

Our first issue for the year 2024 starts with a research article titled “A Prospective Cohort Study on the Impact of Delaying Ovulation Trigger on Assisted Reproductive Technology Outcomes” by Anu Manivannan, Radha Vembu, Monna Pandurangi and Sanjeeva R Nellepalli. The study was carried out to assess the role of delaying ovulation triggering, with the leading follicle beyond 20 mm, in enabling the maturation of medium-sized follicles during controlled ovarian stimulation. The study showed that delaying the ovulation trigger to enable the maturation of medium-sized follicles leads to clinically better yield of oocytes and good quality embryos in predicted poor responders.

The second article of the issue is titled “Role of Genetics in Human Infertility” by Ronak V Manikawala and Jigna Desai, which highlights the importance of karyotyping and microdeletion screening in chromosome Y for infertile couples before advising them costlier treatments. It can be helpful for counseling couples and in minimizing the potential risk of transmission of genetic abnormalities for future generations.

Our third article is on “Accepting Finite Disappointments amidst Infinite Hopes—Treatment-related Concerns in Infertile Women Seeking Medically Assisted Reproductive Treatments: A Clinic-based Cross-sectional Study from India” by Ansha Patel, PSVN Sharma and Pratap Kumar. The aim of this study was to devise a measure to estimate the treatment-related concerns in women seeking fertility treatments as well as to do a comparison between women with and without psychiatric morbidity in their treatment experiences. The authors concluded that offering a multidimensional approach, that is, psychological counseling, lifestyle interventions, clear, informational exchange, continuity of the usual occupational activities of patients, flexibility in treatment planning, stability in clinical relationships, staff support, along with psychological, informational, and spousal help, serve as important sources of positive treatment experiences for most treatment seekers.

Our fourth article is “Effect of Physical Activity on Markers of Insulin Resistance in Infertile Women with Polycystic Ovary Syndrome” by Meera Shivasekar, Arul Senghor Kadalangudi Aravaanan, Vinodhini Vellore Mohanakrishnan, and Anuradha Murugesan. Brisk walking for 150 minutes/week had resulted in weight reduction with increased beneficial adiponectin levels and decreased markers of IR. Thus, physical activity of moderate intensity as per the AE-PCOS guidelines provides a favorable adipocytokine profile that facilitates the chance of ovulation in women with PCOS.

The fifth article addresses the “Knowledge and Behavior in Human Immunodeficiency Viruses and Reproductive Health of Human Immunodeficiency Viruses-infected Serodiscordant Couples in the Capital City of Indonesia”. Novy Yanthi and the team who authored the article, concluded that while the majority of participants demonstrate a solid understanding of HIV, there is still room for enhancement in reproductive health knowledge. There is a need for improved accessibility to information and education on reproductive health, particularly, in the context of assisted reproductive technology for HIV serodiscordant couples, in Indonesia.

“Assess the Quality of Life and Emotional Distress among Infertile Women in a Tertiary Care Center” by Deeksha Yadav, Sudha Mishra and Anjoo Agrawal. The findings of this study revealed that infertile women had significantly poor quality of life as well as severe emotional distress. There is a need to incorporate psychological interventions into routine practice at infertility clinics, which is beneficial. However, it is clear that psychological interventions and counseling by liaison nurses for women with infertility have the potential to decrease anxiety and depression and may well lead to significantly higher pregnancy rates.

Our next article is on “Indications and Complications of Amniocentesis in 16–20 Weeks in a Tertiary Center in Northern Kerala: A Descriptive Study” by Anoop Venkatapura Bylaswamy, Juvaina Puthiyakam, Jyoti Ramesh Chandran and Ellezhuthil Devarajan. The authors concluded that amniocentesis is a safe procedure with none to very minimal complications and can be advised to patients with a positive screening test. The most common indication for amniocentesis was absent/hypoplastic nasal bone, followed by a combination of absent/ hypoplastic nasal bone with increased nuchal fold thickness. The complications were very minimal, which could be used to counsel the patients to undergo amniocentesis.

“Assessment of Fetal Hydronephrosis Using the Urinary Tract Dilation Classification System: Implications for Postnatal Treatment and Parental Counseling” by Abhijeet Kumar et al. demonstrates that the urinary tract dilation (UTD) classification system is correlated with the risk of neonatally verified hydronephrosis, the need for postnatal imaging, and the requirement for active treatment. This classification system allows for better parental counseling and helps in making informed decisions regarding treatment and follow-up.

In the study “Comparison of Fresh vs Frozen Embryo Transfer in Terms of Early Pregnancy Outcome” by Deepti Shrivastava, Minakshi Pounikar and Priyal Shrivastava, the authors concluded that neither technique is likely superior in terms of cumulative rates of births to the other. But early pregnancy losses are slightly more in frozen embryo transfers (FETs). Compared to FETs, fresh embryo transfers can lead to pregnancy much sooner with fewer chances of a chemical pregnancy, missed abortion, spontaneous abortion, or second-trimester losses. However, freezing of embryos plays an important role in cases of hyper-responders for leftover embryos in the next cycles and in preventing the risk of ovarian hyperstimulation syndrome. Thus, both methods have their advantages and disadvantages, so depending on the patient profile and other factors, fresh or FET can be done.

Our last article of the issue “Oxytocin and Tranexamic Acid Combination in Laparoscopic Myomectomy: An Innovative Method to Reduce Intraoperative Blood Loss” by Muralikrishnan Nambiar et al. concludes that intravenous infusion of a combination of oxytocin

and tranexamic acid is a very good and simple option to reduce intraoperative bleeding in laparoscopic myomectomy and far superior to tranexamic acid infusion alone. However, the authors admit that the sample size was very limited and that a randomized control trial would give more elaborate data on this subject.

Do hope you enjoy this issue as much as we have enjoyed bringing it to you.

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