

*Fertility & preconception care: A multidisciplinary approach*

**Panel question & answer session**

Question	Answer
<p>What is the ideal supplement? A multivitamin or number of tabs? How do you get those additional folic acid components?</p> <p>What antenatal supplement is recommended for men?</p>	<p>Many of the antenatal multivitamin and mineral formulas will include the cofactors vitamin B2,6 and 12 as well as iodine.</p> <p>Over the counter Menovit is available.- the zinc in that formula not the best absorbed form (zinc citrate better) but this formulation is readily available</p>
<p>Can sperm tests be reliably done by any laboratory or are there specific labs only that are recommended?</p>	<p>As first line, most labs are ok. Specialist andrology labs are gold standard. Important to have 2-7 days abstinence prior to providing a sample. Sample should be received within 1 hour of collection and be maintained at body temperature (e.g. in a breast pocket)</p>
<p>What is the live birth rate of egg freezing in a 34 year old woman and what are the costs for retrieval? storage? how many eggs are retrieved per pickup?</p>	<p>6% live birth per egg frozen, cumulative live birth rate &gt; 50% when 15-20 eggs frozen</p> <p><b>References:</b> Potdar N Gelbaya TA, Nardo LG. Reprod Biomed Online. 2014 Aug;29(2):159-76. doi: 10.1016/j.rbmo.2014.03.024. Epub 2014 May 15. Oocyte vitrification in the 21st century and post-warming fertility outcomes: a systematic review and meta-analysis.</p> <p>Cobo A1, García-Velasco JA. Curr Opin Obstet Gynecol. 2016 Jun;28(3):206-10. doi: 10.1097/GCO.000000000000269. Why all women should freeze their eggs.</p>
<p>Is there any evidence that treating subclinical hypothyroidism improves time to pregnancy and pregnancy outcomes?</p>	<p>Subclinical hypothyroidism is associated with adverse pregnancy outcomes particularly miscarriage.</p> <p>The Endocrine society recommends preconception correction of TSH to &lt;2.5 IU</p>
<p>Pre pregnancy counselling.</p> <p>What do you think about the Counsyl Test for 100 different genetic conditions? Do you routinely offer this?</p>	<p>I (Dr Raelia Lew) routinely offer preconception genetic screening for cystic fibrosis, spinal muscular atrophy and fragile X. I offer Counsyl to patients of Ashkenazi Jewish descent and any patients interested in broader screening.</p>

<p>Re: NIPS tests: Panorama looks better /like it does more than the Harmony test, yet Harmony seems more popular, which one do you use?</p>	<p>Both offer excellent sensitivity and specificities for commonly occurring aneuploidies.</p>
<p>How do you decide when to do TFT in pregnant women, seems to be often arranged by the midwives during the first antenatal visit?</p>	<p>I order TSH preconception. If normal, I do not repeat this in later pregnancy.</p> <p>Women treated with TSH or with overactive thyroid need to be monitored regularly throughout pregnancy</p>
<p>Do obese women need more folic acid?</p>	<p>No but they need more vitamin D</p>
<p>Is testing patency of fallopian tubes in primary care, is this common practice for primary care??</p>	<p>If you suspect tubal factor infertility, tubal studies can be arranged at a specialist women's ultrasound centre when you request a pelvic scan, or via an HSG.</p>
<p>Is there any actual scientific studies/evidence for using metformin with clomid, or just found useful?</p>	<p>The evidence is well summarised in the <i>Evidence-based guideline for the assessment and management of polycystic ovary syndrome (PCOS)</i> which can be downloaded from the Jean Hailes website here:</p> <p><a href="https://jeanhailes.org.au/health-professionals/tools">https://jeanhailes.org.au/health-professionals/tools</a></p>
<p>I really enjoyed the presentation. Some feedback would be that a little more specific information from Sandra would have been helpful, especially regarding herbs. There is some limited evidence, and more than one reason to be prescribing herbs - I found the limiting 'no evidence at all' speech makes it more difficult for GPs to have confidence in Naturopaths treating clients who are trying for a baby. There are lots of reasons why herbs would be helpful in treating a client who is having fertility issues, from reducing stress/emotional support, adrenal support - not just in direct fertility. Especially when discussions on off-label medications, also without evidence for use in those situations, are comfortably included in the discussion.</p>	<p>It was decided that for the purpose of the Webinar – the focus would be on nutrients in relation to preconception care, as the information available on herbal medicine relies on traditional use and rarely clinical trials. The WHO has guidelines for the assessment of traditional medicines for efficacy. They acknowledge that scientific research is an important aspect in assessing efficacy but also consider traditional and complementary medicine an important and underestimated part of health care.</p> <p>The National Health and Medical Research Council (NHMRC) states that:  <i>“all health treatment, whether conventional, traditional or complementary, should be subject to a rigorous evaluation of the evidence for effectiveness. Registered health practitioners should act ethically by providing advice and treatment based on the best available evidence, in accordance with their professional standards, and be aware of the evidence base of treatments they provide. Registered health practitioners should discuss this evidence base with their patient so as to assist them in making informed decisions about their healthcare”.</i></p> <p>All health practitioners should ideally discuss what type of evidence is available on a particular treatment- i.e. is there only traditional knowledge; do clinical trials exist?, what are the potential side effects or interactions- so that the patient can make informed decisions about what they chose to use.</p>

In practice, herbs are used to reduce stress and support emotional well-being, adrenal support and also may help with various aspects of fertility. It was decided for the webinar, as most of the herbs would not meet the gold standard RCT for efficacy- specifically pertaining to fertility, that they would not be discussed. Furthermore, given the time limitations, it would be impossible to grasp the complexity of herbal implications and use for fertility. Jean Hailes also advocates the use of natural therapies by practitioners trained in their use and recommends against self-prescribing.

In summary, herbal medicines, prescribed by a herbalist or naturopath trained in their use, may be useful for couples in assisting with enhancing their well-being and optimising their fertility.

There is limited evidence in the scientific literature, but a long traditional use of herbal medicine. Ideally the naturopath/herbalist works collaboratively with the GP and fertility specialist in helping to achieve the outcome of pregnancy for the couple.

It is hoped that it was clear in the discussion of the nutrient that the information on Folic acid, Iodine and Vitamin D was based on the recommendations of NHMRC, WHO and in the scientific literature.

*Note: full references are provided as part of the presentation slide handout.*