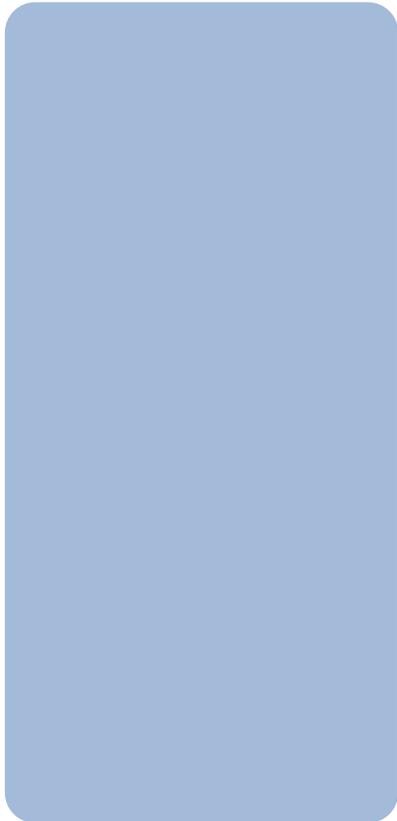


# Caring for your future



This booklet will help you, and your family, better understand fertility problems and available treatments.

## Caring for your future

More information is available at [www.nextgenfertility.com.au](http://www.nextgenfertility.com.au) or by contacting Next Generation Fertility on 02 9890 9022.



## We understand, and we're here to help



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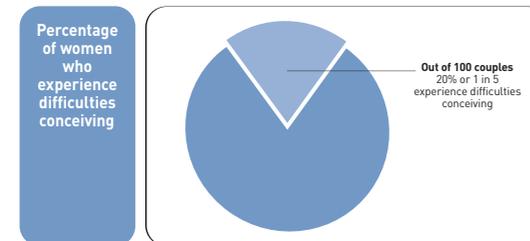
# Pregnancy and Fertility

## Getting Pregnant – How common are fertility problems?

The process of getting pregnant is complex, many events must occur at the right time. Most couples assume conception will follow immediately after birth control is discontinued. However, approximately 1 in 5 couples will at some time have difficulty conceiving. The best chance of a fertile couple achieving pregnancy is about 20% in the first month of trying.

If you are having difficulty conceiving you are not alone. However, with expert advice and treatment, many couples can realise their dream of growing a family.

### Proportion of couples who will have fertility problems at some time



## What is infertility?

Infertility is defined as not achieving pregnancy after having regular unprotected sex for 12 months, or less for older women. Many couples after 6 months of trying to conceive will start to ask questions. If this is your circumstance, you may want to consider seeking a professional opinion.

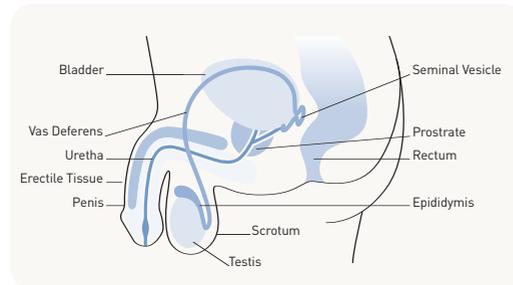
## Causes of fertility problems

The causes of fertility problems are shared equally between males and females. In some cases the cause may be unknown. Some of the more common causes are:

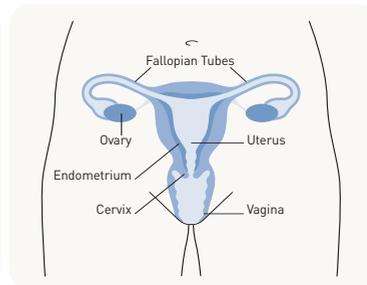
### Male

- Not enough sperm are produced
- Sperm are of poor quality, having low motility, poor shape or failing to mature
- The tube that transports the sperm are damaged or blocked
- Sperm appear to be normal but fail to fertilise the female's eggs
- The sperm are associated with an allergic reaction

### Male reproductive system



### Female reproductive system



### Female

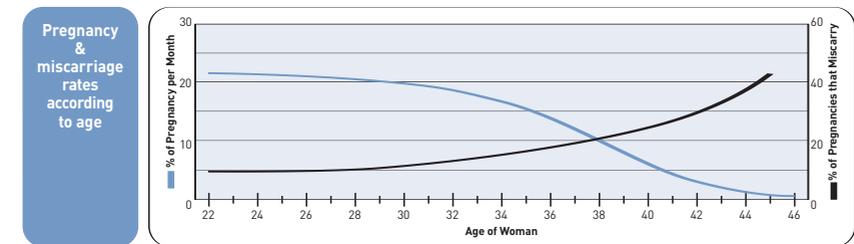
- Eggs are not released from the ovaries
- Eggs fail to mature
- Tubes are unable to carry eggs to the womb
- The fertilised egg is unable to implant itself in the uterus lining
- The cervix prevents sperm entering the uterus to fertilise the egg
- Endometriosis, a common disorder where the lining of the uterus grows outside of the womb, affects various reproductive functions.

## What else affects fertility?

### Age

The likelihood of a woman achieving pregnancy decreases with age. Once a woman reaches the age of 35, her fertility has declined considerably. By age 43, the pregnancy rate is thought to be less than 1% per month. In addition, there is an increase in the risk of miscarriage as a woman ages.

### Pregnancy and Miscarriage rates according to age



### Weight

Women who are excessively overweight or underweight have reduced conception rates and higher miscarriage risks than women of similar ages who are within their ideal weight range.

### Smoking

Smoking has negative effects on a woman's eggs and a man's sperm. Smoking cessation is essential for maximising a couple's chances of achieving conception and reducing the risk of miscarriage.

### Stress

It is virtually impossible to quantify stress and thus the effect of stress on fertility. However, it is always desirable to reduce one's stress level to a minimum.

# Assisted Fertility

The first IVF baby was born in 1978. Treatment procedures are now well developed with success rates approximately twice that of ten years ago. In Australia, about 7,000 babies will be born this year with the help of assisted fertility. The number of babies born this way is increasing as techniques improve and more couples seek assistance.

## Your first appointment

At your first appointment, you both will meet with a doctor (fertility specialist) to discuss your personal situation. Your medical fertility specialist doctor will discuss which treatment program may be most appropriate to your needs and which will maximise your chance of achieving pregnancy. The doctor will determine what tests, if any, are required and map out a preliminary course of action.

If you choose to proceed with treatment you will have a 'pre treatment' meeting with your fertility specialist doctor to discuss in detail your personal fertility care program and what you can expect through the treatment cycle. This is an opportunity to ask questions about any aspect of your program including costs, chances of success and treatment options.

Professional counselling is also available should you wish.



## The Different Treatments

There are various assisted fertility treatments available to you, depending on your circumstances.

### Ovulation Induction

When ovulation is not occurring regularly but all else is normal ovarian induction can be used to increase the chance of an egg being produced in a cycle. Medication is used to increase the number of follicles that develop fully to produce eggs.

### Assisted Insemination (AI)

Also called Intrauterine Insemination (IUI). Assisted Insemination may be recommended as the first treatment of choice for unexplained fertility. Treatment involves placing prepared sperm in the uterus at the time of ovulation. Women need open tubes for this to work. Ovulation Induction may accompany this treatment.

### In-vitro fertilisation (IVF)

IVF is the most widely used form of fertility treatment and refers to any assisted reproduction that takes place outside of the body. Eggs and sperm are collected and fertilised to form an embryo, which is then transferred to the uterus to continue, hopefully, to pregnancy. The steps involved in IVF are discussed in 'What to expect - IVF'.

### ICSI or Intracytoplasmic sperm injection

ICSI is a specialised form of IVF that involves putting a single sperm directly into a mature egg. It is often used in the treatment of severe cases of male infertility and some egg problems. ICSI has revolutionised the treatment of infertility.

### Embryo Freezing

If couples wish, suitable embryos not transferred to the womb in an IVF cycle may be frozen for later cycles. This allows future cycles to be attempted without going through the whole IVF process.

### Egg and sperm donation

If the female's egg or male's sperm is unable to be used for medical reasons an egg or sperm from a donor is an option.

## Which treatment for you?

Each couple is an individual case. Throughout your treatment your medical fertility specialist will recommend options that will give you the best chance of achieving pregnancy and suit your personal circumstances. You are in control of which options you wish to pursue. However, at any time you can seek advice from specialised nursing and counselling staff or a medical fertility specialist.

## What To Expect - IVF

Each fertility care program plan is as individual as you are. Your treatment may vary from the general pathway outlined here.

### Preparing your own cycle

Prior to the treatment cycle, medication is provided to prepare your own cycle. This helps ensure that ovarian stimulation occurs as planned.

### Ovarian Stimulation

Once your cycle is prepared, you begin a series of daily injections to stimulate your ovarian follicles to produce eggs.

### Monitoring phase

Blood tests and ultrasound monitor your progress and determine when to proceed to egg collection.

### Triggering

You now stop using all your other cycle medication. A single injection is given to facilitate the final maturation of the follicle and egg.

### Egg and Sperm collection

36 to 38 hours later the eggs are retrieved using an ultrasound guided procedure, this involves a light general anaesthetic. A fresh sperm sample is collected at this time.

### Fertilisation

The 'strongest' sperm are specially prepared and added to eggs several hours after retrieval. In some cases the sperm is put directly into the egg (See ICSI). The fertilised eggs are called embryos.

### Embryo transfer

2 to 5 days after fertilisation the embryo is transferred to the uterus. Suitable embryos not transferred may be frozen for a future treatment cycle if couples wish.

### Final Phase Support

Following the transfer, implantation of the embryo is supported by medications specific to your needs.

### Pregnancy Test

A pregnancy test is taken 14-15 days after embryo transfer. The results indicate whether or not an embryo has implanted in the womb.

## Some things to consider

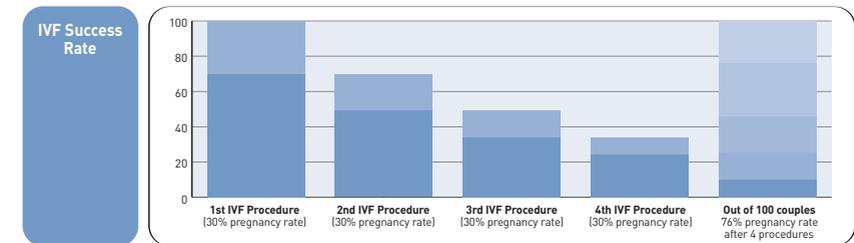
### How will I feel?

The psychological and emotional facets of fertility treatments are not to be underestimated. Throughout treatment, you and your partner may face stressful times, however, there are resources available to help you manage the situation. In addition, being fully informed about treatment options and the likely outcomes will help you cope.

### Chances of successful treatment

The chance of success of assisted fertility is very dependant on the cause of infertility and the treatment undertaken in each couple's case. IVF treatment can now achieve a success rate of around 30% per embryo transferred. Keep in mind the chance for a normal fertile couple to achieving pregnancy in the first month of trying is about 20%. About 3 out of 4 couples can expect IVF success after 4 attempts transferring a single embryo each cycle. Success of IVF treatment declines as the age of a female increases.

### Chance of pregnancy following single embryo IVF attempts



### Costs

The cost of fertility care will vary with the treatment undertaken. Your personal fertility care program cost is fully explained prior to agreeing to treatment. Fortunately, Medicare helps pay for a large component of fertility treatment.

More about costs can be found at [www.nextgenfertility.com.au](http://www.nextgenfertility.com.au) and you can contact Medicare on 13 20 11 or visit [www.hic.gov.au](http://www.hic.gov.au)

### How do I get started?

The first steps in beginning your fertility treatments are:

- See your GP or specialist to **obtain a referral** to a doctor specialising in fertility treatment. A referral is essential and also allows Medicare reimbursement.
- **Make an appointment** to see the fertility specialist at a fertility clinic.

# Next Generation Fertility



## About Next Generation Fertility

Several of Sydney's leading fertility specialists joined together to create Next Generation Fertility, an IVF clinic owned and operated by the fertility specialists and staff who work there.

Next Generation Fertility takes the approach of becoming a partner in the goal of growing your family. We are committed to providing a genuine caring environment that supports the patient, their families and their future. Our specialist fertility care team is dedicated to giving you the best chance of achieving pregnancy.

## Making an appointment

You can make your appointment with Next Generation Fertility at anytime by telephoning 02 9890 9022 or by visiting [www.nextgenfertility.com.au](http://www.nextgenfertility.com.au) and making an appointment online.

Remember, you will need to obtain a referral from your GP or specialist to one of our doctors specialising in fertility care.



Caring for your future

## Notes

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My Appointment time is \_\_\_\_\_ with Dr \_\_\_\_\_

At \_\_\_\_\_

## Our Clinic locations

1 Fennell Street <b>Parramatta</b> NSW 2151	Tel 02 9890 9022
Lv2 15 Moore Street <b>Liverpool</b> NSW 2170	Tel 02 9821 2144
70 Derby Street <b>Kingswood</b> NSW 2747	Tel 02 4721 2445
Suite 45 Lv3, 71-73 Archer St <b>Chatswood</b> NSW 2067	Tel 02 9821 2144
5/F 401 Sussex St <b>Haymarket (Sydney)</b> NSW 2000	Tel 02 9281 9133

[www.nextgenfertility.com.au](http://www.nextgenfertility.com.au)



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