

Fertility and PCOS: Exploring Options for Conception and Family Planning.

Ghina Ghazeeri*

Department of Obstetrics and Gynecology, American University of Beirut Medical Center, Beirut, Lebanon

Polycystic ovary syndrome (PCOS) can have a significant impact on a woman's fertility. Women with PCOS may have difficulty ovulating, which can make it more challenging to conceive. However, with the right treatment and support, many women with PCOS are able to achieve successful pregnancies [1].

If you are trying to conceive with PCOS, there are several options to explore:

Lifestyle changes: Making lifestyle changes, such as eating a healthy diet and getting regular exercise, can help improve insulin resistance and regulate menstrual cycles. This can increase your chances of ovulating and improve your fertility.

Medications: There are several medications that can be used to help induce ovulation, such as clomiphene citrate and letrozole. These medications can be taken orally and are often used in combination with other treatments, such as intrauterine insemination (IUI) or in vitro fertilization (IVF).

Assisted reproductive technologies (ART): ART, such as IVF, can be a successful option for women with PCOS who are struggling to conceive. During IVF, eggs are retrieved from the ovaries and fertilized with sperm in a laboratory. The resulting embryos are then transferred to the uterus. This can increase the chances of pregnancy, particularly for women with PCOS who may have multiple follicles and eggs [2].

Surgery: In some cases, surgery may be recommended to treat PCOS-related infertility. Ovarian drilling, a minimally invasive procedure can be used to puncture the ovary with a laser or needle, which can help restore ovulation.

It is important for women with PCOS to work closely with their healthcare provider to explore all options for conception and family planning. This may involve a combination of lifestyle changes, medications, and assisted reproductive technologies. With the right treatment and support, many women with PCOS are able to achieve successful pregnancies and build the families they desire [3].

Intrauterine insemination (IUI): IUI involves placing sperm directly into the uterus around the time of ovulation. This can

increase the chances of pregnancy, particularly for women with PCOS who may have difficulty ovulating on their own.

Donor eggs or sperm: For women with PCOS who are unable to conceive with their own eggs, donor eggs may be an option. Similarly, donor sperm can be used to fertilize eggs in women who have a male partner with fertility issues.

Gestational surrogacy: Women with PCOS who are unable to carry a pregnancy may consider gestational surrogacy. This involves using a surrogate to carry a fertilized embryo to term.

In addition to exploring these options for conception and family planning, it is important for women with PCOS to maintain good overall health. This may include managing insulin resistance, maintaining a healthy weight, and staying up-to-date on routine health screenings. It is also important to seek emotional support throughout the fertility and family planning process. Dealing with infertility and the challenges of PCOS can be stressful and emotional. Joining a support group or seeking counselling can help you cope with these challenges and find a sense of community [4].

In conclusion, while PCOS can pose challenges for fertility and family planning, there are many options available to help women with PCOS conceive and build the families they desire. By working closely with your healthcare provider and seeking support throughout the process, you can increase your chances of success and achieve your family planning goals [5].

References

1. Assi HA, Khoury KE, Dbouk H, Khalil LE, Mouhieddine TH, et al. Epidemiology and prognosis of breast cancer in young women. *J Thorac Dis.* 2013;5(1):S2.
2. Andrae B, Kemetli L, Sparén P, Silfverdal L, Strander B, et al. Screening-preventable cervical cancer risks: evidence from a nationwide audit in Sweden. *J Natl Cancer Inst.* 2008;100(9):622
3. Andriole GL, Crawford ED, Grubb III RL, Buys SS, Chia D, et al. Mortality results from a randomized prostate-cancer screening trial. *NEJM.* 2009;360(13):1310-9.

*Correspondence to: Ghina Ghazeeri, Department of Obstetrics and Gynecology, American University of Beirut Medical Center, Beirut, Lebanon, E-mail: gg03@aub.edu.lb

Received: 22-Apr-2023, Manuscript No. JWH-23-24713; Editor assigned: 23-Apr-2023, PreQC No. JWH-23-24713 (PQ); Reviewed: 07-May-2023, QC No. JWH-23-24713; Revised: 11-May-2023, Manuscript No. JWH-23-24713 (R); Published: 18-May-2023, DOI: 10.35248/2167-0420.23.12.645

Citation: Ghazeeri G (2023) Fertility and PCOS: Exploring Options for Conception and Family Planning. *J Women's Health Care.* 12(5):645.

Copyright: © 2023 Ghazeeri G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

4. Bretthauer M, Kalager M. Principles, effectiveness and caveats in screening for cancer. *BJS*. 2013;100(1):55-65.
5. Ghoncheh M, Mahdavifar N, Darvishi E, Salehiniya H. Epidemiology, incidence and mortality of breast cancer in Asia. *APJCP*. 2016;17(3):47-52.