3 months were so hard, I was so afraid I would gain weight and would not be able to try again. I worked at it every day and came back swinging ready to try again, but our next two IUI cycles were unsuccessful. However, our fourth IUI is the one that we got pregnant with our son. Had it not been for Dr. Esposito and God we wouldn’t have our son, but also I wouldn’t have found out all the other issues I had.

Life now is beautiful! I still struggle with my weight but I plan to keep working at it! My goal is to be healthy not skinny, and to live a long, active life watching my son grow up. This experience has brought me and my husband closer together. It has restored our faith, and we now know miracles are possible. My main advice to others in treatment is to not give up. Even when you feel like you are fighting a losing battle, stay strong!

“She treated us like we were her only patients.”
Stephanie’s Story
Diagnosis: PCOS  Treatment: IVF, FET

I was a secondary English teacher in the County, and my husband worked in the fire department before getting a job with the state police. After being together for 6 years, in December 2010, we got married and decided right away that we wanted to start trying for a baby.

I was diagnosed with PCOS when I was a teenager. Pretty much right after I took myself off birth control, my cycles were very erratic, lasting anywhere from 3 to 6 months long. My OB tried to put me on Clomid to help regulate my ovulation, and while it did help me to ovulate, I still wasn’t getting pregnant. It was at that point that he recommended me to a reproductive endocrinologist. I was only 26.

SEEKING TREATMENT

I didn’t originally start out at Shady Grove Fertility. I immediately started IUI treatment, since the Clomid was working for me, and I wasn’t presenting any other issues. After three failed IUI attempts, I was told that moving on to IVF would be my best option. It was a heartbreaking blow, since I was so young. I didn’t understand how I got to be in the situation of having to decide to continue with IVF or stop trying. We didn’t want to give up though, so we decided to move forward with IVF.

“My first IVF cycle started out well, but ended up in disaster. I was projected to get 15+ eggs, but when I woke up, they told me I only had three, and that I had ovulated early. We put back two day 2 embryos, but we did not end up pregnant.

The second IVF attempt was also a disaster. We were projected to get about 10 eggs, but again, I woke up and only 3 were retrieved. Only one fertilized, which we also put back on day 2. This cycle did not end in a pregnancy.

At this point, I was very defeated. My prior reproductive endocrinologist told me I’d probably have to use donor eggs, since my eggs were dying before they could retrieve them. He also told me to go home, lose 30 pounds and call them after that so we could start again. I was devastated, and I couldn’t figure out why this was happening to me. I took 2 months off before deciding to get a second opinion.

HANGING ON TO HOPE

When I went to Shady Grove Fertility, Dr. Yazigi welcomed me with open arms. He had a lot of confidence in moving forward, and didn’t agree that my egg quality was an issue at all. He suggested I try a different protocol than what I was doing before—an antagonist protocol—and said he’d be really aggressive with the stimulation drugs. Excited, but scared, I started another IVF cycle.

This cycle, our third, was much more productive than my first two cycles. Using the antagonist protocol, we retrieved 18 eggs, 15 of which were mature, and 9 of those fertilized and made it to day 5. We transferred one embryo on Thanksgiving Day, and four were frozen on day 6. Although my third fresh cycle didn’t end in a pregnancy, I was confident that this wasn’t the end of my journey.

We chose to do a FET instead of another fresh cycle. I was frustrated that my body wasn’t getting pregnant. Dr. Yazigi suggested that I do a couple of endometrial biopsies before my next cycle. He explained that sometimes, the biopsies help the lining of the uterus, since I was experiencing “implantation failure” due to unknown reasons this would be the next best step.
I was on board, and we moved forward... again.

For our FET cycle, we chose to put back two, day 6 blastocyst stage embryos. Four days after the transfer, I caved in and took a pregnancy test on a whim. It was positive! I could not believe that after 27 months of trying, we were finally, finally pregnant!

I am 32 weeks pregnant now with a healthy, little boy. We are very excited for October 6th to get here so we can meet our little man. It was a long, long journey, but I am glad that I didn’t give up. I kept a blog through the very start of my fertility treatments, and I am so happy that I can look back on it and realize how strong I was to face all of that failure and not cave in.

**STEPHANIE’S ADVICE**

It hurts. It is going to hurt. You are going to feel alone, and it isn’t fair that you have to go through this... but you cannot give up. A friend, who had also gone through treatment, told me this, and I say it to other women all the time: It sucks that it doesn’t always work. It hurts, and you will cry and ask God why you are going through this. But remember, whatever it takes to get to your child... it happens for a reason. If you didn’t go through what you did, you wouldn’t have the child that you end up with, and that child was meant for you. Don’t look at your failures as being pointless... look at them as being necessary for getting to the baby that was meant for you.

“Four days after the transfer, I caved in and took a pregnancy test on a whim. It was positive!”

**FERTILITY FACT**

1 in 8 couples will experience infertility
Kathleen’s Story
Diagnosis: PCOS  Treatment: IVF, FET

We had been trying to get pregnant for 1 year prior to seeking a fertility specialist. I was doing everything right, tracking ovulation, taking ovulation predictor tests, doing basal body temperature and timed intercourse. I soon realized that I didn’t ovulate normally, having cycles anywhere from 35 to 60 days long.

After months of long cycles—some of which were anovulatory, which is a menstrual cycle in which the ovaries did not release an egg—we sought help from Shady Grove Fertility. After several tests, we discovered I had a completely blocked left tube, PCOS, and a male factor. We were told we had a less than 1 percent chance of conceiving naturally.

MOVING STRAIGHT TO IVF

We decided not to try IUI and go right to IVF. Being 26 when we started the process, I was convinced the first cycle would work. We did everything right and had five beautiful embryos make it to day 5. We transferred back one “textbook” embryo; I was heartbroken when we learned it didn’t work. I was emotionally devastated and grieved the loss of this perfect baby I was so sure I was pregnant with. The consultation with Dr. O’Brien after the failed cycle was disheartening. I was told they would like me to lose some weight before we would try again.

I took a few months off and really needed to get to a better place emotionally before I could get to a better place physically. I sought the help of a wonderful nutritionist and joined a gym. I started the “Couch to 5k” program, and with hard work and the most motivation a girl could ask for (a baby), I lost almost 25 lbs! I contacted my nurse to do an official weigh in. We both jumped for joy when I weighed in and was told we could move forward with the FET cycle.

April 2nd, 2012 we transferred a beautiful thawed embryo. And 2 weeks later, nearly 2 years to the day of when we first started trying, I found out I was pregnant!

On 12/12/12 we welcomed the biggest joy of our lives, our son, Evan. After a long and emotional journey, I would do it all again 10 times over! It was worth every injection, every tear shed and mile ran. He is the light of our life and I feel so blessed (and hopeful) to know we still have three embryos waiting for us to possibly join our family as future babies.

“We were told we had a less than 1% chance of conceiving naturally.”
KATHLEEN’S ADVICE

There is nothing more frustrating and emotional than struggling to conceive. Being told you cannot conceive naturally is devastating. There is a grieving process that people don’t tell you you’re entitled to. You grieve the loss of the life you realized you no longer live: the one where you unintentionally get pregnant or think you might be. No one prepares you for infertility.

But the beautiful thing is that we live in an age of medical advances and technology. Pregnancy is still possible. It may be a long road, and it may be a hard road, but talking to a fertility specialist and finding out what is going on is the first step. Knowing what your body is or isn’t doing is somehow reassuring, and then making a plan to get your baby is even more exciting.

We can’t thank Shady Grove Fertility enough for helping us bring amazing this blessing to us!

“After a long and emotional journey, I would do it all again 10 times over! It was worth every injection, every tear shed and mile ran.”
Shady Grove Fertility is the largest and one of the most successful fertility centers in the United States. With over 30 physicians across Maryland, Pennsylvania, Virginia, and Washington, D.C., Shady Grove Fertility performs thousands of fertility treatments each year. The physicians and staff work hard to provide each patient with an individualized treatment plan and personalized care and guidance through their journey.

To learn more about treatment and affordable care options, please call 888-714-4724 or visit ShadyGroveFertility.com.