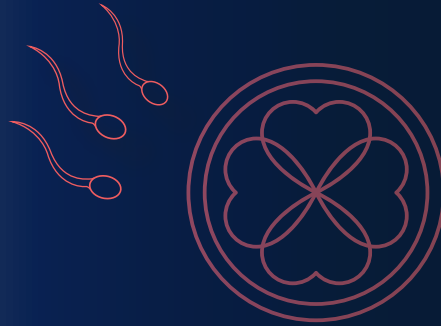


DR RASHI'S

REPRODUCTION

RESOURCE SERIES



PMOS & OI

POLYENDOCRINE METABOLIC OVARIAN SYNDROME &
OVULATION INDUCTION



DELIVERING NEW ADVANCES

This reproductive pocket book is designed to inform and educate women and their partners on the array of reproductive choices that may be available to you.

As a leading reproductive specialist and gynaecologist I aim to provide patients with a comprehensive reproductive health service that offers the latest advances in technology and clinically proven techniques.

Once you have read this guide please contact me if you have any questions or would like to discuss your specific situation to explore if this option is right for you.



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QUICK FACTS

- PMOS is a common hormonal disorder in women of reproductive age.
- It is important to see a specialist to diagnose this disorder correctly.
- The first line management is diet and exercise, but often ovulation induction is required to help women get pregnant.
- Ovulation induction with tablets or FSH injections can be a very successful non invasive treatment option in women with PCOS.
- In women who are not successful with ovulation induction, IVF may be indicated.



WHAT IS PMOS?

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is the most common hormonal disorder in women of childbearing age.

It can cause irregular periods due to lack of ovulation, difficulty conceiving naturally, acne, excess hair growth and excess body weight.

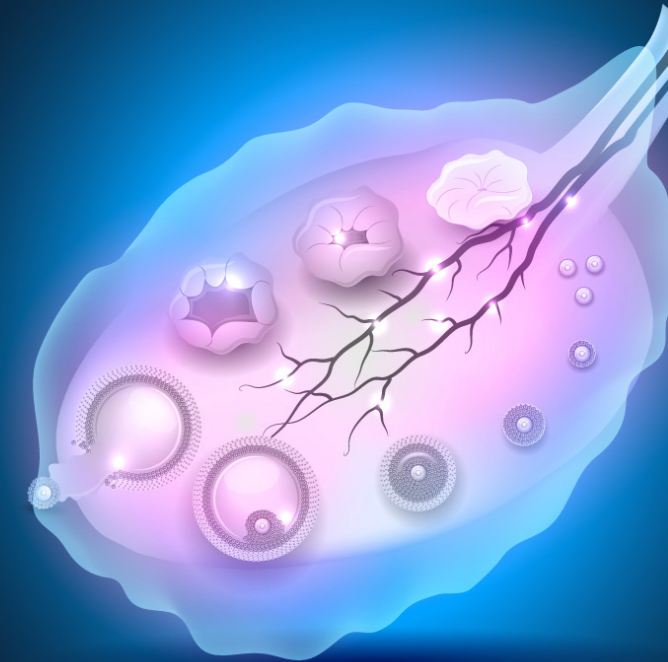
Many of these problems can be managed with a healthy diet and regular exercise.

HOW DO YOU KNOW IF YOU HAVE PMOS?

This is a diagnosis that should be carefully made by gynaecologist or endocrinologist. It involves taking a medical history, examination, bloods tests and pelvic ultrasound.

It requires 2 out of the following 3 criteria:

- Irregular periods.
- Acne or excess hair growth correlated with blood androgen levels.
- Characteristic polycystic morphology of ovaries on ultrasound (PCOM)



Model 1.
Normal ovulation cycle.



HOW DOES IT AFFECT FERTILITY AND PREGNANCY?

Due to lack of regular ovulation women with PMOS may need assistance to conceive. Excess weight due to PMOS can affect egg quality and increase the risk of miscarriage.

There is a higher risk of pregnancy complications such as gestational diabetes, preeclampsia etc.

A lot of these issues can be avoided with maintaining a healthy body weight through diet, exercise and minor medical intervention if necessary.

WHEN SHOULD YOU SEE A FERTILITY SPECIALIST

IF YOU HAVE PMOS AND ARE TRYING TO CONCEIVE?

- If you have irregular menstrual cycles (normal cycle length is 22-35 days apart).
- If you have been trying to conceive for more than 6 months.
- If you have experienced 2 or more miscarriages.
- If you would like to discuss optimising your health prior to conception.



WHAT IS OVULATION INDUCTION?

This is a treatment to correct irregular periods in women with PCOS to enable them to conceive naturally. It is a non invasive treatment that involves the use of tablets or injections to induce the ovaries to release an egg each month. It involves monitoring with blood tests and ultrasounds over the course of a 4 week period to identify the exact timing of ovulation to maximise the chances of conception.



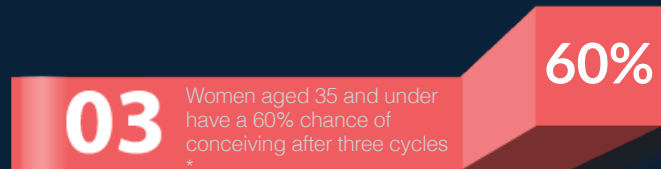
WHAT IS USED FOR OVULATION INDUCTION [OI]?

The medications begin shortly after a period commences. We can either wait for a natural period or induce one artificially.

- Letrozole or Clomiphene citrate; oral tablets are administered early in the cycle for a period of 5 days. This medication encourages your pituitary gland (located at the base of the brain) to stimulate the ovaries and encourage follicle development.
- FSH injections; This hormone is necessary for follicle development. It is self administered in a prefilled pen, with a fine needle that goes just under the skin. For women that don't respond to the tablets they will need FSH injections to ovulate. When the follicle is ready it will be triggered with a hcg hormone injection and intercourse advised.

HOW SUCCESSFUL IS OI?

In younger women (<35yo) with PMOS, 60% will conceive after 3 cycles of OI.* Up to 6 cycles of treatment can be offered before requiring to move onto other treatments. This depends on individual circumstances.



* Data source courtesy of the Victorian Assisted Reproductive Treatment Authority (VARTA).

FOR MORE INFORMATION

Click the links below or contact Dr Rashi:



varta.org.au



reproductivefacts.org



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