SURROGACY - IN THE WOMB OF MATTERS

As I get ready to get into the womb of matters regarding the current hot topic in assisted reproduction, I am transported back to the year 1994 when India's first surrogate birth took place at our centre in Chennai.

The couple hailing from Andhra Pradesh became proud parents of a baby boy delivered by their surrogate who was the wife's own cousin sister. They opted for surrogacy because the biological mother had blocked fallopian tubes which led to repeated attempts at ART that failed. It was a case of Altruistic surrogacy. No hue and cry. No questions asked, considering Chennai was still at its conservative best.

In fact, contrary to expectations, the attempt was lauded and the doctor who had created South India's first test-tube baby found herself on the cover of Savvy. Today, 17 years later, India is hailed as the surrogate capital of the world. What makes our country pervious to renting wombs with ease in the same passion with which it embroils in controversies of age- old practices women are subjected to?

The concept of surrogacy traces its roots both in Hinduism and Christianity. In the former, we are reminded of the historical temple of Garba Rakshambigai situated near Thanjavur, a culturally rich province in southern India.

ABSOLUTE

- Congenital absence of uterus: Mullerian agenesis (MRKH- Syndrome)
- Hysterectomy (removal of the uterus): due to an excessive bleeding post birth or due to a debilitating uterine pathology such as cancer
- Multiple Uterine fibroids - Inoperable owing to previous attempted surgeries and recurrence
- Pelvic cancers
- Severe Adenomyosis inoperable with previous failed attempts in IVF cycles

OTHERS

- Hypoplastic uterus not responding to hormone replacement therapy
- Repeated second trimester miscarriages due to an incompetent OS
- Perimenopause with poor implantation site not amenable to hormones

Owing to the intricacies in legal issues and emotional investment the indications for undertaking help from potential surrogates need to be highlighted. They can be divided as Absolute and relative indications. Of all these indications, social reasons are of trivial importance. It is almost like risking another woman's life for no absolute reason. There is only a fine line between how much a surrogate is aware about the whole situation and her compensation that she is looking forward to. It's almost as if, the more you offer the less she may want to know about risks. As much as one would like to believe that majority should be altruistic, there are not many financially stable women who would enter into a surrogacy deal and that it's almost always only for a monetary benefit.

Who is the ideal surrogate? Laws aside, these days, a woman's age is hardly a criterion to be worried about unless she is opting to use her own eggs. We literally have grandmothers delivering babies. However, when we search for options we are looking at someone who is physically fit to take on the challenge. The surrogate is stringently checked as per guidelines with blood tests and a complete physical examination. A medical history comprising of her previous obstetric career, number and mode of births, health conditions during the previous pregnancies are all noted. She would also need to explain reasons for her current need to undertake risks and volunteer for surrogacy. Who would co sign as her witness or guardian in the mandatory consent forms?

Several proofs are obtained with regards to marital status, spouse, births and residence. Once the surrogate has cleared all tests and is introduced to the couple to settle the monetary compensation, her life changes. However, she is in true confinement only during the preparation of the IVF programme and is given full freedom until she presents herself at the clinic on day 2/3 of menses in the treatment cycle. It is not necessary

The story is that of Sage Nidhruva and his pregnant wife Vedhika, who take refuge in the temple owing to their belief that her long years of infertility were cured by her devotion to the goddess. During her afternoon slumber she fails to acknowledge the presence of the Sage Urdhvapada who comes begging for alms. In his temper he curses the fetus to be aborted. The helpless Vedhika then prays to the goddess who appears before her and slips the abortus into a pot till it attains full form life as her male child.

In the latter, which is one of natural surrogacy, Sarah, wife of Abraham (forerunners of the Jews) asks her husband to go unto Hagar (forerunner of Arabs) their maidservant to beget them a child. This was a common practice but the process of natural surrogacy entailed problems even back then because the surrogate was related to the baby, and in the absence of any abiding force she would often contest for parental rights.

Even in Biblical times, there have been issues regarding child custody. There are two types of surrogacy namely the natural and gestational. In the former the surrogate mother is the biological one while in the latter the surrogate bears the biological conceptus of the parents seeking help. In both types it could be altruistic or with a monetary gain.

RELATIVE

- Repeated miscarriages
- Repeated failures in IVF cycles owing to poor implantation site
- Women with certain medical conditions making pregnancy life threatening namely, severe cardiac or respiratory disease , renal disease, active lupus erythematosus, unstable diabetes
- Congenital abnormalities of the uterus (As seen in DES(diethylstilbestrol) exposure, Asherman's syndrome)
- Uterus with multiple fibroids and / or severe adenomyosis
- Genetic diseases like Autosomal dominant Huntington's chorea, X-linked disorders-Hemophilia A&B, Autosomal Recessive Thalassaemia

she abstain from sex until the treatment cycle, provided the partner is also cleared the basic blood tests and local infections. However, post embryo transfer; it is completely a period of abstinence until the pregnancy test. If negative, she is advised accordingly and if positive again her life changes. Even if it is a monetary deal, compassion and sacrifice is the other trait a surrogate must possess.

I find this varies among different classes of people in this country and of course across nations. The more the woman is aware and with better education, she has more probabilities to get emotionally attached to the child, especially if she is the egg donor as well. We have refrained from using surrogates as the egg donors for the same couple. The surrogate feels better and so do the couple. The economically weaker sections who are partly educated or uneducated but are socially aware are the willing surrogates in our country. They do it entirely for monetary purposes as they find themselves saddled with an incapable householder who is either squandering away money well earned or is in deep debts

In such cases problems could arise if the couple have not taken care of all legal angles pertaining to monetary compensation and made clauses clear. When inadequately screened they are likely to give trouble, often seeking more than they had agreed upon .In such situations you often find that the woman is a pawn, of whom the spouse or the family members take undue advantage. Our country, being the surrogate capital of the world, seems to be doing a benevolent gesture but, on the other hand we also need to look into rehabilitating minds and creating awareness than merely renting wombs without a voice. In all probability, surrogacy in our country is less complicated where acquiring women or performing procedures on them is concerned, as the legal system as well as the published national ART guidelines still strive for unanimity and precision in establishing firm laws.

SOCIAL REASONS

- Busy career
- Cosmetic/aesthetic reasons
- Single parenting

G G HOSPITAL STATISTICS (1994-2010)

- Total No Of Surrogate Patients63
- Total No of Cycles82
- Total No Of Pregnancies26 (31.07%)
- Total No Of Deliveries (Singletons-11, Twin 8, Triplets 1)20
- Carry Home Baby Rate76.92%
- Fetal Wastages6 (23.07%)

Dr. Priya Selvaraj MD MNAMS MCE

G.R.HARI

G.R.HARI

He is an advocate enrolled with the state bar council and is the founder of India's first Assisted Reproductive Technology Law firm, Indian Surrogacy Law Centre.

He advises ART clinics and International Intended Parents(IP) over legal aspects of ART and cross border legal issues. He may be contacted at grhari@indiansurrogacylaw.com

How has the Journey been having started an actual system that serves to make these transactions easier and emotionally less traumatic for those deemed to enter it?
The journey has been challenging and exciting through most part. When we commenced operations, I had a tough time explaining to people, even lawyers, what we do and the number of people who actually understood our answers were very few. We have grown over a period of time andaccomplished milestones in this field. ART forms a separate scope of practice abroad, but the field is relatively new in India. In this process we had the opportunity to help intended parents from all parts of the world, surrogate mothers, NGOs, Governmental Organization, Hospitals, agencies etc.

First off, our country including the top most centre for surrogacy has catered to possibly more foreigners that our own nationality. Does that mean we are still not culturally prepared to take on surrogacy or are we the vulnerable sect that offers benefits to foreigners for a wider range of indications (more than the basic that we know medically)?
I am not very sure of the veracity of the statement that there are more foreigners than Indians taking up surrogacy. It is sad that we are left to predict, as there is no official statistics with regard to these. However, I do feel that several factors are contributing to this including the socio-economic outlook

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For the sake of observation, I can state the following

Indians taking up surrogacy would reach out to a medical center, which is most accessible to them in terms of geographic proximity, cost factor etc. I have not seen many Indians who wanted to take it up at top places, which would require them to travel a lot. So the whole category can be spread around various medical centers across India.

Foreigners either use Internet to find surrogacy clinics in India or use their contacts or use an agency. It is natural that they would prefer a center, which is proven as they are traveling thousands of miles for coming down to India for surrogacy. These centers are more accessible by ways of connectivity, Information, outlook etc.

These accessible centers are concentrated with the foreign clients and hence visibly seen. Indian intended parents are spread out and might not be visible to the plain eyes, unless some specific research is done to enquire how many Indian intended parents are dealt with every year.

Media sensationalizes the surrogacy as an inter-country womb renting phenomenon and cover stories only relate foreigners. There is no coverage for the Indians'. Neither are Indians very interested that they have take up surrogacy. I do admit the social stigma is present.

India is a country of billions whereas the economically stable ratio forms a minority. That being the case, surrogacy is not accessible to all taking into consideration the cost factor. They may prefer to adopt a child rather than fall into the narrow chances with IVF.

The same is not the case with foreign intended parents. Foreign intended parents have not many options with regard to countries that allow surrogacy, and which is also affordable. Therefore the increasing flow of intended parents into India is a natural extension.

Owing to the intricacies in legal issues and emotional investment the indications for undertaking help from potential surrogates need to be highlighted. They can be divided as Absolute and relative indications. Of all these indications, social reasons are of trivial importance. It is almost like risking another woman's life for no absolute reason. There is only a fine line between how much a surrogate is aware about the whole situation and her compensation that she is looking forward to. It's almost as if, the more you offer the less she may want to know about risks. As much as one would like to believe that majority should be altruistic, there are not many financially stable women who would enter into a surrogacy deal and that it's almost always only for a monetary benefit.

Who is the ideal surrogate? Laws aside, these days, a woman's age is hardly a criterion to be worried about unless she is opting to use her own eggs. We literally have grandmothers delivering babies. However, when we search for options we are looking at someone who is physically fit to take on the challenge. The surrogate is stringently checked as per guidelines with blood tests and a complete physical examination. A medical history comprising of her previous obstetric career, number and mode of births, health conditions during the previous pregnancies are all noted. She would also need to explain reasons for her current need to undertake risks and volunteer for surrogacy. Who would co sign as her witness or guardian in the mandatory consent forms?

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Is India dabbling in more surrogacy programs just because of the benefits, both monetary and in procuring surrogates, thus making it easier for the NRI couples or is it that the laws are much more at ease and accommodative?

I would say it is a formidable combination of the legal climate in India as well as the cost factor. India offers relaxed laws with regard to surrogacy, which is the chief reason. Had law in India prohibited it, none of these would be happening. The next is of course that the whole thing is cost effective and affordable for many couples across the globe.

The Current laws, covered by a leading newspaper in the country, displayed its inclusiveness when it allowed single parenting and live in couples to bear children through surrogacy but on the same note denied the rights to same sex couples. What is your take on this? Since it has just recognized the legal rights of alternate sexuality, do you see an amendment in the law in the near future where legally same sex couples can enter into a marriage and then have children born through surrogacy?
India is not a very conservative country. We have always been quick to adapt and move on. The society has always changed speedier than the laws that allow such change. That being the case, I do foresee legislations allowing same sex marriages.

In a landmark decision, the Delhi High Court had struck down section 377 which criminalized consensual sexual acts of adults in private, holding that it violated the fundamental right of life and liberty and right to equality as guaranteed by the constitution. The appeal is pending before the Supreme Court, which makes it subjudice and I should not be commenting on the outcome.

Merely holding something unconstitutional does not end it. It actually starts there. We need comprehensive laws that deliver the need of the society in regulating same sex marriages. Till then, the position would be more uncertain.

However, on a positive note, if judicial activism plays its natural role, I foresee same sex parenting becoming a constitutional right for same sex couples. These are natural developments, which would take place. However, I cannot predict the time factor for these to happen, as I play neither a legislative nor judicial role in bringing of these reforms.

As a law firm that caters to various fertility centers, what are the formalities or expectations from the attending clinician? Do you also verify the reason for going through a surrogacy program? How do you ensure the safety of the surrogate? Do you feel that they are being exploited?
We feel clinicians should stick to what they are best at the medical part. I have seen many hospitals travel beyond what their role is and start sourcing surrogate mothers, house them, feed them and take care of them for the whole period. Somehow, this packaging it does not seem right and in the long wrong it might lead to unexpected situations. We do have counseling programs for intended parents where we go about explaining to them about the social, marital, familial and legal aspects of the surrogacy programs. We do not encourage surrogacy unless it is for medical reasons. However, the final call rests with the clinician handling the case.

We do not feel surrogate mothers are exploited. The whole thing is a symbiotic scenario where both the intended parents as well as the surrogate mothers are benefitted. There is always a possibility of exploitation and therefore, there should be stringent regulations for selection of the surrogate mother

The ICMR guidelines are currently what we are expected to follow. What do you think are the lacunae that you might need to fill with regards to consent taking or drafting of an agreement between the couples and surrogate?
Firstly, the ICMR provides for documentation in addition to the agreements. These are consent forms to be filled by intended parents and surrogate mothers for hospital documentation and are not agreements/contracts. Many hospitals assume these to be surrogacy agreements, without the legal knowledge of these do not form contracts. Some hospitals think that the Intended Parents and themselves just append their signatures and it makes it a contract. These again are not contracts. The surrogacy contracts are the foundational element for surrogacy arrangements in India.

They form the basis of every act in the absence of legislation which controls surrogacy. Merely because some piece of paper is signed by two different parties who name the document a surrogacy contract, it does not become a surrogacy contract. These contracts should have all the essential ingredients of a surrogacy contact, otherwise these are not surrogacy contracts at all. We need specialized contracts for surrogacy that regulate everything between the parties the intended parents and the surrogate mothers. You cannot just fill customized forms and say that these are contracts. These so called contracts are unspecific and do not help when some situation calls for interpretation of these clauses.

Our country recognizes the couples who undertake the surrogacy program as the legal parents while the hospital documentation is in the name of the woman who is the surrogate. This is a great recognition and

less cumbersome. Unfortunately couples coming from other countries are not given the same privilege owing to laws in their homeland. What should a clinician be aware of legally before taking on these couples and ensuring that they have fulfilled all requirements to take home their babies as soon as possible? Does a law firm like yours counsel them and undertake the entire formalities?
This question is very important for every prospective intended parents from abroad and hospitals who are handling surrogacy cases. Clinicians should understand that the inter-country legalities into surrogacy are simply very deep. Several countries term surrogacy as a civil wrong and some even seem it as a very serious criminal offence.

In every case, the intended parents from abroad should take up the legal audit and risk assessment program which would outline the legal risks in taking up surrogacy in India and the possible complications that may arise at the time of taking back the child after its birth. These issues are very complicated and few of them are totally irreversible. We have been helping several intended parents negotiate with their governments and the Indian governments to possibly resolve the situations. Some of these intended parents staying in India for more than a year after the birth of the child, are not able to take them back to their nation. Most of the times the legal complexities are too much deep.

So the only possible solution is that every intended parents from any part of the world, should be taking up the legal audit and risk assessment program in order to ascertain the legal risks in taking up surrogacy in India with the existing legal climate. Where the legal audit states that the legal risks are within the permissible limit, then the intended parents can take up surrogacy in India.

In reality the medical indications for surrogacy are few and in day to day practice it is uncommon even in the busiest center which does 600 to 800 cycles per year to encounter absolute indications. Does a lawyer become involved in the process whereby he or she ascertains the reason for surrogacy before undertaking the case?
We do not go into the medical aspects unless we are requested to. We stick to what we are the best the legal part and do not travel beyond our point. However, in most cases where surrogacy is taken up by intended parents, the medical investigations with regard to the cause of infertility might not be revealing an exact cause or rule out every particular medical problem. In such situations, it is natural for the infertile couple for whom money and age is running out to seek for an alternative option which can yield better results. Surrogacy is an option in such cases. For many infertile couples, it might be best option but not the only option.

We cannot see it as a commercial transaction. It has to be seen as an emotional craving for procreation. Everyone would love it in a natural way. Where the nature fails, or where it seems to fail, the Intended Parents seek the next option. This option can be surrogacy in some cases

I am personally of the opinion that although surrogate mothers are women who have gone through their own pregnancy to be fully aware of the risks that go with it, it is still to be used only when there is an absolute indication. It cannot be used to exploit illiterate women who do it for the sheer monetary benefits. If they are to be inducted in a program then they should be covered in some way that the family benefits even if she were to lose her life in the process. After all, pregnancy is always at risk even if it's natural or assisted. Altruistic surrogacy in my opinion is one which only persons related to or are absolutely indebted to the couple would undertake. It is otherwise in majority one which is with monetary benefits.
I certainly agree. Surrogate mothers should be afforded all care and safety, monetary or otherwise. Altruistic surrogacy does not make its presence felt in India and in majority, it is only commercial surrogacy

SUNIL MENON

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He is the founder of SAHODARAN, a community-led initiative (CBO) that works on HIV prevention & sexual health among MSM(men having sex with men) & transgenders since 1998, both in Chennai & H Pondicherry. Its services won the Best grass-root level community project in 2006 by UNAIDS. This led him to be a mentor for upcoming CBO's & sexual minority groups in the southern region.

He has also been a research assistant (Anthropology) in the University of Madras & has presented papers on HIV prevention in MSM both at national as well as international (Berlin, Geneva, Malaysia, Denmark & USA) conferences. In addition he is also one of the leading fashion show directors & stylist in the city.

What are your views on the current laws pertaining to alternate sexuality with regards to its recognition in our country, career options, social standing, matrimony and parenting? The laws recognize alternate sexuality, as in gay and lesbian couples but do not allow them to have children using surrogacy. The same law however allows Live in couples or single parenting. So what according to you is the most important factor or factors that may contribute to a stable family unit and how should laws accommodate everyone with regards to raising a child.

Currently, IPC 377, which until recently criminalized homosexuality, has been read down by the Delhi High Court. This ruling has been since then, challenged by some groups/individuals in the Supreme Court as against "Indian Culture" or "of western origin" etc. The Supreme Court repeal will come up for hearing in April of this year. Similar laws have existed and are still in force, in most British colonies or territories, and activists are trying to change this situation, as Britain of late, has accepted same-sex civil partnerships and given it a legal status. With the legalization by the Delhi High Court, a sense of relief and acceptance has prevailed over the LGBT community and we are awaiting the Supreme Court hearing anxiously. The latest developments in the medical field, especially with IVF and surrogacy, have given a lot of hope for childless couples and individuals in India. But what's disappointing at this juncture is that on the one hand, homosexuality has been accepted and given a legal status - members of the LGBT community no longer live in fear of being blackmailed, arrested or harassed; but on the other, the medical fraternity is still split on this ruling and not forthcoming in its acceptance of sexual minorities and their basic rights!

What has been seen as a welcome ruling, long overdue in a democratic country like ours, excludes non-heterosexual individuals or couples from availing this facility, based on the premise that they are not constituent or representative of a ' family ' in which a child can have a ' normal ' upbringing. As is the rule, 'normal' and 'family' are terms used within a strong patriarchal or heterosexist paradigm , excluding or negating other forms of relationships and individuals, irrespective of the fact that they are healthy, sane, and responsible adults like any other, capable of giving a child a healthy and nurturing upbringing, as their heterosexual counterparts 'profess' to do. What that leaves many members of the community is to avail this service in anonymity and as individuals or single parents. What is left to be seen is the proper monitoring of this system without it being misused or exploited, by the people in control and the medical fraternity, in question. Any individual irrespective of his class, caste, religion or sexuality (I have left out age as a criterion, as it does influence one's capacity/ability to look after and bring up a child reasons such as too young or too old) should be able to avail of this service as long as they can provide ample proof or grounds to support the upbringing of a healthy child into this world, and give that child the love, support and skills to survive in this harsh and cruel world!

ART WORKSHOP - 2010

The weeklong workshop for introduction to basic practices in assisted reproductive techniques with hands on was conducted at our centre from December 6th to 10th. It is held every year in collaboration with IIRH. Each year we get candidates selected by the institute who are 4 to 6 in numbers and are from all over India specially the south. This year the batch comprised of Dr.Majuba MBBS, DGO, Chennai, Dr.Latha Sekar MD DGO, M.M.Fertility Centre, Chidambaram, Dr.Radhakrishnan Nair MD DGO, Amar Maternity and Fertility Hospital, Kerala, Dr.Shyla MD DGO, and Dr.Sujatha MD DGO, Trivandrum Medical College, Kerala.

The topics ranged from basic approach to infertility, Evaluation of the infertile couple, diagnostic procedures, ultrasound in follicle monitoring with demonstration, female factors due to ovarian pathology, ovulation induction, Introduction to male infertility and sperm retrieval procedures, embryo grading, assessment and culture, Cryopreservation of oocytes, embryos and sperm(animal and human) Nuclear maturation (Animal), Setting up of an IVF lab, Sterilization, Quality control and Trouble shooting in ART were also discussed.

We had as usual a team of experts handle various sessions and share their knowledge with fluency of experience.

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The eminent doctors were Dr. N. Pandian, Chettinad Health City,Chennai, Dr.S.Suresh,Mediscan Systems, Chennai, Dr.Priya Kannan, Garbarakshambigai Fertility Centre Pvt Ltd, Chennai, Dr. John Edwin(Ex

Dean of the Vetinerary Hospital, Chennai) and Dr. Palaniswamy from Vetinerary Hospital, Chennai, Dr.Kamala Selvaraj & Dr.Priya Selvaraj Chennai. They were also taken to vetinerary institute (Vetinerary Hospital, Chennai) headed by Dr. Palaniswamy. Elaborate IUI, IVF manuals and a course completion certificate was also given. On the whole the workshop was interesting and a two way learning experience for all.

This apart the hands on workshop included basic semen assessment and different techniques of sperm preparation. Candidates were shown technique of transvaginal aspiration of oocytes and hands on in the culture room.

They were shown demonstrations of oocytes identification, picking, washing, setting up culture dishes, culture media and preparation of semen for IVF and ICSI, embryo transfers and ICSI methodology. Demonstration of freezing and thawing of embryos and lectures on cryopreservation were also undertaken. On the whole besides a great interaction we made quite a few observations. In order to train more effectively we need full cooperation whereby every aspect of the demonstration is taken seriously and the candidates use the time wisely to handle practicals. If you are blessed with a sincere embryologist it's good but if not, the doctors should realize they cannot depend on technicians and leave a semen analysis to their Judgment. We were given a great feedback but yet we feel there is a knack to make use of hands on facilities which I feel needs to be fine tuned in those wanting more.

Dr. Priya Selvaraj MD MNAMS MCE

NEW TRENDS IN ART: IMSI

Male infertility is on the rise due to men adopting drastic changes in lifestyle, in addition to added environmental insults and genetics, exactly in that order. Our lifestyle choices contribute to the bulk of cases. ICSI was a breakthrough in helping create biological offspring as opposed to the use of donor sperms but now a new entrant seems to be fine tuning this by a highly magnified selection process. Intracytoplasmic morphologically selected sperm injection (IMSI) as it is popularly referred to have taken the technology to a higher level.

We need to look at a group of variables before we accurately select the cases that would need this procedure. According to literature survey this technique is of great benefit in cases of idiopathic infertility with repeated ART failures, oligoasthenozoospermia, previous miscarriages and cases which are subjected to PESA or TESE both of which are well known sperm retrieval techniques for azoospermia. A comprehensive work up of the male would include complete physical examination, personal history, occupation with related hazards, sexual history and last but most importantly the semen analysis. Pointers from any of these could predict the prognosis of the conception cycle. We also need to remember that there is still no "absolute" definition for the normalcy of semen analysis. There are norms but at no point can a normal analysis be taken as a highly fertile sample as opposed to a subnormal one. When it comes to the moderately or severely oligo-astheno- zoospermic male, we need to ascertain if functionally normal sperms are present and if they are, how are we going to select them?

It is well known that sperms from an infertile male can be prone to chromosomal variations and also carry a possibility of

passing on genetic defects to the offspring. In such a scenario, there is also the need to create a biological offspring ensuring at the same time that genetic defects are minimized. Time tested interventions are the PGD, amniocentesis and karyotype analysis. More recently FISH analysis of sperms comes in handy to rule out chromosomal abnormalities in poor semen samples and in men with translocations or other variations. But what if we could influence selection of a normal sperm by changing the optics of our already existent ICSI set up from a magnification of 200x to 6000x?

The selection process is called the motile sperm organellar morphology examination (MSOME) technique which assesses nuclei shape and configuration as well as homogeneity of nuclear chromatin mass. There are lab requirements to be fulfilled such as use of special optics, glass bottomed dish as well as density gradient preparation of sperms but given the almost doubled pregnancy rates in comparison to conventional ICSI this is one fast forward progression in ART !

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Dr. Priya Selvaraj MD MNAMS MCE

BELOVED MOTHER

BELOVED MOTHER

we live in times troubled
with ups and downs that double
sometimes words thrown in
that may slice our esteem thin
another sunrise promises new beginnings
yet we may see none
just ranting and ramblings
these are inevitable
an evil twin of good times
as life's rules ordain
sunset before sunshine
through all of this we seek support
from only one that is deemed to hold fort
a flower that never wilts
whose fragrance time can never kill
if she were just another
we wouldnt be calling her ....**MOTHER**

Dr. Priya Selvaraj MD MNAMS MCE

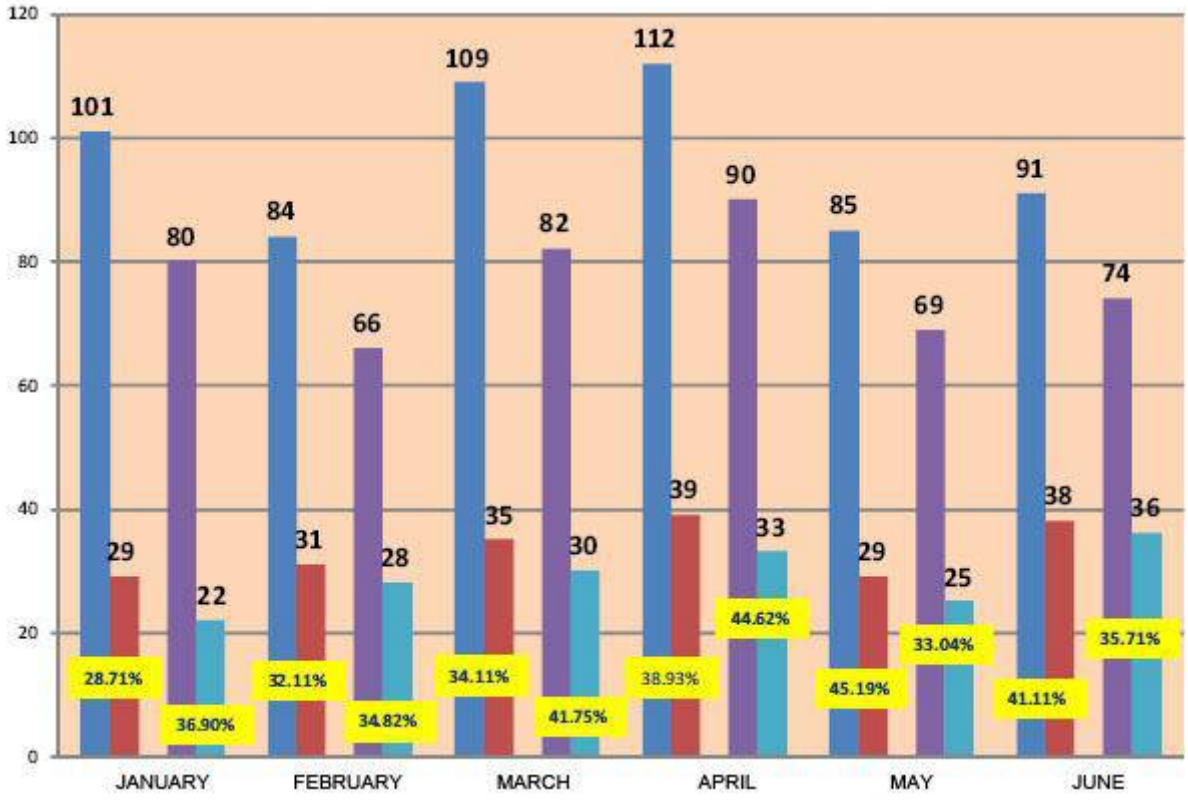
OUR ART BABES

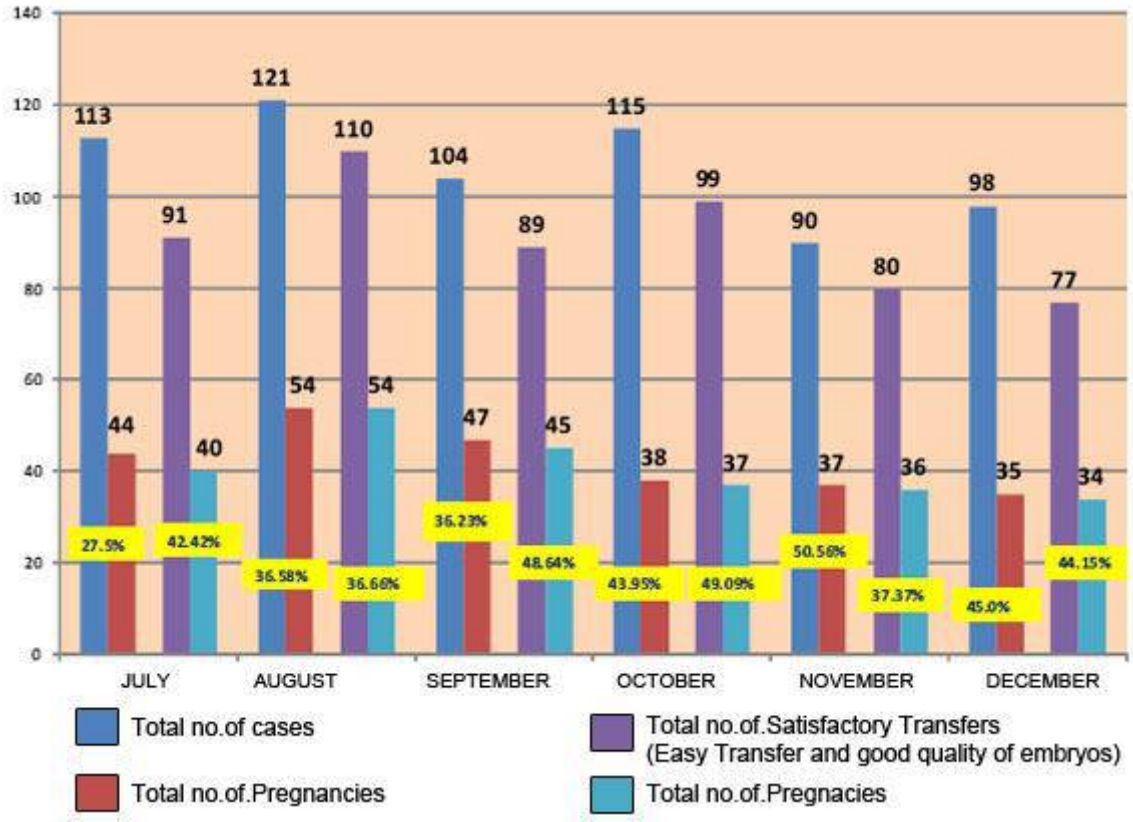
- **TWIN 1 : ANUDEVI**
- **TWIN 2 : SHENU KARTHIKEYAN**
- DOB & Age : 07/04/2005, 5 YEARS
- Conception : IVF ET
- Ambition : To become a Doctor
- CLASS : UKG
- Extra curricular Activities : DANCING & DRAWING, PLAYING CRICKET

- **TWIN 1 : M. HARINI**
- **TWIN 2 : M. SHIVANI**
- DOB & Age 24/4/2007, 3 YEARS
- Conception : IVF ICSI ET
- Extra curricular Activities : PLAYING AND SURFING CHANNELS

- **TWIN 1 : A. NIDA**
- **TWIN 2 : A. NIDEAL**
- DOB & Age 3/11/2007, 3 YEARS
- Conception : IVF ET
- PARTICIPATED IN GENERAL KNOWLEDGE PROGRAMME IN ASIA NET
- Extra curricular Activities : INTERESTED IN SPORTS , NEWS AND ENTERTAINMENT CHANNELS

MONTHLY VARIATION IN ART PREGNENCIES (JAN 2010-DEC 2010)





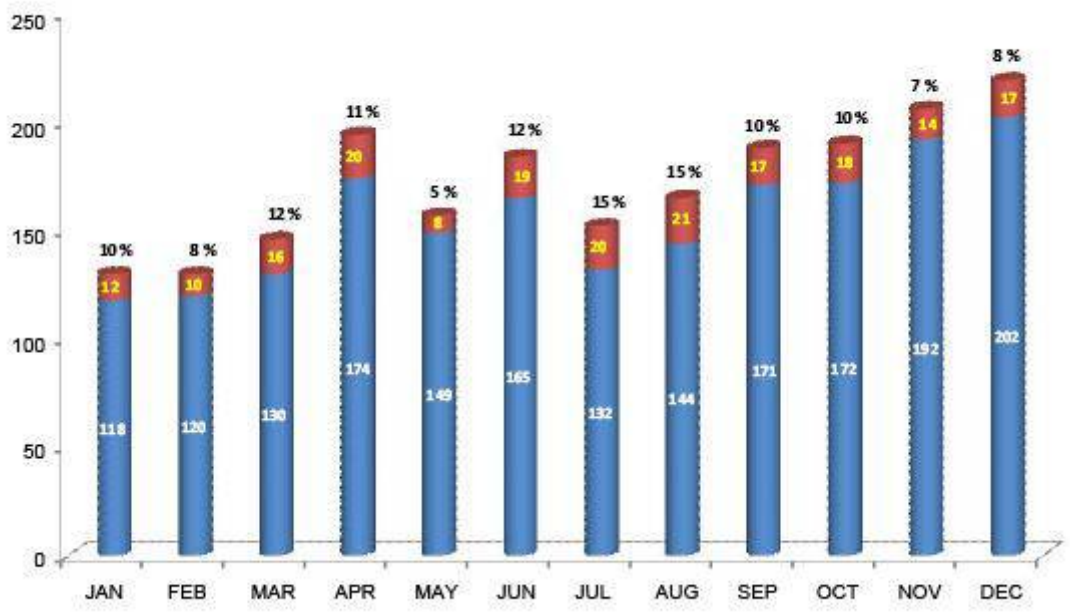
MONTHLY PREGNANCIES (JAN 2010 - DEC 2010)

MONTHLY PREGNANCIES
(JAN 2010 – DEC 2010)

	Art	IUI	Natural *	
	29	12	19	
	31	10	17	
	35	16	14	
	39	20	11	
	29	8	10	
	38	19	7	
	44	20	8	
	54	21	17	
	47	21	17	
	38	18	10	
	37	14	11	
	35	17	14	
	456	192	150	

MONTHLY IUI PREGNANCIES (JAN 2010 - DEC 2010)

MONTHLY IUI PREGNANCIES (JAN 2010 – DEC 2010)



ART STATISTICS (JAN 2010 - DEC 2010)

PROCEDURES	NO OF CASES	PREGNANCIES	PREG.RATE (%)
IUI (OWN / DONAR)	1869	192	10.27
GENERAL			
IVF ET	7	4	57.14
ICSI ET	299	135	37.08
IVM ICSI ET	3	0	0
IVF & ICSI	15	7	46.66
RI ICSI	2	0	0
BT	11	6	54.54
FROZEN EMBRYOS			

FROZEN ET	3	3	100.00
FROZEN CISI ET	28	7	25.66
FROZEN ICSI +IVF	12	2	16.66
SEQUENTIAL TRANSFER (OWN / DONOR)			
DAY 2 AND DAY 5 TRANSFER (OWN)	283	137	48.40
DAY 2 AND 5 TRANSFER (DONAR)	64	27	42.18
DAY 2 AND 5 TRANSFER (OWN / DONAR)			
RUPTURE ET			
OWN	79	69	20.25
DONOR	120	35	29.16
DONOR OOCYTE PROGRAMME (DOP)			
IVF ET	30	6	20
ICSI ET	120	39	32.5
FROZEN ET	4	3	75.00
DONOR EMBRYO PROGRAMME			
IVT ET	19	8	42.1
ICSI ET	5	2	40.00
FROZEN DET	24	1	4.1

BT	9	3	33.33
DUAL GIFT + ET	1	1	100.00
OWN + DOP ICSI ET DUAL	3 1	2 0	66.66 0
OWN + DET	4	1	25.00

Total Number of pregnancies achieved : 3975
Total Number of patients delivered by ART : 2212
Total Number of babies delivered by ART : 2858
Total Number of ongoing pregnancies :240
Total Number of Fetal wastages :1479
Lost in follow up : 44