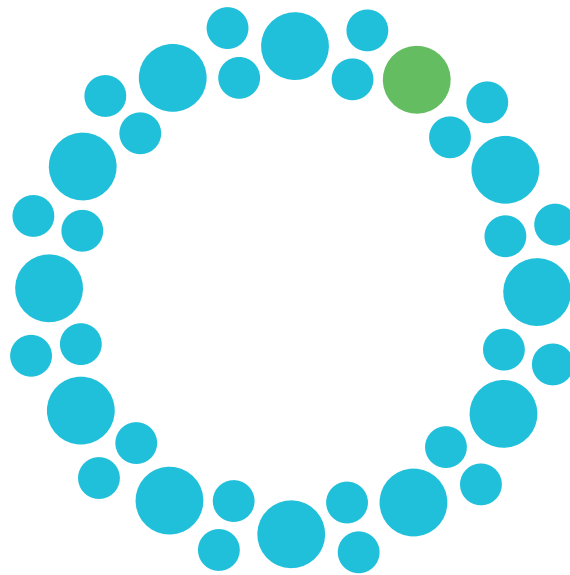




**infertility**network UK

Advice, Support & Understanding

We are delighted to announce we  
have changed our name to:



**fertility**networkuk

Our new website will be launched at The Fertility Show in November:

[www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org)

We look forward to continuing to provide and expand our services  
as Fertility Network UK



# Fertility Network UK Staff Gallery



**Susan Seenan**

Chief Executive

susan@fertilitynetworkuk.org

Tel: 01294 230730

Mobile: 07762 137786



**Sheena Young**

Head of Business  
Development

sheena@fertilitynetworkuk.org

Mobile: 07710 764162



**Andrew Coutts**

Business  
Development  
Manager

andrew@fertilitynetworkuk.org

Mobile: 07794 372351



**Catherine Hill**

Media Relations  
Officer

media@fertilitynetworkuk.org

Mobile: 07469 660845

## Head Office



**Claire Heritage**

Head Office  
Manager

Tel: 01424 732402

claire@fertilitynetworkuk.org



**Alison Onash**

Administrator

Tel: 01424 732361

info@fertilitynetworkuk.org



**Hannah**

Tramaseur  
England  
Co-ordinator

Tel: 01424 732405

hannah@fertilitynetworkuk.org

**Kate Brian**  
London  
Representative



kate@fertilitynetworkuk.org

**Nic Snow**  
Technical Support



**Diane Arnold**  
Support Line



support@fertilitynetworkuk.org



**SUPPORTLINE**  
0121 323 5025

## Wales



**Alice**

Matthews  
Wales  
Co-ordinator

alice@fertilitynetworkuk.org

Mobile: 07563 734808

## Northern Ireland



**Sharon**  
Davidson

Northern Ireland  
Co-ordinator

sharon@fertilitynetworkuk.org

Tel: 02890 825677

Mobile: 07837 987562



**Hilary**  
Knight

Support Co-  
ordinator NI

hilary@fertilitynetworkuk.org

Mobile: 07596 290335



**Fiona**  
O'Donnell

Support Co-  
ordinator NI

fiona@fertilitynetworkuk.org

Mobile: 07976 503428

## Scotland



**Gwenda Burns**

Scotland Branch  
Co-ordinator  
gwenda@  
fertilitynetworkscotland.  
org

Tel: 01294 279162

Mobile: 07825 827865



**Norma Whiteford**

Development Officer  
South West Scotland  
norma@  
fertilitynetworkscotland.  
org

Mobile: 07592 793308



**Mairi Handy**

Development Officer  
North East Scotland  
mairi@  
fertilitynetworkscotland.  
org

Mobile: 07759 798387

# Welcome

## from the Chief Executive



### Why the name change and rebrand...?

#### Hello everyone

After over 12 years, it's now time to get used to a new name for Infertility Network UK and from 1 August 2016, we have rebranded as Fertility Network UK.

We are doing this for a number of reasons, but mainly to better reflect our role in providing support and information for everyone, whatever their experience of fertility issues. The word 'infertility' is often seen as very negative, and in rebranding we are building a more positive image for the charity. The help and support we offer does not focus on negatives, despite the fact that fertility treatment is often stressful and a successful outcome is not guaranteed.

We have had some great feedback since we rebranded, with the majority of comments we have received being hugely positive. One or two people have been concerned that we will lose our focus on supporting those with infertility, but that definitely won't be the case. We see the change as a positive one which will allow us to provide more support to you all.

Over the years we have changed from being a membership charity, where only those who joined could access our services, to a more open and inclusive organisation. We offer all our services free – helped hugely by the efforts of our amazing fundraisers who undertake some fantastic (and sometimes very strange!) events to raise funds so that our support can continue to be free.

We know that impact of fertility problems is not just physical but also emotional, and that's where our network of staff are invaluable. Our friendly team is at hand to offer the help that is needed – that may be a chat on the phone to our support line, run by a qualified nurse (the wonderful Diane who has been with us for 20 years), or it may be going along to one of the dozens of groups run by our fabulous staff and volunteers across England, Wales, Scotland and Northern Ireland. It may be chatting to others in our online HealthUnlocked community or attending one of our Skype talks on fertility-related topics.

Our support focuses on positive ways of getting together to help one another during what is often a very challenging time, and our new brand reflects a change that has already been underway within the charity as we

have become a more outward-looking and upbeat organisation.

Our work has always had a wide remit, and we don't just support those who are currently trying to conceive. We also offer help to those who are struggling after unsuccessful treatment, who are often unable to access the right support at the time they need it. We are experienced at dealing with the emotions that can follow a positive pregnancy test and at offering help when no one else seems to understand. We work with the families and friends of those who are trying to conceive, and offer help and advice on practical issues. We have also worked to raise awareness of the need for fertility education. Our project in Scotland – Your Future Fertility – successfully reaches out to young people to help inform and educate them about lifestyle factors which could impact their chances of conceiving in the future.

We also continue to lobby for fair access to three full cycles of funded IVF treatment across the UK. The dedication and hard work of our staff in Scotland was part of the successful campaign there where recently access criteria were widened to allow those where one couple has a child from a previous relationship to access treatment. Soon all those eligible in Scotland will receive the recommended three full cycles of treatment. Our focus will now be on England, Wales and Northern Ireland. We know that support services, such as counselling, are not always as available as they might be and we plan to campaign for this to be improved.

Our work has been described by many as a 'lifeline', providing support and a listening ear when no one else is there. We hope that our new name and our new brand will make us more accessible and will enable us to widen and enrich the care and support we offer. Look out for our fabulous new website: [www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org) which will be launched at The Fertility Show in November as part of our annual Fertility Awareness Week.

Please do get in touch with us and let us know how best we can improve our services and extend our support to as many people affected by fertility issues as possible.

Very best wishes

Susan

Fertility Network UK welcomes new Corporate Partner



See page 22/23 for further information

# 25 Years of Progress in IVF

**Britain has always been a leader of innovations in IVF, whether through science or the regulatory landmarks it has accomplished through the process.**

In March this year I attended the HFEA annual meeting in London. The Body was celebrating its 25 years, which is poignant because I've just returned to the UK after working little over 25 years abroad as a clinical embryologist.

I was pleasantly surprised that I saw so many "old" faces at the recent HFEA meeting (despite the global expansion of assisted reproduction, through conferences, workshops and meetings, the IVF community remains friendly and approachable). My job has given me a chance to travel the world, to learn and exchange ideas and be part of a professional community that is constantly changing and advancing – it's immensely satisfying.

When I left Britain as a young scientist, the job was purely science and research; I had little association with the patients – when I returned, I returned as a father with everything in common with the thousands of couples I had treated. I had matured, and could relate more and more with the people I saw longing for a child; I found myself exactly in the same "boat"... But that's another story.

So what has changed in the last few decades?

## **The profession of clinical embryology has evolved considerably:**

Today's field requires a highly structured training program with strict documentation. A call for accreditation by organisations have put embryologists on a course of professional development targeting excellence.

Clinical embryology has only grown in its sophistication. It's a profession that upholds rigorous standards and laboratory guidelines, all of which have fine-tuned the IVF laboratory into the highly standardised workplace it has become today. Rigorous quality management systems have become a cornerstone of our work and are now mandatory.

## **Regulation:**

When I left the UK the HFEA hadn't yet been formed. An interim committee were implementing regulations, guidelines and codes of practice that would form the backbone of the fledgling HFEA, which has now become an authority with a worldwide reach - influencing other countries on how they perform IVF, as well as protecting the people that are pursuing fertility treatment.



## **Maintaining embryos safely in the IVF laboratory:**

Over the years more specialized equipment has been developed exclusively for use with human *in vitro* fertilization. Every conference exhibition showroom has become an Aladdin's cave of new equipment dedicated for use by the clinical embryologist. State-of-the-art incubators, integrated work stations and specialized micro-manipulators have certainly improved the way we work.

How we culture embryos has improved significantly since the early days. Culture media (the solutions that bathe the embryo) were originally adapted from simple media based on chemical compositions in the oviduct as known at the time. These formulations were effective, but attempts at culture to blastocyst stage were poor; although a number of embryos reached this stage the viability was compromised with reported low implantation rates.

Labs today use specific media that is based on the changing energy requirements and basic physiological principles identified in decades of research. Nowadays, blastocyst stage transfer is common place and a mark of good laboratory standards.

Once, trying to freeze the delicate egg seemed impossible. Years of research, and increasingly vast use of the ultra-fast freezing technique "vitrification", has gradually crept up the success rates of freezing and thawing oocytes. The advances in this area have led to the possibility of storage of eggs either for fertility pres-



# Due to genetic testing donor anonymity does no longer exist

Many thousands of people worldwide have been conceived with donor gametes but not all parents tell their children of their origin. Genetic testing will make this impossible. Over three million people have already used direct-to-consumer genetic testing. The rapidly increasing availability of cheaper and more detailed tests poses numerous challenges to the current practice of sperm and egg donation:

1. Whether they are donating in a country that practices anonymous donation or not, donors should be informed that their anonymity is no longer guaranteed, as they may be traced if their DNA, or that of a relative, is added to a database.
2. Donor-conceived adults who have not been informed of their status may find out that they are donor-conceived.

3. Parents using donor conception need to be fully informed that their children's DNA will identify that they are not the biological parents and they should be encouraged to disclose the use of donor gametes to their children. All parties concerned must be aware that, in 2016, donor anonymity has ceased to exist.



JLH (Hans) Evers,  
Editor-in-Chief Human Reproduction



*Reproduced with kind permission*

ervation or health reasons, as well as the establishment of egg banks, each with the possibility of offering donor eggs to patients (screened in the same way donor sperm is screened).

## Embryo Selection:

Over the years, embryologists have striven to select the best embryo from a cohort of potential candidates. Many morphological selection criteria have contributed to pregnancy outcome, but their value remains limited.

One area that has seen an increase is pre-implantation genetic testing, either as a way to avoid transferring an embryo with an inherited genetic disorder or to screen for random genetic anomalies.

The progress in the genetic analysis of embryos has relied upon joint developments within IVF and genetic laboratories. The use of lasers for embryo biopsy, the success of blastocyst culture, and the beneficial outcomes of the cryopreservation technique vitrification have extended the "time window" for diagnosis. Simultaneously, advances in genetics have also fuelled the genetic testing of preimplantation embryos with new genetic screening tests becoming more reliable and more informative offering a more "global" view of the embryo's genome. Together with the renewed interest in blastocyst stage biopsy these techniques

may provide a more favorable outcome, overcoming earlier diagnostic problems.

The advent too of time-lapse imaging systems allows the "tireless embryologist" to monitor critical stages of early embryonic development (that were previously missed) and provides important information for the embryologist to study. For over thirty years *in vitro* fertilization constituted the nucleus for advances in the field of reproductive medicine at a diagnostic, therapeutic and research level. Few would disagree that future progress will come primarily from the laboratory.

When the HFEA first started, 25 years ago, the success rate from IVF was around 15% and the multiple birth rates were very high, almost 30%. Practices have improved in combination with implementation of refined techniques, making birth rates almost double and multiple births decrease by a half.

Despite all the changes some things remain the same - dedication of professional staff, in a well-regulated sector, that has significantly improved patient care, and more and more happier outcomes.

Giles Palmer  
ESHRE Senior Embryologist  
Business & Quality Manager  
London Women's Clinic Wales



Diane Arnold

Email: support@fertilitynetworkuk.org

Don't forget you can speak to Diane on the Support Line free of charge and is available Monday, Wednesday and Friday from 10.00am to 4.00pm enabling you to discuss in confidence, all aspects of fertility investigations, treatment or just for some support. *Please note that as this is a free service, calls cannot be returned if a message is left.* Diane can also be reached via a pre-booked Skype call, please email her to arrange a mutually convenient day and time.



**SUPPORTLINE**  
**0121 323 5025**

Here are two questions that often get asked from callers to the Support Line. Each edition will feature two of the most frequently asked...

#### What is an antagonist?

The aim of using an antagonist (e.g. Cetrotide) is that by not suppressing (down regulating) your ovaries with nasal spray/injections, the stimulation injections work with your own hormones and then the antagonist just stops you ovulating before egg collection. The benefit of using this type of drug is that an antagonist cycle means all the drugs are usually given within a 2 week period of time so it ends up as a shorter process.

#### Can I use Agnus Cactus?

Agnus Cactus has been known to help regulate menstrual cycles, although it is not proven. It is sometimes recommended to those who suffer badly

with pre-menstrual tension (PMT), as it is believed to regulate the hormone prolactin levels, and has been known to relieve breast tenderness associated with PMT. Prolactin is produced by the pituitary gland in the brain, and some women who take Agnus Cactus do suffer from headaches. It is not recommended to be taken when going through infertility treatment cycles as it can interact with the drugs given. If you do decide to take it, then take the smallest dose that suits you and just during the first half of your menstrual cycle. You should definitely stop taking it when you become pregnant, as it is believed it can cause miscarriage. **Always check with your GP/consultant before taking it, for their best guidance.**

## Considering Adoption?

The Fertility Network UK Central London group had a visit from Pippa Bow of First 4 Adoption in February. Although some members weren't actively considering adoption, there was a good turn out as many were interested in knowing more about it as a possible Plan B – or even Plan C or D!

Pippa gave an excellent talk, covering many of the myths and misunderstandings about adoption. She explained that your age, relationship status and sexuality are not going to prevent you being able to adopt and that what agencies are more interested in is whether you have the love, time and commitment to offer to a child.

Pippa discussed very honestly the backgrounds of the types of children who need adoptive families, and the fact that they have nearly always had a difficult start in life. She stressed that although parenting adopted children can present unique challenges, it can also be extremely rewarding. She went through the adoption process, carefully covering each stage and what is involved from finding an agency right through to welcoming a child into your home.

We had a long and varied question and answer session afterwards and one of the issues raised was the fact that agencies liked people to wait at least six months after their last treatment cycle before starting the adoption process. To members of the group, this

did feel quite frustrating, but Pippa explained that there was no huge rush against the clock when it came to adoption as there is no upper age limit and that the adoption process itself can be much quicker than it used to be. It is important to have a break after treatment to work through your feelings so that you are ready to move on emotionally and focus on adoption. Pippa explained that one of the things agencies look for in couples is evidence of a strong relationship, and she said that having been through fertility problems and treatment together was a good indicator of a resilient relationship which would withstand difficulties.

At the present time, it is not always easy to find an adoption agency willing to take you on and Pippa told the group that it was fine to contact a number of agencies and not to be discouraged if the first one you spoke to wasn't right for you. Pippa left us all feeling positive and inspired by her talk and her encouraging attitude, and her organisation, First 4 Adoption, have lots of excellent resources on their website for anyone considering adoption and even have some e-learning modules too: <http://www.first4adoption.org.uk>

**FIRST 4 ADOPTION**

# PREGNANCY LOSS AND INFERTILITY: A Double Burden

As users of Fertility Network UK, you probably know a great deal about fertility problems. You'll have experience of information that's been accurate – and of much that's been inaccurate, confusing, contradictory or plain misleading, often at a very vulnerable time.

If your experience of infertility is personal rather than (or perhaps as well as) professional, you are likely to have been through some extremely tough times – and this may still be the case now.

It's at times like this that Fertility Network UK is worth more than its weight in gold. It's a source of clear and accurate information as well as much-needed support. It's also an organisation that joins with others to campaign for better and fairer care for people struggling with fertility problems.

\*\*\*\*\*

I have to change only one or two words to make the above paragraphs fit the experience of pregnancy loss and the purpose and role of the Miscarriage Association. We too offer clear, accurate information – about miscarriage, ectopic pregnancy and molar pregnancy – to people who often find it hard to know what to believe about causes, investigations and treatment. We too offer support, understanding and a listening ear to people going through the distress of losing a much-wanted baby, and in some cases, losing several. We too work hard with others to push for better and fairer care for those going through the misery of pregnancy loss.

It's perhaps no surprise, then, that the M.A. and Fertility Network UK have worked together for many years, co-writing leaflets<sup>1</sup> and supporting each other's campaigns. And that is especially true when our paths meet, when people face the double burden of pregnancy loss and infertility.

Losing a baby after years of trying to conceive, with or without treatment, can be devastating. Having problems conceiving after miscarriage or ectopic pregnancy can feel equally impossible to cope with. Both can feel deeply unfair.

*"I just kept thinking 'Why me?' I know a miscarriage is an awful thing to happen to anyone, but it was all so much worse for us because we'd waited so long for me to get pregnant in the first place and I didn't know if I'd be able to conceive again."*

You may find that others around you simply don't understand how you are feeling and what you are going through. You may be only too familiar with the comments that people make when trying to be helpful – and the gap between those well-intentioned comments and your lived experience:

*"Never mind, there's always next time"*

*"But this was my next time – and might be my last."*

*"Just try to relax – I know someone who..."*

*"How can I be expected to relax??"*

Others may simply not know what to say, and thus say nothing at all.

Taken individually or together, pregnancy loss and fertility problems can make things difficult in your relationship. You might deal with things differently – one of you wanting to talk, the other not; one of you being depressed and anxious, the other resolutely optimistic. You may feel guilty, or as if you have let your partner down. You might be trying to conceive without a partner and having to cope with everything alone and unsupported.

Finally, of course, there is the 'elephant in the room', the thoughts that may stay unspoken, about whether to keep trying. Trying to conceive, trying to stay pregnant. Trying new investigations and treatments. Trying just one more time. Making the decision to keep trying or to stop can be extremely difficult – and for many people, it's a decision that is made and un-made more than once.

Wherever you are on your journey, the support of others who understand, who simply 'get it', can make a huge difference in helping you through. Like Fertility Network UK, the Miscarriage Association is there to offer information and support when you need it. Our staffed helpline: 01924 200799, is open Monday to Friday, 9am-4pm. Our website: [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk) has lots of information and a friendly, private forum.

And like Fertility Network UK, we have a clear message. Whatever you're going through, you don't have to go through it alone.

1 Pregnancy loss and infertility <http://www.miscarriageassociation.org.uk/wp/wp-content/leaflets/Pregnancy-loss-and-infertility.pdf>

When the trying stops  
<http://www.miscarriageassociation.org.uk/wp/wp-content/leaflets/When-the-Trying-Stops.pdf>

“Wherever you are on your journey, the support of others who understand, who simply ‘get it’, can make a huge difference in helping you through”

Future copy dates  
as follows:

**Autumn Edition**

(published  
October 2016)  
**Copy date**  
20th August 2016

**Winter Edition**

(published end of  
January 2017)  
**Copy date**  
20th November 2016

**Spring Edition**

(published end of  
April 2017)  
**Copy date**  
20th February 2017

**Summer Edition**

(published end of  
July 2017)  
**Copy date**  
20th May 2017

**Editor's note**

The views expressed in any articles or correspondences included in this magazine are those of the individual writers and not necessarily of Fertility Network UK or the Editor. Their inclusion does not necessarily imply endorsement by Fertility Network UK. Readers of this magazine are expected to make their own enquiries/check any service or organisation they intend to use. Fertility Network UK does not recommend or endorse any one clinic/ company.

Fertility Network UK  
is a trading name of  
The Infertility Network (UK)

Charity Registered in  
England No. 1099960  
and in Scotland  
No. SC039511  
Company Registration  
No. 4822073

**Sign up today ... to receive your FREE copy of our digital magazine ...**

**Just visit our homepage at: [www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org)**



We are extremely grateful to The Lister Fertility Clinic for their support and generosity in providing us with a meeting room and catering for our quarterly Board Meetings and Annual General Meeting every year at their London location. Thank you to everyone involved in co-ordinating and providing this important contribution to the charity.

## Trustees

Sylvia Shearer – Chair  
Antonia Rodriguez – Vice Chair  
Louise Evans – Treasurer  
Rachel Duffy  
Jessica Hepburn  
Melissa Hillier  
Carol Hulley – MTL  
Jill Martin  
Nicky Murray

## Patrons

Cheryl Baker  
Chris and Diane De Burgh  
Dame Judi Dench  
Vivienne Parry  
Anthea Turner  
Professor Lord Robert Winston



Click the pic to find out if there's a Support  
Group in your area, or visit:  
[www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org)



Click the pic for Useful Links or visit:  
[www.fertilitynetworkuk.org](http://www.fertilitynetworkuk.org)



# House of Commons Event



It was our great pleasure to thank our Corporate and Clinic Partners and Friends, at a recent event in the House of Commons.

The event was hosted by Dr James Davis MP and kindly sponsored by Ash Patel from Rippon, Patel & French Solicitors and Dr Shipra Krishna from the London IVF and Genetics Centre.

Partners, Clinics and friends from across the UK attended the event along with representatives from organisations based in Spain, Portugal, and Greece.

Andrew Coutts, the charity's Business Development Manager said: "The support and goodwill provided by our Partners and Friends has been invaluable; it has enabled the charity to invest additional resources into patient support and we look forward to expanding the programme yet further."

If you would like to participate in the Corporate Partnership programme, please contact Andrew Coutts: [andrew@fertilitynetworkuk.org](mailto:andrew@fertilitynetworkuk.org)



*Jonathan Scott receives a plaque on behalf of The Fertility Show in recognition of their long and continued commitment to the charity.*



*L to R : Andrew Coutts, Dr James Davies MP, and Susan Seenan*



*Geeta Nargund of CREATE Fertility, the charity's first UK flagship gold partner clinic, with staff member Hannah Tramaseur*

# From Ovary to Pregnancy

The process of ovulation of an egg to a successful pregnancy takes only a few days. However, it involves many complicated steps through which the eggs, sperm and embryos must pass.

A woman's ovaries, which are positioned on each side of the womb, contain all the eggs that a woman will ever produce in her lifetime. The ovaries are responsible for nurturing the eggs until they are to be released. Each month inside the ovaries, a group of eggs starts to grow in small, fluid-filled sacs called follicles. Eventually, one of the eggs is released from the follicle about two weeks after the first day of the last menstrual period, and this is called ovulation.

After the egg leaves the follicle, the follicle develops into something called the corpus luteum. The corpus luteum releases a hormone (progesterone) that helps to thicken the lining of the womb (the endometrium), getting it ready for pregnancy. When the egg is ovulated, it enters one of the Fallopian tubes, which are the structures that connect the ovaries to the womb, and it moves down these tubes towards the womb.

It is at that time that the egg could meet a sperm and be fertilised. The sperm have to travel from the vagina to the Fallopian tubes. Semen usually contains millions of sperm when it is released in the vagina, but only a few hundred will make it as far as the Fallopian tubes. This is normal and is a selection method for only the fittest sperm to reach the egg, as only the best swimmers will make it to the end of the race. If no sperm are around to fertilise the egg, it moves into the womb and disintegrates and the woman's hormone levels go back to normal. The body sheds the thick lining of the womb, and the woman's period starts.

If a sperm successfully meets the egg then the egg undergoes the process of fertilisation, where the sperm penetrates the egg. Once the sperm is inside the egg



**Implanted blastocyst**

Photo: www.medicinenet.com

then the egg is called a zygote, then an embryo when it starts to divide. At the instant of fertilisation, the embryo's genes and sex are set. If the sperm has a Y chromosome, the embryo could develop into a baby that will be a boy. If it has an X chromosome the baby will be a girl.

The embryo develops as it continues to move through the Fallopian tube. With every day that passes the embryo divides and develops so that it consists of 2, then 4, 6 and 8 cells in about 72 hours. By this stage the embryo has travelled all the way to the end of the Fallopian tube and is about to enter the womb. After 5 days the embryo has become a blastocyst which is an embryo that consists of more than 100 cells. By this time there are two different cell types in the embryo – the inner cell mass, which is a clump of cells that will develop into the fetus, and the trophectoderm cells, which line the edge of the blastocyst and will form the placenta. Around 7 days after ovulation the blastocyst will hatch out of its protein shell and, due to its shape and certain abilities, it is then able to attach itself to the lining of the womb. This process is called implantation. At that site of attachment, the placenta will develop.

If the blastocyst fails to implant, it will be reabsorbed by the woman's body, the lining of the womb will thin and shed, and a menstrual period will begin. This is a failure of implantation resulting in a negative pregnancy test.

If ovulation, fertilisation and implantation all happen successfully, then a pregnancy will be the result. A pregnancy hormone known as hCG is produced by the implanting embryo and is present in the blood from the time of conception. Usually it takes 3 to 4 weeks from the first day of the last period for the levels of hCG to be high enough, in either the blood or urine, to be found by the tests. This is the hormone that we detect when we carry out a pregnancy test and is the sign that the egg and sperm have overcome their many obstacles to come together to make a successful pregnancy.

**Anastasia Mania**  
ACE volunteer



**Process of fertilisation**

Photo: www.medicinenet.com





## Kate Brian has been appointed as the first Women's Voices Lead at the RCOG, and began her three year term in June 2016.



Royal College of  
Obstetricians &  
Gynaecologists

This lay role is responsible for leading the College's Women's Network and influencing the wider patient and public involvement agenda; ensuring women's views and experiences of maternity and gynaecology services are heard.

### **Tell us a little about your background and how you became interested in healthcare?**

I began my career as a television journalist. I worked for the BBC as a news trainee initially and then I moved to ITN and later Channel 4 News, where I worked for about 10 years. All the time I was a journalist, health was one of the areas that I covered; one of my specialisms. I was always interested in health and covered a lot of health stories as a journalist before I became a 'patient'.

### **What kind of patient involvement experience do you have?**

My two children were both IVF babies and when I had the treatment 20 years ago it was very difficult to find any practical information about what it was going to be like as a patient. There were books about IVF but they were all written by doctors and we didn't have the internet at home in those days. So I wrote a book about it and then became a trustee at Fertility Network UK. When I was trying to have my second baby, I started doing more work for the charity by supporting other patients through their treatment. I was also helping to educate clinicians about the patient point of view and what it's like from the other side of the desk.

### **How did you become involved in using your voice to inform the College's work?**

I initially became a member of the Women's Network, the College's core patient/lay group, at a time of huge change. The Network and the College had taken on a much stronger focus on engaging with the public and bringing women's voices in. I am excited to be returning and ready to throw myself into building on the fantastic foundations that have been set, and to really make a difference.

### **Why is advocacy for women's health so important to you?**

I think the really interesting thing is that quite often it's just a change of mind set that can make all the difference to how someone feels about what's happening to them. Whatever medical treatment or procedure you're going through, if you understand what's happening and things are being explained properly, you feel completely different than if things are just being done to you without you being actively involved. That's why it's so important that we work together to empower women to speak up about what matters to them and what makes a difference.

### **Why is it important for the College to engage with and listen to what women have to say?**

If doctors want to be good at their jobs, it's essential that they understand how their patients feel. It's not about making huge changes; you're not asking people to completely change what they do, it's often more about the way that they do it.



### **How do you think the College's Women's Voices Involvement Panel can help women across the UK?**

It enables women to say what they think and to make everyone in the Network – which is at the heart of the College's involvement work – aware of what's happening to women at a local level. I think it's vital that a broad range of women from across the UK are involved, and that it doesn't come from just a small group in London.

### **What is your vision for patient and public involvement at the RCOG?**

I think the College is already moving very fast. Things are really changing in the way women are involved in what happens, and I would like to see that grow. I want the College to be the gold standard of patient involvement and I think we're already heading in the right direction. It would be fantastic if we could be in a position where other areas of medicine looked to the College to see how best to do it. I also think the College is in a unique position to encourage and inspire its members to engage with patient and public involvement within their own trusts.

### **What are your priorities going forward?**

I'm not coming in with an agenda; I'm going to listen to what women have to say and to find out what is important to them. My priority is to make sure women's voices are heard and that women are represented throughout the College. I also want to continue supporting the great work that is ongoing. The Women's Network project to find out the health information needs of women around the menopause has been incredibly successful, and the College, alongside its partners, has a key role to play in fulfilling the need that was identified. Also, this year the Network is keen to help the College to better understand the maternal mental health landscape through learning about women's experiences of accessing services. This can help the College to support gaps in training and education for doctors in this area.

# THE FERTILITY SHOW

**London Olympia** 5 – 6 November 2016  
**Manchester Central** 25 – 26 March 2017

Sometimes  
nature needs  
a helping hand  
**Give yourself  
the best  
chance**

- 60 talks by top fertility experts
- 100 exhibitors
- Fertility clinics from the UK and abroad
- Advice for single women and same sex couples
- Fertility assessments and consultations
- Medical and complementary alternatives



Find out more at **fertilityshow.co.uk**  
London show tickets on sale August

Part of



In association with



The Fertility Show is organised and presented by River Street Live



# National Fertility Awareness Week



## Support the #HiddenFaces in National Fertility Awareness Week 31 October – 6 November 2016

This year it's time to reveal the true picture of fertility struggles, not the media stereotypes so often portrayed: the older career woman who's left it too late; the against-the-odds IVF success story or the woman who's apparently come to terms with childlessness easily.

During National Fertility Awareness Week 31 October – 6 November 2016, our #HiddenFaces campaign will seek to highlight the unseen, intimate and day-to-day reality of fertility issues, to overturn commonly-held misconceptions about fertility and to shine a spotlight on untold fertility stories. With this aim, we are focusing on the following five fertility topics:

- The myth of the middle-aged would-be-mum: fertility issues in your 20s and early 30s
- The truth about fertility treatment: IVF fails 75% of the time; what is it like to face multiple rounds of treatment?
- The hidden half: men are just as likely as women to suffer from fertility issues
- Facing up to childlessness: coming to terms with childlessness is too often portrayed as a straightforward process when the reality is far from that
- Life after successful IVF: the taboo of secondary infertility and can life as the parent of an IVF miracle ever be normal?

### Raising awareness – we need your help

We need your help in raising awareness of fertility's #HiddenFaces. Perhaps your circumstances tally with one of our five focus areas and you would like to be a Fertility Network UK media volunteer and share your story with the press (whatever you are comfortable with). If so, please email our media relations officer Catherine Hill: [media@fertilitynetworkuk.org](mailto:media@fertilitynetworkuk.org)

Perhaps you would like to feature in our #HiddenFaces poster campaign representing the real faces of fertility struggles? If so, please send a photo of yourself, or yourself and your partner to: [media@fertilitynetworkuk.org](mailto:media@fertilitynetworkuk.org)

Or perhaps you work professionally in one of these areas and are interested in holding webinars or podcasts or writing blogs during the week. If so, email campaign manager Kara Myhill at: [kara@fertilitynetworkuk.org](mailto:kara@fertilitynetworkuk.org)

### #fertilityin5 – tweet your support

In the month leading up to National Fertility Awareness

Week and during the week itself we will be asking everyone who can to join us in our social media campaign to show the intimate, physical, emotional, social and financial reality of what it's like to live with fertility issues. What is your day-to-day experience: whether that's struggling to conceive and carry a baby, the day-to-day reality of childlessness or experiencing success after years of struggles.

The idea is to tweet with the hashtag #fertilityin5 and say whatever you want. This could be five words focusing on how you feel: lonely, stressed, invaded, on hold. Or they could simply be that day's reality; my worst five ever were: I'm sorry there's no heartbeat. Whatever you say use the hashtags: #fertilityin5, #HiddenFaces and #NFAWUK

### Fertility Fridays: what will you do?

We are also launching five Fertility Fridays: starting in the month before National Fertility Awareness Week and culminating on Friday 4 November. Celebrating Fertility Fridays with work colleagues, friends, family or members of support groups is a great way to highlight fertility issues and hopefully raise some money.

Why not organise a Fertility Bake, Fertility Tea Party or Fertility Café? If you're more get up and go, why not hold a sponsored Fertility Cycle, Fertility Walk of Hope, or a Fertility Friday Dress Down at Work. What would work best for you and your team; fundraising doesn't have to take place on a Friday.

In Scotland with support from Nuffield Health, we are holding a static bike challenge – Fertility Cycle – on Wednesday 2 November at Glasgow Central Station between 8am & 4pm. Anyone can take part whether it's cycling for 10mins, half an hour or an hour.

### Why National Fertility Awareness Week?

Celebrating a national awareness week is vital in raising awareness of the huge emotional, physical and social impact that fertility issues wreak. The fertility journey often feels incredibly lonely: many people hide their distress and what they are going through from those around them.

Encouraging the public – individuals directly affected by fertility issues, their families, friends and work colleagues, as well as fertility professionals: clinicians, counsellors, alternative practitioners, therapists and other health practitioners to support the week hopefully helps those affected to feel less isolated and know they are not alone.

There are so many ways to get involved and it's up to you to choose the level of participation that works for you. But whatever you decide to do, please let us know by emailing: [kara@fertilitynetworkuk.org](mailto:kara@fertilitynetworkuk.org)

**Thank you  
- Together  
we are  
stronger!**



Natalie Gamble is founder of the UK's first specialist fertility law firm Natalie Gamble Associates

**In May, the President of the High Court Family Division made a formal declaration that UK surrogacy law was incompatible with the human rights of single parents and their children.**

This important fertility law case involved the British single father of a boy (Z) born through surrogacy and egg donation in the USA. The father, who had decided to start a family on his own, signed a formal surrogacy agreement with his surrogate in the USA, and this was ratified by a US court order shortly after Z's birth, confirming that he was the sole legal parent of his baby son. There was no dispute with the surrogate, and no question about whether he was a fit parent. The problems were purely legal, and they only arose when he brought Z home to the UK.

On this side of the Atlantic, UK law does not recognise surrogacy agreements and it ignores parentage orders made in international surrogacy cases. UK law therefore treated the surrogate as the child's mother, and the only person who could make decisions about Z's care in the UK. That was the case even though she was not the biological mother, not caring for the child and not a parent under her own system of law. And it left the father out in the cold, with no parental responsibility to enable him to manage his son's care in the UK.

The father applied for a parental order, which is the usual UK family court order which reassigns parentage to the intended parents after a child is born through surrogacy, and extinguishes the status and parental responsibility of the surrogate. The difficulty is that the law only allows couples to apply. It says that the applicants for a parental order must be a couple - married or unmarried, same-sex or opposite sex, but not single. The court ruled that it could not make a parental order because Z's father was a single parent. Z was therefore made a ward of court, so the court (delegating powers to the father) could make essential decisions about his care in the UK.

The father pursued his case, and asked the court to make a declaration that the law breached his human rights and needed to be changed. He said that the fact he could not obtain a parental order breached his and his child's right not to be discriminated against in an

# UK surrogacy law is incompatible with the human rights of single parents

area of private family life. The Secretary State for Health, who was defending the application, ultimately decided not to oppose the father's case, conceding that UK law breached his human rights and consenting to the court making a declaration of incompatibility.

Declarations of incompatibility under the Human Rights Act are very rare – UK law is assumed to uphold the rights set out in the European Convention on Human Rights – and there have only been 20 previous cases where the court has made a final declaration. In all but one, this has resulted in Parliament changing the law. At the time of writing, the law has not yet been changed. Only Parliament can do that and, although declarations of incompatibility made by the court almost always prompt swift action, we do not yet know what will happen next. However, just yesterday the Government told the House of Lords that they had accepted the judgment and were considering how best to implement changes, so law reform looks inevitable.

This is good news for children. Although some of the headlines around the case have focused on whether single parents should be allowed to conceive through surrogacy, this is not what the case was about. The simple truth in our modern global world is that single parents can and do conceive through surrogacy. It is also perfectly legal. UK law does not discriminate against single parents accessing fertility treatment, and it allows single parents to adopt children. The issue in this case was whether parents who have children born through surrogacy should be recognised as the legal parents of their own children. The answer to that surely must be obvious.

Z's father was not the first single parent to conceive a child through surrogacy. We have worked with many, and to date nearly all have ended up living in legal limbo, caring for their children in the UK under the radar, without full legal recognition as parents. This may have significant long term consequences for their children, who can lack basic rights of status, inheritance and nationality, or end up subject to legal complications at times of crisis such as illness or bereavement. Z's father bravely decided to put his head above the parapet to fight for the rights of all such families and to highlight the problems with the law. His efforts will make an enormous difference to the many other families like his.

The UK has a proud tradition of taking a progressive approach to assisted reproduction and non-traditional families, and the current surrogacy laws are a glaring anomaly which fail to uphold our most fundamental values of safeguarding children's welfare. The law needs to change so that Z, and dozens of other children born through surrogacy to single parents, can be rescued from legal limbo.



## In this edition, HFEA Chair Sally Cheshire celebrates the 25th anniversary of the HFEA by looking at the work of the organisation and how they intend to improve services for patients.

You may only have come across the HFEA briefly if you've been a patient or are considering starting treatment, but a small fee paid to us during each IVF cycle allows us to inspect and license the clinics treating you and ensure you receive a high quality, effective and safe service. This is an important year for us and everyone affected by assisted reproduction as, in August, the HFEA – and the regulation of fertility treatment and embryo research – will be 25 years old.

The UK pioneered fertility treatment and, since the birth of Louise Brown in 1978 and the passing of legislation to set up the HFEA, more than 5 million babies have been born worldwide as a result of IVF. The UK is respected globally for our unique framework of regulation, which carefully regulates patient services, stores information about every cycle carried out and provides useful information on all aspects of your treatment, but which also allows scientific and clinical innovation to improve success rates.

25 years ago, when the HFEA was formed, IVF was highly controversial and there were debates around unknown risks and whether it was ethical at all. Today, IVF is an established treatment and the fertility sector – providing medically sound treatment in an ethical setting – is thriving. This means many more people have had the chance to become parents but I know from personal experience the profound disappointment, loss of hope and helplessness that not conceiving brings, and the fact remains that more patients are still unsuccessful than go home with their much wanted child.

Our job is to make sure that the clinics we regulate offer you the highest quality of care that gives you the best chance of having a child, and that's why our mission is simple: high quality care for everyone affected by assisted reproduction. Our licensing and inspection regime is one key way of ensuring that clinics provide you with high quality care. The other way is through our patient information. We are launching a new website later this summer that will give you a much better understanding of the decisions you face and will help you through your own personal journey. We hope you can use the information we provide to help you become much better informed about your treatment choices, which, in turn, will encourage clinics to improve their service.

Our redesigned Choose a Fertility Clinic service will help you find the clinic that is right for you by giving you

a rounded picture of the quality of the service in each clinic. We're launching a new patient rating feature, which allows people who have had treatment in the last 12 months in a clinic to rate their service in terms of information, support, privacy and cost transparency.

The new website will have balanced information about treatment "add-ons". We know from talking to patients the real concerns you have about whether such add-ons are worth the money you are being charged, and in some cases if they even work at all. We feel it's our job to give people the information they need to make those assessments. We're in a position of trust, and we need to use that to help people wherever we can.

We know too that one of the top concerns for patients is around the cost of treatment so we will provide information for the first time on the new website about the range of costs across UK clinics. We don't have legal powers to set prices, as our remit is to focus on the quality of services offered, and the website won't list costs for each clinic, but it will give you information about the range of prices across UK clinics and allow you the chance to give feedback through the patient ratings feature about whether you paid what the clinic said you would. We know that access to treatment, costs and funding are some of the most frustrating issues patients face and our new strategy to 2020 will aim to tackle some of those issues head-on.

The new website will be in 'beta' phase over the summer, which means that you can see it and comment on it before it becomes the official HFEA website in the autumn. Look out for announcements about the beta website at: [www.hfea.gov.uk](http://www.hfea.gov.uk)

As a former patient, I feel privileged to be the HFEA's Chair and proud of all we've achieved in the last 25 years. I am determined to build upon the progress we have made during our first quarter century to make sure that patients continue to receive the safest, highest quality care and most effective treatments available and that we equip you with the right information to help you make the best choices you can.

**Sally  
Cheshire**





# Fertility News Round-up

*Fertility has been in the media spotlight on a regular basis in the last three months (Mar 15-May 16); with the headlines dominated by news about reductions in NHS fertility funding in England. If you are affected by any of these cuts, please email Fertility Network UK's media relations officer, Catherine Hill: [media@fertilitynetworkuk.org](mailto:media@fertilitynetworkuk.org)*

## South West England now a fertility black spot

Health bosses in Somerset ignored patient need and public demand and reduced the number of NHS-funded fertility cycles it offers from two to one. The decision was made despite a public consultation by Somerset's clinical commissioning group (CCG) showing that the majority of people consulted (57%) wanted three cycles of IVF to be funded.

Somerset CCG's decision means the South West of England is now one of the worst areas in England in terms of provision of NHS-funded fertility treatment. From the tip of Cornwall, through to Bristol, Dorset and now Somerset – these areas offer just one funded cycle of fertility treatment. Only Wiltshire and Gloucestershire offer 3 funded cycles.

Both the Independent and the BBC reported on the South West being an IVF black spot. FNUK media volunteer Kirsty said: 'It is desperately unfair that where you live determines the healthcare you receive – in no other health situation would anybody think that's okay.'

## HFEA fertility trends report

The Human Fertilisation and Embryology Authority issued its new fertility trends report. Welcoming the report, Susan Seenan, Fertility Network UK's chief executive said: 'It is heartening to see how many people are being helped by assisted reproductive techniques; in 2013, according to the latest HFEA data, just over 2% of all the babies born in the UK were conceived through IVF treatment. However, it is important to recognise that the majority of fertility treatment in the UK is paid for privately and is therefore only available to those who can afford it. The HFEA data shows just 41.3% of fertility treatment is funded by the NHS.'

What is also striking about this latest data is the new information on egg freezing which shows that despite the enormous media interest in this, uptake is still low with fewer than 150 cycles a year involving thawed eggs and success rates remain low. Of the nearly 700 eggs thawed from 2013, just 12 babies were born. If women are considering freezing their eggs in the hope of preserving their fertility, they need to be aware of this low success rate.'

**Don't be a victim of England's IVF postcode lottery – contact your MP today**



Fertility Network UK's new campaign encouraging patients to contact their MPs about cuts to NHS fertility funding in England was highlighted by the online magazine Netdoctor. Susan Seenan, Fertility Network UK's chief executive said: 'The more people that contact their MP, the better. It's the only thing that's going to make a difference. Until the clinical commissioning groups are told that they must no longer do this, they'll continue. It's not fair that people are being treated differently just because of where they live.'

In order to make contacting your MP as straightforward as possible for you, Fertility Network UK has prepared a draft letter/email to send which is available on our website at: [http://infertilitynetworkuk.com/nhs\\_funding\\_2](http://infertilitynetworkuk.com/nhs_funding_2) (about half way down the page).

If you are comfortable doing so, it is helpful to include details of your personal situation: how fertility struggles affect you physically, emotionally, financially and socially. Details of how to find your MPs contact details (address, email and twitter account) are also on our website.



## Proposed IVF cuts in Bedfordshire

Bedfordshire clinical commissioning group is holding a public consultation about cutting NHS-fertility services. Using figures provided by Fertility Network UK and Fertility Fairness, the Daily Mail and the BBC reported on how thousands of couples are being denied access to effective fertility treatments as the NHS tightens its belt, with just one in six health boards in England (17%) now providing the recommended three cycles of IVF to eligible couples.

Susan Seenan, Fertility Network UK's chief executive and co-chair of Fertility Fairness said: 'We are calling on the Government to act now – to make it clear that while clinical commissioning groups have to operate within their financial budgets and consider the needs of their local healthcare population, they should not be implementing blanket bans on services.' Fertility Network UK media volunteer Dawn braved the BBC breakfast sofa to highlight how her postcode has denied her access to fertility treatment and what that means for her and her husband.



# ff fertility fairness

## SUMMER Update

### Contact Us

If you are experiencing problems accessing NHS funding, have any questions relating to funding, or would like to help FF with its campaign, please email FF at: [info@fertilitynetworkuk.org](mailto:info@fertilitynetworkuk.org)

Following on from Fertility Fairness (FF) meetings with the Department of Health and NHS England, FF has continued to engage with the Public Health Minister to try and secure action to safeguard IVF services. In particular, FF has fed information to the Department of Health and the Minister about on-going trends in decommissioning across CCGs.

At a local level, we have continued to operate a 'rapid response mechanism' to local consultations about fertility services. In this capacity, FF has engaged with CCGs and local MPs to lobby against proposals to decrease IVF provision. Areas most recently affected include Bedfordshire, where we are actively involved in a campaign to try to save services there. If you live in this area, please contact FF to see how you can become involved in local campaigning efforts.

FF would like to encourage anyone who hears of a CCG running a public consultation on IVF to alert FF to this situation and also to write to their local CCG and MP themselves. Similarly, please let FF know if you are aware of a CCG that has reduced provision without public consultation. You can find more information about this process and template letters on our website: [www.fertilityfairness.co.uk](http://www.fertilityfairness.co.uk)

In addition to the above campaign work, we have intensified the activity that we are directing towards other national audiences. We have an active programme of engagement with MPs and Peers to seek to build pressure on Government to act to improve the situation. We met six new MPs in the past month alone. This will continue in the months ahead. These politicians have all been enthusiastic and supportive and several have already undertaken actions they committed to. They represent a range of political parties.

We are planning soon to meet the Human Fertilisation and Embryology Authority (HFEA) to discuss possible policy angles, making use of the regulator's extensive database. This will, in particular, help to advise work that we plan to do with respect to the hidden cost of multiple births that arise indirectly from a lack of State funding being available to treat infertility.

We are also conducting work to look at the effect of variations in the cost of providing IVF treatment on the NHS, as there is some anecdotal evidence that wide differences in cost are putting off local commissioners from buying treatments. We are supportive of the idea of there being some form of banding arrangement which will set upper limits on what a CCG can be

charged for treatments. We will involve ourselves in discussions on this going forward.

Finally, Ministers have in the past told us that they are much influenced by receiving both letters from couples seeking State-funded treatment for infertility and contact from MPs on behalf of constituents. It is hugely important that as many people as possible write to the Minister explaining their concern about the lack of funding for treatment and asking for action. Similar letters to MPs are vital too. Please think about doing this.

MPs can be contacted at the House of Commons, London SW1A 0AA and the Minister, Jane Ellison, MP at the Department of Health, Richmond House, London SW1A 2NS.

### Scotland

After the dissolution of the Scottish Parliament, FF worked with Fertility Network Scotland to secure a manifesto commitment from the SNP to consider increasing the available number of full cycles to three and to change the eligibility criteria so that where one partner has no biological child, they will be eligible for IVF. Following the election, Shona Robinson MSP, remains the Health Minister and FF will be lobbying hard to ensure that the manifesto commitments are taken forward.

### Wales

Due to the dissolution of the Welsh Assembly for the election until May, FF has been prevented from conducting too much political activity in Wales. However, FF has been preparing to re-launch a strong and proactive engagement programme following the reformation of the Assembly.

### Northern Ireland

Shortly before the dissolution of the Northern Ireland Assembly for the election, FF helped to support the reformation of the All Party Group on Infertility with an expanded membership. FF will be helping Fertility Network UK to organise an inaugural meeting of the All Party Group on Infertility imminently. Now that a new Minister for Health has been appointed, FF along with Fertility Network UK will endeavour to organise a meeting with representatives from Secondary Care at the Department of Health, Social Services and Public Safety.



England



Scotland



Wales



Northern Ireland

# Updates • from the Regions

## Update from England



**Hannah Tramaseur**  
England Co-ordinator

Tel: 01424 732405

hannah

@fertilitynetwork.org

I am very pleased to report that the monthly online support group is growing in popularity. I now have a circulation list of 40 and on average 12 attendees each month. Each month a different guest speaker talks about their area of expertise followed by a Q&A session where attendees can pick the brains of experts. In recent months we have covered 'Disclosing your treatment at work', 'Coping Strategies' and most recently 'Nutrition'.

Hayley Taylor, a senior fertility nurse and nutrition specialist, was May's guest speaker discussing nutrition and general wellbeing taking a holistic approach. Hayley's talk shed light on the misconceptions surrounding fertility and examined ways patients can improve their overall health when undergoing fertility treatment. Hayley's talk received excellent feedback from attendees:-

*"I found the nutrition talk really beneficial as I am in the process of trying to reduce my BMI for NHS funded IVF. It was great to find out a comprehensive list of good things to eat and why and what to avoid from an expert."* Anonymous

*"I thought the online session was really good. It provided me with a lot of information on how to maintain a balanced lifestyle in terms of nutrition from what I eat and also with the supplements I would take. It was very easy to join the session and the fact that I could join the session from the comfort of my own home also helped me get my husband involved. The online support groups are really good in disseminating information in a quick, reliable and stress free way."* Ridhi, London.

To join the mailing list for the online support group please just drop me an email.

The last few months has also seen a surge in support groups being set up across England, mainly peer groups facilitated by Fertility Network UK volunteers. Support groups are informal meetings where you get to meet others who truly understand, help reduce the feeling of isolation, share experiences, learn coping strategies and a good way to meet new friends in your area who are also on the same journey. Why not see if there is a group in your area by checking on the "Support" section of the website. If there isn't a group in your area then please do take advantage of the online support group or why not set up a peer led support group yourself? For more information just drop me an email or give me a call, I'd be delighted to hear from you.

## Update from Scotland

We have been really busy in Scotland since the turn of the year and have some fantastic news. As some of you may recall in July 2013 the Scottish Government implemented some of the recommendations from the National Infertility Group report which myself, Sheena Young and Susan Seenan had been members of to bring fairer and more equitable access to fertility treatment. This in itself made a difference to patients across Scotland combined with extra investment from the Scottish Government to lower all waiting times to 12 months or below.

The National Infertility Group was reconvened in 2015 to reassess two further pieces of criteria, firstly, moving from 2 full cycles to 3 full cycles where it was clinically effective and to allow couples where one partner had no biological child to access treatment. The group concluded its recommendations at the end of February 2016 and a report was sent to the Scottish Government. It was with great delight on Monday 13th June 2016 myself and Sheena attended a press release in Edinburgh where the Public Health Minister, Aileen Campbell made the announcement that the Scottish Government would accept both these key recommendations.

These changes will ensure Scotland continues to lead the way in the equitable and fair provision of fertility treatment. The full report can be found using the following link, with recommendations from pages 38-40: <http://www.gov.scot/Publications/2016/06/9960>

On Saturday 22nd October, we are planning to hold an event for everyone in Scotland with an interest in fertility at the Scottish Youth Theatre, Glasgow. There will be a large exhibition area, talks from the experts and alternative therapist taster sessions. Details of the event will follow so please check our Facebook/twitter feeds and the website for further updates and information.

During National Fertility Awareness week this year, 31st October – 6th November 2016, Fertility Network Scotland is holding a static bike challenge on Wednesday 2nd November at Glasgow Central Station between 8am-4pm to help raise awareness of fertility issues. Anyone can take part, have fun and help raise awareness whether it's cycling for 10mins, half an hour



**Gwenda Burns**  
Scotland Branch  
Co-ordinator

gwenda@

fertilitynetworkscotland  
.org

Tel: 01294 279162

Mob: 07825 827865





**Aileen Campbell,**  
**Public Health**  
**Minister with**  
**Gwenda**  
**Burns and**  
**Sheena**  
**Young.**

or an hour. You may not be directly affected, but the chances are someone you know is: perhaps a family member, friend or colleague. Now is your chance to support the #1in6 who need extra help to become parents.

If you would like to help, sign up for a slot or just be part of the day, please contact me.



**Cara**  
**Jackson**



**James**  
**Nevitt**



**Chris**  
**Skinner**



**Faye Barrot**

## Update from **Wales**



**Alice Matthews**  
**Wales Co-ordinator**  
alice  
@fertilityetworkuk.  
org  
Mob: 07563 734808



I am very happy to say that our first new peer support group in Wales is now up and running in Cardiff. The group meet once a month on a Wednesday evening in a private room in Chapter Arts centre and each time welcome new people affected by fertility issues. During our first few meetings, men and women have come together to share experiences, ask questions and offer mutual peer support.

During our last couple of meetings we were fortunate enough to welcome a highly experienced clinical embryologist and fertility counsellor who gave interesting and informative talks, lead supportive discussions and answered many questions that people had.

Building on this success we are now starting a second support group near Swansea. The group is informal, welcoming and offers the chance for those living in South West Wales to access support more easily.

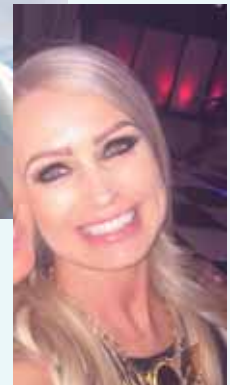
If you would like to come along to a future meeting in either group, to talk to others who are also struggling to conceive and have the opportunity to get some of your questions answered then please contact me on: 07563 734 808 or send an email to: [alice@fertilitynetworkuk.org](mailto:alice@fertilitynetworkuk.org) – I would be delighted to hear from you.



**Georgina**  
**Cox**



**Katherine**



**Victoria**  
**Apted**  
**Bagnall**

## Fundraising

Since March 2016 we have had a host of wonderful fundraisers who have undertaken many different events to raise funds for Infertility Network UK. We are grateful to each and every one of them for helping raise money for the charity and importantly helping to raise awareness of fertility issues.

- Richard Pope ran in the Ironbridge Half Marathon
- Kate Hookway ran in the 15km Rock Solid Race
- Katherine Pleace ran in the Berlin half marathon
- Faye Barrot walked the entire South West Coast Path
- Cara Jackson ran in The Shinfield 10k
- Georgina Cox ran in the Colour Obstacle Run
- Victoria Apted Bagnall ran in the Great Manchester Run
- James Nevitt rode in the 270 mile cross country Sarn Helen Trail
- The Association of Reproductive Reflexologists held a fundraiser
- Chris Skinner ran in the London Marathon
- Jackie Hawkins ran in the Longleat 10k
- Kate Brian did a 5k run

# Your dream to become parent is our driving force!

[www.embryolab.eu](http://www.embryolab.eu)

IVF treatment is not just about medical expertise; it is about caring for the individual, about spending time and effort in focusing on finding solutions for each one. It is about offering the greatest gift of life. **At Embryolab, we care!**

## Why Embryolab is your best choice?

- **90%** of our patients will have a **successful outcome** in less than 3 embryo transfers.
- **Significant increase** in pregnancy rate with our unique elective cryopreservation methods!
- **1 in 2 patients at risk of transmitting a genetic defect to their offspring will have a healthy baby with our innovative** PGD/PGS program.
- **7 out of** 10 men diagnosed with azoospermia succeed in finding and using their own sperm, thanks to the innovative application of micro-TESE.
- **7** coordinators with long experience in personalized care and attention provision to patients from **25** different countries from all over the world.
- **UK-trained** fertility specialists with special attention to their continuous education.
- **Significant increase** in pregnancy rate with the use of **Embryoscope** for optimized embryo selection.
- Special **in-house** psychological counseling, nutritional advisor and acupuncture fertility programs comprise the holistic fertility treatment.
- One of a few clinics with an **in-house** accredited Genetic Counselor.
- ISO 9001:2008 certified since 2007 and ISO 15189:2012 since 2015, European Registered by EBMG Genetic Counselor, Gold Partner of the Infertility Network UK.

## About Embryolab

Embryolab, with over 12 years of operation, is one of the most advanced fertility clinics in Europe with a team of top specialists in fertility treatment. We care for couples and single women who are experiencing fertility problems, offer a sound diagnosis and immediate treatment and ensure they soon achieve their goal.

Embryolab offers regular free private information sessions to couples in the UK.

Visit our website to find out the next dates and book your appointment:

**<http://embryolab.eu/en/coming-to-london/>**

## Our location in Greece

Embryolab is based in the City of Thessaloniki, a Roman city 2500 years of age. Thessaloniki was built by Alexander the great and named after his sister. It sits as a crossroad of civilizations that left their footprints through the ages. Thessaloniki's Ancient Greek, Roman and Byzantine heritage is mixed with the contemporary Greek, Turkish, Slav, Jewish and Armenian culture influences that are still alive in the city.

Thessaloniki is easily accessible from the UK via direct flights from Stansted airport (Ryanair) and Gatwick airport (Easyjet) as well as all other UK airport with short connecting flights via Athens, Munich, Frankfurt, Berlin, Amsterdam, Zurich or Istanbul.



173-175 Ethnikis Antistaseos  
551 34 Kalamaria, Thessaloniki, Greece

T: +30 2310 473000 (International line)  
T: +44 203 3222292 (UK)



# Allow us to support your clinic...

Fertility Network UK is committed to working closely with all clinics in the UK. As National Co-ordinator for England it is part of my role to be the main contact for clinics across England. Already part of our clinic outreach scheme and want to find out more about how we can help you support your patients? Please do get in touch. I can help you with anything from setting up a support group, visiting your clinic and giving a talk to your staff on the important work we do, to sending you out literature for your waiting rooms. By working together we show our joint commitment to patients helping them through the difficult journey that surrounds fertility issues.

I am new to this role within the charity and would love to hear from clinics on how best we can work together. If you are a clinic outreach member and would like to promote a free to attend event, then please pass on your

details and let us help promote this for you.

As a charity we value the support of members to our clinic outreach scheme and would love as many clinics as possible to sign up. If you have come across this magazine and we are not already working in partnership then please do get in touch to find out more.



**Hannah Tramaseur**  
National Co-ordinator  
Tel: 01424 732405  
hannah@fertilitynetworkuk.org



## Clinic Outreach Scheme Members

**All clinics who are members of the scheme are also listed on our website with links through to their individual website where appropriate**

### UK CLINICS

Aberdeen Fertility Centre

Bath Fertility Centre

Beacon CARE Fertility

Birmingham Women's Hospital

Bourn Hall Clinic, Cambridgeshire

Bourn Hall Clinic, Colchester

Bourn Hall Clinic, Norwich

Bristol Centre for Reproductive  
Medicine

Burton IVF

CARE Northampton

CARE Nottingham

CARE Sheffield

Centre for Reproductive Medicine  
& Fertility, Sheffield

Centre for Reproductive and  
Genetic Health, London

City Fertility

Complete Fertility Centre,  
Southampton

Concept Fertility

Create Health Clinic, LLP

CRM CARE, London

Edinburgh ACU

GCRM-Belfast Ltd

Glasgow ACS Unit, Nuffield  
Health

Glasgow Centre for Reproductive  
Medicine

Glasgow Royal Infirmary, ACU

Guy's & St Thomas' Hospital,  
London

Herts and Essex Fertility Centre

Homerton Fertility Unit

Hull IVF Unit

IVF Hammersmith, London

Leeds Centre for Reproductive  
Medicine

Leicester Fertility Centre

Liverpool Women's Hospital

Midland Fertility Services,  
Aldridge

Newlife Clinic, Epsom, Surrey

Ninewells Hospital, Dundee

Nuffield Health, Surrey

NURTURE, University of  
Nottingham

Origin Fertility Care,  
Northern Ireland

Oxford Fertility

Poundbury Fertility

Royal Hospitals, Regional Fertility  
Centre, Northern Ireland

The Agora Gynaecology & Fertility  
Centre, Brighton

The Bridge Centre

The Lister Fertility Clinic, London

The London Women's Clinic

Wessex Fertility, Southampton

WWL Hewitt Fertility Partnership

Zita West Clinic

### OVERSEAS CLINICS

Clinica Vistahermosa, Alicante,  
Spain

Newlife IVF Greece

# Corporate and Clinic Partnerships

## GOLD PARTNERS

**FERRING**

**PHARMACEUTICALS**

Ferring Pharmaceuticals are a leading company in the area of infertility treatment. By working in partnership with charities such as Fertility Network UK, we hope to help all those couples struggling to cope with infertility.



Eugin is the egg donor specialist, performing 10% of such procedures in Europe. Backed by 15 years' experience and a team of 275 fertility specialists, the clinic offers a free online diagnosis. It's been the first assisted reproduction centre in Europe to implement the systematic genetic screening of oocyte donors.



Embryolab is one of the most advanced fertility clinics in Europe. We care for couples and single women who are experiencing fertility problems, offer diagnosis and immediate treatment. Most of our clinical and lab staff were trained in prestigious UK hospitals and have extensive experience of working with international couples.

**MERCK**

Merck Serono is a leading biotechnology company in the field of infertility. We believe that it is vital that patients are educated about infertility; receive information on new developments, especially in times of changing political focus and are able to make informed choices about the treatment options available to them.



IVF Spain is a leading fertility clinic in Spain with some of the highest success rates. Your fertility journey can be a challenging, lonely and sometimes a distressing one –throughout your journey we are committed to reducing unnecessary stress by providing a consistent, high level of care, treatment and support.



Ferticentro is one of the leading fertility clinics in Portugal; it offers personalised and integrated care with treatment packages including transport. All of the major IVF services, techniques and technologies (IVF & ICSI, PGD, PGS, Embryoscope culture, egg & sperm donation programmes, egg banking, etc) are available without waiting lists.



CREATE Fertility, the charity's first UK flagship gold partner clinic, are pioneers of Natural and Mild IVF. Our fertility treatments work within a woman's natural cycle, without the need for long courses of stimulating drugs, and focus on the quality of eggs, not the quantity. We are proud of our excellent track record, which combines successful outcomes with an unparalleled safety record.



OvaScience is a global fertility company dedicated to improving treatment options for women. Each OvaScience treatment is based on the company's proprietary technology platform that leverages the breakthrough discovery of egg precursor cells. One such treatment, AUGMENTSM, is currently only available in a number of select countries excluding the UK.



Pharmasure is a pharmaceutical company that provides products and services to benefit couples seeking to have or add to their family. Our product portfolio includes specialised supplements; Inofolic – for PCOS ([www.inofolic.org.uk](http://www.inofolic.org.uk)) and Condensyl to prevent sperm DNA fragmentation by enabling the body's own antioxidant processes, thereby avoiding reductive stress.

The Corporate Partnership scheme brings together Fertility Network UK and businesses working in the field of infertility and beyond. The aim is to develop close, effective relationships and work together in our role in the provision of care, treatment and support of those suffering the effects of infertility. Our Partnership Scheme is based on stepped levels from Gold

Partnership, through Silver, Bronze, to Corporate Friend and Supporter of the charity. If you know of any company interested in helping infertility sufferers through working with us then please contact: Andrew Coutts – Business Development Manager. Mobile: 07794 372351. Email: [andrew@fertilitynetworkuk.org](mailto:andrew@fertilitynetworkuk.org)



Merck Serono Fertility Technologies represents an evolution of our fertility businesses and services expanding our range of solutions to cover the main aspects of assisted reproductive technologies, contributing to our goal of improving outcomes in fertility for the benefit of patients.



Access Fertility works with top UK clinics to provide IVF payment programmes and treatment plans. Our programmes will help you manage costs, improve your chances of success by committing to more than one cycle of IVF and give you the peace of mind that you have a plan in place.



The Fertility Show is backed by Fertility Network UK and has been created solely for people who need information and advice on fertility. The show is a safe and discreet environment in which to learn and listen to experts, with a speaker programme that offers unparalleled access to the best minds in fertility.



Vitabiotics Pregnacare is the UK's No1 pregnancy supplement brand, providing nutritional care from conception, throughout pregnancy and beyond. Pregnacare Conception is designed to support the nutritional requirements of women whilst trying to conceive, with comprehensive micronutrients including zinc, which has been scientifically proven to contribute to normal fertility and reproduction.



The Stork home conception kit is an option which can help you to optimise your chances of conceiving naturally. Based on the cervical cap insemination technique it is designed to help couples with common fertility difficulties by placing semen closer to the cervix for longer.

## CORPORATE FRIENDS



Casmed International has been producing high quality devices for use in all aspects of infertility treatment since 1984 and is now considered a world leader in this field.

We have worked closely with infertility centres to design and develop an increasing range of products that are relevant and of high quality.



Fertility Clinics Abroad can help find the best IVF clinic abroad to suit your needs. Our website has lots of facts and figures on clinics in Europe which enables patients to compare features and costs in order to make informed decisions about treatment.

We are grateful to all of our Corporate Partners for their commitment to patient care and our work.

# ***Working for fertility***

*Ferring is a pharmaceutical company working in the field of infertility treatment.*

*At Ferring, we believe that patient information and support are essential and offer a comprehensive range of services designed to help make treatment easier*

***A Guide to Managing Infertility:***

*To help patients understand their infertility treatment.*

***Patient Self Injection Kit:***

*To enable patients to manage their treatment easily at home.*

*For more information on these, or any other services from Ferring, please contact your clinic.*



**Ferring Pharmaceuticals Ltd**  
*Drayton Hall, Church Road, West Drayton, UB7 7PS*