

AFFINITY



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Hello and welcome to the Spring edition of Affinity.

For the first time in two years, The Fertility Show will be back on the 7th and 8th May 2022 at London Olympia. If you plan to attend, we will be there to meet, chat and to give any support you need. Sometimes it can be a bit overwhelming, so just knowing we are there to give impartial advice and support is vital. Making the show special this year is the hybrid element; it will be amazing to physically see and speak to people face to face, however if you cannot attend, you can access content through the digital platform - a great way to ensure nobody misses out. We have teamed up with the organisers of The Fertility Show to offer our readers discounted tickets - find out more on page 16.

We are delighted to announce that our team in England is expanding; this will make such a huge difference to the support we can offer to our beneficiaries and is aligned much more with the support currently offered in Scotland, Wales and Northern Ireland. Vacancies will be advertised on our website soon, so if you want to make a difference why not think about applying.

Along with our other vital workstreams, this year our Fertility in the Workplace initiative continues; Anya has been very busy working with the likes of HSBC, Unilever, Tesco Bank, the Ministry of Defence, LinkedIn, Sony and Barclays, as well as smaller employers including Peppy Health, local authorities and NHS trusts. We believe improving knowledge of fertility and reproductive health is essential from education to the workplace.

We have already started to plan our National Fertility Awareness Week which this year is week commencing 31st October 2022. Please do keep up to date with us through our socials and our website for more information. If you would like to be involved this year, please contact: catherine@fertilitynetworkuk.org

Many of us entered 2022 with much more optimism, which has been great to hear and see. Our incredible fundraisers are full of enthusiasm, running lots of marathons and even climbing Mount Everest. A huge thank you to everyone who is taking part in a fundraiser this year.

As we continue through the year, it is important to remember that some COVID-19 restrictions do still exist, and contracting the virus could still delay your treatment - these are restrictions we hope to wave goodbye to soon.

We are here to help you in any way we can. We have an amazing team who are dedicated to supporting you. We are your charity, and we are here for you. #YouAreNotAlone

Take care,
Gwenda



Meet our new Trustees



Isabel

I am delighted to have been selected for a position on the Fertility Network Board of Trustees. I am the Lead Nurse for the Gynaecology and Assisted Conception Service (ACS) in NHS Greater Glasgow and Clyde. My current position as Lead Nurse is to provide professional leadership, empowering nursing staff to provide optimum patient centred care.

I have worked specifically in ACS for almost 20 years. Assisted conception and gynaecology are dynamic and ever-evolving areas of healthcare. It is my responsibility to ensure staff embrace this progressive healthcare environment and are supported, prepared and able to respond to change, to ensure that patients receive the best possible care. My role requires excellent change management, negotiating and leadership skills to ensure all professional teams are focused and committed to health improvement initiatives.

I am the nurse representative for the Greater Glasgow and Clyde health board on the Scottish Government National Infertility Review Group. I have also had the pleasure of representing the nursing profession on the Human Fertilisation and Embryology Authority 'Information for Quality Group'. Both these opportunities have allowed me to be involved in national policy and influence changes. I was a co-opted member of the British Fertility Society training subcommittee, and lead on the annual Intra Uterine Insemination and Embryo Transfer training day. I am a past Chairperson of the Senior Infertility Nurses Group.

I am focussed, committed and passionate about fertility and equitable access to treatment. I believe the speciality of infertility has allowed for great developmental opportunities within the nursing profession, which have helped me to improve the patient journey. I believe these attributes will be an asset to the Board of Trustees. I have been involved with Fertility Network UK for many years participating in fundraising events, presenting at patient information days and most recently providing information virtually on the fertility journey for the LGBTQ community. I very much look forward to being part of the Board of Trustees in the forthcoming years.



Jo

I am delighted to have joined Fertility Network UK as the new Chair of Trustees. It is a privilege to use my skills in strategy and governance to make a real difference. My background is in strategy and marketing for entertainment, sport and digital companies including Sky, BT Sport, Discovery and Manchester City FC.

I am an experienced Charity Trustee, Non-Executive Director and Chair and have enjoyed these roles hugely. I have been an Independent Member of Council (Non-Executive Director) for the University of Exeter for six years, during which time the university underwent a huge period of change. I am also Chair of Trustees for a small charity called The Student View which works with disadvantaged young people, to help teach them about the perils of misinformation and fake news. I was previously a trustee for the National Union of Students (NUS) during a difficult period of crisis and worked with KPMG, the trustees and others to restructure and relaunch the charity.

The battle to have a family is a topic very close to my heart. My partner and I went through a very intensive period of fertility treatment as we discovered that I had a very low AMH and would need many rounds of IVF to have a chance of having a child. We had eight rounds of treatment and on our last attempt we were lucky to become pregnant.

The experience for me was incredibly challenging, particularly the mental health battles of staying positive despite the odds being against us. I sought out fertility counselling and it was one of the most important parts of my treatment. I tried my best to learn about all aspects of our treatment and that knowledge helped me understand what was happening and what the right plan was for my partner and me.

I look forward to working with my fellow trustees to support the work of the charity.

COVID-19 vaccines and fertility

The British Fertility Society and Association of Reproductive and Clinical Scientists have created this document in response to questions from patients about COVID-19 vaccines and fertility. The availability of safe and effective vaccines against COVID-19 offers a way for our patients to protect themselves against this disease, prior to and during fertility treatment and during pregnancy.

These FAQs were created on 8th February 2021 and revised on 26th July 2021 and 11th January 2022. They are correct at the time of publication. Please be aware that the speed of scientific research in this area is very rapid. These FAQs are not exhaustive, and we advise any concerned person to always discuss their individual situation with their healthcare provider.

Should people of reproductive age receive a COVID-19 vaccine?

Yes. People of reproductive age are advised to have the vaccine when they receive their invitation for vaccination. This includes those who are pregnant or trying to have a baby as well as those who are thinking about having a baby, whether that is in the near future or in a few years' time.

Is COVID-19 vaccination recommended in pregnancy?

Yes. The Royal College of Obstetricians and Gynaecologists states that pregnant women are at increased risk of becoming severely unwell if they catch COVID-19, and their babies are more likely to have pregnancy complications like preterm birth, or stillbirth. Women who have had the COVID-19 vaccination are much less likely to suffer from these problems. The vast majority of women who have needed intensive care due to COVID-19 in the UK were unvaccinated.

Hence, COVID-19 vaccination is strongly recommended in pregnancy.

Can the COVID-19 vaccines affect fertility?

No. There is no evidence, and no theoretical reason, that any of the vaccines can affect the fertility of women or men. Research has shown that ovarian reserve is not affected by the vaccine. Some women may notice a change in their next period after receiving the vaccine. We don't know if this is due to the vaccine or a chance event. However, it is a temporary effect and not likely to have consequences for your fertility.

A number of studies show that sperm test results are not affected by having the vaccine. On the other hand, COVID-19 infection has the potential to reduce sperm quality.

Do the COVID-19 vaccines affect the chance of success with fertility treatment?

No. Research has shown that the chance of success of IVF treatment is not affected by having the vaccine.

Can I have a COVID-19 vaccine during my fertility treatment?

Yes. You may wish to consider the timing of having a COVID-19 vaccine during your fertility treatment, as some people may get side effects in the few days after vaccination that they do not want to have during treatment. These include tenderness at the injection site, fever, headache, muscle ache or feeling tired. It may be sensible to separate the date of vaccination by a few days from some treatment procedures (for example, egg collection in IVF), so that any symptoms, such as fever, might be attributed correctly to the vaccine or the treatment procedure.

Your medical team will be able to advise you about the best time for your situation.

Should I delay my fertility treatment until after I have had the COVID-19 vaccine?

The only reason to consider delaying fertility treatment until after you have been vaccinated would be if you wanted to be protected against COVID-19 before you were pregnant. Your chance of successful treatment is unlikely to be affected by a short delay, for example of up to 6 months, particularly if you are 37 years of age or younger. However, delays of several months may affect your chances of success once you are over 37, and especially if you are 40 years of age or older.

How soon after having a COVID-19 vaccine can I start my fertility treatment?

Immediately - you do not need to delay your fertility treatment unless you wish to have your second dose before pregnancy (see above). If you find out you are pregnant after you have had one dose of the vaccine (between doses), you are strongly advised to have your second dose 8 weeks after your first dose.

I had a positive pregnancy test today. Can I still have a COVID-19 vaccine?

Yes. You can have the vaccine in pregnancy. In the UK, pregnant women are advised to have the COVID-19 vaccine. There is no reason to believe that any of the COVID-19 vaccines would be harmful in pregnancy. None of the vaccines contain live virus and so there is no risk that the pregnant woman or her baby could get COVID-19 from the vaccine. No safety concerns have been found in research studies that have followed up more than 130,000 pregnant women after mRNA COVID-19 vaccination in the USA and Scotland.

The healthcare professional looking after you in pregnancy will be able to advise you, taking into account your individual risk.

I am donating my eggs/sperm for the use of others. Can I still have a COVID-19 vaccine?

Yes. COVID-19 vaccines do not contain any virus and so you cannot pass on COVID-19 by receiving the vaccine. The Human Fertilisation and Embryology Authority state that you must allow at least seven days from the most recent vaccination prior to donating eggs or sperm. Ovarian stimulation for egg donors can start once 7 days have passed. If the donor feels unwell after the vaccination, they must not donate for 7 days after their symptoms have got better.

I have had recurrent miscarriages and am now trying to get pregnant again. Should I postpone having a COVID-19 vaccine?

No. There is no reason to postpone having your COVID-19 vaccine as it will not affect your risk of having a miscarriage.

For further information on vaccination in pregnancy, see the information produced by the Royal College of Obstetricians and Gynaecologists:



See the HFEA's latest COVID-19 guidance for patients here:



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Disclaimer: This FAQ document represents the views of ARCS/BFS, which were reached after careful consideration of the scientific evidence available at the time of preparation. In the absence of scientific evidence on certain aspects, a consensus between the Executive teams and other members has been obtained. ARCS/BFS are not liable for damages related to the use of the information contained herein. We cannot guarantee correctness, completeness or accuracy of the guidance in every respect. Please be aware that the evidence and advice for COVID-19 vaccines for those trying to achieve a pregnancy or those who are pregnant already is rapidly developing and the latest data or best practice may not yet be incorporated into the current version of this document. ARCS and BFS recommend that patients always seek the advice of their local centre if they have any concerns.



Rachel's story

My partner and I had tried for a baby for some time, and despite countless missed periods and pregnancy tests, I wasn't getting pregnant. In 2016 after undergoing some tests I was diagnosed with Polycystic Ovary Syndrome (PCOS), and my partner was diagnosed with low sperm mobility.

In 2017 following an unsuccessful procedure called ovarian drilling, and trialling some medication to support my PCOS, we were referred to the Liverpool Women's Hospital under The Hewitt Fertility Centre to discuss IVF.

In the fertility clinic we underwent more tests. I was not ovulating and had been tracking this for around two years and never had the 'peak' to suggest ovulation. My partner also had an ultrasound scan and they confirmed he had testicular varicoceles which can cause low sperm production and quality. Our combined results suggested IVF was our best chance to have a family and it was agreed we would undergo ICSI to give us the best chances of success.

We commenced treatment in early May 2017. It can be daunting when all the medication arrives, and I remember the overwhelming reality of what we were about to do sinking in. The cycle was going well, and my body responded to the medication as it should, however I did start to display signs of ovarian hyper stimulation syndrome (OHSS) in my last couple of scans which can be more common to develop if you have PCOS.

I underwent the egg retrieval procedure mid-May and we were thrilled to hear "they got 29 eggs" from the lovely nurse just after I came round from sedation. We couldn't believe the number and were so happy we had enough to hopefully lead to a good number of embryos. Due to risk of OHSS, we

had a freeze all and planned a transfer later in the year. On day five, we had the call to say we had eight great quality embryos ready to freeze.

We started a medicated cycle for the transfer in August with a plan to transfer in October. In October 2017, I had my first embryo transfer, and we welcomed our beautiful daughter Mia into the world in June 2018.

Unfortunately, my gynae issues worsened after her birth. I had endometrial ablation in 2019, followed by a full hysterectomy leaving just one ovary in May 2021. We still had seven embryos frozen, and as I could no longer have children, we contacted the Hewitt Centre who advised us we could donate to either training or other couples.

We decided to donate to other couples. Helping others that have struggled with infertility to have a family was a no brainer decision for us. The donation process is extremely straightforward, and you are supported every step of the way. It is an incredibly rewarding gift to give.

I hope that sharing my story helps others in similar situations.



HIMfertility takes on Silverstone



Learn about the
HIMfertility community

Photo credits: Momentum social and Purple Tasche

What better way to kick off National Fertility Awareness Week than with the first ever HIMfertility track day at the home of British motorsport, Silverstone.

It was a crisp, cold November morning with blue skies and glorious sunshine when we rocked up for a day of adrenaline, conversation, companionship and education. And it turned out to be a massive success.

Through the HIMfertility support group, ambassadors Toby Trice and Ian Stones set up a day to get members together, to meet for the first time ever. Since the group started back in 2020, they have only ever had virtual meetings, which of course bring many benefits, but nothing really beats a face-to-face meet up.

Toby, recently crowned Ginetta GT Academy Champion, was there in full race suit with his winning Ginetta G56 GTA all warmed up, ready to take guys for hot laps around the track.

The day kicked off sharpish with the first "willing" volunteer strapped in for the ride of his life. The smiles really did speak for themselves as each guy returned from what was an incredible experience. How often do you get to ride in a race car with a championship-winning driver around the most iconic circuit in the world?

But there was something else just as special happening that day. We had a lovely bunch of guys all coming together with a common

issue: fertility! Some openly admitted that they were nervous to join the day, not knowing how it would be to face other guys and share their stories. Yet somehow, having the focus of the car and all the other activity around the track helped break down the barriers, allowing guys to connect and talk.

A huge thank you goes to LogixX fertility for being the main sponsor of the event bringing various machines, gadgets and info along with Prof Ralf Henkel, so that the guys could talk and ask questions about their own particular issues. This brought a whole different level of value to the guys because so often they are the neglected part of the conversation and don't have the confidence or opportunity to ask these sorts of questions. We discovered that many of the guys left the event with new information despite years of treatment, appointments and consultations. As the sun set over the track that evening, we knew that something special had happened that day. New friendships had been formed, information had been shared and most importantly we'd helped guys feel less alone and more supported.

This year sees Toby move up to the Porsche Cayman sprint challenge, which promises to be another exciting race season. With that comes more opportunities for HIMfertility track days so keep your eyes peeled. We welcome all men to come and join our online group, to hear more and become part of a supportive, friendly community.



Why affordable IVF is vital for the UK's future

by Dr Geeta Nargund, Medical Director, abc IVF



Although there is still some way to go, for women and couples experiencing fertility issues we have seen huge advances in the public conversation around fertility and IVF in recent years. However, this has unfortunately not been matched by advances in accessibility, with many still struggling to access affordable fertility treatment. The NHS IVF postcode lottery and high costs of private treatment mean many women and couples find themselves unable to access NHS-funded IVF and are priced out of private treatment.

Infertility affects one in six heterosexual couples in the UK, and for single women and same-sex couples, fertility treatment is the only option to start a family. Yet, despite the fact NICE recommends that all women under 40 should receive three cycles of publicly funded IVF, only 12% of UK regions are able to meet this recommendation.

This means that many women and couples struggling to conceive cannot access treatment or are forced to borrow funds in order to do so, which only perpetuates social inequality. The opportunity to become a parent is, at its core, a human right, and should never be the preserve of just a lucky few, so it is vital that we do all we can to support those trying to conceive.

Re-thinking the approach to funding

However, I do not believe that this funding should fall solely to the NHS, who are already facing pressures on their finances that have been further stretched by the events of the last two years. Instead, the cost of funding IVF treatment should be shared amongst the government departments who actually stand to gain most from an increased birth rate, such as the Department for Work and Pensions and the Treasury.

The UK has long faced a declining birth rate and the Social Market Foundation recently warned that Britain's baby shortage could lead to a "long-term economic stagnation" - a warning I have been making for many years. Children are essential to our economy, with research finding a UK-born child's lifetime economic value to be over £700,000 through tax and pension contributions, a figure that dwarfs the cost of funding IVF for those who need it (around £20,000).

By fundamentally rethinking how we approach, budget for and fund IVF, we are not only ensuring everyone has the opportunity to become a parent, but also supporting the future economic success of the UK.

Access drives equality

Increasing access to fertility treatment also contributes to promoting much needed diversity in our society. We need to concentrate our efforts towards better supporting people of all ages and family types to conceive - including heterosexual couples, single women and same-sex couples. This includes promoting fertility education in schools, introducing pro-family initiatives, offering women better career protection post maternity leave, as well as examining how we budget for and fund IVF treatment in the UK.

In the face of declining birth rates and a rising number of women and couples requiring fertility treatment, it is essential that we work to ensure all those who need it can access affordable IVF. IVF is an essential treatment that has helped thousands of women and couples realise their dreams of starting a family and has the potential to improve the equality and diversity of our society. Fertility issues do not discriminate, so neither should access to treatment.

Our fantastic fundraisers

With so many fundraising events cancelled because of the lockdown, we are grateful that fundraising opportunities are restarting across the UK. We would like to share our thanks to the brilliant people who have chosen Fertility Network UK as the charity they want to support.



Liz Turnbull: Winchester 10K

Taking part in the Winchester 10k run was both a personal challenge but also an opportunity for me to raise awareness and funds for Fertility Network UK, and more specifically for the charity's Secondary Infertility Support Group. After the birth of my son in 2015, little did I know what a rollercoaster it would be to try to have another child, nor what pain and sadness the turmoil of secondary infertility can bring.

It's only when you speak to those who are sadly in a similar situation that you start to find some comfort, and without the help of the Secondary Infertility Support Group, I don't think I would have got through some of the toughest times. I'm so proud I managed to raise funds for this fantastic charity, and it brings me comfort to know that the money raised will go towards helping those who need it most.

Prof Dazzy fundraising for Fertility Network UK

Darren Griffin is a Professor of Genetics at the University of Kent. Given his background in reproductive genetics, Darren decided to take on a series of fundraising runs to help the ultimate beneficiaries of his research - the patients who are facing fertility challenges.

Darren is undertaking multiple challenges throughout 2022 including a virtual walk from Lands' End to John O'Groats, the Brighton Marathon, two half marathons, three 10k runs and nine 5k runs.

Darren will be inviting the media to talk to him about his work involving genetics and fundraising activities, in the hope of raising awareness and engaging people in conversations around infertility and the impact it has on the 1 in 6 people that are affected.



Everest Base Camp March 2022

The idea to take on such a massive challenge came from our volunteer Ian Stones who leads the HIMfertility support group. Ian facilitates the monthly meetings and he wanted to raise awareness of the group, which offers support to men who often feel alone and isolated during fertility treatment. After much deliberation, the team agreed that they would take on the ultimate challenge and trek to Everest Base Camp, well known to be one of the most gruelling challenges in the world! The trek will take between 9 and 12 days to complete in gruelling conditions, with oxygen levels at 50% and night temperatures at -1°C.

Meet our other brave trekkers:

Ciaran Hannington

My wife and I began our fertility journey in 2010. When I provided a routine sperm sample prior to ovulation induction, due to my wife's PCOS, I was shocked to find out that I had low count, morphology and motility issues. Although my wife was able to access several support groups, I couldn't find support for men, which resulted in my mental health deteriorating. Family and friends tried to help, but it was hard for them to understand what we were going through. When I found out about this challenge, I jumped at the chance to be able to raise awareness of male infertility in the hope others don't struggle like I did.

Aaron Sutton

My own fertility journey ended childless over 10 years ago, but it was only last year that I allowed myself to reflect on the impact that childlessness had on me. My aim is to support the work of Fertility Network UK and the incredible HIMfertility support group, which is raising awareness of the impact of infertility on men, addressing service inequality, and ensuring the wellbeing of men by giving them a platform to share experiences and offering support to best navigate their own fertility journey. Involuntary childlessness is a life changing experience, but it shouldn't be one that removes all hope from a future life of happiness and fulfilment.

Tony Suckling

I have struggled on my own fertility journey over the last few years, and I really wanted to give something back to the fertility community. Finding out my wife and I would have trouble conceiving hit me like a brick wall. There was almost no support out there for men. After struggling through two rounds of IVF and not telling anyone in my family about what we were going through, I decided to speak out. I found HIMfertility, and it helped me to talk and realise there were other people out there going through the same experience. This challenge will be massive for me as I am afraid of heights and flying!

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Catch up with our COVID-19 webinar

In January 2022, we held a Fertility Network UK webinar to update on COVID-19 for those affected by fertility issues. We were joined by Raj Mathur, Chair of the British Fertility Society (BFS); Clare Ettinghausen, Director of Strategy and Corporate Affairs at the Human Fertilisation and Embryology Authority (HFEA); Kirstie Campbell, Unit Head of Maternal and Infant Health at the Scottish Government; and Professor Abha Maheswari, Clinical Director at Aberdeen Fertility Centre.

The panel began by answering some general questions about COVID-19. Raj Mathur was able to offer reassurance that there was no evidence that vaccination had an impact on fertility but described how the advice given by professionals had changed since the start of the pandemic. He explained that when the pandemic started there was no information about how severe COVID-19 could be in pregnancy, but as data accumulated the risks became apparent. He said that the advice on vaccination in pregnancy had also changed, as evidence emerged that vaccination is both safe and effective in pregnancy. Professor Maheswari echoed this later, noting that the Royal College of Obstetricians and Gynaecologists and the British Fertility Society were advising women to get fully vaccinated.

The question of isolation before and during treatment came up and patients were advised to discuss this with their clinic. Clare Ettinghausen answered concerns about the amount some clinics were charging for COVID-19 testing and said that patients should contact the HFEA if they had concerns about being asked to pay too much for this.

There were a number of questions relating

specifically to the situation in Scotland, where a decision had been taken to defer treatment for fertility patients who had not been fully vaccinated. Kirstie Campbell explained that the decision was intended to be temporary and had been taken due to evidence about rising COVID-19 rates and the impact of COVID-19 on unvaccinated pregnant women. She said the decision was under continual review and that any delays for those who are unvaccinated will be added on to their treatment time.

Professor Maheswari stressed that the aim of fertility treatment was not just to get a positive pregnancy test, but to have a healthy mother and baby. She said it was concerns about safety and the very real risks for unvaccinated pregnant women and their babies that had led to the decision. She said that counselling and nursing teams were at hand to support anyone affected by the decision, but they'd found the numbers of patients affected were low as the majority of fertility patients had been fully vaccinated. Clare Ettinghausen was asked if the restrictions on treatment for unvaccinated patients were likely to be replicated elsewhere in the UK but said this wasn't expected.

A wide range of other questions about COVID-19, fertility and treatment were answered during the webinar, which can be found on our YouTube channel alongside all our previous webinars covering a wide range of subjects relating to fertility and treatment. You can access them all via our website:



What to expect from this year's fertility show

Hello, I'm Sophie from The Fertility Show and I am so excited that tickets to the next Fertility Show LIVE are now on sale. After a two-year COVID-19 enforced hiatus, we shall be at Olympia London from 7th - 8th May with more top fertility experts, clinics, doctors, patient advocates and ambassadors than ever before. Our mission is to help people embarking on a new or ongoing fertility journey to get the most accurate advice, support and information.

There will be three seminar rooms running hosted talks with world leading fertility experts, back-to-back, throughout the weekend complete with live audience Q&As included within every discussion. The 36 live seminars will cover some fantastic topics. See our website for the full list! The exciting thing about our discussions are the new, personalised way we are set to present them. Each seminar is hosted by someone from the industry and Fertility Network have their own seminar room with hosts from the charity. Audiences will be given the chance to ask their all-important questions too.

Our hall of exhibitors will be back and ready for action. Over 100 doctors, clinicians and practitioners, including UK and overseas clinics, advice groups, charities, acupuncturists, dieticians, nutritional & lifestyle advisors, holistic therapists and more will be present and ready to chat to you. You will have the chance to meet the best experts in the industry, one-to-one, to discuss your next steps.

We are dedicating a whole section of the room to some of the best patient advocates. I shall be hosting live conversations on our "Let's All Talk" stage with people who have either dealt with, or who are dealing with their own struggle with fertility, and have used their experience to help others. These amazing people will be with us, giving personal advice, answering your questions, cheering you on and will also be on-hand to help in a variety of ways. Wonderful people such as:

- Emma and Gabby from The Big Fat Negative Podcast, who give advice and support to the

community via their podcast and now book.

- Noni Martins from "Unfertility" is breaking the silence, stigma and shame surrounding infertility in the Black communities.
- Shaun aka "Knackered Knackers" who has shared his story of male infertility, used donor sperm to conceive and has now started to support other men.

During lockdown, like many, The Fertility Show adapted. We moved online, under the banner 'Let's All Talk Fertility', which saw us host weekly webinars with our wonderful world-leading fertility experts. These webinars evolved into our first Online Fertility Summit, which we ran in September 2021, and to this day we are still hosting free monthly expert Q&As for those who need them.

Our online events have allowed us to introduce digital elements to this year's Fertility Show. If you can't make it to the show in person, you can watch some of our

seminars online, interact with exhibitors and download videos and brochures from the comfort of home. Plus, visitors to The Fertility Show will be able to access our online platform for six weeks post-show, allowing all visitors to catch up with seminar recordings and keep conversations going with our exhibitors and clinics.

We are also extremely grateful to have Fertility Network UK on-hand at this year's show, giving impartial advice and support to our visitors. Every ticket sale for entry to The Fertility Show will automatically give a contribution towards FNUK. In February I caught up with Gwenda Burns, FNUK's CEO, for our newsletter. To read her Q&A go to our diary page on our website and please register with us for your free newsletter/blog.

Meanwhile, you can follow us on all our social media channels @thefertilityshow, where you'll find regular posts, tips and updates about what we're doing.

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Multiple births in fertility treatment

By Julia Chain, Chair, Human Fertilisation & Embryology Authority (HFEA)

Undergoing fertility treatment can be one of the most physically and mentally demanding times in a person's life. Treatment can be gruelling, the clinical information given can be difficult to digest and these two things combined can sometimes become a barrier to informed decision making.

One area that is particularly challenging to navigate is that of multiple births. On the surface, a decision to have more than one baby appears uncomplicated and maybe even desirable, but when you delve a little deeper these decisions can have huge consequences for patient and baby, as well as for the NHS.

The risks

For many years, multiple pregnancies and births have been the single biggest health risk of fertility treatment for patients and their babies.

During the early 1990s, multiple birth rates were at a record high. Over a quarter of all IVF births resulted in more than one baby being born, and because of the health risks

associated with these multiple pregnancies and births, many became complex. In some cases, because of the pressure put on the body, they can become dangerous for both the mother and her babies. This can be terrifying for patients as well as for the healthcare professionals taking care of them.

A multiple pregnancy increases the risk of stillbirth, neonatal death and disability. Compared with carrying one baby, twins are four times more likely to die in pregnancy, seven times more likely to die shortly after birth, ten times more likely to be admitted to a neonatal special care unit and have six times the risk of cerebral palsy. For mum, risks also increase due to late miscarriage, high blood pressure, pre-eclampsia and haemorrhage. These facts are not designed to scare patients, but patients must be equipped with this information so together with their clinical team, they can make fully informed decisions about their care.

Evolution of practice

The risk of multiple births has commonly been higher in IVF patients because clinical

practice has, until recently, been to transfer more than one - often several - embryos to the womb. It's natural to think that by transferring more than one embryo, the chances of a successful pregnancy will increase, but this is not the case.

As the chances of achieving a successful pregnancy are not as high, in practice today, clinical teams will only advise patients who meet specific criteria to transfer more than one embryo; patients who are over the age of 37 or patients who do not have high quality embryos. Even then, it is rare that multiple embryos are transferred at one time.

One at a Time campaign

We've come a long way since those early days in the 1990s where the average UK multiple birth rate from IVF was around 28%.

Following the launch of our 'One at a Time' campaign in 2007, multiple birth rate targets were introduced and where appropriate, clinicians were encouraged to transfer only one embryo. As a result, our 10% target was reached nationally in 2017. Since then, multiple birth rates have continued to decline and reached 6% in 2019; in fact, now they are around 1-3% across all patient ages.

Most encouragingly, the numbers of babies born from IVF has continued to rise while the multiple birth rate has fallen, confirming that transferring only one embryo does not impact on a patient's chance of having a baby. This increase may be due in part to improved embryo selection and the practice of transferring an embryo at day five of development, known as a 'blastocyst', which is increasingly used in UK practice.

The HFEA recently published its 'Multiple Births in Fertility Treatment 2019' report that looked at the progress made with reducing multiple births. It found:

- Single embryo transfers increased in use from 13% of IVF cycles in 1991 to 75% in 2019.
- The multiple birth rate has reduced most among patients under 35 (from 27% in 2007 to 6% in 2019) and patients over 44 (from 31% in 2007 to 5% in 2019).

- Highest multiple birth rate among patients aged 35 and under (above 30%) receiving double embryo transfers.
- When donor eggs were used, transferring multiple embryos carried a greater risk of multiple births (around 30% across all ages) from 2015-2019.
- Black patients typically had higher multiple birth rates at around 12% from 2015-2019, compared to 10% across all ethnic groups.
- About 60% of IVF twin births were preterm (under 37 weeks) compared to 9% of singleton births from 2015-2019.

Room for improvement

The reduction of multiple births is something everyone involved in fertility treatment should celebrate. However, there is still work to be done as we know a small number of fertility clinics are above the 10% HFEA multiple birth target.

Our recent report also identified a private and NHS divide, with privately funded patients aged 37 and under having higher rates of multiple births from 2015-2019 in their first IVF cycle, compared to NHS-funded patients.

We want all fertility patients to achieve their dream of parenthood and the 'One at a Time' campaign shows that together, with the support of clinics and patients, we can help achieve this in the safest possible way. We will continue to monitor multiple birth rates in our drive to improve the health of patients and their babies, and we will work with clinics to ensure patients have access to information to make choices that are right for them.

You can read the Multiple Births in Fertility Treatment 2019 report on the HFEA website:





Johnno's story

Today is my first birthday as a father. Unlike previous birthdays, instead of opening cards or unwrapping presents, my morning started with a smile from my daughter. She clearly was keen to celebrate, having woken us up at two in the morning thinking it was playtime, with my wife only managing to rock her back to sleep as the sun started to rise at five. But despite her night-time antics, that smile meant everything to me, and it was the best birthday present I could have asked for.

My name is Johnno and I have (according to WHO standards) low sperm morphology and motility which, as male infertility factors, were the major contributing reason for my wife and I seeking fertility support and subsequently undergoing ICSI treatment. I serve in the Army, a career that offers additional challenges (and opportunities) when undergoing a fertility journey. We are subject to a posting cycle that requires me, and therefore my family, to relocate every two years, and we are often separated for significant periods upon deployment in the UK and overseas. This clearly impacts upon

attempts to conceive naturally, and relocation invariably comes with frictions in transferring investigations and treatment between NHS Trusts.

Whilst the rigours of service life impact the fertility journey, the organisation recognises this and holds policies to support its members. We can apply for geographic stability agreements to enable treatment, whether private or NHS funded. We are also fortunate in that funding is provided up to the maximum recommended IVF/ICSI cycles under NICE guidelines, irrespective of where we are based in the UK.

Talking about your infertility and the impact it holds on starting a family isn't the best conversation starter and it certainly doesn't come with a punchline. Whether over a beer in the bar, or during an initial interview with my new boss, it was a conversation I avoided having on more than a few occasions. But I was forced to open up about our treatment when I was advised that my posting could be cut short, and I was looking at potential

reassignment. This brought the risk of the inevitable switch between NHS Trusts; a challenge which we had already been through once.

I am so glad I spoke up when I did. My commanding officer could not have been more supportive and successfully fought to keep me in unit. I was directed to relevant policy and had a stability agreement put in place. I discovered my line manager and the unit's second-in-command, had both conceived via fertility treatment. My exchange-officer mate was a test-tube baby himself. I confided in my troop and across the board and was met with support. I discovered that fertility journeys were far more common than I imagined. Why hadn't I talked more widely about it sooner?

'Blokes' tend not to, we just don't, particularly in my line of work. But we really should. There's nothing emasculating about being in this position. Being able to talk about it makes us better and more supportive partners for those in the relationship who are doing the real heavy lifting.

Unfortunately, there still exists a perceived link between male fertility and masculinity. I recently saw a YouTube video by a prominent influencer, where he and his mates undertook a fertility test. I was initially pleased to see male fertility being so openly discussed, until I realised that it was being conducted as a competition. The narrative that the more fertile you are, the more of a man you are, is at best unhelpful. The idea of a group of women holding a similar event to determine who has the largest ovarian reserve or highest progesterone levels seems unthinkable. This is why opportunities for males to open up about their experiences is essential, whether or not the issue is with them directly, and why initiatives such as the HIMfertility campaign are so important.

Ladies, I am in absolute awe of every single one of you. What you undergo psychologically, emotionally, and physically is nothing short of incredible; my wife is 100% my hero. She was the one who had to endure the injections and undergo a range of intrusive examinations, not to mention the actual pregnancy!

Our story had a happy ending with the birth of our daughter in June last year. We were unlucky in requiring treatment, but incredibly lucky to conceive during our first cycle of treatment, particularly as we only had one viable embryo. It was when I reflected on our experiences that I discovered the Defence Fertility Network, which exists to support individuals and couples across defence undergoing a fertility journey. I wish I had known about it whilst we were undergoing treatment, as the ability to access and speak to others in the same situation can be of real assistance and support. It was formally recognised as an official support network in February and membership has since increased to around 300 members.

It primarily functions as a means of mutual peer support on a private Facebook group, is rank-less and free from the chain of command. This allows open and honest conversations to take place. Resource hubs are also available on both the Facebook group and on the organisation's intranet which also enables access for line-managers seeking to understand the realities of treatment and existing policy to better support their personnel.

With its newly gained formal status, the network is being championed by a senior officer and subsequently can act as a critical friend to defence. In doing so it can guide policy development and further enhance the support provided to those undergoing a fertility journey. This is genuinely, and rightly, becoming a recognised workplace issue.

We can be found on Facebook or you can email us at:
armypers-df-network@mod.gov.uk

More information on the Defence Fertility Network can be found at:





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.



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The ONLY vitamin company to receive The Queen's Award twice for Innovation and twice for International Trade



*Nielsen GB ScanTrack Total Coverage Value and Unit Retail Sales 52 w/e 9 October 2021. To verify contact Vitabiotics Ltd, 1 Apsley Way, London, NW2 7HF. UK's No.1 pregnancy supplement brand. 1. Getting enough folic acid is vital from the start of trying to conceive. Supplemental folic acid increases maternal folate status. Low maternal folate status is a risk factor in the development of neural tube defects in the developing foetus. Folic acid also contributes to maternal tissue growth during pregnancy. 2. Pregnacare is the pregnancy supplement brand that is most recommended by midwives. For more information on this research, please visit www.pregnacare.com/mostrecommended.

New members of the team



Carla Homerstone

England Co-ordinator

Before working for the charity, I enjoyed being a Fertility Network UK volunteer for two fertility groups, as well as being a media volunteer. I look after our Information Line and respond to questions about NHS Funding. I liaise with commissioners in England to lobby for NICE guidance to be followed and to ensure they are aware of the impact of any decisions on patients. I also work with fertility clinics, GPs and other healthcare professionals, to help them to understand the patient perspective and to make sure patients can access evidence-based information and advice. I promote awareness of the charity and of the impact of fertility issues in England and work closely with my colleagues across the UK. I also represent the charity on external groups and committees.



Anna Paterson

Educational Development Officer for North and East Scotland

I am the Education Development Officer for North and East Scotland. I have previously worked in education and the voluntary sector in mental health, counselling, employability and advocacy. I have my own experience of fertility issues and know the impact it can have on people's lives and well-being. I'm excited to be involved in increasing knowledge and understanding so that people can protect their fertility wherever possible.



Sarah Baird

Educational Development Officer for South and West Scotland

I have nearly 20 years' experience in teaching and thoroughly enjoy working with people in a supportive role. As Educational Development Officer I aim to raise awareness about Fertility Network UK and to provide anyone who is going through fertility issues access to information and emotional support. When going through my own fertility issues, I realised just how many people are affected by this and am excited to be working with a charity that can help get people talking about the issues and what support there is available to them.



Kimberley Thomas

Project Worker for Wales

I am passionate about working for Fertility Network UK as I believe that education, support, and equality are vitally important. I often wish I'd had more information for my own fertility journey. Predominantly I have worked in the charity sector, supporting people and raising awareness of various issues. The Wales team facilitate online support groups, run informative webinars and are available to support you on a one-to-one basis. Please get in touch if you need support, you are not alone and we are here for you.

New survey reveals ‘heartbreaking’ impact of COVID-19 on fertility patients

Launched during National Fertility Awareness Week 2021, over 400 patients took part in our new survey which explored the devastating impact of the COVID-19 pandemic on those people waiting for fertility treatment.

Patients reported widespread delays in diagnostic testing, including blood tests and semen analysis, and a range of surgical procedures from laparoscopy to surgical sperm retrieval. Delays ranged from months to more than two years. Many patients had to repeat tests which were out-of-date by the time they were able to access treatment, and reported appointments being repeatedly cancelled.

Partners were often unable to attend fertility appointments, which meant patients reported having to go through miscarriages and receive bad news alone. Fertility appointments were often carried out over the phone, which some found particularly challenging given the sensitive nature of the problem.

Patients described the impact of COVID-19 as ‘heartbreaking’ and ‘devastating’. Patients reported increased levels of anxiety, depression, stress and frustration, and many were concerned that the delays had impacted their chances of ever having a family.

Problems accessing counselling support meant some patients struggled alone after miscarriage or unsuccessful treatment. Many said counselling was not mentioned at all, despite this being a requirement for licensed fertility clinics, while others faced long waiting lists to see counsellors.

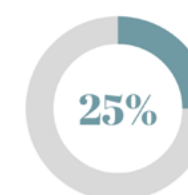
Fertility Network UK is aware that the pandemic continues to have a great impact on patients’ lives and fertility treatment. If you would like to help raise awareness of this by sharing your experience with the media, email Catherine, our Communications Manager, at: media@fertilitynetworkuk.org



experienced delays accessing treatment



experienced delays in accessing tests or procedures before treatment



were unable to access emotional support or counselling

“

It is a real possibility we won't be able to have children now because of the delay.

“

It's hard to describe how gut-wrenchingly painful the last 18 months have been.

“

Our first appointment with our clinic was in September 2019. We still haven't started treatment yet.

“

It felt like precious time was being wasted and each month that went by I was getting older.

“

I was only allowed to attend appointments on my own. When I was given bad news, this was incredibly difficult and still impacts me now.

“

I feel the NHS doesn't care about infertility right now and I'm a second-class citizen compared to pregnant women in terms of accessing services.

“

It is hard to put into words the trauma of having my treatment delayed. The stress and anxiety suffered was indescribable.

“

I was told I was non-priority as it was for fertility and not for health, which was very upsetting and made me feel worthless.

“

One of the most stressful times in my life. I felt like my world had crashed around me.

“

The appointment I waited over a year for was a two-minute phone call.

Fertility in the Workplace

Anya Sizer shares an update on our work with employers to help educate and shape policies that support employees experiencing fertility challenges.



Listening to people's stories of trying for a family has always been one of the great privileges of the work I am involved with. Stories of hope, of frustration, of disappointment, and of resilience. At the heart of the work we do as a charity, supporting places of work in becoming more 'fertility aware', is the desire to share such stories. Alongside information and resources, it is so often the reality of people's lived experiences that shape a workplace's determination in making vital changes for their staff.

So often, it is one person's bravery and tenacity that prompts the initial contact with us as a charity. Painfully aware of the need to make workplaces more supportive, they will arrange training and very often be brave enough also to share their own stories with workmates.

Such stories really do change lives and workplaces for the better.

Much of the overall aim of the Fertility in the Workplace scheme is to provide reality while debunking myths. We challenge the notion that infertility is a niche issue by stating the reality; that at least 3.5 million people in the UK will face this issue each year.

We challenge the concept that it is a woman's problem, by sharing the latest data about the increasing prevalence of male infertility.

We challenge the concept of treatment as a lifestyle issue by clearly stating the WHO's description of infertility as a disease of the reproductive system.

We challenge the myths, share the realities, and suggest ways to create a better working environment for all staff who will be affected, and at the heart of our work are the stories of individuals who need workplace support.

We are currently working with over 50 organisations - well-known brands such as Tesco Bank, Unilever, and HSBC, but also government departments and hospital trusts. No matter what the type of workplace, our training is helping to make life better for all those facing infertility and in turn creating organisational structures that also can function to the best of their ability.

Our work is going from strength to strength, but we are also ambitious to widen the conversation out to the public in general and to campaign for better awareness in every place of employment. As one recent team stated:

“ We were so encouraged by the sheer volume of people who attended and their engagement that we plan to make this the first of many. The key focus being that we can support all employees to the very best of our ability in their goal to become parents.

If there are any workplaces you would like to see receiving our support, or if you have thoughts on how to continue the conversation nationally, we would love to hear from you. Please contact: anya@fertilitynetworkuk.org

Fertility Groups

Fertility Network UK saw a 300% increase in calls during the pandemic; as a result, we've boosted our support services in a number of ways, including extending the hours of our free support line and creating more online fertility groups, including special interest ones.

We run fertility groups across the UK, and you can find a list of all our groups below. For contact details and information about how to join individual groups, please see the Support section on our website:



UK-wide groups

- Black women's group
- Fertility weight loss group
- LGBT+ group
- HIMfertility men's group
- More to Life Community
- Moving on from Treatment
- Pregnancy after Infertility
- Pregnancy Loss
- Secondary Infertility
- Single women's group
- South Asian group
- 40 and over group

England

- Bedfordshire
- Berkshire
- Birmingham
- Bristol
- Buckinghamshire
- Derbyshire
- Devon & Cornwall
- Dorset & Hampshire
- Durham
- East London
- Essex
- Hertfordshire
- Hull & East Riding
- Kent
- Lancashire & Cumbria
- Leeds
- Leicestershire
- Manchester
- Merseyside
- Newcastle
- Norfolk
- North London
- Northamptonshire
- Nottinghamshire & Lincolnshire
- Oxfordshire
- Shropshire
- Staffordshire
- Somerset
- South East London
- South West London
- South Yorkshire
- Suffolk
- Surrey
- Sussex
- Warwickshire and Worcestershire
- Wiltshire

Wales

- Peer Support Fertility Group
- LGBT+ Fertility Group
- Fertility Weight Loss Group
- Welsh-language Fertility Group

Northern Ireland

- Online peer fertility group

Scotland

- TTC - North & East Scotland
- TTC - South & West Scotland
- TTC - North and East Scotland (IVF/ICSI)
- TTC - 35+ North & East Scotland
- TTC - 35+ South & West Scotland
- TTC - 35+ North & East Scotland (IVF/ICSI)
- TTC with endometriosis
- Secondary Infertility
- LGBTQ+ fertility group
- Solo fertility



News from our team

England

There have been some changes for the England team! I recently joined Fertility Network UK as the England Coordinator, taking over from Hannah who is now our Volunteer Coordinator but will continue to provide ongoing management of all the England fertility group volunteers, regional and specialist groups.

Before I joined the charity as a staff member, I enjoyed being a Fertility Network UK volunteer for both the 40 and over fertility group and the Leicestershire fertility group, as well as being a media volunteer. Volunteering for the charity has provided me with valuable experience, understanding and empathy to carry forward in my new role as England Coordinator.

I now support fertility patients in England in a number of ways, including answering the Information Line and responding to questions about NHS funding. I work with clinics across England to raise awareness of the charity's range of patient-focused groups, events, and webinars.

I have also been expanding our Clinic Ambassador Programme, which was launched last year. A Clinic Ambassador provides a bridge between the charity and a fertility clinic. We provide the latest Fertility Network UK patient-focused information, which can be shared

with patients and colleagues. The role is open to doctors, nurses, embryologists, or counsellors. It's all about promoting awareness about the wide variety of free support services the charity has to offer.

England has some exciting news!

England has recently been successful in securing three years of funding with The National Lottery Community Fund - Reaching Communities England. We are so excited and delighted to have this funding for England, which enables us to expand our support services and grow our team within England, and to offer even more diversity to those affected by fertility issues.

For more support or information about England's support services, or if you work in a clinic and want to find out more about becoming a Clinic Ambassador, please do get in touch with me at:
carla@fertilitynetworkuk.org

Northern Ireland

The last six months have been a very busy time for us in Northern Ireland. We have been focussing on finding online ways to support the wellbeing and mental health of all our diverse patient groups.

Additional grant funding from the Public Health Agency Clear Project allowed us to offer two Mindfulness projects, with an eight-week Mindfulness course and a six-week follow-on course for both our Trying to Conceive and our ACeBabes Parents After Infertility groups.

Mindfulness tutor Veronica Ellis delivered a Mindful Parenting course to our ACeBabes group, which has received incredibly positive evaluation. It highlighted that regular mindfulness practice can really make a difference by helping people to be more present and connected with their partners, extended family, and children.

Since COVID-19, our support groups have been unable to meet in person to relax and chat with those who understand their ongoing anxieties and concerns. Mindfulness has helped both groups to alleviate the isolation and loneliness from reduced face-to-face support and helped to create ongoing support and connections, even after the programmes finished.

Many of the ACeBabes members have been successful through donor conception. Some parents kindly agreed to participate in our Donor Conception evening, held in June with a panel of healthcare professionals and crucially those with lived experience. During the evening, all aspects of donor conception and donor-conceived families were discussed. Due to its popularity, we now run a Donor Information event every year.

We have been working closely with the NI Department of Health, the NHS Regional Fertility Clinic, healthcare professionals and other stakeholders in the IVF Project Board, lobbying on behalf of patients on the proposed three cycles of publicly-funded IVF fertility treatment in NI. This long-awaited increase in NHS-funded cycles now seems likely to offer further hope to patients this year. There is still a lot to be resolved, but there seems to be strong commitment on all sides to bring this to reality.

Over the last year we have been collaborating with Queen's University Belfast to develop a research project investigating the impact fertility issues have on the social and emotional wellbeing of those affected, with particular regard to psychological trauma. Although in the early stages, we plan to progress this important research project this year.

Our support group meetings will continue via Zoom with informal chats, hosting a variety of guest speakers on topics such as male infertility, embryo grading and HFEA advice on the Traffic Light System grading for add-ons. In Northern Ireland, we continue to have high demand for our one-to-one support. Our Facebook group continues to thrive, welcoming new members every week. Moving forward, we will continue to work hard as patient advocates, representing patient needs in both the NHS and private fertility sector, and developing our connections with other support services and groups.

To get in touch with the Northern Ireland team, please email:
hilary@fertilitynetworkuk.org
rachel@fertilitynetworkuk.org

Wales

There have been a number of changes to the Wales team over the winter months. We were sad to see our long-time Wales Co-ordinator, Alice Matthews, and our North Wales project worker, Nicola Baggs-Cross, leave their roles. Both Alice and Nicola were incredibly passionate about supporting fertility patients in Wales and we wish them the best. We are very excited to welcome Emma Rees as the new Wales Co-ordinator, and Kimberly Thomas and Bethan Shoemark-Spear as our new Wales Project Workers. All three have significant experience, professionally and personally, within the fertility and third sector. Along with our Education Development Officer Michele, they are here to support you in any way they can.

Despite the staffing changes, Team Wales has been extremely busy! In early 2022, we launched our second seven-part nutrition series. This course was for those who had been told by a clinician to reduce their BMI to progress with fertility investigations and treatment. It was run by Sarah Trimble, a Registered Nutritional Therapist with expertise in supporting fertility health. During the seven-week programme we explored how we can eat to promote weight loss whilst also using nutrition to optimise reproductive health. We covered areas including blood sugar balance, the importance of good fats in the diet, and lifestyle changes to support fertility. It was a hugely popular course and complemented our established and popular Fertility Weight Loss Group.

We ran a peer support session on coping over the Christmas period where staff and participants shared their thoughts, feelings

and coping mechanisms. We recognise that Christmas can be a particularly challenging time of year when you're struggling to conceive and it can seem like everyone around you is having the perfect Christmas, while you might find the festivities daunting. We also recognise how difficult it can be when going through treatment or preparing for treatment over the festive period, with so many tempting dishes and social expectations to drink alcohol. As a result, we also ran an event with nutritionist Natalie Coughlan, to discuss food choices over Christmas and the party season. Both sessions were really popular and well received.

We have collaborated with some brilliant organisations over the last few months, such as Fair Treatment for the Women of Wales (FTWW), British Heart Foundation Cymru, Endometriosis UK, Tommy's and Mind Cymru to look to secure the Welsh Government's commitment for the implementation of the Women's Health Plan for Wales. We have also worked closely with a number of Welsh Health Boards to provide emotional impact training for primary care mental health teams and are working with local authorities to further raise awareness.

For details of all our peer support and information sessions, see our Wales Groups page on the website, and for further information on any of the above, follow @fertilitynetworkukwales on social media, or get in touch with:

emma.rees@fertilitynetworkuk.org
kimberley.thomas@fertilitynetworkuk.org
bethan@fertilitynetworkuk.org
michele@fertilitynetworkuk.org

Scotland

Our peer support services continue to be busy and we have a wide range of support groups covering all of Scotland. Although all our support meetings are now online, they are very popular, and we have received excellent feedback from members. If you would like to find out how we can support you in your journey to conceive, please don't hesitate to get in touch. We understand how difficult this journey can be and sharing this experience with others on a similar journey can really help you feel less alone.

We continue to raise awareness across Scotland about fertility issues and the support that we offer:

- As part of Fertility Awareness Week, we shared information and resources with students about #FertilityEd. We also had a stall at Dundee University and spoke to students about their awareness of fertility.
- We have had online events with Fife College, New College Lanarkshire and Edinburgh University Obstetrics and Gynaecology Society.
- We attended a Re-Freshers Event in January at The University of Stirling, speaking to around 150 students.
- Our new literature and logos for the Education Project were also launched at the end of the year and it was great to be able to freshen up the format and review our information. The Education Project has now been in Scotland for 10 years!

In Scotland we are on the search for the following volunteer roles: Peer Support, Fundraising and Student Ambassadors.

Our Peer Support Volunteers manage one of our support groups and help run a support meeting each month. This role is suited to those who have previously been on a fertility journey or worked in the fertility sector.

Our Fundraising Volunteers make a huge difference to the charity and are vital in helping us continue to provide our free support services. Whether you are currently dealing with fertility issues, facing the challenges of childlessness, or want to help family or friends who have been affected, we would love your support. Your fundraising will make a real difference to the 3.5 million people in the UK who find themselves struggling to conceive, and there are all sorts of ways you can help. Our supporters have successfully organised fundraising runs, cycles, hikes, Ferti-Tea mornings and gaming marathons!

Our Student Ambassadors help with the Education Project. They are current students committed to raising awareness of fertility issues, and the impact these issues can have on the one in six couples who suffer from infertility in the UK. Student Ambassadors are needed to help at our Fresher events across Scotland, speaking to students about factors which may affect their fertility in the future. For further information on these roles, please contact Sarah.

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

To contact the Scottish team, please email:

Sarah Lindores-Williams, Branch Coordinator
sarah@fertilitynetworkscotland.org

Anna Paterson, Education Development Officer
anna@fertilitynetworkscotland.org

Sarah Baird, Education Development Officer
sarah.baird@fertilitynetworkscotland.org

Is your clinic part of our Patient Pledge?



When someone starts fertility treatment, they may feel apprehensive, worried, scared and alone. It is crucial that fertility clinics ensure the correct emotional support network is in place for their patients. That's why we have set up the Patient Pledge. This is a partnership between Fertility Network UK and fertility clinics to demonstrate the importance a clinic places on a patient's emotional and mental health and wellbeing throughout their assisted conception journey. If a clinic is one of our Patient Pledge clinics, this demonstrates commitment to patients and shows it is working collaboratively with the Fertility Network UK team to support patients.

We recognise the support needed for patients if their journey ends with the clinic without a positive outcome. Patients who have experienced the loss of a pregnancy after a cycle of IVF are left devastated and often do not know where to seek help; patients who have completed their NHS funded cycle(s) or self-funded cycles without success can be left emotionally and financially drained and in desperate need of ongoing support. This is where the Patient Pledge enables a clinic to signpost these patients with the reassurance that we will provide that support.

Our charity provides support in so many ways. We have 79 online support groups; some groups are geographical while others are clinic-based. We also recognise the need for equality and diversity through our LGBT Group, Black Women's Group, South Asian Group and our HIMfertility group for men.

Everything we do for patients is free, and we strive to support patients with their mental and emotional wellbeing; over the last year we have successfully run online yoga and mindfulness courses facilitated by qualified professionals.

Our support line is available five days per week to patients and is run by our two retired fertility nurses, offering emotional support and signposting to their clinic.

A Patient Pledge Clinic is also the charity's first point of contact when we seek clinical support for our fertility patient webinars. Fertility Network UK can only maintain this level of support by building a relationship with clinics as we strive to achieve the same goal, supporting patients through their fertility journey. If your clinic is not already part of the Patient Pledge and would like to join this initiative, please contact: sharon@fertilitynetworkuk.org, 07411 752688

Aberdeen Fertility Centre
www.aberdeenfertility.org.uk

AGORA Brighton & Hove
www.agoraclinic.co.uk

APRICITY London
www.apricity.life

Belfast Fertility
www.belfastfertility.co.uk

Belfast Health & 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

Chelsfield & Sussex Downs Fertility Centre
www.thesussexdownsfertility.co.uk

CREATE Fertility
www.createfertility.co.uk

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

Gennet City London
www.city-fertility.com

Herts and Essex Fertility Clinic
www.hertsandessexfertility.com

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

Manchester Fertility
www.manchesterfertility.com

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

Assisted Conception Unit Dundee
www.acudundee.org

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

Glasgow Fertility Clinic
www.nhs.gov.uk/your-health/health-services/assisted-conception-service/

NHS Orchard Clinic Craigavon
www.southerntrust.hscni.net/our-hospitals/craigavon-area-hospital

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

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

Volunteer coordinator update



Hello, I'm Hannah and the new Volunteer Coordinator for Fertility Network UK.

I joined the charity over a decade ago as a full-time Volunteer Coordinator, a position created by a successful application for a Department of Health grant. After the three-year project was completed, I left the charity before returning as England Coordinator; a role I have been doing for the last six years.

As England Coordinator I have always overseen the volunteer-run support groups in England. Now, as Volunteer Coordinator I am keeping that responsibility along with the recruitment and training for all volunteers for England, Northern Ireland, Scotland and Wales. This will free up Carla's time as the new England Coordinator to focus on other areas - it is great to be working closely with Carla, who I have known for years as a volunteer in England.

Most of our volunteers are Fertility Group Volunteers - helping to run our support groups. These volunteers must have had a personal fertility journey, as our groups centre around peer support, and undertake counselling skills training. Our fertility groups provide patients with the opportunity to share their journey and listen to others who are also trying to conceive; our volunteers ensure these meetings are a safe space and that everyone has the opportunity to share.

We also have Student Ambassador Volunteers who work within their academic institution, raising awareness of how young people can protect their future fertility through some choices they face now.

These volunteers are mainly from Wales and Scotland, where we have successful education projects. Finally, we have media volunteers who are happy to share their experiences with the media. Personal stories are often the best way to highlight the impact fertility problems have and can bring about better understanding on the physical, emotional, and psychological impact of fertility issues.

This year, we held our first volunteer team meeting, which will be a quarterly call to meet each other and to share ideas within groups. We have also recently increased the number of counties we cover in England, by expanding our established groups. For example, the Devon group is now Devon & Cornwall and the Warwickshire group is now Warwickshire & Worcestershire. This means we now cover 42 areas in England with 36 separate groups, and can offer peer support to patients in areas we've never previously worked in.

Finally, I am working with Carla, who is contacting all fertility clinics in England, to line up guest speakers for our specialist and regional groups where appropriate. We are hoping to come up with an impressive events calendar for the year so do watch this space!

Interested in volunteering? Have a look at our Volunteer Information Guide on our website or email: hannah@fertilitynetworkuk.org



Corporate Partnership Programme

Partnering with Fertility Network UK demonstrates your business' commitment to corporate social responsibility which is something both customers and employees value. The struggle to conceive affects 1 in 6 couples in the UK and the diagnosis of infertility can be devastating for those who so desperately want to become parents. Infertility is a health issue that so many people still do not disclose to their employers, friends or family. People struggling with fertility issues feel isolated, with over 90% telling us they are depressed.

Your company can help us raise awareness of the impact fertility issues have on so many people. Together, we can start a conversation that allows people to speak out and share their struggle without fear of judgement or lack of understanding.

The Corporate Partnership Programme is designed to be flexible and mutually beneficial; each partnership proposal is unique. We will assist partners to achieve their objectives through a diverse mixture of advertising, sharing of information and event participation. Strategically targeting a

charity whose members include your target audience gets your brand in front of the right eyes. The charity you choose defines your corporate values, encouraging brand alignment with those who already support that cause.

All income generated by the programme is reinvested by Fertility Network UK to increase the levels of support and information offered to those who seek our help. This is achieved through activities such as the provision of patient information events, enhanced online activity including support groups, our help line and the expansion of our regional staff network.

We have four levels of partnership, from entry to enhanced. Every corporate partnership makes a huge difference to Fertility Network UK's services, by allowing us to reach more people suffering with their mental and emotional ill health and the stigma associated with infertility.

For more details, contact: sharon@fertilitynetworkuk.org

Each year, we reach...



3.3m



1.04m



755k



500k



94k



5k

through social media, our website, our online community and support groups, and our telephone helpline.

Thanks to our corporate partners

GOLD PARTNERS



SILVER PARTNERS



BRONZE PARTNERS



FRIEND PARTNERS



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