



Your Pathway of Care – The Fertility Centre’s Guide to Assisted Reproduction

Welcome to The Fertility Centre

At The Fertility Centre, we understand how important having a family is to you and we can assure you that we will provide you with the highest standard of fertility care available, every step of the way.

The purpose of this booklet is to guide you through your treatment – often a complex and emotional experience. Here we provide you with information about undertaking treatment at The Fertility Centre, including an overview of the causes of infertility, initial investigations that may be undertaken, and the main forms of fertility treatments and programs that we provide. Further information relating to your specific treatment will be provided by the fertility specialists and clinical staff at The Fertility Centre.

We look forward to supporting you in your treatment pathway. Should you have any questions at any stage throughout treatment, we encourage you to talk to a member of The Fertility Centre team.

About The Fertility Centre

We know that the dream of creating a family can be beyond the financial resources of some couples in our community where the medical solution requires IVF treatment.

At the Fertility Centre we offer a modified IVF treatment for couples, using their own sperm and eggs, which is more affordable than full-service IVF.

Laboratory Services are provided by Melbourne IVF at The Women’s Hospital, with medical procedures scheduled to occur at one of our affiliated hospitals.

This allows The Fertility Centre to provide affordable access to assisted reproductive treatments.

Our Model of Care

Here's how The Fertility Centre makes treatment more affordable:

Bulk Billing Services for: Diagnostic or screening tests (including blood tests and ultrasounds).

Team of Fertility Specialists: The Fertility Centre has a team of fertility specialists, so whilst you won't always see the same doctor for consultations or IVF procedures, you can be assured that the team has the same level of qualifications and experience, to ensure continuity of care.

Modified Treatment Model: The Fertility Centre protocol for ovarian stimulation uses fewer and lower doses of hormone preparation to stimulate the ovaries compared to traditional IVF clinics. Whilst egg numbers collected are reduced, the approach should create a number of good quality eggs with an excellent chance of development.

Affiliate Day Hospital: All IVF procedures (insemination, IVF egg collection and embryo transfers) will be performed at The Fertility Centre's CBD based affiliate day hospitals.

Support: Your nursing team will guide you through treatment and perform your IVF ultrasound scans.

Location: All appointments with a fertility specialist, nurse, counsellor or administrator must take place at one of The Fertility Centre locations. Patients from regional Victoria will need to attend one of our clinics for their doctor consultations, however blood tests and ultrasounds may be performed in your nearest regional centre.

Access to Advanced Treatments and Services: The following services are **not** available through The Fertility Centre but can be accessed through our affiliate clinic at Melbourne IVF:

- Ovulation Induction
- Intrauterine Insemination
- Preimplantation Genetic Diagnosis
- Donor eggs, sperm or embryos
- Surrogacy
- Medical and social egg freezing
- Testicular Biopsy

Treatments and Services offered by The Fertility Centre

- Diagnostic Services
- Pathology (reproductive hormone blood tests/pregnancy blood tests)
- Gynaecological ultrasound scanning prior to and during IVF cycle
- Andrology (semen analysis) through selected Melbourne IVF sites
- Treatments
- In Vitro Fertilisation (IVF)
- Intracytoplasmic Sperm Injection (ICSI)
- Embryo cryopreservation (freezing) and storage

Patient Support

- Treatment team (nursing/counselling/administration)
- Mandatory counselling as required by Victorian law
- Supportive Counselling

The TFC Protocol

A member of our medical team will plan your treatment based on your age, weight, diagnostic test results.

Our treatment protocol aims to:

1. Create eggs
2. Transfer one high quality embryo, at blastocyst age, five days after egg collection
3. Any viable embryos will be frozen for future use
4. Use all frozen embryos prior to thawing and fertilising any frozen eggs

Understanding Your Fertility

One in six Australian couples of reproductive age experience difficulties conceiving a child. With the advances in reproductive technology, IVF and other forms of assisted conception now provide success rates higher than that of natural conception.

The single most important factor affecting a couple's chances of conceiving is the woman's age. Irrespective of age, if a pregnancy is not achieved within 6 months of trying to conceive naturally, it is recommended to seek advice if you haven't already.

At your consultation, your Fertility Specialist/Doctor will give you an indication of your likelihood of conceiving, which will vary between 5 to 55% per treatment cycle depending on your individual circumstances and on the specific treatment recommended. Factors that may influence the chance of success include:

- both partners' ages
- how long you have been trying to conceive
- whether either partner has been a parent previously
- prior treatment for infertility
- how well the eggs and sperm are likely to fertilise and develop into good quality embryos

Your Fertility Specialist/Doctor will review your medical history, undertake some investigations and then recommend an individualised treatment plan.

Female Reproduction

Understanding Natural Conception and Ovulation

The reproductive cycle of a woman generally runs through three phases, which are controlled by hormonal feedback mechanisms in the hypothalamus and pituitary gland at the base of the brain. It is usually cyclical but becomes irregular or ceases altogether if the hormonal balance is disturbed for any reason.

Phase 1: The Follicular Phase

As the levels of progesterone (P4) and oestrogen (E2) drop at the end of the luteal phase of the previous menstrual cycle, the hypothalamus signals to the pituitary gland to increase its production of follicle stimulating hormone (FSH). Under the influence of this hormone 20–30 follicles become active within the ovaries. With increasing age, fewer follicles are present in the ovaries, and correspondingly fewer follicles develop during the cycle. The developing follicles produce E2, and as the level of this hormone increases, feedback to the pituitary gland leads to a decrease in FSH production, until there is only enough to encourage further development of one follicle – the dominant (leading) follicle. The increasing amount of E2 causes a build up in the thickness of the lining of the uterus (the endometrium) in preparation for pregnancy and changes the cervical mucus so that it becomes favourable for the passage of sperm through it.

Phase 2: Ovulation

The increasing level of E2 signals the pituitary to release a surge of luteinising hormone (LH). This hormone triggers the process of ovulation, causing the follicle to mature and release the egg. As the egg is released from the follicle in the ovary, the fimbriated end of the fallopian tube moves across the ovary and collects the egg. If fertilisation occurs, it is normally in the widest part of the tube near the ovary, called the ampulla.

For a couple of days before ovulation, the cervical mucus allows sperm to pass through the cervix and into the uterus and fallopian tubes, where they have the ability to live for 2–3 days awaiting arrival of the egg. The egg itself is only able to be fertilised for about 24 hours.

The key to conceiving is knowing your pregnancy window. This is the time within the month when you ovulate ready for fertilisation via intercourse. The simplest way to work out when you ovulate is to subtract 14 days from the number of days in your cycle. If there are 28 days from the start of your period to the start of the next period, you can expect to ovulate on day 14. You should aim to have intercourse about 2 days before ovulation and the day of ovulation. This ensures that sperm are present in the fallopian tubes at the time the egg is released from the ovary.

A layer or membrane called the zona pellucida, surrounds the egg and hardens after one sperm has penetrated it, thus forming a barrier to any others entering. Once inside the egg the sperm releases its contents and fertilisation commences. The fertilised egg starts to divide into cells, the number of cells doubling with each division, and becomes an embryo.

Phase 3: The Luteal Phase

The follicle from which the egg was released, now known as the corpus luteum, begins to produce P4. This hormone, along with E2, acts on the endometrium to move into a secretory phase that enables the endometrium to provide an implantation site for the embryo. The embryo moves along the fallopian tube and upon reaching the uterus hatches out of its zona pellucida shell some four to five days after fertilisation and then invades the endometrium and implants.

The embryonic cells will form the placenta and produce human Chorionic Gonadotrophin (hCG). The presence of this hormone encourages the corpus luteum to continue producing oestrogen and progesterone to support the pregnancy until the placenta can take over. hCG is the hormone measured in pregnancy tests. If fertilisation does not take place, then the absence of hCG causes the corpus luteum to fail, leading to a fall in oestrogen and progesterone levels. Withdrawal of these hormones causes the endometrium to break down and menstruation starts.

The cycle is now about to start again.

Male Reproduction

The male genital tract consists of the testes, a system of ducts and other glands opening into the ducts. The testis is where sperm and the male sex hormone testosterone are produced. The structure of the sperm is a head containing the genetic material to be used during fertilisation and a tail that is used for movement. Under usual conditions with sexual intercourse, during the fertile phase of the woman's menstrual cycle, sperm enters the cervical mucus and progress via the uterus into fallopian tubes to the site of fertilisation in the outer third of the tube.

Sperm motility is essential to swim into cervical mucus to penetrate the outer coverings of the egg. They also require normally shaped heads to bind to the surface of the egg. In addition, release of enzymes from the acrosome (cap-like structure) attached to the head of the sperm and vigorous motility are needed for egg penetration.

It takes approximately 72 days for the sperm to develop and mature before ejaculation. During this time any severe illness that causes a disruption to production can have an effect on the sperm for up to 3 months after the initial episode of illness.

Why are we having trouble conceiving?

Infertility is defined as a couple not conceiving after 12 months of regular unprotected sexual intercourse, but the reality is that advice should be sought after 6 months.

The cause of infertility may be attributed to "female factors" (such as tubal disease, ovulatory disorder, or endometriosis) in approximately 30% of cases, to sperm problems in another 30% of cases, or to a combination of both in 30% of cases. In approximately 10% of cases, the cause of infertility may be "unexplained", and in approximately one third of couples with infertility, there will be more than one problem present. You may have undergone some preliminary testing with your GP or referring gynaecologist, and these will be considered when your fertility specialist is reviewing your history and recommending a treatment plan. Further investigations may be necessary and typically these include:

Effect of Age

The single most important factor influencing a woman's chance of conceiving is her age. Once a woman turns 36, her chance of conceiving naturally is halved compared to her chance at 20 years of age.

The reason for this is that the number of healthy (chromosomally normal) eggs produced rapidly declines as a woman gets older, especially after the age of 36. The number of eggs available to go through the maturing process will be lower still once a woman experiences a premature menopause, or should she need to undertake chemotherapy or radiotherapy. As a woman gets older, chromosomal errors occur more frequently in her eggs, resulting in more abnormal embryos that may not implant, or that result in early pregnancy loss.

Increasing paternal age is also associated with lower fertility, as well as pregnancy associated complications (such as miscarriage) and genetic abnormalities. Decreasing androgen levels, changes in testicular morphology and a deterioration of semen quality are more likely in men aged over 40 years. As age increases, the risk of gene mutation also increases and there are numerous disorders associated with this.

Initial Investigations for women:

Screening blood tests through The Fertility Centre

You will be provided with a request form for screening blood tests. Blood test samples are collected at The Fertility Centre.

Diagnostic laparoscopy and hysteroscopy

This test is an important part of the evaluation for some couples. These are invasive investigations and are usually performed after non-invasive tests.

Laparoscopy is performed under general anaesthesia with small incisions made in the umbilicus and the pubic hairline, and often two additional small incisions if treatment of pathology is indicated. A laparoscope (a fibre optic telescope) is passed through the umbilical incision, and the ovaries, fallopian tubes, uterus and pelvic cavity can be viewed for abnormalities. Tubal patency can be checked by injecting dye through the uterus and observing it spill through the fimbriated ends of the fallopian tubes.

Hysteroscopy may also be performed, using another fibre optic device called a hysteroscope. It provides direct visualisation of the uterine cavity for polyps (benign growths), fibroids, adhesions and abnormal anatomy.

Laparoscopy may be omitted in couples where the need for IVF is obvious from the history or analysis of test results. Your Fertility Specialist/Doctor will advise you on the necessity of each investigation.

Initial investigations for men:

Checking quality and quantity of sperm

Semen analysis is the most important test in the evaluation of the male. The test provides an accurate measurement of the number of sperm (stated in millions per ml), the motility of the sperm, their size and shape as well as the volume and consistency of the ejaculate. The examination should be performed on a fresh specimen within two hours of collection in a sterile container. It is obtained by masturbation (or the use of a special condom and intercourse if necessary) and the entire ejaculate should be collected.

Where abnormalities are found on semen analysis, repeat tests are often required to assess the type and degree of the problem found, and whether it is a persistent feature.

Screening blood tests through The Fertility Centre

You will require semen analysis and you will be provided with a request form and specimen container. The Fertility Centre staff can make an appointment for you to have these tests and you can elect to:

- Collect your sample at home and drop it into selected Melbourne IVF sites, within 1 hour of production and at the time specified by The Fertility Centre, or
- Produce the sample onsite at any site affiliated with the Andrology laboratory that performs the test (Melbourne IVF Andrology or The Royal Women's Hospital)

Additional fees are charged for semen analysis and will be discussed with you in advance.

Checking for underlying causes of male factor infertility

Diagnosis of causes of male factor infertility may require blood tests for the follicle stimulating (FSH) and testosterone hormones, which play a role in the development and maturation of sperm. Referral to an Andrologist (specialist in male reproductive disorders), may be appropriate if certain male problems are found. A karyotype (chromosome analysis) and other tests may also be ordered if the sperm count is very low or zero.

Information for New Patients at The Fertility Centre

3 Point ID Check

Once you become a patient of The Fertility Centre, every time you communicate with The Fertility Centre (either face to face, over the phone or via email), we will ask you to provide 3 points of identity (ID) to ensure security of your medical information at all times. Points of ID include:

- Your full name
- Date of birth

And one of the following:

- Address
- Patient number
- Medicare number

These details will be confirmed with you upon registration.

Correspondence by email

1. If you wish to correspond with The Fertility Centre staff over email regarding treatment advice/directions, you will need to specifically request this at the time.

You will be required to provide 3 points of identification each time you correspond with The Fertility Centre staff via email including:

- Your full name
- Date of Birth

And one of:

- Address
- Patient number
- Medicare Number

If this identification is not provided, The Fertility Centre staff will not be able to respond by email

2. If you wish to receive general patient information by email, we require your verbal consent to record your email address for this purpose.

- Once your email address has been provided to The Fertility Centre, it is your responsibility to protect access to that email
- You are required to inform us if you wish to have your email address changed or removed from The Fertility Centre records

Assisted Reproductive Treatment Act 2008

In Victoria, the provision of fertility treatment is governed by the Assisted Reproductive Treatment Act 2008, which came into effect on 1st January 2010. This Act requires that all patients undertaking fertility treatment in Victoria obtain a Criminal (Police) Record, and Child Protection Order Check, prior to commencing treatment. Up to date information about undertaking these checks can be found on the Fertility Centre website www.thefertilitycentre.com.au and your Patient Liaison Administrator will also explain in your new patient appointment more about the process and procedures involved.

New Patient Appointments

We recommend you read through this booklet thoroughly and come to these appointments prepared with any questions.

1. Doctor Appointment

- The Doctor will assess your medical history and discuss your treatment options
- Further testing may be required after your consult depending on your history and previous test results
- These may include blood tests, ultrasounds, repeat semen analysis and laparoscopies
- If suitable for IVF treatment the Doctor will discuss your treatment options including treatment protocols and drugs to be used and will sign operative consents

2. Patient Liaison Administration session

A member of the Patient Liaison Administration team will meet with you to:

- Explain The Fertility Centre's current costs, anticipated Medicare rebates and the role of private health insurance
- Explain payment options for treatment costs
- Ensure that we have your current details including email address, current doctor's referral (we will confirm that you have a current referral from either a GP (length of referral can be indefinite) or a Specialist (length of referral lasts only 3 months) as this enables you to claim Medicare benefits)
- Explain how to obtain your police and child protection order checks (please note these must be received by The Fertility Centre prior to your counselling appointment)

Please note, from time to time, there are changes to the cost of treatment, which usually coincide with changes to the Medicare Benefits Schedule. It is therefore very important that prior to calling your nursing team to start treatment that you call your Patient Liaison Administrator to reconfirm the current costs of treatment, even if you have already undertaken treatment in that same calendar year.

3. A New Patient Nursing Information session

- You will meet with a Nurse at The Fertility Centre who will discuss your medical history, explain in detail the procedures involved in treatment and arrange for tests which must be completed before starting IVF treatment
- If suitable the Nurse will take your initial screening bloods

4. A Counselling session

Mandatory counselling is a legislative requirement in Victoria for all patients (including your partner) prior to commencing fertility treatment. This session aims to assist you in considering all of the social, psychological, physical and ethical implications of beginning treatment. For many individuals and couples, this is the first time they have had an opportunity to discuss the impact of their infertility and how they are feeling about embarking on treatment.

In your session with a counsellor, the following topics will be explored:

- Your experience of infertility to date and how you came to the decision to start treatment
- Relationship history and current status
- Your diagnosis and the impact of this, your preparedness for starting IVF and consideration for how you will feel should your treatment not result in a pregnancy

- How to manage the potential emotional and physical impact of treatment, work and other commitments family/friends/work colleague relationships and your relationship with your partner (if applicable)
- Any other issues or concerns related to your treatment

At the end of your counselling session, your counsellor will ask you whether you are now ready to provide informed consent. The counsellor will read through a consent form with you.

To help prepare for this appointment, we recommend you read this booklet carefully and consider aspects of your care, including:

- That the TFC Protocol is acceptable to you
- The implications of creating excess embryos from your treatment
- What you would like to happen to your embryos or eggs in the event of death of either partner

Starting Treatment – Day 1 of Your Menstrual Cycle

On day 1 of your menstrual cycle (full flow bleed), you will need to contact the Patient Liaison Administrators who will check with you that:

- A current referral has been provided to The Fertility Centre
- Police check and Child Protection Order checks have been provided to The Fertility Centre
- Initial payment has been received

The Patient Liaison Administrators will then put you in contact with your nursing team who will give you instructions for starting your treatment cycle and book an appointment to collect medications.

Collection of Drugs and Nursing appointment

- Teach you how to administer your injections and discuss the medications prescribed
- Confirm that consent forms are signed by you and your partner (this includes the operative consent form signed by you and your partner with your Doctor)
- Confirm that all screening blood tests and semen analysis requested have been completed
- Once your treatment commences your response to hormone injections will be monitored by blood tests and one or several ultrasound exams. The Fertility Centre staff will advise you of the days on which you should come to the centre for these tests

A Guide to IVF Treatment

In Vitro Fertilisation (IVF)

Conventional IVF involves placing the egg from the female partner together with many thousands of sperm (typically 100,000) prepared from a semen sample provided by the male partner, and allowing the process of fertilisation to take place over a number of hours in the culture dish in the laboratory.

The fertilised embryos are then grown in the laboratory over a period of 2–5 days before being transferred to the woman's uterus in a simple procedure called the embryo transfer.

Intracytoplasmic Sperm Injection (ICSI)

For many couples conventional IVF will be unlikely to result in fertilisation either because the number of sperm available is insufficient or because there is reason to believe that the sperm will be unable to penetrate the egg. In such cases the technique of Intracytoplasmic Sperm Injection (ICSI) is usually performed.

ICSI involves the direct injection of a single sperm into each egg using very fine micromanipulation equipment. Given that the human egg is one tenth of a millimetre in diameter and the sperm 100 times smaller, this is a very delicate procedure performed by highly skilled embryologists under a microscope.

The technique can also be used in conjunction with sperm which has been obtained surgically from the male reproductive tract when sperm are not present in the semen.

Together with IVF, ICSI is one of the most common techniques used in Assisted Reproductive Technology, and many thousands of babies have been born worldwide since it was introduced. Patients who access ICSI treatment will undergo an IVF treatment cycle from start to finish.

There may be occasions where the quality of the semen sample produced on the day require the use of ICSI in order for your cycle to proceed, The Fertility Centre staff will make every effort to contact you to discuss this prior to starting ICSI , but will proceed with the best treatment possible on the day.

The ICSI procedure will be performed in the laboratory and will incur additional costs which will have been explained to you prior to treatment.

IVF Treatment Cycles

There are several IVF treatment protocols for stimulated IVF treatment cycles that are used at The Fertility Centre however the most common for new patients is the Down Regulation Cycle, Flare Cycle or Antagonist Cycle. Your Fertility Specialist/Doctor will have decided with you which one is most appropriate for you.

Information about IVF Treatment Medications and Procedures

The information on the following pages relates to the medications and treatment procedures of IVF treatment.

Medications used in IVF Treatment Cycles

Oral Contraceptive Pill (OCP)

The Oral Contraceptive Pill (OCP) enables us to co-ordinate your cycle by preventing ovulation and altering the lining of the uterus to prevent implantation in the down regulation phase of your cycle. **The OCP used in this cycle is Microgynon.**

Down Regulation

Medications are used to suppress your own natural hormones (referred to as down regulation) so that we can control your cycle. When the Follicle Stimulating Hormone is introduced and your follicles start to grow it will stop eggs inside the follicles from being released naturally (that is, ovulating). **Down regulation medication comes in the form of a nasal spray (Synarel) or injection (Lucrin).**

Stimulation (Follicle Stimulating Hormones)

Stimulation involves starting a Follicle Stimulating Hormone (FSH). FSH is a synthetic hormone that stimulates development of ovarian follicles (think of a small sac that holds the eggs). Naturally there will be a number of follicles that are receptive to grow every month but only one reaches maturity. By giving a higher dose of FSH than is naturally produced each month, we are able to recruit some of those follicles that wouldn't normally grow to maturity. This enables us to collect more eggs so we have a higher chance of achieving fertilisation and subsequent pregnancy. **Follicle Stimulating Hormone injection examples are Gonal-F or Puregon.**

Antagonist Injection

If you are undertaking an antagonist IVF cycle, you will be required to take an additional injection called the antagonist. Once your follicles reach 14mm or more, ovulation could potentially occur naturally, so the antagonist injection is necessary to prevent ovulation by stopping your own natural release of Luteinising Hormone which rises prior to ovulation. **Antagonist injection examples are Orgalutran or Cetrotide.**

Trigger Injection

The role of the trigger injection is to trigger the final maturation of the eggs ready for your egg collection and is a one off injection. On the day it is required you will be advised of the exact time to administer this injection (normally 37 hours before egg collection). **Trigger injections are Pregnyl or Ovidrel.**

Luteal Phase Support

Luteal phase support medications are used to ensure the lining of the uterus (endometrium) is optimal for potential implantation of the embryo. **Luteal Phase Support medications are Crinone gel and Progesterone pessaries or injections.**

Procedures Associated with IVF Treatment Cycles

The Down Regulation Scan

This is a vaginal ultrasound scan and is performed to ensure there is no follicular growth or cysts and that the endometrium (lining of the uterus) is thin.

Stimulation Scan

At this vaginal ultrasound scan your Fertility Specialist/Doctor (local clinic nurse or your Fertility Specialist/Doctor's preferred ultrasound provider) will measure the endometrial thickness, size and number of follicles in both ovaries. Following this scan you may be required to attend the clinic again in a few days for another scan and/or blood test. The dose of FSH may also be changed at this point.

Blood tests

Blood tests may be scheduled throughout your cycle to check your hormone levels and ensure that you have not started to surge (that is, that your hormone levels haven't started to rise, which occurs prior to ovulation).

Egg Collection Procedure

Your Fertility Specialist/Doctor will specify the days possible for the trigger injection to be given and your egg collection will occur approximately 37 hours later. The egg collection procedure is undertaken in a day hospital under an anaesthetic and takes around 20-30 minutes. The procedure is performed using an ultrasound probe (like the one used in your ultrasound scans) but with a fine needle attached. The needle is passed through the vaginal wall into the ovary and one follicle is aspirated at a time. The follicular fluid is then immediately passed to an embryologist and checked to ascertain whether it contains an egg. This process is continued until all of the follicles seen on ultrasound are aspirated. The same procedure is then carried out on the other ovary. You will need someone to drive or escort you home afterwards and you should not plan to work that day.

Preparing for your egg collection: Prior to your egg collection you will be required to remove all make up and jewellery and to fast (no food or drink) for at least six hours prior to surgery. If you are taking regular medication, continue to take it with a small sip of water only. You will have been previously informed it is not advisable to smoke during pregnancy and in addition it is not advisable to smoke prior to a surgical procedure for at least 24 hours.

Hospital Admission Details: You will receive information and instructions about attending the hospital for your procedure.

The role of the male partner if using fresh sperm: Your partner will need to ejaculate on the day/night of the trigger injection which is 2 days prior to the egg collection procedure, and abstain until the day of egg collection. If using frozen or donor sperm, the sperm will be thawed on the day of egg collection.

On the day of egg collection your partner will need to provide a fresh sperm sample, and will have been advised of the time to produce this. For partners who prefer to produce their sample at home, please inform nursing staff so that they can provide information regarding a specimen jar and transport of the sample.

Some couples may wish to freeze and store sperm for potential use. You will need to discuss this with your Doctor prior to commencing the cycle.

Following the egg collection procedure: Before you are discharged you will be given a letter outlining the approximate number of eggs you have had collected and the exact number (following further analysis in the laboratory) will be confirmed at the time of embryo transfer. As you have had an anaesthetic you will not be able to drive, work or remain at home alone following discharge from the day surgery. We can provide medical certificates (these do not mention the type of treatment you are having or have any The Fertility Centre addresses on it). Please advise or contact your Fertility Specialist/Doctor if you would like to organise this.

Following your procedure you may feel a bit sore; abdominal cramping is normal – and you may take Panadol or Panadeine and use a hot pack to ease discomfort. If you find this is not sufficient then please contact your nursing team for advice. It is recommended that you avoid Aspirin, Ibuprofen or Naprogesic unless specified by your Fertility Specialist/Doctor as these may interfere with implantation and/or luteal function.

You can expect some light red or dark brown bleeding for a few days, which comes from the puncture sites in the vaginal wall, however this should subside within a couple of days. If you experience heavy bleeding, contact the clinic. Depending on how you feel you may return to work and normal activities the day after your egg collection.

Embryo Transfer Procedure

Typically no anaesthetic is required for the embryo transfer procedure, which involves a speculum being inserted into the vagina, and a narrow (approximately 2–3mm diameter) soft tube called a catheter, gently passed through the opening of the cervix.

The embryo is then introduced into the uterus. The procedure takes only a few minutes and is usually associated with minimal discomfort. No special precautions need to be taken after the embryo transfer procedure. Your husband/partner may stay with you during the procedure. Please contact The Fertility Centre Nurses if you have any questions or concerns during this time. It is common for there to be a small amount of vaginal discharge after the procedure and a panty liner should be worn. Three days prior to the embryo transfer, you will start a medication (either Crinone or progesterone) to ensure the lining of the uterus (endometrium) is optimal for potential implantation of the embryo. You will continue this for two weeks.

Pregnancy test

Pregnancy tests are organised through the nurses, are performed at The Fertility Centre and are organised for two weeks following embryo transfer. The pregnancy test must be performed post embryo transfer regardless of whether you experience any bleeding, to determine if there is any level of pregnancy hormone present.

Should the pregnancy test be positive, the nurses will request that you arrange an appointment with your Fertility Specialist/Doctor (or your Fertility Specialist/Doctor's preferred ultrasound provider) for an ultrasound scan normally at around 6 weeks of pregnancy (2 weeks post blood test). Sometimes additional blood tests may be required to monitor the progress of your pregnancy hormone levels prior to a scan. The scan will confirm the number of sacs (that is the number of babies) and a heartbeat. Your GP or fertility specialist can refer you to a local obstetrician, if you do not already have one.

Unfortunately the pregnancy test may be negative and you will no doubt be dealing with this disappointment as well as considering what to do next. Often patients wish to move onto the next step as soon as practicable. You might therefore consider organising a review consultation with your fertility specialist approximately 3 weeks after your embryo transfer when the outcome of your treatment is known. This would minimise any delay in discussing and agreeing the next steps in your treatment. Alternatively you may wish to discuss follow up arrangements with your fertility specialist at the time of the embryo transfer.

If you have frozen embryos in storage and you would like to commence treatment using these frozen embryos, you can contact the nurses to discuss beginning a frozen thaw cycle.

Laboratory Procedures

Egg and Sperm fertilisation: The eggs intended for insemination are placed in a dish containing culture medium. If you are having IVF, prepared sperm is placed with the egg in the dish allowing fertilisation to occur naturally.

If you are having ICSI, an embryologist will insert one single sperm directly into each egg, allowing fertilisation.

Excess eggs will be vitrified (frozen) for future fertilisation using the ICSI technique. It is important to note that not all patients will have excess eggs, or excess eggs that are suitable for freezing.



The day following IVF/ICSI the scientists will examine the eggs to determine if fertilisation has occurred. You will be contacted on this day by an embryologist/doctor to inform you of the number of fertilised embryos you have. The embryologists will continue to monitor your embryo development over the next 5 days prior to the embryo transfer procedure. You will not be provided with any additional information until day of embryo transfer. Any surplus healthy embryos will be frozen at day 5 or 6.

Thaw Treatment Cycles (using Frozen Embryos)

Freeze-storage of embryos, known as cryopreservation, involves storing any surplus healthy embryos for future transfer. Any viable blastocyst embryos from your cycle that were not transferred on will be frozen for future use. You will receive a letter in the post, confirming the number of embryos frozen. You will not be contacted by phone regarding embryo numbers.

It is important to note that whilst most embryos (85% plus) do survive the freezing or thawing process, there will be some embryos that will not viable and we will only transfer those that will offer you a chance of pregnancy.

Cycle Management

Thaw cycles using frozen embryos and Egg warming cycles using frozen eggs can be undertaken either as:

Natural Thaw Cycle – Frozen Embryo Transfer

During a Natural Thaw Cycle, the embryo is transferred to the woman's body in synchrony with her own cycle. A natural thaw cycle is undertaken if periods are regular and no ovulatory problems are present.

Day 1 — Call your patient liaison administration and nursing teams

Call your Patient Liaison Administrator on or before Day 1 of your period (full flow bleed) to discuss your preferred payment option and your nursing team will review the Fertility Specialist/Doctor's treatment orders. The nurses will ask you for your cycle lengths (the time from the commencement of a normal period until the first day of the next period). This is so that they can calculate when you are likely to ovulate.

Ultrasound Scan

Attend the clinic for an ultrasound scan as advised by the nurses, which is usually around day 10 to 12 depending on your cycle length. The scan should be just prior to ovulation, to look at follicle development. If a dominant follicle is not located during this scan, another scan appointment is made for several days' time. If a dominant follicle is present, hormonal testing using urine (Seratec) and/or blood tests are used to detect the presence of Luteinising Hormone (LH).

Blood Tests and Urine Testing

Usually once blood tests begin they are performed every second day with urine testing performed daily (in the morning). You will continue monitoring until a change in the LH level is detected. The LH surge signals the commencement of the ovulation process, and usually ovulation occurs the next day.

Embryo Transfer

The embryo transfer procedure is completed in a day hospital and is a procedure undertaken 5 days after ovulation. Thawing of your embryo will be timed to ensure that the embryo for transfer is at the correct developmental stage for the day of transfer. The embryo transfer is a procedure similar to a pap smear (see page 11 for details).

Pregnancy Test

A pregnancy blood test is organised for 16 days after ovulation (see page 11 for details).

Artificial Thaw Cycle – Frozen Embryo Transfer

When an artificial cycle is used, the woman's cycle is controlled by medications that contain the hormones produced during the normal menstrual cycle. This is common for patients who don't have regular cycles or ovulate naturally.

Day 1

Call your Patient Liaison Administrator on or before Day 1 of your period (full flow bleed) to discuss your preferred payment option and your nursing team will review the Fertility Specialist/Doctor's treatment orders. The nurse will arrange for you to collect your prescription before you are required to start.

Begin Medication

On day 5 of your period, the nurses will instruct you to begin oestrogen (Progynova) tablets twice daily, or as directed by your Fertility Specialist/Doctor, to allow the lining of the uterus to develop. You will continue with this medication for approximately 7 days.

An appointment for an ultrasound scan will be required for day 12 of your cycle.

Ultrasound Scan

On day 12 of your cycle attend the ultrasound scan appointment. The ultrasound will measure the lining of the uterus. Once it is determined that the lining of the uterus is thick enough (it should be at least 7mm in thickness), you are ready to start progesterone pessaries and the nurse will advise you on this.

Begin Medication

Progesterone is a hormone released after ovulation, which prepares the uterine lining for implantation. Progesterone pessaries are taken twice a day (morning and night) and are taken for four days prior to embryo transfer. Both oestrogen tablets and progesterone pessaries are continued up until the pregnancy test and should also be taken on the morning of embryo transfer.

It is important to note that we would not expect a period prior to the pregnancy test due to the medication you are taking. If you experience any bleeding please contact your nursing team.

Embryo Transfer

You will attend the day hospital for the embryo transfer procedure 5 days after commencing progesterone pessaries. Thawing of your egg or embryo will be timed to ensure that the embryo for transfer is at the correct developmental stage for the day of transfer. The embryo transfer is a procedure similar to a pap smear (see page 11 for details).

Pregnancy Test

Progesterone and oestrogen are continued until the pregnancy test, which is about 14 days after starting progesterone pessaries (see page 10 for details). If you are pregnant the medication is continued for a further 8 weeks until the 12th week of pregnancy as advised by your obstetrician or treating hospital. This is the time when the placenta takes over hormonal control of the pregnancy.

Important Considerations

Transferring multiple embryos

The Fertility Centre recommends transferring only a single embryo at a time, consistent with professional guidelines. You may however have the option of having two embryos transferred if you are over the age of 40 if your Doctor recommends this. At The Fertility Centre, we will never transfer more than two embryos.

Transferring two rather than one embryo does not double your chance of a pregnancy, but it will significantly increase your risk of twins. Many couples with long histories of fertility problems might see the birth of twins as a blessing. It is important to remember that twins are at increased risk of a number of childbirth problems.

Freezing Excess Embryos

Any excess embryos that are not used during a treatment cycle, and which are suitable for freezing, can be frozen and stored for up to five years. You can, if you wish, extend the storage period beyond that time (to a total of ten years) but you (and your partner if relevant) would be required to sign a new consent form to do this. Should you wish to extend storage beyond ten years you would be required to apply to the Patient Review Panel (see page 17).

It is important to note that not all patients will have excess embryos, or excess embryos that are suitable for freezing.

Where there are excess embryos, the scientists will select only those that they think will survive the freezing process.

Even when they freeze the 'best', some embryos still do not survive. Under Victorian law, The Fertility Centre will discard any embryos unsuitable for transfer or cryopreservation.

Using The Fertility Centre's gentle stimulation protocols, we would expect that 20% of patients having eggs inseminated will have embryos cryopreserved at Day 5 for future use.

The National Perinatal Statistics Unit accumulates data on all pregnancies from Assisted Reproductive Technologies and this shows that babies born after cryostorage are just as healthy as those from fresh embryos. The success rate per transfer attempt is usually around 65–70% that of the 'fresh' attempts.

Issues to Consider when Freezing Embryos

There are two aspects of storing frozen embryos that you should consider:

What do you do if your family is complete and you still have embryos in storage? In that circumstance, you have a number of options:

- allowing embryos to be removed from storage and disposed of
- donating the embryos to a research project at Melbourne IVF or elsewhere
- donating the embryos to another couple

If this situation arises, you will be asked to give separate written consent for whichever option you choose to follow at that time.

Clearly the management of excess embryos can create moral dilemmas for those involved. If this is a serious concern to you, you can opt to limit the number of embryos created during the initial treatment cycle. We do not normally recommend this approach as it could limit the chance of success from IVF but please feel free to discuss this option with your fertility specialist.

Future arrangements of embryos in the event of the death of either partner: The ART Act (2008) allows an individual to provide written consent for their partner to use any embryos in storage in the event of their death. When you (and your partner) complete the consent with the counsellor prior to commencing treatment, you will both be asked whether you consent to your partner using any embryos in storage or if you want the embryos to be disposed of in the event of your death.

Ending the freeze-storage involves removing the embryos from the freezer and keeping them at room temperature until they are no longer viable. The Fertility Centre is not permitted to remove embryos from storage unless:

- it is in accordance with a treatment procedure

- written consent to its removal has been given to The Fertility Centre by both of the persons who produced the gametes from which the embryo is formed
- the persons who produced the gametes from which the embryo is formed are unable to agree on the period for which the embryo is to be stored and the Patient Review Panel has directed the embryo to be removed
- the legal limit or prescribed period for storage of embryos has been reached and one or both of the persons who produced the gametes are unable to be contacted and permission has been given by the Patient Review Panel for the removal of the embryos from storage

You are required to keep The Fertility Centre informed of your current contact details so that we can contact you regarding your stored embryos.

Respecting your beliefs

At The Fertility Centre we understand that you may have specific concerns about fertility treatment, based on your religious beliefs or cultural background. Often there are misunderstandings or concerns that are easily explained or clarified. We have Fertility Specialist/Doctors available to ensure we can provide you with a treatment plan that is acceptable to your faith or situation, ensuring assisted conception is accessible to all.

Risks & Side Effects of Treatment

Possible disappointments in an IVF cycle: Unfortunately not all IVF cycles are successful. At The Fertility Centre we believe it is important that you are aware of the possible disappointments as well as the joys that IVF can bring. The following is a brief outline of where problems may arise.

Cancellation of a treatment cycle: A treatment cycle may need to be cancelled due to poor response to fertility medications. In some cases, the ovaries do not respond well to the medications and an insufficient number of eggs grow. This is detected by low, or a slow rise in hormone levels or follicle growth as measured by blood tests and ultrasound scans. Setbacks at this stage teach us more about the hormone patterns and we may be able to amend the treatment plan for subsequent attempts. Cycles cancelled at this stage do not incur the full costs of IVF. An invoice will be provided for services incurred up until the point of cancellation and a Medicare rebate can still be claimed.

No eggs obtained at egg collection: In a normal IVF cycle most, but not all follicles seen on ultrasound at the time of your stimulation scan, will yield an egg at the time of your egg collection. The usual proportion is approximately 70% of your follicles will produce an egg. Some follicles will not produce an egg at all. Small follicles may produce an egg but it will not usually be a mature (or useable) egg. The number of follicles seen on your stimulation cycle scan is not, therefore, the same as the number of eggs expected at your egg collection, particularly if small follicles are included in the count.

No eggs fertilise or divide: On average, around 60% of eggs fertilise. In a very small proportion of cycles (1-3%), none of the eggs will fertilise. Not all of the fertilised eggs will successfully develop into an embryo suitable for transfer or freezing. Sometimes this is due to poor sperm quality or poor egg quality. A special technique to inject the sperm directly into the egg (ICSI) may overcome the problem in a future cycle. However it is important to remember that, even when ICSI is used, fertilisation and further division of the egg does not always occur.

Embryo transfer and still no pregnancy: Embryo implantation is often the point at which a cycle will not be successful. Unfortunately, many embryos lack all the genes required to develop fully and despite a healthy appearance at the time of transfer, will not subsequently implant and develop.

Possible side effects of the IVF treatment

Ovarian hyperstimulation syndrome (OHSS): Ovarian Hyperstimulation Syndrome (OHSS) is one of the more serious complications of an IVF cycle. OHSS can occur when the ovaries have over-responded to the Follicle Stimulating Hormone (that is, when 20 or more follicles are seen on ultrasound). In this instance, the ovaries produce an excessive number of follicles and become markedly enlarged.

The symptoms you should be aware of and report immediately to the nurses or to your fertility specialist are:

- Abdominal pain (not relieved with analgesia)
- Severe nausea and vomiting
- Increase in weight and bloating
- Shortness of breath

- Increasing thirst
- Decreasing urine output

If moderate or severe OHSS occurs, hospital admission for intravenous fluid therapy and pain relief may be necessary for up to a few days. It is important to stress that OHSS is not a permanent condition, and over the following 10-14 days your body will return to normal.

In its severest form it is a dangerous condition and there have been reports in the scientific literature of severe side effects and fatality.

In over 250,000 treatment cycles in Australia, there have been no fatalities but in its severe form this condition can be life threatening and cases of significant blood clotting problems have occurred

Adverse reaction to medications: The large majority of women having IVF treatment will be having a stimulated cycle. This will involve the use of two different groups of medications. The first one stimulates the ovaries to produce multiple follicles, and the second prevents the premature release (ovulation) of the eggs in those follicles. The drugs used in IVF treatment are generally of low risk and it is unlikely that you will have any significant side effects. Some women may experience side effects, including headaches, hormonal symptoms, local skin reaction, and flu-like symptoms.

Complications of the egg collection: In order to perform the egg collection, a fine needle must be passed through the wall of the vagina, into the abdominal cavity, and into the structure of the ovary. There is a very small chance of developing pelvic infection, pelvic bleeding and damage to the bowel, bladder or other internal organs from this procedure.

Pelvic infection: There is a chance of developing pelvic infection following the egg collection procedure, especially if there is a past history of pelvic infection, or endometriosis involving the ovaries. In most cases, the infection would be very mild and would be rapidly brought under control with antibiotic therapy.

Bleeding: There is an extremely small risk of causing bleeding, either from the wall of the vagina, or from within the structure of the ovary. Very occasionally, structures surrounding the ovary, such as the large blood vessels, might also be damaged during the egg collection.

Damage to bowel and bladder: It is also possible for damage to occur to other pelvic structures during an egg collection, such as the bladder or the bowel. This is also extremely rare, however if it occurs there is a possibility that it might require readmission to hospital and further surgical investigation and treatment.

Anaesthesia: We engage consultant anaesthetists who will discuss your anaesthetic requirements prior to the procedure.

Possible adverse outcomes of your pregnancy and the health of your baby

Miscarriage: The risk of miscarriage with IVF pregnancy is not any greater than in naturally conceived pregnancies. In IVF, miscarriage occurs in up to 25% of all pregnancies with the chance of miscarriage increasing markedly as the woman becomes older. For women who are over 40 years of age, the risk of miscarriage is as high as 40%.

Light bleeding (or spotting) occurs in up to 55% of assisted reproductive technology pregnancies and should not cause undue concern unless associated with increasing abdominal pain.

Ectopic pregnancy: An ectopic pregnancy is one that implants outside the uterus, usually in the fallopian tube. The risk of tubal or ectopic pregnancy is quite small but it may occur in up to 3% of IVF pregnancies. It is more common when there has been previous damage to the tube. The risk of ectopic pregnancy following IVF is no higher than with spontaneous conception.

Multiple pregnancy: Multiple births from IVF are most often caused by the transfer of more than one embryo. In most cases we recommend transferring only one embryo as a twin pregnancy carries a significantly increased risk of a number of different childbirth and newborn complications. In particular a multiple pregnancy has a five times increased risk of death or major disability, and they are more likely to be born premature, to have low birth weight, or to have cerebral palsy.

The health of a child conceived through IVF: The risk of health problems at birth or in the first year of life in children conceived naturally is approximately 4% (this includes both major and minor health problems). However, research carried out in Western Australia and elsewhere has suggested that, in children conceived after IVF, the risk of health problems at the time of birth is slightly higher at around 5-6%. This increase does not appear to be

related to any specific conditions. It is not clear why this small increase occurs, however it is considered more likely to be related to certain types of infertility predisposing toward an increased risk of foetal abnormality and not the IVF procedure itself.

The health of the parents following IVF: There has been concern about the potential effects of fertility medications on a woman's long-term health.

Ovarian cancer occurs in approximately 1 in 90 women in the general community and is known to be more common in women who have not had children. Breast cancer occurs in 1 in 11 women, again being more common in women who have not had children.

Common Questions

Do I need to fast for blood tests?

Fasting for blood tests is not normally required unless your Fertility Specialist/Doctor has ordered glucose and/or lipid testing (cholesterol, triglycerides and HDL). If you do need to fast, this is normally required overnight for a minimum period of 8 hours, although 12 is preferred. All food and beverages should be withheld with the exception of water. Medication should only be stopped on the instructions of your Fertility Specialist/Doctor.

When are ultrasound scan appointments arranged for?

Ultrasound scans before, during and after treatment are normally organised with your nurses. You are not required to have a full bladder (unless advised otherwise).

If I am unsure about giving myself the injections, can I choose to attend the clinics for the nurses to give the injections instead?

We appreciate that it is difficult for some people to self-administer injections, and your nurses are always available to provide support. A member of your nursing team will teach you how to administer these injections and they are happy to supervise your first injection to make sure you are confident with the technique. Hormones to stimulate egg production (Follicle Stimulating Hormone injections) are now given by a pen (similar to a diabetes insulin pen) and this is injected just under the skin with a tiny needle. We will provide you with the necessary pens, needles, syringes, swabs and drugs and provide written instructions on administering injections at home depending on which medication(s) your Fertility Specialist/Doctor has prescribed.

Can I go to my GP for the injections?

When you undergo a Medicare subsidised IVF cycle, if you attend another doctor other than your Fertility Specialist/Doctor (such as your GP) for injections, then you cannot claim a rebate from Medicare for this service. If your GP bulk-bills you, then they will not get paid either. You will therefore have to pay this bill yourself. Although the prospect of self-administering injections is daunting, we encourage you to let your nursing team help you gain the confidence to undertake these injections yourself.

What should I do if I spill or break the injections?

If you spill or break the daily injections, don't panic – phone your nursing team at The Fertility Centre and they will provide you with support and advice on what to do. After hours please present to The Women's Hospital emergency department for instructions. .

Can we have intercourse throughout treatment?

You can have regular intercourse throughout treatment however you will be asked to abstain around the time of egg collection.

I work full time and I'm worried about how much time I will need to take off work?

The Fertility Centre nursing clinic opens from 7.30am so that patients can undertake the majority of their blood tests (and ultrasounds in some instances) prior to the start of the working day.

Should you be going through IVF treatment, the only day that you will need to plan to take off work is the day of the egg collection and the nurses will be able to provide you with an indication of when this will be at the commencement of treatment. Should your Fertility Specialist/Doctor decide that a surgical procedure such as a

laparoscopy is required, you will need to take this day off work and some people choose to take another day or two to rest after the procedure. A medical certificate can be provided upon request.

Am I able to choose which day hospital I have my egg collection procedure at?

No. Your treatment procedures will be scheduled by The Fertility Centre with the on-call doctor at The Fertility Centre nominated and accredited Day Hospital. You will be advised of all costs incurred at this location at the start of your treatment.

Is there a cut off age for fertility treatment?

For women aged 45 years and over it is very difficult to achieve a pregnancy using her own eggs. The Fertility Centre therefore will only treat women until their 46th birthday.

Am I eligible for the Medicare rebate?

All The Fertility Centre patients must be eligible for a Medicare rebate so you must hold a current Australian Medicare card and be deemed to be undertaking clinically relevant treatment for the purposes of fertility treatment. You will also require a current GP or Specialist referral for the duration of your treatment cycle.

How many treatment cycles are covered by Medicare?

There are currently no limits on the number of Medicare-funded treatment cycles a couple can undertake.

How many attempts at IVF will it take me to conceive?

As everybody is different, there is no one definitive answer. Some couples will conceive on their first attempt at IVF, while others will only conceive after multiple attempts. There are some couples that, unfortunately, may never have a successful pregnancy.

On average however, most couples will conceive within three stimulated IVF cycles.

We have two boys already, however we would really like a little girl. If we have IVF, can we choose the sex of the baby?

The National Health and Medical Research Ethics Committee guidelines only allow sex selection where there is a medical need and do not allow sex selection for family balancing purposes.

What is the Patient Review Panel?

The Patient Review Panel is an independent Ministerial appointed committee that is not aligned with any Assisted Reproductive Treatment (ART) providers. The purpose of the Patient Review Panel is to fulfil the below responsibilities:

- a fair, transparent and consistent process that enables a clinic to investigate concerns about risks to children on a case-by-case basis and according to identifiable and established risk factors
- a formal system to provide guidance and support to doctors and counsellors who are unsure about whether there is any likelihood of harm to a prospective child
- the capacity for clinics to seek expert advice from people with relevant disciplinary expertise in assessing risks to children, so decisions are based on factors relevant to the health and wellbeing of the child rather than purely on medical factors or personal value judgements; and
- a system whereby persons seeking ART are carefully considered before treatment is provided and that the decision to exclude a person from treatment is subject to proper review

Reference: www.health.vic.gov.au/prp/

Patients will only be referred to the Patient Review Panel for presumptions against treatment, embryo storage and posthumous use of gametes and/or embryos.

Patient Information

Patient Rights & Responsibilities

As a patient of The Fertility Centre, prior to commencing treatment it is important that you are aware of your rights and responsibilities. Please read the following information and if you have any further questions or concerns, we encourage you to talk to a member of The Fertility Centre team.

What are my rights?

You have the right to:

- provide feedback about your care
- be treated with respect and dignity
- treatment and care in a safe environment
- privacy and confidentiality for your personal and health information, except where the law permits this to be disclosed
- be accompanied by a support person at most times
- information about which staff are responsible for your care
- seek a second opinion if you wish
- have access to an interpreter
- refuse treatment and services offered to you
- access your health records according to the law, provided written consent is provided

What are my responsibilities?

All patients at The Fertility Centre are responsible for their own behaviour and care. It is important to:

- inform everybody involved in your care of your expectations
- tell staff if you have a problem
- understand your treatment and ask questions if you are unsure
- provide staff with accurate information about your health and your current treatment
- read the patient information materials provided to you by The Fertility Centre
- inform The Fertility Centre staff if your condition changes
- follow your prescribed treatment
- be considerate of staff and other patients
- advise the Patient Liaison Administrators and Nurses of your Day 1
- attend your scheduled appointments, or inform staff if you need to change an appointment
- make treatment payment arrangements with The Fertility Centre, prior to commencing your treatment
- ensure you have a current referral to your Fertility Specialist/Doctor and provide a copy of this to The Fertility Centre

Patient Feedback

We welcome your feedback about all aspects of your care at The Fertility Centre.

This feedback assists us to continually improve our services and overall quality of care. The feedback is also an opportunity for you (and your partner) to confidentially share your thoughts and ideas with us on the care you have received during your treatment. Feedback can be provided in one of the following ways:

- In person to a member of your treatment team
- By telephoning a member of your treatment team at your Fertility Centre clinic
- By emailing feedback@mivf.com.au
- In writing by mailing to:

Patient Feedback
The Fertility Centre
Suite 1, 118 David Street,
DANDENONG VIC 3175

Problems are usually best solved when and where they happen. However if you are not happy with the outcome of feedback you have provided to The Fertility Centre, you contact the Health Services Commissioner by calling 1800 136 066.

Privacy & Confidentiality Policy

At The Fertility Centre our primary concern is providing you with treatment and healthcare of the highest quality. This requires a relationship of trust and confidentiality – one where we treat your personal health information appropriately and respect your privacy.

As such, we will handle your personal information in accordance with this Privacy Policy and in compliance with applicable privacy laws.

Our Fertility Specialists, Doctors, Nurses, Scientists, Counsellors and Administration staff work together to provide your fertility treatment. They may need access to your personal health information to make sure we provide the most appropriate care.

You are entitled to know what personal information is held about you, how you can access it, why it is held, to whom we may disclose it, and when we need your consent to do this. This Policy explains all these details. You can discuss any issue relating to the privacy of your information with your doctor or any staff member, at any time.

Collection of Patient Information

Our fertility specialists and staff collect information that helps us provide the level of advice, care and management you need, or where there is a statutory requirement for collection.

This information may include:

- contact details
- relationship status
- medical history
- family medical history
- symptoms, diagnosis and recommended treatment
- ethnicity
- Medicare/private health fund details
- billing or account details.

We normally collect this information directly from you, but we may need to get it from other sources – for example, from other medical practitioners, health funds or health providers and, with your consent, from family members.

Use and Disclosure of Personal Information

To ensure we provide you with the most appropriate treatment, our Fertility Specialist/Doctors and staff may use or disclose your personal information*.

Here are some examples:

- sharing your information within the treatment team
- communicating with the referring medical practitioners
- referrals to other medical practitioners, hospitals or health providers
- referring specimens for analysis
- accounts and billing, including Medicare and private health insurance claims
- managing our practice – including quality assurance, practice accreditation and keeping our records up to date
- complaints and incident handling, and notifications to our insurers

- disclosure, where legally required, to third parties – for example, in response to a court subpoena or for mandatory reporting of specific diseases
- provide a small sample of case-notes for confidential review as part of annual Code of Practice audits by the national Reproductive Technology Accreditation Committee (RTAC), in compliance with regulatory requirements, and
- submit a summary to the Australia and New Zealand Assisted Reproduction Database (ANZARD) of every treatment we perform, in compliance with regulatory requirements; in these cases, we remove any information that personally identifies you.

We may also use non-identifying information from your medical file or data analysis and research.

The diagnosis and treatment of infertility involves two partners. It is our policy to disclose all information to both partners.

* Staff at our parent clinic, Melbourne IVF may also access your personal information for these purposes.

Data Quality and Security

The Fertility Centre will take all reasonable steps to ensure that the personal information we collect, use, hold or disclose is accurate, complete, up to date and relevant to the functions and services that we provide.

You can help us achieve this by providing correct and up-to-date information, as described in our Patient Rights and Responsibilities document. We store your personal information securely and protect it from unauthorised access, modification or disclosure.

Access and Correction

In all but a few rare cases, you can access the personal information we hold about you, in part or in full, or ask us to provide it to a third party such as another healthcare provider.

You can ask for this in writing. There may be an administration fee for this service, depending on the nature of access required.

If you feel any of the personal information we hold about you is inaccurate or incomplete, please let us know. It is our policy to note your corrections and add them to your records. We do not erase the original record.

Retention of records

To ensure compliance with relevant regulatory requirements, it is the policy of The Fertility Centre to retain medical records for a minimum of seven years.

Regulatory Bodies and Clinic Accreditation

The Fertility Centre is required to provide statistical data to meet statutory licensing and regulatory requirements under the Assisted Reproductive Treatment Act 2008 and also to the Fertility Society of Australia's Reproductive Treatment Accreditation Committee (RTAC) for accreditation purposes. Health records held by The Fertility Centre may be accessed for these purposes.

In addition, TFC staff may be required to access treatment information for the purposes of audits by:

- RTAC (Reproductive Technology Accreditation Committee)
- VARTA (Victorian Assisted Reproductive Technology Authority)
- Victorian government (Assisted Reproductive Technology Act 2008)

CONTACT DETAILS AND OPENING HOURS

For Medical Emergencies out of hours, on weekends and on public holidays, you should attend The Women's Hospital Emergency Department, on the corner of Flemington Road and Grattan Street, available 24 hours.

If you attend your local Emergency Department please advise them that you are currently undertaking IVF treatment and take your medications with you.

THE FERTILITY CENTRE DANDENONG <i>Suite 1, 118 David Street, Dandenong VIC 3175</i> www.thefertilitycentre.com.au/victoria Tel: 03 8788 7100 Fax: 03 8788 7199 New Patient Enquiries: 1800 842 862	
Patient Liaison Administrators dandenongtfc.pla@thefertilitycentre.com.au	Monday to Friday 7.30am - 3.30pm
Nurse Clinic Hours dandenongtfc.nurse@thefertilitycentre.com.au	Monday to Friday 7.30am - 3.30pm
Blood Test Clinic Hours	Monday to Friday By Appointment
Counselling	Wednesday By Appointment

THE FERTILITY CENTRE SUNSHINE <i>192 Furlong Road, Sunshine VIC 3020</i> www.thefertilitycentre.com.au/victoria Tel: 03 8312 1100 Fax: 03 8312 1199 New Patient Enquiries: 1800 842 862	
Patient Liaison Administrators sunshinetfc.pla@thefertilitycentre.com.au	Monday to Friday 7.30am - 3.30pm
Nurse Clinic Hours sunshinetfc.nurse@thefertilitycentre.com.au	Monday to Friday 7.30am - 3.30pm
Blood Test Clinic Hours	Monday to Friday By Appointment
Counselling	By Appointment

The Language of IVF

ART (Assisted Reproductive Treatment): A collective term for fertility treatments.

Blastocyst: The term for the development of an embryo for five days after fertilisation which consists of an inner cell mass, an internal cavity, and an outer layer of cells.

Cervix: The neck of the womb. The embryo transfer procedure normally involves passing a small soft catheter through the cervix.

Cryopreservation: A collective term for a variety of laboratory methods of freezing biological items prior to storage

Ectopic pregnancy: An ectopic pregnancy is a pregnancy that occurs outside the womb (uterus), most commonly in the fallopian tube, where the baby cannot survive.

Egg collection: The stage of an IVF treatment cycle where the woman's eggs are collected under anaesthetic using vaginal ultrasound.

Embryo: Once the sperm has penetrated the egg and fertilises the egg, an embryo is formed.

Embryo transfer: The stage of an IVF treatment cycle where the embryo is transferred to the woman's uterus via a fine catheter.

Endometriosis: The presence of the normal lining of the uterus called the endometrium found in abnormal locations in the body such as the fallopian tubes, ovaries and peritoneal cavity.

Fallopian tube: The fallopian tube runs from the ovary to the uterus. The egg normally travels along the fallopian tube and this is where the egg and sperm normally meet and the sperm penetrates the egg.

Follicle: The sac of fluid that surrounds the egg and which can usually be seen on the ultrasound scan.

Follicle stimulating hormone (FSH): A hormone produced and released from the pituitary gland, to stimulate the follicle (and thus the egg) to grow.

Follicular Phase: The first half of a woman's ovarian cycle following menstruation and during which the follicles grow.

Gamete: A word that describes both the male and female reproductive cells
i.e. the sperm and egg.

hCG (human Chorionic Gonadotropin): The hormone that is produced by the embryo and is measured in a pregnancy test. Injections of hCG can be used to trigger maturation of the egg followed by ovulation. Injections of hCG may also be used to maintain hormone levels in the second half (luteal phase) of the cycle.

ICSI (Intracytoplasmic Sperm Injection): The fertility technique where a single sperm is selected and directly injected into an egg.

Implantation: The embedding of the embryo in the lining of the uterus 6–7 days after fertilisation.

IVF (In Vitro Fertilisation): The procedure by which an egg and sperm are placed in a dish and sperm penetrates the egg to form an embryo. The embryo is grown in a protected environment for some days before being placed (transferred) into the uterus.

Luteal Phase: The last 14 days of a menstrual cycle after ovulation.

LH (Luteinising Hormone): A hormone produced and released by the pituitary gland. It is responsible for triggering ovulation.

Oestrogen (or Estrogen): The primary female hormone produced mainly from the ovary from puberty until menopause.

Oocyte: The fully mature egg produced from the ovary each month.

Ovarian Hyperstimulation Syndrome (OHSS): A condition where women over-respond to the fertility drugs and can develop severe fluid retention and abdominal swelling.

Ovaries: The female sex glands which produce eggs.

Ovulation: The time the egg is released.

Ovulation Induction: Medication used to stimulate growth and release of the eggs. This may be used in combination with intrauterine insemination.

Pituitary Gland: The gland located at the base of the brain, which controls most hormone functions in the human.

Vitrification: A laboratory technique used to rapidly freeze biological items prior to storage.