

FERTILITYROAD

ALL ABOUT IVF

EMBRYO DONATION | EGG SHARING | IVF FUNDING OPTIONS

IVF Beginner's Guide
+ exclusive advice on
Do's and Don't's

**IVF Abroad -
popular
destinations
revealed**

Our IVF story
**We never gave up
on our dream to
have a family
together**

Top tips on boosting
egg and sperm
health prior to IVF

**How to talk to your
boss about your
IVF treatment**



Our change in title colours reflects our deep respect and admiration for the strength and courage of the Ukrainian people. #StandWithUkraine



Welcome to your new, digital Fertility Road magazine!

I'm thrilled to bring you Issue 1 of your new-look magazine! Packed with articles from leading global fertility experts, our mission is to empower you on your journey to parenthood.

At Fertility Road, we understand just how emotionally and physically challenging fertility treatment can be. We want you to know that you're not alone and that we're here to help. We're also here to inspire you. Our front cover stories will share journeys to parenthood which are far from the norm. These stories will demonstrate the courage, perseverance and sheer grit involved in reaching parenthood goals, whatever the obstacles. My immense thanks to our front cover stars of our launch issue, Tom and Joanna Pawlak who share their inspirational story. In each issue, you'll discover a specially-curated group of leading experts, each sharing exclusive advice on the hot fertility topics.

Your new-look magazine is divided into easy-to-navigate sections:

IVF ROAD – DONOR ROUTE – IVF ABROAD

Mindful of the fact that some of you will be new to fertility treatment, IVF ROAD kicks off with a Beginner's Guide to the stages of IVF. Mr Ed Coats from The Fertility Partnership expertly leads you through each step of an IVF cycle.

Interested in advice on how to prepare for IVF? Leading fertility coach, Sarah Banks shares her top tips including essential 'Do's and Don'ts' prior to IVF. Ways to boost egg and sperm health prior to IVF is a popular topic and top Nutritionist, Dr Marilyn Glenville shows you how.

Need advice on how to fund your IVF? Tone Jarvis-Mack shares his knowledge of a variety of funding options.

Fertility testing is often assumed to be a female issue. Not so! Check out Professor Sheena Lewis's article for valuable insights into why fertility testing is vital for men too!

Here at Fertility Road, we know how many readers struggle to tell their employer that they're undertaking fertility treatment, let alone know how to ask for support. Becky Kearns, co-founder of Fertility Matters at Work shines a light on how best to navigate

work and fertility treatment, showing you how to best balance the two.

Ever heard of mild-stimulation IVF? I had the pleasure of talking with Professor Geeta Nargund, Medical Director of Create to find out all about it.

Here at Fertility Road, we're aware that for some of our readers advice on egg and/or sperm donation will be essential. In response to this, we have created a dedicated DONOR ROUTE section. Here, leading experts will offer advice on both the practical and emotional/psychological aspects of taking the donor route.

In this launch issue, lead counsellor, Tracey Sainsbury examines the key considerations that anyone thinking about taking the donor route should be aware of. One of those considerations is how to share with a donor-conceived child the nature of their origins. Inspirational author, Carmen Martinez-Jover shares her expertise in this field and shows how her range of children's books can support parents in their conversations with their children. Other important topics explored within our DONOR ROUTE section include Egg sharing and an explanation of Embryo Donation. Leading embryologist and founder of IVF London, Alpesh Doshi and Sareena Sharma share their valuable insight into how egg sharing works. Dr Arianna D'Angelo, Clinical Lead in Reproductive Medicine at Wales Fertility Institute, Cardiff reveals where embryo donors come from and what's involved in becoming a donor embryo recipient.

Considering going abroad for IVF treatment? We know that many of our readers will be. So, we've created a dedicated IVF ABROAD section where you'll find an exclusive Beginner's Guide to going abroad for fertility treatment. Check out this guide for Sydney Brake's expertise and advice. We also reveal with the help of Dr Yvonne Frankfurth, the most popular European destinations for fertility treatment.

Enjoy your launch Issue!

Clare Goulty

Editor-in-Chief



Message from the President of Ukrainian Association of Reproductive Medicine - UARM

Dear colleagues—doctors of reproductive medicine around the world!

On behalf of the Ukrainian Association of Reproductive Medicine, and as a citizen of my country, I appeal to all of you to help stop the war, the murder of women and children, the destruction of residential houses and entire cities, medical and children's institutions. This is not the "special operation" that the russian media is talking about, but a full-scale war in its most horrific russhist form.

Human reproduction has practically stopped in Ukraine. Out of the 73 IVF clinics, more than half have closed, and the remaining provide care as a hospitals and obstetrics and gynecology facilities. Donor material was preserved with great difficulty, due to the assistance of European countries, which we are thankful for. Some doctors at IVF clinics have found work in other countries. The catastrophe is happening with surrogacy, as genetic parents are unable to pick up their children due to the constant bombing of medical facilities. Roads, railways and airports were destroyed. There is a real humanitarian catastrophe in the zone of active military actions.

The whole world is helping Ukraine, and only our russian medical colleagues are silent and watching this atrocity.

We ask everyone to help Ukraine stop the russian aggressor and massive distruction of our country. We urge you to take more decisive action and intensify the joint struggle against the murderers of the peaceful people. Europe and our whole little planet need peace and tranquility, birth, not death!

Sincerely,

Prof. Olexandr YUZKO

President of UARM



Mrs Arianna D'Angelo, MD, Associate RCOG

Arianna works as Clinical Lead in Reproductive Medicine at Wales Fertility Institute, Cardiff and as Honorary Senior Clinical Lecturer in Obstetrics and Gynaecology at Cardiff University. She is a past Director of the postgraduate teaching Diploma/Master in Ultrasound at Cardiff University. She has over 20 years' experience in Assisted Reproduction and Ultrasound.

Arianna is the current UK Clinician National Representative (CNR) for the European Society of Human Reproduction & Embryology (ESHRE), she is a member of the ESHRE Ethics Committee, past Coordinator of the ESHRE Special Interest Group (SIG) in Safety and Quality in ART (SQART). Arianna is a member, reviewer, co-reviewer and translator of the Cochrane Gynaecology and Fertility Group.

www.ariannadangelo.co.uk



Sarah Banks

Sarah is a qualified Personal Development Coach, and author of the IVF Positivity Planner, a unique coaching journal that helps people feel happier and stronger whilst going through IVF, and an international best seller. Sarah works with fertility professionals to enhance their patient experience, by running training workshops to staff and helping them create a strong emotional support service.

Through her work and her own personal IVF journey, Sarah has a deep understanding of the impact to emotional and mental health that infertility causes, and the support that is needed. www.ivfpositivityplanner.com



Sydney Brake

Sydney Brake is a writer, content creator, and author of books about affordable ways to grow your family. Best known for her silly, educational, and self-deprecating TikToks about infertility and endometriosis, Sydney's videos have garnered over two million views on social media. She is a proud IVF mom and adoptive mom who travels the world raising her kids with her diplomat husband. Her latest book *Affording IVF: The Complete Guide to Understanding Treatment Cost and How to Save Thousands on IVF* is now available on Amazon. www.sydneybrake.com



Mr Edward Coats BSc (Hons) MBBS MRCOG MD LLM

Mr Edward Coats is Consultant in Reproductive Medicine and Surgery working with The Fertility Partnership in London and Oxford. Ed co-founded [TotalFertility](http://TotalFertility.com) in 2017. This free

online digital platform helps patients access important information about fertility clinics, specialists, tests and treatments in their area. Ed hosts the [Total Fertility Podcast](http://TotalFertilityPodcast.com) each month and interviews a range of fertility specialists and guests hoping to inform, educate and empower listeners on the fertility journey.



Mr Alpesh Doshi M.Sc B.Sc Dip RC Path

Alpesh is a consultant Clinical Embryologist and a co-founder of IVF London. He is also a co-founder and director of the Embryology and PGD Academy. Alpesh previously worked at the Centre for Reproductive and Genetic Health in the leading capacity as a Director of Embryology for 19 years and was pivotal in optimising the success rates. He was also an honorary consultant Embryologist at the Reproductive Medicine Unit at UCLH NHS Trust. He has obtained a postgraduate degree in Human Reproductive Biology from the prestigious Imperial College School of Medicine. www.ivflondon.co.uk



Dr. Yvonne Frankfurth

Founder + Fertility Coach for Egg Donation abroad at repro-travel.com
Affiliate, ReproSoc / Reproduction SRI, University of Cambridge

Yvonne offers individual support to women and couples on their journey abroad for IVF and egg donation (www.repro-travel.com). Always up-to-date with the fertility landscape in Europe, she provides relevant information and personalised coaching tools to her clients, enabling them to make confident decisions for their fertility journey abroad. Her insights are based on 7+ years coaching and her own academic research. She is an affiliate at ReproSoc / Reproduction SRI at Cambridge, where she also teaches on family well-being, gender and reproduction.



Dr Marilyn Glenville PhD

Dr Marilyn Glenville PhD is the UK's leading nutritionist specialising in women's health. She is the Former President of the Food and Health Forum at the Royal Society of Medicine and the author of a number of internationally best-selling books including 'Getting Pregnant Faster', 'Natural Solutions to PCOS' and 'The Natural Health Bible for Women' see www.marilynglenville.com. Dr Glenville runs a number of women's health clinics in Harley Street, London, Tunbridge Wells and Ireland. If you are interested in a consultation, you can contact Dr Glenville's clinic on 01892 515905 or by email: reception@glenvillenutrition.com



Tone Jarvis-Mack

Tone Jarvis-Mack is the Chief Executive of The Fertility Foundation, a UK fertility charity that helps men and women fund their IVF treatment through the Fertility Grants. Over the last 11 years Tone has helped hundreds of patients access treatment internationally and helped create countless families.

www.fertilityfoundation.org



Becky Kearns

Becky is a patient advocate, founder of DefiningMum, Paths to Parenthood, and co-founder of Fertility Matters at Work. With her personal experience of early menopause, numerous IVF cycles and egg donation, she acts as a patient voice, using her platform to raise awareness and support others on a more difficult path to parenthood, particularly those using donor conception.

Working previously as a HR professional, she realised the need for better recognition and support within workplaces for those experiencing struggles to build their family. Fertility Matters at Work are raising awareness and educating organisations about how they can become **Fertility Friendly**.

www.pathstoparenthood.com



Carmen Martinez-Jover

Carmen is a quantum healer, fertility coach and best-selling author. Carmen describes her life's purpose is to help people release beliefs that are holding them back from living a better life and learn about the beauty of modern families.

Carmen is the author of **A tiny itzy bitsy gift of life**, an egg donor story. She has also written 6 additional life-changing books on new-age conception and infertility. Carmen is one of the first authors to create personalized books where you can insert the name of the child into the book so they can learn about their birth, modern conception and families – like IVF, adoption and same-sex parenting.

www.fertilitybooks.net



Professor Sheena E. M. Lewis BSc PhD CBiol FRSB

Honorary Professor, Queen's University Belfast
Executive Committee, Association of Reproductive and Clinical Scientists
CEO, Examen

Professor Sheena Lewis' research on sperm DNA damage testing has led to advances in diagnostic tests for male

infertility and miscarriage. Professor Lewis is an executive member of the Association of Reproductive and Clinical Scientists. She has been an office bearer in numerous national and international learned societies. Her H index (a measure of her academic standing): outstanding at 42.04 with 11,645 citations and 58,534 reads.

Professor Lewis's research has led to the formation of a university spin out company; Examen providing tests for male reproductive health. She regularly communicates her knowledge through international online interviews and podcasts. www.examenlab.com



Professor Geeta Nargund MBBS FRCOG

Professor Nargund is Medical Director of **CREATE Fertility** and a pioneer of Natural and Mild IVF. She is an accredited trainer for Infertility and Gynaecological Ultrasound special skills modules by the Royal College of Obstetricians & Gynaecologists and British Fertility Society, alongside being President of the International Society for Mild Approaches in Assisted Reproduction.

As a voice for women's choice, health and education in the field of reproductive medicine globally, Professor Nargund promotes safer, less-drug-orientated and accessible fertility treatment across the board. She is also a regular speaker at Westminster Health Seminars.



Tracey Sainsbury

Tracey Sainsbury is a specialist fertility counsellor providing support to individuals and couples before, during and following fertility treatment. Tracey has over 20 years' experience of providing fertility support; she is an Accredited member of the British Infertility Counselling Association, a Counselling Mentor and a member of the Advisory Panel for Fertility Network UK. Tracey has a small private practice to enable clients to access ongoing support and accepts referrals from NHS and private clinics, EAPS and Surrogacy organisations. www.fertilitycounselling.co.uk



Sareena Sharma

Sareena is currently working as a Reproductive Biologist at IVF London. She is currently working towards state registration as a Clinical Embryologist with Alpesh Doshi. She graduated from the University of Oxford in 2018 with a Masters degree in Clinical Embryology and from University College London in 2015 with a Masters degree in Human Genetics. www.ivflondon.co.uk

Table of Contents



2 Introduction

4 Contributors

IVF Road

9 Stages of IVF – A Beginner’s Guide

12 How to prepare for IVF

15 Before IVF – Do’s & Don’ts

17 How to boost egg and sperm health prior to IVF

21 Unique ways to fund your IVF treatment

25 Fertility Testing – it’s vital for men too!

27 How to talk to your employer about your fertility treatment

31 IVF mild stimulation and natural cycle approach

33 How IVF helps disabled couples when TTC – Patient’s Story
Couple from Poland

Donor Route

37 Embryo donation explained

41 Egg sharing: A win-win approach

45 Donor Conception Matters

48 How to talk to your donor-conceived child about their conception

IVF Abroad

52 IVF treatment abroad – popular European destinations revealed

57 IVF abroad for beginners: it’s not as scary as you may think!

61 How can I make my first IVF successful?

Answers from IVF experts.

64 Useful resources

INSTITUTO BERNABEU'S, GUARANTEE IS 100% COMMITTED TO ACHIEVING YOUR PREGNANCY

THE INSTITUTE'S 8 CLINICS HAVE GUARANTEED SUCCESS PROGRAMMES ADAPTED TO THE NEEDS OF EACH PATIENT AND REFUND THE MONEY IF PREGNANCY IS NOT ACHIEVED

All of us who have had to go through an **assisted reproduction** process know that it is a roller coaster ride in every way: *emotionally and financially*.

But what would happen if someone came along who could dispel all the uncertainties and guarantee that there'll be no surprises in store for us? That it'll all turn out fine, that not only will you get pregnant, but that you'll stay pregnant until your baby is born? That it won't cost you a pound more than agreed, that if you need anything unexpected, it's already included in the price?

This commitment exists. It was born 8 years ago as a result of **Instituto Bernabeu's** sense of responsibility towards its patients; it's called the **ÚNICA BERNABEU** programme. It is a guarantee of success for a job well done but if it is not successful, you get 100% of your money back.

ALL-INCLUSIVE AND NO SURPRISES

The programme includes all the necessary procedures for the best possible embryo development and care: a **Geri® time-lapse incubator** exclusively for you, **extended culture** up to blastocyst stage (day 5/6), **assisted hatching**, etc.

The **freezing and storage** of gametes and embryos and even a **pre-implantation genetic diagnosis or study (PGD-PGT)** of the embryo if your doctor recommends one!

The medical consultations, all the **ultrasounds, analyses and controls** until the **pregnancy** is confirmed by one of the world's most **qualified teams** of doctors in reproductive medicine. More than 200 doctors all working towards the same goal.

Your care will begin even before you arrive: you will be met at the airport and taken to your hotel or clinic. You will also have at your disposal **complementary therapies** such as a massage or acupuncture timed to coincide with your arrival, and a **clinical psychologist** who will accompany you on an emotional level during the treatment, as well as a **personal assistant** who will be there to accompany and help you, solving any doubts you may have before the treatment starts and supporting you through all the different stages. All this **at no additional cost and until you become pregnant**.

An all-inclusive package to avoid any unwanted surprises! Just the certainty that you're going to achieve your goal.

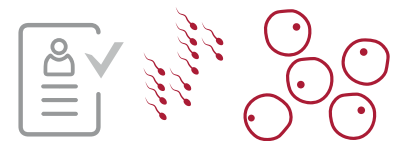
100% PERSONALISED ATTENTION IN ENGLISH

Your success starts with good communication, which is why your personal assistant and your doctor will be entirely at your disposal by telephone and direct email and, it goes without saying, in English!

The Instituto Bernabeu has 8 clinics; 7 in Spain in Alicante, Madrid, Mallorca, Cartagena, Albacete, Elche and Benidorm, and one in Venice, Italy. It enjoys an international reputation for tailoring its reproductive treatments to the real needs of each patient. Unlike most European clinics which have been taken over by investment funds, the Instituto Bernabeu is run by physicians, which means that all decisions are based exclusively on medical criteria.

METICULOUS DONOR SELECTION

If your treatment requires the **donation of a gamete**, the Instituto Bernabeu will make its own bank available to you with more than **900 egg donors and 540 sperm donors**, to ensure that it will be associated with the same physical characteristics. But perhaps the most important thing is the fact that before we accept a donor, they have to pass strict medical, psychological and genetic controls which include, for example, an analysis of carriers of the 3,000 most serious hereditary diseases (CGT)



We also make every effort to obtain a fresh egg donation, perfectly synchronising both treatments and including the cost of your medication in the programme fee.



An all-inclusive package to avoid any unwanted surprises!



WHAT HAPPENS IF THE PREGNANCY IS TERMINATED, OR A BIOCHEMICAL OR ANEMBRYONIC PREGNANCY ENSUES?

The **commitment** of the Única Bernabeu programme remains in force until the moment of birth, which means that if your pregnancy is interrupted involuntarily before delivery, if you have a miscarriage or there is an implantation failure or an anembryonic or biochemical pregnancy ensues, the commitment of the Única Bernabeu Guaranteed Success Programme will be re-established by starting a new treatment.

FIND 'ÚNICA BERNABEU' PREGNANCY PROGRAMME THAT IS JUST RIGHT FOR YOU

Each patient is unique, just as your "Única Bernabeu" programme will also be quite unique. Instituto Bernabeu patients enjoy a **treatment that is tailored** to their medical needs by a team of physicians who specialise in the main infertility pathologies: low ovarian reserve, embryo implantation failure, endometriosis, fertility endocrinology, reproductive immunology, etc.

The "Única Bernabeu" guaranteed success programme includes **three fresh treatments** and the transfers of the resulting cryopreserved embryos, with **18 months** to achieve gestation.

Find the programme that best suits your needs from among the **8 treatment programmes** which combine **IVF**, Embryo adoption, Ovodonation, ROPA IVF, Double IVF for low ovarian reserve, Double gamete donation, etc.

And don't waste precious time and money on unsuccessful treatments!



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TO **LOVING HIM**

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Stages of IVF

A Beginner's Guide



By **Mr Ed Coats**, Consultant in Reproductive Medicine and Surgery working with The Fertility Partnership in London and Oxford, UK

When you are told that you need IVF to get pregnant, it can be daunting. There is a lot of information to process quickly and undoubtedly you will have lots of questions. There are several steps involved in an IVF treatment cycle and this guide is designed to help you.

Funding

Whether you are eligible for NHS funded IVF or have to self-fund your treatment the steps of an IVF cycle are the same. NHS eligibility for treatment may be assessed by your GP but is generally considered in an NHS fertility clinic setting. All IVF treatment cycles must take place in a licensed fertility clinic. The Human Fertilisation and Embryology Authority (HFEA) regulates all UK fertility clinics offering treatments. Depending on the set up in your local area treatment may be undertaken in an NHS hospital, or in a private clinic as many are commissioned to provide fertility treatments for NHS patients.

Initial consultation

Once the decision to undergo IVF has been made then an initial consultation will start the process. In this first consultation with the clinical team, they will look at your fertility and medical history as this is a key part of planning your IVF cycle. During this meeting you will discuss the reasons for having IVF and look in detail at the steps involved. The doctor or nurse specialist will require several test results to plan the IVF cycle in detail.

Investigations

A vaginal ultrasound scan is an essential fertility assessment. It is one of the most important diag-

nostic tests you have. It will assess the structural anatomy of the womb and ovaries, identifying any problems, and look at your Antral Follicle Count (AFC). The AFC measures the premature follicles in the ovaries, and this is used to evaluate your egg reserve. Anti-Mullerian Hormone (AMH) is also measured in the blood and is an important marker of your egg reserve. The AMH and AFC guide the clinical team as to the type of IVF protocol you need.

Screening blood tests

It is usual to check your thyroid function, prolactin and chlamydia levels in the blood before starting IVF. A well-controlled thyroid gland is important to minimise the chances of a miscarriage occurring after an embryo transfer. It is a mandatory HFEA requirement before starting any IVF cycle for the person or couple having IVF treatment to be screened for Hepatitis B, Hepatitis C and HIV. There may be additional screening tests performed if treatment involves the use of donor eggs or sperm.

Consent and Welfare of the Child

The clinical team have a responsibility to ensure that families are created responsibly. An IVF cycle can only begin once consent forms are complete, and the welfare of the child has been assessed. These are essential HFEA forms that must be completed before an IVF cycle.

Fresh IVF protocols

If you are undertaking a fresh IVF cycle you will tend to use one of two main protocols. IVF cycles in general involve a series of injectable medications

to encourage the resting follicles in the ovaries to produce mature eggs.

There are short and long IVF protocols, but both require a stimulation phase where daily injections of recombinant Follicle Stimulating Hormone (rFSH) are taken. It is during this recruitment and growth phase (Stimulation) that multiple eggs mature and are then harvested from the ovaries during an egg collection procedure in theatre.

Typically, a short protocol is used for women that have a very high ovarian reserve and are at greater risk of Ovarian Hyperstimulation Syndrome (OHSS). This condition is associated with bloating of the abdomen when lots of eggs are harvested from the ovaries and occurs in 3–5% of IVF cycles. The benefit of the short protocol is that it is quicker for the patient and a safer way to stimulate the ovaries when the AMH level is high.

The Long protocol is frequently the preferred technique used to maximise egg yield during ovarian stimulation, particularly if the ovarian reserve (AMH) is lower. In a long protocol it takes a bit longer and involves a nasal spray or injectable medication first to block ovulation (downregulation), before stimulating the ovarian follicles with rFSH.

All IVF cycles use vaginal ultrasound to monitor follicle recruitment and development. These internal ultrasound assessments monitor not only the follicles but also the womb lining (endometrium) as it develops. You can expect to have 3–4 ultrasound scans during the monitoring phase.

The trigger

Once most follicles reach an optimum size then ovulation is triggered. The trigger injection is critical to the final development and maturation of eggs in the follicles before ovulation happens. The 'trigger injection' is timed precisely to coincide with a surgical procedure in theatre to collect the eggs.

The egg collection

The procedure to collect eggs is performed in theatre while you are sedated. It is not usual for patients to require a general anaesthetic for an egg collection, and in some cases eggs can be collected under local anaesthetic if needed. Under ultrasound guidance a needle passes through the vagina into the ovary draining the fluid from each

follicle. The aim of the procedure is to collect as many mature eggs as possible. The procedure takes around 20 minutes, and you go home a few hours later. You will be informed at the egg collection if the clinical team plan to transfer an embryo in this cycle. If this is the case you will be asked to start taking progesterone to prepare the womb lining for the embryo transfer.

Sperm production

Normally men will produce a fresh ejaculated sperm sample on the day of the egg collection to fertilise the eggs. Some men may be asked to freeze sperm in advance of the IVF cycle starting to ensure there is sperm available on the day of egg collection. This approach is only done for men with significantly reduced sperm parameters. In some cases, if there is no sperm found in the ejaculate men may require a surgical sperm recovery procedure.

Fertilisation of eggs

On the day of egg collection, the sperm will be prepared and assessed. If the sperm parameters do not meet the strict criteria for traditional insemination, then a technique called Intracytoplasmic Sperm Injection (ICSI) is performed. Insemination involves placing a fixed amount of good quality sperm around each egg in a dish in an incubator to allow fertilisation to happen naturally. ICSI is used if sperm parameters are suboptimal and this involves the injection of a single sperm under high magnification into each mature egg. The eggs are left overnight in the incubator and the next morning the embryologist will check to see if normal fertilisation has occurred.



Blastocyst culture

Normally fertilised eggs are grown in culture in the dark, in a closed time-lapse photography incubator system, which monitors the development of each embryo. A normally fertilised egg will divide into a 2-cell embryo and then continue dividing in the culture media in the dish. A rapidly expanding ball of cells (blastocyst) is formed around the 5th or 6th day. The inner cell mass of the blastocyst goes on to form the baby, whilst the outer trophectoderm cells form the placenta. Increasingly now clinics prefer to extend embryo culture for 5 days and until the embryos reach the blastocyst stage.

Embryo transfer

Reaching embryo transfer day is a huge milestone. It can be physically and emotionally exhausting waiting for this day to come. In a fresh IVF cycle the embryo transfer is done 5 days after your egg collection. Increasingly the trend has been towards replacing just a single embryo in the womb rather than two, to reduce the chances of a twin pregnancy. The embryo transfer is done while you are awake under ultrasound guidance. The embryologist loads the embryo into a slim catheter and the doctor or nurse will pass this through the cervix and into the womb and with a gentle push of a syringe will transfer the embryo.

Pregnancy test

The most important day for any patient going through an IVF cycle is the day of the pregnancy test. This is usually performed at home using a urine pregnancy test strip 11-14 days after the embryo has been transferred. Whether you have a positive or negative result the clinic will be there to support you and guide you through the next steps.

Ultrasound scan

If you get a positive pregnancy test then this will result in you having a further ultrasound 2-3 weeks later to confirm the pregnancy is in the right place and is growing appropriately. This is the first time you will see your baby's heartbeat.

Unsuccessful IVF

Sadly, not every IVF cycle is successful. Some positive pregnancy scans can still lead on to a miscarriage or in some cases an ectopic pregnancy. If you have a negative pregnancy result after your embryo transfer your clinic will be there to support you and guide you as to the next steps. All fertility clinics offer counselling to support their patients going through these difficult stages, so do ask about this. If you have done well in your fresh IVF cycle then you might have achieved surplus embryos that are suitable to freeze. In this case if your first embryo transfer has been unsuccessful, this would usually lead to a further discussion with the clinical team about replacing a frozen embryo in the womb.

If you have any questions you want to put to Ed then register and join him once a month on Total Fertility for a LIVE Q&A session.

[Total Fertility Podcast](#)



How to prepare for IVF

A beginner's guide



By **Sarah Banks**, Personal Development Coach, and author of the *IVF Positivity Planner*

Trying for a baby is supposed to be a wonderful and exciting time, but when it doesn't happen naturally and you are told that you will need IVF to help you conceive, it can feel really scary and overwhelming.

It's no-one's ideal way of getting pregnant, but for some of us, unfortunately, it is our only option.

Many people don't know anything about IVF, what it is like physically or emotionally, and if you don't know anyone who has been through IVF (or you don't want to tell people what you are going through) you may not know where to turn for support or advice, so it can feel very lonely.

It may feel like a big step going on to IVF, but things often feel less overwhelming when you know more information about them, and you have a plan of coping through it.

What to expect when you are starting IVF

- It may be tough, physically and emotionally, but there is support available to you, and lots of people who understand.
- You may feel a whole range of emotions, and that is really normal. Some days you might feel excited to get started, especially if you have been trying for a long time, other days you might feel sad and scared that it won't work.
- Not everyone around you will understand what you are going through. It's very hard for anyone that hasn't been through the heartache of struggling to conceive to understand the depths of emotions you feel and why you feel the way

you do. Your loved ones may not know how to support you, that's normal, but there are people out there who do understand and that will support you.

- Even if you have a very strong and supportive marriage/partnership, fertility issues can still put a strain on your relationship. Although your partner may want a baby as much as you do, their experience of the process can be very different to yours. Remember that your partner may be struggling with the inability to conceive too (especially if the issue is on their side), it's important for you to talk it through with them.
- Struggling to conceive and going through IVF can leave you feeling out of control of your life, your body and your future. Again, that's completely normal, but it's important to understand that there are still things you can do to take back some control.

Although it may feel overwhelming, there are lots of things that you can do to cope throughout treatment...

Breathe

Take slow, deep breaths when you are feeling anxious – in through your nose and out through your mouth. This basic technique relaxes your body and can calm you mentally. It can be really helpful if you are feeling anxious at appointments.

Take control of the things you can, to help you feel that you have some say in the process and that you have control over your life. Think about your lifestyle, your mindset and the practical parts of treatment.

Lifestyle

- Eat a healthy, well-balanced diet.
- Maintain a healthy weight.
- Ensure you are getting enough sleep.
- Start taking prenatal vitamins – speak to your clinic about the best ones to take.
- Stop smoking, drinking alcohol and recreational drugs.
- Reduce or eliminate your caffeine intake.
- Avoid travel to any countries or regions that may put you at risk of exposure to Zika or other significant infectious diseases, which could delay treatment.
- Speak to your consultant about the COVID vaccine.

Practical

Empower yourself with information so that you can make informed decisions:

- Educate yourself on the IVF process – types of treatment, the stages of an IVF cycle, clinics, success rates, add-on treatments and support available. Some of the fear and anxiety that comes with IVF, stems from uncertainty about the process and potential side effects of treatment.
- The HFEA (Human Fertilisation and Embryology Authority) has a lot of information that you can look at when researching treatment and clinics www.hfea.gov.uk
- Use reputable and trusted sources to ensure you are getting the correct information.
- If you are feeling overwhelmed, make a list of everything that is worrying you or adding to the overwhelm – what can you do to find out/get reassurance/feel more comfortable?
- Don't be afraid to ask questions if you are feeling unsure about any part of the process.
- Understand all the costs involved – if you have funding from the NHS (what's included, number of cycles etc), if it is self-funded, what level of treatment are you planning and does it include treatment add-ons etc. Plan your finances so that you feel comfortable that your treatment is affordable to you.

Emotional

Infertility takes its toll emotionally and physically, so make sure you are being kind to yourself.

- Reduce/manage stress – reduce the number of activities you are doing that make demands on you, make a list of the things that are causing you stress, so that you can think about ways to reduce or manage it.
- Find coping strategies that work for you – journaling, meditation, exercise, therapy.
- Plan in time doing things and seeing people that make you feel good.
- Consider benefits of complementary techniques and therapies, such as yoga and acupuncture, to help reduce anxiety and stress.

Get support in whatever way works for you – The type of support people need and want is very personal, so think about what type of support works for you – something more anonymous, a more public forum like Instagram, or more in depth counselling support.

- Friends/family – you can help your loved ones understand how to support you. There are lots of blogs and information that can help you let them know how you are feeling and how they can support you through treatment.
- Fertility counsellors – you should be able to speak to a counsellor that is linked to your clinic, or if you aren't with a clinic or would prefer someone else, you can look at the BICA (British Infertility Counselling Association) website www.bica.net for counsellors that are local to you.
- Support groups – there are lots of support groups full of amazing people who fully understand what you are going through.
- Fertility charities offer lots of support and



advice – for example, Fertility Network UK, www.fertilitynetworkuk.org and RESOLVE: The National Infertility Association www.resolve.org

- The HFEA (Human Fertilisation and Embryology Authority) www.hfea.gov.uk offers lots of advice and guidance on fertility treatment.
- Social media can be great for chatting with others that fully understand what you are going through.

Coping together as a couple

- Keep talking – talking to each other is one of the most important things you can do – tell each other how you are feeling about the process, be honest, that way you can work together to get through it and support each other in the way you need it.
- Don't place blame – It is really important to see the fertility issue as a joint issue (whichever side the problem is on).
- Plan in quality time together and set designated 'No baby/IVF' talk times.
- Don't just have baby making sex – it adds pressure and can take the fun and intimacy out of it.

Take some time out for self-care and focus back on you rather than what you are going through – create a list of things that help you relax and make you feel good (exercise, time with friends, beauty treatments, acupuncture, reflexology) and plan them in around your treatment.

Think about how you can juggle treatment and work

- Think about how much time you'll need off – speak to your consultant to find out more about your treatment plan and approx. timings for treatment. You can then think about what time you would like off throughout the process, which parts you can continue to work through (initial appointments, stimulation etc), and how much time you would ideally like off for the other procedures

(for example Egg collection and Embryo transfer) depending on the type of work you do (how physical/stressful).

- Research your company's policy for fertility treatment/time off/sick time so you are aware before you speak to your boss and can think of how to work around it.
- Decide how much you want to disclose and who to – think about whether it will make it easier if you are not having to hide things from management.
- Develop a plan before talking to your boss – it can be helpful to think about some ideas on how you plan to make it work around appointments and treatment.

Going through IVF can be tough, but it doesn't need to be a stressful and negative process. Take control of what you can, keep positive about your reasons for doing it and use your support network when you need it.

If you are feeling overwhelmed and would like more support, I run a free Facebook support group called **TTC Support UK** that you are more than welcome to join for peer support, advice and comfort from me and lots of lovely people who completely understand.



Do's and Don'ts before IVF

By Sarah Banks

DO'S

- Make positive lifestyle changes
- Educate yourself on the IVF process
- Talk to your employer about your treatment
- Take control of the things you can
- Empower yourself with reputable and trusted information sources www.hfea.gov.uk
- Avoid travel to countries or regions that risk exposure to Zika or significant infectious diseases
- Plan your finances
- Reduce/manage stress
- Talk to your consultant about the COVID vaccine

- Don't be afraid to ask for support
- Don't be afraid to ask questions if you are feeling unsure about any part of the process
- Don't place blame in your relationship – try to see the fertility problem as a joint issue
- Don't feel that you have to tell everyone about your fertility treatment
 - Don't feel guilty for feeling upset when you hear other's pregnancy announcements
 - Don't feel that you 'should' feel a certain way
- Don't use social media forums if they're not making you feel good
 - Don't forget to take time for yourself
 - Don't lose sight of your relationship

DON'TS



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MORE INFORMATION



How to boost your egg and sperm quality prior to IVF



By **Dr Marilyn Glenville PhD**,
 leading UK Nutritionist specialising
 in Women's Health

Research has shown that making changes in your diet and lifestyle can boost both egg and sperm quality ahead of IVF, improve your chances of success and also reduce the risk of miscarriage. Couples should think about making changes in their diet and lifestyle at least three months before IVF treatment. They should also consider taking certain key nutrients in supplement form. This is especially important if you are over the age of 35, had a number of failed IVFs or have experienced recurrent miscarriages.

Why three months?

Because it takes approximately three months for the follicles on the ovaries to develop before one is mature enough to release an egg at ovulation (or more during IVF).

Women are born with their store of eggs and so although it is not possible to change ovarian reserve, it is possible to change

the quality of those eggs. By improving the quality of your eggs, you are giving yourself the best chance of success and also preventing a miscarriage. When you are going for IVF, this will help your eggs to be as healthy as possible so as to give the technique the best chance.

With men, it also takes at least three months for a new batch of sperm cells to mature, ready to be ejaculated. Men produce sperm all their lives, so it is possible to not only

to improve the quality but also the quantity with lifestyle and nutritional changes.

Although it goes without saying that a healthy diet is crucial to a successful pregnancy and a healthy baby, many people are unaware of the fact that what you eat can help to improve egg and sperm quality ahead of IVF. The following should be included:

- Plenty of fruit and vegetables
- Complex carbohydrates – wholegrains like brown rice, oats and wholemeal bread
- Organic foods where possible
- Oily foods such as fish, nuts, seeds and oils
- Reduced intake of saturated fats from dairy products
- Increased intake of fibre
- Avoid additives, preservatives and chemicals, such as artificial sweeteners
- Avoid sugar, both on its own and hidden in food



Having four cups of coffee a day makes it 26% less likely that a woman will conceive and drinking only 2 cups of coffee a day is associated with a 25% increased risk of miscarriage. And problems with sperm quality are connected with increased coffee intake. (*Nawrt P et al, 2003, Effects of caffeine on human health. Food Addit Contam, 20, 1, 1-30*)

For women, alcohol can make it more difficult to get pregnant with only just three alcoholic drinks or more a week. Alcohol can lower sperm counts and cause abnormalities in the head of the sperm which

is important for healthy fertilisation of the egg.

Stopping smoking is important for both the man and woman. It is linked to an increased risk of miscarriage and also reduces the chances of an IVF treatment being successful. If couples smoke during the IVF cycle the number of eggs retrieved is decreased by 40 per cent. Also, the overall success rate of the IVF was 44 per cent for non-smokers and 24 per cent for smokers (*Klonoff-Cohen H et al, Effects of female and male smoking on success rates of IVF and gamete intra-fallopian transfer. 2001; 16: 1382-90*).

Smoking can also affect the sperm count, motility and the morphology (the shape of the sperm, whereby it could have two heads or two tails if the morphology is abnormal). Smoking also has a negative effect on the head of the sperm making it harder to fertilise an egg. It is thought that nicotine overloads the receptors on sperm, affecting their ability to bind to the egg.

And if a couple has a combination of four negative lifestyle factors (including tea/coffee, smoking and alcohol) it can take a couple seven times longer to get pregnant.

Fertility Boosting Supplements

We know that certain nutrients increase the chances of getting pregnant and staying pregnant.

Folic Acid

It is well known that folic acid can prevent spina bifida. Folic acid is undoubtedly important, but it is just part of the very

important B-complex family of vitamins that are necessary to produce the genetic materials DNA and RNA. Always choose folic acid in the active folate form for effective absorption.

Zinc

Zinc is the most widely studied nutrient in terms of fertility for both men and women. It is an essential component of genetic material and a zinc deficiency can cause chromosome changes in either men or women, leading to reduced fertility and an increased risk of miscarriage. Men, who were subfertile, were given a combination of zinc and folic acid and showed a 74% increase in total sperm count.

Selenium

Selenium is an antioxidant and helps to prevent chromosome breakage, which is known to be a cause of birth defects and miscarriages. Good levels of selenium are also essential to maximise sperm formation. Selenium supplementation given to infertile men increased sperm count, motility and the number of normal sperm.

Vitamin E

Vitamin E is another powerful antioxidant and has been shown to increase fertility when given to both men and women. With men, vitamin E helps to increase fertilisation rates during ICSI treatments. If a woman over the age of 35 is told that her fertility problems are caused by her age, then it is likely that she could benefit from taking both vitamins E and C. These antioxidants have been shown to significantly reduce age-related ovulation decline.



Vitamin C

Vitamin C is also an antioxidant and we know that women who take vitamin C while they are having IVF have a significantly increased pregnancy rate. Vitamin C is also good for men and can help to increase sperm counts by up to a third. Antioxidants in general (and that includes zinc, selenium, vitamin C and vitamin E) have been shown to have a major impact on male fertility. A review of 34 studies with men going for IVF/ICSI cycles has shown that when men take antioxidants their partner is five times more likely to have a live birth compared to a placebo.



Amino acids

Two amino acids, L-arginine and L-carnitine are particularly important for male fertility. The L-arginine is essential for healthy sperm production and protects the sperm against oxidative damage. The higher the levels of L-carnitine in sperm cells, the higher the sperm count and motility.

Vitamin D

Vitamin D helps to balance the immune system which is important in getting and staying pregnant. Vitamin D decreases the Th1 autoimmune response, but it also helps to promote the Th2 cells which the woman's body needs to maintain a pregnancy. Vitamin D is also important for male fertility as low levels of this nutrient is associated with low sperm motility and more abnormal forms.



Co-enzyme Q10

Co-enzyme Q10 is a vitamin-like substance that is contained in nearly every cell of the body.

Because of its role in energy production, it is a significant nutrient for men if sperm motility is poor. Lower levels of co-enzyme Q10 have been found in men with poor sperm motility and supplementing with this nutrient led to a significant improvement. It is also useful for men who have a higher proportion of abnormal sperm or sperm with high amounts of DNA damage.

For women it is now thought that co-enzyme Q10 may be helpful for women who have been told they have 'old' eggs because of their age and this nutrient can be helpful in improving egg quality. Take a good supplement designed for fertility containing all the important nutrients mentioned above including co-enzyme Q10 and vitamin D3 (see NHP's Advanced Fertility Support for Women and Advanced Fertility Support for Men, www.naturalhealthpractice.com).

Omega 3 fatty acids

Sometimes immune problems may be affecting a woman's ability to get and stay pregnant. One of the immune antibodies measured is called antiphospholipid antibodies (APAs). These blood-clotting antibodies can prevent implantation and cause recurrent miscarriage by attacking the cells that build the placenta. Research has shown that omega 3s given to 22 women with APAs who already had 3 or more miscarriages went on to have 23 pregnancies without a further miscarriage. Omega 3 fatty acids are also important for male fertility as supplementing with omega 3 fish oils has shown to increase sperm counts.

Would you like to attend Dr Marilyn Glenville's webinar on Tuesday 12th April? (19.00 – 20.30 UK time)

Webinar topic: How To Use Nutrition To Boost Fertility And Prevent Miscarriage For Natural Conception And IVF **GIVEAWAY!** 5 lucky Fertility Road readers will receive a free place on the webinar. This is on a first come, first served basis. Please email events@naturalhealthpractice.com for a chance to win a free place.

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Unique ways to fund your IVF treatment



By **Tone Jarvis-Mack**,
Chief Executive of
The Fertility Foundation

Infertility Sucks!!! There I said it and I bet right now you're thinking, tell me something I don't know!

I know it sucks and you know it sucks but for everyone around you it can seem just like something you have to deal with. Comments like "Just stop worrying and it will happen" or "Why don't you just adopt?" simply don't help.

I know people have good intentions but sometimes you wish they could switch places with you for just one day to see what you're going through.

The journey to start or extend your family with IVF can be long, emotional and physically draining with no guarantee of a successful outcome. And for many the financial burden is one of the biggest obstacles to overcome but there are ways that you can raise money to fund your fertility journey.

From crowdfunding to asking family and friends for support there are a growing number of ways that you can raise part if not all of the money needed.

Some of the options laid out below you may have already heard about or even tried but in my experience, there are always new and unexplored avenues.

The key is to approach this as a savvy shopper. You need to ensure that you're getting the best financial deal, at the best fertility clinic for you.

Some clinics offer the option to pay by regular monthly instalments so always ask about their payment plans. Other clinics partner with companies such as Access Fertility, Redia IVF or Gaia Family who can provide financing options for you.

Here are some ways to help to raise money and cut the costs of your treatment.

NHS Funding

Each NHS Clinical Commission Group (or CCG's) set the criteria for funding IVF in the UK. The National Institute for Health and Care Excellence (or Nice for short) have guidelines that state that if you are a woman under 40 years old you should be offered 3 full cycles of IVF. Some clinics will offer 1 fresh cycle and 2 frozen cycles which would count towards your 3 cycles.

Even though these guidelines are in place if you are a single woman or same-sex female couple most CCGs consider you not eligible for treatment. You should make sure you have explored all your options when it comes to NHS funding. If you have been referred by your GP to a fertility specialist or fertility clinic, they will be able to help you with completing the relevant forms needed for a referral to your local CCG.

There is often confusion over who is eligible for funding especially when you take into account age, the part of the UK in which you live (also known as the dreaded IVF Postcode Lottery) and if you or your partner has children from a previous relationship.

Saving Money on Your Fertility Medication

One area that couples can really make a big saving is getting their fertility medication from a third party instead of the pharmacy your clinic uses.

FACT: Your medication can account for up to 40% of the total cost of your IVF treatment.

The Fertility Medication Centre based in London is a not-for-profit company that has negotiated some of the best pricing which they can pass on to you. Once you've been assigned your treatment plan by the clinic, they will give you a prescription for your fertility medication. You simply send them your prescription and they will give you a price and once accepted your medication will be delivered to your home at a time that suits you. Take a look at their website for more information. thefertilitymedicationcentre.com

Fertility Grants

Launched in 2017, The Fertility Foundation is a UK fertility charity set up to help men and women access one-time grants of up to £5,000. In the last few months, they have funded several rounds of IVF for couples who are expecting their babies later this year. Their fertility grants applications are open twice a year and available via their website. fertilityfoundation.org

Gaia Family

Like other companies that have come before them Gaia Family is looking to change the way people pay for and access fertility treatments by providing personalised insurance and financing plans. Their website has an intuitive step by step guide to help you review and plan your treatment. gaiafamily.com

Access fertility

Access Fertility partners with clinics across the UK and offer multiple treatment plans. From their 100% Unlimited Programme to their IVF Multi Cycle Programme, their dedicated UK team can guide you through their financing options. accessfertility.com

Redia IVF

Redia IVF offer multicycle refund guarantee programmes in several different countries. They can help you manage a budget that is affordable to you. www.rediaivf.com

Shop Around

This might sound a bit odd but the fact is that some clinics are more expensive than others. I know some of you may like the clinic you've been referred to or maybe someone you know went there and was successful. Finding the right clinic for you is a personal choice but if one clinic is charging £15,000 per cycle (yes, they exist) and another clinic with equally good reviews and HFEA ranking is offering the same treatment for £3,500 it would be a good idea to look at your options. Most clinics also offer free online or in-person consultations so you can get a feel for the clinic and their team. As with choosing any clinic you can find out more information about each clinic from the HFEA website www.hfea.gov.uk/choose-a-clinic

Have a holiday, have a baby

You've seen the ads online for clinics abroad. "We guarantee a baby" or "No baby, no fee". These are the ads I want you to skip but there are definitely options for you to go abroad for IVF treatment. If you've been thinking about travelling abroad for treatment you are not alone. Thousands of people take this route each year to hot-spots like Spain, Czech Republic, Greece and Norway to name a few. Fertility Clinics Abroad website has a huge list of clinics and you can download their IVF Abroad guide which has 98 pages of the top 10 countries to visit. www.fertilityclinicsabroad.com/ivf-abroad-guide/



Crowdfunding

Crowdfunding via sites like Go Fund Me or Just giving are still extremely popular. If you feel comfortable in sharing your personal journey with the world, crowdfunding could work for you. If you're lucky enough, complete strangers are often willing to help.

Putting your personal life out into the world isn't for everyone and there are no guarantees that you'll raise the money but these sites have been used as gateways to receiving help. In 2020 there was a same-sex female couple on one of these crowdfunding sites and I was really moved by their story. I contacted them and with the help of one of our partner clinics managed to get their fertility treatment covered.



She also moved back in with her parents instead of renting and cut out the unnecessary luxuries like Sky, Netflix, the cheeky coffee or two and all those additional items that come out of your bank account each month that all really add up. This can be difficult if you own your own home, you already have a family or can't work but it's never a bad idea to know where your money is going each month.

So now it's over to you. For some of you your dream of having a baby may seem too far for you to reach. And sadly, for some it might not happen. I wish there was a magic way to ease the journey ahead but wherever this road takes you I wish you all the happiness in the world.

When I started writing this article, I thought about the last 11 years of helping people start or extend their families. I know I started out talking about

how infertility sucks and I stick by that. However, I have witnessed some of the most beautiful acts of kindness from people who have very little but have given so much to help people like you achieve their dreams of having a baby.

From my past experience of running Fertility Road Magazine to starting The Fertility Foundation, being able to help people achieve their dreams is what gets me out of bed each morning. But it's more than that. Being there to support those who have been unsuccessful is as important to me as helping those who are.

I wish you good luck on your fertility journey wherever that may lead you.

Asking Your Family and Friends

I know a lot of couples who have turned to their family and friends for help. This includes grandparents, parents and friends offering loans or even gifting their loved one's money.

The Baby Budget

News stories arise of young people saving £20,000 in 2 years to buy a house, the latest from a 22-year-old who did just that. She still had holidays and socialised but she budgeted for everything.





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Fertility Testing – it's vital for men too!



By **Professor Sheena E M Lewis**
FRSB Honorary Professor Queens
University Belfast and CEO Examen Ltd

In our society, Fertility is still considered a female issue with most of the responsibility for reproduction left to women. This is made worse by the fact that most doctors in fertility clinics are gynaecologists trained only to look after women. As a result, men are overlooked. Yet we know from a HFEA (Human Fertilisation and Embryology Authority) 2016-17 'State of the fertility sector' report that in over half of cases, the major problem is with the man. Male reproductive health has been largely ignored. Men have not been looked after or diagnosed properly. This has caused men to feel ignored and emasculated by the whole fertility journey. Given that sperm contributes 50% of a child's DNA, much more needs to be done to assess and improve sperm quality before treatment. Whilst women have numerous tests to assess their fertility, men are still only offered a semen analysis which hasn't changed for 40 years. We need to move our focus from women to **Couple Care** and provide more detailed testing for men to provide fertility equality.

Male fertility tests

The semen analysis is the gold standard, and it needs to be tested first. It provides 3 pieces of basic information: the number of sperm, their structure or morphology and how well they can swim. But it has its limitations. In up to 25% of cases, it will not be able to detect serious problems with the sperm. We need further tests to determine if the sperm are healthy or stressed and we need to check DNA quality. We know now that healthy, undamaged DNA is important to achieve a pregnancy, to prevent a miscarriage and to lead to a healthy baby. Sperm DNA needs to be tested and if necessary, steps need to be taken to improve it before fertility treatment.

Sperm DNA tests like Exact (powered by SpermComet®) unravel the DNA package inside individual sperm to see how many are damaged and how much damage each sperm has. Exact tests can provide a diagnosis to many couples with unexplained infertility. From these results, a couple has detailed male information to take to their doctor to guide their treatment plan. In recent years, experts have begun to advocate ways of improving sperm health before treatment. It's really important to understand that DNA damage in sperm cannot be repaired after ejaculation. That said, there is good news! Men produce millions of new sperm every three months, so this three-month window can be used to make better sperm. Better sperm DNA quality leads to better success rates in IVF (In-Vitro Fertilisation).

There are several ways your sperm health can be improved

The first is by **lifestyle changes**. There are lots of little changes that can help although I don't underestimate how hard these can be if my attempts at dieting are anything to go by! But seriously, the health of your sperm can have a really big impact on your chances of becoming a Dad and also of having a healthy child.

Smoking: Smoking over 20 cigarettes a day has been shown to reduce sperm count and motility. Tobacco contains over 4,000 ingredients and lots of them are toxic to sperm. One of the big problems with smoking is that it produces lots of 'free radicals' and these can stress or kill sperm. Smokers often have lower sperm counts, more abnormal looking sperm and slower swimmers.

Drinking Alcohol: Drinking more than 2 pints of beer or 1 large glass of wine a day increases your risk of infertility. Alcohol can reduce sperm count and motility. When starting a family, keep alcohol intake to a minimum for at least 3 months prior to trying for a baby.

UK guidelines (<https://www.nice.org.uk/guidance/cg156/chapter/recommendations>) say that men trying for a baby shouldn't drink more than 3-4 units of alcohol a week.

Stress: Stress can limit sperm production and quality; again by producing free radicals, but one of the worst results of stress is it can put couples off sex. Taking some of the stress out of your life can go a long way to improving your sperm quality.

Recreational Drugs like Cannabis or Cocaine:

Cannabis damages sperm in many ways. It slows sperm down and changes the way they act, making it harder for them to find the egg and to penetrate it when they do. Regular cannabis use over a few years can permanently reduce a man's ability to make sperm. Using Cocaine when you are conceiving either naturally or with fertility treatment can lead to your baby being born very tiny, having poor health or learning difficulties.

Weight: Being overweight can reduce both the quantity and quality of the sperm you produce.

Your diet: Eating a healthy balanced diet is important for healthy sperm. Just like you, sperm need lots of different nutrients to function properly. Your diet should have

- Plenty of protein like meat, fish, eggs and beans, milk, yoghurt and cheese
- Lots of fruit and steamed vegetables
- Some starchy foods like bread, rice, potatoes and pasta
- NOT too much fat, sugar or salt

General health and prescription drugs

It may be that an illness you already have, like diabetes or asthma, and even their medications affect your fertility. Make a visit to your family doctor and tell them you are trying for a family so they can make sure your medications aren't interfering.

Referral to a Urologist

The second way to improve your sperm health is to schedule an appointment with a male fertility expert: a Urologist. They will diagnose a man's fertility problems more thoroughly including a detailed clinical history and examination including asking you all about your current lifestyle, medications or supplements. You may be taking over the counter medications which are affecting sperm quality. A seemingly innocuous treatment for hair loss or a protein shake at the gym are known to lower sperm count. Your semen needs more than the 'first step' semen analysis. Currently if you have normozoospermia (normal sperm), you won't be offered any further investigations. Urologists may suggest that your semen is cultured to detect infections treatable with antibiotics. They will request specialized tests for oxidative stress and sperm DNA quality to determine if you will benefit from antioxidant supplementation. This is clinically important, as taking supplements without a clinical indication can damage your sperm health.

Finally, a urologist will check to see if you have a varicocele. A varicocele is like a varicose vein on the scrotum. Varicoceles are one of the most common yet treatable causes of male infertility. Up to 40% of men with infertility have varicoceles. This figure increases to a staggering 80% of men as they age and want more children. Varicoceles impair semen parameters and sperm DNA and are linked with lower pregnancy rates and live births.

These additional investigations are so important. If you don't get a diagnosis of your problem; there can be no direct solution. This can lead to expensive, invasive, prolonged and often unsuccessful cycles of fertility treatment.

Don't sell yourself short. Both you and your partner need full investigations and optimal treatment to have your family without unnecessary delay.

Male reproductive health has been largely ignored. Men have not been looked after or diagnosed properly. We need to move our focus from women to Couple Care and provide more detailed testing for men to provide fertility equality.

How to talk to your employer about your fertility treatment



By **Becky Kearns**, founder of Defining Mum and Paths to Parenthood as well as co-founder of Fertility Matters at Work

As co-founder of Fertility Matters at Work and also a previous fertility patient myself, I know how scary it can be disclosing to your employer that you're going to need time off for fertility treatment.

In my previous role as a HR professional, it wasn't until I went through this experience that I realised just how much fertility struggles and pregnancy loss can impact a person in the workplace, not just because of the need to attend multiple, unpredictable appointments, but the immense emotional impact too.

A common fear we hear from our Fertility Matters at Work Instagram followers is about the impact that it may have on their career, with one follower telling us "I was worried I wouldn't be considered for the next promotion if they knew I was trying for a baby". Personally, I remember it being an incredibly isolating time where I felt a complex mix of emotions. Guilt, knowing that this was inevitably going to take me away from my role, but also fearful about how it would be perceived if people knew that I was actively trying for a baby. Would they think I was less committed to my job? Would I be overlooked for projects and other roles because it would be expected that I'd be going on maternity leave soon? Would everyone in the office know and would I feel constant pressure to update them? Would I even be allowed the time off for appointments?

After much worry, I chose to disclose my need for IVF to my manager and was fortunate to be afforded flexibility with autonomy to manage my own diary which alleviated a huge source of stress. Despite this, I still struggled with the overwhelming

impact to my emotional health and impact that it had on me as a person. IVF felt like another fulltime job and eventually, just before IVF cycle number 4, I asked for a career break, desperate for something to change to help me cope. Instead, I was offered the chance to take a sideways move, out of the succession pipeline, to a role which interested me less but allowed me to work 4 days a week, all with the aim of helping me try to regain some balance. It's only now I look back that I realise just how hard this time was and how close I actually came to leaving my job, with no real plan other than knowing that I simply had to do something differently. I know that I'm not alone in this with our Fertility Matters at Work 2020 survey finding that 36% of those going through fertility treatment at work had too considered leaving their job.

Julianne Boutaleb, Perinatal Psychologist at Parenthood in Mind, puts into words so beautifully why these challenges can have such a significant impact on us at work; *"Work matters to many of us who struggle to conceive. It's a place where we often have a sense of competence, of identity, of belonging. Aspects of ourselves that can be undermined when we are managing issues of infertility or pregnancy loss."*

I share this because I've learned just how important it is to validate what you are going through, especially when grief or the struggle isn't as widely recognised. After spending many sleepless nights questioning myself and thinking the problem was me - that I simply wasn't 'strong enough' to manage both work and IVF - I realise now the real magnitude of what I had experienced. If you're reading this and feeling this way now, please know that you're not alone in this, with as many as 90%

of those going through fertility struggles experiencing feelings of depression (Fertility Network UK) and 68% of those we surveyed (Fertility Matters at Work 2020 survey) felt that it had a substantial impact on their mental health and wellbeing.

As scary as it was, I know that without disclosing that I was going through this life event, I wouldn't have been able to have the flexibility I needed, which no doubt made this stressful period of my life a great deal easier than it would have been having to try and hide it.

So, why don't we feel comfortable to disclose?

Fear of disclosure often stems from there being a lack of awareness, education and conversation about such topics in the workplace (and wider society too). Our 2020 survey found that almost 72% of workplaces had no fertility policy and, of those who did, only 1.7% of employees felt that it met their needs. A policy isn't the answer to everything, but it is hugely important because it offers a starting point for organisations to acknowledge that this is an issue people face and one that they will support. Quite simply, it can offer employees both permission and reassurance in talking about what is a very personal issue.

How can your employer support you if they don't know?

This is a question I often pose to people. It can feel like a huge leap of faith disclosing something so personal, but by doing so it has the potential to lift the huge burden of having to keep this complex experience a secret from everyone in the

workplace. Fertility treatment is stressful enough, without having to worry about hiding the fact that you need to attend some medical appointments and procedures.

Here are a few tips to help you feel more confident in taking the steps to disclose the fact that you're needing medical assistance to conceive with someone you trust at work.

Schedule a confidential chat with your line manager or HR, expressing that you'd like to discuss something that is personal within a private space.

Check your workplace policies

Before you speak to them a good start is to check your workplace policies. Be prepared for there not being a specific fertility policy, but instead often there are lines about how they manage time off for medical appointments within policies such as flexible working or absence policies (they can also sometimes frustratingly be found within maternity policies too).

Remember this is a medical procedure

and not a simple 'lifestyle choice' as it can be often misunderstood. One follower (of Fertility Matters at Work Instagram) shared with us *"My heart sank when I saw IVF listed alongside cosmetic surgery as 'elective' in my workplace fertility policy."* Don't

be afraid to challenge this assumption (and point them in the direction of Fertility Matters at Work), being clear that you will need some time off for medical appointments relating to fertility treatment - they are medical appointments and should be treated as such.

Prepare yourself some notes to help you mentally prepare, this can help you navigate the conversation, particularly as talking about needing to



go through fertility treatment or pregnancy loss can be a very emotional topic. Try not to worry if you do get upset, sometimes it's helpful for them to understand the impact that it is having so they can be more empathetic to your situation.

Confidentiality – Be clear on who knows and who you would like to know.

Be prepared to educate – Be aware that they may not have ever been exposed to what fertility treatment entails. I know that before I went through it myself, I would have imagined it to simply be a few appointments. You may want to bring along some information about what a typical cycle of treatment entails or even your protocol so that you can manage expectations around the unpredictability and frequency of appointments (e.g., such as egg collection being very difficult to predict and plan for).

Be proactive and come to them with solutions

– Think of how you can temporarily make adjustments to your role to accommodate the flexibility you need during this time. Being proactive and presenting solutions rather than waiting for them to fix it for you will help to create a positive dialogue from the start. Suggest ways in which your workload can be managed flexibly around treatment, minimising disruption to the business, whilst ensuring that you are supported. It is likely to involve some level of absence, but temporary planned absence is much easier for an employer to manage.

Communication plan –

Agree ways to communicate updates throughout your treatment such as a confidential email/call twice a week updating them on any potential absences. This will help them to plan as much as possible, whilst helping you to manage the unwanted stress of having to constantly provide updates.

Be aware of additional support options available to you if needed such as Occupational Health or counselling services through Employee Assistance Programmes and don't be afraid to ask for it.

Considering all of these points prior to disclosing puts you in a much stronger position to feel more confident as you approach the topic. Be proactive in putting forward solutions in a positive way, start a constructive dialogue which will hopefully lead to better support.

If you'd like to discover more about Becky's work, visit Fertility Matters at Work at www.fertilitymattersatwork.com. Becky and the team are passionate about starting workplaces conversations and raising awareness on this issue, educating employers about how they can better support on this journey and become **Fertility Friendly**.



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Mild stimulation IVF and Natural Cycle IVF



Editor-in-Chief of Fertility Road, **Clare Goulty** gains an insight into Mild Stimulation IVF. In conversation with Professor **Geeta Nargund**, Medical Director of Create, Clare discovers what Mild IVF is all about.



Clare: Geeta, thank you so much for taking the time to talk to us at Fertility Road. Please can we start with you explaining what Mild IVF is?

Geeta: It's a pleasure to talk with you, Clare. Mild Stimulation IVF presents a gentler and safer alternative to conventional IVF treatment. In Mild IVF, lower dosages of stimulation drugs are used over a shorter time period in a woman's menstrual cycle. This is aimed at inducing a "mild response" from the ovaries, in order to reduce the physical strain and treatment burden on a woman's body. It is aimed at higher "quality" and not "quantity" of eggs and reducing the risk of a condition called Ovarian Hyperstimulation Syndrome (OHSS), making it a safer option for women. It also avoids the long downregulation or suppression phase before stimulation drugs are commenced.

Clare: How does Mild IVF differ to conventional IVF?

Geeta: Conventional IVF can involve a longer duration of medication, with fertility drugs usually given at higher dosages aimed at a higher quantity of eggs. The first two weeks of treatment are focused on suppressing a woman's ovaries, causing a temporary menopausal status. Then, women receive daily injections of stimulating medication for 10-14 days.

Mild IVF, however, uses lower dosages of drugs, and works within the woman's natural cycle – aimed at collecting healthier eggs and reducing the physical burden of higher-drug treatments.

Clare: Who is Mild IVF right for?

Geeta: Mild IVF is suited to all categories of women;

those with high egg reserve, normal egg reserve and low egg reserve. It reduces the risk of OHSS, which can cause severe discomfort for women who experience it, and in rare cases can even lead to hospitalization. Women who wish to reduce the risks of experiencing OHSS may therefore opt for lower-drug and lower-dose treatments, such as Mild IVF.

Many women with Polycystic Ovary Syndrome (PCOS) or endometriosis may also choose to try Mild IVF due to not wanting to aggravate or worsen their pre-existing conditions, which can be triggered through higher doses of drugs.

Clare: What are the benefits of Mild IVF?

Geeta: Mild IVF treatment reduces the physical and emotional burden for women undergoing IVF, so women are less likely to experience side effects such as OHSS. Mild IVF can also have less of an impact on your day-to-day life, not only through the reduced physical burden but also due to women needing fewer visits to the clinic for treatments and prescriptions, thus limiting the disruption to their everyday life.

An additional benefit is that the use of lower doses of fertility drugs also reduces the cost of IVF treatment, helping to make treatment more affordable and accessible to many women and couples who may not have been able to otherwise afford IVF.

Clare: Does Mild IVF result in fewer, higher quality eggs than conventional IVF?

Geeta: The primary focus of Mild IVF is to achieve quality, over quantity, of eggs. This approach differs from that of conventional treatments, which

tend to aim for a larger number of eggs collected. Despite fewer eggs being collected in Mild IVF treatment, research has shown that it results in equally good success rates compared to conventional treatments – whilst also reducing complications linked to overstimulation, alongside the financial cost of treatment.

Clare: In addition to Mild IVF, CREATE offers Natural Modified IVF and Natural Cycle IVF. How do these treatments differ and who are they right for?

Geeta: Natural Cycle IVF involves the collection of a naturally selected egg (or eggs) from the ovary within a woman's natural cycle, and no stimulation of the ovaries is involved throughout the process. This is in fact the method through which the first test tube baby, Louise Brown, was born over 40 years ago.

Natural Modified IVF involves the use of a very low dose of drugs aimed at supporting the naturally selected follicle/s whilst reducing the risk of spontaneous ovulation in a woman's natural cycle.

Natural and Natural Modified cycle IVF are best suited to older women or women with very low egg reserve, where there is no added benefit of using a stimulated cycle.

Many women who have been unsuccessful

with conventional IVF in the past can also opt for these treatments. Women who want to try with their own eggs before considering donor eggs also consider this option, as well as women who want to avoid using stimulation drugs due to pre-existing medical conditions (such as cancer, severe endometriosis) or by choice. Natural cycle IVF methods can achieve similar success rates to conventional stimulation cycles in women with low ovarian reserve.

Clare: Why did you decide to focus on providing Mild/Natural IVF treatments?

Geeta: Having worked in reproductive medicine for over 25 years, it has always been my commitment to improve the safety and accessibility of IVF and reduce the physical and emotional burden for women undergoing IVF treatment – and I believe that Natural and Mild IVF treatments are essential in achieving this.



Our IVF story

We never
gave up on
our dream to
have a family
together



How IVF helps disabled couples when TTC - Patient's Story



Editor-in-Chief at Fertility Road, **Clare Gouly** had the pleasure of talking to inspirational couple, **Tom & Joanna Pawlak** about their remarkable IVF journey.

When Tom suffered life-changing injuries in a car accident aged 29, he was told by doctors that he'd never have children. 11 years later when Tom met the love of his life, Joanna they bravely decided to embark on IVF - Tom's only chance of fathering children. Here, they share their story..

Clare: Joanna & Tom, thank you so much for talking to us at Fertility Road and sharing your experience with our readers. Tom, please share some background to your disability.

Tom: Back in February 2001, at the age of 29 I was a passenger involved in a horrific car accident. I was on my way to work and the car I was travelling in sped off-road into a tree. I broke my spine and was left paralysed from the chest down. In addition to having to come to terms with spending the rest of my life in a wheelchair, I also had to accept that I couldn't have children.

Clare: I'm so sorry to hear that. It must have been an incredibly difficult time. Tell us about how you and Joanna met?

Tom: Joanna and I met in 2012. We met online and quickly moved from chatting via the Internet to meeting in person. When we first met for coffee, the connection was immediate.

Joanna: It was definitely love at first sight for us! Our relationship moved quickly.

Clare: Did you discuss in those early stages, what your life together might look like?

Joanna: Yes, we knew very early that we wanted to spend our lives together and to have children. At the time I was working at Invicta Fertility Clinic in Warsaw, Poland. My job gave me a valuable insight into the possibilities that IVF held for us. I knew that there were medical procedures available to

help Tom with his fertility.

Tom: I was excited at the prospect of having a family with Joanna. I was aware that given my disability, parenting would have its physical challenges but Joanna gave me confidence. I'd never met such an energetic, capable woman in my life before. I felt that together, we could achieve anything.

Clare: When did you decide to start IVF treatment? Where did you have your treatment and what were the costs involved?

Tom: Due to our ages - I was 39 years old at the time and Joanna was 37, we decided that it was important not to waste time. We needed to get on with it. We started our first IVF cycle in August 2012.

Joanna: Our total costs were 7,000 zloty (approx. £1,300). We were fortunate to receive a discount at Invicta clinic due to my employment there.

Clare: What did your treatment involve?

Tom: Given my paralysis, it was essential for me to firstly have a surgical sperm retrieval procedure. This procedure is known as PESA and TESA. It involved a fine syringe being inserted into either the epididymis or the testicle to extract the sperm. It's a quick and relatively painless procedure that's usually performed under local anesthetic. Given that I have no feeling from the chest down, no anesthetic was needed in my case.

I was worried that my sperm would be low quality.

My sperm was assessed and thankfully, its parameters were good. Our clinic team recommended ICSI as this is a way of selecting the best sperm. ICSI (Intracytoplasmic sperm injection) involves an embryologist identifying the best-looking sperm under a microscope. A fine glass needle is used to inject the best sperm into the egg.

We progressed to IVF. Joanna underwent a long protocol stimulation which went very well. 8 eggs were collected, 4 successfully fertilized (with ICSI) and resulted in 2 viable embryos.

Clare: That's a great result for your first cycle of IVF. What happened next?

Joanna: Both embryos were transferred and a few weeks later, we were thrilled to hear that we were pregnant – with identical twins! This means that one of the embryos had divided in two resulting in two babies.

Clare: What a wonderful result! How did you feel during your pregnancy?

Joanna: I felt very well. The babies did arrive early though, at 7 months gestation. The boys, James & John were born on 21st March 2013.

Tom: Both boys were very underweight at birth (2.8 pounds each). This meant that they stayed in hospital with Joanna for the first month. Once they both reached a min of 4.4 pounds in weight, they were allowed to come home.

Joanna: We were overjoyed to come home and whilst those first few weeks and months were exhausting looking after twins, we couldn't have been happier!

Tom: Being in a wheelchair, I was very aware that Joanna was carrying much of the physical burden of caring for our babies. I did everything I could and have learnt to become a hands-on, involved parent despite my disability.

Clare: How old are your sons now?

Joanna: Our boys, James & John are now 9 years old. I have a very busy career as manager of Parents Centre of Fertility Treatment in Krakow, Poland. Tom supports me by looking after the boys and their school/home routine.

Tom: I have devoted myself to overseeing our boys' education. I love being a hands-on father – something that for many years I never thought I'd have the chance to be.

Clare: I'm sure that you feel that your family is complete. Did you ever consider more cycles of IVF?

Joanna: Yes, we felt that our family was complete with James & John. So, we didn't feel the need to do IVF again.



Tom: Having twins is perfect for us. Being in a wheelchair, my concern with a single child was that I wouldn't be able to get up and kick a football around with them, to play the sports that most fathers take for granted. With my twin boys, I can watch them play football together and cheer them on from the sidelines.

Clare: Do you have any advice for couples in a similar situation to yours?

Joanna: From my perspective, having fallen in love with a person with a disability my advice is don't be afraid to explore your options for having a family. Medical advancements in fertility care are astoundingly good.

Tom: I agree with Joanna. Explore your medical options and try to find a way around your disability. Don't let it hold you back from having a family if that's your desire. I would also urge anyone in my position to never give up. My favourite song is 'Hey You', Pink Floyd. The lyrics always inspired me to never give up. Pursue your dreams; live the life you always dreamed of.

Many thanks to Tom & Joanna for sharing their inspirational journey to parenthood. Their story is a wonderful example of how IVF can be a life-changing experience.

IVF ABROAD -PATIENT'S GUIDE



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Embryo donation explained – where donor embryos really come from and what are the prospects for recipient patients?



By **Mrs Arianna D'Angelo, MD**, Associate RCOG Clinical Lead in Reproductive Medicine at Wales Fertility Institute, Cardiff and Honorary Senior Clinical Lecturer in Obstetrics and Gynaecology at Cardiff University

About one in six couples is affected by some degree of sub fertility/infertility. The reasons are either female or male problems or a combination of both. The treatment is usually In-Vitro fertilisation or Intracytoplasmic sperm injection (IVF/ICSI) which involves the stimulation of the female ovaries to produce eggs and the fertilisation of these eggs with the partner's sperm or donor sperm to achieve embryos. The embryos are cultured in the laboratory in special incubators which mimic the human body until there is a selection of the best embryo suitable for transfer into the woman's uterus. Usually this occurs between day 3 and day 6 of in-vitro culture.

Approximately one in three couples have extra embryos suitable to be frozen after the fresh embryo transfer takes place. Moreover, it is recommended to transfer one embryo at a time in order to reduce the risk of multiple pregnancies which can be risky for mother and babies. The extra embryos can be frozen and transferred in subsequent cycles to achieve another pregnancy if the fresh embryo transfer was unsuccessful or for additional attempts if desired.

Where do donor embryos come from?

Donor embryos are usually offered by patients who have had fertility treatment which resulted in stored embryos that they no longer wish to use themselves and they are considering donating them to other people.

Embryo donation cycles are a small proportion and represent 2.3%–2.6% of all frozen transfers (1). Although there is greater awareness surrounding

embryo donation, finding available donated embryos in the UK is still quite rare.

Some clinics have a list of embryo donors that patients can choose from. Waiting lists can be long however, particularly if patients are looking for something specific. It is advisable to consult the – choose a clinic ([Fertility clinic search | HFEA](#)) to view current donor waiting times in clinics close to a patient's location.

All UK-based clinics licensed by the HFEA must conform to strict medical, legal and ethical standards. While donation is anonymous to both parties (donors and recipients), it is not anonymous to the off springs who have the right to find out the details of the genetic parents at the age of 18. The donors will not be the legal parent of any child born as a result of their donation meaning there is no legal connection to the child and donors won't be on the birth certificate. There will be no rights over the child and no financial obligations.

Who tends to seek donor embryos?

There are many people who might benefit from receiving embryos donated by other patients, in particular single infertile women who are in premature ovarian insufficiency because of previous oncology treatment or age or unknown reasons. Couples carrying genetic disease at high risk of being transmitted to offsprings or simply infertile might opt to adopt an embryo donated by another couple/individual. The process involves various stages in the donor and recipient selection and screening. There are also legal and ethical implications alongside some risks and complications. This article will explore these areas in more detail.

Age of embryo donors

In order to minimise the risk of miscarriage and having babies with congenital abnormalities the age of the egg provider at egg collection should be below 36 years and the age of sperm provider at egg collection less than 46 years (2).

The importance of screening

It is extremely important to minimise the risk of infecting the recipient, therefore all viral screening carried out on the donors (Hep B Surface Antigen, Hep B Core Antibody, Hep C, HIV, HTLV 1-2, Syphilis, CMV, Chlamydia and Gonorrhoea) within 3 months of storage of embryos must be negative and sample stored in a screened tank.

Rescreening is required after quarantine and these must be negative to continue with donation. Genetic testing will be required: karyotype and Cystic fibrosis (for Caucasian population) as a minimum (more depending on ethnic origin) these must be negative to continue with donation.

Counselling is vital

Implications counselling is required for both parties. In particular in some countries like the UK, embryo donation is not anonymous hence it is important to understand the implications for the unborn child. If the prospective donor has children, the implications for the prospective donor in respect of the donation for themselves and their existing families and any offspring born of their donation both in the short and longer term should be discussed. If the prospective donor does not have children, the implications for themselves and any future family should be discussed.

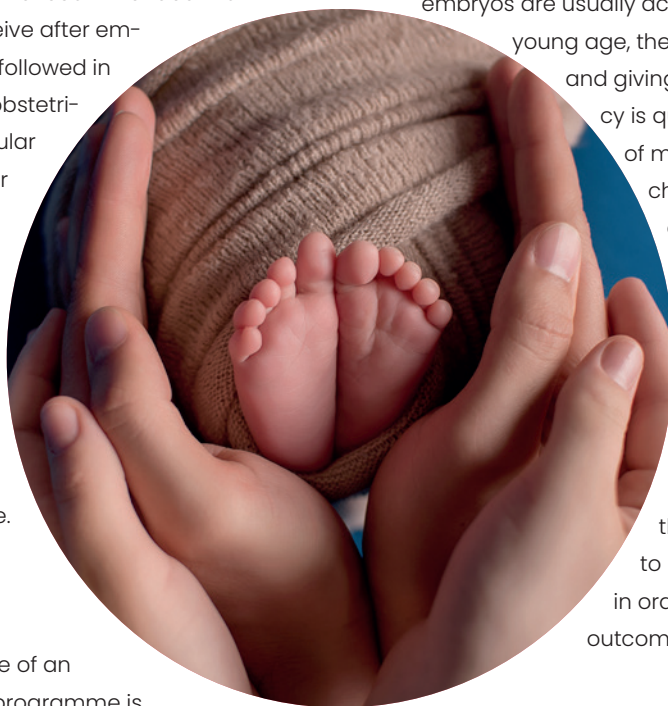
The woman who is receiving the embryo should be assessed to make sure she is not carrying any infection and is healthy in herself. A health check (thyroid function, ferritin, vitamin B, D and folate) is recommended before planning for pregnancy. It is also important that she is assessed in her potential to carry the pregnancy; this involves performing an ultrasound scan to assess the uterus and the endometrial cavity. If the recipient is already in menopause, then the embryo transfer preparation could take place on a medicated cycle using high doses of Hormones Replacement Therapy (HRT); if she is regularly menstruated, the transfer could be performed on a natural cycle, timing the spontaneous or induced ovulation with the transfer of the embryo. In both scenarios, progesterone supplementation in form of suppositories or injections is recommended. The progesterone is the hormone that facilitates the embryo implantation and it is very important that the embryo has the perfect environment at time of transfer.

Potential complications

As with any fertility treatment unfortunately there is a risk that the embryo does not implant or implants and stops growing prematurely giving the so-called biochemical pregnancy. A biochemical pregnancy involves having a positive pregnancy test which very quickly will become negative. In 25-30% of the cases unfortunately the pregnancy results in a miscarriage and in approximately 3% in ectopic. Ectopic pregnancies are pregnancies that take place outside the endometrium, most commonly in the Fallopian Tubes but sometimes in unknown location. These pregnancies are non compatible with life and represent a serious complication for the woman's life. Multiple pregnancies are also somehow considered a side effect of the procedure since they carry an increase risk for mums and babies. It has been reported that 23.2% of singletons coming from embryo donation cycles are preterm (1).



A similar rate of hypertensive disorders has been reported in women receiving donor embryos (4). This is most likely due to the fact that the immune system of the woman receiving the embryo donated has to deal with two different immune systems belonging to the genetic parents. This can translate into abnormalities in the placenta that are responsible for gestational hypertension or pre-eclampsia. It is recommended that women who conceive after embryo donation are followed in pregnancy by an obstetrician and have regular checks in particular regular ultrasound scans to check fetal wellbeing. Sometimes aspirin is also recommended in particular if the pregnant woman is of advanced age.



Challenges

The main challenge of an embryo donation programme is to find the embryos since there are not many couples/individuals willing to donate them. There is more availability of eggs or sperm donors than embryos donors. Other challenges could be matching donor/recipient because of the limited choice.

Availability is still ad hoc and patchy. If patients want to explore this route, they can find some support by approaching charities such as SEED which provides independent information to prospective donors, intended parents and surrogates, and encourage use of UK clinic donors. Some patients might decide to go abroad for embryo donation but the rules and regulations around going abroad are very different from having treatment in the UK with UK-based donors and more support might be needed.

Finally, many families join Donor Conception Network, a highly experienced charity offering an extensive range of help, support and guidance to potential and actual parents of donor-conceived people, and to donor-conceived individuals.

What impacts Embryo Donation Success?

The main factor affecting the success of embryo donation is the age of the woman donating the embryo/s. As with everything to do with fertility, woman's age is the prime factor in determining the success of the outcome. Since donated embryos are usually accepted from women of young age, the chance of implanting and giving a successful pregnancy is quite high and the risk of miscarriages or having children with congenital abnormalities reduced. Folic acid pre-conception is advisable to reduce the risk of spina bifida; smoking and drinking are highly contraindicated. The woman who receives the embryo is required to have a healthy womb in order to allow a successful outcome.

“Approx one in three couples have extra embryos suitable to be frozen.”

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Egg Sharing: A win-win approach



By **Sareena Sharma**,
Reproductive Biologist at IVF
London and **Alpesh Doshi**,
Consultant Embryologist and
Clinic Director at IVF London



What is egg sharing?

Egg sharing is when a woman who is already having IVF donates some of her eggs to the clinic where she's having treatment, usually in return for some free or discounted treatment. In order for an egg share to take place, the clinic needs to be able to collect enough eggs in a single cycle to share between the egg sharer and the recipient to allow for treatment between both.

Why do women require donor eggs?

There are many reasons why a woman might not be able to use her own eggs, including if she has had cancer treatment, gone through the menopause or her children are at risk of inheriting a serious genetic disease. By using donated eggs, she has the option of using her partner's sperm (if she has one) and of experiencing pregnancy.

Eligibility for egg donation

There are certain criteria you'll need to meet in order to be eligible to share your eggs. Generally, women need to be aged 35 or under and have no transmittable diseases or serious, heritable medical conditions. You may need to undergo further health tests before being able to donate your eggs. IVF London has set additional eligibility criteria, including minimum and maximum Body Mass Indexes (BMIs) and ovarian reserve levels. There are two main indicators of ovarian reserve: Anti-Müllerian Hormone (AMH) levels and Antral Follicle Count (AFC). An AMH blood test is conducted on day of consultation as well as a pelvic scan to determine how many follicles (AFC) the

ovaries have. In order to be eligible for egg sharing the AMH level must be over 16pmol/L and the AFC must be above 24. In addition to these tests the following blood tests must be conducted: hepatitis B, hepatitis C, HIV, chlamydia, gonorrhoea, CMV, full blood count, blood group, syphilis, blood chromosome analysis, cystic fibrosis. If this is the first time these bloods have been conducted then it is possible that the sharer may be found to have infections or genetic disorders that were previously unknown.

Legal Implications

You will have no legal rights or responsibilities to children born from your donation. You'll have no say over their upbringing and won't be required to pay anything towards their care. In the UK at age 18, donor-conceived people have a right to apply to the Human Fertilisation and Embryology Authority (HFEA) for identifying information about their donor. Also given the growing use of direct to consumer DNA testing and matching websites, it is now also possible that donors and donor-conceived people, and/or their close genetic relatives, may become identifiable to each other outside of this managed system of information provision. Therefore, children born from your donation will be able to contact you when they reach 18. It's up to you whether you want to have any kind of relationship with them at that point. For some people, meeting the families they helped to create is a wonderful privilege, whereas others feel less comfortable with that prospect. Writing a personal description and goodwill message can be very helpful to both parents of donor-conceived children and donor-conceived people themselves in the years to come.

Counselling

Implications counselling is mandatory for everyone that wants to donate their eggs. Your clinic is required by law to offer you counselling. We strongly recommend you take it up, as it will help you to think through all the implications of your decision and how it could affect you and your family in the future. The aim of the session is to explore the legal, social and ethical implications of egg donation. Some areas that are discussed include: Personal history, motivation for egg donation, understanding of the donation process (tests, procedures, potential risks and side effects), the potential implications of donating own genetic material, potential results of the treatment (for example, is the donor aware that the recipient's treatment may result in multiple pregnancies or that it may not be successful).

The role of the HFEA, the Central Register and the Donor Sibling Register are explained and donor's thoughts and feelings are explored about the fact that the resulting child/ren will have access to the information about the donor's identity. Also explored is the donor's awareness of the legal limit of the families that can be created with the donation. You may also need to tell a partner or children of your own about your donation later on, so you need to be prepared for that. Doing your research now and feeling completely happy with your decision will ensure you're 100% committed to this extraordinary gesture.

Can I donate to a family member, friend or someone else I know?

Yes you can but there are restrictions on mixing the eggs and sperm of close family members such as brother and sister (including half brothers and sisters) or uncles and nieces. Donating to any

of your female relatives, however, is fine. If you're thinking about donating your eggs for use in the treatment of a male relative, discuss this with your Consultant at IVF London. If you're donating to a woman you know, and you only want her to receive your eggs then you'll need to state this in your consent form.

What happens if my clinic cannot collect enough eggs?

Before agreeing to an egg sharing arrangement, IVF London will explain to you whether there is a minimum number of eggs that should be retrieved before egg sharing can go ahead. Normally, if enough eggs can be collected, they'll be shared equally with your egg recipient. If

an odd number of eggs is collected then the extra egg will always go to the egg sharer. The eggs are assigned after the egg collection, before the maturity of the eggs has been determined. If IVF London is unable to retrieve enough eggs to share, our guidance states that egg sharers should be given the option of using all the eggs for her own treatment, at the agreed discount. Alternatively, she can donate all the eggs in that cycle and will qualify for donor reimbursement in line with HFEA requirements.

Are there any risks from donating your eggs?

Donating your eggs is generally very safe; most women won't experience any health problems beyond the discomfort of having the treatment itself. The only potential risk to be aware of is having a reaction to your fertility drugs. Normally if this happens the effects are mild and include hot flushes, feeling irritable or down, headaches and restlessness. In some very rare cases, women develop ovarian hyperstimulation syndrome (OHSS). OHSS is a very serious and potentially fatal reaction to



fertility drugs, which happens about a week after your eggs have been collected. Symptoms include a swollen stomach and stomach pains and, in extreme cases, nausea, vomiting, breathlessness, fainting, a swollen stomach and reduced urine. In some cases, you may be advised to avoid future fertility treatments if the reaction to fertility drugs has been very severe. If you have any reactions to your fertility drugs, it's very important you let your treating clinic know right away.

Can I meet the woman receiving my eggs?

It's not possible for either you or the egg recipient to meet or find out any information that would identify you to each other. It is possible for you to set conditions on how your eggs can be used, as long as those conditions don't discriminate against people with protected characteristics under the Equality Act 2010.

Can I find out if my donation has been successful?

IVF London will be able to tell you if the woman or couple you've shared your eggs with have become pregnant. If your donation results in the birth of a child or children, you can find out by applying on the HFEA website to find out the number of children born, their gender, and their year of birth.

What if I change my mind?

You're free to change your mind and withdraw your consent at any point up until an embryo created with your eggs is transferred to the recipient's womb. Your clinic should explain to you before you start treatment what, if any, additional charges you would need to pay in these circumstances. However, at IVF London the eggs are not assigned to a recipient until the sharer has had a successful outcome.

If you're ready – what are the next steps?

If you would like to consider egg sharing then the first step would be to book an initial consultation with a fertility consultant. To book at IVF London, please call our friendly staff on 020 8207 4115 or alternatively send an email enquiry to info@ivflondon.co.uk





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Donor Conception Matters



By **Tracey Sainsbury**,
specialist fertility counsellor

Thinking of taking the egg and/or sperm donor route? Here's what you should be considering as part of your decision...

There are many matters to consider when considering if donor conception is right for you; those considerations aren't though just about you. If you're in a relationship there is your partner, your wider family, especially any children you already have, your friends, also religion and personal ethical dilemmas and of course there is also the donor and the donor's family, including their own children. But often parents do not think about them until much later.

As an independent fertility counsellor who has over 20 years' experience in the field of fertility and donor conception, I'd like to suggest things that can be useful to know more about if you are considering embracing donor conception as part of your own pathway to parenthood.

It is OK not to feel 100% happy about donor conception

It is common to have a belief that you must be 100% comfortable with the implications of donor conception ahead of treatment. Acknowledging that so much is unknown, around treatment, around how we will manage parenthood and how any child conceived will cope with how they feel about being donor conceived, it becomes more important to understand how the lack of our ability to see into the future promotes a sense of uncertainty.

It is OK for your child in the future to be angry, sad, frustrated, relieved, happy and curious about your

pathway to parenthood; your own explorations in to whether treatment is right for you, gives empathy for their journey to understanding what donor conception means to them and how you can support them with that.

Knowing support is available can help to promote a feeling of having emotional scaffolding in place, there to help if things feel wobbly at any time. The [Donor Conception Network](#) is a national charity supporting anyone at any stage of the donor conception journey, you may know one or two people to speak to, but don't underestimate the impact of attending a workshop, group or conference.

"The donor conception network meeting we attended was life changing, that may sound extreme, but as a man with Azoospermia donor conception was our only hope of being able to grow our family in our home. You might think it was speaking with other men that made the biggest difference, that was helpful, but just seeing families getting on with being families was the most useful aspect. Hearing from older children and young adults turned out to be even more useful, but I didn't realise that until years later!"

Peter, Dad through donor conception

Not everyone can be a donor

Erica Forster from the [Donor Bank at Whittington Fertility](#) shared that only around 5% of the men who apply to donate are accepted. The Human Fertilisation and Embryology Authority who regulate treatment have strict guidance on donor recruitment, assessment and screening ([updated in October 2021](#)). This includes a ten-family limit within the UK for any donor, whether they are

recruited in the UK or gametes are imported.

When you are considering donor selection you may have a sense of the journey for donors being quite simple, from an egg donor getting in touch it might take around four months to reach the point of the eggs being collected, with sperm donors it can often take over a year, as after donating for 4-6 months on a regular basis, the sperm then needs to be quarantined for six months and screening tests repeated.

In addition to the medical tests, your donor will routinely have attended counselling to help them to think about what might come up in the future and to ensure they are comfortable with progressing. It is not a test to pass, rather a safe space to explore the legal, social and ethical implications around donating. You can check with your clinic or bank that the donor you are interested in has attended counselling.

“The website was really clear about what was expected practically, although it wasn’t until I spoke to the counsellor that I realized how many people I need to think about and how much of an impact it can have on my own family. It really helped to think beyond now and knowing research had been done around donors, in addition to donor conceived families, made me feel donors in general were important too.” Anna, Egg donor

Petra Nordqvist leads the **‘Being an egg or sperm donor’** project team at the University of Manchester, their research has affirmed the need for counsellors to ensure support for donors in talking to their own families around their donation. It isn’t just recipient families who are encouraged to be

open with children from a young age about donor conception.

If exploring donation in more detail means people decide not to go ahead with donating eggs, sperm or embryos, even if their screening tests come back with no issue, that is seen as a huge positive. Parents can be reassured that their donor understands what they are doing, for themselves and for any child conceived.

The donor wants to be a donor

Donors donate for many reasons, but they are not expecting to be involved in a child’s life.

“I was asked if I’d be a known donor, but it felt a bit too complicated as I’d have wanted to be involved, possibly as a dad. Donating via a bank meant I could help people and be a dad to my own children in the future. I feel proud to have been able to help and hope my own children will feel proud of me too.” Harry, Sperm Donor



Many of the clinics I work with provide egg-sharing and altruistic egg donation as a way for women to help women, there is often an empathic reaction from women to help other women, an assumption is often made that recipients will be in heterosexual relationships, though the potential donors are just as keen to help when they know that single people, including men, and male couples too, can also access egg donation treatment with surrogacy.

Donors donating into clinics have to be comfortable with the regulatory framework which means they have no rights regards any child conceived

as a result of their donation. Academics often refer to donors as biological parents and to parents through donation as social parents, but donors themselves acknowledge their role as a donor and hope that is how donor conception is portrayed by parents.

Donors also recognize that a donor conceived person may be curious as an adult, as they too may be themselves and are comfortable at the time of donation with their identity being available to offspring from the age of 18. But there is no obligation for a donor to agree to meet, speak to or to provide updated information to any offspring in the future, hence never wanting prospective parents to collude with a fantasy that a pen sketch or donor information document is factual in the future, rather a snapshot of the donor at the time they donated.

The UK ethos of openness around donor conception is how donor conceived people think it should be. [The 2020 We Are Donor Conceived Survey](#) results included key findings that early discovery of donor conception reduces trauma but not curiosity. A donor conceived adult may or may not be curious about their donor/s and/or biological half siblings. Some do want to form relationships, others just to reach out and ask specific questions or to see if they get on and have any similarities, or indeed don't.

Counselling is routine ahead of donor conception in the UK

For recipients and donors too, it can feel frustrating to have to attend counselling in order to progress with your plans, more so if you've taken time to decide that donor conception is right for you, for both of you if you are in a relationship.

Implications counselling is provided to help to provide a safe space to explore your past, present and future too, with many clinics providing this service free of charge. You can also find

an independent specialist fertility counsellor via the British Infertility Counselling Association (BICA find a counsellor) this can be so useful to promote support for you outside of the clinic throughout and beyond your fertility journey.

In the first in this series in donor conception I have tried to introduce the importance of thinking beyond you, in doing so I hope you understand better that it is really is OK to feel momentarily overwhelmed; clinics often promote donor conception as a more successful, simplistic solution to infertility, but there is a lot that matters.

Next time we will look at Egg Donation and the stages involved both for the recipient and the donor.

You are welcome to contact Tracey directly via her website www.fertilitycounselling.co.uk



How to talk to your donor-conceived child about their conception



Carmen Martinez-Jover, quantum healer, fertility coach and best-selling author shares her expertise on how to talk to your donor-conceived child about their conception

Fertility Road: Carmen, thank you so much for sharing your expertise on this topic. What would you suggest as a starting point for parents of a donor-conceived child? How can they best start preparing themselves to share the truth with their child?

Carmen: Often, there is a long string of failed pregnancies, in-vitro's, negative beta results, loss, frustration, emotions, wondering why this is happening to me, before actually becoming a parent of a donor-conceived child. The journey to parenthood involves so many challenges. For many, this involves not being able to conceive naturally, then perhaps going into IVF treatment, followed by the need to consider egg and/or sperm donation. The journey can be a rough ride to finally become parents to a beautiful baby. At last, you have your baby in your arms. There is so much love it blows your mind. There is this beautiful romance. The mere thought of sharing the truth causes a fear of breaking the spell and connecting to all the pain prior to the bliss.

As a starting point, I would suggest working on the parents' individual fears. Mourning the journey prior to becoming a parent, letting go of the past. Recognizing what they have gone through and taking time to honor it and accept it. Letting go of the grief of not having been able to conceive with their own egg and/or sperm.

It is common for parents to feel uneasy about sharing the truth and breaking this romance. The journey prior to having their baby was paved with much disappointment and it is only natural they should try to protect themselves, thus fearing the risk of making the wrong decision.

However, working on their fears and verbalizing their thoughts helps them to feel proud of the way their

family was formed and gives them the courage to share the truth with their child.

Fertility Road: In your experience as a fertility coach, do parents of donor-conceived children tend to harbor fear of other adults' opinions? What can they do to alleviate their fears of others' opinions?

Carmen: In today's society there is not enough knowledge and information around donor-conceived children. For parents of a donor-conceived child, they are in a different position to that of most families and therefore need to be informed on how to share the facts.

Gathering knowledge, talking to other parents who are going through a similar process, contacting them and sharing your experiences will give you the support needed. You will realize they have the same doubts as you and it will help alleviate your fears. As humans we like to be accepted and fear rejection. We don't want our children to be perceived as different. But we often let others' opinions affect us in other areas of our lives. Sometimes fearing others' opinion is what triggers our fear of sharing with our child and being seen as different. Fear of the grandparents behaving differently with their donor-conceived children. Fear of children and teachers at school treating our children differently. But as long as you are confident and teach your child to feel proud, he/she will have the tools needed to face others' opinions.

If we look back 30 years, adoption was considered taboo. Often, whole families knew about an adoption except the adopted child. Nowadays, it is very different and much more open. 30 years ago, living with your partner before marriage was frowned upon but now it is highly recommended to

see if things will work out. So, society takes time in assimilating new concepts.

Considering that society takes time in opening up to these new forms of families, I wrote a children's story titled *Recipes of How Babies are Made*. I thought that by informing children, it is possible to shorten the time society takes to accept and feel comfortable with these modern families.

So, you are part of this change to open society to these modern families. It is the simplicity of it and the honesty that you will find comforting. Empowering yourself with knowledge. Remember that thanks to donation you have your family. That is priceless. Start working on yourself and getting yourself into the right mindset, addressing your fears of other people's opinions.

Fertility Road: Why is it so important for parents of donor-conceived children to share the truth of their origins?

Carmen: The more the years go by, the harder it seems for a parent to find the correct moment to share the truth. But deep down inside one is avoiding this moment for fear of not knowing how to deal with it. Sometimes one thinks that by not sharing the truth we are protecting our child because we assume that the information will hurt him/her, but the truth can come to the surface when you least expect it.

There are benefits to sharing the truth. For example, what happens if you have a genetic condition? Your child might fear having the same condition when that is not actually biologically possible. What happens if your daughter has the same issues as you in getting pregnant? Wouldn't it be lovely to support her knowing that you were in the same situation and can shed light on the subject? I believe truth is an important family value. Creating a space where everyone can speak freely and feel supported is essential in all families at all times.

Fertility Road: When is the ideal age for parents to start the conversation with a donor-conceived child?

Carmen: Since 2005, I have been following Susan Golombov, a pioneer studying modern families

created by assisted reproductive technologies.

She has studied the psychological effects of such children when growing up and the parental influences. I admire her life's work greatly. In her book, *Modern Families*, you can see her entire research and results. She recommends that the best age to disclose the truth is before starting school. I believe it's a book that should be read by all parents of donor-conceived children and by all modern families to understand the pros and cons of sharing the truth at different ages.

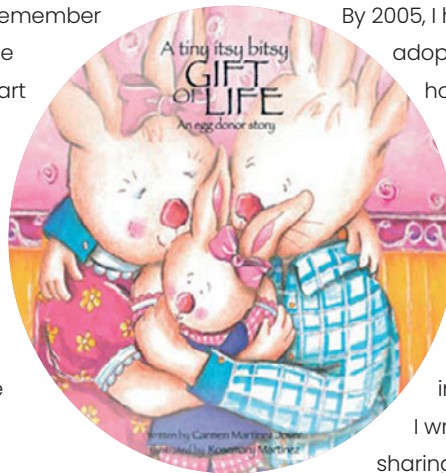
By 2005, I had spent many years helping adoptive parents tell their children how their families were formed and I was invited to participate in a conference in India on how to share information with donor-conceived children. There wasn't that much information at that time, so I began doing research and based on the information of Susan Golombov I wrote my first children's story on sharing egg donation, *A Tiny Itsy Bitsy Gift of Life, an egg donor story*.

I believe that the best time to start sharing is when they are babies. First, you must work on yourself to start feeling comfortable with the idea of sharing the facts. Babies absorb everything, they start their programming at a subconscious level. Even as far back as the womb. Their brain levels are in Gamma and Theta and are open to all our beliefs. You might think they don't understand, but they do. They grow up with the notion and then it's as though they always knew, and sharing the information little by little as they grow becomes easier. Speak openly of the subject at home.

Fertility Road: How should parents go about telling their child that they were conceived with the help of a donor?

Carmen: Firstly, as I always say, they need to work on themselves and feel proud of how their family was formed. Then they can start reading an egg donor story to them when they are babies. One becomes familiar with the book. It is important to have the book handy and available so it is read often.

There are many stories on donor-conception that you can read often. Very probably one story in



particular will make you feel more comfortable. By reading to them, your children become aware of donor-conception in their own understanding levels as they grow. You can start saying, "Our family was formed this way". "I am so proud of how our family was formed."

When the stories are personalized the characters have your names, so you are sharing how your very own family was formed, and when the children are old enough to understand the process, they will already be familiar with the book and have had it for many years.

When you read the book smile, your child will immediately identify that this book makes my parents smile. As you read help them visualize the drawings. Make it a fun activity.

Gradually, as your child grows older it becomes easier to share. Always listen to your heart and you will know when it is time to share a bit more. But always keep the intention of sharing in mind.

Fertility Road: What inspired you to write a range of books on new-age conception and infertility?

Carmen: I passionately believe in storytelling. I used a children's story to tell my daughter that she was adopted. That was 22 years ago and there were many books on adoption, which made sharing so easy.

I would start reading to her as a baby and when I finished reading, I would cry thinking how the information might hurt her when she could fully understand. However, what I was actually doing was working on myself and building my confidence for future sharing. As she grew older and understood more it seemed easier to share. The adoption books were everywhere, in the nappy bag, in the play room, and she got to really like a book in particular. The book became special and we would smile while reading the book, she knew it by heart. I believe every child has the right to understand how their family was formed. Storytelling is such a simple tool to use. This led me to write stories for families conceived via egg donation, sperm donation, two dads, adoption, single mum by choice, and I still continue writing stories for all the different families of modern society.

I constantly receive letters from families saying how my stories have helped and this motivates me to continue writing more.

Fertility Road: How can parents continue to keep

the conversation open with their child? How can they create a safe space so that their child knows that it's ok for them to ask more questions in the future?

Carmen: This safe place will be created according to the way we create openness for our children on a day-to-day basis. This is done by creating an atmosphere of trust at home. A family dynamic where all feel comfortable in sharing everyday situations. If bigger issues occur, they are dealt with in a loving and open manner.

Maintaining openness at home helps your child share his/her way of processing experiences and normalizing the fact that they are donor-conceived. Speak their language of comprehension and tune into their level of understanding as they grow older. As I have mentioned before, trust the process and listen to your heart.

Fertility Road: How can parents of a donor-conceived child best prepare themselves if their child wishes to access information on their donor in the future? How can they support their child in their curiosity?

Carmen: This is quite a delicate subject and one of the principal fears in sharing the truth. What happens if the donor-conceived child wants information on the donor? Notice it's a donor not a biological parent. You are the parent. But this fear is very common. Talking to others, reading statistics and getting information will give you peace of mind on this subject. Remember, the way you feel on this subject will be passed on to your child.

Some children are curious, others aren't. Some become very concerned but it is important to keep speaking the truth and making sure they feel supported by you. In some countries at the age of 18 they can legally get the information from their files. In other countries it is anonymous so access to this information varies from country to country.

As parents there is often concern about them wanting to know who the donors are. But I believe it is more of a curiosity. You are their parent and you should feel confident and support them. Understand that each child is different. Children go through an identity phase, they want to fit in, and sometimes they want to access information on the donor. As they grow, the relationship between you and your child will also grow and you will know what to do. Always listen to your heart and you will know how to support them.

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IVF treatment abroad – Popular European destinations revealed



By **Dr Yvonne Frankfurth**
 Founder + Fertility Coach for Egg Donation
 abroad at repro-travel.com
 Affiliate, ReproSoc/Reproduction SRI,
 University of Cambridge

The number of fertility patients travelling to European countries for IVF treatment has been steadily increasing over the last decade. But why travel abroad when most countries offer fertility treatment to their own citizens? Reasons for these reproductive journeys are manifold. My own research and several existing studies (Frankfurth 2020; Whittaker, Inhorn, Shenfield 2019) from colleagues suggest that legal restrictions, treatment availability and financial cost are some of the most common factors that drive patients to seek fertility treatment abroad.

Why more and more patients go to countries like Spain, Greece and the Czech Republic for IVF treatment

Most countries have some kind of legislation that determines who can access IVF treatment and what kinds of fertility treatments are allowed. As such, it is not surprising that legal restrictions play a big role in people's decision to travel abroad for fertility treatment. According to data collected by ESHRE in 2020, a total of 11 out of 43 European countries offer fertility treatment only to heterosexual couples with a diagnosis of infertility. Single women or lesbian couples are therefore excluded from fertility treatment in these countries and find themselves forced to travel abroad to access treatments like sperm donation. National age restrictions also play a role when travelling abroad, as some countries and clinics stop treatment for women at around 46 years, while others allow it up to at least 50 years of age.

Depending on the country, the national legislation may also prohibit or restrict access to treatment options, such as preimplantation genetic diagno-

sis (PGD) and testing (PGT), surrogacy or egg donation, and determine if egg and sperm donation must be open or anonymous. Countries like Spain, Northern Cyprus and Czech Republic, in which egg donors remain anonymous, often only have a waiting time of 1-3 months until an egg donor is found. This is a strong pull factor for women living in the UK, Austria or the Netherlands, for example, in which anonymous donation is prohibited and waiting time can last up to 18 months until an 'open' egg donor is found. So, unsurprisingly, if the waiting time for a donor is one year or longer, many intended parents seek egg donation treatment abroad.

Lastly, many fertility patients also indicate financial cost as a relevant factor when deciding to travel abroad. This is especially the case for women and couples travelling to countries, such as Greece, the Czech Republic and Northern Cyprus, in which an IVF cycle may 'only' cost about 3,000 Euros, or 5,000 Euros with donated eggs. The hope for higher success rates is often mentioned by patients going to Spain, which is a key global destination for fertility travel and internationally known for its state-of-the-art fertility clinics.

Main reasons why fertility patients travel abroad:

- legal restrictions at home
- more treatment options abroad
- less waiting time (especially for egg donation)
- treatment availability for single women and lesbian couples
- treatment options for women above 45 years of age
- more affordable IVF treatment
- hope for increased success rate

How to pick the right country for IVF treatment?

All intended parents who seek treatment abroad are usually faced with the same questions, "Which country should I go to?", "How do I find out about the availability of treatments, waiting time and cost in a given country?", and perhaps most importantly, "Where can I find information that is reliable and objective?". To provide some answers to these questions, let me provide you with a quick overview of 7 popular IVF destinations in Europe. Many of these insights are based on my own (academic) research as well as through first-hand accounts from women and couples travelling to these countries who I've supported in their journeys as a fertility coach. Needless to say, there are other great destinations, too. Not being mentioned on this list does in no way imply that other European countries are not popular or offer no great options to intended parents.

Quick overview: The 7 most popular IVF destinations in Europe in alphabetical order

Czech Republic

The Czech Republic is the second most popular country for fertility treatments in Europe, right after Spain. Many couples on mainland Europe find its location convenient, as it enables them to travel there by car, or very quickly by plane. Clinics in the Czech Republic are particularly popular not least because of their combination of quality treatment with relatively affordable costs. They are therefore particularly attractive to patients coming from countries, such as Germany, Austria, Switzerland, Denmark, and the UK. Another valued factor is the waiting time for egg donation (1-3 months on average). According to Czech law, all donations must be strictly anonymous. Similar to Spain and Cyprus, there is no central national register of donors in the Czech Republic. Almost all fertility clinics have English-speaking staff and clinicians; many also speak German.

Treats heterosexual couples, single women and lesbian couples?	heterosexual couples: yes, single women and lesbian couples: no
Maximum patient age	women: 48
Average treatment cost for IVF	about 3,000 EUR, without medication
Average treatment cost for IVF with donated eggs	about 5,000 EUR, without medication
Open or anonymous egg / sperm donation?	anonymous

Denmark

Denmark is becoming increasingly popular as a fertility destination. Reflecting its relatively small population however it only features a total of 19 fertility clinics. It is therefore not surprising that the total number of international patients is far less than in Spain, Greece or the Czech Republic. Denmark's clinics are mostly located in and around Copenhagen, but there are also some closer to the German border. Due to the physical proximity, fertility patients from Germany and Sweden are some of the most common international fertility patients in Denmark. Denmark is one of the few countries in which egg and sperm donation can be open or anonymous, depending on the donor's preference. Denmark's liberal legislation for assisted reproductive treatment means that single women and lesbian couples are welcomed here as much as heterosexual couples. The high quality of the medical treatment and the individualised approach taken by the clinicians are often cited as pull factors by international patients travelling to Denmark.

Treats heterosexual couples, single women and lesbian couples?	yes
Maximum patient age	women: 45
Average treatment cost for IVF	about 3,500 EUR, without medication
Average treatment cost for IVF with donated eggs	about 8,000 EUR, without medication
Open or anonymous egg / sperm donation?	open and anonymous options

Greece

Greece has over 50 IVF clinics, many of which are located in Athens. They are often specialised in treating international fertility patients, so most of them have English-speaking staff and clinicians. Some even speak additional languages, such as German, Italian and Spanish. Like most other countries which offer anonymous egg and sperm donation, there is only a 1-3 month wait to find a suitable donor. Greece features some of the lowest treatment costs in Europe, which is often cited as a compelling advantage for international patients, some of whom come from as far as the United States. When heterosexual couples undergoing fertility treatment in Greece are not married, they need a notarial deed confirming that the male partner agrees to be the legal father of potential children resulting from the treatment. This can be easily done in Greece and the clinics usually help with it.

Treats heterosexual couples, single women and lesbian couples?	heterosexual couples and single women: yes; lesbian couples: no
Maximum patient age	women: 50
Average treatment cost for IVF	3,000 EUR, without medication
Average treatment cost for IVF with donated eggs	5,000 EUR, without medication
Open or anonymous egg / sperm donation?	anonymous

Northern Cyprus

Still unknown to many, Northern Cyprus is becoming an increasingly popular destination for fertility travel. It is particularly sought after for its combination of competitive treatment costs, good success rates, and liberal medical practices. Single woman and lesbian couples, too, find that Northern Cyprus is a possible option on their journey to parenthood. Some selected clinics in Cyprus may reveal the sex of an embryo when conducting genetic screenings. This technically allows sex selection before an embryo is transferred, which is not allowed in most countries except for the US. Cyprus is also one of the few countries where clinicians can transfer embryos to a surrogate. Most clinics are accustomed to having international patients and have English-speaking staff and clinicians.

Treats heterosexual couples, single women and lesbian couples?	yes
Maximum patient age	women: 45, or 55 (subject to approval)
Average treatment cost for IVF	2,500-3,000 EUR, without medication
Average treatment cost for IVF with donated eggs	5,000 EUR, without medication
Open or anonymous egg / sperm donation?	anonymous

Portugal

More and more international fertility patients are travelling to Portugal each year, as the word about its excellent medical standards and high success rates has been spreading. In 2018, Portugal changed its law and made all donations non-anonymous. Since then, Portugal has become particularly popular for women and couples wanting an open egg donor with relatively little waiting time. The regulation of treatments in Portugal is liberal but well-regulated, protecting patient rights and allowing single women and lesbian couples to access the same kinds of treatments as heterosexual couples. The implementation of a national registry for all fertility treatments and donors reflects these exemplary regulatory standards, which ensures, for example, that women do not donate their eggs more than four times. Most fertility clinics are in places that are easy to reach by plane, such as Lisbon and Porto. Portuguese clinics normally have at least one staff and clinician who speaks English.

Treats heterosexual couples, single women and lesbian couples?	yes
Maximum patient age	women: 50
Average treatment cost for IVF	about 4,300 EUR, without medication
Average treatment cost for IVF with donated eggs	about 7,000 EUR, without medication
Open or anonymous egg / sperm donation?	open / non-anonymous

Spain

Spain is probably the most popular country for IVF and egg donation worldwide. It is estimated that about one third of all egg donation treatments are undertaken here. Spain features some of the most experienced and well-known reproductive clinicians. When it comes to the latest reproductive technologies and methods, you'll likely find them in Spanish clinics. Treatment costs vary a lot among different clinics in Spain, so it may be worth checking out several clinics before deciding on one in particular. Clinicians and staff usually speak English, and sometimes even other languages like German, Italian and French. Egg donor waiting time ranges from 1-3 months. Due to Covid-19 many clinics now rely on frozen eggs that are available immediately. Spain is also particularly suitable for intended parents with challenging fertility problems that require individual attention, monitoring and testing: patients in Spain usually remark positively on the amount of attention and time that is devoted to them in the clinics.

Treats heterosexual couples, single women and lesbian couples?	yes
Maximum patient age	women: usually 50 (maximum 52)
Average treatment cost for IVF	4,000 - 7,000 EUR, without medication
Average treatment cost for IVF with donated eggs	6,000 - 8,500 EUR, without medication
Open or anonymous egg / sperm donation?	anonymous

The final decision about where to travel for IVF treatment abroad...

This is usually based on a blend of facts, pragmatism and a good feeling. In the first instance, gathering information and facts is most important, "Is the treatment available to me in that country and how much does it cost?". Once that is sorted, intended parents are guided by more pragmatic questions, "How long is the waiting time, are there any direct flight connections, and do the staff

... speak English?". Next to finding facts and making pragmatic choices, many IVF patients report that selecting a country abroad "must also feel good to be good" (Frankfurth 2020). Sometimes this feeling is just an unexplained gut instinct or a hunch. Other times, it is tied to people having a positive image of a country. This may be after their first contact or visit to a fertility clinic, or because of family, friends, films or literature related to that country and its people.

Ultimately, it might help to recall that the most important decisions in life are made when both heart and mind are aligned. This also applies to finding a country for your fertility treatment abroad. My advice is: Do some proper research, learn about your best options. And don't forget to listen to your gut feeling.

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IVF abroad: It's not as scary as you may think!



By **Sydney Brake**, author of *Affording IVF: The Complete Guide to Understanding Treatment Cost and How to Save Thousands on IVF*

When I tell people I travelled to the middle east for IVF treatment, their eyes usually become really big and they ask if I'm joking.

When I tell them I'm serious, they usually ask if I'm crazy.

But it's not crazy. In fact, thousands of women each year travel outside of their home country to pursue IVF treatments, both for the level of care and for the affordability of it. Fertility tourism is a growing practice and one that should be seriously considered when looking at fertility treatment options, especially for those who are unable to afford treatment in their home country.

To the surprise of many, IVF around the world is fairly standardized: the level of care is similar to what you might find at home. Pursuing IVF abroad does not have to be a complicated, intimidating experience — it can be a positive and fun one! With affordable treatment costs, competent reproductive endocrinologists, and the opportunity to see the world while you grow your family, it might just be the way to go for your impending IVF treatment needs.

Wondering how to pursue IVF abroad? We've got you! Before we take a look at how to get started with IVF abroad, let's first dive into why many patients pursue IVF abroad in the first place: the cost.

IVF costs vary significantly around the world.

Reproductivefacts.org reports that the average cost of one IVF treatment in the United States is \$12,400 USD¹ — and this figure does not include additional compulsory charges, such as medications, embryo testing, sample freezing, and other fees, which can make the total for one round of IVF well over \$20,000 USD (17,690 EUR).

In many countries, IVF clinics are free to set whatever treatment prices they wish. This is especially true in the US where IVF is not covered by health insurance and the patient must pay out of pocket for each part of the treatment. In some countries with a high cost-of-living, IVF prices reflect that.

On the contrary, some clinics around the world offer IVF at rates that many patients can afford. The following list outlines what you might expect to pay for IVF around the world:

Latvia: \$2,400²
 Turkey: \$2,500³
 Mexico: \$3,724⁴
 Spain: \$5,393⁵
 Barbados: \$5,448⁶

All figures are in USD.

This list is not exhaustive, however. Keep in mind that there are dozens of countries with affordable IVF rates. Many clinics abroad even cater to the international patient with English-speaking staff and travel coordinators available to help patients with

1. <https://www.reproductivefacts.org/faqs/frequently-asked-questions-about-infertility/q06-is-in-vitro-fertilization-expensive/>
 2. <https://www.fertilityclinicsabroad.com/clinics/clinic-egv/>
 3. <https://www.fertilityclinicsabroad.com/ivf-abroad/ivf-turkey/>
 4. <https://www.mymeditravel.com/in-vitro-fertilization-ivf-procedures-in-cancun-mexico>
 5. <https://www.fertilityclinicsabroad.com/ivf-abroad/ivf-spain/>
 6. <https://www.fertilityclinicsabroad.com/ivf-abroad/ivf-barbados/>

every aspect of the process, from booking flights to making hotel reservations. You will find these types of IVF clinics in locations like: Athens, Greece; Cancun, Mexico; Madrid, Spain; Dubai, United Arab Emirates; Prague, Czech Republic; and Istanbul, Turkey.

Of course, it's not just the cost of IVF that encourages patients to pursue IVF abroad. Some patients are interested in taking a vacation during the very stressful life event that is IVF. Not only is IVF physically exhausting, but it takes a toll on the mental health of the patient. Growing a family in a location where you can relax and fill your time with distractions is a great way to help with the mental strain of IVF treatment. For example, one IVF clinic in Cancun, Mexico offers an all-inclusive IVF package which includes a 20-night stay at a five-star beach side resort, airport transfers, and unlimited food and beverage — and a round of IVF, of course!

This all sounds great, but is IVF abroad really comparable to IVF at home?

Many IVF centers around the world have the same standard of care as what you might find in your home country. That's not to say that their methods and procedures will be exactly the same as your experiences, however. Pursuing IVF abroad comes with its own obstacles. For example, language and cultural barriers could complicate your experience. Perhaps the clinic operates differently than your home clinic and the unfamiliarity with this adds to your stress. Maybe you feel more comfortable in your own home while undergoing the lengthy process of IVF, rather than being in a foreign land for a period of time.

Indeed, there are pros and cons to pursuing IVF abroad, but it is an option that's worthy of exploring. Lauren B. from Texas, USA is one such patient that explored IVF abroad once she heard about how affordable it would be to pursue IVF outside of her home country. She describes her experience at an IVF clinic in Barbados as comparable to care she received in the United States.

"When you are inside the clinic, you would never know that you were in another country," Lauren said. *"It feels like a clinic back home. The only*

visual difference is we don't have the Caribbean sea across the street from our clinics here in the US."

Although she describes her experience undergoing IVF abroad as overwhelmingly positive, Lauren can see how pursuing IVF abroad would deter some from pursuing it.

"It can be hard to know where to stay, what to do for transportation, where to eat, where to buy groceries, and it can also be difficult to adjust to an entirely different culture if travelling isn't something people do very often," she said. *"Our clinic was very helpful with all of those things, so I would just encourage couples going abroad to really lean on their clinic for guidance on all of those things."*

Christina C. from California, USA is another patient that pursued IVF abroad — this time, in Mexico. She encourages all couples to look into IVF abroad as an option to save money on treatment costs.

"Do your research and pull the trigger on it," Christina said. *"I have zero regrets."*

Christina stayed at an all-inclusive resort while undergoing IVF and she said resting on the beach was instrumental in staying relaxed during her protocol.

"We ended up with vacations all while doing this major life changing procedure," she said. *"Medical tourism isn't as scary as you may think!"*

Although it seems like it's an intimidating process figuring out how to have a major medical treatment in another country, many women and couples pursue it every year and consider the benefits to outweigh the risks. If you're wondering how you can get started pursuing IVF abroad, read on to discover how it can be done!

First, determine where you want to travel for your IVF treatment. If you are considering IVF abroad as a way to lower the overall cost of treatment, research destinations with inexpensive flights from your home location. Also consider the cost of lodging at destinations you are researching: patients will need to be in-country for 10 to 20 days. Depending on your lodging situation, those hotel nights add up quickly!

Of course, and arguably most importantly, don't forget to locate an IVF clinic at the cities you are researching. Many IVF clinics offer a free consultation for international patients via Skype or other video call service. Take the time to contact the clinic doctor to help you feel at ease with the procedure. This will also give the doctor a chance to assess your suitability as a patient for IVF.

Once you have selected a location and IVF clinic, begin following the treatment protocol your doctor provides and book travel arrangements based on your protocol timelines. Treatment timing depends on the start of your menstrual cycle, so speak with your doctor about ways to control your cycle. For example, some patients are temporarily placed on hormonal medication to better predict menstrual cycle start times. If your cycles tend to be unpredictable, consider booking an airline ticket that allows for reservation changes.

As you approach your treatment start date, remember to book your lodging, car rental, and tourist activities. This is the fun part of planning IVF abroad, so enjoy it! Your treatment protocol given by your doctor will give you an outline of days you

will be needed in the clinic versus days you can enjoy being a tourist.

Once you have arrived in-country, remember to be flexible and patient. It can be frustrating at times when travelling outside of your home country, but the experiences can be enriching and unforgettable. Lean in to the fact that not everything will go perfectly smooth, but instead realize that it's all part of the adventure. As you continue with your treatment, enjoy making memories with your partner as you remain hopeful that your treatment will be a success.

IVF treatment is frustrating, taxing, and emotional whether you pursue it at home or abroad. It's a major life event that takes a toll physically and emotionally. My wish is that you pursue IVF in a place that brings you hope, whether that's in your hometown or at a destination far from home. Remaining optimistic will carry you through your procedure and, hopefully, lead you to a successful pregnancy.

Bon voyage!



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How can I make my first IVF successful?

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Here we share some of our fertility experts' answers.

Answer from:

Raúl Olivares, MD
Gynaecologist, Medical Director & Owner Barcelona IVF

To be honest, in regard to improving the quality of gametes (egg cells) and therefore improving the quality of the embryos that we transfer, there is very little that you can do. However, we still recommend leading a healthy lifestyle because if we succeed, the patient is going to be pregnant. It is very important to start pregnancy in the best conditions. It is best to lose weight, quit smoking, avoid alcohol, do exercise with moderate intensity, take antioxidants, vitamins, folic acid, and things like that. Concerning other kinds of things, let's say a more holistic approach with acupuncture, traditional Chinese medicine, and things like that – once more, there is no evidence that these kinds of treatments or procedures are going to increase the live birth rate. However, these kinds of things such as holistic treatments may help patients to cope with the treatment. How they feel during the process is also important. In some cases, it has been suggested that, for example, acupuncture may increase the blood flow, and this may help to have a better endometrium in cases of cryotransfers or egg donations.

Answer from:

Harry Karpouzis, MD, MRCOG, DIUE
Gynaecologist, Founder & Scientific Director Pelargos IVF Medical Group

Ideally, a couple will be very well-prepared before going ahead with IVF. First, they need to make an informed choice with the reproductive medicine specialist and the laboratory where they will have their IVF. It is equally important to have a good

doctor with experience in the field and a good laboratory. So, your choice of fertility clinic is vital.

Lifestyle modifications such as stopping smoking and reducing alcohol are very important prior to and during IVF. This applies to both the male and female partner. Those two things can affect the quality of eggs and sperm. For women, taking Folic acid is essential. There are many multivitamins on the market which include valuable elements such as coenzyme q10, carnitine, zinc and vitamin D.

For women, making sure that your hormones and your thyroid gland are under control before you undergo a process of IVF is very important. These are checks that your fertility clinic should make.

Stress is a negative factor, and it has been proven that it can affect the chances of successful IVF in many ways. Anything that can be stress relieving like acupuncture that works in many ways can be used so that you go into a process of IVF with as less stress as possible. It has been proven that a normal diet with lots of vegetables and fruits at the time of the IVF can also play an important role.

Answer from:

Santiago Eduardo Novoa, MD
Gynaecologist, specialised in Reproductive Medicine Instituto iGin

IVF takes time to plan so don't expect to start the treatment the next day after your initial consultation. The first thing is to be patient, the second thing is that all the tests involved, for example genetics, normally take a couple of weeks to get the results back. It's therefore likely to be a few weeks between the initial consultation, the decision of what treatment you are going to follow and when

your IVF treatment will start. In the meantime, it's important for you to continue with your everyday life in a healthy way. It's always good to practice some kind of exercise or sport and of course you have to avoid toxins in that period like tobacco, alcohol, drugs and you can start with the vitamins principally folic acid in order to prevent all the issues related with the malformation of the spine of the baby. Those are things I advise you to do between the initial consultation and when your IVF cycle starts.

Answer from:

Matthew Prior, PhD, MBBS
Gynaecologist, Reproductive Medical Consultant, Founder of The Big Fertility Project

It's really difficult because when I see patients who are going into IVF for the first time, they're understandably full of hope. Often, they have already been on a very long journey sometimes spanning years going through tests, investigations and scans. Inevitably, they're hanging all their hopes on their first cycle of IVF working.

I tell my patients to focus on preparing for pregnancy – like taking folic acid, getting your weight okay, ensuring that you don't smoke, limiting the amount alcohol that you drink. Improving lifestyle factors for both women and men is very important. Saying that, we also have to recognise that a lot to do with the outcome of IVF is simply not within a patient's control. Age for example effects the quality of a woman's eggs and this of course, cannot be changed.

I advise patients to remember that often it takes more than one cycle of IVF before a successful pregnancy is achieved. Be kind to yourself. Control what

you can: for example, a healthy diet and lifestyle. And don't stress about what you can't control.

Answer from:

Delphine Dewandre, Senior Embryologist Beacon CARE Fertility

I think it's challenging for every woman coming into treatment. They're always trying to do the best they can to have a good IVF treatment. To be honest there's not much you can do as your hormonal balance will be put on hold and will be controlled by external hormones. The only thing I can say is that if you should try to live healthy: eat healthy and do some sports, especially try to keep the stress levels low.

Answer from:

Solvita Funka, MD
Gynaecologist, Reproductologist & Obstetrician EGV Clinic

To improve the implantation rate, we can choose the best approach for every individual couple, and we can choose the best options in the lab and adjust medication accordingly. Thanks to that, the implantation rate will be maximized as best as possible in each case.





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Useful resources



Donor Conception Network

Donor Conception Network

DC Network is a charity offering information, support and community to donor conception families and prospective families. It was started in 1993 by five families with children conceived with the help of sperm donation. They decided, against the advice of the day, to be honest with their children about how they were conceived. They wanted to come together to break the isolation felt by so many using donor conception and support each other in their decision to be open.

<https://www.dcnetwork.org/>

enquiries@dcnetwork.org



EggDonation
Friends.com

EggDonationFriends.com

Information, guides and IVF clinics worldwide directory for patients looking for egg donation IVF options abroad. We support patients with knowledge, FAQs and tools to help them to make informed decisions, including unique IVF clinic profile, Clinic Matching Test and country-specific information related to costs, limits and availability of IVF with donor eggs programs. Egg donor availability per country, detailed costs of egg donation programs and more can be found here:

<https://www.eggdonationfriends.com/>



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<https://www.efp.clinic>

andrea@efp.clinic



European Fertility Society

The European Fertility Society is an evidence based society that gives tools, support and education to patients and fertility clinics. EFS aims at facilitating and increasing patients' support and positive experience during their fertility journey. The European Fertility Society (EFS) advocates universal improvements in patient care.

<https://www.europeanfertilitysociety.com/>



FertiAlly.com

We pose a specific question to a hand-picked group of fertility experts to answer. The specialists are from clinics and community settings throughout the world which provides a comprehensive and balanced perspective. All the answers are recorded in the form of a video and are published on our website and YouTube channel. All videos are available for you to access at any time from the comfort of your own home. Importantly, accessing this help will come at no cost to you.

<https://www.ferti ally.com/>



FertilityClinicsAbroad.com

An online database of IVF clinics worldwide where you may find information related to IVF treatment abroad including guides, tips and hints. Must see website for anyone looking for IVF treatment options abroad - including IVF with own eggs, IVF with donor eggs, embryo donation and sperm donation. We help more than 3,000 patients a year to find the right clinic abroad.

<https://www.fertilityclinicsabroad.com/>



Fertility Genomics

Fertility Genomics is a specialist DNA company which offers a simple DNA saliva test identifying genetic causes of infertility and failed assisted reproductive technology (ART), using state of the art DNA sequencing technology to analyse all protein coding genes. Following bioinformatic analysis, we calculate a unique fertility probability score for each customer to advise them as to the best and most likely to succeed method of assisted reproductive technique (ART) to undergo.

The ultimate goal of Fertility Genomics is to research and highlight the genetic causes of infertility while helping others achieve their dreams of having happy and healthy babies.

<https://fertilitygenomics.com/>
info@fertilitygenomics.com



Fertility Hub

Fertility Hub is a one stop resource for information on assisted reproduction. Whether you are a patient who is coming to terms with a recent diagnosis or a healthcare professional who wants to keep abreast of developments in the field.

<https://thefertilityhub.com/>
contact@thefertilityhub.com



International Fertility Company

IFC works across 21 countries, providing a bespoke clinic finding service for patients wishing to travel for fertility treatment and a support service led by patients who have received treatment outside their country of residence. IFC also supports and promotes fertility clinics, products and specialist services as well as developing cross boarder collaboration. Led by Andrew Coutts, one of the world's leading fertility travel experts IFC is supported by a team of medics, coaches and therapists and has offices in the U.K., Netherlands and the U.S.

<https://internationalfertilitycompany.com/>
andrew@internationalfertilitycompany.com



IVF Abroad – Patient's Guide

A unique guide to help IVF patients easily find treatment abroad. Up to now, there's been no shortcut to compare countries as destinations for fertility treatment. Now for the first time patients have a fast way to figure out the regulations, permitted treatments and costs for each of the most popular countries.

The Guide is entirely objective and impartial and a one-of-a-kind resource for patients seeking IVF abroad. 98 pages, comprehensive report, can be downloaded free.

<https://www.fertilityclinicsabroad.com/ivf-abroad-guide/>



Kinderwens Buitenland / FertiSupport

FertiSupport is an independent organisation that informs people about the possibilities of fertility treatment abroad. We have years of experience and therefore we are very well aware of the laws and regulations, the processes and procedures of IVF/ ICSI or donation treatments and, of course, we can also inform you about the prices. With this information, you can make a well-considered choice and together we will make sure you will find a clinic that fits your needs and budget. We will also remain available to answer your questions during your procedure. We are here for you!

<https://kinderwensbuitenland.nl/>
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MyIVFanswers.com

MyIVFAnswers.com is first aid online support to all IVF patients in need. We manage online events with top IVF experts worldwide where patients may ask questions live. All events are recorded and published for easy access for anyone interested. With more than 400 webinars published and more than 6,000 questions answered during our events – the platform is perfect choice for all patients interested in fertility and IVF.

<https://www.myivfanswers.com/>



National Fertility Society

National Fertility Society

The National Fertility Society is a not for profit organisation with patients needs at the centre of all of our work. The National Fertility Society is run by 2 psychotherapists who specialise in fertility, NFS offers specialist fertility counsellor training, with counsellors on the interactive find a counsellor map on the NFS website, this can be access by patients to find a counsellor within their area. They run a health clinic providing scans, fertility MOT's, menopause MOT's, Semen analysis and blood tests, they have pathways for fertility treatment abroad, surrogacy agency and surrogacy path-way abroad. UK only supplier of Fairhaven products from the USA.

<https://www.nationalfertilitysociety.co.uk/>
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<https://pebblefertility.com/>
andrea@pebblefertility.com



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<https://pebblesanctuary.com/>
andrea@pebblesanctuary.com



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<https://www.prideangel.com/>
info@prideangel.com



Sandy Christiansen Fertility Coach

Sandy Christiansen became a fertility coach after a 10 year career working as a clinical embryologist in multiple fertility clinics. Recognising the gap in patient support, she started her own business dedicated to supporting those with fertility issues and undergoing fertility treatments. She is a certified NLP and life coach, helping women, men and couples on their fertility journey, providing them with fertility expertise and emotional support. In addition to coaching, she attends conferences and training courses for professional growth and helps promote fertility awareness and education.

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S A R A H

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coaching

Sarah Banks Coaching

Sarah Banks is a Fertility Coach and Mentor who works with patients and clinics to offer a broad range of support to suit each individual's needs. She has written and published the IVF Positivity Planner, a journal combined with coping strategies and coaching tools to help you feel happier and stronger whilst TTC and going through IVF.

<https://sarahbanks.coach/>

sarah@sarahbanks.coach



Your Fertility Journey Ltd

Your Fertility Journey Ltd

Your Fertility Journey is an independent clinic supporting the fertility and women's health needs of individuals across the UK. YFJ prides itself on offering high-quality fertility and women's health advice and support on all aspects of fertility, IVF and specific women's health conditions such as PCOS, endometriosis, PMS and PMDD, early pregnancy, early and normal age menopause, to name just a few. Director and nurse consultant Kate Davies is the co-host of The Fertility Podcast and also provides fertility in the workplace awareness and training to corporate organisations.

<http://www.yourfertilityjourney.com/>

kate@yourfertilityjourney.com

International Fertility Clinics

Instituto Bernabeu

Country: Spain

City: Alicante, Madrid, Mallorca, Albacete, Elche, Cartagena, Benidorm

<https://www.institutobernabeu.com/en/>

UR Vistahermosa

Country: Spain

City: Alicante

<https://urvistahermosainternational.com/en/>

Dunya IVF Clinic

Country: North Cyprus

Location: Kyrenia

<https://www.dunyaivf.com/en/>

Assisting Nature

Country: Greece

City: Thessaloniki

<https://www.assistingnature.gr/en/>

Ferticentro

Country: Portugal

City: Coimbra

<https://www.ferticentro.pt/en/>

Gynem

Country: Czech Republic

City: Prague

<https://gynem.co.uk/>

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