

Making Dreams Come True:

Today's Options for Building Families



Photographs courtesy of Earl Stokes Photography

Dr. Sonja Kristiansen knows firsthand the tug-of-war between dedication to career and motherhood. Becoming an OB/Gyn was important to her, so she devoted her time and energy accordingly to college, medical school, and finally residency. While in her OB/Gyn residency, she fell in love — with both her future husband and future career.

“I became addicted after seeing the smile of an infertility patient with whom we'd had success,” Dr. Kristiansen remembers. Her choice to further her training in the field of reproductive endocrinology and infertility (REI) was rewarding, even while it caused another delay in her own family-building dreams.

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written by Tracy Morris

INSIDE: The Truth About Putting Off Pregnancy • Choosing Your Baby's Gender
Correcting Male Fertility Problems: The Other Half of the Fertility Equation

Eventually she had her son Kyle at the age of 34 and, four long years later, Christopher was born to the infertility specialist.

From her now nearly decade-long practice in fertility treatment, Dr. Kristiansen knows that there are millions of women who, just like her,

women will have trouble conceiving when they're older. So, experts agree that couples should wait only six months to try on their own before they seek fertility assistance, and if the woman is over 35, they should wait even less time."

Fortunately, reproductive

"The truth is, the longer you wait, the less likely you are to get pregnant without assistance."

are struggling with the hard decisions involved in timing their family-building choices. Due to economic necessity or other life circumstances, many are finding that pregnancy must be put on hold. The eye-catching headlines about celebrities becoming moms in their late thirties and even forties can sometimes give readers a false sense of security about their own ability to conceive at a future convenient time.

"The headlines don't always tell us that many of those babies probably weren't conceived the old fashioned way," Dr. Kristiansen advises. "The truth is that the longer you wait, the less likely you are to get pregnant without assistance."

Prime reproductive years for most women are between the ages of twenty and thirty. Even women in their mid-thirties are seeing significant decreases in their ability to conceive, and by their forties, some may be entering perimenopause, the few years before menopause when fertility begins shutting down.

While reproductive technology has advanced rapidly, allowing more women than ever before to finally get pregnant, the reality is that women in their thirties and forties may need more medications, more technology, and possibly donor eggs or a surrogate carrier.

"It's simply a matter of biology," adds Dr. Kristiansen, who is the co-founder and Medical Director of the Infertility Center of Houston. "There's no way yet to predict which

technology can turn family-building dreams into reality for many — even those who may not necessarily be having trouble getting pregnant.

A Step Beyond Trying to Conceive: Gender Selection



Gender selection techniques have been big news lately. Now, even folks who get pregnant easily can balance their family make-up through choosing the sex of subsequent children. As of January 2004, more than 400 babies have been born as a result of the technique known as MicroSort®. Another way to choose is through preimplantation genetic diagnosis (PGD), often used by parents to avoid passing on certain hereditary diseases or conditions to their

children. Both of these technologies may be used either by couples who are infertile or by those who have no trouble conceiving.

MicroSort and PGD techniques must be performed within an IVF cycle in the Houston area, but are performed at different points in the process. MicroSort actually sorts the sperm cells, which determine an embryo's gender, before using the sperm to fertilize the woman's eggs. Contrastingly, PGD is a biopsy performed on a multi-celled embryo several days after fertilization.

By virtue of their technical differences, PGD is nearly 100 percent accurate for purposes of gender selection while MicroSort can be up to 91 percent accurate for producing a female and up to 76 percent for a male child.

The mother of two sons, Dr. Kristiansen is supportive of a couple's ability to use science to choose their child's gender. "I think sperm sorting is a great idea," she told *People Magazine* in a recent article on the trend. "I can say that I would opt to conceive a girl if I were to have another child. I'm happy to make my clinic available for families who want to make use of this helpful new technology."

**For more information on gender selection and to read the full article in People Magazine click on www.drkristiansen.com/Media.htm*

Speaking of Sperm: Male Fertility

Everyone knows that it takes the cells from a male and a female to create a baby. What is often unknown is that either or both of them may be experiencing infertility.

The breakdown of diagnosed cases of infertility is virtually split in thirds — one-third are female related, one-third are male related, and one-third either the combination

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Sonja Kristiansen, M.D.

Medical Director, Infertility Center of Houston

Making dreams come true.

9055 Katy Freeway, Suite 450, Houston TX 77024 | 713.862.6181 | 800.886.5862 | skapocsilCH@aol.com

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The Web Source for Infertility in Houston— DrKristiansen.com

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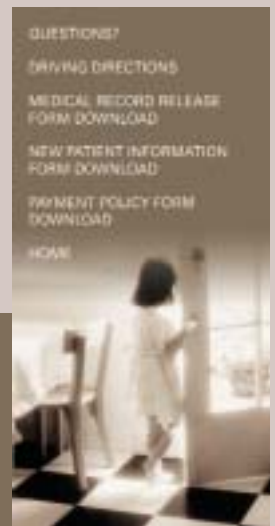
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of both male and female factors, or are unexplained. In the sensitive emotional arena of trying to get pregnant, feelings of blame and shame can occur easily and often.

Due to cultural and societal reasons, men can be especially prone to coping with these emotions by avoiding diagnosis and treatment. In the diagnostic phase, this amounts to putting together a puzzle with only half of the pieces. Even if a woman who has had trouble conceiving winds up being diagnosed with a treatable cause, the couple will be far from guaranteed success if the male partner has an undetected, untreated fertility condition.

"The message is that men must be involved in the process in order to optimize treatment," says Dr. Kristiansen, "not to mention the importance of supporting their partners."

The good news for men is that both diagnosis and treatment for male-factor infertility are technically fine-tuned and efficient. Advances in this field are such that even men who seem to have very few or no sperm in their semen analysis may possibly be helped through a variety of aspiration techniques and ICSI.

In fact, the use of IVF has matured now to the point that its success rates are helping men choose non-surgical fertility treatment. Varicocele repair was thought to correct blood flow in the scrotum and thereby improve sperm count and motility. However, researchers have recently reviewed seven studies and concluded in the *Journal of the American Medical Association* that varicocele repair does not increase the overall pregnancy rate. In fact, it can be more cost and time efficient to use IVF and other techniques, such as ICSI, to simply work around the varicocele.

Tammy and Chris O. were a perfect example of this situation. Chris was told he had a minor issue

with the motility of his sperm. After five years of struggling to conceive, the couple consulted with Dr. Kristiansen. She started with the basics, fertility tests for both. Within a couple of days they had the answer to their problem. The issue pointed at Chris' sperm quality. He was diagnosed with a varicocele.

Chris and Tammy were given four options: IVF with ICSI, varicocelectomy, adoption, or continue on without change. After careful consideration, they elected IVF.

Within days, they began their IVF cycle. On egg retrieval day nineteen eggs were obtained from Tammy, each fertilized via a microscopic needle used to inject nineteen selected sperm (intracytoplasmic sperm injection or ICSI) from Chris.

"Five days later we were shown an absolutely incredible site," remembers Chris. "Nineteen embryos were smaller than the tiniest speck of dust. Fourteen long days later, my wife took a blood test which indicated the procedure was successful! Seven months later, we experienced the birth of a happy, healthy 6lb 6.5oz baby boy."

"The findings on varicocelectomy versus IVF," Dr. Kristiansen elaborates, "is a good demonstration of several important points for couples to keep in mind. One, it pays to see a specialist who is well-versed in the latest research. Otherwise, couples could end up going through treatments that are less than optimal. And two, the clincher in every case of infertility, even those that are related to male issues, is time. Their biological clock may not tick as loudly as a woman's, but the more time a couple spends on ineffective treatment, the less are their chances of finding a treatment that results in successful pregnancy."

One of Dr. Kristiansen's primary goals in founding the Infertility Center of Houston was to have readily

available the latest laboratory science of the highest standard. Her patients have full access to on-premises andrology testing and expertise, reducing the time and inconvenience that can result in using off-site laboratories and related services.

Another goal for Dr. Kristiansen has been to meet the convenience factor needs of patients. Engaging in testing and treatment for fertility problems can be challenging to anyone's typically busy schedule. Both the central, easily found location of the Center and its complementary, covered parking go a long way to avoid creating more stress in an already tense situation.

"Virtually every component of their treatment needs are met right here, which is just as it should be for people trying to cope with the emotionally heavy burden of fertility problems," observes Dr. Kristiansen.

As a working parent, Dr. Sonja Kristiansen appreciates the struggles of modern parents-to-be, the incredible balancing acts involved in creating a family, and she and her staff strive to create a compassionate, private environment that's affordable and accessible.

**To read the complete Tammy and Chris O. story, and others, click on www.drkristiansen.com/Media.htm*



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