



fertility 
associates

Welcome to
Fertility Associates
IVF



Finding your way

When you're new to something, it's good to know how to find your way around.

Whether you're looking for essential information on what happens next; information about our services; valuable resources; or just want an easy way to get in touch with us, this is your one-stop destination.

We're here to make your experience with us as seamless and convenient as possible.



Please read this booklet carefully to ensure you understand what is involved at each step of your IVF treatment cycle. You will also be given an individual treatment plan that will include your appointment dates and medications.

SINCE
1987

where life begins
kei konei ka tīmata ai te oranga

Getting started

Congratulations on taking the first step!

As part of the preparation towards beginning treatment you will have gone through cycle information with your doctor, done some screening bloods, and received a cost estimate for your proposed treatment.

Before you are able to begin you will also have met with a nurse to have a 'drug teach' to advise about your proposed medications and how to use and store them. You will also have been given some 'homework' about your treatment which enables you to give informed consent, and have signed your consent documents.

You are now ready to call in with your 'Day 1'. **Read on** to find out what else you need to know.



Downloading our Salve patient app before you start your treatment gives you a convenient place for your information, allowing you to:

- keep track of your appointments
- stay on top of your medication (and reminders)
- get quick answers – secure messaging with your clinic team
- access useful fertility treatment information, with downloadable fact sheets
- see your treatment information all in one place – all of your documents and letters, for easy reference.

How do I download the Salve app?

Download through the App Store or Google Play store.
When prompted, enter the code for your clinic location:

Auckland
77A787

Hamilton
HA7087

Wellington
WL7498

Tauranga
TA7525

Christchurch
CH7290

Dunedin
DU7315

Your results via Salve

We will message you via Salve with your next steps on the day you have blood tests and scans.

It is important you reply promptly to our messages. If you have further questions, please speak to your nursing team.

Contacting you

Most communication during your treatment cycle will be via the Salve app, but it is also important that during your treatment cycle we can contact you by phone to give you information and relay instructions about next steps.

Please ensure that:

1

We have your current mobile phone number and other daytime phone numbers where you are comfortable for us to contact you

2

You say your name on your voicemail recording so we know that it's you, if we need to leave you a message

3

You check your phone regularly for messages and instructions

Contacting us

In the morning, most of the nurses are busy with patients and procedures so they may not get back to you immediately. To contact us, please leave a message via Salve, or leave a voice message. When leaving a voice message for your nursing team, please ensure you leave clear details with your name, contact number and date of birth.

Alternatively, you can select the phone menu option to speak to a nurse from our NZ-wide Nurse Liaison Team.

If you require an urgent response, please talk to our reception team.

Medication

We will provide additional medication as required throughout your cycle. Please see the nurses after your scan to collect more medication. Note that some medication needs to be kept cool, so please refer to the storage instructions provided with each medication issued.



It's helpful to record usage of your medication. This helps us to gauge how much additional medication you need to collect at the clinic. If you suspect you do not have enough medication before your next booked appointment, please let us know as soon as possible to allow sufficient time for dispensing. Due to pharmaceutical storage requirements, we are unable to accept returns of any surplus medication dispensed.

Important: please do not stop or alter any medications unless instructed by a nurse.

Timing of results

We normally start to communicate your next steps in the afternoon, after 2pm. Please be patient, even if you are anxious about a result – your call will be returned before the end of the day.

Occasionally blood results are delayed in getting to us and we may still be receiving results late into the afternoon. Please call us if you have not heard from us by 4.30pm on a weekday or 2pm on a weekend, (our weekend closing hours vary between 2-3pm).

Counselling

A complimentary counselling session is included in each treatment cycle and these sessions can be invaluable in helping to develop coping strategies and giving an understanding of what's ahead, so that you can be better prepared. Treatment can be stressful at times and other life events may occur during your treatment. You can book your counselling session at your clinic or through the website.

We also have a lot of resources available on our website in our Wellness Lab. We hope that you will find the information useful in preparing for pregnancy as well as for learning strategies to make your fertility journey easier.



Book a
counselling
appointment



Go to The
Wellness Lab

Blood tests

The repeating blood instructions will be provided by your nurse for early morning blood tests at your local lab provider. If you are booked for a scan at your clinic please ensure you have your blood test before coming to the clinic.

For blood tests away from home: please notify your nurse if you plan to travel and require a blood test at a location other than those advised, as you are unable to use your repeating form outside of your normal location. Having a blood test at a lab that is not listed may incur charges by the lab.



Find your
closest blood
test clinic

What happens in IVF?

The 'Day 1' call

You will be asked to contact the clinic on Day 1 of your period – this is how you start your IVF cycle. If your period starts in the morning, then that is your Day 1. If it starts in the afternoon, then the next day is your Day 1. You should call the clinic before 2pm on your Day 1 – leave a message for the nurses if the phones are busy and they'll get back to you.

Once we receive the Day 1 call, we double-check a number of things, including the doctor's plan for your IVF cycle; check that screening tests are up-to-date; as well as the key dates for your treatment.

We will then provide you with a summary that covers:

- dates for starting medications, first blood test and first scan, and the likely week of egg collection.

Your doctor's management plan for you

Your doctor writes an individualised management plan for each IVF cycle which includes the types and doses of each medication; whether or not ICSI is required; the planned number of embryos that will be transferred; the stage at which embryos will be transferred; as well as any other special instructions.

Team model of care

At Fertility Associates, we work as a team. Each Fertility Associates location is under the supervision of a Medical Director who is responsible for the important decisions, supported by a team of highly trained and skilled specialist doctors, fertility nurses and embryologists. That means that there will be a number of doctors, nurses and embryologists that you will meet during your care.

Paying for treatment

We will give you a cost estimate based on your doctor's plan when you start your IVF cycle and we'll invoice you at the three stages of treatment:

1

For medications and monitoring when you first pick up your medication

2

For egg collection and embryology when we confirm your egg collection time

3

For embryo transfer when we confirm your transfer time

Payment for each stage must be made in advance.

Our 'Treatment costs and payment options' web page has more information, and you can call us with questions at any time.



View
treatment
costs

About fertility medications

You will have a 'drug teach' session with a nurse who will explain to you all about the medications and how to take them. Many of the medications we use must be kept cool, so it's very important to pay particular attention to the storage instructions – the nurses will advise you on how to store them properly.



Generally, you will be issued with a sufficient quantity of medication up until your next blood test or scan – we do it this way to try to minimise the cost as medications cannot be returned once they are issued to patients.

When medications are taken daily – usually in the evening – it is important to take these at the same time each day. We use the Salve app to remind you when to take your medications.

Sometimes you may have some 'breakthrough bleeding' if you are on a stimulation regimen using the contraceptive pill. This will not affect your response to the medications used later on to stimulate the ovaries.

We will give you containers to store any used needles and syringes. You can bring them back to the clinic for disposal at the time of egg collection. Please ensure that you lock the container before returning it, to prevent injuries to our team.

Blood tests and scans

Once you start medications, we will advise you when to have your first blood test and when your first scan will be. We use the results of your blood tests and scans to tell how your follicles are growing and, later on, when to time your egg collection. We might amend the doses of medication, depending on the results.

The blood tests we ask you to have are a bit different from other blood tests – we have special arrangements to make sure that we get the results in time for making decisions each day. This is why we ask you to have your tests done before 9am each day while in treatment.

Ultrasound scans are done in the mornings. The scan involves an ultrasound probe placed in the vagina. An empty bladder is best for us to get the best possible view of your ovaries and the follicles growing there.

Decisions on next steps

Each day that you have a blood test or a scan, we will get back to you with instructions on what to do next. A team of doctors, nurses and embryologists meets to review results around lunchtime to make decisions and then we inform you, generally through the Salve app. Look out for the afternoon messages – usually before 4pm (2pm on weekends) – they contain important instructions that could be about medication changes, or time to trigger ovulation.

Please contact the clinic if you have not heard from us by 4.30pm (2pm on weekends).

We need to be able to contact you once you start a GnRH agonist (such as Decapeptyl or Lucrin) or a GnRH antagonist (such as Cetrotide or Orgalutran) and you must keep taking it every day until advised.

If you are not available between 2pm and 4.30pm we need to know how we can reach you or leave a confidential message for you.

If only one or two follicles develop, or if the hormone levels from the blood tests are low, it may be better to stop and try again later using more medications. Occasionally treatment may be stopped for too great a response to the medications. If you have a low response during a publicly-funded cycle, we will make the decision whether to stop and whether we can offer you another publicly-funded cycle.

We will always discuss options with you before any decision is made. Although it is very disappointing to have to stop treatment, you will benefit from what has been learned for future treatment.

Egg collection

The final maturation of the eggs is induced by a trigger injection of the hormone hCG. This is given 36 hours before egg collection is planned, usually between 8pm and midnight. We can tell you the time for your egg collection when we arrange the time for your trigger injection.

We will give you some specific information before egg collection, such as:

The trigger injection instructions

Preparing for the egg collection

We ask you to arrive at the clinic 30 to 45 minutes before egg collection is planned.

We encourage you to bring a support person, such as your partner or a friend. You may need to arrange childcare to cover the duration of the egg collection and any recovery time afterwards – the clinic's treatment and recovery areas are not suitable for children. You will probably be at the clinic for about two to three hours.

Guidance for egg collection

- do not have anything to eat including lollies or chewing gum, or drinks containing milk for six hours before egg collection is scheduled but you may have water up to two hours beforehand.
- have a shower before you arrive and do not use any deodorants or perfumes, as eggs, sperm and embryos are very sensitive.
- you are not able to drive or use machinery for 24 hours following egg collection. The pain relief medications used during egg collection affect your ability to drive safely, so you will need to arrange transport home.
- someone must take you home and be with you for 24 hours following the procedure.

Some bleeding from the vagina is common after egg collection. If bleeding is heavy, or lasts longer than a day, contact the clinic. Cramping is normal in the first few hours after egg collection. We recommend taking Panadol every four hours and you can use Panadeine (paracetamol and codeine) if you need more relief. Contact us if this is not enough for your pain.

Egg collection is usually performed under light narcotic analgesia for pain relief. You will be awake, although you may not remember much about the procedure afterwards. Some women only feel mild discomfort, whilst others feel a bit more pain. Women who anticipate or have experienced painful egg collection may want to consider using heavier sedation. This involves us arranging an anaesthetist who will charge a separate fee. Public funding may cover extra sedation if there is a medical reason for it.

To be fully briefed, you should also be aware of the other risks and side-effects around IVF.



More IVF
information

Hormone support

Following egg collection, the nurse will talk to you about taking progesterone as vaginal pessaries or gel for the following two weeks to maintain the lining of the uterus. They might be called Duphaston, Utrogestan or Crinone, and are likely to cause a slight discharge. Tell us if you suffer any irritation from these.

You will be given some fact sheets about looking after yourself following the egg collection, and possibly also about hormone support and how to recognise Ovarian Hyper-stimulation Syndrome (OHSS), if applicable.

Sperm – your questions answered

Sperm quality is best if the sample is collected within 30-60 minutes of giving it to the embryology staff. At the time of the egg collection, it is preferable for you to provide the sample at the clinic – we have rooms available at each clinic for this. However you can produce the sample at home if required – talk to our nurses about this. Please tell us where you are going to be during the day in case we need to contact you about the quality of your sample.

Good to know:

We advise one to two days of abstinence to optimise the number and quality of sperm.

Periods of abstinence longer than this can be detrimental because of the accumulation of aged sperm. You will be reminded to ejaculate when the nurse gives the trigger instructions.

Shower before you come to the clinic or before you produce your sample at home and ensure your genitals and hands are very clean. We need to ensure that the sample remains uncontaminated.

Do not use any deodorants or perfumes, as eggs, sperm and embryos are very sensitive.

Do not use lubricants when producing your sample, as even small amounts can be toxic to sperm.



If you are concerned that you may not be able to produce a sample on the day, we may be able to freeze a back-up sample. This needs to be done well in advance so we can see how the sperm survives freezing and thawing. There is a separate charge for sperm freezing unless it is done for medical reasons as part of publicly-funded treatment. There is also a consent process for freezing sperm and using frozen sperm.

Although your doctor will have specified in the management plan whether to use conventional IVF or ICSI, sometimes sperm quality on the day of egg collection is different than expected. The embryologist may then suggest ICSI to give the best chance of fertilisation. The consent form covers this possibility and reminds you that if we need to do ICSI on the day then an ICSI fee will be charged. We will only do ICSI on the day if you have consented for us to do this and we will try to contact you beforehand.

Embryo transfer

At the time of egg collection the embryologist will arrange a time for you to find out how many eggs have fertilised and, sometimes, to confirm a time for embryo transfer. Embryo transfer may be done between days three to five after egg collection, depending on the number and quality of the embryos.

The embryologist will let you know how many eggs were collected, how many fertilised and if any embryos were suitable for freezing.

You will be scheduled to come to the clinic 15-30 minutes before the embryo transfer is scheduled. You need to drink enough beforehand to come with a full bladder – this is essential for the transfer, as we use ultrasound to help place the embryos.



The transfer itself is usually painless, very seldom needs any medications, and usually takes about 15 minutes. This is a special time for most people and you will probably want to have your partner or a support person with you. You may even be able to see a photograph of your embryo.

Afterwards you can continue your normal activities – the embryos will not drop out! You can have sex if you want to – it won't harm the embryo. Try to avoid hot baths, saunas or excessive heat, though.

What is a 'freeze-all'?

Sometimes your doctor will recommend freezing all suitable embryos rather than having a fresh embryo transfer – this is commonly known as a 'freeze-all'.

Freeze-all is recommended when the lining of the uterus may not be optimal for the embryo to implant in the fresh IVF cycle, or when the risk of OHSS would be increased if you became pregnant in the fresh IVF cycle.

The overall chance of having a child from your IVF cycle is not reduced with freeze-all, it just means that your first transfer is delayed. A thawed embryo cycle can often start immediately after your IVF cycle.



Waiting for the pregnancy test

Sometimes women have some bleeding before their pregnancy test is due – this does not mean that you are not going to be pregnant. Keep taking all medication as advised until the nursing staff tell you to stop.

Most people say that waiting to see whether they are pregnant is the most stressful part of treatment. If you are feeling stressed, perhaps make an appointment to speak to one of our counsellors who can help you with some extra support at this time.

Take it easy on yourself – take some time out to do things that will make you feel good and spend time with people who support you. You can also find some really helpful resources in our patient Wellness Lab.

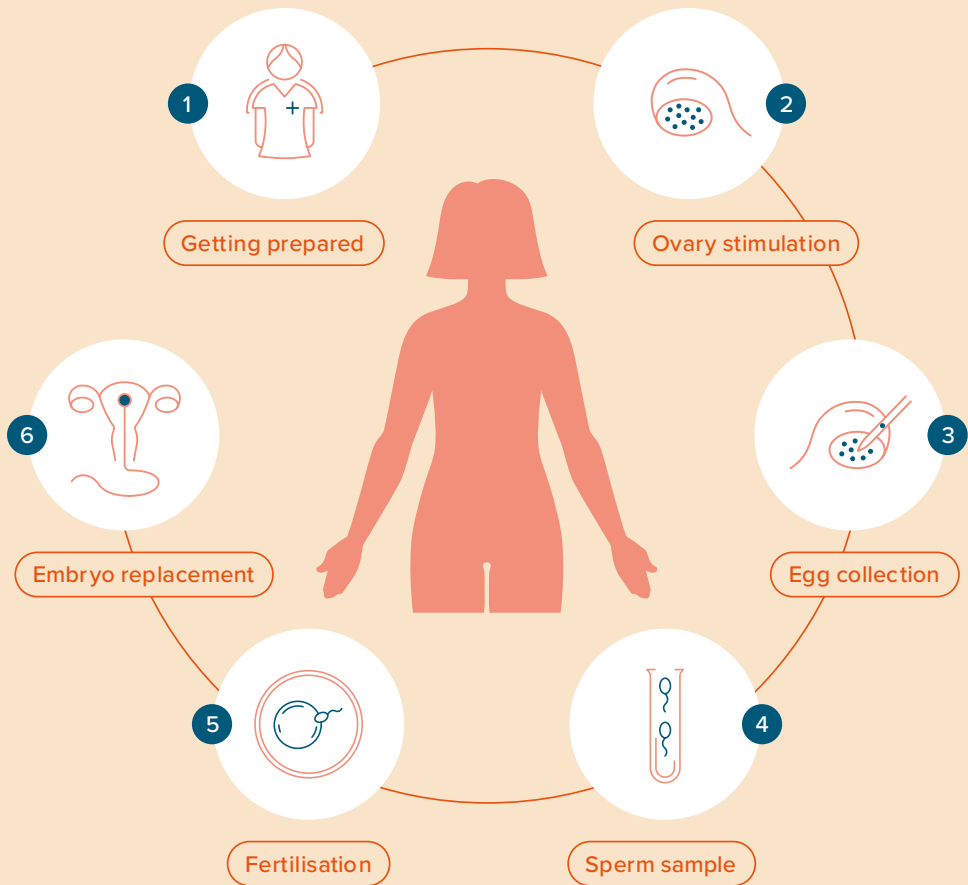


Go to The
Wellness Lab

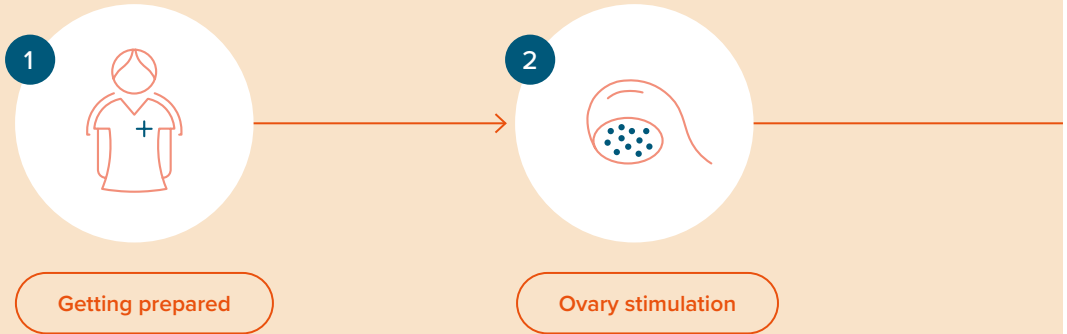


Understanding the IVF cycle

This section is to help you understand what's involved medically at each stage of the IVF treatment cycle.



Understanding the IVF cycle



By this stage, you and your doctor have already considered the possibilities and have mapped out a treatment plan specially tailored to your individual needs to give you the best chance of achieving a healthy pregnancy.

You have already completed all your screening by this stage, as well as a drug teach and all your consents.

Once you are ready to start, we wait for 'Day 1' which is the first day of your period. At this time, you need to contact the nurse. The nurse will then provide you with instructions based on the plan your doctor has specified for you.

Next, we stimulate your ovaries to produce eggs with a course of FSH (follicle stimulating hormones).

- Injections of FSH encourage the development of multiple small cysts within the ovary (follicles), each housing an egg. As the follicles grow, the egg within should develop too. Once they're large enough, a final stage of egg development is 'triggered' with a separate injection.
- We individually tailor FSH doses to predict your expected response and aim to stimulate between 6-12 eggs for retrieval. An AMH (anti mullerian hormone) blood test is used in conjunction with your age to formulate this dose. On average, 10 to 11 days worth of FSH injections are required.
- The most common form of FSH medication we use is Gonal-F, Decapeptyl and Puregon. Other types include Elonva and Menopur.
- Additional injections (Cetrotide, Orgalutran, or Buserelin) are used to prevent premature release of the eggs.
- The most common medications used for the 'trigger' injection are Ovidrel, Decapeptyl and Choriomon.

Blood tests and scans will be required during stimulation until you are ready for egg collection.

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Egg collection

Freeze-all cycles

If too many eggs are stimulated there is a risk of illness and, in rare cases, Ovarian Hyperstimulation Syndrome (OHSS).

If we have concerns about potential OHSS, we have several preventative strategies to reduce the risk of it occurring. One of these is to not replace the embryo immediately.

This is termed a 'freeze-all' cycle.

The embryo can usually be replaced the following month, allowing time for the ovaries to normalise.

It is important to note that a 'freeze-all' cycle does not reduce your overall chances of achieving pregnancy.

We are aware that a further wait to replace an embryo is frustrating, and we only use a freeze-all cycle when deemed necessary for safety.

Your nurse will provide your egg collection appointment time.

This is time critical and has been arranged to align with your 'trigger' injection – it is very important that you arrive on time and do not postpone or move this appointment.

You'll be given pain relief and mild sedation. We also use local anaesthetic at the top of the vagina to numb the skin in this area. Then an ultrasound will be placed inside the vagina and a needle gently inserted into each ovary so we can extract the fluid in the follicles – hopefully along with the egg.

If a fresh embryo is to be replaced, progesterone is started after egg collection. This comes in the form of 'pessaries', or small tablets that are placed into the vagina, up to the time of your pregnancy test. If you have a positive test, the medication is often continued – our nurses can provide additional instructions at this point.

You're welcome to bring your partner or a support person into the procedure room with you. Once you are fully recovered (usually 2-3 hours later) you can head home.

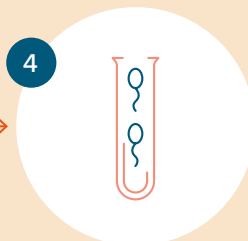
Understanding the IVF cycle



Egg collection (continued)

Need to know

- In some situations, it's difficult to accurately predict an individual's response to a drug. Some people respond poorly to the medication, resulting in under-response. This means that we might obtain fewer eggs than predicted but this does not necessarily mean a lower chance of success as the best quality eggs tend to grow first.
- Additionally, while we try to obtain an egg from every follicle, this is not always possible – in some cases the egg may be immature, of poor quality, or difficult to retrieve.
- Following egg collection, bleeding may occur from the vagina which in a majority of cases can be stopped by simple pressure using a swab. Occasionally 'bruising' of the ovaries may occur, for which simple pain relief (Panadol) may be required for the next 24-48 hours. Other injuries are very rare.



Sperm sample

Sperm is required on the same day as your egg collection. We usually time this within 30-60 minutes of the egg collection procedure.

A sperm analysis takes place prior to treatment commencing, to assess male fertility and determine which treatments are technically appropriate.

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Fertilisation

There are two possible ways in which fertilisation can occur:

IVF: If the semen sample provided is of suitable quality, sperm will be placed in a petri dish with your eggs and left to fertilise.

ICSI: If the sperm are not of suitable quality or quantity, individual sperm will be selected under a microscope and injected into the eggs.

The lab staff will then carefully monitor your embryos in the incubator for the next two to six days. Unfortunately, not all eggs will fertilise. Some may be immature or of suboptimal quality.

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Embryo replacement

We will replace the embryo into the uterus at some point between days three to five of development, depending on the quality and quantity available.

The embryo will be replaced into the uterus through the vagina in most cases, using ultrasound guidance and an embryo catheter.

The procedure is very quick and in most cases people can go back to daily activities. You will be asked to drink two glasses of water one hour before your procedure.

Any other suitable embryos will be frozen at this time for future use.

After treatment

Our nurses will contact you the day after egg collection to see how you are feeling. If you had an embryo transfer, you will be asked to have a blood pregnancy test (serum hCG measurement), approximately 14 days after your egg collection procedure.

If you're pregnant

Our team will provide more information on monitoring pregnancy, and we'll arrange an early pregnancy scan around the seventh week of pregnancy.

Unfortunately, some patients who become pregnant will miscarry. When this occurs, it is nearly always due to a problem with the embryo (please remember, it's extremely uncommon for the miscarriage to be caused by an issue with the uterus or the woman herself).

If the initial pregnancy blood test (hCG) is very low and then falls, this is called a biochemical pregnancy.

While uncommon, ectopic pregnancy can also occur following IVF treatment.

If any of these issues occur, Fertility Associates will guide you through this difficult time.

If you're not pregnant

We'll talk through your options at your post-IVF review appointment and help you plan the next steps.

Some people feel that they need to take a break and take it easy for a month or two before trying again, others are keen to get right back into it. Talk to your doctor about your options.

Unexpected events

IVF treatment involves many complex variables, and in all treatment cycles we do our very best to account for and control these variables. While rare, unexpected events can occur.

These include failure to retrieve eggs at egg collection; failure of the eggs to fertilise and therefore not having an embryo to replace. If this occurs we will get in touch urgently to discuss.

The wait for pregnancy test results can be stressful – we recommend that you create a support network of friends and family to help you through this time. Fertility Associates have counsellors available – please contact your clinic reception if you would like to arrange an appointment.



Notes



where life begins
kei konei ka tīmata ai te oranga

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