

Adar 1 Newsletter 5782/February 2022

BS"D

Dear Friends,

At Tahareinu, we mark this season of Simcha by endeavoring as usual to bring more Simcha to families – around the world.

We have so much to share from recent conferences, both in person and virtual, as well as a remarkably successful trip to England, Baruch Hashem.

With each couple we meet and each doctor we connect to, we are grateful to be at the forefront of the latest medical innovations – coupled with Halachic insight and genuine empathy.

As always, we welcome your feedback, questions, and experiences.

Until next month,

Yitzchok Melber

We are pleased to announce that Rabbi Melber will be in the New York area the week of February 28. Couples facing circumstances of infertility, recurrent pregnancy loss, or genetic issues are invited to [schedule an in-person consultation](#). As a leading medical expert and a Halachic authority in these topics, Rabbi Melber is uniquely qualified to create individual plans for couples and guide them to a successful outcome IY"H.

[Schedule a Consultation](#)

Rabbi Melber's trip to London

Mere days after the successful global "Havah Li Banim" campaign Rabbi Melber traveled to England to provide *chizuk* and information to help British couples still waiting for children.

The climax of the trip was two essential public lectures in medicine and *halachah* for local leaders in the Torah centers of Stamford Hill and Golders Green. Close to 100 *rabbanim*, *dayanim*, *chosson* teachers, and medical referral *askanim* took part.

Rabbi Melber shared the latest discoveries and new possibilities in the sophisticated world of fertility treatment, as they pertain to the halachic *shailos* that are directed to these *rabbanim*.

Rabbanim across the spectrum of London Jewry were extremely grateful for the clarity and awareness of new medical solutions and procedures.

During the week of his trip, Rabbi Melber spent countless hours helping couples individually. Seventeen couples sought personal meetings to review their past and present status and work toward a more positive future.

In a quest to have updated information from all fronts available to those still waiting, Rabbi Melber also met with local giants in the field, including the world-renowned Dr. Binyamin Abramov and other doctors.

Another key meeting took place in the office of the Federation with Rabbi Shraga Feivel Zimmerman, *shlit"u*, Rav and leader of the Federation, an organization connecting dozens of *kehillos* in England. The two discussed increased cooperation to enable more help, more joy, and more purity to local families.

Thousands of couples around the world have merited seeing the light at the end of the tunnel through the guidance and assistance of Tahareinu. Now that travel and in-person meetings are easing up, post-Covid, Tahareinu plans to visit all greater Jewish communities around the globe, to continue to spread the light.

Medical updates from London:

- The **Wegovee** drug we have recommended in the past for weight loss is now covered by the NHS and will be available free of charge to British patients!
- **HG Help** is an impressive organization formed by several Jewish women and doctors to assist women suffering from Hyperemesis Gravidarum (debilitating nausea) in pregnancy. Their website is hghelp.co.uk.

RECENT CONFERENCES AND TAKEAWAYS:

1. SOCIETY OF MATERNAL FETAL MEDICINE (SMFM) A revolution in the field of MFM will involve intense in-utero gene therapy for the fetus. This will completely change the landscape for genetically compromised babies, enabling them to be born healthy and live successful lives in scenarios where they would have otherwise had lifelong conditions. The technology utilized will be Crispr, used in the past for fertility treatments. In the future, this will certainly open up new vistas for couples who are carriers for serious conditions and would otherwise need to only get pregnant through IVF/GT.

Another innovation at this conference was shared by Dr. Haim Abenheim of McGill University, a major research center in Canada. For years, physicians have debated the use of progesterone for first-trimester bleeding. The conclusion has largely been to administer a minimum dosage of 200 mg of micronized progesterone as a suppository. According to a study conducted by this research center, there was no significant difference in the miscarriage rate after taking progesterone in the first trimester; it remained at approximately 25-30%. All this is only relevant to a woman who has never experienced prior miscarriage; for subsequent times she should definitely be taking progesterone throughout the first trimester.

The Tahareinu take:

- *In countries (in Europe and Israel) that have it available, we recommend the Dufaston (digesterone) form of progesterone, which was not included in this research but is definitely effective.*
- *Even if micronized progesterone is prescribed, we still highly recommend its use because there are other studies that do show improvement.*
- *Some doctors would consider a higher dose – up to 400 mg twice a day, or at least 200 mg twice a day.*
- *Even if a pill form is prescribed, it should be used as a suppository.*
- *There is no evidence of harmful effects of using progesterone, and therefore it is a recommended form of first line treatment on the chance that it can decrease miscarriage likelihood.*
- *An ultrasound should always be performed before taking progesterone to determine that the pregnancy is indeed viable and is implanted in the uterus.*
- *Bedrest is NOT recommended. In fact, it can worsen the condition by causing clotting which can cause contractions. Home rest, i.e. avoiding strenuous activity and long walks is a prudent option. In addition, a doctor should be consulted before having relations; in general, it is not advisable.*

Preventing early birth: Progesterone suppository or injection?

The experts conclude that either option can be considered, and should be combined with a cerclage procedure (stitching of the cervix) when indicated. Note that because different doctors employ different methods of cerclage, even if one wasn't effective and the pregnancy ended early, a different method can be explored in the next pregnancy.

2. HADASSAH HOSPITAL CONFERENCE ON FERTILITY PRESERVATION:

Medical preservation is necessary when the patient will be undergoing treatment that can harm the egg or sperm reserve, such as chemo, endometriosis in the ovaries, and POI.

Age preservation is also an option as a patient ages (above age 30) if they still hope to give birth to several children. The ideal time to perform the preservation is between 30 and 35; afterward the egg quality would begin to decrease.

IMPORTANT NOTE:

When freezing eggs, it's vital to have an appropriate preservation plan based on the number of children the patient hopes to bear. A minimum of 3 eggs should be frozen per child, as not every egg will yield a successful pregnancy or birth. If the patient is older, they would need a minimum of 10 eggs per child. If time is of essence and they cannot undergo many cycles of freezing, there is another option to freeze a piece of the ovary. Hundreds of babies have been born successfully through this method, and Tahareinu recommends it as well.

According to Professor Benjamin Rubinoff in Hadassah, even young children should attempt preservation when the need arises because they have nothing to lose.

Once again, one's rabbi should be consulted on all these matters.

3. ESSM CONFERENCE (EUROPEAN SOCIETY FOR INTIMACY DYSFUNCTION)

A double-blind research study has recently been conducted regarding effective treatment for vulvodynia (burning pain during intercourse). Laser therapy has been proven to be effective, and is therefore recommended as a first-line treatment before surgery is considered. It is now available in the US in Maze Clinic in both Manhattan and Westchester, as well as in Israel.

4. Prefemin has been confirmed to be a very effective form of Vitex/Agnus Castus, an herbal remedy for PMS. Just as different coffee brands will taste different despite a similar origin, various brands of this remedy have been tested and this one is preferred, in a dose of 20 mg.

5 things to know about a post C-section niche/isthmocele:

1. This is an extremely common problem. Women who have had more than 3 c-sections will have nearly 100% chance of developing a niche!
2. A niche can affect both Tahara and fertility. On the AUB end, there will be excessive staining and a hard time getting to the Mikvah, as well as repeated immediate clean/bleeding cycles.
3. There are 3 ways for treating this problem: First it, try hormonal medications, then a procedure to correct it, or a different workaround, such as pushing up a period to accommodate ovulation.
4. The best way to correct a niche is in debate between a hysteroscopy or laparoscopic surgery. The best choice will depend on the thickness and size of the niche, but in most cases hysteroscopy is preferable because it is less aggressive.
5. Does a niche cause fertility struggles? It's a debate, but there is some data to prove it. We recommend correction regardless, in order to prevent any problems such as subsequent pregnancies.

In conclusion, if one has Tahara or fertility challenges post c-section, she should consult with an expert in minimally invasive gynecology and ideally perform a hysteroscopy, and then make a decision based on those results about the need for correction.



Tahareinu Hotline and Consultations

Solve your tahara problems, initial infertility, reproductive area pain or other gynecological issues.

Call the Tahareinu [Hotline](#) today.

For ongoing infertility, recurrent pregnancy loss, or reproductive genetic issues, you and your spouse are warmly invited to schedule an in-person, phone or Zoom consultation with our founder and president, Rabbi Yitzchok Melber.

Please [send an email to rabbi@tahareinu.com](mailto:sendanemailtorabbi@tahareinu.com) Include your first name and location, and briefly describe your issue.

Personal consultations are for more involved reproductive issues. Note the Israel office has reopened for in-person consultations, in line with the country's coronavirus status.

IMPORTANT

Most Tahara issues are addressed by our [hotline advisors](#), 13 hours a day, 5 days a week. If you are unsure whether to schedule a consultation, call the hotline first.