Fertility preservation is a quickly growing area of research. There have been important advances in the past five years in egg freezing and ovarian tissue freezing and more are expected. For women freezing their eggs or ovarian tissue, their age at the time of freezing will remain one of the most important factors for subsequent success.

**QUICK FACTS**

Fertility preservation has been around longer than egg freezing and clinics have a lot more experience with embryo freezing because it is part of routine IVF treatment.

- **Egg freezing** Egg freezing involves all the steps of an IVF cycle up to and including egg collection. Eggs are then frozen, usually by a method called vitrification. When the woman wants to use the eggs, they will be thawed, and she will resume the second half of an IVF cycle – adding sperm to the eggs, embryo transfer, and freezing any spare embryos.

  While a million or so children have been born from frozen embryos, the number of children from frozen eggs is much smaller, probably around 5,000 worldwide. Most of the world’s experience from frozen eggs does not come from fertility preservation but from routine IVF in Italy during the period when embryo freezing was banned for religious reasons.

- **Ovarian tissue freezing** This technique involves removing one or both ovaries surgically and freezing thin slices of ovarian tissue. The slices are transplanted back to the women once cancer treatment has finished. This technique is still very experimental – fewer than 20 babies have been born worldwide.

**Preparation**

Most people facing fertility preservation won’t have enough time to make changes to lifestyle or to follow the tips for becoming ‘fertility fit’ (page 31). If you do have time before egg freezing, the key messages are – stop smoking, take folic acid, reduce caffeine and alcohol and discuss medications with your doctor.

**Screening**

We will want to screen you for HIV, Hepatitis B and Hepatitis C. If we can’t get the results in time, we can still bank your sperm, eggs or embryos, but sperm samples will be stored in an ‘unscreened’ bank with other untested samples. This is because there is a theoretical risk of cross-contamination of viruses from one sample to another, although it has never been reported.

**Seeing a doctor**

You don’t need to see a Fertility Associates doctor if you want to bank sperm, although we encourage you to do so if you have any questions or want to explore how your sperm might be used in the future.

  If you are freezing eggs or embryos, then you will need to have a doctor at Fertility Associates look after you during treatment.

**Seeing a counsellor**

Our counsellors are here when you want to explore issues arising from storing sperm, eggs, or embryos, and when you need support.

**The law**

The Human Assisted Reproductive Technology (HART) Act limits storage of sperm, eggs or embryos to a maximum of ten years initially. The clinic can help you apply to the ethics committee if you want to extend storage before you reach the ten year limit.

  You can’t use sperm, eggs or embryos after a person’s death unless the person has made it clear in their consent form they want this to happen. You can choose to leave sperm or eggs to your partner for them to use, but that person can’t donate them to another person.

**Consent**

You will need to sign a consent form as part of banking sperm, eggs or embryos. Consent covers time limits to storage, your decision on who may use your sperm, eggs or embryos if you die, and...