



FERTILITY AND ENDOMETRIOSIS IN NEW ZEALAND INFORMATION GUIDE

ABOUT INSIGHT ENDOMETRIOSIS

Insight Endometriosis is a community-based Charitable Trust working collaboratively to empower people with endometriosis (suspected or diagnosed). We are based in Hamilton but provide services throughout New Zealand, with a focus on:

- Improving access to quality evidence-based information.
- Connecting those affected by endometriosis to relevant support.
- Ensuring those affected by endometriosis are productive, feel valued in their workplaces, and nurtured to succeed in their places of study.
- Building a strong, connected community network amplifying the voices of those affected by endometriosis.
- Ensuring lived experiences of those affected by endometriosis informs policy development and health system change.
- Other relevant support and assistance.

ABOUT THIS INFORMATION GUIDE

The purpose of this information guide is to empower you with knowledge about fertility and endometriosis - whether you suspect you have endometriosis, have a diagnosis of endometriosis, or have a whānau member, friend, or someone in your life that is experiencing endometriosis symptoms.

It is important to remember that each person's experience of endometriosis is different and this information guide provides evidence-based information.



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insight
ENDOMETRIOSIS

INFERTILITY IN NEW ZEALAND

25% of New Zealanders will experience fertility problems, that's 1 in 4 people.

Medically infertility is defined as a lack of conception after 12 months of unprotected intercourse, or difficulties retaining a pregnancy. Seek help from your GP after 12 months of trying. However, if you are a woman aged 35+ seek help after 9 months of trying, and for those aged 40+ seek help from your GP after 6 months of trying.

Infertility is equally attributable to male and female issues – in about 40% of infertile couples the problem is a female factor, in about 40% it is a male one and for the remaining 20% there is a joint problem, or the cause is unknown.

Secondary infertility (to people who already have one child or more) is just as common as primary infertility.

Fertility declines with age for both women and men, although the effects are more dramatic and earlier for women.

There are many causes of infertility; common diagnoses include poor sperm quality, count, motility; ovulation disorders; premature ovarian failure; endometriosis, and hormonal imbalances – to name a few.

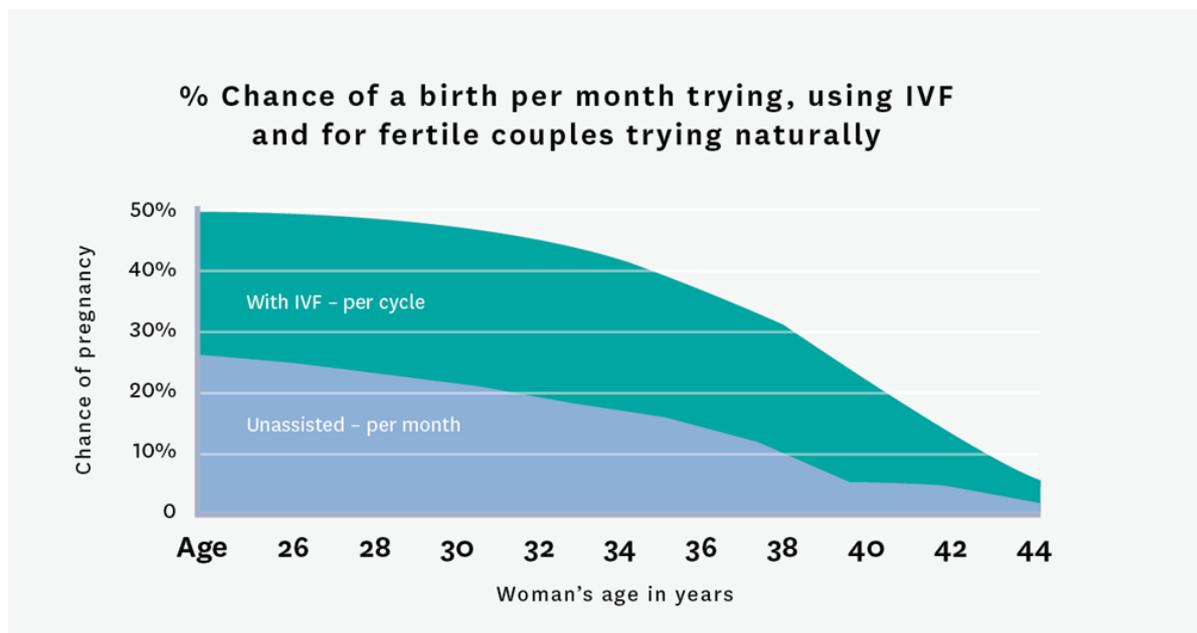
Treatments for fertility issues are many and varied. Some common treatments include medications to improve the production of eggs, surgery on the fallopian tubes to fix blockages, vasectomy reversal, insemination of the woman with either the partner's sperm or with donor sperm (IUI), in vitro fertilisation (IVF) or IVF with intra cytoplasmic sperm injection (ICSI).



UNDERSTANDING YOUR FERTILITY

Your fertility can be affected by a number of factors: age, weight, and general health alongside conditions such as endometriosis and Polycystic Ovary Syndrome (PCOS).

Age is the most important factor. The chance of pregnancy falls as a woman gets older, and the risk of miscarriage and abnormalities increases, even for people with no fertility problems. If you are having trouble becoming pregnant, the sooner you seek help, the better your chance of having a baby. The graph below from Fertility Associates indicates the chance of pregnancy based on a woman's age using IVF and for those trying to conceive naturally.



IMPACT OF ENDOMETRIOSIS ON FERTILITY

The association between endometriosis and infertility is poorly understood. Up to 40% of people with endometriosis may have fertility problems and 1 in 4 New Zealanders experience fertility problems.

While endometriosis is a leading cause of fertility problems, most will conceive naturally, although it may take longer - for those needing help, there are a number of intervention options. The most important thing is to seek help on a timely basis.

Physical effects of endometriosis, reduced egg number, and function, painful sex, taking medication and hormonal therapies, undergoing surgery, and dealing with a variety of emotional issues can all affect fertility for those with endometriosis.

Endometriosis may affect fertility in a number of ways such as:

- The impact of adhesions on fallopian tubes or ovaries..
- Inflammation impairing the function of both eggs and sperm, fertilisation, embryo development and implantation.
- Ovarian follicles not developing, rupturing or releasing the eggs well due to inflammation in and around the ovaries.
- Endometrioma (ovarian cysts) stopping the tube from picking up the egg.
- Pain impacting on desire for sex.





It is important to understand that while the current evidence suggests that those with endometriosis are more likely to experience fertility problems, not all people with endometriosis will need assistance but IVF and other fertility treatments are available for those that are struggling to conceive.

Medical advice is that if you have been trying to conceive for 12 months or more seek help from your GP. However, if you are aged 35+ seek help after trying for 6-9 months and if you are aged 40+ see your GP after 6 months of trying to conceive.

If you suspect you have endometriosis or have been diagnosed with endometriosis it is best to seek fertility advice from a specialist sooner rather than later.



TREATMENTS AVAILABLE FOR THOSE WITH ENDOMETRIOSIS AND FERTILITY PROBLEMS

Fertility treatments that can assist women with endometriosis include:

- Intra uterine insemination (IUI)
- In-vitro fertilisation (IVF)

Intra uterine insemination (IUI)

Generally, a good option for young women, Intra uterine Insemination involves preparing sperm in the lab, then putting the best sperm directly into the uterus in a procedure that's a bit like having a cervical smear. Without this intervention, only about one in a hundred sperm that are ejaculated would be expected to reach the uterus, so IUI works by giving sperm a head start in their journey to the egg.

This treatment is usually combined with a medication like Clomiphene to increase the number of eggs ovulated from one to two or three.

IUI cycles typically involve:

- Some blood tests
- 1-2 ultrasound scans
- Injections, which people usually give themselves at home.

IUI is usually offered as a course of up to 4 cycles. Around 40–50% of women aged 37 and younger have a child within 4 cycles, and the main 'side effect' is a 10-15% chance of twins.

In-vitro fertilisation (IVF)

IVF is a highly effective treatment with the chance of a baby dependent on a woman's age and Ovarian Reserve (see next page). For women, 35+ IVF generally offers the best chance of having a baby.

IVF treatment creates the optimal conditions required to give eggs and sperm the highest chance of getting together to create a pregnancy.

- First, medication is taken to increase the number of eggs available - this is called ovarian stimulation.
- Next, the eggs are removed, during a process called egg collection, and sperm is added to the eggs in the lab, where fertilisation takes place.
- When IVF includes having the sperm injected directly into the egg, it is called ICSI (intracytoplasmic sperm injection) – pronounced 'icksee'.
- The embryologist will select the embryo they consider has the best chance of pregnancy, to be transferred into the uterus.

- Other good quality embryos can be frozen for another chance of pregnancy during later 'thaw cycles'.

Because IVF typically makes 6-10 eggs available, younger women have a 40-50% chance of having a baby from a single treatment, which is double the chance of pregnancy that couples with normal fertility have per month.

While most people think about IVF one cycle at a time, the overall chance of having a child depends on the number of cycles you are prepared to undergo.

Ovarian Reserve via AMH tests

The number of eggs a woman has in her ovaries falls with age. The measure of the number of eggs left is called ovarian reserve. Ovarian reserve can be used to predict who may enter menopause earlier than expected, the number of eggs likely in an IVF cycle, and to some extent the chance of pregnancy from an IVF cycle.



The tests for ovarian reserve are Antral Follicle Count (AFC) and Anti-Mullerian Hormone (AMH). Both tests can help identify women who might lose their fertility more quickly, however they cannot predict who is more fertile than average.

It is also very important to note that AMH levels are higher in women with Polycystic Ovarian Syndrome (PCOS) so unfortunately AMH is not a helpful test for women with PCOS, which is a commonly occurring condition alongside endometriosis.



COPING STRATEGIES FOR FERTILITY PROBLEMS AND ENDOMETRIOSIS

For those trying to conceive, the waiting game each month is often filled with optimism followed by pessimism. It is an emotional roller coaster; with the rollercoaster hitting the high – only to be followed by a crash at the bottom when another period arrives or treatment fails or the hoped-for adoption doesn't happen.

Endometriosis also can be a rollercoaster of emotions with symptoms often being cyclical and those feelings of positivity at the top of the rollercoaster when no symptoms are experienced and a crash to the bottom when symptoms occur.

Remember, you are not alone. Reach out to others for support. Fertility New Zealand has support groups throughout the country for those experiencing fertility problems and we also have Endo Meet-Ups, the details can be found on our website.

Here are some coping strategies that may help you if you are experiencing fertility problems:

Seek Information

Inform yourself about the options for you. Seek information from fertility specialists, counsellors, or Fertility NZ. Read our information guides or speak to our Educator, appointments are free and we don't watch the clock.

Join a local group

Joining a group can be helpful in sharing experiences and help you to feel less isolated.

Look after yourself

Self-care can help to minimise the negative impact that fertility problems can have on your mind, body, and soul.

Journal

Research shows that writing or drawing about painful experiences is therapeutic and a form of release during tense and stressful times.



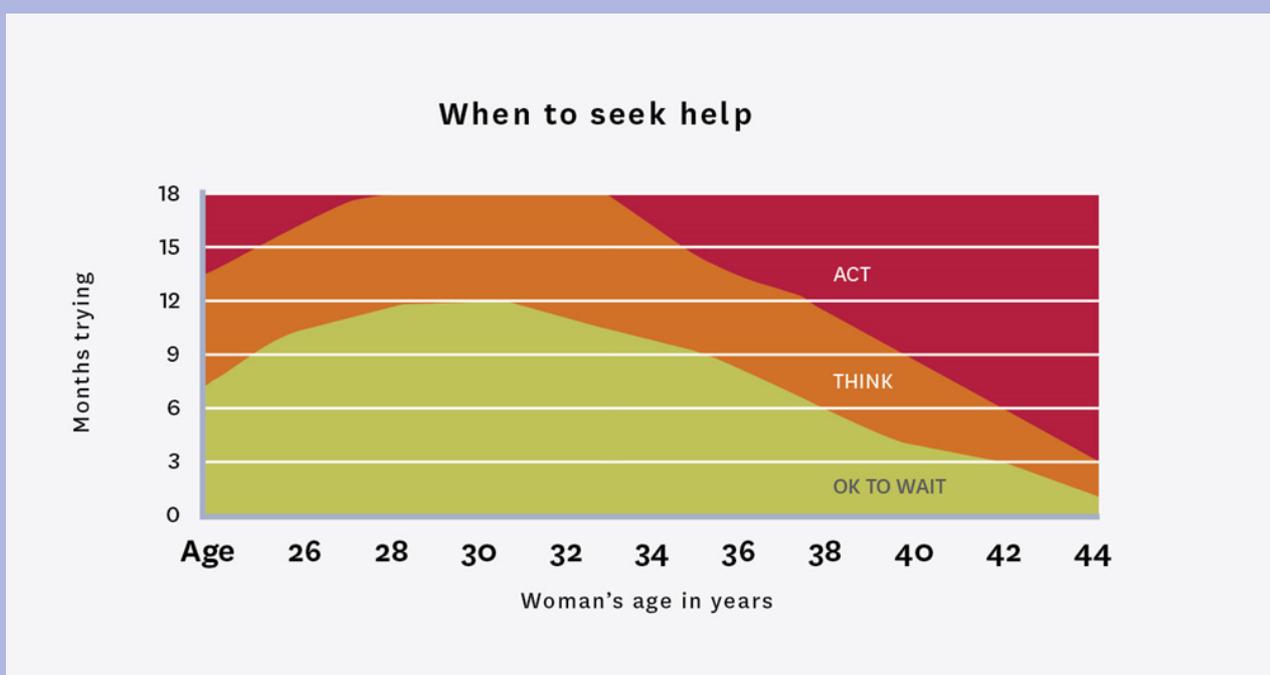
WHEN TO SEEK HELP

It is important to understand that while the current evidence suggests that women with endometriosis are more likely to experience fertility problems, not all women with endometriosis will need assistance.

It is recommended that you seek advice from a fertility specialist if you have endometriosis, polycystic ovaries or PCOS or have been through a cancer diagnosis. You can book a free 15-minute consultation with a fertility nurse through Fertility Associates here: <https://www.fertilityassociates.co.nz/book-a-free-nurse-consultation/>

Everyone's experience of having a baby is different but understanding your own fertility is the best thing you can do.

The graph below from Fertility Associates shows the recommended time frames for trying to conceive naturally before seeking help. However, you should seek help whenever you are concerned about your fertility: 'sooner rather than later' is a good phrase to bear in mind.



CRITERIA AND PUBLIC WAIT-LISTS FOR HELP

As well as being able to access fertility treatments privately, there is public funding available for both consultations with fertility specialists and/or fertility treatment.

There are criteria that must be met for each, and there are some variations in both criteria and wait times between District Health Boards. Criteria is complex and you can find further details regarding public funding at:

<https://www.fertilitynz.org.nz/information/fertility-treatment-options/public-funding-fertility-treatment/>

Note that the wait lists for publicly-funded IVF are generally quite long, and an initial (free) consult with a fertility nurse would be a sensible initial step if you have any concerns about fertility. You can book here: <https://www.fertilityassociates.co.nz/book-a-free-nurse-consultation/>



Lined writing area for notes.



REFERENCES

Fertility NZ

www.fertilitynz.org.nz

Fertility Associates

www.fertilityassociates.co.nz

DISCLAIMER

This Information Guide reflects current evidence-based research from New Zealand and worldwide at the time of writing. While we endeavour to update as new information becomes available, Insight Endometriosis cannot guarantee or assume legal responsibility for the currency, accuracy, and completeness of the information.

This Information Guide is for educational and support purposes only. It is not a substitute for professional medical or health advice.

A GP, gynaecologist, or specialist may provide new or different information that is more appropriate to an individual's needs and so Insight Endometriosis advises those seeking a diagnosis, medical advice or treatment to consult their doctor or an appropriate medical professional.

Insight Endometriosis is not responsible for the content of other parties that reference or are referenced within this guide; such references should not be construed as endorsements. Any links to external websites are for your information only, and Insight Endometriosis cannot guarantee their accuracy.

Nothing contained in this guide is, or shall be relied on as, a promise or representation by Insight Endometriosis.

We encourage the distribution and photocopying of the information in this guide to support those affected by endometriosis; please acknowledge 'Insight Endometriosis - Endometriosis Information Guide' as the source.

We support the Medical Council's statement that:
"... patients may need to be reminded that internet research cannot take the place of a face-to-face consultation."



INSIGHT ENDOMETRIOSIS INFORMATION GUIDES

Insight Endometriosis has the following information guides available on the website:

- Endometriosis Information Guide
- Adenomyosis Information Guide
- Diagnosing Endometriosis in NZ Information Guide
- Surgery and Hormonal Management for Endometriosis in NZ Information Guide
- Endometriosis Pain and Pain Management Information Guide
- Complementary Therapies and Lifestyle Changes for Endometriosis Information Guide
- Mental Well-Being and Self-Care with Endometriosis Information Guide
- Talking About Endometriosis with the People in Your Life Information Guide
- Self-Advocacy with Medical Professionals When You Have Endometriosis Information Guide
- Conditions Related to Endometriosis Information Guide
- Being a Teenager with Endometriosis Information Guide
- Supporting Students with Endometriosis Symptoms - A Guide for New Zealand Schools
- An Endometriosis Guide for Employers



NEED MORE INFORMATION OR SUPPORT?

Visit our website to:

- Book a free/koha-based appointment with our Educator, by zoom, phone, or at our Hamilton office
- Register for a "Let's Talk About...." session
- Join an Endo Meet-Up with other people with Endometriosis (suspected or diagnosed)

CONTACT US

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