

ISSUE #54 SUMMER 2018

# AFFINITY

THE MAGAZINE FROM FERTILITY NETWORK UK



Fertility clinic  
success rates

Discover  
Fertility Fest 2018

What's the real  
cost of IVF?

Join Fertility Network  
for a cuppa!

My IVF video diary

Strength in numbers:  
the first trying to  
conceive lunch

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**Address:**  
Fertility Network UK  
20 Egerton Drive  
Greenwich  
SE10 8JS

**Information:**  
[info@fertilitynetworkuk.org](mailto:info@fertilitynetworkuk.org)  
Tel: 01424 732361  
**Media Enquiries:**  
[media@fertilitynetworkuk.org](mailto:media@fertilitynetworkuk.org)  
Tel: 07469 660845



AILEEN FEENEY  
CEO



“

Hello and welcome to the spring edition of Affinity, Fertility Network's new-look magazine.

I'm Aileen Feeney - the new chief executive of Fertility Network, the UK's leading patient fertility charity. I am delighted to be joining the charity, especially in the year we celebrate the 40th birthday of the first IVF baby, Louise Brown.

We have a busy year ahead of us. As well as continuing to offer practical and emotional support, we are proud to be launching some exciting initiatives.

Highlights of the coming months include the launch of our fundraising campaign Fertili-Tea, designed to bring people together to enjoy a cup of tea, talk about fertility and raise much needed funds. We are also working with IVF Babble on the wonderful pineapple pin campaign. Are you wearing yours?

The charity is continuing its strong support of The Fertility Show, with the next event in London, in November, and working with the British Fertility Society on the Fertility Education Initiative to give young people the information they need to protect their future fertility.

2018 will also see us working with the Science Museum in London, on its summer exhibition celebrating 40 years of IVF. And we are supporting a number of scientific research projects to further enhance our understanding of the impact of infertility, and the best ways to support people facing fertility challenges.

We are also introducing a new series of webinars aimed at men and couples, in addition to our monthly online chats. Future topics include 'Infertility from a male perspective: how to understand what your partner may be experiencing and Infertility man to man.

We hope to see some of you at The Fertility Show in Manchester, please come and see us on stand C10.

We hope you like the new style and content in Affinity. We welcome any feedback you have; please send your comments and suggestions to [info@fertilitynetworkuk.org](mailto:info@fertilitynetworkuk.org).

Very best wishes ,

Aileen

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by Anya Sizer

# MAKING FRIENDS WITH YOUR FERTILITY

BOOK REVIEW

Reading Making Friends with Your Fertility by Sarah Rayner and fertility counsellor Tracey Sainsbury is like talking to a close friend who really has your best interest at heart, but better than that also has a whole load of experience and strategies to help you navigate your way through the fog.

I absolutely loved this book and would thoroughly recommend it to anyone facing fertility issues or anyone supporting people currently going through it. The structure of the book is neatly segmented into chapters spelling the acronym FERTILITY:

Facts about human fertility  
Egg meets sperm  
Readying yourself, self-care and lifestyle  
Time to get help  
IVF and other forms of assisted conception  
Loss, the emotional impact  
Involving others, your relationships  
Throwing in the towel, when to stop  
Finding your own way through

Covering such a range of issues it is comprehensive and accessible, informative and personal. Reading it on a Kindle was helpful as there are many embedded links to resources and additional help. The book begins with an overview of the basics of human fertility and, even as someone who has worked in the sector for over a decade, I found this section helpful and full of information. There then follows a useful chapter on conception: the basics of reproduction and a fantastic comprehensive section on readying yourself, self-care, and lifestyle.

This often controversial topic is dealt with incredibly pragmatically: 'We are not going to insist you follow a regime, not going to insist you stick to rigid diets. I'm inclined to think a little of what you fancy doesn't cause much harm.'

The criteria underpinning all of this being: if complementary therapy is improving how you feel physically and mentally and you can afford it, then continue as your well being is the most important thing of all. I found this central message which is repeated as the core of the book's ethos so helpful. This is especially true as fertility patients can so often be gauging therapies in terms of statistical success rates and outcome when the wider outcome is always self-care and nurture. This is something both authors are keen to stress and fits into the concept of making friends with, rather than berating, your fertility.

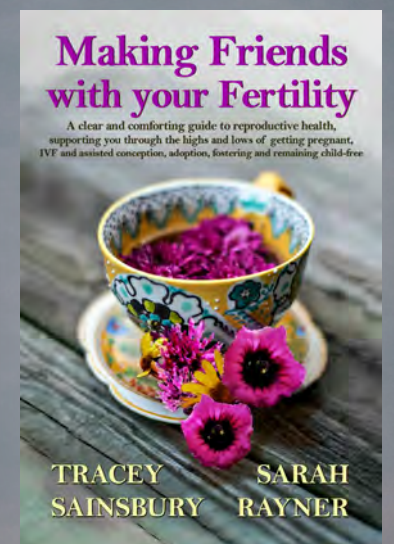
I also valued the insight into the highs and lows of treatment and how to navigate them, as Tracey describes it as process of going with the FLO (Fantasy, loss and ownership). Through FLO we see all the emotions clearly defined and crucially firmly accepted. Thus shock, anger, helplessness, bargaining and acceptance are all interconnected and valid expressions of an incredibly challenging life event. They are normal, to be expected and moved through at the individual's pace.

There is towards the end a very helpful chapter on when to end treatment. Tracey talks not of a 100 per cent solution to how to assess this, but rather a 51 per cent realisation that this decision is the better of the options for you. Therefore, there will be gains,

there will be loss, but one decision will be better.

This leads on to the last part of the book and one I think perfectly sums up the overall message that there is no one path in finding a family. There are ten case studies of different routes to family and defining what family even means. People who have conceived through donation, adoptive parents and those who have chosen to remain a family of two all have their voice as the final part of the book

This book is a wonderful tool to comfort, encourage and help provide a breathing space for all those in the middle of going through their own unique journey. I finished it with a sigh of relief that maybe actually my family, wonky as it is, might just be ok, and that the person next to me might just be also.



Available on [Amazon.co.uk](https://www.amazon.co.uk)





by Hannah Vaughan-Jones

# MY IVF VIDEO DIARY

*More than three thousand views and counting. That's just for the last episode of Our IVF Diary on YouTube! It is unbelievable how many people now have an in depth insight into our lives - the sky highs and the unbelievable lows.*

You might wonder why we were prepared to lay our IVF journey out so plainly for all and any to consume. I'll admit I was afraid that people would think us self-serving and publicity-seeking. But, overwhelmingly the response to each episode has been "thank you" and "you're so brave".

I'm not sure about the "brave" badge. The truth is that, as broadcasters, Lewis and I are both very comfortable with filming and being filmed. Yes, documenting a round of IVF is the ultimate exposure, but it also felt good to be brutally honest and to share the load. I wanted my friends and family to know - and I mean really know - how gruelling fertility treatment can be. It's also true to say that because we've done this so many times before, it didn't seem that big a deal to document each phase. In fact, it was quite fun to add something new to the stale old IVF cocktail mix.

Of the barrage of messages of love, support, intrigue and

gratitude we've had, there have also been many questions raised. Lewis made a point of adding "if you have any questions, contact Han @hvaughanjones or Lewis @lvaughanjones" to the end of each diary episode so you could argue that we were asking for it! Some people, intelligent people (even intelligent parents) were simply amazed by the process of embryo to implantation to pregnancy. If you've never been exposed to IVF before, it's easy to forget that unprotected sex doesn't automatically lead directly to a 12 week scan showing a growing foetus already resembling a human form. I guess it was educational for non-IVFers to learn about the medication, the whole sperm-meets-egg process, the concept of fresh or frozen embryos, and crucially the many hurdles along the way to actually getting an embryo worth its salt in the ominous grading system that clinics work towards.

Other questions were slightly more surreal, but necessary



*"How fortunate we are to now know that our existing friendships have been enhanced by the simple act of sharing the pain and being honest about a struggle. As we look to the future, it is an enormous privilege and comfort to know that we continue down this path with a whole new group of friends and support from the #ttc community."*

*Left: Hannah Vaughan-Jones and her husband, Lewis Vaughan-Jones.*

nonetheless. Such as... "Did you know it was going to work this time? Is that why you kept a video diary?" Goodness me, I wish!! Of course, we had no idea whether this round would be successful. When you've been through this as long as we have, you don't get particularly excited at any stage. Finding out you are pregnant initially stirs an emotional release of delirium, followed up (about ten minutes later) by the onset of panic about the pregnancy progressing normally. I understand the suspicion that perhaps we knew this time would be successful... but those suspicions soon stopped once our IVF Diary caught up with the real time reality that things were not going to plan.

That's the problem with IVF. It's not the miracle treatment many assume it to be. The stats are stacked against us all and the cost is shocking to those not previously exposed to it. Medical science is incredible and incomprehensible

at the same time. I'm sure plenty of patients spend their time unsure of whether to hug or slap their fertility consultant. He or she knows a lot, they probably know your insides intricately. But, do they have the magic baby dust that will be the secret ingredient you've been missing? No. In most cases they don't. They certainly don't know for sure, so most suggest trying a multitude of drugs and treatments to cover all bases.

The other obvious problem with fertility treatment such as IVF is that you find out very early on if you are pregnant, and then you have the week by week (hour by hour) stress of waiting for your next scan, crying over every little bleed, and panicking over every abdominal twinge. We promised from the outset to be honest about this round of treatment and I think we successfully documented the full rollercoaster in as honest a way as possible: follicle stimulation, egg

retrieval, transfer, two week wait, positive pregnancy result, human chorionic gonadotrophin (hCG) hormone levels being all over the place, multiple scans, possible ectopic pregnancy, yolk sac found, weak heartbeat seen, and finally a delayed miscarriage. Sounds horrendous, right? But, as many of you will know, it is in fact all very common.

I've said many times since we wrapped this round of treatment and signed off on our IVF Diary, that the process was cathartic. I have absolutely no regrets about documenting our treatment, even though we came out of it with yet another disappointment under our belt. Perhaps I'm naive or just numb to the trauma now. But honestly, I am feeling very positive going forward. With each round of treatment we have made progress. We have learned more about the particulars of our combined fertility. We have nurtured our own relationship and found humour in the heartache. That's not to

say we've belly-laughed about not being pregnant. But we both know that we will get there. We will have a family, and that little family we create will be wonderful.

However, it will not determine our ongoing love for each other or for our friends and family.

How fortunate we are to now know that our existing friendships have been enhanced by the simple act of sharing the pain and being honest about a struggle. As we look to the future, it is an enormous privilege and comfort to know that we continue down this path with a whole new group of friends and support from the #ttc (trying to conceive) community. Sharing is caring as they say! Hats off also to Fertility Network UK for bringing more and more of us together to break the stigma around infertility and give each other a leg up over the hurdles ahead.



## EMOTIONAL SUPPORT

*When most people think about successful treatment the first thing they think of is success rates – about babies being born and families created. That is, after all, the point of assisted reproduction. But as we know, a significant number of treatments fail, at least at the first attempt, so for a clinic "success" can also be measured by the way disappointed patients and partners are treated when things don't go as planned – it's about the support they are given to overcome that disappointment and make the best decisions for the next steps in their lives, whatever those steps may be.*

*So we'll be carrying out a project to identify those key aspects of a service that represents good emotional support for patients. We will be speaking with patients about their experiences and collaborating closely with a range of professional groups to identify good practice and ways of sharing and promoting it across the sector. If you'd like to find out more please contact [communications@hfea.gov.uk](mailto:communications@hfea.gov.uk).*





# #FERTILITYFELLAS WELCOMING OUR FIRST MALE MORE TO LIFE VOLUNTEER

*Jimmy Botha, 48, a minister in Dunfermline, is Fertility Network's first male volunteer. Jimmy and his wife Cedrene, who is also a Fertility Network volunteer, have been trying for a baby since 2000. After failed IVF attempts, they looked at adoption, however, at this moment they are taking time to reflect and allow themselves to heal. Here Jimmy talks about his fertility journey, volunteering, encouraging men to talk and why we should be more vocal about childlessness.*



**Ever thought about using your own experiences to help others?**

Volunteers make a huge difference to the work of the charity, enabling us to reach out to far more people. There are a variety of ways you can help: become a general volunteer, a media volunteer, a student ambassador volunteer, or a local or main contact, or run a local fertility group.

**For more info visit <http://fertilitynetworkuk.org/for-those-wanting-to-support-the-charity/volunteer/>**

## **1. Does your experience of infertility as a man differ from your wife's?**

No. Even though we know why we cannot have children... I feel it is both of us who are in this. For me, there is no difference between the two of us, as a pair, we are unable to have children... I think it can be very unhelpful for our marriage or for any relationship, if one of the couple carries a feeling of guilt for the rest of their life.

## **2. Have you felt supported in your fertility struggles?**

Not really. We have been there for each other, and together we try to make sense of some of the pain we have. Most people we see in our everyday life mean well, but they don't always know how to express that support. Oftentimes words of support may come across as patronising.

## **3. What has been the best source of support for you?**

I recently completed a Masters dissertation about the effect of infertility in my workplace as a church pastor. This research gave me plenty to read, and I discovered many resources. We have some close friends (with children), who understand our situation very well, and together with these friends, we have wonderful family times together.

## **4. What have been the hardest things for you in terms of fertility issues?**

In my work, I have much interaction with families and children. There are always birthday parties and other child-related situations, and at times after such events, I find myself

thinking about what could have been.

I also find it very hard when things get to my wife, and I know there is absolutely nothing I can do to help her. We both know, at times like this, you have to wait it out.

## **5. What would you like to see change?**

We know nothing for us can change; we have also passed an age where we believe anything is possible. I would like to see infertility talked about more openly. All you ever hear 25 to 40 year olds talk about is their children. No one ever talks about the lack of children. And when you cannot be part of the children conversation, you are usually on the side-lines in a gathering or party.

## **6. What prompted you to volunteer for the charity?**

I work as a church pastor and I deal with people on a daily basis; I am aware of many problems people have in their daily lives. Infertility is just one of those. But I know that if infertility has such an effect on me, and I know that most people have some kind of issue to deal with, I feel I must be able to help where I can. I know that my own experience helps me to have a certain amount of empathy.

## **7. Is it surprising to learn that you are the charity's first male volunteer? Why?**

It was a small surprise, but when I started thinking about it, the surprise disappears. I think it is extremely difficult for men to talk about these things. I think it will be even more difficult if the man is

responsible for the lack of success. Men have difficulty expressing themselves, certainly when it comes to feelings and emotions. For men, when there is a problem, we like to fix it. Infertility doesn't come as a machine that can be fixed with tools. And perhaps that is why men don't speak up; they find it hard to see a way of fixing their problem.

## **8. What would you say to any other men facing fertility issues or thinking about volunteering?**

If you think of volunteering, get used to talking about your situation, even if it is just with your wife. The more you can converse about what is happening, the easier it becomes to express yourself. Sometimes when we have a problem we don't understand, we become frustrated and find the fix in an expression or outburst.

If you become able to converse about this unseen problem without the desire to say some loud words to yourself or anybody else, then you are in a position to have conversations elsewhere. One can only help others, if you feel ok with your own situation currently.

## **9. How does your role as a minister inform your volunteer work?**

I think it plays a big role. I am in situations with families all the time. I had to work out a way over the last 6 or 8 years to deal with situations that might be difficult for me. I think I have gained sensitivity, because of the way people deal with us, and because of the way we have to deal with people, in church and outside of it. Of course it also helps to have training in counselling and doing that on a fairly regular basis.





# CONTINUING OUR SUPPORT IN NORTHERN IRELAND

*After 13 dedicated years working for Fertility Network in Northern Ireland, Sharon Davidson, Northern Ireland coordinator, has decided to move on in a different career direction.*

After 13 years working for Fertility Network in Northern Ireland, Sharon Davidson, Northern Ireland coordinator, has decided to move on in a different career direction. Sharon has really enjoyed working for the charity and will miss the committed staff, who she describes as caring, supportive and really focussed on the needs of those suffering from infertility, and the many friends she made during this time.

Having moved from a volunteer for 4 years to a staff member, Sharon would encourage everyone reading this to consider volunteering for the charity. In Northern Ireland, help is needed to run the evening support groups and to campaign for positive changes to NHS fertility treatment. Campaigning does work, albeit slowly, as when Sharon joined as a volunteer there was no NHS IVF treatment. However, as a campaigner Sharon made her voice heard time and time again until one NHS IVF treatment cycle then one fresh and one frozen treatment cycle were introduced.

Fertility Network was listened to when couples had to endure the pain of walking through the maternity hospital entrance to reach the Regional Fertility Centre (RFC). A new "RFC" entrance was introduced making the initial visit to the NHS fertility clinic a lot less emotive. Sharon says she is one of the

lucky ones to have two wonderful children, one after 6 attempts of fertility treatment and one through overseas adoption. Sharon shared her journey with so many over the years, describing it as a very stressful and life changing route to parenthood which made her much more resilient. Sharon would advise others still trying to use the services of the charity, both local and through our Head Office team, to consider attending for counselling, to try to keep positive and destress and most importantly to keep talking to each other and others in the same situation.

For Northern Ireland the campaigning challenges continue and thanks to the help of some great volunteers, the recent decision to postpone the NHS IVF service in the region for a period of five months has been reversed.

We are pleased to announce the new Northern Ireland Coordinator is Hilary Knight, who has worked alongside Sharon for nearly 3 years and brings a wealth of experience to the position – Hilary will continue to provide much needed practical and emotional support and understanding to the one in six couples in Northern Ireland who need us! Sharon says a heartfelt good bye and wishes everyone luck with their future fertility journey.



Sharon Davidson

A background image of a tea set with various cups and saucers, some with floral patterns and gold trim, arranged on a surface.

LAUNCHING...

**FERTILI**Tea  
MAKE TEA AND MAKE A DIFFERENCE

**JOIN FERTILITY  
NETWORK  
FOR A CUPPA!**

What are two of the things we all want to see happen? The 3.5 million people dealing with fertility issues in the UK feeling able to talk openly about fertility and each and everyone one of them having access to the support they need from Fertility Network.

What better way to do this then to create a new fundraiser that will help enable both of those aims. Something that everyone can take part in. Will you be one of the first to host a Fertility-Tea? Get some friends and family together, talk about fertility, what it is, what it feels like – shout it from the rooftops! Help us shatter the stigma that surrounds it and raise much needed money for Fertility Network so that we can help as many people as possible.

This is brand new so we really do need your help. Start planning your Fertility-Tea today. Find out more at [www.fertilitynetworkuk.org/fertilitea](http://www.fertilitynetworkuk.org/fertilitea).



# STUFFED!

*A new play, "STUFFED", centred around the issue of fertility opened in London in March. We spoke to one of the playwrights, Lucy Joy Russell, to see what inspired her and how she hopes the play will share the experience of IVF with a new audience.*

## Why did you decide to write a comedy about IVF?

The world is very much designed around people having children, raising them and in turn being looked after by them in their old age. As we know, many struggle to have children and turn to assisted methods of conception. Yet, for a variety of reasons, we often don't share our experiences with family and friends. They likely know nothing of the journey itself and can be unsure how to ask. We hope that by showing that there is a funny side, as well as a challenging one, we can introduce people to the world of IVF and open up the conversation more broadly. Not just of IVF itself, but also of futures without children.

## Can you give some examples?

When my partner and I went through IVF there were so many funny moments. A lot of them stemmed from the IVF process itself which really couldn't be further away from sexy or intimate if it tried. Some of the physical positions we found ourselves in were inelegant, to say the least. We also came across a stream of professionals each with different quirks and viewpoints, like the chirpy embryologist who appeared like a jack in the box from hatch doors directly in front of my crotch, the consultant who stormed out on us - wearing a hairnet - and the nurse who was doing a straw poll

to find out if all women went to the toilet straight after sex.

We also found ourselves having ridiculous conversations with family, friends and health professionals as we all tried to strike the right tone. Talking in seemingly endless circles in our desperate search for answers. Sometimes what we needed, more than anything, was to release the pressure and connect with each other. Laughter really helped us do that.

## Why can't you and your partner conceive?

Our infertility is still officially 'unexplained'. We went through all the tests - hycosy, hormones, ovarian reserve, full blood work-up and vitamin levels for us both, sperm sample - and everything looks fine. We have tried IUI 3 times, IVF 4 times and, while we've never had enough top graded embryos to freeze any, we have twice transferred top graded blastocysts (and once a mid-grade blastocyst and once a 4-day embryo) with no success.

I have been found to have slightly high natural killer cells and my husband and I have what amounts to a 100% HLA DQ alpha match (an aloimmune implantation dysfunction), which may be a possible explanation and could be the basis for a long discussion in itself.

## How have you coped with your infertility?

Latest estimates suggest that more than a fifth of us will never have children. And many people with and without children do not fit within the conventional 'family' model. I would have loved to have had my own child or children, but I wasn't able to. I have made my peace with that. It is increasingly comforting to know I am not alone though. Often when you are going through these procedures it can feel lonely, but I found the more you share with people the more you realise how many other people are going through similar things. That's why groups like the Fertility Network are so important.

What I still find difficult is avoiding being defined by my childlessness. At times I give up reassuring others it's all right or trying to prove I'm OK. And I have learnt to appreciate well-meaning offers, often from relative strangers, of prayer, or comments that it's not too late, or examples of people they know - like their friend who got pregnant when she was 50 after being stung by bees! Sometimes I think menopause may come as a relief!

## What advice would you give anyone about to go through IVF?

One, don't put your life on hold for the hope of a baby that might never come. You deserve a rich and fulfilling life no matter what happens. Two, if you are going into

it with someone else then it's your love for each other that has led you to give it a go in the first place. Remember they love you. Successful IVF or not, that love has the chance to get stronger and stronger. Three, if you want to cry, don't forget to laugh. Humour is a way of building human connections not only between each other but with everyone you meet on the journey.

At the end of the day IVF is a scientific process but at its heart it's entirely human. Allow yourself to connect with each other and other people along the way. I had some of my most frank and life affirming conversations with groups of women whilst we were all being injected with chicken egg solution in the hope it might help us get pregnant! It's also amazing the number of personal anecdotes professionals share in good humour about their own lives. IVF, like the rest of life, can be tragic, heart-warming and ridiculous - sometimes all at the same time.

## Is there anything you'd have done differently?

One thing I wish I had done is talk more about the process with my friends and family, as I was going through it. I think I was caught between thinking that I didn't have the energy to explain, being unsure of their opinion on IVF (two friends had previously told me that even if they had been unable to have their children they would never have done IVF as it's 'wrong'), that we

might all feel awkward about it or that I might get over-emotional. I am hoping projects like this play might help make those conversations easier for those going through fertility processes in the future, as I really do think this is an overlooked area that has real healing potential

## What about adoption, donation or fostering?

People need to do what's right for them. One of the advantages, if you can call it that, of fertility issues is that your approach to children has to be more planned. Every couple needs to decide what they want and what they are comfortable doing. I have nothing but admiration for those who feel able to take care of the many children in the world who need and deserve love. But we wanted a child that was ours, equal parts of both of us. Some people might say that's a crazy choice given the circumstances, but each person has to make their own, very personal, decisions.

## What are you going to do instead?

During my unsuccessful baby making years, I changed my career from Advertising to Occupational Therapy so at the moment a lot of my energy is focused on my development as a health professional and forging a career path that interests and motivates me, while

hopefully helping others along the way. I also plan to write more plays and already have lots of ideas. Apart from that, I want to concentrate on being the best wife, daughter, sister, aunt, friend, colleague I can be. Oh, and I've been tap dancing for 5 years now and I have a big performance coming up!

## Final thought?

Remember a baby would be amazing if that's what you want in life. But never forget that a life without children can and should be just as rewarding a journey.

More information is available at [www.brockleyjack.co.uk/portfolio/stuffed/](http://www.brockleyjack.co.uk/portfolio/stuffed/)







by Kate Jonson

# FERTILITY CLINIC SUCCESS RATES

*I read recently about a fertility clinic overseas which claims an IVF success rate of more than 90% per IVF cycle started, including frozen embryo transfer. If you're looking for a fertility clinic, it would sound an incredibly attractive prospect, especially if you're going to struggle to pay for IVF. Not only is the treatment cheaper, it also appears to be far more successful. But is it? Does any clinic really have a success rate of more than 90%?*

(This article originally appeared on Fertility Matters  
[www.fertilitymatters.org.uk](http://www.fertilitymatters.org.uk))

One of the main reasons for the apparent differences between outcomes at clinics here in the UK and the rates some overseas clinics claim is the way that the figures are presented. In the UK, the Human Fertilisation and Embryology Authority (HFEA) collects data on cycles at every licensed clinic, and you can check the validated IVF outcomes on the HFEA website. These are accurate figures for live births over a set period of time.

Our regulatory system here in the UK is unique and you won't find independent bodies producing figures in this way for any overseas clinic you may be considering, but will instead be relying on the accuracy of what you come across on individual clinic websites. The first thing you need to be aware of is that some of the apparently amazing rates will be for pregnancies rather than live births. If you look carefully, it may say somewhere that the figure given is a pregnancy rate, and a clinic may count success as an early scan which shows a heartbeat or may include every positive pregnancy test in their results.

As we know that one in four pregnancies ends in miscarriage, it is not surprising that clinics using pregnancy rates to indicate success will always have higher rates than those using live birth. This means that clinics with exactly the same outcomes could appear to have different success rates depending on which figures they use, with a clinic counting every positive

test result appearing much more successful than another using live birth rates. Some UK clinics use pregnancy rates on their websites too, but you can always check the HFEA website for the most recent live birth rate from any UK clinic which doesn't give them on their own website.

The figures you get from the HFEA will also show you the outcomes for women of different ages. Birth rates after IVF in the UK range from 2% to 33% depending on the woman's age. We know that IVF is more likely to have a positive outcome if you are younger, and that women over 40 using their own eggs have lower success rates. If you are treating lots of women who fall into the older age bracket, your overall success rate will inevitably be lower, but it is not always clear what the age breakdown is for headline figures given by some overseas clinics. If the figures are primarily for a younger age group, outcomes will inevitably appear better.

The HFEA figures show you outcomes over a set period – a specific year, or a three-year period. If you are running a clinic elsewhere and happen to have a month where lots of women get pregnant, followed by a month where no one does, what's stopping you from using your good month as your "success rate"?

The clinics rarely give a period of time for these figures, but when they do, they are usually picking a

good period. I've seen one which gives data for a particular week in a specific year where success rates were very high. So a success rate may be for a short period, for younger women and it may be pregnancy rather than live birth – and all of these things can make a huge difference. What's more, sometimes the figures are simply wrong. I've read claims for success rates which are so extraordinary that they are really very unlikely to be right, particularly for older women using their own eggs. The truth is that IVF is less successful as we get older, and miscarriage presents a greater risk.

Many overseas clinics offer very good fertility services, but if you are thinking about treatment abroad do be careful about hyped figures and unrealistic claims about outcomes. Know what is likely and what is possible, and be wary of clinic websites claiming successes which are totally out of kilter with anything you've ever seen elsewhere as this may suggest a clinic which is prepared to be somewhat economical with the truth.





# OUR STORY: RUSSELL DAVIS

*I went on a mission to improve my fertility doing the usual things such as acupuncture, lifestyle, diet, keeping my phone out of my pocket and baggy pants!*

We experienced infertility from most perspectives: female, male, unexplained and secondary! However, I am very thankful for the things I learned about myself, my mind and relationships on our journey. If we knew then what we know now, it would not have been a 10-year journey. I want to share some of what I learnt here.

We knew we may not be able to have children. My wife was diagnosed with fertility problems as a teenager. We thought we were okay with this as we had many children in our life. Little did we know that this was a protection mechanism to prevent us from feeling the pain of infertility, until it hit us.

My wife decided to find a holistic way of treating her condition. She never believed she'd get a healthy cycle however after a number of years this happened. There was now no reason why we couldn't get pregnant. But nothing was happening. We knew something else must be up. It never crossed our mind that I'd have fertility problems as well.

When I got my results they were disastrous! It felt like a kick in the teeth. It was like running a marathon only to get to the end and be told we haven't finished we've got to do it all again, although this time it's going to be much harder.

I went on a mission to improve my fertility doing the usual things such as acupuncture, lifestyle, diet,

keeping my phone out of my pocket and baggy pants! After all that the results got slightly worse.

I gave up. There was nothing I could do to improve my fertility, we were in the hands of the clinic planning ICSI.

This sent me into a psychological tailspin. I truly believed we would be happier if we had children. Now it may never happen. I realised all my life I'd had the belief 'I'll be happy when'. I'll be happy when I pleased my mum. I'll be happy when I get my degree. I'll be happy when I get married. Now it was I'll be happy when we have children.

This triggered a personal journey that led me to a place of peace, of knowing I was fully okay for who I was. I began to believe that I could create a life that inspired me whether it involved children or not. I still hoped it did, but I no longer needed it to. We still continued our fertility journey making arrangements to have ICSI but with a greater sense of peace and well-being.

Three months later we were pregnant naturally. A one in a billion chance of it happening naturally we were told. I was so intrigued I did another test. My fertility had improved dramatically without me even trying!

Looking back I can see how my mind affected my fertility. My fear of us not having a baby undermined all the good stuff I was doing to improve my fertility. When I found a

place of peace not only did my life begin to flow again my body found its flow again too. My clients see the same thing. I help them remove psychological blocks to getting pregnant so their life and their body can flow again.

## The Power of Our Mind

I began to explore the power of the mind further which led me to change career. There is lots of research showing how our thinking affects our body. For better or for worse.

Harvard University's Professor Ellen Langer spent decades studying the mind-body link. Her Counter Clockwise study had a group of elderly men live in a house set up in decor and contents from 30 years prior for two weeks. They reminisced about the old times as they immersed in the past. The change in them was dramatic. Some went in hobbling on sticks but came out playing touch rugby.

As well as removing beliefs that can be negatively impacting our body we can actively harness the mind-body link. A study<sup>2</sup> had volunteers visualise finger strengthening exercises regularly and they achieved a 35% muscle strength increase without lifting a finger!

Reproduction requires a finely balanced cocktail of hormones at each stage of the process. The pituitary gland in the brain controls the level of stress hormones as well as fertility hormones.

Our personal experience and the experience of my clients reinforces my belief that too many couples go through fertility treatment unnecessarily and the success rate of treatment is unnecessarily low because the psychological aspects are not treated.

## Our Mind & Our Relationship

Eight years into our fertility journey my wife said she didn't feel united. This shocked me. I went to appointments, we talked about things, why did she feel alone? She told me that she knew what I thought but had no idea how I felt.

This was the catalyst for me to begin to understand more fully what my wife (and I believe women as a whole) needs to feel more loved and united.

I began to accept I had a habit of not showing my emotions. It wasn't deliberate but it was impacting our relationship and if I was honest had been for some time. It was an unconscious protection mechanism to stop me getting hurt (from childhood stuff) wrapped in the message 'boys don't cry'. To me it was a weakness.

I also thought I had to be the 'strong one'. I didn't want to burden my wife. I now know that women want to feel connected emotionally. Not only do they want to be seen, felt and heard they want to fully feel their man. That's the glue in the relationship.

Who I felt as a man with infertility was also shaped by my thinking. I

felt ashamed I couldn't give my wife the one thing she most wanted in the whole world. I started to be self-conscious about what others may think of me if they knew. I learnt my thinking was creating my experience, not the circumstances. I was telling myself I'm okay if I can please my wife. I'm okay if others don't judge me. etc. I didn't believe I was OK for who I was regardless of anything.

I wouldn't wish a 10-year fertility journey on anyone but I am very thankful for what I learned about myself and relationships which has not only enabled us to have our son but has enabled me to be more content, and I believe a better father. Out of our deepest pain can come our greatest gifts. That is my wish for you.

## Profile

Russell Davis is a fertility coach and cognitive hypnotherapist, writer and speaker. Russell removes psychological blocks to getting pregnant.

Russell's personal experience echoes his belief that too many couples go through fertility treatment unnecessarily and that the success

rate of treatment is unnecessarily low. Whether natural or assisted conception, Russell has helped hundreds of couples all over the world move from despair to hope to success.

Russell, the Fertility Specialist Advisor to The National Council of Hypnotherapy, founded The Fertile Mind fertility mind-body programs and coaching based on he and his wife's 10-year double infertility journey which resulted in the natural conception of their son. Find out more about Russell and his work at [www.thefertilemind.net](http://www.thefertilemind.net).





# FERTILITY FEST 2018

*Fertility Fest is the world's first arts festival dedicated to fertility, infertility, modern families and the science of making babies, led by experienced arts producers and former IVF patients Jessica Hepburn and Gabby Vautier alongside a steering group of the UK's top fertility and arts experts including Fertility Network UK's very own Anya Sizer.*

*Fertility Fest will be back for its second edition at the Bush Theatre in London, (8th – 13th May). Tickets are now on sale*

[www.fertilityfest.com](http://www.fertilityfest.com)



In 2018 Fertility Fest will be back for its second edition at the Bush Theatre in London (8th – 13th May). Tickets are now on sale. Over 150 world class artists and fertility experts will share the stage in a unique programme of events, entertainment, discussion, debate, support and solidarity about making (and sometimes not making) babies today.

Jessica and Gabby present two very different outcomes of fertility treatment. Gabby is the mother of three year old IVF twin girls after going through four rounds of IVF. And Jessica went through eleven rounds of unsuccessful treatment which she wrote about in her first book, *The Pursuit of Motherhood*, and will be explored further in her new book, *21 Miles: Swimming in search of the meaning of motherhood*, which will be published to coincide with Fertility Fest in May. Gabby and Jessica hope that by bringing the arts and science together, the festival will improve the understanding of the emotional journey of people who struggle to conceive and ensure that the fertility profession

is delivering better patient care for everyone whatever their fertility story, however it ends.

One of the strands of the festival this year will explore how it feels to have to turn to IVF to create your family. In the session entitled 'The Doctor In The Bedroom' Izzy Judd - wife of McFly's Harry Judd and author of the bestselling memoir *Dare to Dream* - will be sharing what's it like when you struggle to conceive and your fairy tale life starts to fall apart. And photographer Sophie Ingleby, will be talking about her moving project, *SEED*, which documents the journey of the fertility patient. They will be joined on stage by two of the UK's leading fertility consultants Dr Jane Stewart (Newcastle Fertility Centre) and Dr James Nicopoullos (Lister Fertility Clinic) who will be disclosing how it feels to be that doctor in the bedroom!

The festival will also be exploring the often overlooked male experience of infertility including a screening of *The Crossing*, written and directed by Jack King which tells the fictional story of Terry

whose relationship breaks down as a result of infertility; and also Thomas Webb's new documentary film *The Easy Bit* which explores the real-life experiences of men who are struggling to conceive.

There will also be sessions dedicated to coping with unsuccessful treatment. In 'When ART doesn't work', poet Julia Copus will be performing *Ghost Lines* her poetry cycle which was shortlisted for the Ted Hughes Award; and film-maker Katie Barlow will be sharing excerpts from her ongoing documentary film-project *Without Child*. In a session on pregnancy loss – 'The M Word: Miscarriage not Motherhood' - award-winning visual artists Foz Foster and Tabitha Moses will explore their experiences with Professor Lesley Regan, President of the Royal College of Obstetricians and Gynaecologists and one of the world's leading voices on miscarriage. And on Wednesday 9th May, there will be a special event held in association with Fertility Network UK entitled 'There's More To Life Than Having Children' hosted and chaired by Fertility Network's Catherine Strawbridge.



There will also be a strand of discussion about parenting after IVF because for some the experience never goes away. In 'No Longer Extraordinary' Anna Furse, award-winning theatre director and her daughter Nina will be talking about their project To The Moon And Back - a daughter born from IVF and her mother in reflective dialogue. And Gareth Farr - playwright and dad to IVF twins - and Matthew Dunster - theatre director and dad to IVF triplets - will be showcasing the development of a new piece which explores what it means to be part of the IVF generation. They will be joined by Dr Sophie Zadeh from the University of Cambridge's Centre for Family Research which is dedicated to investigating parent child relationships which have resulted from assisted conception. During the week of the festival there will also be a Parent and Baby club with a difference (only IVF babies allowed!) which will feature Saskia Boujo, creative

force behind the 'IVF and Proud' merchandise brand; and Helen Davies author of More Love To Give, her story of secondary infertility. The festival will also explore some of the bigger societal topics around fertility and infertility including 'What Comes First The Career or the Egg?' 'Race, Religion and Reproduction' and 'The Queer Family.'

In parallel to the festival, Jessica and Gabby are also launching a ground-breaking fertility arts education project for young people in schools involving a selection of Fertility Fest artists. The project - entitled Modern Families - is part of the British Fertility Society's Fertility Education Initiative and being delivered in collaboration with University College London's Institute for Women's Health and Cardiff University's School of Psychology. It is driven by Gabby and Jessica's passion to ensure that young people receive a more rounded and robust understanding

of human fertility so they have the best chance of creating the families they want - with or without children, and with or without reproductive science. The project hopes to influence the Government's current consultation into the personal, social and health education curriculum following the compulsory introduction of relationship and sex education in schools.

It is Gabby and Jessica's hope, that through their work they will bring together people, whatever their fertility story. Fertility Fest is for patients thinking about, in the middle of, or beyond fertility treatment. It's for fertility professionals. And it's for people who are just plain curious about the subject. It's for adults who are living with or without children. And it's for young people who hold the future of the human race in their hands. They invite you to come along this May.

# FERTILITY NETWORK AT FRESHERS!

*Once again, we can report that Freshers was a roaring success and boy did we have some fun along the way as you can see!*

With Freshers' fairs being one of the most important events in the student calendar, it is vital that there a plethora of information and advice available to students on the day.

Fresher's is the perfect platform for us to deliver our education programme. It allows us to deliver some key messages and create awareness around possible factors that could potentially affect students' future fertility. It importantly allows us to demonstrate how a few simple lifestyle changes today could help them in the future if, and when, they decide to start a family.

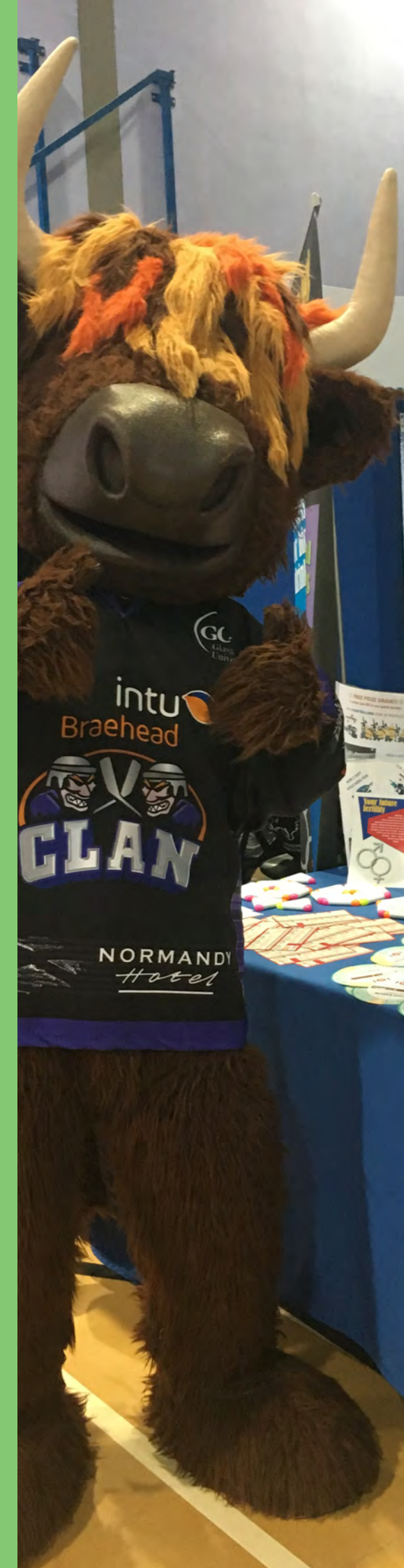
Disseminating Fertility Network's message and advice in the correct way to the students we meet is key and by offering some fun and interactive tools whilst doing this has proven to be a hit. Although we aim to have as much fun as possible with our interactive games and our easy to read colourful leaflet we hope that the students we speak to enjoy and understand what they have learned but more importantly can take the information on board and make any lifestyle changes they feel needed in order to have a happier, healthier future.

We visited colleges and universities throughout Scotland during the freshers period from as north as Aberdeen and Inverness

to as far south as Dumfries and each year we manage to increase our reach. Our stand proved really popular with student engagement being meaningful and positive. Fresher events have proved to be a great success resulting in further opportunities for the project such as Fertility Network Scotland being invited to attend care leavers events.

The education programme message is delivered with free gifts, a prize draw and interactive games all on offer. Huge thanks to The Climbing Academy in Glasgow, Dark Dundee Walking Tours, Delta Force Paintballing, Inveraray Jail & County Court and Flip Out Trampolining in Glasgow for their generous donations of exciting prizes for this draw.

Thank you to all personnel in the Student Associations for all their hard work in organising these worthwhile, vibrant events.



*Clockwise from left: Fertility Fest' The Exhibition' - Gina Glover, 'Embryo Cell Division Blossom'; performance of 'Reproduction'; Gabs and Jess Fertility Fest organisers*



# MORE TO LIFE: SUPPORTING THOSE CHILDLESS NOT BY CHOICE



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*Being childless not by choice is exactly that, not a choice. It is as real an outcome of fertility issues as having a biological child, successfully using a donor or adoption and I want it to be recognised as just that. I want the men and women on this path to not feel alone in it, for them to be able to come together, just as people with children seem to do so easily.*

More to Life is the area of Fertility Network UK that supports men and women who are childless and not by choice.

Support is available via our website, social media, a free counsellor and groups across the UK. It was created by its members over a decade ago. Some of the original groups still meet regularly and always welcome new people to join them. Being part of the Fertility Network UK charity means that there is a wealth of knowledge around fertility issues and all the possible outcomes. When you speak to someone there they really do have a very good understanding of what you are going through, and sadly in some cases have their own personal experiences too. The More to Life area is a place for support, inspiration and education for those who are childless not by choice.

Since September 2017 More to Life has been given a new lease of life. A new role at the charity, looking after More to Life specifically, was made possible due to the kindness of a childless couple who generously left a donation to the charity in their will. They didn't specify how the donation should be used but the trustees made the decision to use some to revive the More to Life area, a decision I'm sure you'll agree was a good one! What an incredible legacy for the couple that others will receive

support and care during their own fertility journey including learning to live an enjoyable, and fulfilling childless life.

A new email newsletter, which arrives directly into your own private inbox so that you can read it at your leisure without any of your friend list knowing, started in October. There are regular social media updates although we understand that you may not want to be on there.

One of the long-term goals for More to Life is to have groups across the UK where people can meet others who understand their circumstances. In the meantime, we have created the More to Life webinar series, launched in January 2018. This brings the opportunity for you to hear from a series of speakers, curated specifically to talk about issues that may affect many of us. Not only will you hear and see them talk but you can also ask them questions which they can answer during the webinar. Topics include Acceptance, Cancer and Infertility, Writing Therapy, Living a Peaceful Life, Living Life to the Full and Planning for Ageing without Children.

We also have Nicci Fletcher talking about the inspiration behind her magazine and how she re-found her passion by launching it. You can find out more about the free webinars on our website.

The landscape for the childless community is changing, slowly but surely. However, I think it will move faster if we can change the perceptions around fertility as an overall subject. My hope is that whatever stage in a fertility journey, there will be more understanding and less judgement. This means us having the opportunity to talk about our stories and just as importantly, for people who do not have these experiences to listen. I also think there is room for us to be more understanding of the people who simply don't know what it's like, not to judge them too harshly and to help them know what to say.

Being childless not by choice is exactly that, not a choice. It is as real an outcome of fertility issues as having a biological child, successfully using a donor or adoption and I want it to be recognised as just that. I want the men and women on this path to not feel alone in it, for them to be able to come together, just as people with children seem to do so easily. I want them to feel supported in re-finding themselves through the grief that they so often experience and to go on to live a happy and fulfilled life.





# FERTILITY FAIRNESS

How does access to NHS IVF differ across England?

The number of clinical commissioning groups (CCGs) in England offering the recommended 3 NHS IVF cycles to eligible women under 40 has halved in the last 5 years: just 12 per cent now follow national guidance, down from 24 per cent in 2013. In contrast, the number of CCGs which have removed NHS IVF has almost doubled in the last year, according to recent figures from campaign group Fertility Fairness.

Fertility Fairness' 2017 audit of England's 208 CCGs reveals the severity of disinvestment in NHS fertility services, with potential further cuts ahead. While the number of CCGs following national

guidelines and providing 3 NHS-funded IVF cycles has dropped to 12 per cent, the number of CCGs offering just one NHS-funded IVF cycle has leapt to 1 per cent (from 49 per cent in 2013), and there are now 7 CCGs that have removed NHS IVF (3.4 per cent). In 2015 the number of CCGs offering 0 cycles lay at 1 per cent, since then this figure has tripled. 7 per cent of CCGs are currently consulting on removing or reducing NHS fertility treatment.

Fertility Fairness' data also reveals the best and worst places to live in England in terms of ability to access NHS IVF treatment, and for the first time provides the data in a league table of 17 ranked positions, so patients can see how their CCG compares to the rest

of the country. The top 4 areas (ranked position 1) are all in Greater Manchester: Bury, Heywood, Middleton and Rochdale, Tameside and Glossop, and Oldham – the birth place of IVF 40 years ago. The worst areas (ranked position 17) do not offer any NHS IVF: Herts Valleys, Cambridgeshire and Peterborough, Croydon, South Norfolk, Basildon & Brentwood, Mid Essex and North East Essex.

The league table can be viewed at <http://fertilitynetworkuk.org/ivfgoldstandard-available-in-only-in-four-areas-of-england-in-stark-contrast-to-scotland/>

There is a striking north-south divide in terms of NHS IVF provision. Just 24 CCGs offer 3 cycles: 21 of them are in the north.

The 3 in the south are Thurrock, Camden and Luton.

As well as cutting the number of IVF cycles offered, CCGs are finding alternative ways to reduce provision. National Institute for Health and Clinical Excellence (NICE) guidelines recommend that eligible couples should have access to 3 full IVF cycles, where a full cycle of IVF treatment is defined as one round of ovarian stimulation followed by the transfer of all resultant fresh or frozen embryos. However, approaching half of all CCGs (49 per cent) use their own definition of what constitutes a full IVF cycle – and only transfer a finite number of embryos, rather than all resultant embryos. Some CCGs stipulate entirely arbitrary age criteria for access to NHS IVF, in contravention of NICE's guidelines stating that eligible

women under 40 should be offered 3 full IVF cycles and eligible women aged 40-42 should be offered 1 full IVF cycle. Approaching half of all CCGs (48 per cent) do not offer NHS IVF to women aged 40-42; 10 per cent of CCGs refuse access to NHS IVF if women are over 35. And a few are currently consulting on proposals to only offer NHS fertility services to women aged between 30-35.

Aileen Feeney, co-chair of Fertility Fairness and chief executive of Fertility Network, said: 'This year we are commemorating 40 years of IVF, 40 years of a life-changing technology pioneered in England. However, that achievement means nothing if only those who can afford private IVF benefit. The government should be ashamed that, after 40 years of IVF, it is your postcode and your pay packet, and

not your medical need, which are the key determinants of whether you will be able to try IVF.'

Sarah Norcross, co-chair of Fertility Fairness said: 'The scale of disinvestment in NHS fertility services is at its worst since NICE introduced national fertility guidelines in 2004. Fertility Fairness is calling for full implementation of the NICE guidelines, standardisation of eligibility criteria across England and the development of a national tariff in England for tertiary fertility services - eliminating regional cost variants and removing a key barrier to CCGs' compliance with national guidelines.'



## HAVE YOUR SAY

Complete the online survey to help save NHS IVF across Lancashire and South Cumbria

All of Lancashire and South Cumbria's 8 clinical commissioning groups (CCGs) are consulting on plans to cut NHS IVF provision from 2 full IVF cycles to 1 full IVF cycle. The deadline to respond to the public survey is 8 April 2018. The survey is here <https://www.elesurvey.co.uk/f/614854/e6e2/>

The 8 CCGs are: Chorley and South Ribble, Morecambe Bay, Blackburn with Darwen, Fylde & Wyre, Blackpool, East Lancashire, West Lancashire, Greater Preston. If the proposal goes ahead, clinically eligible women between 18-42 will only be able to access 1

full NHS IVF cycle rather than the nationally recommended 3 full NHS IVF cycles. In addition, couples with children from previous relationships will not be able to access NHS IVF. The CCGs are also proposing to broaden access to include single women with a diagnosis of infertility.

Aileen Feeney, chief executive of Fertility Network, said: 'Fertility patients in Lancashire and south Cumbria will be devastated to hear that health bosses in the region are proposing to cut the number of IVF cycles they offer from 2 to just 1. This is still a proposal, and there is still the opportunity to express your views against this by filling in the online survey at <https://www.elesurvey.co.uk/f/614854/e6e2/> before 8 April 2018. The North West

used to be one of the better places to live in terms of access to NHS fertility services; if these proposals go ahead it will join the worst areas.'

More information on the proposed policy is available here <http://eastlancscgg.nhs.uk/get-involved/current-engagement/policy-harmonisation/lancashire-wide-review-and-harmonisation-of-clinical-policies/assisted-conception-services>

If you are affected by these proposed cuts and are willing to talk to the media to raise awareness of the issue, email Catherine Hill at [media@fertilitynetworkuk.org](mailto:media@fertilitynetworkuk.org)





**SARAH NORCROSS**  
Director, Progress Educational Trust

# WHAT'S THE REAL COST OF IVF?

*IVF is often described as a rollercoaster, and the people seeking fertility treatment as desperate and willing to try anything. Even so, not enough consideration is given to the impact of such treatment – or the lack of it – on people's lives.*

Here at the charity Progress Educational Trust, working in partnership with the British Fertility Society, we have decided to put these issues at the centre of our event 'The Real Cost of IVF'. This will take place on the evening of Wednesday 11 April 2018, at the Royal College of Obstetricians and Gynaecologists in London.

There is much discussion in media and policy circles about the financial cost of IVF. Every few weeks there is a news story about a clinical commissioning group (CCG) either cutting services, or carrying out a consultation with a view to doing so. In fact, notification of a cut to services appeared in my inbox as I was typing these words.

The focus in these stories is always on money – the money that the relevant CCG needs to save. The amount that CCGs claim they can save by cutting services is usually several hundred thousand pounds – which sounds like a lot, but in the context of their total budget it often represents a saving of less than 0.1%. Meanwhile, work by Fertility Fairness – a campaign of which I am co-chair – has revealed surprisingly wide disparities in the amounts that CCGs are paying providers for these services.

These are important issues to grapple with, but they will not be the main focus of our 'Real Cost of IVF' event. Rather than restrict ourselves to considering monetary costs we will instead explore other costs that are often hidden – emotional, psychological and opportunity costs, which cannot be measured in pounds and pence. Some of these costs are borne by individuals or couples, while others are borne by wider society.

Experts will discuss the psychological impact of fertility problems, and the impact of trying

to overcome them. For example, a diagnosis of infertility may place a strain on a couple's relationship as well as their relationships with family and friends, and may lead to feelings of isolation. We will be discussing whether receiving treatment confers any benefit to patients, even if there is no baby to take home at the end – is unsuccessful treatment even more devastating than no treatment at all, or is it better to at least have had the chance to try?

How should the health service, and society more broadly, assess the costs and benefits of providing fertility treatment? The use of quality-adjusted life years (QALYs) to enable comparisons with the costs and benefits of other conditions is controversial, because the fertility cannot be easily captured in this way. Whose QALYs should be taken into account – those of an individual, a couple, a child conceived via IVF, or a combination of all of these?

Conversely, what are the costs to individuals and society of failing to treat infertility? Given that 42% of respondents (mostly women) reported feeling suicidal thoughts in 'The Impact of Fertility Problems' survey conducted by FNUK in association with Middlesex University London, could the cost to the NHS of mental health services, for involuntarily childless people, be greater than the cost of providing those people with NHS-funded fertility treatment? What of the fact that IVF babies will contribute much, much more in taxes than the cost of the treatment responsible for their conception – with decreasing birth rates and an ageing population, can we afford not to treat infertility?

Then there is the counterintuitive possibility that self-funded fertility treatment could cost more to society than publicly funded fertility treatment. For example, patients who travel overseas seeking

affordable treatment may go to clinics with no compunction about transferring multiple embryos, in countries where this is not discouraged (as it is the UK). If these patients return pregnant with twins or triplets, the resulting complications could prove more expensive to the NHS – and risky to the health of mother and babies alike – than a singleton pregnancy.

All these issues and more will be discussed at our free-to-attend event by Jacky Boivin (Professor of Health Psychology at Cardiff University), Dr Rebecca Brown (Research Fellow at the Oxford Uehiro Centre for Practical Ethics), and Jessica Hepburn (author of the book *The Pursuit of Motherhood*). The event will be chaired by Sally Cheshire, who is now Chair of the Human Fertilisation and Embryology Authority but was once a fertility patient.

Progress Educational Trust (PET) is committed to improving choices for people affected by fertility problems, and we would like as many of you as possible to attend and share your experiences and opinions. Please come along and add your two penn'orth to the discussion – book your free place now by emailing [sstarr@progress.org.uk](mailto:sstarr@progress.org.uk)



*Sarah Norcross,  
Director, Progress  
Educational Trust*



# HAPPY BIRTHDAY LOUISE BROWN

*Hello from all of us at the HFEA. It is an exciting year ahead as we will be celebrating 40 years since the birth of Louise Brown, the world's first IVF baby.*

*Much has changed over that time, and at the HFEA we have always seen it as our job to help ensure that any change is to the positive benefit of patients. This year is no different, so to keep you in the picture here are a few things we'll be working on over the next 12 months that we hope improve the quality of care you receive.*

## Patient ratings

It's been six months since we launched our new website, and we've been keeping a close eye on how it's being used. Most of all, we've been watching how the new patient ratings system is working. So far, close to a thousand people have rated their clinic, which is a great start, but for the system to really benefit future patients we need even more of those people treated in the last 12 months or so to give their clinic a rating, so if you recently had treatment, or know someone that did, please spread the word that the ratings system is for the people and by the people – it can't work without you!

And if you've rated your clinic already, we'd love to speak to you about your thoughts and experiences of the system, so that we can make it better in the future. If you're willing to talk to us, please drop us a line at [communications@hfea.gov.uk](mailto:communications@hfea.gov.uk) with the subject title "patient ratings". And if you want to know what rating your clinic has already then you can visit the Choose a Fertility Clinic section of our website to find out anytime.

## Treatment add ons

Last year we launched a "traffic light" system on our website allowing patients to check the scientific evidence base behind the main add ons being offered in UK clinics, such as reproductive immunology, or time-lapse photography. Green means there is at least one peer-reviewed study showing the treatment increases the chances of success, amber means more work is needed, and red indicates there is no evidence, or it may even be harmful. There are currently no green lighted add ons. See our traffic light system here: <https://www.hfea.gov.uk/treatments/explore-all-treatments/treatment-add-ons/>.

With Fertility Network UK (FNUK), we jointly conducted a patient survey, exploring patient attitudes to add ons. The results were interesting, both in terms of how patients felt they were being talked to about add ons by clinic staff, and their own willingness to take the risk of trying them. We believe innovation must be embraced responsibly.

So we are joining forces with FNUK and professional bodies such as the British Fertility Society, to produce a 'consensus statement' setting out what responsible innovation looks like. We will also be updating the traffic light system, and adding any new add ons that our expert scientific committee recommends. And we will be holding another patient survey later in the year to assess how this work has impacted upon patient attitudes.

## NHS standard price

We are working with NHS England to establish a standard average price for IVF and other assisted reproduction treatments on the NHS. The first, obvious benefit to this is ensuring that the NHS pays only what it needs to pay for effective treatment, which will hopefully lead to greater public provision as the costs saved are reinvested in more treatment cycles. The second, more indirect benefit, will be that private "self-funding" patients will be able to use the NHS standard price as a benchmark through which they can compare the cost of their own treatment and potentially question when it is much higher for a similar service.



by Jade Baker

# STRENGTH IN NUMBERS

*On Saturday 20th January 2018 over 100 men and women from the trying to conceive community (TTC), many from Instagram, came together for a lunch organised by IVF Babble and some other amazing individuals. Fertility Network UK was proud to support the event alongside several other speakers.*

When you decide you're ready to have a family and it doesn't happen within a reasonable length of time (usually within about a year of trying) panic very quickly sets in. As the realisation dawns that you may be suffering from sub fertility things become pretty scary, while all around you it feels as though others fall pregnant, seemingly, without trying.

My husband I started our journey nearly three years ago in May 2015, after seven years together and one year married. As the months went by and it didn't happen I found myself becoming more and more isolated. This was new territory for me. I am a fairly outgoing person. I have some amazing friends and I am pretty much an open book. I wear my heart on my sleeve and I am a chronic over-sharer. But when it came to the problems we were having with our fertility I found myself getting upset that none of the friends or family that I had opened up to really understood what I was feeling or why I was feeling it.

In late 2016, after a pretty devastating diagnosis of stage IV endometriosis we were told we would need to have IVF in order to stand any real chance of having a baby. This was not a shock to me after hearing how severe my endometriosis was but at the same time it was completely overwhelming.

I was a different person to who I was when we had started trying for baby. I lost my confidence and my relationships with friends I had known since I was a child had changed beyond recognition. I had no one to turn to and express my sadness that my body couldn't do what I felt it was designed to. I had my husband. And he was amazingly supportive but he didn't quite understand my need to talk through things; to find hope in the stories of others; to speak to women who understood my fears over the journey that lay ahead; to connect.

By Christmas 2016 I had cut myself off almost completely from those that cared about me. I spent some time looking for support and advice

online. One of the ways I did this was to start searching for fertility related hashtags on Instagram. I would take a sneaky peak at anyone with a public profile and check out the journeys they were on. As time went on I began to interact with women who looked like they were on a similar path to me. I was amazed at how quickly I felt connected to people I had never met. I was forming real friendships with people who understood exactly how I was feeling. I could feel the isolation dissipate and started to feel myself again. I had met Sarah in person after a couple of months of chatting and felt an instant connection. Not just on the fertility side of things but in general. There was an unspoken understanding and it felt amazing to find a friend who I could completely be myself around. I now count her as one of my best friends. We don't live too far away and see a lot of each other.

This relationship was a turning point for me. The more people I spoke to through Instagram and then met in real life the more I felt like myself again. I felt strong and positive for

the first time in literally years. Having met around a dozen or so girls from the Instagram community at a couple of lunches organised by Sarah, I began to not only relax in my own skin but also enjoy supporting others on their journeys.

In December, Cat, one of the women I follow on Instagram and interacted with put up a post and asked if anyone wanted to meet for lunch in London. I initially didn't respond. Living about two hours from London it felt like a bit of trek. It looked like I was one of the few who didn't! Cat had responses from nearly 80 women and rapidly realised what she was organising was slightly bigger than a little afternoon tea get together. I wanted in. What a great opportunity to come together and meet so many people who just get it! I didn't want to miss out.

This doesn't mean I wasn't nervous. By the time the day came there were over 100 people (including men) signed up to attend the now huge TTC London lunch. This was the biggest event of its kind in this country (maybe the world!). I found the idea of meeting people I had had no interaction with before the day completely out of my comfort zone. There would be a few people I knew there, including Sarah, but it was still nerve wracking. Cat joined forces with Sara from IVF Babble and arranged a few speakers to come so I knew I would not have to make conversation for the whole event, which was probably the thing I most worried about. What if conversation didn't flow? What if people didn't like me? What if it was just plain awkward? I need not have worried.

As soon as I walked in to the venue the atmosphere was warm and welcoming. There were little groups of people chatting away and introducing themselves. As people nervously approached one another they were faced with big smiles and friendly hellos. There was a gentle hum around the room as connections were made and new friendships formed. Cat and Sara talked us through the plans for the day and I was so impressed with

how they had put together a day full of information and still managed to make it feel relaxed.

I began chatting to women whose faces I vaguely recognised from Instagram and those that I had never seen before. We shared our stories. Some people were at the scary beginning, travelling down a path that they wanted to prepare themselves for. Others had been on their journey for many more years than we have, having undergone investigations and treatment including several rounds of IVF.

The chat was interspersed with interesting and informative talks from various professionals including a fertility consultant, a representative from Fertility Network UK and an acupuncturist which I think nicely reflects the varied professionals available to offer support and advice to those struggling with fertility. Poor Dr George answered so many questions. I don't think he was expecting to be so grilled. I certainly learned a lot though.

I think the success of the day was clear in the fact it overran! Four hours flew by in what felt like minutes. Friendships were made. Bonds were formed. Information exchanged. The day was full of emotion and above all strength. Fertility issues are no

longer something to hide. The sheer numbers at Saturday's lunch proves this.

The more events that are held like this the stronger the message of support. If you are thinking of attending something like this, I implore you do so. I know it can be daunting but if you have felt those feelings of isolation like I did for the first two years we struggled, I guarantee you that you will not leave feeling the same way. Next time I have promised to take my husband. He felt like he was missing out. And he was!







By Natalie Gamble

# SURROGACY LAW REFORM

There have been increasing calls over the past 10 years for surrogacy law reform in the UK. Criticised by members of Parliament, High Court judges and all the UK's main surrogacy organisations, the current law – written in the 1980s – has been described as out of date, cumbersome and even nonsensical. The good news is that reform is finally on the horizon.

## What does the current law say?

Although surrogacy is legal in the UK, the current law makes surrogacy agreements unenforceable and tries to limit the practice by making advertising illegal and restricting how third parties can support those making surrogacy arrangements. Arrangements are also informal. Under UK law the surrogate is the child's legal mother, and her spouse or civil partner is the father/other parent. The intended parents are then expected to apply to the family court for a 'parental order' after

the birth to become their child's legal parents, in a long process which leaves their children in limbo for 6 months or more and has problematic and outdated criteria.

## Changes for single parents

Only couples can apply for a parental order under the current law. Last year the High Court ruled that a single father with a son through surrogacy in the US was being unfairly discriminated against, and made a formal declaration that the law breached his human rights. In response, in November 2017, the government asked Parliament to change the law to allow single biological parents to apply for parental orders in the same way as couples. We expect the changes to come into force later in 2018.

## Law Commission review

In addition, the government asked the Law Commission to undertake

a wider review of UK surrogacy law and to recommend how it should be brought up to date. The Law Commission will independently review the current law over the next 2-3 years (starting spring 2018), and make proposals as to how it should be modernised. We hope they will recommend that UK law should finally recognise and support surrogacy properly, so that intended parents and surrogates can enter into legally recognised arrangements, fewer parents need go overseas, and the right people can be named on the birth certificate as soon as their child is born.

If you agree, you can sign our petition and tell your story at <https://www.change.org/p/uk-government-it-s-time-to-review-uk-surrogacy-law>



## CAN YOU HELP SUPPORT PEOPLE WHO ARE STRUGGLING WITH FERTILITY ISSUES BY DONATING TO FERTILITY NETWORK UK?

*Donate to Fertility Network UK and help us continue to provide our free support services to anyone affected by fertility issues.*

*Choose a one-time donation or sign-up for monthly giving through Just Giving. It's quick, easy and secure. Our Head of Business Development can help answer any questions you may have about your contribution.*

*We receive no guaranteed funding, and no matter how much you can donate, it will make a difference to us. Last year our free Support Line alone dealt with almost 3,000 enquiries. We want to do even more.*

**VISIT [WWW.FERTILITYNETWORKUK.ORG/DONATE](http://WWW.FERTILITYNETWORKUK.ORG/DONATE).**



**fertilitynetworkuk**

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Fertily Network Partner

# EGG SHARING AT LISTER FERTILITY CLINIC

*Egg Sharing is a unique programme designed to benefit two groups of women, those who need IVF Treatment and those who need anonymous egg donation.*

In what can be a rewarding choice for both the donor and the recipient, the woman needing standard IVF treatment can choose to share her eggs with another woman unable to produce or use her own, who is waiting on an anonymous egg donor for their chance to have a child. The woman sharing her eggs will not be charged for her own standard IVF treatment, apart from the HFEA licence fee.

For over 15 years, Lister Fertility Clinic in Chelsea has run one of the largest and most successful egg sharing programmes in the UK. Dr Yau Thum, lead consultant of the Egg Sharing programme at the clinic, answers some of the most frequently asked questions from those considering sharing their eggs:

## What are the criteria for sharing my eggs?

Ideally, an egg sharer should be between the ages of 21 and 35 without any history of inheritable conditions, have a BMI of less than 30 and markers suggesting a normal egg reserve.

## How does the process work?

You will first visit the clinic to have a pelvic ultrasound scan and an AMH blood test. A week or so later you will have your initial consultation with one of our fertility experts here at the clinic to discuss your results and plan for your IVF treatment. You will also see a counsellor to discuss egg donation implications and see a nurse to do your donor screening tests.

Once all of your results are back we match you with a suitable recipient and your cycles will be synchronised, after which fresh IVF treatment can start. After egg collection, you keep half of those collected for your own treatment, and the other half are donated to your matched recipient.

## Will I have to pay for treatment?

Those who share their eggs will not be responsible for the cost of investigations, standard IVF treatment, blastocyst transfer or drug costs.

You will however be responsible for the £80 HFEA license fee. Some additional costs such as ICSI (if required) or embryo freezing will also be charged. The ICSI fee is significantly reduced for egg sharing patients.

## Will sharing my eggs have an impact on my own chances of conception?

At Lister Fertility Clinic, we will only allow you to share your eggs if it will not have a detrimental impact on your own chance of success. We test all sharers to ensure they have a good egg reserve and that undergoing the egg sharing process will not have a detrimental impact of their own fertility.

We are proud that here at Lister Fertility Clinic, our egg sharers have a live birth rate of over 50% per fresh attempt, significantly higher than the national average of 38.1%

## Will my donation be anonymous?

Yes, neither egg sharer nor egg recipient will meet. We can inform egg sharers whether a live birth has resulted from their donation and if so, the number of such births that have resulted, the sex and the number of children born.

Laws passed in 2005 mean any person born as a result of sperm, egg or embryo donation can have access to identifying information about their donor at the age of 18. This information is held at the central register with the Human Fertilisation and Embryo Authority (HFEA) and includes full name, date of birth and last known address.

Anyone who does share their eggs will be seen by a counsellor on their first visit to discuss the ethical and legal aspects of egg donation. We ensure all our egg sharers are well informed and comfortable with the implications of donating their eggs. Our free unlimited counselling service is available at any time before, during or after your treatment.

The Lister Fertility Clinic is widely recognised as one of the leading fertility treatment centres in the UK. The clinic was established in 1988 and, since opening, has maintained its reputation as one of the most successful IVF treatment clinics in the UK.



by Fertility Network Nurse, Diane,

# YOUR FERTILITY QUERIES ANSWERED

*Fertility Nurse, Diane, runs our free Support Line. Diane is available to answer your queries on the Support Line on Mon, Wed and Fri between 10am and 4pm.*

Fertility Network Support Line

## 0121-323-5025

### What to expect with a laparoscopy and dye test?

There are usually two incisions, both tiny, about a centimetre each. The first one in your navel by the belly button, and the other one just above the pubic hairline. One for camera, and one for instruments. Occasionally, no stitches are needed, but often just one dissolvable one is inserted in each incision. A bit of blue dye may leak out of your vagina too, so wear a pad for a couple of days just in case. You just need to keep the incision sites clean, perhaps an old-fashioned idea of having a bath with a handful of salt added will suffice.

You will probably experience one or two days of discomfort, due to the CO<sub>2</sub> gas they use to pump up your abdomen, in able to view your organs more easily. This often makes for extra flatulence (to put it kindly), so beware! I think just for the first week afterwards just gentle exercise and no "workouts" at the gym. After that, provided you have not had any surgery e.g. endometriosis lasered or ovarian cysts removed etc., then you should soon be back to normal.

### What do I do with leftover drugs?

A question I am often asked on the Support Line is whether it is possible to sell leftover drugs to another person/couple for their use. Selling drugs could result in a potentially lethal situation. When we embark on any form of infertility treatment, one of our largest expenses is the various drugs we have to purchase before commencing treatment, if done privately.

After "shopping around" for the best deal what could be more annoying than to have "leftover" ampoules of our precious commodity. The abandoning of a treatment cycle can happen for a number of reasons, or even that a natural pregnancy occurs before treatment commences. If a patient has been responsible for keeping their drugs, then to the best of their knowledge, they will have been kept in conditions recommended by the manufacturer.

According to the Department of Health 'Medicines Control Agency', it is illegal for a patient to sell or supply

prescription only or pharmacy only medicines for another patient. They can only be supplied under the supervision of a pharmacist and if 'prescription only', against a doctor's prescription.

If the doctor or pharmacist wishes to re-use medicines, the law does not prohibit it, but under their 'Code of Ethics', pharmacists must not consider reusing any medicine returned by a patient. Doctors have similar professional standards.

The issue really is one of good practice, in which case, the answer would be 'no' unless the medicines concerned were kept at the clinic at all times, as would happen on a hospital ward where medicines can be re-used by other patients.

■



FERTILITY WEEK 2017

# HERE'S TO EVERYONE WHO TOOK PART!

Last year on 30th October we began our 4th Fertility Week bringing together individuals, patients, clinics, corporates and sister-organisations all with one aim; to raise awareness for everyone with experience of fertility problems.

Several specific areas were addressed as the week progressed; we talked about male infertility, still often a taboo subject but the emotional impact affects men just as much as women. We promoted our mission to achieve the #IVFGoldStandard, where everyone in the UK can have equal and fair access to IVF regardless of where they live and we looked deeper into #FertilityEtiquette – what to say, and what not to say, to friends or family who are struggling with their fertility. We were overwhelmed with the response, from the amazing animation, and wonderful Beatrix Players song to the many, many individuals and organisations who helped raise money enabling Fertility Network UK to continue giving support, information and help to anyone who needs it.

To each and every person who took part, we thank you.

Fertility Week 2018 29 Oct – 4 Nov may seem a long way off, but there is no better time to start planning how you would like to get involved. Can you host an event? Take on a challenge or start a campaign online to further raise awareness? If so, get in touch!

Please put the date in your diaries now and let's make the 5th Fertility Week the best yet!



# THANK YOU TO ALL OUR CLINIC OUTREACH PARTNERS

*We are committed to working closely with all clinics in the UK. Working together we can show our joint commitment to patients and to ensure they have all the help, support and information they need to help them through the difficult journey that comes with having fertility problems.*

*Members of our Clinic Outreach Scheme benefit from the opportunity to extend their reach to a greater number of patients via the extensive network offered by the Charity.*

Aberdeen ARU  
Bath Fertility Centre  
Birmingham Women's Hospital  
Bourn Hall Clinic, Cambridge  
Bourn Hall Clinic, Colchester  
Bourn Hall Clinic, Norwich  
Bristol Centre for Reproductive Medicine  
Burton IVF  
Cambridge IVF  
City Fertility  
Complete Fertility Centre Southampton  
Concept Fertility  
Edinburgh ACU  
Glasgow Nuffield  
Glasgow Centre for Reproductive Medicine  
Glasgow Royal Infirmary, ACU  
Guy's & St Thomas' Hospital, London  
Herts & Essex Fertility Centre Ltd  
Hewitt Centre, Liverpool  
Homerton University Hospital  
Hull IVF Unit  
IVF Hammersmith, London  
Jessop Fertility, Sheffield

Leeds Centre for Reproductive Medicine  
Leicester Fertility Centre  
Newlife Clinic  
Ninewells Hospital, Dundee  
Nuffield Health Woking Hospital ACU  
Nurture Fertility, Nottingham  
Oxford Fertility Unit  
Poundbury Fertility  
Regional Fertility Centre, Belfast  
The Bridge Centre, London  
The Freya Centre  
The London Women's Clinic  
WWL Hewitt Fertility Partnership  
Overseas Clinic  
Clinica Vistahermosa, Alicante Spain

Thank you! 😊



# CORPORATE & CLINIC PARTNERS

*The Corporate Partnership scheme brings together Fertility Network UK and business working in the field of fertility and beyond. We develop close, effective relationships and work together in our role in the provision of care, treatment and support of those experiencing fertility problems. Our scheme is stepped: gold, silver, bronze, friend and supporter.*

## GOLD LEVEL PARTNER



### Care Fertility

CARE has a world reputation in pioneering technologies for fertility treatment. Our ethos is to tailor appropriate, individual treatment in order to help you have a baby. We have often succeeded with patients who may have tried and failed elsewhere. CARE's clinicians and embryologists are innovators, leading the way in IVF science. Whichever patient group you belong to – first time or more treatment cycles – our promise to you is that calmly, discreetly, professionally we'll always do everything we can to support you and help you have a baby.



### Merck Serono

Merck 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

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.



### Barcelona IVF

Barcelona IVF is a fertility clinic led by professionals with broad experience in assisted reproduction. We work with the latest technologies and advances in the field to offer an effective and bespoke service for our patients.



### The Fertility Show

The Fertility Show, in association with 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.



### Lister (HCA Healthcare)

The Lister Fertility Clinic is widely recognised as one of the leading fertility treatment centres in the UK. Established in 1988 under the leadership of our clinical director, Mr Hossam Abdalla, it has maintained its reputation for success with over 16,000 "Lister" babies born. Its skilled team of doctors, nurses, embryologists and counsellors are committed to providing you with a holistic and considered approach to investigating and treating a wide spectrum of fertility problems.



### IVI

IVI employs over 2,000 health professionals providing care across 60 plus clinics in 11 countries worldwide. Founded in Valencia, Spain in 1990, IVI has delivered more than 126,000 births over the past 26 years. IVI is now available at its clinic on Wimpole Street in London.

## BRONZE LEVEL PARTNER



### Ovusense

Ovusense is an ovulation monitor which has been proven in independent clinical trials and over 10,000 cycles. With 99% accuracy, Ovusense detects and confirms ovulation, even with irregular cycles or PCOS.



### Pharmasure

Pharmasure offers products and services to benefit couples seeking to have or add to their family. Our product portfolio includes specialised pharmaceutical supplements: Inofolic – for PCOS and Condensyl to prevent sperm DNA fragmentation.



### Vitabiotics Pregnacare

The UK's No. 1 pregnancy supplement brand, providing nutritional care from conception throughout pregnancy and beyond. Pregnacare Conception has been specifically designed to support the nutritional requirements of women trying to conceive.

## SILVER LEVEL

## FRIEND LEVEL PARTNER



### Access Fertility

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.



### Agora Clinics

The Agora Gynaecology & Fertility Centre in Hove is a state of the art clinic offering individualised expert fertility, early pregnancy and female health care within a unique caring and supportive environment.



### BioMaternity

Biomaternity specialises in therapeutic techniques of infertility treatment with high-tech laboratory equipment. Start your journey with us today by sending us an email quoting 'Fertility Network UK' for a free consultation.



### Casmed International

Casmed International has been producing high quality devices for use in all aspects of infertility and is now considered a world leader in this field. We have worked closely with infertility centres to design and develop a growing range of products that are relevant and of high quality.



### Stork (Ceutah Health Care)

The Stork home conception kit can help you 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.



### Egg Donation Friends (IVF Media)

EggDonationFriends is an online platform created for fertility patients interested in IVF with donor eggs or surrogacy. Its purpose is to assist patients in making well-informed decisions when selecting fertility treatment abroad. Our services are free and always will be.



### Embryolab

Embryolab is a Greek Fertility Clinic, operating in Thessaloniki, in the northern part of Greece, since 2004. Embryolab's team consists of highly specialized doctors, embryologists, and scientists of various specialties with great expertise and experience in the assisted reproduction.



### Fertility Clinics Abroad

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.



### Fertility Plus

Fertility Plus is a modern and bespoke private fertility service situated in the heart of London which offers a wholesome and holistic approach to treatment. The ethos of Fertility Plus care is to provide a personalised and individual approach to each patient in the most flexible way.



### Fertility Podcast

The Fertility Podcast was launched in September 2014 by Natalie Silverman, an established UK broadcaster, who wanted to give a voice to infertility. The podcast provides a safe place for men and women to understand more about their route to parenthood and realise they aren't alone in their struggles.



### FIV Marbella

FIV Marbella represents new concept of fertility clinic, a multidisciplinary group of professionals united with one aim, to achieve your maternity. Formed by a team that brings together medical professionals with over 20 years' experience in assisted reproduction, embryology and infertility treatment.



### Irema

Established in Beniarbeig in 2005, our highly skilled and experienced medical team are supported by the most up-to-date technology and scientific advances in assisted reproduction. We offer treatments from conventional IVF to fertility preservation, or egg and sperm donation.



### IVF Matters

IVF Matters was the UK's 1st Online Fertility Clinic set up by a multidisciplinary team of specialists in Fertility, Urology, Endocrinology, Haematology, Genetics, Nutrition and Counselling. We offer face to face consultation in the comfort of your home by way of a Skype call or telephone call.



### My Bee hive

Our purpose is to provide a hub of information for anyone going through the roller coaster that is baby making, whether it's through natural conception and you just need a little help and support, or through a highly monitored and medicated fertility program in a clinic.



### London IVF & Genetics Centre

We are a premier and exclusive fertility clinic located in the heart of London. We offer a full range of male and female fertility treatments to suit every patient's needs. By integrating a highly personalised care with the latest clinical and scientific interventions, we bring to our patients exceptionally affordable, high quality fertility treatments.



### Newlife IVF Greece

We are one of the leading IVF clinics in Greece providing the full range of fertility investigations and treatments, including a highly successful egg donation programme. Our superior experience with international patients as well as our high pregnancy rates make us one of the most popular IVF clinics abroad.





**brew like  
you've never  
brewed before\***

**\* and help us make a difference.**

Fertili-Tea is Fertility Network's fundraising event in support of those facing fertility challenges. Everything seems better after a cup of tea so we're asking people all over the UK to host their own Fertili-Tea afternoon, selling with tea and cakes to your friends, family and colleagues. All the donations will go towards the charity's activities and helping to fund research into infertility and its impact on people's lives. Start planning your Fertili-Tea today.

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

**FERTILI**   
**MAKE TEA AND MAKE A DIFFERENCE**