

Delaware Valley Institute of Fertility & Genetics

Conceptions

Spring 2004

A Very Special Mother's Day

For Jennifer Naddeo, Sunday, May 9th was a day to celebrate the miracle of motherhood. The proud mother of Justin Christopher and Jonathan Christopher, twin boys born on October 23rd of last year, Jennifer and her husband, Christopher, had to overcome many obstacles to now hold their bundles of joy.

Married four years ago, the couple knew that they wanted to start a family right away. But after trying unsuccessfully for six months, they learned that

Christopher had testicular cancer. "He had the cancer removed and underwent radiation therapy," Jennifer recalls. "Chris continued his follow-up visits to his urologist and after six months, the doctor thought we should have conceived naturally."

Christopher's urologist recommended the Delaware Valley Institute of Fertility & Genetics (DVIF&G) in Marlton, South Jersey's leading provider of comprehensive fertility treatment. After meeting with DVIF&G's team of specialists Jennifer was shocked to learn that she was insulin resistant, a condition that often leads to Polycystic Ovarian Syndrome (PCOS). PCOS often causes infertility in women.

Happy to learn that PCOS is treatable, Jennifer diligently followed the advice of the DVIF&G team. With the help of Chung H. Wu, MD, FACOG, director of DVIF&G's Polycystic Ovarian Syndrome (PCOS) Early Detection and Treatment Program, and Melissa Bennett, RD, CDE, a medical nutrition therapist at DVIF&G, Naddeo lost 25 pounds and was no longer insulin resistant.

Jennifer became pregnant with twin boys after being artificially inseminated with her husband's sperm. "By working with Dr. Wu and Melissa I was able to understand how my diet

affected my ability to conceive," says Jennifer. "I learned how to eat healthy, how to relieve stress, and how to fit exercise into my daily routine."

This healthy regimen continued through her pregnancy with The Stork's Nutrition Program[®], a program exclusive to DVIF&G that provides medical nutrition therapy to pregnant women to optimize the health outcomes of both mother and child.

"Although many pregnant women believe that they're 'eating for two,' this old adage is not true. Moms-to-be only need 300 extra calories per day and only in the second and third trimesters," says Ms. Bennett. "The Stork's Nutri-



tion Program® helps women plan healthy meals and snacks to include these added caloric needs, not to fill up on empty calories from cakes, candy, and other sugary foods.”

Jennifer is a thankful recipient of the program’s benefits. “When I started with the Stork Nutrition Program®, I learned how to increase my

caloric intake without overdoing it,” she says.

“Jennifer and Christopher had to overcome many obstacles to now hold their bundles of joy.”

“It worked. I only gained 27 pounds during my pregnancy. In fact I’m back on the program to lose my post-pregnancy weight. Melissa’s given me ideas on how to eat

properly and how to plan my meals. This isn’t easy when you are taking care of two babies and are sleep deprived, but it’s helping.”

Although the twins were born early and had to spend some time at the Virtua-Voorhees Hospital Neonatal Unit, the couple is thrilled with their progress. “They both now weigh over 10 pounds, and the doctors say that they’re doing great,” says Jennifer. “Being a mother is a wonderful experience. I feel blessed. After waiting so long, it finally happened.”

For more information on DVIF&G, the fertility experts who stay with you every step of the way, please call (856) 988-0072 or visit us at www.startfertility.com.

On April 7, Chung H. Wu, M.D., FACOG, director of DVIF&G’s Polycystic Ovarian Syndrome (PCOS) Early Detection and Treatment Program, spoke about “Lifestyle and PCOS” to members of Virtua Hospital’s OB/GYN Department. Dr. Wu is a member of the Virtua OB/GYN staff and an expert on PCOS and infertility.



INFERTILITY INSURANCE UPDATE

By Carla Scott

If you’re thinking of switching insurance plans or considering doing so, do your homework first. It’s important to investigate all of your options before deciding on a plan that works best for your family, especially if you are seeking medical help for infertility.

The Family Building Act of New Jersey was signed into law in 2001. This Act requires insurance policies to provide coverage for infertility benefits to some of those who fall into certain criteria. Through working with our patients at DVIF&G and with the insurance companies, we have found that only about half of our patients have benefited from this new law. Several employer groups either are self-insured, self-funded, a union, or have less than 50 employees and are considered a small group. All of these are exempt from having to provide “this family building act.”

To make an informed decision, follow these tips:

- Always call the insurance company yourself. Do not rely on what the benefit booklet says.
- Make sure your prescription plan is not carved out. Some companies will provide medical benefits from one company and the prescription plan through a completely different company. If that is the case, you need to call each one to check for what is specifically covered. We have come across some plans that will cover a patient for in vitro fertilization, but their prescription plans will not cover the drugs needed for this procedure. This makes no sense.
- If your company does not provide for infertility benefits, inquire to see if you can add a rider on to your individual plan and pay the difference for the rider.
- Make sure when checking your infertility coverage that you are specific. Some companies will say yes, you have infertility coverage, only to find out later that you only have diagnostic coverage. What this means is that treatment of infertility is not covered. Be very specific when asking questions.

One more tip for 2004: Most insurance companies will no longer be using your social security number as your I.D. number on your insurance card. The next set of I.D. cards you receive may reflect a new I.D. number. This is for your protection. Finally something that does make sense!

— Carla Scott is DVIF&G’s staff insurance consultant. She can be reached at (856) 988-0072, ext. 5.

A New Prenatal Screening Test

By Laurie Miller

When a woman learns that she's pregnant, questions and uncertainties begin to develop in her mind. Foremost is the question, "How do I know that everything is developing normally?"

She can learn of the fetal chromosomes or "genetic make-up" of her unborn child by CVS (chorionic villus sampling) in the first trimester or by amniocentesis in the second trimester. Available for the last several years, these tests are easily performed with ultrasound guidance. The fetal cells are grown in the laboratory and can identify the normal number of chromosomes (46 X chromosomes for a girl, or 46 Y chromosomes for a boy). Because these procedures use a small needle or catheter to gather the tissue or fluid sample, they pose a small risk of pregnancy loss.

Even though the risk of pregnancy loss is very small, some women don't want to agree to any procedure that carries any risk. They may, however, want to know if their unborn child is considered to be at risk for chromosomal abnormalities such as Down Syndrome (indicated by an extra chromosome #21) or Trisomy 18 (indicated by an extra chromosome #18). In the second trimester, a blood test called the triple or quad screen is available to evaluate the hormones in maternal blood. A positive result may indicate that the pregnancy may be at risk for a chromosomal abnormality.

"According to European researchers, the Ultrascreen is the "most accurate and earliest prenatal screening available"

Recently, a screening test for the first trimester has been developed. Performed at 11 to 14 weeks, the Ultrascreen involves measuring the skin thickness of the fetal neck (known as the nuchal translucency or NT) combined with a blood test. The Ultrascreen assesses the risk of Down Syndrome and other chromosomal abnormalities as compared to the patient's age-related risk. In many cases the risk assessment after the Ultrascreen may be lower than the age-related risk. For example, if a woman's age-related risk is 1 in 300 for Down Syndrome, her risk may be assessed at 1 in 3,000 after the Ultrascreen. It's important to remember that the Ultrascreen does not replace an amniocentesis or CVS, which will give an actual number of chromosomes of the developing fetus.

Thinking about switching insurance plans? Call Carla, at (856) 988-0072, extension 5, for a detailed explanation of the plans you're considering.



According to European researchers, the Ultrascreen is the "most accurate and earliest prenatal screening available. The blood test alone (performed between 9-14 weeks) detects for 68 percent of Down Syndrome cases and 90 percent of Trisomy 18 cases. Combining the blood test with the NT increases detection to 91 percent for Down Syndrome, 97 percent for trisomy 18, 40 percent of heart defects, and some other birth defects."

Depending on the performing center's protocol, test results can usually be obtained in 5 to 7 working days.

The test was developed and is monitored by the Fetal Medicine Foundation (FMF) in cooperation with Genecare Medical Genetics Center. A FMF-certified sonologist or sonographer performs the ultrasound. The certification and re-certification process is very specific and demands excellent technical skills. At DVIF&G I've been performing the test for the past year.

— Laurie Miller, is a Staff Songographer at DVIF&G. For more information on the Ultrascreen, please call Laurie at (856) 988-0072



DVIF&G

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www.startfertility.com

Happy Birthday to . . .



Robert Kenneth Moss, born on March 12, 2003, to Debra and Robert Moss.

Averi McKenna Cooper, born on June 21, 2003, to Lynne and Kevin Cooper.

Ashley Nicole Schoener, born on September 11, 2003, to Annmarie and Jeffrey Schoener.

Cassidy Mya Slebodnick, born on September 30, 2003, to Debra and Robert Slebodnick.

Justin Christopher Naddeo and **Jonathan Christopher Naddeo**, born on October 23, 2003, to Jennifer and Christopher Naddeo.

Sara Kate Cassidy, born on December 1, 2003, to Jennifer and Jeff Cassidy.

Alysa Bralow and **Devon Bralow**, born on January 20, 2004, to Jennifer and Ian Bralow.

Amanda Lillian Tarrach and **Christine Paige Tarrach**, born on February 5, 2004, to Carolyn and Chris Tarrach.

Connor Joseph Wharton, born on February 1, 2004, to Tracy and Steve Wharton.

Annabelle Conway, born on February 9, 2004, to Charlotte and Matthew Conway.

Shreya Komar, born on February 20, 2004, to Shaila and Avant Komar.

Christopher James Kazunas, born on February 26, 2004, to Lisa and Stephen Kazunas.

Payton Alexander Miller, born on February 29, 2004, to Tammatha and Ronald Miller.

Olivia Rose Favilla, born on April 4, 2004, to Dan and Donna Favilla.

Andrew Briggs, **Brandon Briggs**, and **Christopher Briggs**, born on April 14, 2004, to Christina and Jeff Briggs.

**All the babies and parents are doing well.
Thank you, DVIF&G!**



Jessica Macdonald, an embryologist and laboratory supervisor at DVIF&G, recently spoke about her career in embryology for "Career Day" at St. Joseph's High School in Hammonton, NJ. In her

discussion she focused on the education required, the exciting skills involved, and the satisfaction of creating families.