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Singapore is facing a declining birthrate partly because time is a highly prized commodity, which is spent on work but not sex. Although paucity of sex due to lack of time and stress is a personal issue, it becomes medicalised when it results in subfertility. It is not uncommon for couples to tell me they have sex only once a month or only on weekends. Another common reason is the older female partner whose natural fecundity is reduced. Lastly, the male factor is still largely undiagnosed and remains an area where research and development of treatment is lagging behind the female. Hence, in my practice, the male partner is as important and he is seen at the beginning as well by our in-house urologist, Dr Michael Wong. This allows for a complete fertility profile of the couple to be made early on in their assessment.

It is a misconception that women have a larger role than men in infertility. In general, the causes of subfertility is 30 percent attributed to the female, 30 percent to the male and 30 percent where both male and female factors are present. In 10 percent, there is no obvious cause as in Idiopathic Subfertility. Hence the male contributes to 60 percent of the problems of subfertility, similar to the female. Having said that, the burden of receiving treatment is largely placed on the shoulders of the female partner because she is the one going through procedures such as IVF and bearing the child. Hence, even if the cause of subfertility is entirely a male factor such as in azoopermia, the female partner undertakes a larger share of the burden of treatment. Whatever the cause may be, I believe both male and female partners play an equal role to make the journey towards conception. Fertility treatment is highly emotional, so a supportive and loving male partner makes a huge difference.

Plan to have a child before 35 if you desire more than one, avoid unsafe sex, maintain a normal weight to height ratio, don't smoke, no drugs, regular moderate exercise, eat a balanced diet with good amounts of greens and fruits, take folate supplements and have regular sex with your loved ones.

I truly enjoy and benefit from the many chats I have with my patients to understand their needs and anxieties. One of the reasons I gave up my Obstetric practice is to be able to afford these long 'chat' sessions and devote my focus to my subspeciality expertise. My first advice to couples is to have a frank discussion so as to lay down their personal limits to treatment and consider other alternatives. They will need to decide how much time, how much money or how many treatment cycles they will invest in this journey before they consider the alternatives of remaining childless or adoption. Subfertility treatment is known to break up marriages even if successful. Encouraging the 'stressed-out' couple and remaining optimistic is crucial.

The past 10 years have seen better drugs, such as the long acting FSH which makes IVF simpler, more personalised protocols like the Invitro maturation cycles for the severely PCOS lady, sophisticated laboratory research and technology underway to select the most viable embryo, embryo biopsy to diagnose the abnormal embryo with a inherited genetic disease such as haemophilia or cystic fibrosis, ovarian tissue freezing to preserve fertility for the female faced with impending loss of ovarian function as a result of chemotherapy for cancer, oocyte(egg) freezing which will revolutionise social egg freezing and egg donation cycles for the older females. I can definitely better appreciate these technological advances in the laboratory as I am also trained with a Masters in Clinical Embryology. So I forsee the technology will enable any adult female to bear a child, when there is sperm, egg and surrogate uterus available for donation or for sale. My hope is that individuals will exercise prudence and the law will play a role in ensuring ethical practices and preventing abuse.

I will never advise a couple to stop trying. Couples can go on trying on their own with regular unprotected sex as long as they are desirous of a child, if they have no obvious infertility issue. The advice to stop is really based on the extent to which the couple is willing to go to based on their particular problem.