

AFFINITY



Time to talk tackle!

Fertility Network UK joins forces with Rhod Gilbert to talk about male infertility.

Fertility inequalities

Experts share their thoughts on the HFEA's recent findings around ethnic disparities in treatment.

Reaching out for help

Learn more about the benefits of fertility counselling, and how to find help.

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Hello and welcome to the summer edition of Affinity.

The past year has been difficult with the uncertainty of lockdowns and the overall impact COVID-19 has had on everyone. Fertility clinics have done incredible work over this period, with staff working tirelessly to minimise impact on patients and treatment. We are aware some people are experiencing delays waiting on further investigation appointments, please do let us know if this is happening to you by contacting info@fertilitynetworkuk.org. We are all looking forward to a much brighter summer ahead.

Not being able to have the family you yearn for can be an incredibly difficult and isolating experience, whatever stage of your fertility journey you are at: considering your future fertility, having treatment, or facing life without children. Far too often people face infertility struggle in silence, but #YouAreNotAlone.

Our support line is open to everyone, even if you just need a chat. We have lots of geographical and specific peer support groups you can join, including our LGBTQ+ and HIMfertility group. We also have health and wellbeing initiatives such as mindfulness, yoga and nutrition, which the community have found extremely beneficial. Please keep an eye on our social media and website for our next programme. We are delighted to share the news that our support line is now open five days a week - turn to page 26 for more information.

We feel proud to have been involved in Scotland's NHS donor campaign and new National Centre, which will further ensure equitable and fair access for patients who require donor treatment. We hope this will also help raise awareness across the UK of the need for sperm and egg donors, as the past year has been incredibly difficult for clinics to recruit donors.

Our Fertility in the Workplace initiative has been shortlisted in the Best Targeted Mental Health Initiative category of the This Can Happen Awards. There was a record number of entries this year and we are delighted fertility has been recognised. The winners of each category will be announced on 24th June 2021.

We always welcome your feedback and are happy when our community share their story. If you would like to share anything, please contact info@fertilitynetworkuk.org. We are your charity, we are here for you.

Gwenda Burns
Chief Executive



Infertility is not just a female issue. 1 in 6 couples experience infertility in the UK, and men account for around half of all infertility problems, with male infertility rates reportedly on the rise.

But as long as the focus is still on female fertility, we will still see a lack of awareness, education and support for men.

A 2020 survey for male patients by Fertility Network UK found that...



It's important to talk, and we're starting to see more men speaking up publicly - with BBC documentaries such as *Stand Up to Infertility* by comedian Rhod Gilbert and *Me, My Brother, and Our Balls* by Love Island star Chris Hughes.

Rhod released his documentary *Stand Up to Infertility* alongside the launch of the HIMfertility campaign. After he and his wife discovered that they both had fertility challenges and would require IVF treatment, Rhod realised that there was a real lack of support for men. He founded HIMfertility to encourage men to talk about fertility problems and signpost them and their partners to much-needed support.

HIMfertility has now found a new home with Fertility Network UK. Over the past year, our charity has successfully hosted a small monthly meet-up on Zoom, co-hosted by our ambassadors Toby Trice and Ian Stones, which doubled in size after the merge with HIMfertility. The transition to a full support group was the perfect next step.

The HIMfertility group is a private Facebook group, meaning the content can only be viewed by members. All men are invited to join, whether they have experienced infertility issues personally or are supporting a partner through infertility. This is a space just for men, where members can talk and ask questions any time, and stay-up-to-date with monthly meetings now co-hosted by Rhod, Toby and Ian.

To request to join the group, scan this QR code.



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I'm extremely proud of where our online support group has come from just a year ago until now. To see so many men getting something from this each month is hugely encouraging and just confirms the importance of why we set off to do this in the first place. Thanks to Rhod and his work on the HIMfertility campaign, we are now able to reach out to even more men. The dynamic hasn't changed too much, other than the fact the group has almost doubled in size! More and more men are opening up and talking out for the very first time. It's a kind of brotherhood where we can cheer each other on and share good news. I'm excited to see how the group will evolve over time.

– Toby Trice

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While making the documentary, we set up in a shopping centre in Cardiff, and invited men to come and talk about their fertility. I didn't think it would be easy to ask strangers to “talk tackle”, but I didn't realise exactly how hard it would be - and that's a real problem. Sadly, it's a pretty common experience, and that's why we have HIMfertility - to educate men on what affects their fertility, encourage men to speak up without fear, and ultimately make sure they're getting the right support. It's been a pleasure to co-host a monthly Zoom group with Fertility Network, and see the online group grow on Facebook. We started off with a handful of men opening up for the first time on our documentary, and now we have hundreds of men able to access peer support online.

– Rhod Gilbert



What can affect male fertility?

Check our website to learn more: fertilitynetworkuk.org/himfertility



Poor quality sperm



Ejaculation disorders



Underlying health issues



Infections



Alcohol & caffeine



Smoking



Poor diet



Some medications and drugs



Age



Low testosterone



Steroids



Stress & depression



Lack of exercise



Weight



Vasectomies (even if reversed)



Testicle damage or overheating

#BaseCampForFertility

by Ian Stones

As a Fertility and Wellness expert, I've spent years supporting couples through the stresses of fertility treatment. Fertility is as much about a man as a woman, but I've found that men receive far less support throughout treatment.

Most men go into trying to start a family with little awareness of their fertility. After trying to conceive for a while, they pop in to see their GP to undergo their semen analysis, thinking it will all be fine. For the majority, that's true. But for some it can turn out to be a devastating experience that turns their life upside down.

What happens after that is crucial and unfortunately, from the countless stories I've heard, it doesn't tend to go well. It's not uncommon for men to be told there's nothing else that can be done, with little consideration of what impact that news may have on their mental health and relationships.

Helping men to talk

I've been hugely privileged to have been involved in the UK's first male fertility online support group. The group was set up by Fertility Network UK at the beginning of lockdown in 2020 and has since merged with the HIMfertility campaign.

The group has been amazing and it's helping create a supportive environment, where men feel like they're not alone and can get much needed advice. But there isn't enough of this stuff for men, and I really wanted to do something to change this whilst also supporting the charity.

The challenge

Off the back of the support group, I came up with a rather crazy idea. I had been looking

at the Everest Base Camp challenge as part of FNUK's fundraising ideas for a while but when we started the support group, I thought why not do something with a whole group of men so that we can raise awareness of male fertility and raise money for FNUK. So that's exactly what we're doing!

I've pulled together a group of guys to take on the trek to Everest Base Camp, in aid of Fertility Network UK. Our aim is to raise as much money as possible but just as importantly to raise awareness of male fertility. We want to make it easier for men to speak out about their fertility challenges so that they can feel an equal part of the journey and to know that they're not alone.

We're set to take on the challenge in March 2022 and we all have our work cut out for us in terms of fundraising and training. In the meantime, one of the most important things is to get the message out there. Let's get talking about male fertility, let's get men sharing their stories, and most importantly, let's help them get the support they need. It's time we created a change in the fertility world.

How can you help?

Get sharing on social media! The further this can go, the more people we can help. And of course, if you can, please donate.

Ian Stones is Director at Hove Fertility and Wellness.

Find out more about the challenge here: fertilitynetworkuk.org/fundraisers/basecampforfertility/

Exploring ethnic diversity in fertility treatment

by the HFEA

There has been much public discussion in recent years about health inequalities affecting ethnic minority communities across the UK, but over the past 12 months these have been further highlighted by the pandemic.

As the fertility regulator, it's been our priority to put the patient at the heart of our work and ensure they receive the highest standard of care when trying to create a family.

We have known for a while that the majority of fertility patients are White. We wanted to explore why this may be the case, and if there are any differences in outcomes between the ethnic groups.

This is why we launched our report *Ethnic diversity in fertility treatment*. For the first time in the HFEA's 30-year history, we looked in detail at fertility treatment among ethnic minority groups, including the number of treatment cycles, outcomes, NHS funding and other key aspects.

Our findings

We found that people from ethnic minority backgrounds who undergo fertility treatment are less likely to have a baby, with Black patients having the lowest chances of successful treatment. While overall birth rates from fertility treatment have increased over the years, and are highest in patients under 35, Black patients aged 30-34 have an average birth rate of 23% per embryo transferred, compared to 30% for Mixed and White patients.

Our data also showed that 31% of Black fertility patients have fertility problems related to issues with their fallopian tubes, compared to only 18% of patients overall, with Black patients also starting IVF almost two years later (36.4 years old) compared to the average patient at 34.6 years old.

Additionally, Black patients experienced higher than average multiple births from double embryo transfers, at around 14% from 2014-2018.

Additional challenges

While our report identified that disparities for Black patients are the most notable, other ethnic groups also have poorer outcomes when going through fertility treatment.

Asian patients, who represent a larger proportion of IVF users at 14% while comprising only 7% of the UK population, are struggling to access donor eggs if needed. The report shows that 89% of egg donors are White, followed by 4% Asian, 3% Mixed and 3% Black, resulting in the use of White donor eggs in 52% of IVF cycles with an Asian patient.

Although we do not have definitive explanations for why these differences exist between patients of different ethnicities, it is crucial that more work is done, and that action is taken to level the playing field for all fertility patients.

What needs to be done

Infertility is difficult for every patient, but we cannot underestimate the negative impact reduced outcomes can have on patients from Black, Asian and minority backgrounds. We know that infertility can have a devastating effect on people's mental health and overall lives, sometimes even leading to the breakdown of relationships. It is therefore crucial that we work with colleagues in the wider health sector to really understand the factors contributing to the disparities.

The HFEA will drive this work forward and we are committed to using our data, regulatory powers and feedback from patients, while working with our partners to ensure all patients have fair access to treatment and care throughout their fertility journey.

We know that engaging with ethnic minority communities is instrumental to help us tackle disparities, and as a first step we held a panel discussion as part of the report launch, which was open to fertility patients from ethnic minority backgrounds, where we spoke to a host of experts, while patients had the opportunity to ask questions.

This is only the start and there are several other steps we will take to tackle disparities in access and outcomes of fertility treatment among ethnic minority groups. More research is also needed to understand the many external factors that contribute to these disparities, to inform evidence-based decision-making.

Our next actions

- Reviewing feedback from clinics and patients against our Code of Practice to see if we should make any changes, for example, relating to information provision.
- Better enabling research on the disparities across ethnic groups within the fertility sector. We will include more information on ethnicity in our regular data releases.
- Working with grassroots and other organisations to further understand cultural and religious beliefs that may impact on donor recruitment and help to overcome any barriers that may exist.
- Sharing data with GPs, highlighting for example that in some communities, access to fertility treatment is starting at a later age.
- Urging clinics to ensure all patients are informed of their own likely chance of success based on all factors, including ethnicity.
- Encouraging all those who commission fertility services to review their funding eligibility criteria, to consider whether these have an adverse impact on accessibility among particular ethnic groups.
- Clinics should ensure ethnicity information is collected from patients. Currently 12% of patients have no ethnicity data recorded on our Register.
- Clinics should regularly update their information on donor waiting times - especially if the wait is longer for different ethnicities - to help patients who require donated sperm and eggs to plan their treatment.

These are just some of the steps we will take, but a key element will be speaking to patients and their partners about their experiences. To do this, we will create a Patient Engagement Group that regularly will seek views and feedback on our work. We are starting the recruitment in the next few months, so please keep an eye on our website and social media channels.

www.hfea.gov.uk

Addressing inequalities faced by BAME communities when undergoing IVF

by Professor Geeta Nargund

Last month, the Human Fertilisation & Embryology Authority (HFEA) published its first ever report on *Ethnic diversity in fertility treatment*, which revealed some clear disparities in access to, and outcomes of, fertility treatment for BAME communities.

While the findings were undoubtedly revealing, from my experience as a fertility doctor they were sadly not surprising. The additional hurdles that ethnic minority groups face in fertility treatment are something I've been aware of for many years, and the findings of this report simply confirm the existence of problems that BAME communities have been grappling with for some time.

The report's key takeaway points, from black patients having the lowest IVF birth rates of any ethnic group, to a chronic shortage of egg and sperm donors from all minority groups, have, however, shed a welcome spotlight on the extent of the issue. The hope now is that we use these findings to enable a constructive discussion about what we can be doing to actively eliminate these inequalities, both amongst the medical profession and at legislative level.

In my opinion, access to treatment and funding is what really lies at the heart of the issue, and is where efforts for change should be focused. With the report highlighting that those in BAME communities have greater reliance on NHS funded treatment, the continued postcode lottery for NHS funding in IVF continues to have a disproportionate impact on BAME women and couples. What's more, those who cannot access NHS funding are more likely to have to spend time saving to fund IVF privately. This delay inevitably risks a further decline in fertility and, by extension, reduced rate of success. In other words, as long as the cost of access to treatment remains inaccessibly high, women from ethnic minority groups will remain unequally affected.

In addition to this, lifestyle factors, often influenced by socio-economic inequality that is sadly still more prevalent amongst these groups, are also contributing to poorer outcomes. With BAME patients often reporting higher obesity rates, which have been proven to directly impact fertility, socio-economic factors are further exacerbating fertility outcomes - on top of the more limited access to treatment these groups already face.

Another important factor highlighted in the report is the prevalence of certain conditions

amongst BAME communities. For instance, black women were found to be three times more likely to have fibroids and showed the highest rate of tubal factor infertility, whilst ovulation disorder was 5% higher amongst Asian patients than the national average.

The barriers to conception amongst ethnic minorities are, therefore, two-pronged: both socio-economic and genetic. That's not to say that these cannot be improved if the government and the sector make a concerted, collaborative effort to address the issue. In fact, the findings of the report provide an ideal springboard for raising awareness of fertility issues at a national level, and could be the impetus we need to draw up an official plan for tackling these inequalities.

In this respect, a key tool will be to drive education and awareness. By introducing fertility education from a younger age and ensuring that women are made aware of the fertility-related conditions that might affect them, we can help them to identify these, and therefore seek treatment earlier.

If, for instance, women are taught how to spot the symptoms of polycystic ovaries or fibroids at school, we're much more likely to see women from ethnic minority groups seeking earlier diagnosis, thereby boosting the likelihood of their successful treatment at a later stage.

As someone whose work spans both NHS and private healthcare, I believe that a co-ordinated effort across both public and private sectors is the key to our ability to tackle this issue. This approach must include fertility education, however, which will prove to be vital in not only helping young BAME people better understand their fertility, but also in breaking down the taboo faced by many with infertility.

Now that the conversation has started, it's time for the fertility sector to act.

Professor Geeta Nargund is Medical Director of CREATE Fertility and abc ivf.



Chris' story

Very quickly after my wife and I got married, we decided we wanted to start trying for a family. I had previously been in a long-term relationship where we unsuccessfully tried to conceive for a short period, but in reality the relationship wasn't meant to be, so I didn't think too much about it afterwards. After a year of trying with my wife, growing more and more tired of the monthly wait to see if it had finally happened, we decided we probably should make sure that everything was working okay.

The hospital where I had to go and give my sample was about 40 minutes from where we lived and had no room or facility to 'do your thing' there. I was told the sample had to be given within 20 minutes, so I ended up having to use a nearby supermarket toilet cubicle! It's almost funny to think about this now, but at the time the embarrassment of what I was having to do was unbelievable.

After a couple of weeks, we got a call to say that I had to give another sample, with no reason as to why. I stayed positive and did not really think too much about it, but my wife was immediately worried. So, I went to repeat the same journey and toilet cubicle shame.

It was a Saturday morning when I went to see the doctor to get the results of my test. I sat down, and within 30 seconds was informed

that I had no sperm. I would never be a father naturally.

I don't remember what he said after that, as I was in such a shock, but I can't have been in the room for more than three minutes in total. Going home and telling my wife was horrific. I don't think I knew how to feel. I didn't cry when my wife did. I just focussed on making sure she was okay.

Next steps

Our next step was to see a fertility specialist to discuss options. After some more blood tests, they told us that all the indicators for me (hormone levels, mostly) suggested that there could be sperm in there. I could have an operation to investigate and hopefully retrieve some, then we could try IVF. Needless to say, we chose to go ahead with the sperm retrieval, in the faint hope that the outcome would be a positive one.

I estimate that I had been conscious, post-operation, for what felt like five seconds before the doctor told me that unfortunately no sperm were recovered in the samples taken from my testicles. I felt a real emotional numbness and inability to comprehend what this meant for our future.

I recovered from the operation, but not from the further bad news we had received. But

I was determined to stay positive and 'fix' the bad situation. I wanted to make sure we would have a baby by any other means.

I told my wife I was happy to have a baby using a sperm donor, and within a couple of months of the operation we had found our man. She began the daily injections to start the IVF process. Up to the day that she went into hospital, we had met with a fertility counsellor for a total of one hour, which on reflection is absolutely crazy. We had both spoken to our family and close friends about the whole journey up to this point, but I remember that my favourite phrase was 'I'm fine', which was definitely not the case.

The day of the egg retrieval came. We were told beforehand that the early signs of follicle numbers were not ideal. Sadly, they could only retrieve two viable eggs, neither of which subsequently made it to the point of being placed back into my wife.

Walking away

At this point, we were at what felt like rock bottom. I began to unravel. I was drinking more and more, and while I should have been a supportive partner for my wife, I quickly became very distant. I was miserable and losing track of everything that made us so happy before we had started trying to get pregnant. This breakdown and my subsequent behaviour lead to me walking away from my marriage, thinking it was best for me and my wife, without ever really trying to heal or consider why I had become the way I had.

Five years down the line, feelings of guilt for how I behaved, and the hurt caused, is still very real.

The breakdown of the relationship was incredibly painful and acrimonious, and all the while I was on a path of self-destruction. I was not talking to anyone or getting help. I decided to move away to a new city, two hours from any friends or family (and my ex-wife) for a fresh start.

A few months after moving, I realised that my lifestyle was having a distinct impact on my mental health, and that I really needed to

talk with someone who could make sense of everything that had happened over the previous year.

Reaching out for help

Finding a counsellor who was a fertility specialist was the best thing I have ever done. Through our sessions I was able to understand the complex issues of grief and loss. These were issues that, after my news and subsequent failed IVF, I simply hadn't comprehended or considered as a problem.

The last four years have been a complicated, challenging but ultimately very beneficial process. Having someone to talk to, who can unpick all the questions and negativity you feel, has really kept me sane and moving forward. I started a new relationship three years ago, and in January 2021 I decided to go through the procedure of FNA mapping.

Despite the previous sperm retrieval process failing, there was still a chance that this much more accurate & definitive process would yield the results we wanted. It is also far less invasive, with just a couple of days recovery time. If I had known at the start of the whole journey what was involved in the two procedures, I would never have chosen the much more invasive, painful and less accurate sperm retrieval.

Sadly, the outcome of the FNA mapping was the same as the previous procedure. However, despite the cost, now my partner and I know exactly what our options are, without any 'what if's hanging over our heads.

Chris' advice

The most important thing I have learned is to take your time, grieve, talk to a professional about it all. And make sure you and your partner come to terms with it together. I have never endured anything as emotionally draining as this period of my life, but the support of my counsellor meant that we were able to understand the emotional difficulties that we would face together, verbalise exactly how we were feeling and support each other as we should.

Fertility Consent

Fertility Consent is a secure online platform designed for fertility clinics and their patients. Using the latest digital technology, Fertility Consent has been designed to provide to patients with clear and engaging information about their treatment. Patients are automatically allocated videos and information leaflets pertaining to their particular treatment, ensuring they are informed before giving consent to their treatment.

Designed with you in mind

The platform allows patients to complete the informed consent process at home at a pace convenient to them, in the comfort and safety of their own home. They have the opportunity to watch the videos and discuss their choices with their partner, if they have one, before electronically completing and signing their consent forms.

Accessibility

For convenience, patients can access their informed consent materials from their computers, tablets or smartphones. Medical information can be translated into many different languages including Spanish, German, French, Danish, Polish, Arabic and Urdu.

The platform is also compatible with accessibility plug ins and screen readers for visually and hearing-impaired patients.

Patient data security and privacy

Patients can be reassured that their personal data and security is maintained at all times. Fertility Consent generates a 'key phrase' for each person which, along with their clinic ID number, is used to authenticate themselves



on the consent portal. Patients can then choose their own password to access their informed consent programme. In this way, only the person who authenticated themselves knows the access password. Unique user credentials protect the integrity of the acknowledgements and consents patients give throughout the informed consent process.

Patients can be reassured that their registration forms, medical questionnaires and clinic consent forms are processed efficiently, stored electronically, and that all the information they provide is secure and legally binding through the use of digital signature technologies that conform to eIDAS.

Fertility Consent is compliant with the EU General Data Protection Act (GDPR). The online consent platform and patient portal services use Microsoft Azure data centres located in the UK. Fertility Consent chose Azure as it offers the highest levels of trust for UK healthcare applications, offering built in security at all levels and complying with specific compliance standards.

Please see full details at:
fertilityconsent.com/privacy

HFEA's new Chair

Julia Chain, Chair of the HFEA, has written an open letter to fertility patients to introduce herself. For the full version, visit hfea.gov.uk.

“I wanted to write to you personally to introduce myself as the new Chair of the HFEA. I am very excited and privileged to take up this role in the organisation's 30th anniversary year.

In the short time I have been in post, I have been impressed by the many ways that the HFEA puts patients at the heart of our work. Whether it is in reviewing patient feedback at clinic inspections, updating and adding to the huge amount of information on the HFEA website, or considering - at every decision - what the impact will be for patients.

The HFEA has an ambitious strategy over the next few years with several clear priorities including how we can make best use of the data we hold and improve our information for patients still further.

Listening to and engaging in a meaningful dialogue with patients is vital to ensure the HFEA can regulate effectively, and it is something that I personally am wholly committed to. I look forward to meeting some of you over the coming months and hearing your experiences and concerns. In the meantime, please keep up to date with our work via our digital and social media channels, and stay in touch with us.



Top foods for your male fertility diet

Sperm counts have more than halved in the past 40 years, with around 40 to 50% of all infertility cases being due to “male factor fertility”, so it’s important for men to know what to eat when trying to conceive. There are a number of different nutrients you can get in your diet which can help different aspects of your sperm health, including motility, morphology / DNA quality, and sperm count. All these factors contribute to your overall fertility and chances of conceiving.

Unfortunately, there are male fertility conditions that cannot be helped by lifestyle and diet changes and will require help from medical professionals. Therefore, if you have been trying to conceive for a while without success, we advise you to take a sperm test. Although sperm tests are limited in their scope – DNA fragmentation is not measured in standard sperm tests – they will help diagnose any more serious conditions like azoospermia (absence of motile sperm in the semen).

In this article we run through what foods to have and the benefits, including some options for the veggies among you, and what to cut down on or even avoid completely.

Nuts are good for your nuts!

Introducing more nuts to your diet has been shown to help with male fertility. A study carried out in 2012 concluded that “75 grams of walnuts per day improved sperm vitality, motility, and morphology (normal forms) in a group of healthy, young men eating a Western-style diet”. This is because nuts are a great source of micronutrients important for sperm development and function, full of natural antioxidants and essential fatty acids (EFAs).

All nuts are good for fertility, so experiment incorporating them into your meals and try different nuts on different days. Aim for

around 30 grams of nuts each day (roughly a handful) – nuts are high in calories, so avoid overeating. Raw or roasted nuts provide similar health benefits, however roasted nuts may damage the healthy fats within, so it is best to consume raw nuts to get the maximum benefit and avoid added salt.

Spinach and other leafy greens

Introducing more leafy greens to your diet is recommended because they are rich in folate. Folate is a key micronutrient in DNA synthesis and can help to improve the quality of your sperm. Broccoli, brussels sprouts and peas are all also good sources of folate you can easily include in your diet.

Lean meats

While processed meats can be bad for your fertility (more on this later), lean cuts of meat can be beneficial. This is because meat, particularly red meat, is an excellent source of zinc. Studies have concluded that “poor zinc nutrition may be an important risk factor for low quality of sperm and idiopathic male infertility”.

Omega 3

Fertile men’s sperm are made up of a higher concentration of omega-3 fatty acids. These (EFAs) help to increase blood flow and enhance sperm quality. The best source of omega-3 fatty acids come from oily fish such as mackerel, salmon and sardines. Vegetarian options include chia, hemp and / or flaxseed, walnuts, edamame or kidney beans, soya bean oil, seaweed and / or algae. Food supplements are a good idea if you cannot access these ingredients.

Male Fertility Supplements

It’s important to take supplements that are evidence-based. Many supplements on

the market lack any clinical evidence and promote the use of strong antioxidants to improve fertility. However, the latest review on antioxidants for male subfertility showed no significant improvement on pregnancy rates or live birth rates.

Impryl contains a unique combination of activated micronutrients, including zinc and folate, which have been carefully selected to provide optimal support for sperm development without causing any harm. Studies have shown that these micronutrients do not only improve sperm quality but also improve pregnancy and live birth outcomes in sub-fertile men. We recommend taking these micronutrients daily, for a minimum of three months, before trying to conceive or undergoing Assisted Reproductive Technologies (ART) such as IVF to help boost sperm quality.

Following a balanced diet while introducing

more healthy options and avoiding those unhealthy ones is likely to help you lose weight. There is a strong correlation between being overweight (BMI>25) and unhealthy sperm so losing weight can be beneficial if your BMI is above that threshold. Getting some exercise regularly (at least 3 times a week) alongside improving your diet will help you get towards being at a healthy weight and therefore improve the quality of your sperm.

These changes are not guaranteed to bring success, and we advise you to have a sperm test if you have been trying to conceive for 6-12 months without success. However, making these changes to your lifestyle will give you a better chance of producing healthy sperm and therefore the best chance of a successful conception.

This article was contributed by Pharmasure’s Fertility Family, creators of Impryl.

Things to cut down on



Processed foods

Eating too much processed meat and food high in fat and sugar is associated with reduced sperm counts and decreased motility. Replace processed red meats with chicken, or turkey mince where possible. Try to avoid highly processed sugary snacks and drinks – clear the house of all temptations. Swap takeaways with fakeaways (this is also a great way to spend more time as a couple, cooking together in the kitchen).



Alcohol

Consistently drinking every day, or even binge drinking every so often, can have negative effects on sperm. Drinking alcohol can lower the level of key hormones which are vital for sperm production, resulting in a decreased sperm count. Try to find good alternatives to your usual tipple – virgin cocktails and non-alcoholic beers are two good options, that might not hit the spot in the same way but will have less of an effect on your sperm.



Caffeine

Studies suggest that caffeine intake could be associated with DNA fragmentation. Caffeine is also associated with sperm aneuploidy, the presence of an abnormal number of chromosomes in a cell, which can result in either no conception or miscarriage. While these studies are not comprehensive, we advise that you cut down to one tea or coffee a day, and choose decaf if you want more.

Kelly's story

Dealing with infertility is akin to dealing with grief. It's an incredibly isolating and stressful time, made all the more frustrating by national lockdowns. Over the last year, many people have found themselves dealing with the most difficult challenges they have ever faced, while unable to surround themselves with family and friends.

This is Kelly's story, and her advice to anyone else dealing with fertility challenges during lockdown.

My husband and I have been trying to conceive since the summer of 2019. After a chemical pregnancy in February 2020, the following month I fell pregnant again. I asked my GP to do an HCG blood test and the result was over 1000, meaning it had attached and was progressing well. I felt like I could relax after the loss from the previous month and thought it was going to be alright this time.

To ease my anxiety (and because I am extremely impatient) I booked a private scan for bang on six weeks, the earliest they will do a scan.

We drove there, so excited, hoping to see our little bean's heart beating for the first time. When we were in the room, we were warned that it is quite common to not see anything so early on, and that if that was the case then we would be referred to the early pregnancy unit at the hospital. Although they said that this was quite common, when they didn't see anything, we still left feeling extremely confused.

The following week at the hospital, the sonographer found something very quickly. But they then informed us that it wasn't in the right place before leaving the room to get someone else to come and see. My heart dropped to my stomach and I burst into tears. How could this happen yet again?

I had to have surgery to remove it and also lost one of my fallopian tubes. This all happened on the first day of the UK lockdown. The grief took a while to set in once the shock had subsided.

The hardest thing was that in full lockdown you have no way to escape your thoughts or distract yourself, and I couldn't see friends and have my support network with me. I felt very alone.

We both dealt with it in a very different way. My husband doesn't like to discuss feelings and he wanted to be strong for me. He's also admitted that he feels at fault for putting me through this ordeal - which of course I don't agree with.

Eventually, I started running and started the Couch to 5K program after seeing some friends doing it on Facebook. I actually found that I quite enjoyed running! It cleared my head and helped my mental health hugely. If I was having a sad or angry day, I could put on some music and run it out. Being such a competitive person, I also really enjoyed watching my pace get quicker week on week. I also used this to raise funds for charity.

Ectopic pregnancy is not something you think of until it happens to you, and when it does it is hard to understand. Charities like Fertility Network UK and the Ectopic Pregnancy Trust helped me to understand what happened and process my grief.

I also started using the social media app TikTok to raise awareness on ectopic pregnancy and pregnancy loss. It has opened up a whole incredible community of women who are all trying to conceive or been through a similar thing. I find it to be a safe place for me to put down my thoughts and feelings, and use it like a blog.

We tried to get pregnant again for the rest of the year, but nothing happened and by the end of the year I was feeling so defeated, convinced that my body just couldn't get pregnant naturally after losing one tube. We have now decided to go through IVF privately, and hopefully that will make our dreams of a family come true in 2021.

My advice to anyone going through a similar experience is take your time to grieve, find something that helps you process (for me that was running), and reach out for support - especially with charities and support groups for people who have been through the same.

A mindful tool for dealing with infertility

by Veronica Ellis,
Mindfulness Connected Learning

In life, we are either trying to lower stress and avoid difficult feelings, or desperately trying to hold on to the good things that life offers us. Often, we hold on to these good things and pursue happiness with such haste that we actually miss out on being happy. We miss the present moment. We get caught in wanting more because we feel that happiness exists somewhere in the future.

And so this becomes the dynamic of our lives – avoiding or resisting pain and chasing after happiness. As a famous teacher once said, “When we miss the present moment, we miss our appointment with life and that is very serious.”

Mindfulness offers us a different way. When we practise mindfulness, we enrich our lives. We wake up to our lives. We understand how to use our breath and body to do this. We find a way to handle difficulty without being overwhelmed, and to savour what is pleasant and ordinary in our lives. When we do this, we find more balance; a feeling of wellbeing. We build our resilience and we are not so vulnerable to the challenges of life. Practising being in the present moment prepares us for the difficulties in life, so that we can meet them with strength and equanimity.

Stress and difficulty will always be part of life. Mindfulness helps us to embrace this and relate to it in a different way so that we become stronger as a result.

How mindfulness works

Mindfulness has been well researched and has many proven benefits, including reducing stress and improving low mood. It is proven to be as effective as anti-depressants for people

who suffer recurrent depression. It helps in the management of chronic pain and with most stress-related illnesses.

There is also a lot of neuroscience research that shows mindfulness can actually change the structure of the brain. FMRI scans of peoples’ brains after completing an eight-week course in mindfulness have shown increased neural activity in the pre-frontal cortex, which is responsible for emotional regulation. When there is increased activity here, there is less activity in the amygdala (the part of the brain responsible for our fight, flight or freeze response). The research is very encouraging and reassures many of us sceptics out there.

Mindfulness for fertility

From my own personal experience running courses for Fertility Network UK, people join with a lot of pain and anxiety around their own personal fertility journeys, on top of the general stresses of life.

As humans we tend to contract around our pain. When we do this, our worlds get smaller and the pain intensifies. For women and men on a fertility journey, practising everyday mindfulness has helped them to bring their bodies and minds to a place of greater peace. They have been able to face stress and anxiety around treatments with more resilience and calmness. With a greater sense of awareness, they are able to find joy in other areas of their lives, creating some sense of balance with less contraction around emotional and sometimes physical pain.

Mindfulness allows us to be with our pain in a different way. After completing a substantial course in mindfulness, participants have said that they didn’t know they were capable of

‘being with their pain’ without denying it or being overwhelmed by it. They reported how over time the pain can ease, disappear, return, and ease again. With the practice of mindfulness, pain becomes far less overwhelming. They learn what it really means to be self-compassionate. Even amidst difficulty, they can still find joy in the pleasant things in life.

Mindfulness & Fertility Network UK

Over a period of six months, I worked with two fertility groups here in Northern Ireland with the support of Fertility Network UK. The participants demonstrated commitment and courage in relation to mindfulness, and to their own fertility journeys. Whilst we practised a lot of self-compassion we also resourced and stabilised the body and mind with body, breath and nourishing happiness practices.

An interesting outcome was the opening up to more authentic and mindful communication within the group. We were fortunate to have been able to run an in-depth eight-week

course, with a series of follow up sessions over six months. This ongoing practice allowed the groups to identify their individual needs, and I was able to tailor sessions so that there was space to practise together but also space to connect and share. This has been quite remarkable in terms of group insights, learning and a sense of belonging.

Overall, participants have reported greater feelings of connection and an ability to manage both emotional and physical pain that they never thought was possible. Many said that they wished that they had discovered mindfulness earlier, in order to have been able to really live and meet their difficulties around fertility with more strength and calmness.

“Mindfulness is simply being aware of what is happening right now without wishing it were different; enjoying the pleasant without holding on when it changes (which it will); being with the unpleasant without fearing it will always be this way (which it won’t).”
– James Baraz

Mini mindfulness practice

I have created a short daily practice called POP & Breathe. This is a way of checking in with the present moment by using the body and the breath as anchors. This helps us to notice how we are feeling and get some perspective.

Pause. Stop whatever you are doing.

Open your senses. Check in – what can you see? What can you hear?

Pay attention to your body. Bring your attention into your feet, shoulders, hips. Are you comfortable?

Breathe. Take three breaths, following the breath all the way in and all the way out.

Now, ask yourself: what do I need right now? Maybe you need to have a break, step outside, breathe some fresh air.

Find more practices and recordings by Veronica over at: www.mindfulnessconnectedlearning.co.uk/whatismindfulness.html



Fertility in the workplace

Speaking to a lady recently, after one of our Fertility in the Workplace (FITW) training sessions, it was wonderful to hear that there had been a huge shift in mentality around infertility, and that this had led to managers calling on a policy being immediately implemented for staff members.

These outcomes are exactly what drives the FITW initiative at Fertility Network UK, changing minds and changing outcomes for all those affected by infertility at work.

The initiative began several years ago, with work that our now CEO Gwenda led with one of the main unions in Scotland. As a charity, we had increasingly seen patients needing to talk about juggling work and the issues raised by infertility. We had heard the distress that this balancing act was causing, and we became determined to do something about it.

The union's response was to overwhelmingly support a motion calling for recognition and care for all members when facing infertility. This led to us as a team looking at how best to take this forward.

From there, we developed a personalised and specific package of care training and ongoing support that we are incredibly proud of. We have currently trained over 25 workplaces, ranging from LinkedIn, Unilever, HSBC and several government bodies.

The support always starts by asking teams what would be most beneficial for the workplace, what the level of comprehension is, and how we can best help going forward. No training is the same as another, but they are often based around a one-hour 'lunch

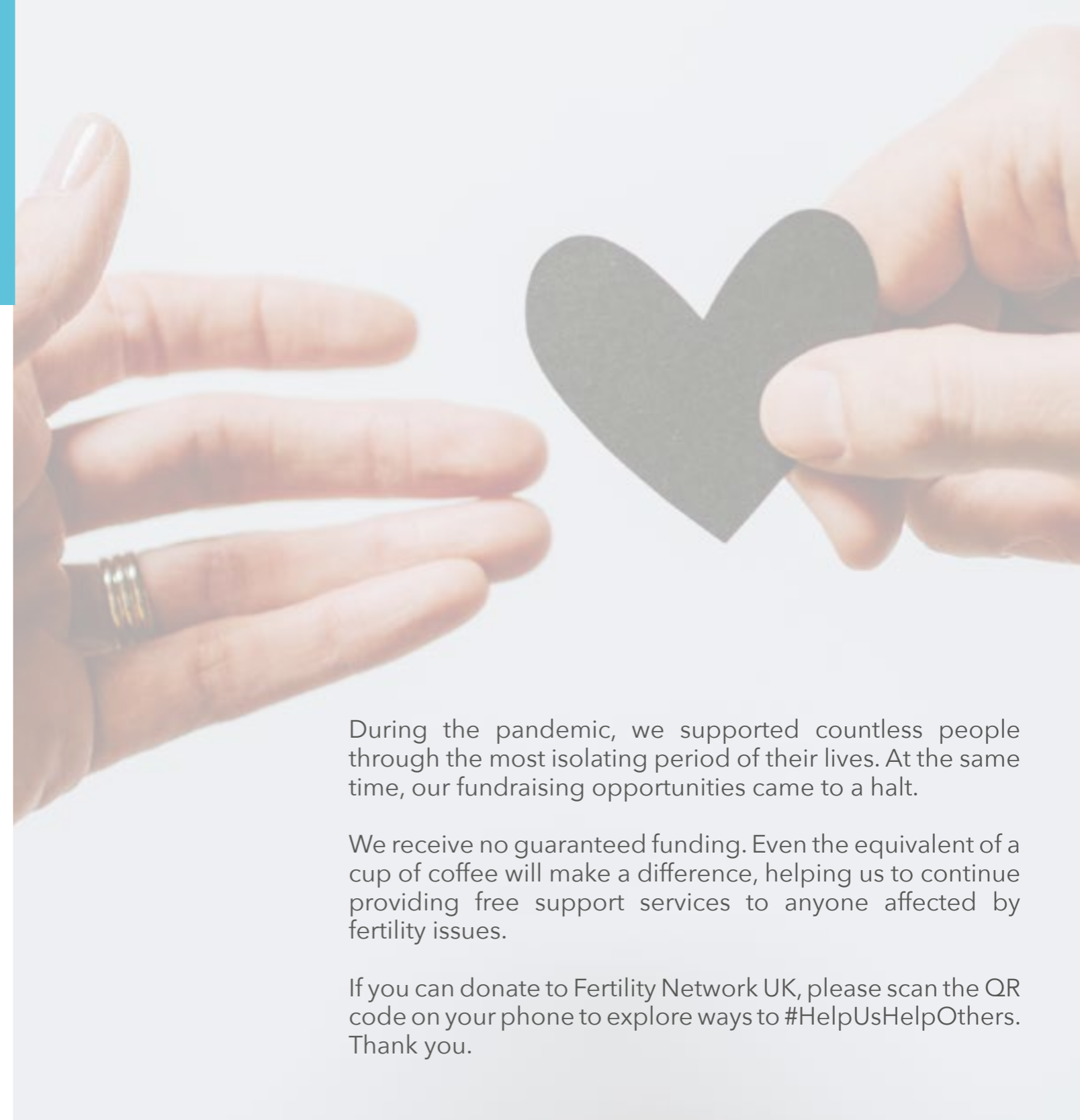
and learn' which looks at the realities of infertility, what it feels like for a patient experiencing this, and some of the issues around workplace sensitivities.

We often use the ground-breaking study we conducted with Middlesex University to cement many of these issues, and to support the call for change via some of the key findings that the survey revealed.

It is crucial that the training always focuses on the WHO definition of infertility - a disease of the reproductive system, rather than a lifestyle issue, that is far more common than many managers tend to realise. Very often, these two facts alone are enough to bring about a shift in thinking, which can then lead to substantial internal change for an organisation.

It has been an incredible team effort in bringing about the FITW initiative, and it is one that as a charity I know we are all proud of. We have been overwhelmed by the response and the feedback and it will be fantastic to see where the initiative goes next. Most importantly for us as a charity, it is another example of listening first and foremost to the patient voice, and then taking action to amplify this to a wider audience. This will always be at the heart of what we do at Fertility Network UK.

For more information on Fertility in the Workplace, please contact:
anya@fertilitynetworkuk.org



During the pandemic, we supported countless people through the most isolating period of their lives. At the same time, our fundraising opportunities came to a halt.

We receive no guaranteed funding. Even the equivalent of a cup of coffee will make a difference, helping us to continue providing free support services to anyone affected by fertility issues.

If you can donate to Fertility Network UK, please scan the QR code on your phone to explore ways to #HelpUsHelpOthers. Thank you.



What to expect with HSG

When you are trying to get pregnant and things aren't going quite as planned, you may want to talk to your doctor and discuss fertility evaluations, which can include hysterosalpingography (HSG). In this article, three specialists will tell you more about this procedure and try to answer some of the questions you may have.

Dr Andrew Watson, can you tell us a bit more about HSG and why it is such an important part of the fertility work up?

HSG is an x-ray examination used to check women's fallopian tubes and womb. It is important to check the fallopian tubes as tubal blockages can stop sperm from reaching the egg and prevent fertilisation. At least one patent tube is needed for fertilisation. Uterine conditions such as polyps, fibroids, adhesions, abnormalities of shape etc. may also lead to fertility issues.



HSG is a simple and non-invasive procedure providing useful information about the uterine cavity and fallopian tubes. The results of the examination, combined with the other fertility tests, will help their doctor to select the best treatment option for each couple.

While HSG is a diagnostic examination, some scientific evidence suggests that in some women there is an increase in pregnancy and conception rates following HSG with contrast media.

Dr Erika Kashef, can you tell us about what women should expect when undergoing this procedure?

During HSG, a clear fluid called contrast medium is slowly infused into the uterus and tubes while images are taken using x-rays. The contrast medium used during HSG is an iodine-based fluid that can be seen on x-ray and so makes the uterus and



fallopian tubes visible.

Two types of contrast fluids can be used: oil- or water-based. When undergoing HSG, women should talk with their doctor to learn more about these and decide which one is the best option for them.

HSG is performed after the menstrual period and before ovulation (ideally before the 12th day of the menstrual cycle for women with a regular cycle of 28 days). The timing ensures that women aren't pregnant when undergoing HSG.

Doctors also advise avoiding intercourse from the first day of the menstrual cycle until the HSG and/or to perform a pregnancy test before the procedure.

Dr Sachin Modi, how should women prepare for their HSG and what should they expect to happen during and after the procedure?

I would recommend patients tell their doctors about any other health concerns, recent pelvic infections and about any medication they are currently taking. Women may be screened for infections and in some cases, it may be advised to take an antibiotic before or after the procedure.



Some women experience some mild cramping discomfort during HSG. If discomfort persists after the examination, this can be relieved by simple analgesia. After the examination, you are likely to have a little vaginal bleeding and leakage of the contrast fluid, which is a sticky clear liquid, which is why a sanitary pad is

What happens during HSG?

The examination is usually completed in less than 30 minutes, including 15 minutes for the preparation time. You may be asked to rest and wait for another 30 minutes to obtain a delayed image.

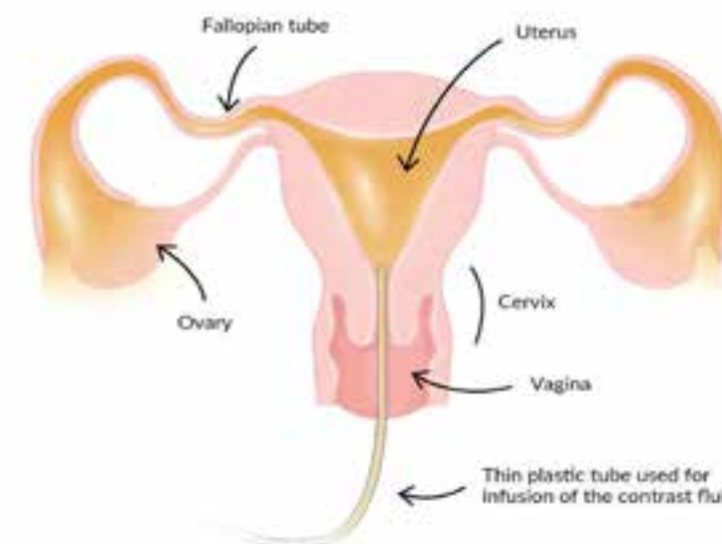
In the majority of cases, HSG does not require anaesthesia.

Preparation

- You will be positioned on the x-ray table and asked to bring your legs up into a gynaecological position
- A speculum will be gently inserted
- The cervix will be cleansed

Procedure

1. A thin plastic tube (called a catheter) is passed into the cervix
2. The contrast fluid is slowly infused through the thin tube into your uterus
3. The progress of the contrast fluid is followed with the x-ray machine and images are taken
4. Instruments are gently removed



recommended. Any discomfort or spotting should subside within two days.

Generally, HSG is a well-tolerated procedure but occasionally side effects may occur. The most common side effects include infection, pain, fainting and allergy to the contrast fluid. Women should consult their doctor immediately if they have any concerns or if they experience a fever, an offensive discharge, persistent pain or persistent bleeding.

Radiation amount from HSG is very low (typically equivalent to a chest x-ray) and the exposure has not been shown to cause any harm. No radiation remains in the body after the examination.

Finally, I would like to acknowledge that our female patients and their partners are going through a very difficult time when getting

HSG. I always emphasise the importance of taking the time to explain the procedure and answer whatever questions they may have, as I believe it to be crucial to try to reduce whatever anxiety they may have before the procedure and to help them to have the best possible experience.

Dr Andrew Watson is a consultant gynaecologist and obstetrician at Tameside & Glossop Integrated NHS Trust with a busy clinical practice both in the NHS and privately. Dr Erika Kashef is a Consultant Interventional Radiologist at Hammersmith Hospital with a focus on gynaecological interventions. Dr Sachin Modi is a Consultant Interventional Radiologist at University Hospital Southampton and Spire Southampton Hospital.

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Expert advice, from the comfort of your home

Our free webinar series has proven itself as a simple way to make expert advice more accessible. With the help of our charity's corporate partners and friends, patients have been able to learn from the comfort of their homes, either tuning in live or watching the recordings at a time that suits them.

Particularly through lockdown, when Zoom really took over the world, webinars have been an effective way of sharing important updates. In January, we were joined by the HFEA and the British Fertility Society. The webinar, an update and Q&A on COVID and fertility treatment, is by far our most viewed recording.

So far in 2021, we have continued to host a series of webinars for the TTC community. Popular webinars have included *My donor journey*, where we were joined by Becky (Defining Mum), Laura-Rose (LGBT Mummies Tribe) and Michael (Two Dads UK). The three shared their stories of using egg and sperm donors, plus what they wish they had known about the emotional impact as well as practicalities.

For anyone interested in nutrition and physical wellbeing, we recommend watching *How to stay healthy during lockdown*. We were joined by nutritionist Sarah Trimble, focusing on great food for female and male reproductive health, as well as reaching target weights for treatment. She pointed us

in the right direction for lockdown comforts – indulgent enough to stave off those sugary cravings during stressful times, while still nutritious and great for our wellbeing. It's all about balance! A great webinar to watch alongside this is *The microbiome-fertility connection* with Nua Fertility, all about the link between gut health and fertility.

Another popular webinar was *Juggling work and fertility struggles*, where Fertifa joined us to talk about the impact that investigations and treatment can have on employees, helpful benefits and policies, and how to approach your employer when you're struggling.

We also covered holidays and celebrations with a special fireside chat around Mother's Day. Sophie Sulehria (Peanut) and Jessica Hepburn (The Fertility Show) gave brilliant advice for all kinds of special occasions that revolve around families. We loved the idea of creating your own annual traditions on otherwise painful days, with self-care first and foremost – think long walks, pub lunches with all the trimmings, relaxing baths and old favourite films.

Our webinars are available to watch at any time on YouTube. Just search for Fertility Network UK, and you'll find our playlists, along with recordings of our popular yoga sessions.

Finding a space to talk

By Angela Pericleous-Smith, Chair BICA

Finding yourself on a fertility journey is an experience that nobody ever expects. Once you have made that decision to have a family, it can be a very long and enduring process to navigate. The fertility path may come with a huge emotional impact, not only on yourself but your partner too. It may impact your relationship together, and your relationships with others. It can infiltrate every aspect of your life both emotionally and physically; your diet, nights out, holidays, friendships, finances, work relationships and career decisions.

Fertility can feel like an emotional rollercoaster and the impact can be very isolating and distressing. You may find it really difficult to talk about. You may also find it increasingly difficult to continue to pretend everything is okay.

A specialist fertility counsellor may be really beneficial as you navigate this complex path. Counselling might appear like it is 'just talking', though in reality there is a lot more to it than 'just talking'. Counsellors are professionals who are required to undergo a lot of training; they are specifically trained in theory and interventions. They will have developed skills to empathically and compassionately explore your thoughts and emotions, without imposing their own opinions or life experiences.

Counselling is a collaborative experience between you and your counsellor. It is a safe, impartial space and can be a totally life-changing experience.

This will give you an opportunity to explore your feelings around fertility and work through any emotional difficulties, anxieties and fears you may be facing. You may choose to attend alone or with your partner. Research highlights the importance of couple communication; your counsellor can support you to share your feelings

with one another, enabling you to recognise and change any behavioural patterns that may lead to a struggle or isolation from one another at a time when you need each other the most.

It can be a space to understand the treatment process. A space to learn about yourself, see yourself differently, challenge your beliefs and values, helping you to understand, normalise and process the entwined emotions you may be feeling, such as loss, guilt, shame, envy. Your counsellor can support you in navigating relationships with others, help identify your existing coping strategies and resources, and work with you to increase your self-esteem, confidence and resilience to cope more effectively with your fertility challenges.

Often with fertility struggles comes a reluctance to open up and share the raw depth of your pain, which can prevent your counsellor from gaining valuable insights. Remember, your counsellor is there to help you without judgement. Everything you share in counselling is confidential, with the exception of harm to yourself or others. Thus, it is imperative you feel there is a good connection with your counsellor to enable you to form a trusting, effective working relationship. There is no 'one size fits all' – choose a counsellor you feel comfortable with.

Fertility counselling is a key part of fertility clinics for all patients. All clinics licensed by the Human Fertilisation and Embryology Authority (HFEA) are required to offer you and your partner an opportunity to talk to a counsellor before treatment begins, during treatment and / or after treatment, whatever the outcome.

Many fertility clinics offer counselling for free before during and after treatment, other clinics may charge for counselling sessions. The British Infertility Counselling Association (BICA) has a *Find A Counsellor* directory of accredited specialist fertility counsellors.

www.bica.net/find-a-counsellor

Our support line

Coming back to Fertility Network UK

by Kate Brian, Operations Manager

Our free Support Line is now open five days a week. A warm welcome to Janet, who has made this possible.

Diane and Janet are former fertility nurses with a wealth of experience. They can help not only with minor medical questions but also advice and support.

We are not here to diagnose, but however simple or complicated your question, Diane and Janet will try to answer you and support you through your queries and worries.

Remember, no question is too trivial to ask – if it is bothering you, then ask away – this could be just the service you are looking for. And there's no charge for this support!

It is very normal to feel isolated, out of control, lonely or depressed when dealing with infertility. Even if you just want to talk, why not give Diane or Janet a call on our Support Line or email.

If it matters to you, it matters to us.

Lines are open from 10am to 4pm.

Reach Diane on Monday, Wednesday & Friday
0121 323 5025
support@fertilitynetworkuk.org

Reach Janet on Tuesday & Thursday
07816 086694
janet@fertilitynetworkuk.org

It was more than 20 years ago that I first came across Fertility Network UK (then called CHILD), when I was working as a television journalist and covering a story for Channel 4 News about the anniversary of IVF. When I mentioned to the Chief Executive during our interview that I'd had IVF myself, she immediately roped me in to speak at a conference about an IVF book for patients I'd written, and then asked if I'd consider applying to join the charity's Board of Trustees. I've been associated with the charity in a variety of roles ever since, working as a Trustee, volunteer and staff member.

After four years in an honorary role at the Royal College of Obstetricians and Gynaecologists, I came back to the charity earlier this year as Operations Manager and it is fantastic to be a part of Fertility Network UK again. The charity is thriving with an outstanding team, led by a dedicated Chief Executive, Gwenda Burns, and is able to support people in more ways than ever before.

The pandemic has been particularly tough for fertility patients, and Fertility Network UK has adapted quickly by offering group meetings online and more support for wellbeing. We are offering a wider range of fertility groups, with special groups for those experiencing secondary infertility, for over 40s, for pregnancy after fertility problems and for Black women among many others. Our support line is now running every weekday, with Janet, a former fertility nurse, joining our lovely Diane (the only person who has been at the charity longer than I have!).

We also educate young people about their future fertility, and work with employers to teach them about fertility in the workplace. Our links with stakeholders have strengthened, and the team ensure the voices of fertility patients are heard by professionals, health care commissioners, regulators and in government. It is great to be back at Fertility Network UK, the charity which is there to support everyone affected by fertility problems and to help to ensure that no one going through this needs to feel alone.



News from our team

Catch up with the latest news from our co-ordinators in England, Wales, Scotland and Northern Ireland.

England

It has been a very busy year so far for Fertility Network UK in England. More and more of our regional groups are putting on monthly Zoom support calls, and we have launched fertility groups in Derbyshire, Durham, Hertfordshire, Leeds, Warwickshire and most recently Bristol!

We have recently set up some additional specialist groups, including a new group for Black women who are experiencing fertility problems. The group already has an active closed Facebook page, and we are hoping to start online meetings later this year.

We also have a new group for those who are thinking of stopping treatment, but are not ready to move on to More to Life. This group meets monthly online and has a closed Facebook page. Finding Joy Beyond Childlessness author Lesley Pyne spoke at the May meeting.

We have just launched a group for women who are 40 or over experiencing primary infertility and the group grew to over 100 members in its first two weeks; it is great to be setting up much needed support groups and increasing our reach in England.

Our support has also extended to include sessions and activities promoting mental health and wellbeing. In February we hosted a four-week nutrition programme for those working on lowering their BMI before beginning treatment, and yoga sessions have continued nationwide with great feedback after every session.

For more support or information about support in England, please contact: hannah@fertilitynetworkuk.org

Wales

In January we submitted our progress report to the National Lottery Community Fund, reporting that within our first funding year, we provided 1-1 support to 577 people, facilitated 55 fertility group meetings, and organised 18 educational sessions.

We continue to focus on communication with GPs, secondary care units and tertiary fertility clinics; especially regarding COVID-19 implications, treatment pathways and waiting times. By attending team meetings, gynae forums, and junior doctor training, we have been able to deliver 'emotional impact' sessions to consultants, specialist nurses, registrars, and administration teams, highlighting patient experiences and the significant emotional impact.

We have been lucky to work in partnership with several organisations, such as Cardiff University, Maggie's Cancer Support, Endometriosis UK, Wales Kidney Research Unit, the Fair Treatment for the Women of Wales (FTWW), Darwin Gray Law Firm, and South Wales Police. Through our fertility awareness work, we have been able to highlight issues fertility patients face, including the hidden workplace implications of treatment, and how we can all better support our colleagues and service users.

We launched a six-part Nutrition Series with Sarah Trimble Nutrition, specifically for those who need to reduce their BMI to progress with treatment. Prior to the series, participants reported 'a real lack of information and practical support', and, feeling 'overwhelmed', 'under pressure', and 'lacking motivation'. After completion of the course, 94% reported feeling better equipped to deal with their weight loss journey. Keep an eye open for the next one!

In February we launched our monthly Fertility Weight Loss Group. Through Zoom meetings and a closed Facebook group, we share

recipes, motivation, and offer peer support. If you need to lose weight to progress with treatment, then please join us.

In March, we were joined by a final year medical student, who undertook her elective with us. She delivered talks to nursing, midwifery, and medical students, and highlighted amongst her peers how certain factors and lifestyle choices can impact future fertility. We are excited about our new education film 'Angela's Story' which highlights the pressure that women feel around age, BMI, and the emotional impact on their partner. We are also looking forward to running educational sessions with organisations such as Action for Children, Future Works, and Careers Wales.

One of our amazing volunteers, Carl, held a fundraising race night, raising £600. He has further fundraisers planned and is aiming to take on the Everest Base Camp challenge with members of the HIMfertility group next year. He is passionate about raising awareness of infertility and getting more men to seek support. Thank you, Carl!

In April, we launched our six-week course with Mindfulness Connected Learning. 17 participants have been learning practices that can help them deal with investigations, treatment, and loss. Many people were disappointed not to secure a place, so we hope to run another course in the Autumn.

Over the last few months, several experts have joined our All-Wales Fertility Information Group, giving an array of informative talks around fertility preservation, sperm DNA fragmentation, the two-week wait, egg donation and more.

For details of all our peer support and information sessions, follow us on social media @fertilitynetworkukwales, or get in touch with alice@fertilitynetworkuk.org.

Scotland

This year, with the pandemic and subsequent closure of clinics, has seen the demand for our services grow at unprecedented rates. Fertility Network Scotland staff have met the increased need for emotional support with 121 telephone support calls, 17 support groups, Zoom yoga classes and mindfulness courses.

Scotland's support groups are hosted on Zoom, WhatsApp and Facebook, all set up privately to ensure confidentiality. Our team facilitates and monitors these groups, so that patients have access to support and information when they need it. We now have geographical groups, where patients can talk to others who attend the same clinics; and specialised groups including TTC Endometriosis, TTC Pregnancy Loss, TTC Solo and TTC 35+. Feedback from users in the specialised groups is really positive, with people able to meet others who really understand the nature of their journey.

Scotland has just finished a successful and informative webinar series for our LGBT+ support group, many of whom want to become parents but do not know how to access services. The six-week webinar series covered IVF, IUI, donor treatment and surrogacy. We invited expert speakers who covered legal aspects and implications for future LGBT+ parents and shared the

pathway to access treatment in Scotland. The group also enjoyed our real-life stories week where we had guest speakers from the LGBT+ community, who shared their fertility journey to parenthood.

Yoga, which has been running since the start of lockdown, continues to support patients every Thursday evening and the feedback has been incredible. So many of our yoga participants tell us that their emotional and mental health has improved, and they now feel more confident in embarking on IVF treatment.

As we understand how difficult embarking on a fertility journey can be, especially during these difficult times, we have started a six-week Mindfulness course delivered by Zoom and facilitated by a specialised coach. All services we offer are free to users.

We would like to thank the Scottish Government for their continued support of our services.

If you need to get in touch with the Scottish team, please email:

Sharonm@fertilitynetworkscotland.org
Sarah@fertilitynetworkscotland.org
Jenny@fertilitynetworkscotland.org

"Fertility journeys are really hard when you feel alone, but finding your tribe makes walking that road a little easier. Thanks to all those that walk the road with me."

"This group has been my saving grace, I felt so alone in my journey until I joined. Speaking to ladies who are going through similar situations have got me through some really tough days. Thank you all for being there for me."

"It's so nice to be a part of a community of other warriors on the same page as you! There's always someone to talk to, listen to, know how they are feeling! It means I never feel alone in this long and difficult journey."

Northern Ireland

In the current climate of successive uncertainties, over at Fertility Network NI we have focused our efforts on providing emotional support for our members. With the first lockdown and the sudden cessation of both private and NHS funded treatment, followed by a further halt in NHS treatment in January 2021, there was a definite increase in people contacting our charity, highlighting an obvious need to provide emotional and practical help for those seeking our support.

We aimed to help build resilience, to deal with both familiar difficulties encountered on a fertility journey and new ones posed by the pandemic. From Autumn 2020, through to Spring 2021, we ran several wellbeing courses for both our Trying to Conceive and More to Life communities in NI.

Thanks to funding secured from the Community Foundation NI's Tampon Tax Grant, we ran a four-week Yoga and Wellbeing Programme for our TTC community, delivered via Zoom by instructor Martine O'Reilly. At the same time, our More to Life group shared a wellbeing journey into the healing world of Qi Gong movement and mindfulness, guided by Fiona Jennings.

The Tampon Tax fund also allowed us to provide a "Living Life to the Full" educational course based on cognitive behavioural therapy techniques. Each week, the course explored different areas of thinking styles, feelings and behaviour and aimed to teach and nurture skills to cope with the stresses of daily living. The course, from the mental health charity AWARE, was facilitated by our own

Hilary Knight and was very popular. The feedback from all the courses provided through the Tampon Tax funding was extremely positive and encouraging, with many members reporting improvement in anxiety levels.

We were also delighted to receive grant funding from the Public Health Agency, which enabled us to hold a series of Mindfulness courses, extending over six months to both our TTC and MTL communities. With so many of our members reporting feeling stressed and overwhelmed, the Mindfulness courses were in high demand. The aim was to find a balance and even joy amidst all the worry and uncertainty. The tutor, Veronica Ellis, incorporated a variety of techniques including mindful breathing, meditation, body-scan practice, mindful eating, mindful movement, and walking. The extended course even had a half day mindfulness retreat! The diversity of techniques acknowledged 'one size doesn't fit all' and made the course more inclusive, encouraging participants to continue mindfulness practice in their everyday lives.

Fertility Network NI has continued to provide support group meetings via Zoom, with informal chats and a variety of guest speakers. Our one-to-one support has been busy over the last few months and our closed Facebook group is flourishing! We have liaised with other support services and groups and continue to work hard as patient advocates, representing patient support needs in both the NHS and private fertility sector.

hilary@fertilitynetworkuk.org

The Patient Pledge

The Patient Pledge is a partnership between Fertility Network UK and clinics, demonstrating the focus and importance that clinics place on patients' emotional wellbeing throughout their assisted conception journey.

When someone starts fertility treatment, they may feel apprehensive, worried, scared, and most of all, alone. It is crucial that clinics ensure the correct emotional support network is in place for their patients.

If your clinic is one of our Patient Pledge clinics, this demonstrates their commitment to patients and shows how they collaborate with the Fertility Network team to support patients. Clinics that are part of The Patient Pledge are offered training for all staff on the emotional and psychological impact that patients can experience throughout their fertility journey. We also offer training and help in setting up support groups, which has proved extremely valuable to patients during lockdown.

The impact the pandemic has had on patients' wellbeing has been enormous, however when the clinics closed, Fertility Network UK was able to remain open. Everything we do for patients is free and we continue to support patients as we come out of lockdown. We have two nurses leading a support line, now available five days per week, as well as peer support groups, webinars and wellbeing classes, delivered by professionals in the field, for anyone facing fertility issues. The support of our clinics makes this all possible.

Our charity's aim for 2021 is to connect with every clinic in the UK. We recognise that building a good relationship with clinics is especially vital when striving to achieve the same goal: supporting patients through their fertility journey.

If your clinic would like to be part of The Patient Pledge initiative, please contact Sharon Martin at: sharonm@fertilitynetworkscotland.org, or 07411 752688

AGORA Brighton & Hove
www.agoraclinic.co.uk

APRICITY London
www.apricity.life

Belfast Fertility
www.belfastfertility.co.uk

Belfast Health and Social Care Trust Regional Fertility Centre
www.belfasttrust.hscni.net/services/rfc

Bourn Hall Fertility Clinic
www.bournhall.co.uk

Care Fertility Group
www.carefertility.com

CREATE Fertility
www.createfertility.co.uk

Centre for Reproductive & Genetic Health
www.crgh.co.uk

The Evewell London
www.evewell.com

Gennet City London
www.city-fertility.com

GCRM Fertility Glasgow
www.gcrm.co.uk

Hull IVF
www.hullivf.org.uk

In-Ovo Clinics Belfast
www.in-ovo.co.uk

IVF Matters London
www.ivfmatters.co.uk

Leicester Fertility Centre
www.leicesterfertilitycentre.org.uk

London Women's Clinic
www.londonwomensclinic.com

Newcastle Centre for Life
www.newcastle-hospitals.org.uk/services/fertility-centre

NHS Aberdeen Fertility Centre
www.aberdeenfertility.org.uk

NHS Assisted Conception Unit Dundee
www.acudundee.org

NHS Edinburgh Fertility Centre
www.services.nhslothian.scot/edinburghassistedconceptionprogramme

NHS Greater Glasgow
www.nhsggc.org.uk/your-health/health-services/assisted-conception-service/

NHS Orchard Clinic Craigavon
www.southerntrust.hscni.net

Reproductive Health Group Cheshire
www.reproductivehealthgroup.co.uk

Sheffield Teaching Hospital Jessop Wing
www.sth.nhs.uk/our-hospitals/jessop-wing

The Shropshire and Mid Wales Fertility Centre
www.shropshireivf.nhs.uk

EmbryoClinic Greece
www.embryoclinic.eu

IVF Spain
www.ivf-spain.com

The HFEA's 2018/2019 strategic aims recognised the need of improving the emotional experience of care before, during and after treatment or donation.

Thanks to our corporate partners

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Address

Fertility Network UK
The Forum at Greenwich
Trafalgar Road
London
SE10 9EQ

Information

info@fertilitynetworkuk.org
01424 732361

Media enquiries

media@fertilitynetworkuk.org
07469660845