

What is Secondary Infertility?

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A couple is defined as having secondary infertility if, despite having achieved a pregnancy in the past (which may or may not have resulted in the birth of a child), they are unable to do so again, after a year or more of regular, unprotected intercourse.

How common is secondary infertility?

One in six couples in this country have a fertility problem. Not enough is known about the incidence of secondary infertility to be sure how many of these couples have had a pregnancy before.

What causes secondary infertility?

Secondary infertility has the same causes as primary infertility (when a pregnancy has never occurred despite regular, unprotected intercourse. Please see our Fact-sheet #14 – What is Infertility?).

These causes can be divided into four areas.

••• Sexual function: how often and when in the menstrual cycle a couple are having intercourse. Ideally a couple should have intercourse two to three times during the fertile period (14 to 20 days before the next expected period).

••• Ovulation: is the woman producing an egg each month? This is unlikely if the menstrual cycle is not regular.

••• Sperm function: does the man have enough normal moving sperm per ejaculate?

Having a previous pregnancy is not proof that this is the case.

••• Tubal function: can the egg and sperm meet normally in the woman's body? Tubal problems are more common in secondary than primary infertility (20% of couples compared to the usual 10% incidence) due to infective or inflammatory complications that can occur after delivery or the end of the pregnancy.

When should we start investigations?

A couple is defined as infertile if they have been having regular unprotected intercourse for more than one year without getting pregnant. This is the time to be referred to a fertility specialist if you are keen to start investigations. However, if you suspect there has been a change in ovulation, tubal or semen function then it is reasonable to ask for a referral earlier. Having investigations does not commit you to having treatment until you are ready.

What do the investigations involve?

••• Ovulation is tested with blood tests for a hormone called progesterone and ultrasound scans.

••• Sperm function is tested by a semen analysis. Two tests may be required. If both ovulation and sperm functions are normal, tubal function can be tested using an X-ray study called a hysterosalpingogram or an operation called a laparoscopy and dye. Tubal function should always be tested prior to starting treatment.

What do the treatments involve?

Treatment is determined by the cause of the infertility. If no obvious cause is found, then a diagnosis of unexplained infertility is made. Not having an explanation is very difficult but does not affect the chances of getting pregnant. Simple programs such as Intra Uterine Insemination (IUI) using the partner's semen, would be the first step. If there is a tubal problem, In Vitro Fertilisation (IVF) or tubal surgery would be the treatments of choice depending on the semen quality.

Semen problems are treated with IUI or IVF and sometimes sperm microinjection, depending on how severe the reduction from normal parameters are. If the only problem is an ovulation, fertility drugs can be used to stimulate ovulation. Sometimes a couple has a combination of problems, so the above guidelines would be modified.

What is Secondary Infertility?

What are our chances of getting pregnant?

Your chances are good, but unfortunately some couples will not achieve a second pregnancy. This is more likely if the woman is aged above 38 or older. However, it is important to remember if you elect to start treatment, that you didn't give up after the first month when you were trying to conceive naturally. The same principle applies with fertility treatment – the more attempts you have, the more likely you are to conceive. However, it is important to have review sessions with your fertility specialist, so you can decide when it is appropriate to keep trying and when you should stop.

What are our chances of the pregnancy being normal?

On average, one in five pregnancies end in miscarriage. Chromosomal anomalies and growth defects are the commonest causes and increase with the age of the mother. Unfortunately, we currently have no way of predicting during treatment when this might occur. Starting to take folic acid (folate) 0.5mg before you get pregnant significantly reduces the risk of spina bifida, one of the commonest birth defects.

We are feeling a lot of emotional pain and frustration. Is that normal for couples with secondary infertility?

Yes. The emotional impact of secondary infertility can be severe. For those who have had difficulty having a child or a pregnancy before, you now have to face reliving your infertility and its painful implications again. If you had no difficulty conceiving or carrying a pregnancy before, the initial reaction to realising you have a fertility problem can be confusion and disbelief. Some couples deny the possibility of infertility and delay seeking medical investigation. Others sometimes blame their child and all these factors can impact negatively on your relationship with the child and each other. Clinical and

counselling staff can help you develop and use coping skills to deal with your emotional pain, guilt and frustration. It is also important to remember that you have the right to the family size of your choice. You are not being selfish and your efforts to get pregnant again will not deprive other couples who want to have a child.

What can we do to improve our chances of getting pregnant?

If either of you smoke, you should stop. Smoking reduces the chance of getting pregnant, the response to treatment, and increases the risk of miscarriage and ectopic pregnancy. Even if the woman is not smoking, there is some evidence that these effects can occur as a result of passive smoking if her partner continues. Production of normal, moving sperm can also be affected if a man smokes.

Increased weight in the woman is another factor. This is common after the birth of a child but unfortunately, can lead to a reduction in regular egg production, with menstrual disorders and infertility as a result. Increased weight also adversely affects the chances of pregnancy after treatment. Often the loss of three to seven kilograms is sufficient to reverse this trend.

Non-prescription drugs such as marijuana, cocaine and variants of these can affect fertility. In addition, care needs to be taken with some herbal medicines, which can affect a woman's ovulation and/or response to treatment.

The Not So Obvious Problem

Infertility is usually referred to when discussing childless couples. Secondary infertility is a very real problem but much less obvious. People often think if you have one child then surely that is enough. But they're wrong. When your freedom of choice is taken away it puts a different perspective on things. Not being able to choose or control whether you can have more children means losing that freedom of choice. The stress

this places on a relationship and the costly financial aspect of secondary infertility has its own unique set of problems.

When couples are faced with infertility the first time round, both partners are usually in full time paid employment, and with two incomes this eases the enormous financial situation, if ever so slightly. With secondary infertility you are usually down to a single income and a toddler to add to your cost of living, not to mention the doctors bills, clothing and kindergarten fees.

Those couples who have gone through infertility at any level will talk about how infertility controls and dominates their life, taking over every aspect of daily routine. Existing from one cycle to the next to the point of obsession, always in anticipation of the hoped for success. With secondary infertility you have the added pressure of feeling guilty, because you already have had one child which you think should be enough. It is often difficult to find support.

Who do you talk to?

Who do you talk to - your coffee group friends, who already have baby number two or your infertile, childless friends who may find it hard to understand your feelings? Women with secondary infertility feel anguish and pain that people find difficult to comprehend. Both groups of friends may think that 'one success' is enough, leaving the secondary infertile couple feeling isolated and without support.

Access represents couples like you. Please feel free to contact us and we will try to help provide further information, support or put you in touch with the right people to help you at this difficult time.

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