

Fertility tourists flock to SA clinics

Overseas couples wanting to conceive are looking to our shores, writes **HELEN GRANGE**

South Africa has a well-priced and desirable commodity to offer the world – human eggs. Infertile couples from all over the world are increasingly choosing local fertility clinics to realise their dream of having a baby, and like the phenomenon of plastic surgery safaris, they are linking their reproductive mission to an affordable holiday.

The most popular clinic among couples from America, the UK, Australia, Europe and countries in Africa is the Cape Fertility Clinic, run by Dr Paul le Roux and partner Dr Klaus Wiswedel.

“We are getting between 30 and 40 foreign visitors a month seeking egg donations, and it’s because the medical care here is very good and highly personalised,” says Wiswedel.

The Cape Fertility Clinic is among four fertility clinics – two are in Johannesburg – listed on the international website www.renewfertility.com, a US-based site founded by Californian Robin Newman.

She herself came to South Africa looking to redress her childless status, found its facilities world-class and now helps others find their way here through her website.

Her site features a comprehensive list of tariffs for hotels and lodges, as well as for an egg donation programme – which Wiswedel tags at between R35 000 and R45 000 over a 10- to 12-day period.

“The internet has enabled fertility clinics to compete globally,” says Wiswedel. “Our competitors are not in South Africa – they are in Cyprus, Moscow and Spain.”

“We help with finding these couples accommodation and they are also spending millions on the tourist attractions in and around Cape Town.

“Most importantly, we are giving these people a gift they desire most in their lives, which is very gratifying.”

Typically, the egg recipient is a woman in her late 30s or 40s who, due to putting her career first, has left child-bearing too late, he says.

At the Sandton Fertility Clinic, also on Newman’s site, director Dr Goolam Mohamed puts about three or four foreign couples a month into egg donation programmes, and says they have usually spent many heart-breaking years trying fertility treatments, at enormous cost, before opting for egg donation.

The first egg donation programme in South Africa took



NEW HOPE: Highly personalised medical care has attracted foreign visitors hoping to redress their childless status

place in 1986. It carries a 45-70% success rate, depending on the age of the donor, as fertility is defined by the age of the eggs.

Waiting periods for an egg donor in the past were long – up to two years, but egg donor agencies have helped to shorten this time.

“The donor agencies we use are very professional,” says Wiswedel. “Egg donors are carefully screened. They are provided with support through the whole process, so they know exactly what they’re in for.”

One of these agencies, which seeks donors mainly via its website, is baby2mom, founded by Jenny Currie. It has been running

for just less than a year and has so far achieved 15 pregnancies from 39 egg donor programmes.

Although egg donation is the most successful of fertility treatments, it is not without risk.

Donors are given, for two weeks, powerful hormones to stimulate their ovaries to produce a batch of eggs (usually between 10 and 20). These drugs can cause bloating and irritability but in isolated cases can lead to a rare, life-threatening condition called “ovarian hyperstimulation”.

There have also been a few reports of donors being left sterile by the egg retrieval process. But Dr Johan van Rensburg, of

the Medfem Clinic in Johannesburg says the risks are negligible if the procedure is done by a reputable fertility clinic with skilled medical staff.

“If the donor is stimulated in a controlled and careful manner, and well-monitored throughout, it should not compromise her health or fertility in any way,” he says.

Mohamed confirms this, adding that a South African donor won’t be used more than two or three times. “At my clinic I won’t allow more than two donor pregnancies.”

Under the Human Tissue Act, donors are not permitted to be

paid for their eggs. They are, however, entitled to compensation or a gratuity for time spent on the donor programme, and for transport. This will vary from clinic to clinic, but up to R6 000 is an acceptable fee for having to take the hormones and having three scans to confirm that they are working effectively.

Currie says many of the donors are housewives with the time to go through this taxing process, and are “genuinely altruistic people”. They are ideally between the age of 18 and 34, must be medically and psychologically healthy, and have an acceptable body mass index

(not too underweight or overweight).

Donors with a history of genetic or familial illness will be excluded.

Ultimately, a team approach is used to screen donors, involving doctors, social workers and professional nurses. The donor is involved only up to the point that her egg is harvested, with no further commitment after that.

The only information she is entitled to is whether the recipient achieved a pregnancy. She remains completely anonymous, as do recipients.

The eggs are retrieved via the vagina on the day the donor ovulates. It is a minor, 20-minute procedure, under sedation, in a safe and secure environment, says Currie.

In the meantime, the recipient has been prepared, with medication, to receive the egg, which is fertilised with her partner’s donated sperm and grown in a special medium before being implanted in her womb five days later.

After a two-week wait, a pregnancy test is performed. The egg contains the genetic material and make-up of the donor, so the child conceived will carry these genetics.

“We try to match up the donors as closely as possible to the recipients, physically and racially, so the children look like their parents,” says Currie.

“Although the recipient isn’t the genetic mother, these children tend to assume other familial characteristics from being in the presence of their parents, such as laughing, talking and walking mannerisms.”

Currie says egg donation is a way to deal with infertility in a confidential manner, and many recipients opt to keep the details of their child’s conception a secret, even from their families and their child.

But while all people are different, the opportunity to have children that carry at least half the family’s genetics is “often the most dreamt-about and greatest wish for many people, and a way to complete and balance their lives”, says Currie.

“The gift these donors bestow on an infertile couple is extremely special and precious,” she adds. “Egg donation changes ‘Sorry, you can’t have children’ to ‘Through the generous donation of an angel, you can be pregnant’.”

For more information on egg donations, visit www.capefertilityclinic.co.za, www.sandtonfertility.com or www.baby2mom.iblog.co.za

Fish fight nearly had me as catch of the day

Without lumping too much philosophy on my journey this early, I have to admit that the last 10 days away from



RIAAN MANSER
Round the Outside

people, electricity and combustible engines were invaluable for putting me into the appropriate, and necessary, head space.

This task I’ve given myself, circumnavigating Madagascar by kayak, is a serious, dangerous and lonely one. I can truly say I had not been honest with myself up to this point. I didn’t corner myself as decisively as I did on the Africa circumnavigation as to what I was willing to offer up in exchange for conquering Madagascar: Am I willing to risk my relationship, my health, my financial welfare and, in all truthfulness, myself? Am I as willing as before to offer my life?

The last week had some hardcore reality, which certainly helped me digest and process these thoughts. The most telling of them was being caught in a violent storm 8km out to sea. I decided, as I had done many times before, to cut across a bay instead of hugging the coastline.

The sea was choppy to start with but in an instant the wind doubled in speed, bringing with it two to three foot chop in between the already sizable six to eight foot surf. The kayak became uncontrollable and with every wave that broke over us, she started taking on water.

“No,” to the above question, “I don’t want to die.” As I was being engulfed by these waves, thrown from side to side and unable to remain on my kayak, I can remember loudly speaking to myself.

“If you’re not willing to be determined now, you never will be. Nobody can help you here except yourself. Do something and start with your attitude.”

Only three hours later, while recovering on a beach, did it hit home the risk I had taken. Secondly, and probably more importantly, I realised the huge mental boulder I’d just managed to roll out the way.

The lesson I learnt from this ordeal was to time my big bay crossings more accurately and not give in to my nagging, stubborn and impatient spirit... ever. For the fishermen back home I have a reality story that I think will send shivers up your waders.

I landed my first cuta, an extremely powerful and aggressive fish with a set of gnashers resembling a chain saw. The first one I caught I had to release as it was too big for my kayak. I estimated it to be about 10kg. The second cuta of about 5kg fought just as fiercely but was destined for the dinner table.

As I was bringing him closer to my kayak, my feet dangling casually on either side, I chose my time carefully to hoist him on to my shin area. A good place I thought to pin it down and finish it off. This, though, did not end as I imagined.

The fish still had lots of fight left and as I brought him nearer, for what I presumed would be his final passing, he put his foot on the gas again.

Now for those who don’t know what a Rapala lure looks like, it is basically a plastic fish that you tow behind your boat or kayak to attract a predatory fish. This lure has two treble hooks attached to it, one under the belly and the other trails on the rear of its cigar shaped body.

This fish was only hooked by the front hooks which meant the rear hook was open and hanging free... free to imbed itself solidly into my left heel as the fish darted under my kayak. With blood pouring from my heel I raised the fish slightly out the water to the left side of my kayak and, while it shook furiously, I grabbed at its head. In this motion my hands were bitten open by the desperate fish.

Eventually, after getting a firm grip around the top of its head with my fingers sliding into its gills, I used the other hand to grab the pocket knife I keep in the front pouch of my lifejacket and stabbed away at the fish’s head. The adrenaline was pumping at a furious rate, so much so that I literally ripped one hook from the cuta’s lower jaw and followed this action in removing the other treble hook from my heel.

Jislaaik, just writing this story has got me all worked up again.

Riaan Manser is attempting to become the first person to kayak around Madagascar, alone and unaided. Follow his journey on www.africa365.co.za

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