

HOSPITAL PHYSICIAN®

OBSTETRICS AND GYNECOLOGY BOARD REVIEW MANUAL

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Infertility Treatment in Older Women; Osteoporosis

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HOSPITAL PHYSICIAN®

OBSTETRICS AND GYNECOLOGY BOARD REVIEW MANUAL

Chapter 1—Infertility Treatment in Older Women

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I. INTRODUCTION

Young women face enormous pressure to delay childbearing. Today, success is equated with a solid education and a high-powered career. As a result, many women delay childbearing until after school, job training, obtaining financial security, and while climbing the career ladder. Unfortunately, a woman's fertility may decline markedly during these career-driven years. As health care providers for women, we should discuss age-related declines in fertility so our patients can make informed decisions about childbearing. This review will examine age-related decline in female fecundity and describe ways to enhance fertility. A rigid adherence to the definition of infertility may not be in the older woman's best interest because it may delay treatment; therefore, time- and cost-effective strategies will be discussed. Finally, treatments including expectant man-

agement, surgical intervention, ovulation induction, insemination, assisted reproduction, and oocyte donation will be reviewed. A case patient is presented to highlight features of the management of infertility.

II. NATURAL FECUNDITY RATES

CASE PATIENT I PRESENTATION

Patient 1 is a 39-year-old healthy physician who presents for her annual gynecologic examination. Her cycles are regular (about 25 days apart), with 5 days of flow. She reports experiencing minimal breast soreness, abdominal bloating, and mild premenstrual cramping. Also, she is newly married and has been engaged in intercourse without conception once or twice per week for the past 8 months. During her last 2 cycles, urine ovulation predictor kits were used to help