



Milann's Outstanding Achievements

- ✓ Dr. Kamini A. Rao, Medical Director, Milann - The Fertility Centre was conferred the 'Padma Shri' award in April 2014
- ✓ India's first successful SIFT baby
- ✓ Delivered South India's first micromanipulation baby
- ✓ South India's first Laser Assisted Hatching delivery
- ✓ Conducted innumerable GIFT, IVF-ET and ICSI procedures and successfully achieved pregnancies
- ✓ India's leading Assisted Reproductive Technology (ART) Centre
- ✓ A high clinical pregnancy success rate of 40%
- ✓ Treated over 75,000 infertile couples
- ✓ World class specialists for infertility and high risk pregnancy
- ✓ India's first ISO certified Infertility Centre



Indira Nagar
080 4116 0123

Jayanagar
080 2653 4445

Kumara Park
080 2201 1333

info@milann.co.in | www.milann.co.in

LIFE  + VE
MAY 2014 EDITION

25
Years of Innovation

Forewarned is
Forearmed : PLGF,
a new screening
modality for
pre eclampsia.

Diabetes Mellitus
in Pregnancy :
"medical monitoring
and surveillance"
for favorable outcome.

"My baby, my sperm" :
Micro TESE grants the
desire of men with
azoospermia.



It is estimated that an average of 10% of the global reproductive-age population is unable to get pregnant or carry a pregnancy to term. Though there has been an increased awareness about the infertility treatment options, this awareness hasn't resulted in increased use of infertility services. Recent numbers show a decline in those seeking medical help to get pregnant or to prevent miscarriage. However, while infertility rates have not particularly increased, more couples are seeking medical assessment earlier. Over the past few years there have been numerous scientific developments that have advanced our understanding of infertility and provided us with the tools to improve both the success of infertility treatments and their safety.

FROM THE EDITOR'S DESK

At Milann, you will receive care from some of the most highly trained, experienced, certified Reproductive and Infertility Specialists in the country. Our specialists have completed extensive, advanced training and will always propose the treatment most likely to result in pregnancy while considering other factors such as risk, patient circumstances, etc. In this issue, we are going to reach out to you with 3 case studies showing new perspectives.

The first case study talks of PLGF as a new screening modality for pre eclampsia. The case demonstrates that increased maternal age does not prohibit anybody from conceiving and giving birth to a baby of their own. Medical monitoring and surveillance of Diabetes Mellitus in pregnancy for a favorable outcome is the study in the next case. It highlights how identifying and treating diabetes and starting Insulin with appropriate maternal and fetal surveillance can help avert bad obstetric outcomes. And finally, the final case study in this newsletter discusses how micro TESE (Testicular Sperm Extraction) is a novel procedure that offers the choice of using a couple's own sperm in IVF Cycles, in the instance of non obstructive azoospermia.

While 2013 has been a great year for us at Milann, we are sure 2014 is going to be even better. With the opportunity to use this newsletter to update like minded practitioners, we hope to bring you more informative developments and case studies from our experiences in the year ahead!

Your sincerely,

Kamini Rao
Dr. Kamini A. Rao

CASE 1

A 46 year old elderly lady came to our clinic with history of primary infertility. She was married for 18yrs and had undergone 3 IUI cycles about a decade ago and had failed to conceive. She was post menopausal with a high FSH level. Hysteroscopic evaluation was satisfactory and her husband's semen parameters were normal.

She was very determined to conceive and was counseled for a donor IVF programme and subsequently she conceived in the second IVF cycle. She was diagnosed to be a case of hyperhomocysteineimia in the first trimester and hence was put on folate supplements throughout her pregnancy with 'Low Molecular Weight Heparin'. Her blood pressure was also high starting from the first trimester and hence was started on antihypertensives after suitable evaluation.

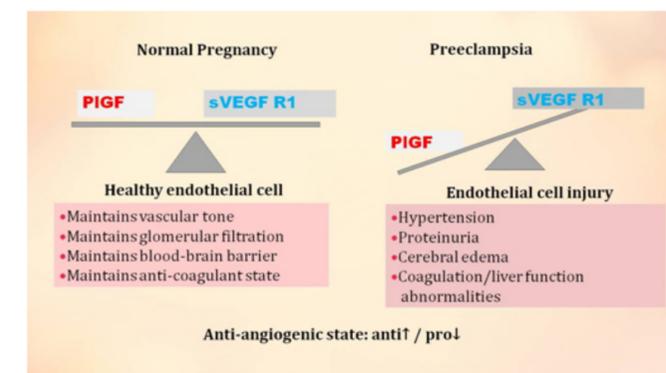
Apart from these, she was also a case of subclinical hypothyroidism for which

Forewarned is Forearmed : PLGF , a new screening modality for pre eclampsia.

thyroxine supplements were given and she was also diagnosed to be a case of gestational glucose intolerance and required Insulin along with diet for glycemic control.

The need for close maternal and fetal surveillance along with strict compliance to treatment was counseled.

Mid trimester she turned 'Screen positive' for 'Placental Derived Growth Factor - PLGF' which can predict the onset of severe preeclampsia about three weeks earlier than by conventional methods. This further intensified our surveillance protocol and she was closely monitored for worsening of blood pressures and appropriate titrations of anti

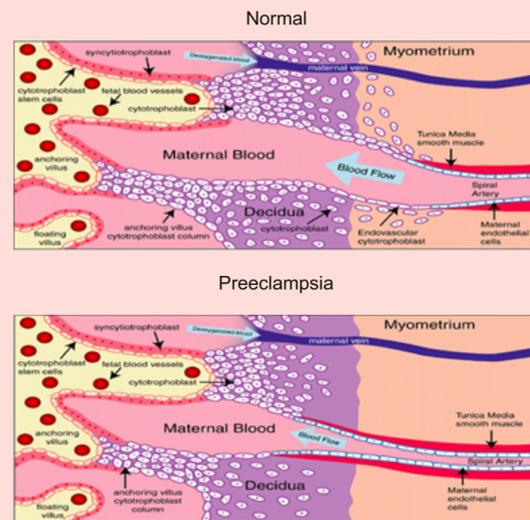


hypertensives were made. She managed to continue her pregnancy beyond 28 weeks and was prophylactically steroided to hasten fetal lung maturity. Incidentally, the blood pressures soared up very high by about 33 weeks and she went into partial HELLP with a platelet count of 95000 cells/ cumm with a rising LDH level. The couple was counseled for an imminent delivery. An emergency LSCS was performed and a 1.6kg girl baby was extracted having blood products arranged. The baby was shifted to the NICU for preterm care. Post LSCS the mother was stabilized with a unit of whole blood transfusion, anti hypertensives and DVT prophylaxis.

Both mother and baby are doing well six months post LSCS.

The above case demonstrates that increased maternal age does not prohibit anybody from conceiving and giving birth to a baby of their own. When IVF pregnancies were compared with natural pregnancies there was no difference attributable to the technique involved in IVF although there was statistically significant difference in the ages of the mothers. Most importantly monitoring of women undergoing IVF conceived with preexisting risk factors need & to be modulated appropriately after conception along with close maternal and fetal surveillance to optimize 'Take Home Baby Rates!'
Placental derived growth factor

PLGF' is one of such screening tests as depicted in the above case which enabled us to intensify surveillance and prolong pregnancy beyond viability after appropriate risk modulation.



CASE 2

Medical monitoring and surveillance are two fundamental strategies for optimizing a patient's health and response to treatment. Although the terms are often used interchangeably, they are two distinct concepts. Though monitoring of a patient is, in essence, a primary component of a comprehensive medical surveillance program, the fundamental purpose of monitoring is early diagnosis and treatment of the patient and thus has a 'Clinical focus' while the fundamental purpose of surveillance is to detect and eliminate the underlying causes such as hazards or exposures of any discovered trends and thus has a 'Preventive focus'. Both can contribute significantly to the success of managing a patient and ensuring good

outcome. Illustrating the above is this case of a 35 year old Rh Negative lady who was pregnant for the fifth time with a history of two previous first trimester abortions; one full term still born and one mid trimester intra uterine fetal demise. She came to us for consultation in view of her previous bad obstetric history. Contributory findings from her history were that her VDRL status in one of her previous pregnancies was positive in low dilutions which raised the possibility of a probable 'Thrombophilia' as it is also associated with a false positive VDRL status. Being Rh Negative, she had also missed receiving Anti D after a couple of obstetric events but thankfully her Indirect Coombs Test was

Diabetes Mellitus in Pregnancy :
"medical monitoring and surveillance"
" for favorable outcome.

negative. Following consultation with us, we worked her up for 'Thrombophilia' which was negative. Her VDRL status was also negative. She was also diagnosed to have abnormal blood sugars as early as 6 weeks of gestation and was started on Insulin. Her thyroid profile was also deranged for pregnancy and a diagnosis of subclinical hypothyroidism was made and she was put on appropriate ' Thyroxine supplements' and the dose was titrated periodically throughout pregnancy. She



Insulin – safe and easy for pregnant diabetics

was closely monitored with serial ultrasound examinations including NT / Anomaly and Growth scans which were normal. Her 1st trimester combined risk was low for aneuploidies. Mid trimester, she also developed 'Gestational thrombocytopenia' which was a diagnosis of exclusion after ruling out other possible causes like severe PET – HELLP. She was on low dose aspirin up to 34 weeks as the platelet count managed to remain above the critical limit. She underwent an Elective LSCS at 38 weeks in view of her previous LSCS (which was performed at 34 weeks in view of intra uterine fetal demise and maternal request in a government hospital). It was a 2.95 Kg boy baby and presently both mother and baby are doing well, 15 months after delivery. This case is evidence to the fact that all intra uterine fetal demises and abortions may not be due to 'Thrombophilias' and Insulin dependent diabetes if not managed appropriately can lead to such unfavorable obstetric outcomes. 'Low Molecular Weight Heparin' should not be prescribed empirically without a basis. Identifying and treating diabetes and starting Insulin with appropriate maternal; and fetal surveillance can help avert such bad obstetric outcomes.



Insulin – safe and easy for pregnant diabetics



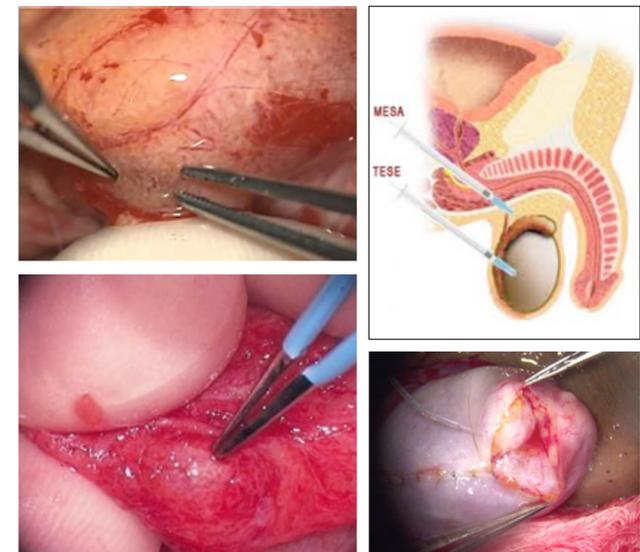
Subclinical hypothyroidism in pregnancy warrants thyroxine supplementation



CASE 3

A couple – the wife being 56 yrs old and her husband aged 57 yrs old; longed for a child of their own. They had attempted ICSI abroad and in India several times. When they approached Milann, thorough investigations revealed that they would require a donor Oocyte and the services of a surrogate mother. Since the husband had no sperm in the ejaculate, he underwent TESE but no sperm could be retrieved. The donor oocytes were hence frozen and the husband underwent Micro TESE. The sperm then obtained were used for ICSI with the thawed donor Oocyte. Unfortunately the tests returned negative for a pregnancy. Frozen testicular sperm was thawed a year later and were then injected into fresh donor eggs. 3 healthy embryos were transferred into a surrogate mother and a positive BetaHCG of 1730 was obtained 15 days later. The couple was referred for further Antenatal Care and the couple is now awaiting the arrival of their child. This goes to show how MicroTESE is a boon for Azoospermia. For men with no sperm in the ejaculate, various surgical procedures like PESA/ TESA / MESA have come to their rescue. For non obstructive azoospermia, micro TESE (Testicular Sperm Extraction) is a novel procedure that offers the choice of using a

couple's own sperm in IVF Cycles. This day care procedure ensures high rates of sperm retrieval (approximately 50 %) with minimal testicular trauma and tissue removal. It also offers the advantage of allowing for cryopreservation of precious sperm which can be used in the future too. This is an excellent example of technology and clinical expertise that guides us towards fulfilling the aspirations of couples waiting for a baby of their own.



**"My baby, my sperm" :
Micro TESE grants the
desire of men with
azoospermia.**

IIRRH Presents



Life Beyond Expectation

EVENTS AT
MILANN



After the success of Life 2011 and LIFE 2012 we conducted LIFE Conference 2013 on 8th, 9th & 10th November 2013 at Hotel Le Meridien, Bangalore. The Conference was held under the banner of "The International Institute for Training and Research in Reproductive Health" and showcased the latest trends and techniques in the fields of Infertility and High Risk Pregnancy. The Chief Guest was Dr. Sharan Prakash Patil, Minister of Medical Education, Government of Karnataka and Dr. Ajai Kumar, Chairperson & CEO, HCG Group of Hospitals. Attended by nearly 600 delegates and broadcast via videoconference to six other locations in India, Life 2013 was a resounding success. The 4th edition of the Conference LIFE 2014 is scheduled to be held on 31st October, 1st & 2nd November 2014, details for which are given on the following page and we look forward to all of you joining us for the same.



INVITATION
FOR
PARTICIPATION

IIRRH Presents



Life Beyond Expectations

Conference on
Infertility - Fetal Medicine
Medico Legal Workshop on
Perinatal Litigation

31st October - 1st November

Fetal Medicine and Infertility
Conference

2nd November

Medico Legal
Workshop on
Perinatal Litigation

Organizing Chairperson
Dr. Kamini A. Rao

Conference Highlights

- Uterine Transplantation
- Fetal Surgery
- Tele Fetal Monitoring
- Non invasive Prenatal Diagnosis

Invited International Faculty

- Mats Brannstrom • Kypros Nicolaides
- Jacques Jani • Alan Flake

International Institute for Training & Research
in Reproductive Health (IIRRH)

Congress Secretariat

Secretariat In Charge: Ms. Elizabeth Solomon

LIFE 2014 Conference, No. 7, East Park Road,
Kumara Park East, Bangalore - 560 001
Tel No: +91 7829192444, +91 80 22011311
Email: conference@lifeconference.in Web: www.lifeconference.in

Participate & Avail
6 KMC Credit Points

Delegates	Accompanying Person	Students/Post Graduates
Until 15th October		
₹4,500/-	₹4,500/-	₹3,000/-
Spot Registration		
₹5,000/-	₹5,000/-	₹3,500/-
Medico Legal Workshop		
₹1,500/-	₹1,500/-	₹1,500/-

www.lifeconference.in

Venue:
HOTEL LE MERIDIEN
#28, Sankey Road,
Bangalore - 560052



PRESS
COVERAGE

THANK YOU
NOTE



Dear Doctor,

Since its establishment in 1990, BACC Healthcare Pvt. Ltd. now "Milann - The Fertility Center", has been a name synonymous with care, cutting edge technology and quality. Infertility treatment can be very demanding and can create a great deal of physical, emotional and psychological stress for a couple.

At Milann, the patient care ethos is "We care for you" thus building partnerships with our patients. Our key strengths include patient focused services, quality care, specialist expertise and cutting edge technology.

It gives us immense pleasure to inform you that Dr. Kamini A. Rao, Medical Director & Chairman Milann - The Fertility Center has been conferred the "Padma Shri" - one of the highest civilian awards of the country for her distinguished service in the field of "Reproductive Medicine".

This wouldn't have been possible without all your blessings and support during her 25 years of medical practice, teaching & training. We would like to thank you for making this happen.

Warm Regards,

Team Milann - The Fertility Center

