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International Journal of Sociology and Social Policy , Introduction The question as to when the physical material dimension of a human being begins is strictly a scientific question, and fundamentally should be answered by human embryologistsâ€”not by philosophers, bioethicists, theologians, politicians, x-ray technicians, movie stars, or obstetricians and gynecologists. The question as to when a human person begins is a philosophical question. Current discussions on abortion, human embryo research including cloning, stem cell research, and the formation of mixed-species chimeras , and the use of abortifacients involve specific claims as to when the life of every human being begins. If the "science" used to ground these various discussions is incorrect, then any conclusions will be rendered groundless and invalid. The purpose of this article is to focus primarily on a sampling of the "scientific" myths, and on the objective scientific facts that ought to ground these discussions. At least it will clarify what the actual international consensus of human embryologists is with regard to this relatively simple scientific question. In the final section, I will also address some "scientific" myths that have caused much confusion within the philosophical discussions on "personhood. When does a human being begin? Getting a handle on just a few basic human embryological terms accurately can considerably clarify the drastic difference between the "scientific" myths that are currently circulating, and the actual objective scientific facts. This would include such basic terms as: Further, more complicated, details can be obtained by investigating any well-established human embryology textbook in the library, such as some of those referenced below. Please note that the scientific facts presented here are not simply a matter of my own opinion. They are direct quotes and references from some of the most highly respected human embryology textbooks, and represent a consensus of human embryologists internationally. Basic human embryological facts To begin with, scientifically something very radical occurs between the processes of gametogenesis and fertilizationâ€”the change from a simple part of one human being i. That is, upon fertilization, parts of human beings have actually been transformed into something very different from what they were before; they have been changed into a single, whole human being. During the process of fertilization, the sperm and the oocyte cease to exist as such, and a new human being is produced. To understand this, it should be remembered that each kind of living organism has a specific number and quality of chromosomes that are characteristic for each member of a species. The number can vary only slightly if the organism is to survive. For example, the characteristic number of chromosomes for a member of the human species is 46 plus or minus, e. Every somatic or, body cell in a human being has this characteristic number of chromosomes. Even the early germ cells contain 46 chromosomes; it is only their mature forms - the sex gametes, or sperms and oocytes - which will later contain only 23 chromosomes each.. This is necessary so that after their fusion at fertilization the characteristic number of chromosomes in a single individual member of the human species 46 can be maintainedâ€”otherwise we would end up with a monster of some sort. To accurately see why a sperm or an oocyte are considered as only possessing human life, and not as living human beings themselves, one needs to look at the basic scientific facts involved in the processes of gametogenesis and of fertilization. It may help to keep in mind that the products of gametogenesis and fertilization are very different. The products of gametogenesis are mature sex gametes with only 23 instead of 46 chromosomes. The product of fertilization is a living human being with 46 chromosomes. Gametogenesis refers to the maturation of germ cells, resulting in gametes. Fertilization refers to the initiation of a new human being. The timing of gametogenesis is different in males and in females. The later stages of spermatogenesis in males occur at puberty, and continue throughout adult life. The process involves the production of spermatogonia from the primitive germ cells, which in turn become primary spermatocytes, and finally spermatidsâ€”or mature spermatozoa sperms. These mature sperms will have only half of the number of their original chromosomesâ€”i. By birth, only about , - 2 million remain. By puberty, only about , remain. The process includes several stages of maturationâ€”the production of oogonia from primitive germ cells, which in

turn become primary oocytes, which become definitive oocytes only at puberty. In fact, it does not reduce its number of chromosomes until and unless it is fertilized by the sperm, during which process the definitive oocyte becomes a secondary oocyte with only 23 chromosomes. Many people confuse meiosis with a different process known as mitosis, but there is an important difference. Mitosis refers to the normal division of a somatic or of a germ cell in order to increase the number of those cells during growth and development. The resulting cells contain the same number of chromosomes as the previous cells—in human beings, Meiosis refers to the halving of the number of chromosomes that are normally present in a germ cell - the precursor of a sperm or a definitive oocyte - in order for fertilization to take place. The resulting gamete cells have only half of the number of chromosomes as the previous cells—in human beings, He also sits on the international board of Nomina Embryologica which determines the correct terminology to be used in human embryology textbooks internationally: These cells are produced in the gonads, i. During the differentiation of gametes, diploid cells those with a double set of chromosomes, as found in somatic cells [46 chromosomes] are termed primary, and haploid cells those with a single set of chromosomes [23 chromosomes] are called secondary. The reduction of chromosomal number Spermatogenesis, the production of spermatozoa, continues from immediately after puberty until old age. It takes place in the testis, which is also an endocrine gland, the interstitial cells of which secrete testosterone. Previous to puberty, spermatogonia in the simiferous tubules of the testis remain relatively inactive. After puberty, under stimulation from the interstitial cells, spermatogonia proliferate When these undergo their first maturation division meiosis 1 , they become secondary spermatocytes. The second maturation division meiosis 2 results in spermatids, which become converted into spermatozoa. Oogonia derived from primordial germ cells multiply by mitosis and become primary oocytes. The number of oogonia increases to nearly seven million by the middle of prenatal life, after which it diminishes to about two million at birth. From these, several thousand oocytes are derived, several hundred of which mature and are liberated ovulated during a reproductive period of some thirty years. Prophase of meiosis 1 begins during fetal life but ceases at the diplotene state, which persists during childhood. After puberty, meiosis 1 is resumed and a secondary oocyte The secondary oocyte is a female gamete in which the first meiotic division is completed and the second has begun. From oogonium to secondary oocyte takes from about 12 to 50 years to be completed. Meiosis 2 is terminated after rupture of the follicle ovulation but only if a spermatozoon penetrates. Hence a human ovum does not [really] exist. Thus, for fertilization to be accomplished, a mature sperm and a mature human oocyte are needed. Before fertilization,8 each has only 23 chromosomes. They each possess "human life," since they are parts of a living human being; but they are not each whole living human beings themselves. They each have only 23 chromosomes, not 46 chromosomes—the number of chromosomes necessary and characteristic for a single individual member of the human species. Furthermore, a sperm can produce only "sperm" proteins and enzymes; an oocyte can produce only "oocyte" proteins and enzymes; neither alone is or can produce a human being with 46 chromosomes. Thus these terms themselves would qualify as "scientific" myths. The commonly used term, "fertilized egg," is especially very misleading, since there is really no longer an egg or oocyte once fertilization has begun. What is being called a "fertilized egg" is not an egg of any sort; it is a human being. The zygote is characteristic of the last phase of fertilization and is identified by the first cleavage spindle. It is a unicellular embryo. The fusion of the sperm with 23 chromosomes and the oocyte with 23 chromosomes at fertilization results in a live human being, a single-cell human zygote, with 46 chromosomes—the number of chromosomes characteristic of an individual member of the human species. This cell results from the union of an oocyte and a sperm. A zygote is the beginning of a new human being i. The expression fertilized ovum refers to a secondary oocyte that is impregnated by a sperm; when fertilization is complete, the oocyte becomes a zygote. In fact, this genetic growth and development has been proven not to be directed by the mother. In sum, a mature human sperm and a mature human oocyte are products of gametogenesis—each has only 23 chromosomes. They each have only half of the required number of chromosomes for a human being. They cannot singly develop further into human beings. They produce only "gamete" proteins and enzymes. They do not direct their own growth and development. And they are not individuals, i. They are only parts—each one a part of a human being. On the other hand, a human being is the immediate product of

fertilization. It simply divides and grows bigger and bigger, developing through several stages as an embryo over an 8-week period. Several of these developmental stages of the growing embryo are given special names, e. Given these basic facts of human embryology, it is easier to recognize the many scientifically inaccurate claims that have been advanced in the discussions about abortion, human embryo research, cloning, stem cell research, the formation of chimeras, and the use of abortifacients—and why these discussions obfuscate the objective scientific facts. The following is just a sampling of these current "scientific" myths. But human sperms and human ova are human life, too. So pro-lifers would also have to agree that the destruction of human sperms and human ova are no different from abortions—and that is ridiculous! As pointed out above in the background section, there is a radical difference, scientifically, between parts of a human being that only possess "human life" and a human embryo or human fetus that is an actual "human being. Destroying a human sperm or a human oocyte would not constitute abortion, since neither are human beings. The issue is not when does human life begin, but rather when does the life of every human being begin. A human kidney or liver, a human skin cell, a sperm or an oocyte all possess human life, but they are not human beings—they are only parts of a human being. As demonstrated above, the human embryonic organism formed at fertilization is a whole human being, and therefore it is not just a "blob" or a "bunch of cells. As demonstrated above, scientifically there is absolutely no question whatsoever that the immediate product of fertilization is a newly existing human being. A human zygote is a human being. It is not a "potential" or a "possible" human being. The immediate product of fertilization is genetically already a girl or a boy—determined by the kind of sperm that fertilizes the oocyte.

Chapter 2 : Have You Considered Using an Egg Donor to Conceive? | Fertility Center in Pleasant Grove, U

Several trials have shown little difference in in-vitro-fertilization success rates using frozen rather than fresh eggs. That rate is 30% to 50% per try, depending on the age of eggs and expertise of the doctor.

It is both a bioproduct like molasses schcharles hotmail. HughGass eggs are not dairy. Juke Box Make sure you share that with the world so it would be less difficult? Cows and other mammals can be milked or eaten. Chickens do not have mammary glands. Chickens do not give milk. Takara Shiba Is it animal flesh? These eggs are unfertilized therefore it will never hatch a chick therefore it has no meat. A chicken will lay an egg without roosters present. Terri Thompson Richardson Well, if a fertilized egg is considered to be an embryo and embryos are considered to be unborn children, does that mean that we are eating baby chickens every time we eat an egg? Carter Boatright Fertilized eggs are not consumed by the public. All consumed eggs from the store are infertile. No roosters are present in the houses with these chickens. They lay eggs with no roosters present. They are not fertilized. Chickens will lay eggs with or without roosters present. Eggs you eat are the unfertilized eggs. Just like human women produce eggs and eventually discard them in humans through the process of menstruation , unfertilized, so do chickens. The only difference being, a human woman will gestate a fertilized egg fetus inside the body and not in a hard shell externally. All grocery store eggs are non-living, fertilized or not. Mirin All dairy products are primarily made from milk, which is made by the mammary gland of a mammal. It is more of a meat with many culinary uses. My friend said she had never understood why eggs were in the dairy section. Are they doing sonograms on hens now to see if they left any eggs unlaidd? Unlaidd eggs are officially meat? How do they know there is an unlaidd egg?

Chapter 3 : Infertile? Have You Considered an Egg Donor?

Have You Considered Using an Egg Donor to Conceive? Posted June 20, As a woman, when a doctor tells you that your eggs are of a poor quality to conceive or that you have no eggs to fertilize, you can still achieve your maternal dreams with the help of an egg donor.

Historically, eggs have been considered unhealthy because they contain cholesterol. A large egg contains mg of cholesterol, which is a lot compared to most other foods. However, many studies have shown that the dietary cholesterol in eggs does not adversely affect cholesterol levels in the blood. One analysis of 17 studies on egg consumption and health discovered no connection between eggs and either heart disease or stroke in otherwise healthy people 4. Summary Despite incorrect assumptions about eggs in the past, eating them has no association with heart disease. Eggs Are Rich in Unique Antioxidants Eggs are particularly rich in the two antioxidants lutein and zeaxanthin. These antioxidants gather in the retina of the eye where they protect against harmful sunlight and reduce the risk of eye diseases like macular degeneration and cataracts 6 , 7 , 8. In one study, supplementing with an average of 1. If you want to learn about other foods that are good for your eye health, check out this article. Summary Eggs contain large amounts of the antioxidants lutein and zeaxanthin, both of which dramatically lower your risk of age-related eye disorders. Just think about it, one egg contains all the nutrients and building blocks required to grow a baby chicken. Eggs are loaded with high-quality proteins, vitamins, minerals, good fats and various trace nutrients. A large egg contains Only 77 calories, with 5 grams of fat and 6 grams of protein with all 9 essential amino acids. Rich in iron, phosphorus, selenium and vitamins A, B12, B2 and B5 among others. About mg of choline, a very important nutrient for the brain. If you decide to include eggs in your diet, make sure to eat omegaenriched or pastured eggs. They are much more nutritious. Make sure to eat the yolks, since they contain pretty much all the nutrients. Summary Eggs contain all 9 essential amino acids, are highly concentrated with vitamins and minerals and are among the best sources of choline you can get. Omegaenriched or pastured eggs are the best. Eggs Are Filling and Help You Lose Weight Eggs score high on a scale called the satiety index, which means that eggs are particularly good at making you feel full and eat fewer overall calories 5. Also, they only contain trace amounts of carbohydrates, which means they will not raise your blood glucose levels. In a study in 30 overweight or obese women that ate either a bagel or eggs for breakfast, the egg group ended up eating less during lunch, the rest of the day and for the next 36 hours In another study, overweight adults were calorie-restricted and given either two eggs calories or bagels for breakfast After eight weeks, the egg-eating group experienced the following: Put simply, eating eggs is an excellent weight loss strategy on a reduced-calorie diet. Summary Eggs are a nutritious, protein-rich food with a strong impact on satiety. Studies show that eating eggs for breakfast can help you lose weight. An Egg-Ceptional Superfood Eggs are exceptionally nutritious , weight-loss friendly and high in antioxidants. If you need any more reasons to eat eggs, they are also cheap, go with almost any food and taste great.

Chapter 4 : Are Eggs Dairy? - Go Dairy Free

Ideally, younger woman have a better chance of getting pregnant using frozen eggs since the quality is better. As women get older, the quantity and quality of the eggs will deteriorate, therefore freezing becomes less beneficial as only a small number of eggs may be obtained in the cycle.

Becoming an egg donor means that you could help another woman have a child if her ovaries could not produce usable eggs to do so. It is one of the best gifts you could ever provide another person, and it does not require much effort on your part at all. The best part of all is that you can actually get paid to make this kind of donation from your body. Now that I have your attention, the information below will give you an idea of what may be involved for you in the egg donation process. The Application Every part of egg donation starts with an application. There are certain general requirements you have to meet to become a donor, and the prescreening application covers those areas to determine if you can continue in the program. Donors must be between the ages of 21 and 33 with no history of drug abuse, sexually transmitted diseases, smoking, and the like. Women who have a clean, healthy history and fit within the age range can then move on to the next part of the process. There are several more applications and interviews that take place before a woman is finally chosen to be a donor, and that is to look further into her medical and personal history. All of the information gathered is used to create a profile that couples can look over when they want to try egg donation. Fertility clinics want to ensure that only the best eggs go on the market so that the babies that come from them are worth the money and the effort. I know that sounds harsh, but that is the easiest way I can explain this concept effectively. The Selection Couples may choose a donor based on the way she looks, her academic abilities, her personality type, her ethnicity, or anything else they want. Overall, they will do what it takes to find a woman whose eggs will produce their ideal child. The selection process may not happen overnight. It could take months for a couple to select you as a donor, depending on what your qualifications are. Couples often prefer women who have gone through master degree programs, but they can choose a donor for just about any reason. The Donation After they choose you to be a part of their egg donation, you will go through a few doctor visits to test your own fertility and to sync your ovulation cycle with the desiring mother. All of this will be paid for through the egg recipients. Eventually you will go in to have the eggs removed, which involves about ten minutes under anesthesia as the doctors fish the eggs off your ovaries. The event is painless and requires no cutting at all. If egg donation sounds like a program you want to get involved with, check with a fertility clinic in your area. You may have to sign up for a program in a large city nearby, but you can usually find someone around your area to work with. Then all you have to do is wait for the phone call for your eggs.

Chapter 5 : Have You Considered Freezing Your Eggs? - The Reproductive Medicine Group

Have You Considered the Egg? Average rating: 0 out of 5 stars, based on 0 reviews Write a review. Marian A Pilgrim. This button opens a dialog that displays.

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Chapter 6 : Egg as food - Wikipedia

TXT Have You Considered Freezing Your Eggs? Let's Raise Awareness During PCOS Month She can then have the egg injected with her partners' sperm, then have the resulting embryos transferred to her womb, and they can deliver their baby. please call The Reproductive Medicine Group at

These provisions are found in different areas of the state legal codes, including those that establish the legal requirements for abortion services 17 states , prescribe penalties for assaulting a pregnant woman seven states and restrict fetal research one state. Most of the 18 states have several different provisions, sometimes across different types of statutes, and sometimes even within the same section of law. Alabama, for example, has seven definitions in its abortion code—three refer to conception and four to fertilization. And some states seem to use the terms conception, fertilization and implantation interchangeably, even though they have different medical meanings and significance. Implicating Contraception What is motivating this interest and activity is not entirely clear. Certainly, it would appear to stem from the complex politics of the abortion issue and from the long-standing campaign of some antiabortion activists to personify the fetus and portray it, often using language as a powerful tool, as a baby from the moment of fertilization see box , page 9. In this regard, it is likely that the proponents of the state laws may have been unaware of how the various contraceptive methods actually work, and were probably not taking aim at them directly. In fact, of the 18 states that have some definition of pregnancy as beginning at fertilization or conception, 12 define abortion as the termination of a "known" pregnancy. Furthermore, two of these states Arizona and Texas specifically exclude contraceptives from their definitions of abortion, even though they use fertilization as the starting point for pregnancy elsewhere in their statutes. Language Matters Legislative activity at both the federal and state levels around the issue of fetal pain highlight how the inconsistency with which terminology is being used in ongoing policy debates could have real-world implications. Legislation pending in Congress would require that women obtaining abortions after a certain point in pregnancy be told of the capacity of a fetus to feel pain and be offered anesthesia that could be administered directly to the fetus. The legislation repeatedly refers to that point as "20 weeks after fertilization. As a result, the federal mandate, should it be enacted, in fact would be effective for what doctors would consider to be a fetus at 22 weeks, rather than at 20 weeks. Whether that is the case with various state bills is another question. Fetal pain legislation has been introduced in nearly half the states this year, and enacted in Arkansas. Although almost all of these measures, like the federal bill, refer to "20 weeks," most of them also use the term "gestation" rather than "fertilization. And in the real world, that two-week difference matters. Understanding that, they have to know that the end result of enforcing a definition that pregnancy begins at fertilization would implicate not just some hormonal methods, but all of them. This is clearly a cause for discomfort within the ranks of the abortion opponents. Some groups, notably including the National Right to Life Committee, try to avoid the issue entirely, saying they have no position on contraception. Conference of Catholic Bishops, are clear and consistent: For them, pregnancy begins at fertilization, and if that "fact" implicates contraception, so be it. As far back as , Judie Brown, long-time president of the American Life League, made the point quite clear in testimony before a congressional committee: In the most high profile instance, the Senate rejected legislation introduced in the early days of the Reagan administration that tried to use a congressional "finding" that life begins at conception as a way to circumvent the need for a constitutional amendment overturning Roe v. Wade and to ban abortion nationwide. One of the most contentious issues in that debate, aside from the obvious question of the propriety of a legislative body making such moral and ethical determinations, was the potential impact of that finding on many commonly used forms of contraception. Testifying about the potential impact of the legislation, George Ryan, then president of ACOG, said, "I believe that it is realistic to assume that the IUD and the low-dose oral contraceptive pills could be considered as abortifacients and therefore declared illegal. In , during consideration of a measure to include coverage of contraceptive services and supplies in the insurance coverage purchased for federal employees and their dependents, Rep. Chris Smith R-NJ offered an amendment to exclude coverage of "abortifacients. Nancy Johnson R-CT took the measure on directly, making

the science behind the provision, and the motivation for it, quite clear: Conception is a process. Fertilization of the egg is part of that process. But if that fertilized egg does not get implanted, it does not grow. Implications for Emergency Contraception The ongoing debate over emergency contraception has put the question of the dividing line between preventing and disrupting pregnancy back in the public eye. A product packaged specifically to be used as emergency contraception was first approved by the FDA in as a method of pregnancy prevention; the agency approved a second such product, Plan B, a year later. Plan B acts primarily by stopping the release of an egg from the ovary ovulation. It may prevent the union of sperm and egg fertilization. If fertilization does occur, Plan B may prevent a fertilized egg from attaching to the womb implantation. But one of their common and intended modes of action is to prevent the development of the embryo, resulting in his or her death. It is clear, however, that they have taken direct aim at emergency contraception, and are seeking to separate it from other contraceptive methods, no matter that the science says otherwise. This effort is making its most public appearance in the controversy raging over whether and to what extent pharmacists must provide emergency contraception. But two less-noticed developments in the states this year are worth noting. First, a measure mandating contraceptive coverage in private insurance plans in Arkansas specifically excludes emergency contraception. Similarly, a measure recently enacted in Indiana that directs the state to apply to the federal government to expand eligibility for Medicaid-covered family planning services excludes "a drug or device intended to terminate a pregnancy after fertilization" from the package that would be covered. But nonetheless, this campaign has ominous implications for emergency contraception and, if carried to its logical conclusion, for contraception in general. How Do Contraceptives Prevent Pregnancy? Food and Drug Administrationâ€™ approved contraceptive drugs and devices act to prevent pregnancy in one or more of three major ways: Male and female condoms always act by preventing fertilization; however, the mode of action of any hormonal method may vary not only from woman to woman, but also for an individual woman from month to month, depending on the timing of intercourse in relation to ovulation. The method is considered to act mainly by suppressing ovulation; it may also reduce sperm and egg transport or decrease the readiness of the uterine lining for implantation. In addition, IUDs affect the lining of the uterus in a way that may be unfavorable for implantation. Additional contraceptive actions for all of these also may affect the process beyond fertilization but prior to pregnancy. The American College of Obstetricians and Gynecologists. The conclusions and opinions expressed in this article, however, are those of the author and The Alan Guttmacher Institute.

Chapter 7 : 3 Reasons Egg Whites Aren't The Healthiest Choice - One Green Planet

Things to Consider. If you choose to use a donor's eggs or embryos to get pregnant, you will have a 50 percent chance of carrying to term and giving birth. If you use frozen embryos, the success rate drops down to 30 percent.

Cooking methods affect the nutritional values of eggs. The diet of laying hens also may affect the nutritional quality of eggs. For instance, chicken eggs that are especially high in omega-3 fatty acids are produced by feeding hens a diet containing polyunsaturated fats from sources such as fish oil, chia seeds, or flaxseeds. People on a low-cholesterol diet may need to reduce egg consumption; however, only 27 percent of the fat in egg is saturated fat palmitic, stearic, and myristic acids. There is debate over whether egg yolk presents a health risk. A prospective study of more than 100,000 people by the Harvard School of Public Health concluded in part, that "The apparent increased risk of CHD associated with higher egg consumption among diabetic participants warrants further research. A health issue associated with eggs is contamination by pathogenic bacteria, such as *Salmonella enteritidis*. Contamination of eggs with other members of the genus *Salmonella* while exiting a female bird via the cloaca may occur, so care must be taken to prevent the egg shell from becoming contaminated with fecal matter. In commercial practice in the US, eggs are quickly washed with a sanitizing solution within minutes of being laid. The risk of infection from raw or undercooked eggs is dependent in part upon the sanitary conditions under which the hens are kept. Health experts advise people to refrigerate washed eggs, use them within two weeks, cook them thoroughly, and never consume raw eggs. A study by the U. Department of Agriculture in Risk Analysis April 22 2002: It showed that of the 69 billion eggs produced annually, only 2. This has not been the case in other countries, however, where *Salmonella enteritidis* and *Salmonella typhimurium* infections due to egg consumption are major concerns. Most forms of contamination enter through such weaknesses in the shell. In the UK, the British Egg Industry Council awards the lions stamp to eggs that, among other things, come from hens that have been vaccinated against *Salmonella*. Egg allergy One of the most common food allergies in infants is eggs. White and brown eggs in an egg crate. Most commercially farmed chicken eggs intended for human consumption are unfertilized, since the laying hens are kept without roosters. Fertile eggs may be eaten, with little nutritional difference when compared to the unfertilized. Fertile eggs will not contain a developed embryo, as refrigeration temperatures inhibit cellular growth for an extended period of time. Sometimes an embryo is allowed to develop, but eaten before hatching as with balut. Grading by quality and size See also: Food grading The U. Department of Agriculture grades eggs by the interior quality of the egg see Haugh unit and the appearance and condition of the egg shell. Eggs of any quality grade may differ in weight size. Grade AA Eggs have whites that are thick and firm; have yolks that are high, round, and practically free from defects; and have clean, unbroken shells. Grade AA and Grade A eggs are best for frying and poaching, where appearance is important. This is the quality most often sold in stores. Grade B Eggs have whites that may be thinner and yolks that may be wider and flatter than eggs of higher grades. The shells must be unbroken, but may show slight stains. This quality is seldom found in retail stores because usually they are used to make liquid, frozen, and dried egg products, as well as other egg-containing products. In Australia [75] and the European Union, eggs are graded by the hen raising method, free range, battery caged, etc. Chicken eggs are graded by size for the purpose of sales. Some maxi eggs may have double-yolks and some farms separate out double-yolk eggs for special sale. This is to remove natural farm contaminants present in the cleanest farms and to prevent the growth of bacteria. In Europe legislation requires the opposite. Washing removes the natural protective cuticle on the egg and refrigeration causes condensation which may promote bacteria growth. Although eggshell color is a largely cosmetic issue, with no effect on egg quality or taste, it is a major issue in production due to regional and national preferences for specific colors, and the results of such preferences on demand. For example, in most regions of the United States, chicken eggs generally are white. In some parts of the northeast of that country, particularly New England, where a television jingle for years proclaimed "brown eggs are local eggs, and local eggs are fresh! Local chicken breeds, including the Rhode Island Red, lay brown eggs. In Brazil and Poland, white chicken eggs are generally regarded as industrial, and brown or reddish ones are preferred.

Small farms and smallholdings , particularly in economically advanced nations, may sell eggs of widely varying colors and sizes, with combinations of white, brown, speckled red , green, and blue as laid by certain breeds, including araucanas, [77] heritage skyline, and cream leg bar eggs in the same box or carton, while the supermarkets at the same time sell mostly eggs from the larger producers, of the color preferred in that nation or region. Very dark brown eggs of Marans , a French breed of chicken.

Chapter 8 : Have you ever considered of donating your eggs? | Yahoo Answers

Eggs are one of the most nutritious foods you can eat (). Despite being relatively low in calories, eggs contain high amounts of good-quality protein, fat and a variety of nutrients.. One large.

Chapter 9 : Are Eggs Dairy or Meat? | EggTutor

Have you ever considered egg freezing? Posted on March 19th, in Fertility Egg freezing, also sometimes called fertility preservation, provides women with the opportunity to extend their family planning window.