

April Web Conference Questions

1. **From:** Kathy

Date: Saturday, March 11, 2006

It took me 8 months to conceive my 1st son, then another 9 months to conceive the 2nd. My husband and I are trying to get pregnant again. I am 23 years old. Is there anything that can help us make this happen faster? Thank you for your time. Kathy in New York

Numerous studies have indicated that fertility can be optimized and the time to conception shortened with correct timing of sexual relations. In general, if a woman has a 28-day cycle, ovulation will occur 14 days after the start of her menses. However, menstrual cycles may vary from one individual to the next so it is beneficial for each woman to determine her own fertility window. The fertility window is the 4 to 5 days before and the day of ovulation. Sperm can remain in the female reproductive tract for several days and pregnancy can occur even if ovulation is several days after intercourse. However, the chances of pregnancy are slim if the sperm arrive even just one day after ovulation. Traditional methods of fertility testing (temperature charting or urine testing) rely on the surge in hormones (LH and/or estradiol) and may only give short notice of the impending ovulation or false positive results in some cases. In addition, some women have chronically elevated levels of LH associated with PCOS (polycystic ovarian syndrome) and the urine testing may give false positive results. The OVWATCH senses fluctuations in the salts (chloride) found in a woman's sweat that occurs prior to ovulation. In addition, the entire fertility window (4 – 5 days preceding ovulation) is identified in almost 6 times more women than the older methods, thermometers or pee sticks. The longer window of opportunity reduces the stress of many couples and can increase the pregnancy rate by two-thirds over just 6 months.

2. **From:** Marilyn

Date: Saturday, March 11, 2006

For the past year my period has come on the 22nd of every month. These last three months however my period comes very late or not at all. I am trying to conceive and cannot chart my days because I never know when my period is coming. What can I do to increase my chances of conceiving soon? I am 34 years old and am desperately trying to conceive. Please help.

The length of the menstrual cycle (from the first day of menstrual flow until the start of the next) may vary from 21 – 35 days but 28 days is the most common. Cycles that are at or near either end of the range (21 or 35 days) may not be associated with ovulation. In addition, as a woman gets older or approaches menopause, her cycle will often shorten as the function of the ovary declines. An irregular or absent period typically indicates that a woman is not ovulating regularly. If the irregular cycles are associated with other signs of hormone dysfunction or imbalance, such as acne or abnormal hair growth, the condition is often classified as PCOS or polycystic ovarian syndrome. The name of this condition reflects the fact that the ovaries often have many small cyst or fluid filled pockets that contain immature eggs. The lack of ovulation may also be associated with abnormal thyroid or pituitary function and other hormonal problems. If a woman is not pregnant, a complete lack of menses may be associated with failure of the ovary or menopause. This condition can occur at any age but is just over 50 is the norm and it is rare before 40 years of age. Women who have irregular or absent cycles should be evaluated by a women's healthcare professional or fertility specialist. Fortunately, in most cases, women who do not ovulate regularly respond well to treatments including weight loss, medication to enhance the processing of sugar (Metformin) or fertility pills such as clomiphene citrate. While urine hormone kits have traditionally been used to monitor the return of ovulation and time intercourse or insemination, the OVWATCH has many potential advantages and may further increase a woman's chance of success during treatment by identifying the maximum fertility window.

3. **From:** Bridget

Date: Monday, March 13, 2006

Can I use the OV Watch with only one fallopian tube?

The fallopian tubes have no direct impact on the function of the ovary or the ability of OVWATCH to accurately identify the fertile window. However, timing of sexual relations and optimizing one's fertility may be even more crucial when one fallopian tube is not functioning. In fact, when one tube has been damaged or removed, the other tube is often not normal. Even if the remaining tube is open or patent, damage due to infection or scar tissue may prevent normal function of the microscopic fingers within the fallopian tube that transport a fertilized egg or embryo to the uterine cavity. Therefore, women with tubal disease are at increased risk of a pregnancy in the fallopian tube (ectopic) and may find it more difficult to conceive. In many cases more aggressive

treatment with fertility medications or in some cases, IVF may be required. In addition, after pregnancy occurs close follow up with a woman's healthcare provider is important to rule out an ectopic pregnancy. Finally, if the block fallopian tube is filled with fluid (hydrosalpinx), the fluid may have a detrimental impact on a pregnancy and many experts recommend removal of that tube prior to IVF.

4. **From:** Michelle

Date: Monday, March 13, 2006

Hello I am interested in the OV Watch. Will it still work while I am on Clomid? And how accurate is OV Watch with the Clomid? Thanks

In my experience, the OVWATCH is a good method to identify the fertility window if a woman is ovulating in response to clomiphene citrate. The OVWATCH can also be used to accurately time intercourse or insemination (IUI). Preliminary evidence from an ongoing trial indicates that it is comparable to ultrasound and lab work performed in a physician's office. In addition, clomiphene citrate is often used to induce ovulation in women who have chronically high LH (Polycystic Ovarian Syndrome: PCOS). Chronically high LH may cause false reading with monitors that rely on urine testing or pee sticks. The OVWATCH may be the most accurate means to correctly identify the fertile period in these women once ovulation has been restored with weight loss, diabetes therapies or fertility medications. In a head to head comparison with ovulation predictor kits that relied on testing for hormone changes in the urine, the OVWATCH was almost 6 times more likely to identify the true 4 or 5 day fertile window.

5. **From:** Vincere

Date: March 13, 2006 7:06:31 PM EST

I'm interested about this program and I have a few questions.

Is certain position a factor for conceiving?

What are related factors are there in sperm count?

I am eager to learn a whole lot more as I am trying to conceive for a few years now.

Sexual position does not have a significant impact on the chances of conceiving. The anatomy of the upper vagina and changes that occur during sexual relations allow for pooling of the seminal fluid at the open the uterus, the cervix. Although a large amount of the ejaculate or seminal fluid is lost out of the vagina immediately after coitus, millions of motile sperm successfully enter the cervix and reach the upper reproductive tract in just a few minutes. However, timing is of the essence and the sperm must be present in the fallopian tube at or before the ovulation or the arrival of the egg. The egg can only survive for 12 – 24 hours without fertilization. Mature sperm can survive in a woman's reproductive tract for up to 7 days and pregnancy may occur even if intercourse occurs 6 days prior to ovulation. However, conception is unlikely if sperm arrive just one day after ovulation. The OVWATCH is far superior to traditional methods of ovulation prediction in detecting the maximum fertility window.

A normal semen analysis would include 2 – 5 mL of fluid, 20 million sperm per ml, 50 % of the sperm being motile and 50% having normal appearance. Many fertility specialists also use very strict criteria for "normal" sperm shape and a reasonable analysis would include just over 1 in 10 sperm meeting the strict criteria for normal shape. The production of sperm continues throughout the majority of a man's life but prolonged exposure to high temperature such as in a hot tub or the use of anabolic steroids, marijuana, tobacco, or excess alcohol to name a few, dramatically reduces both the quality and quantity of the sperm.

6. **From:** Alyse

Date: March 13, 2006

I am trying to conceive and am not sure if I am pregnant yet this month. I am interested in purchasing the OV watch if I did not conceive this month but want to know if I need to start wearing it as soon as my cycle begins? I'd hate to lose a month, if so, but don't want to order it if I am indeed pregnant.

The OVWATCH is designed to detect changes in a woman's sweat that are associated with the menstrual cycle and predicts the approaching ovulation far sooner than traditional methods (temperature or urine hormones). The OVWATCH should be worn at night beginning within three days of the start of menses. The OVWATCH will detect a woman's individual fertility window and in most cases identify a 4 –5 day period prior to ovulation where intercourse can result in a successful pregnancy. Each morning, OVWATCH displays the

woman's fertility status: Not fertility; Fertility day 1, 2, 3, 4; Day of ovulation. The OVWATCH is almost 6 times more likely to identify a 4 or 5 day fertility window when compared to morning temperature readings or pee sticks. Once the Fertile Day 1 is displayed, the woman may continue to wear the watch each night or just proceed with the countdown to ovulation and sexual relations without wearing the watch further.

7. **From:** Michelle

Date: March 13, 2006

Hello I am interested in the ov watch will it still work while I am on clomid and how accurate is it with the clomid. Thanks

The OVWATCH is a good method to identify the fertility window if a women is ovulating in response to clomiphene citrate. The OVWATCH can also be used to accurately time intercourse or insemination (IUI). In addition, preliminary evidence from an ongoing trial indicates that it is comparable to ultrasound and lab work performed in a physician's office. In addition, clomiphene citrate is often used to induce ovulation in women who have chronically high LH (Polycystic Ovarian Syndrome: PCOS). Chronically high LH may cause false reading with monitors that rely on urine testing or pee sticks. Likewise, the use of morning temperature readings is often inaccurate and may dramatically increase a woman's stress. The OVWATCH is often the most accurate and most user friendly method to correctly identify the fertile period in these women.

8. **From:** Donna

Date: March 13, 2006

I am 44 years old. Is it still possible for me to conceive using OV-watch. I am still menstruating. What are my chances of conceiving? Thanks

The OVWATCH is an FDA approved fertility predictor based on scientifically sound principals and has been shown to be as good or better than traditional methods of ovulation detection. In addition, proper timing of intercourse or IUI relative to ovulation dramatically enhances the chances of conception. However, numerous studies suggest that proper timing and treatments (even advanced ones such as IVF) cannot overcome advanced reproductive age. None the less, pregnancies do occur in women until the time of menopause which occurs on average at 51 years of age in North America. However, it becomes increasing hard to get pregnant as a women enters her late thirties and early forties. Studies estimate that only 1 in 3 women between the ages of 40 and 44 who are trying to conceive will be successful. In addition, the success of IVF declines rapidly with few pregnancies reported after the age of 44 or 45. A recent report from a large IVF center found only 2 successful pregnancies out of 150 IVF attempts in women who were 44 or 45 years of age. Although the number of women who attempted an IVF cycle beyond 45 years of age was small, no successful pregnancies occurred. Fortunately, IVF with a donor eggs gives women an outstanding chance to achieve and carry a pregnancy regardless of their age (up to 50 or 55) or ovarian function. Many couples also opt to pursue adoption as a means to become parents. As one's fertility declines, identification of the fertile window may be even more crucial. However, as time is of the essence, prompt evaluation and treatment by a fertility specialist should be considered.

9. **From:** Hasaheb

Date: Monday, March 13, 2006

Hi Dr. Bates,

I would like to know if I can pinpoint exact ovulation day with the help of OV Watch. If not, then is there any other product that I can combine with OV Watch that can pinpoint exact time of ovulation. Thanks, Hasaheb

The OVWATCH is a very accurate means to "pinpoint" the day of ovulation. In addition, the OVWATCH gives a couple far more "warning" of the impending ovulation than tradition methods that rely on temperature changes or detection of hormones in the urine. Studies indicate that the OVWATCH detects a 4 or 5-day fertility window in almost 6 times more women than the older, less accurate methods. This increased opportunity for pregnancy results in 66% more pregnancies in just 6 months. In addition, the OVWATCH does not suffer from the potential false readings that many women experience with temperature monitoring or the pee sticks. Likewise, the use of morning temperature readings may be inaccurate and has the potential to dramatically increase a woman's stress over her difficulty conceiving.

10. **From:** Anita

Date: Tuesday, March 14, 2006

My husband and I have been trying to get pregnant for over a year. We both have very stressful lives in NYC. I have been on clomid for 2 months and it doesn't seem to be working. How do you feel about the OV Watch? Is it okay to use it while on clomid?

Difficulty in getting pregnant can add tremendous stress to a couple's already hectic life. In addition, traditional methods of ovulation detection may compound the problem by being inaccurate or only giving a couple 12 to 24 hours notice prior to ovulation. The OVWATCH reduces the stress of having to "drop everything" and rush home for intercourse by giving most women 4 to 5 days' notice before ovulation. While the egg can only live in the female reproductive tract for a day before conception is no longer possible, sperm remain alive and can achieve a pregnancy for up to 7 days. Identification of this fertile window and the impending ovulation several days in advance, gives couples the luxury of a "long weekend of opportunities" or several days to have sexual relations. In essence, the pressure is off. Finally, the increased opportunity for pregnancy may result in 66% more pregnancies in just 6 months compared to other methods of ovulation prediction.

11. From: Lavina

Date: Wednesday, March 15, 2006

I have used the Clearblue Easy ovulation monitor in combination with a basal thermometer for 15 months. No luck and my gyno says I have been ovulating, my tubes aren't blocked and my husband is fine. How will this watch make a difference?

Up to one in five couple that have difficulty getting pregnant have no identifiable cause for their delay in conception. If a couple has no evidence of tubal disease, normal ovarian function or hormone levels, open fallopian tubes and adequate sperm function, yet has not gotten pregnant within one year of trying, they are classified as having "unexplained" infertility. Up to one in four women will have difficulty getting pregnant at some point in their life. Unfortunately, only one out of three women will get pregnant in the early forties and the chance of conception decreases the longer a couple has been dealing with infertility. While the OVWATCH may increase the chances of pregnancy and be more accurate than the pee sticks or temperature monitor, couples that have attempted timed intercourse for several months without success should consider more aggressive approaches. Fortunately, many couple will have success after they are evaluated by a reproductive endocrinologist and move to advance treatment options. Even with unexplained infertility the addition of a fertility medication such as clomiphene citrate will increase the chances of conception. Utilization of intrauterine insemination (IUI) or artificial insemination further increases the potential for pregnancy.

12. From: Judith

Date: Thursday, March 16, 2006

Is it difficult to conceive using the OV Watch if the woman has a history of fibroids?

Uterine fibroids have no direct impact on the ability of the OVWATCH to accurately identify a woman's fertility window by detecting the approaching ovulation well in advance. None the less, fibroids are a common finding in women seeking care for infertility as up to 40% of reproductive age women have uterine fibroids. However, the relationship between fibroids and fertility is unclear because almost 10% of pregnant woman have fibroids. In general, women with infertility or recurrent miscarriage should undergo an evaluation to determine the size and location of the fibroids. Any distortion of the uterine cavity may warrant removal of the fibroids. In addition, some authors recommend removal of fibroids that are very large or increase the uterine size to that of a 12-week pregnancy regardless of the location of the fibroid. Medical or hormone therapy to shrink fibroids has not been shown to enhance fertility and has traditionally been reserved to treat symptoms or prepare for surgery. After appropriate treatment for uterine fibroids, optimal timing of sexual relations with the OVWATCH can shorten the time to conception and reduce the stress of many couples by identifying a much longer fertility window than urine sticks or the thermometer.

13. From: Pogo

Date: Thursday, March 16, 2006

Hello, my wife and I have been trying to conceive for over 9 months. We think she may have had a miscarriage month 2. Her family is very fertile, however she is over 40. I was recently tested and my hormones and sperm count are both excellent. Will this system work for women over 40? Thank you.

Regardless of a woman's age, if she is ovulating, the OVWATCH can optimize the chances of pregnancy by accurately identifying the maximum fertility window where sexual relations have the potential to result in a pregnancy. The proper timing of intercourse or IUI relative to ovulation dramatically enhances the probability of conception. However, it becomes increasingly hard to get pregnancy as a woman enters her late thirties and early forties. Studies estimate that only 1 in 3 women between the ages of 40 and 44 who are trying to conceive will be successful. As one's fertility declines, identification of the fertile window may be even more crucial. However, as time is of the essence, prompt evaluation and treatment by a fertility specialist should be considered. While simple treatments such as fertility tablets (clomiphene citrate or letrozole) may be all that is needed, injectable fertility medication or IVF may be required. Even in cases where a woman is much older

(50 – 55 years of age) or has very poor function of her ovaries, IVF with a donor eggs gives women an outstanding chance to achieve a successful pregnancy.

14. From: Nathalie

Date: Friday, March 17, 2006

I have polycystic ovaries and I've been trying to get pregnant by in vain. Could I start using OV Watch? I really want to have a baby...

Women with Polycystic Ovarian Syndrome (PCOS) often have infrequent or irregular menstrual cycles, difficulty getting pregnant and evidence of an imbalance between female and male hormones such as excess hair growth, oily skin or acne. This condition gets its name from the many small cyst or fluid collection that can be seen in the ovary on ultrasound. These cyst or follicles contain eggs that stopped their development and were not been released. In addition, many women with PCOS suffer from obesity and high insulin levels or the inability to efficiently process carbohydrates (sweets, white bread, fried foods, etc). Weight loss and exercise can dramatically improve the overall health and reproductive function of women with PCOS. Many PCOS patients also respond well to diabetes medications. Recent evidence indicates that metformin may improve the chances of a successful pregnancy regardless of a woman's weight or blood level of glucose and insulin. It is also important to note that in most cases women who appear to have PCOS should be tested for other hormonal abnormalities such as thyroid, pituitary or adrenal dysfunction. If the symptoms of excess male hormones appear suddenly and progress rapidly, testing for a hormone-producing tumor should be considered.

If a woman has irregular menses, she should seek treatment by a women's healthcare provider. If the menses are regular but a woman is unsure if she is ovulating, the OVWATCH is an excellence means to determine the presence of absence of ovulation. Again, if no evidence of ovulation is detected, proper testing and treatment by a specialist is crucial. Once treatment has begun, the OVWATCH may be used to monitor response and enhance success by identifying the optimum time for sexual relations or artificial insemination.

15. From: Felicia

Date: Saturday, March 18, 2006

If a woman and her partner don't have intercourse but a few times out of a month can the woman become pregnant? It seems like I only have intercourse with my partner the day before my ovulation day, or on my most fertile day or after my ovulation day. Due to him working a lot and we only get a little time in to baby dance. I know one day may not be enough sperm to help me conceive right?

Infrequent sexual relations can obviously impact the potential for pregnancy each month. However, the timing of intercourse may be even more crucial. Pregnancy can occur with intercourse up to 5 or 6 days before ovulation but is highly unlikely if sexual relations are late by even just one day. The sperm must be present in the fallopian tube at or before the ovulation or the arrival of the egg. The egg can only survive for 12 – 24 hours without fertilization. Mature sperm can survive in a woman's reproductive tract for up to 7 days and pregnancy may occur even if intercourse occurs 6 days prior to ovulation. However, conception is unlikely if sperm arrive just one day after ovulation. The OVWATCH is an FDA approved means to accurately predict the entire fertility window. Studies indicate that the OVWATCH is up to 6 times more likely to identify a 4 or 5 day fertility window when compared to older methods using urine hormone or temperature changes. This longer window of opportunity reduces the stress of many couples and can increase the pregnancy rate by two-thirds over just 6 months.

16. From: Yvette

Date: Saturday, March 18, 2006

Hi...I'm considering buying the OV Watch. I'm 43 and have 5 children, my youngest who is 3 (was conceived after a successful tubal reversal). I was pregnant last May/June but miscarried at 6 weeks. Do you think the OV Watch would help me and why? I am currently using ovulation kits and the fertility monitor.

If a woman is ovulating, the OVWATCH can optimize the chances of pregnancy by accurately identifying the maximum fertility window where sexual relations have the potential to result in a pregnancy. The proper timing of intercourse or IUI relative to ovulation dramatically enhances the probability of conception. Previous fertility also increases a woman's chance at conception. However, it becomes increasing hard to get pregnancy as a women enters her late thirties and early forties. Studies estimate that only 1 in 3 women between the ages of 40 and 44 who are trying to conceive will be successful. In addition, the chance of a miscarriage increases dramatically as a woman enters her 40s. However, as one's fertility declines, identification of the fertile window may be even more crucial and as time is of the essence, prompt evaluation and treatment by a fertility

specialist should be considered. While simple treatments such as fertility tablets (clomiphene citrate or letrozole) may be all that is needed, injectable fertility medication or IVF may be required. Even in cases where a woman is much older (50 – 55 years of age) or has very poor function of her ovaries, IVF with a donor eggs gives women an outstanding chance to achieve a successful pregnancy.

17. **From:** Cletia

Date: Saturday, March 18, 2006

Hello there Dr. I had an ectopic pregnancy and want to get pregnant. Is the OV Watch suitable for me? Will it be accurate?

The fallopian tubes or a history of an ectopic pregnancy have no direct impact on the function of the ovary or the ability of OVWATCH to accurately identify the fertile window. However, timing of sexual relations and optimizing one's fertility may be even more crucial when one fallopian tube is not functioning. In fact, an ectopic pregnancy implies that the microscopic function of the fallopian tubes is not normal allowing the pregnancy to continue in the fallopian tube instead of being transported to the uterine cavity. In addition, often when one tube has been damaged or removed, the other tube is not normal. Even if the remaining tube is open or patent, the damage or abnormal function due to infection or scar tissue may prevent normal function of the microscopic fingers within the fallopian tube that transport a fertilized egg or embryo to the uterine cavity. Therefore, women with tubal disease or those who have had an ectopic are at increased risk of another ectopic pregnancy in the same tube or on the other side. These women may also find it more difficult to conceive. In many cases more aggressive treatment with fertility medications or in some cases, IVF may be required. In addition, after pregnancy occurs close follow up with a woman's healthcare provider is important to rule out an ectopic pregnancy. Finally, if either fallopian tube is filled with fluid (hydrosalpinx), the fluid may have a detrimental impact on a pregnancy and many experts recommend removal of that tube prior to IVF.

18. **From:** Amy

Date: Sunday, March 19, 2006

I am taking Clomid, and using the OV Watch with it. Will the Clomid affect the way the OV Watch reads? Also I ovulate VERY late, even on the Clomid. Like cycle days 21-24 of a 32 day cycle. Is this normal? Anything I can do to help lengthen my luteal phase?

Women who are taking clomiphene citrate for ovulation induction often ovulate later than the traditional 14th day and it is not unusual to see evidence of ovulation several days later. However, if the second half of the cycle (ovulation to the start of menses) is less than 10-12 days, ovulation may not have occurred. A short second half of the cycle has been termed an inadequate luteal phase. In the past, an endometrial biopsy was performed to evaluate the synchrony of the endometrium with that of the ovary and ovulation. However, recent evidence indicates that an endometrial biopsy does not aid in the diagnosis or treatment of infertility and the results from the biopsy may not correlate the time in a woman's cycle or the potential for a successful pregnancy. Many physicians often check blood levels of progesterone or routinely supplement this hormone to "assist" the pregnancy or restore the luteal phase. Although this practice is widespread, it has not been scientifically proven to be of benefit. Finally, fertility medications such as clomiphene citrate may have some role in "restoring" ovulation and correcting any mismatch between the uterus and ovary. The OVWATCH is a good method to identify the fertility window if a woman is ovulating on her own or in response to clomiphene citrate. The OVWATCH can also be used to accurately time intercourse or insemination (IUI). Preliminary evidence from an ongoing trial indicates that it is comparable to ultrasound and lab work performed in a physician's office. In addition, clomiphene citrate is often used to induce ovulation in women who have chronically high LH (Polycystic Ovarian Syndrome: PCOS). Chronically high LH may cause false reading with monitors that rely on urine testing or pee sticks. The OVWATCH may be the most accurate means to correctly identify the fertile period in these women once ovulation has been restored with weight loss, diabetes therapies or fertility medications.

19. **From:** Nancy

Date: Friday, March 21, 2006

Hello, I just turned 45 years old. What are my chances of becoming pregnant? What alternative do I have?

It becomes increasingly hard to get pregnancy as a woman enters her late thirties and early forties. Studies estimate that only 1 in 3 women who are trying to conceive between the ages of 40 and 44 will be successful and the chance of success declines further with each additional year. In addition, the success of advanced treatments such as IVF also declines rapidly with few pregnancies reported after the age of 44 or 45. A recent report from a large IVF center found only 2 successful pregnancies out of 150 IVF attempts in women who were 44 or 45 years of age. Although the number of women who attempted an IVF cycle beyond 45 years of age was small, no successful pregnancies occurred. Fortunately, IVF with a donor eggs gives women an

outstanding chance to achieve and carry a pregnancy regardless of their age (up to 50 or 55) or ovarian function. Many couples also opt to pursue adoption as a means to become parents. As one's fertility declines, identification of the fertile window may be even more crucial and the OVWATCH is an excellent means to accurately predict the most fertile period during a woman's cycle. However, as time is of the essence, prompt evaluation and treatment by a fertility specialist should be considered.

20. From: Jeannette

Date: Tuesday, March 21, 2006

I have been trying to get pregnant for the last 3 years to no avail. I have had three invitro procedures done but my eggs aren't fertilizing. Is there anything I could do so that my eggs continue to fertilize and implant in my uterus with success?

One of the most difficult questions that face couples who have been through extensive testing and treatments, is when to forgo further attempts at pregnancy. Several factors are important in this decision. Age and ovarian function as measured by hormone levels (predominately FSH and estradiol), ultrasound assessment of the ovarian and response to previous treatment, form the backbone of future predictions of success or failure. Although many women will conceive after several attempts of IVF, the potential for success declines in many couples after 3 or 4 attempts. While the majority of the lack of success can be attributed to low egg number or poor quality, abnormal sperm function may play a role in unusual cases. Some experts recommend genetic testing of the embryos with PGD (pre-implantation genetic diagnosis), but the latest research suggests that PGD does not increase the overall pregnancy rate. Even in cases where a woman is much older (50 – 55 years of age) or has very poor function of her ovaries, IVF with a donor egg gives women an outstanding chance to achieve a successful pregnancy. Many couples also pursue adoption as a means to become parents.

21. From: Jen

Date: Wednesday, March 22, 2006

If you have a cyst in the left ovary can the OV Watch still help you get pregnant? Will it affect me?

The presence of a cyst would have no direct impact on the OVWATCH's ability to identify a woman's fertile window. However, if the cysts are associated with irregular cycles and no ovulation, the OVWATCH would correctly report "not fertile". Many types of fluid collections or cysts can be found in the ovary. Throughout a woman's reproductive life, a cyst may occur as a result of ovulation and may be more commonly seen in women who do not ovulate regularly. It is important to note that the ovary normally contains fluid-filled spaces called follicles that contain the eggs. The follicles grow as an egg nears maturity and reaches 20 – 30 mm before the egg is released. In a natural cycle only one follicle and egg reach maturity in most cases. However, following the use of fertility medication many follicles and eggs may reach maturity. In addition, the use of fertility medications dramatically increases the chance that a woman will have a residual cyst on ultrasound. These functional cysts are rarely of concern. The chances that an ovarian cyst is cancer depend on the appearance of the cyst (simple fluid collection is less a concern than ones that contain both fluid and abnormal tissue) and the age of the woman with an ovarian cyst or masses in postmenopausal women being of the greatest concern. Endometriosis may also cause a woman to have a "cyst" on her ovary and may decrease a woman's fertility indirectly or by damaging the fallopian tubes. Small cysts are common and may not impact regular ovulation or a woman's reproductive health in general. However, large or suspicious cysts warrant close follow-up by a women's healthcare specialist.

22. From: Candace

Date: Wednesday, March 22, 2006

I would like info on artificial insemination. I would like to know how long sperm lasts if you are able to freeze it? And where can I go online to find legitimate information on sperm donors? Any info would be greatly appreciated. Thank You!

Artificial or intrauterine inseminations (IUI) are commonly performed to overcome borderline or low sperm counts or quality. An IUI with a frozen or banked sperm sample may be required in men who have undergone radiation or chemotherapy and choose to freeze healthy sperm before initiating treatment. In addition, women with no identifiable cause for their difficulty conceiving or unexplained infertility often benefit from an IUI. Couples that have severe male infertility with little or no normal sperm, may choose to do an IUI with donor sperm. Donor sperm can be obtained from several reputable companies with the assistance of a women's healthcare provider. The procedure most often involves stimulating a woman's ovaries with fertility medications to optimize the timing of the IUI and increase the chances that 1 or 2 eggs will be released.

Insemination are also done after natural cycles but the chance of a successful pregnancy is less. The IUI may be timed with ultrasound monitoring of the growth or size of the ovarian follicles. In addition, the OVWATCH is an excellent means to correctly time the insemination. The fact is that the OVWATCH predicts the approaching ovulation far sooner than traditional methods of urine testing or temperature monitoring, allows for greater flexibility in scheduling the procedure.

23. From: Monica

Date: Thursday, March 23, 2006

Just after buying the OV Watch, I found that I was pregnant. But it was an ectopic pregnancy and I ended up missing one of my tubes, after some complications and abdominal bleeding. Now I am ready to try to get pregnant again. Does the ectopic episode make things harder? Do my chances get worse or better now? How long should I wait to attempt pregnancy again after surgery of ectopic?

The history of an ectopic pregnancy has no direct impact on the function of the ovary or the ability of OVWATCH to accurately identify the fertile window. However, timing of sexual relations and optimizing one's fertility may be even more crucial when one fallopian tube is not functioning. In fact, an ectopic pregnancy implies that the microscopic function of the fallopian tubes is not normal allowing the pregnancy to continue abnormally in the fallopian tube instead of being transported to the uterine cavity. In addition, often when one tube has been damaged or removed, the other tube is not normal. Even if the remaining tube is open or patent, the damage due to infection or scar tissue may prevent normal function of the microscopic fingers within the fallopian tube that transport a fertilized egg or embryo to the uterine cavity. Therefore, women who have had an ectopic are at increased risk of another ectopic pregnancy in the same tube or on the other side. These women may also find it more difficult to conceive. In many cases more aggressive treatment with fertility medications or in some cases, IVF may be required. In addition, after pregnancy occurs close follow up with a woman's healthcare provider is important to rule out an ectopic pregnancy. Finally, if either fallopian tube is filled with fluid (hydrosalpinx), the fluid may have a detrimental impact on a pregnancy and many experts recommend removal of that tube prior to IVF.

24. From: Nelson

Date: Thursday, March 23, 2006

Dr. I am 39 years old and my wife will be 40 this year. We have done it all artificial, invitro, pills, etc...she had a problem with fibroids and they were removed and she is doing very well, her uterus is intact. My question is do you think we should continue to try at our age with the OV Watch? I hear that age is a factor? Our only dream is to have a child of our own...So what do you think?

Timed intercourse and even proper timing of IUI with the OVWATCH or any other method of ovulation detection has a much lower pregnancy rate than IVF. In addition, the failure to respond to treatment or successfully conceive with several cycles of IVF implies that it is unlikely that pregnancy will occur. However, exceptions do exist and some couples will achieve a pregnancy after several cycles of IVF, but it is difficult to determine if the potential benefit or chance of pregnancy following treatment is worth the risk or the emotional, physical and financial cost. If age is not a significant issue (the woman is less than 40), ovarian function as measured by hormone levels (predominately FSH and estradiol), ultrasound assessment of the ovarian and response to previous treatment, form the backbone of future predictions of success or failure. While the majority of the failures can be attributed to low egg number or poor quality, abnormal sperm function may play a role in unusual cases. Advanced genetic or functional testing of the sperm may be indicated but lacks a wealth of research to support it. Likewise, PGD (pre-implantation genetic diagnosis) or genetic testing of the embryo with a biopsy prior to returning it to the uterus after IVF has been proposed, but the latest research suggests that PGD does not increase the overall pregnancy rate. Even in cases where a woman is much older (50 – 55 years of age) or has very poor function of her ovaries, IVF with a donor eggs gives women an outstanding chance to achieve a successful pregnancy. Many couples also pursue adoption as a means to become parents.

25. From: Vickie

Date: Friday, March 24, 2006

Hi, my husband and I have been trying to get pregnant now going on 6 months. Both of us are under the age of 30. My cervical mucus each month is not very abundant. Can this be the cause of us not being pregnant yet? I keep reading about how the mucus should be abundant and really stretchy, but mine is more milky. When I was younger my mucus was very abundant, could there be a possible problem?

The consistency of the cervical mucous reflects the surge in estrogen that occurs around the time of ovulation. Thick mucous may indicate that a woman is not ovulating. In the past, couples would undergo a post-coital

test (PCT) to determine the quality of the cervical mucous and its interaction with motile sperm. However, the accuracy and benefit of this test has been questioned. In most cases, it is no longer a routine part of the infertility evaluation. In part because artificial or intrauterine insemination would bypass any potential problem with the cervix or the cervical mucous. Various methods to thin thick mucous including estrogen supplementation and cough syrup have been proposed but lack sound scientific evidence to support their use. Although the quality of the cervical mucous may be used to suggest ovulation, other criteria are more accurate and less subjective. The presence of a regular cycles with moliminal symptoms (moodiness, breast tenderness, bloating, etc) prior to the onset of bleeding, indicate that a woman is ovulating in most cases. Traditionally, women have also used changes in the basal body temperature or urine hormone levels to predict ovulation. However, traditional methods of ovulation detection often only give a couple 12 to 24 hours notice prior to ovulation. The OVWATCH gives informs women 4 to 5 days in advance of the approaching ovulation. While the egg can only live in the female reproductive tract for a day before the potential for conception is lost, sperm remain alive and can achieve a pregnancy for up to 7 days. Identification of the maximum fertile window and the impending ovulation several days in advance allows couples several days to have sexual relations. Finally, the increased opportunity for intercourse may result in 66% more pregnancies in just 6 months. However, women who do not have regular cycles or those who do not have evidence of ovulation should seek the assistance of a women's healthcare provider or fertility specialist.

26. **From:** Heather

Date: Friday, March 24, 2006

I was wondering if you would recommend somebody that has PCOS using this OV Watch? My OB/GYN recently put me on a prenatal vitamin (about 2 ½ months ago) as well as Metformin for the PCOS. She wanted me to be on the vitamins for three months or so and that is coming up and my husband and I are really looking forward to getting pregnant, and this product is one I was looking into buying. Thanks for your help!

Women who are considering pregnancy should be taking a prenatal vitamin that contains at least 400 mcg or 0.4 mg of folic acid. In addition to a healthy diet and maintenance of proper weight, metformin is commonly used to enhance fertility for women who suffer from PCOS or Polycystic Ovarian Syndrome. PCOS is characterized by infrequent or irregular menstrual cycles, difficulty getting pregnant and evidence of an imbalance between female and male hormones such as excess hair growth, oily skin or acne. This condition gets its name from the many small cyst or fluid collection that can be seen in the ovary on ultrasound. These cyst or follicles contain eggs that stopped their development and were not been released. In addition, many women with PCOS suffer from obesity and high insulin levels or the inability to efficiently process carbohydrates (sweets, white bread, fried foods, etc). Weight loss and exercise can dramatically improve the overall health and reproductive function of women with PCOS. As mentioned above, many PCOS patients also respond well to diabetes medications. Recent evidence indicates that metformin improves the chances of a successful pregnancy regardless or a woman's weight or blood level of glucose and insulin. It is also important to note that in most cases women who appear to have PCOS should be tested for other hormonal abnormalities such as thyroid, pituitary or adrenal dysfunction. If the symptoms of excess male hormones appear suddenly and progress rapidly, testing for a hormone-producing tumor should be considered.

If a woman has irregular menses, she should seek treatment by a women's healthcare provider. If the menses are regular but a woman is unsure if she is ovulating, the OVWATCH is an excellence means to determine the presence of absence of ovulation. Again, if no evidence of ovulation is detected, proper testing and treatment by a specialist is crucial. Once treatment has begun, the OVWATCH may be used to monitor response and enhance success by identifying the optimum time for sexual relations or artificial insemination.

27. **From:** Charlotte A. K.

Date: Friday, March 24, 2006

Are there any particular dietary recommendations that my assist with getting pregnant? i.e. types of food to eat, types of foods to avoid, intake of diet soda with or without caffeine? Thank you

Any woman considering pregnancy should consult with her healthcare provider to review her health and issues that might impact pregnancy. It is also of paramount importance that a woman who is considering pregnancy take at least 400 mcg (0.4 mg) of folic acid a day. Cessation of tobacco or drug use and avoidance of alcohol is also crucial to a healthy pregnancy. In general, a healthy well balanced diet is all that is required for pregnancy. The US Department of Health and Human Services recommends that a woman considering pregnancy load up on fruits, vegetables, and whole-grains (such as whole-wheat breads or crackers). Eat plenty of calcium-rich foods such as non-fat or low-fat yogurt, milk, and broccoli. Avoid eating a lot of fatty foods (such as butter and fatty meats). Choose leaner foods when you can (such as skim milk, chicken and

turkey without the skin, and fish). Women who are pregnant or attempting to conceive should avoid seafood that may contain high levels of mercury: swordfish, tilefish, King mackerel, shark, raw or uncooked fish or shellfish, and refrigerated uncooked smoked fish. To lessen the chances of exposure to listeria and toxoplasma, they also encourage pregnant women to avoid raw or undercooked meat or poultry, pates or meat spreads, soft cheeses, raw or unpasteurized milk, unwashed fruit or vegetables and luncheon meat or hot dogs unless they are reheated until steaming hot. Other forms of seafood are allowable but in reduced amounts. Tuna, halibut and snapper should be limited to one serving per week. Shrimp, crab, clams, oysters, scallops, salmon, Mahi Mahi, Pollack, catfish and cod may be consumed twice weekly. The Federal Office of Women's Health also recommends limiting caffeine during pregnancy because it is a stimulant and a diuretic that may lead to dehydration. Caffeine is found in colas, coffee, tea, chocolate, cocoa, and some over-the-counter and prescription drugs. Large quantities of caffeine can cause irritability, nervousness and insomnia as well as low birth-weight babies. Some studies show that drinking caffeine during pregnancy can harm the fetus. Other research suggests that small amounts of caffeine are safe and there is limited data on the effect of caffeine on fertility.

28. From: Marco D

Date: Friday, March 24, 2006

My wife just turned 46 today we have been trying for our second baby with no luck. She is against fertility drugs. What is her actual percentage rate of getting pregnant before she is 47?

Only 1 in 3 women who are trying to conceive between the ages of 40 and 44 will be successful and this number declines dramatically with each addition year of age. In addition, even if pregnancy occurs, the chance of a miscarriage increase significantly as a woman enters her mid to late forties and may reach as high as 2 out of 3 pregnancies. Likewise, the chance of success with advanced fertility treatments is low. A recent report from a large IVF center found only 2 successful pregnancies out of 150 IVF attempts in women who were 44 or 45 years of age. Although the number of women who attempted an IVF cycle beyond 45 years of age was small, no successful pregnancies occurred in women 46 years of age or older. Fortunately, IVF with a donor eggs gives women an outstanding chance to achieve and carry a pregnancy regardless of their age (up to 50 or 55) or ovarian function. Many couples also opt to pursue adoption as a means to become parents.

29. From: Sherry

Date: Sunday, March 26, 2006

I am a 37 year old female. I have one child an 11 ½ yr old son. It took me about 7 years to get pregnant with him. The doctors said after he was born that I may or may not have problems getting pregnant again. I am now in a happy long term relationship and we would like to try and beat the odds and have a baby. I have a fairly regular cycle my period occurs on or around the same day each month. There will be no smoking or drinking and a healthy diet will be followed and folic acid will be added to the diet. What are the chances of us beating the odds if we try the OV Watch? My partner will be 40 in June. Thank you for your time.

Time is of the essence when a woman enters her mid to late 30s in regards to fertility. Although previous fertility increases the chances of a successful pregnancy, the length of time that a couple has been trying without conception decreases the likelihood of pregnancy. The presence of a regular cycles with moliminal symptoms (moodiness, breast tenderness, bloating, etc) prior to the onset of bleeding, indicate that a woman is ovulating in most cases. Traditionally, women have also used changes in the basal body temperature or urine hormone levels to predict ovulation. However, the older methods of ovulation detection often only gives a couple 12 to 24 hours notice prior to ovulation. The OVWATCH empowers most women with a 4 to 5 days notice of the approaching ovulation. While the egg can only live in the female reproductive tract for a day before the potential for conception is lost, sperm remain alive and can achieve a pregnancy for up to 7 days. Identification of the maximum fertile window and the impending ovulation several days in advance allows couples several days to have sexual relations. Finally, the indication of the maximum fertile window with the OVWATCH may result in 66% more pregnancies in just 6 months compared to other methods of ovulation prediction. However, women who do not have regular cycles or those who do not have evidence of ovulation should seek the assistance of a women's healthcare provider or fertility specialist. In addition, many experts recommend that a woman who has had previous difficulty getting pregnant or who is in her late 30s to early 40s seek evaluation and possible treatment by a fertility specialist very early in the process.