Step-by-step through IVF

You’ve decided to begin IVF treatment – so exactly what happens before, during and after?

Planning ahead
As we discussed earlier in this booklet, there are two basic types of IVF stimulation – those that start with the pill and those that don’t. If you are not going to be using the pill, please call your nurse 2-3 weeks before you expect your ‘day 1’ period. By doing so you will have plenty of time to get organised so that starting IVF once you have your period won’t be such a rush.

Many people want to plan their IVF cycle even further ahead around work or other commitments – it often helps to involve your doctor’s nurse when you make your plans. The clinics close for a short time over the Christmas-New Year break, which may mean treatment will be extended by a week or two.

If your IVF cycle is going to be publicly funded, we will contact you 2-3 months ahead of the month in which you are booked to check that you are ready to start as planned.

The ‘day 1’ call
Your day 1 call to the clinic is how you start your IVF cycle. Day 1 is the first day of your cycle that you wake up with your period. If your period starts in the afternoon then the next day is day 1.

Please call the clinic before 10:30am on your day 1 – if the person you call is busy just leave a voice message. We will act on your message the same day Monday to Saturday for all clinics, and also on Sunday for our Auckland, Hamilton and Wellington clinics. This also applies to public holidays apart from Christmas and New Year statutory holidays. The staff member who takes your call will arrange a time for you to call again, or for us to call you.

Following your day 1 call we double check a number of things – for instance your doctor’s plan for your IVF cycle and that screening tests are up to date. We also work out key dates for your treatment.

We will mail or hand you a Day 1 letter which covers:

- Dates of starting medications, blood tests, and first scan, and the likely week of egg collection;
- A cost estimate based on the doctor’s plan, including your likely medication use;
- Information on payment options;
- A consent form for this cycle for you and your partner to complete;
- When you need to get back to us about payment and consent.
Your doctor’s management plan
Your doctor writes an individualised management plan for each IVF cycle, which includes the types and starting doses of each medication; whether or not you are using ICSI; the planned number of embryos to transfer; the stage at which the embryos will be transferred; and any other special instructions.
You will need to confirm the key decisions in the management plan when you fill out the consent for each individual IVF cycle. You can complete this part of the consent form (called Part B) at home without needing to come into the clinic, or you can complete it at the clinic if you prefer.
- You will need to complete a new Part B consent form for each IVF treatment.
- You must complete Part B and return it to the clinic well before your egg collection.
- You can always change things later, such as the number of embryos to transfer, if you want to.

Paying for treatment
There are several options for paying for privately funded IVF treatment. The day 1 letter will cover these options, the cost of treatment, and when payment is due. We reserve the right to freeze all suitable embryos and postpone embryo transfer if payment is outstanding after egg collection. Feel free to call our accounts staff to answer any questions.

For more information, see our:
- Separate fees guide.
- Paying for treatment section of our website: www.fertilityassociates.co.nz
- Fertility Cover website: www.fertilitycover.co.nz

About fertility medications
One of the first things you need to do in an IVF cycle is pick up the medications you need to get started. One of our nurses will go over how to self-inject, or give you a refresher if you like.
Many of the medications we use have a limited shelf life once they reach room temperature – the nurses will tell you how to store each medication you use. You don’t need to keep the medications cold while you take them home. Because the medications are expensive, we try to minimise the cost by only issuing what is needed until your next blood test or scan. However, it is possible that not all medications will be used and that sometimes you may need to discard medications.
When medications are taken daily, most women choose to take the agonist or antagonist medication in the morning and Gonal F, Puregon or Menopur in the afternoon or evening. It is important to take these medications around the same time each day. For some types of ovarian stimulation (such as the ‘microdose flare’) the agonist is taken twice daily – in this case it should be taken about 12 hours apart.
Do not worry if you have some ‘breakthrough’ bleeding if you are on a stimulation regimen using the contraceptive pill. This will not affect your response to the hormones later used to stimulate the ovaries. It is also common to still have some bleeding when you start Gonal F, Puregon or Menopur.
Refer to our Medications section on page 15.
We will give you a specific instruction sheet for each type of medication you will use.
- The medication instruction booklets for both Gonal F and Puregon have a section at the back to record how much Gonal F or Puregon you have used and how much is left. We strongly recommend you use this.
- Unfortunately we are unable to credit unused medications at the end of treatment.
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.

Blood tests and scans
We will tell you when to start medications, when to have your first blood test, and when your first scan is likely to be. From the results of the blood tests and scans, we can tell how your follicles are growing and later, when to time egg collection. Along the way we may need to change the dose of medications.

There are a variety of places you can have blood tests taken – they include most cities in the North Island and several places in the larger cities such as Auckland and Wellington. These blood tests differ from other blood tests you may have had because we have special arrangements to ensure we get the results in time for making decisions each day.

While on treatment, you will need to have your blood tests done by 9 am.

Ultrasound scans are usually done between 8 am and 9 am at the Auckland, Hamilton, Wellington and Christchurch clinics, but times later in the morning can be arranged. Each clinic has its own way of recording when you arrive so that the doctor doing the scanning knows who is waiting – the nursing or reception staff will let you know how it works.

Decisions
Every day that you have a blood tests or scan, we will get back to you with an instruction about what to do next. Our doctors, nurses and embryologists look at the results around lunchtime to make a decision. We usually TXT instructions, or call when there is something more significant such as a change in medication dose or when it is time to trigger ovulation.

We will have nearly always made the decision by 2 pm so you can expect a TXT or a call between 2 pm and 4 pm on weekdays unless you have arranged something different with your nurse. If we TXT, please TXT back to confirm that you have read our message.

• We strongly suggest you write down each instruction as soon as we TXT or call you. There are some blank pages at the end of this magazine that you can use as a diary. IVF can be complex enough without having to remember medication doses and times!

• We have found that when people call the clinic instead of us calling them, many calls get diverted to voice mail because staff are already speaking to other patients. We then need to listen to voice messages instead of answering new calls.

• Please phone the clinic if you have not heard from us by 4:30 pm.

• You must be able to be contacted by the clinic every day from the time you start ovarian stimulating medications such as Gonal F, Puregon or Menopur until the day of embryo transfer.

Keeping track of it all
“Life keeps throwing challenges our way. The positive is that each hurdle we overcome the better we are at dealing with the next one. The last week has been very stressful due to dealing with our miscarriage grief, work stress and issues with our house and garage. Andy and I have been taking the time to thoroughly discuss each issue to decide on the next step for each one. It took time for me to let go and get on with things. I realised each thing I go through shows how rewarding other things are.”

Ultrasound scanning uses an ultrasound probe placed in the vagina. You should have an empty bladder to allow the doctor to get the best possible view of your ovaries and the follicles growing in them.
If you are not available between 2 pm and 4:30 pm, we need to know where we can leave a confidential message for you.

Once you start a GnRH agonist (eg. Buserelin or Lucrin) or a GnRH antagonist (eg. Cetrodide or Orgalutran), you must keep taking it every day until your hCG trigger injection.

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, so it is given usually between 8 pm 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 egg collection.

We usually ask you to arrive at the clinic 30 minutes before egg collection is planned. This allows time to go over your consent form and for you to complete the Pre-Operative Questionnaire. You will probably be at the clinic for a total of 2-3 hours. We encourage you to bring a support person – such as your partner or a friend. You can also bring some familiar relaxing music on a CD if you like.

You will need to arrange any childcare to cover the duration of egg collection and recovery afterwards – the clinic’s treatment and recovery areas are not suitable for children.

- Do not have anything to eat for six hours before egg collection is scheduled and do not have anything to drink two hours beforehand.
- The analgesic medications used during egg collection affect your ability to drive safely so you need to arrange transport home.
- You cannot drive or use machinery for the next 24 hours after egg collection.
- Someone must take you home and be with you for 24 hours after 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. Some abdominal pain is also common in the first 24 hours – you can take paracetamol (‘Panadol’). If Panadol is not sufficient for your pain, please contact the clinic to discuss alternatives.

Egg collection is usually performed under
light narcotic analgesia – the woman is awake, although she may not remember the procedure well afterwards. Some doctors also use local anaesthetic around the cervix as well. Women who anticipate or have experienced a painful egg collection may want to consider using heavier sedation. This involves an anaesthetist giving a different combination of drugs and more intensive monitoring. The anaesthetist will charge a separate fee. Heavier sedation also depends on the availability of an anaesthetist at the time of your egg collection. Public funding covers extra sedation if there is medical reason for it.

Pain is your body’s way of saying that something may be wrong. We need to know about any symptoms that might be concerning you. See Risks for Women, page 67.

Sperm sample

Donor Sperm: We always use frozen donor sperm so you will have decided on your donor well before starting the IVF cycle. ICSI is used more often with donor sperm and so our fee for IVF with donor sperm allows for ICSI if it is needed. You can skip the rest of this section.

Sperm quality is best if the sample is collected within one hour of giving it to the embryology staff. You can produce the sample at home before the egg collection or you can provide it at the clinic – we have rooms available in each clinic. Please tell us where you are going to be during the day in case we need to contact you about the quality of the sample. Although we previously advised around three days sexual abstinence to allow the number of sperm to build up, we now think that one day’s abstinence gives better quality sperm. Periods of abstinence longer than three days can be detrimental because of the accumulation of aged sperm.

We discourage the use of lubricants because even small amounts can be relatively toxic to sperm. There is one lubricant that is relatively ‘sperm-friendly’, known as ‘Pre-Seed’. Clinic staff can give you more information.

If you are concerned that you may be unable to produce a semen 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 well 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. You will also need to complete a consent form for freezing and using the frozen sperm.

Although your doctor will have decided in his or her 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.
Donor egg and partner sperm: Brining the sperm sample to the clinic is a good opportunity to go over the embryology options on the consent form, particularly IVF versus ICSI, the number of embryos to transfer and the stage of embryos to transfer.

Hormone support
Following egg collection, the nurse will talk to you about taking progesterone as vaginal pessaries or gel over the following two weeks to maintain the lining of the uterus.

The progesterone usually comes in the form of ‘micronised’ progesterone pessaries with the trade name ‘Utrogestan’. Crinone is an alternative form of progesterone that comes as a gel in a pre-filled applicator. All women will get a slight discharge when using Utrogestan or Crinone. Please tell us if irritation occurs.

We will give you some specific information at this stage covering:
• Care after egg collection;
• Hormone support;
• Ovarian Hyper-stimulation syndrome (OHSS).

• Sometimes women have some bleeding before their pregnancy test is due – this does not necessarily mean that you are not going to be pregnant.
• Do not stop using the pessaries or gel until we tell you the results of the pregnancy test. If you are pregnant, you will need to continue taking the pessaries or gel until we tell you it is safe to stop.

Embryo transfer
At the time of egg collection the embryologist will have arranged a time for you to ring to find out how many eggs have fertilised. At this stage we may be able to confirm a time for the embryo transfer. Embryo transfer may occur between day 2 and day 5 after egg collection, depending on the number and quality of the embryos.

You will need to arrive at the clinic about a quarter of an hour before the embryo transfer is scheduled. Embryo transfer is usually painless, very seldom needs any medications, and usually takes about a quarter of an hour. You will be able to see your embryos on a video screen before they are transferred. This is a special time for most people and you will probably want to have your partner or a support person present. We can give you or email you a photograph of your embryo.

Please drink enough to have a comfortably full bladder for embryo transfer – this can help make the transfer easier, especially as we use ultrasound to help place the catheter containing the embryos.

Afterwards you can continue your normal activities – the embryos will not drop out! We do not think intercourse will do any harm.

Once the embryo culture is completed, your embryologist will send you a letter summarising the number of eggs collected, how many fertilised, and if any embryos were suitable for freezing after embryo transfer.

Freeze-all
Sometimes your doctor will recommend freezing all suitable embryos rather than having a fresh embryo transfer – this is commonly called ‘freeze-all’. Freeze-all is recommended when the linings of the uterus may not be optimal for the embryo to implant in the fresh IVF cycle, or when the risk of the Ovarian Stimulation Hyper-Syndrome (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 your first embryo transfer is delayed.

Waiting for the pregnancy test
Most people say that waiting to see whether they are pregnant is the most stressful part of treatment. Please feel free to make an appointment to speak with a counsellor if you would like some extra support during this time.

Did you know
While reading your way through this magazine, you will have come across a number of stories and insights from patients who have been through fertility treatment. We have named these stories “in my own words”. These people have found it very therapeutic and helpful to write about their experiences and the impact fertility treatment has had on them, their relationships, their family and the way they live their lives. This may be something you could consider doing as you move through treatment. Whether you keep what you have written to yourself or share it with others is up to you. Remember, this is your story ... your words.