

AFFINITY



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Hello and welcome to the spring edition of Affinity.

I'm Catherine Hill, the communications manager at Fertility Network UK, and I'm excited to be able to tell you about the busy year we have ahead of us at the UK's leading patient fertility charity.

In mid-May we will be at The Fertility Show LIVE on 20th-21st May at London Olympia - the only live event that lets you meet with top fertility experts, clinics and doctors in one place at one time, in a safe and discreet environment. If you plan to attend, we will be there to meet, chat and to give you any support you need. Sometimes it can be a bit overwhelming, so just knowing we are there to give impartial support and advice is vital. We have teamed up with the organisers of The Fertility Show to offer our readers discounted tickets - quote FNUK at the checkout.

In July, we will be celebrating 20 years of Fertility Network UK - it's quite a milestone! The charity was created when two existing fertility support charities, Child and Issue, came together. The joining together of these two charities as Infertility Network UK, as we were then known, brought about huge changes for patient support in the UK, allowing the charities to pool resources and expertise and offer the best possible support to those experiencing fertility issues. Look out on our social media and website for how we plan to celebrate our 20th anniversary. We hope you will join us.

We are delighted to announce that our Fertility in the Workplace initiative is expanding, this programme helps employers support staff on their fertility journey. We were one of only 16 organisations to secure Department of Health and Social Care funding as part of the Women's Health strategy. Thanks to this we welcomed three new members to our team and recently held a Recognising Reproductive Health summit in London at the end of March.

Access to NHS-funding for fertility treatment continues to be problematic in the UK, with far too many areas not offering the recommended three full IVF cycles for women under 40 and one full cycle for women aged 40-42. This issue of Affinity contains both positive and negative news: good news from England (pages 19 and 21) and potentially bad news in Wales (page 29). If you are affected by any of these changes, let us know at media@fertilitynetworkuk.org

We have already started to plan for this year's National Fertility Awareness Week, which will run from Monday 30th October through to Friday 3rd November. Please do keep up-to-date with us through our socials and our website. If you would like to be involved this year, email me at: catherine@fertilitynetworkuk.org

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





One recent training session used some of the words from our pre-event questionnaire to summarise what fertility issues mean to the staff team. They wrote the following and it captures such a lot about why FITW matters and why we are determined to keep on going:



We have now worked with about 100 organisations, covering a wide variety of businesses and sectors. There are organisations that we have worked with for over three years, such as AutoTrader, HSBC and BP, as well as charities, hospital trusts and government departments, such as the Ministry of Defence.

We always seek to listen to the needs of the individual organisation first and then between us co-design a pathway of support, whilst plugging them into the work of the charity to provide long-term, wrap around care.

The feedback is consistently positive with people regularly saying what a relief it was to feel less alone, less afraid and more empowered as they progress. From all-staff training to managers' sessions, and specific topic talks, we remain committed to that primary vision that no one should feel isolated at work when facing fertility issues.

Women's health strategy

We have also had a few BIG announcements over the last six months, starting with the very welcome and very positive news that FITW was to be one of only 16 organisations that had secured Department of Health and Social Care funding as part of the wider Women's health strategy. Not only was this a huge endorsement of the work we have already been doing, but it is a wonderful opportunity to expand this work and reach more people with essential support and training.

The funding has also enabled us to meet with some other incredible charities who have received funding and to reimagine what women's health support could look like overall in the next few years. It is an honour and genuine delight to be partnering together and be involved with such discussions, and we are sure the next few years will see some real changes as a result.

One of our first main events using the funding was our Recognising Reproductive Health Summit which took place in the Greater London Authority county hall. This in-person event saw just under 100 people coming together to hear from experts,

including Nickie Aiken MP who spoke about her private members' bill and Fertility Pledge (see below), and Alex Davies-Jones MP who shared her own lived experience and what's next for her as a political campaigner.

We were also delighted to be joined by the Co-op and AutoTrader, who shared some of their best practice and how their workplaces have shaped this conversation, and crucially by a panel of people with broad lived experience who focused in on why this really is such a vital issue for us all. We hope this event will be one of many others going forward and part of our ongoing commitment to shaping this discussion nationally.

New team members

Finally, I am personally incredibly pleased to be joined by three other members of staff who will specifically be working on the workplace initiative. Seema, Jolekha and Sarah all come with an enormous amount of experience and expertise as well as a personal passion to make a difference around this issue. All three have already thrown themselves into the work delivering content, sharing lived experience and shaping next steps. I know they will be a vital part of this next chapter of the work and I am really pleased to be welcoming them along!

As always, we are keen to hear your thoughts, suggestions and ideas so do get in touch. With your help we really can continue to make changes within the workplace, and ultimately to keep the voices of all those affected at the heart of everything we do.

Anya Sizer, Fertility Network UK

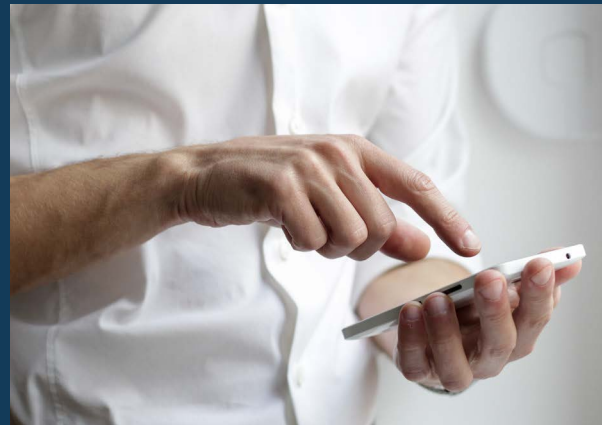
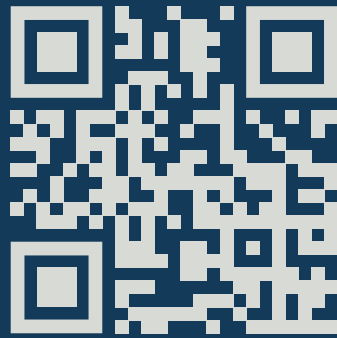




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The Art of Infertility

Poetry has the extraordinary ability to express something ineffable that ordinary words often cannot. Anita Guru has struggled with infertility for many years, experiencing multiple failed IVF cycles, an ectopic pregnancy and was subsequently diagnosed with complex post-traumatic stress disorder. She is very active in trying to raise awareness of infertility and its impact, and set up Fertility Network UK's South Asian fertility group, which meets monthly.

I have wanted to be a mother ever since I can remember. No one ever told me it's what I needed to be or do; it was instinctive and inbuilt, it was part of my DNA. Like most other women, I never thought twice about being able to conceive, stories of women experiencing infertility were few and far between when I was growing up, the narrative was you get married then you have children. Simple. No one ever explained how unpredictable life experiences or health conditions could throw a spanner in the works, and that is how it played out for me.

Nearly three years into marriage, when we should have been planning to have our 'one child before 30', I was by the side of my dying mother who had fought a five-year battle with cancer and was now leaving the world. This shattered my world into a million pieces, and it took the best part of two years to get back on my feet.

An endo diagnosis

After trying to conceive for over a year, I had some routine fertility tests done and everything came back 'normal'. But I started to notice unusual pains in my abdomen and, after a laparoscopy, I was told I have stage 4 endometriosis. This is when the term infertile became part of my vocabulary.

I turned to my husband and told him he could leave me as I knew he wanted children as much as me. The only association I had with endometriosis was infertility, the inability to have children. It was like someone had unloaded a tonne of bricks on me.

My dreams of motherhood started to feel more distant and I started to slip into a world

of hopelessness. I automatically felt useless, unworthy, like I was taking up space in the world that I didn't deserve. I felt judged, looked down upon and undeserving - the by-product of a society which places a woman's worth on her ability to reproduce.

I was put on an NHS waiting list for IVF but I needed to have another operation as my endometriosis was a lot more advanced than expected. Being told I was most fertile after this 'clearing up' operation, we tried, and waited. But then another shock, the endometriosis had returned, and I needed more surgery.

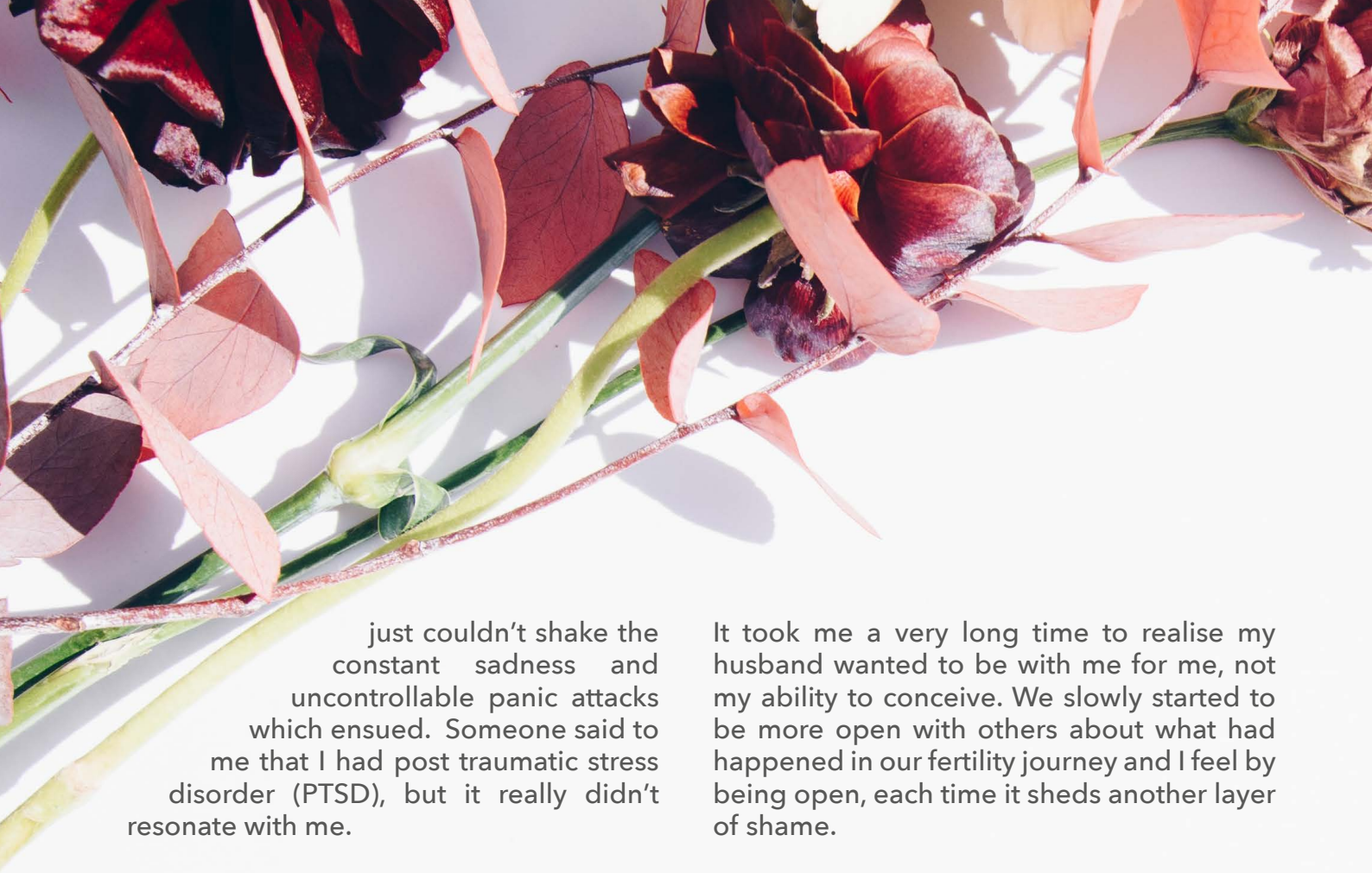
Starting IVF

I was devastated: I had started a low sugar diet and worked with a nutritionist. Ironically, we also had a call from the NHS fertility clinic that we were up next on the list. So, without much thought and with the niggling doubts that I didn't really want to go through IVF or that I hadn't accepted I probably wouldn't conceive naturally, we started the journey.

The first round was a real disaster where no eggs were retrieved, which made us lose hope about ever conceiving our own children. I embarked on alternative therapies including acupuncture, homeopathy, reflexology and counselling to get me physically and mentally ready. Fast forward three IVF rounds, a total of five laparoscopies and an ectopic pregnancy, my dream of becoming a mother hasn't been laid to bed.

Diagnosed with PTSD

After my traumatic ectopic, my anxiety and depression took a real turn for the worse; I



just couldn't shake the constant sadness and uncontrollable panic attacks which ensued. Someone said to me that I had post traumatic stress disorder (PTSD), but it really didn't resonate with me.

But one year after my third IVF cycle, I checked myself into a psychiatric hospital. I was quickly diagnosed with complex PTSD and a lot of old traumas came tumbling out. What followed was a long journey of healing and building myself back up. During this process, I actually got to a point where I no longer wanted children, I wholeheartedly felt it was beyond me and the fear deep in my bones meant that I couldn't face any more treatment.

The process of recovery

At the start of my recovery journey, my only question was: when will I feel better so that I could start another round of IVF? It took a while to take my foot off the pedal and focus on myself - something that felt so alien. My husband and I questioned ourselves: why did we want children, what would it be to not have children? I also started to stop judging, hating, blaming and subjecting myself to self-hate for having endometriosis and not being able to conceive.

It took me a very long time to realise my husband wanted to be with me for me, not my ability to conceive. We slowly started to be more open with others about what had happened in our fertility journey and I feel by being open, each time it sheds another layer of shame.

Starting the South Asian fertility group

For the last seven years, I have been very active in trying to raise awareness of infertility by sharing my story and starting the South Asian fertility group with Fertility Network. There is a big cultural aspect within the South Asian community which adds a layer of complexity when going through the fertility journey and I felt it was important to have a group where people can come together and connect on similar journeys. We have monthly informal meetings and a Facebook group for those from these communities to join.

As Mother's Day has passed for another year, it is always a double edged sword - not having my mother and not being a mother. In my healing and recovery journey, I started to write much poetry and I feel it's a way to connect with myself and others.

Void

*As I wander the aisles of children's clothes
Picking for others' kids
Whilst wondering when I'll have my own
Then the pain hits
Deep in my stomach
The yearning never goes
Burning desire for my child
One to call my own
As I watch strangers with their offspring
It makes me want to cuddle them
I just want my own
My own bundle of joy
To have and to hold
Fill that emptiness I feel all year round
Hearing of births, pregnancies and baby showers
Yet that sinking feeling still overpowers
It won't get mended with a bunch of flowers
Some justice would do it, or grieve 'til I'm over it*

Avoid the Womb

*The emptiness I feel
Resounds all around
That sinking feel, god I feel down
I am my own company
No child seems to want me
When making their choice
They all seem to divert
Not wanting a womb damaged and hurt
They keep away from the pangs of pain
God, they don't know what'd be their gain
My home maybe damaged and destructed
But my heart is overflowing
With so much love for this unborn child
Take a chance on me, it'll be worthwhile*

Mother's Day

*Today is an unfortunate day
For I'm an orphan
I'm infertile
Call it futile
I have no control
My womb hasn't homed
No mother to hold
To call my own
I look left and right
No one in sight
No baby to hold onto tight
Wash away my fears
Dry up my tears
A reunion of 3 generations
It'll never come
Possibly the world's best celebration
Instead I look on
Keep walking along
No mother on board
Be it me, or my deceased mum*



Anita shares
her poetry and
experiences on
Instagram at:
[@poetryknowsname](https://www.instagram.com/poetryknowsname)

A day in the life of an embryologist

I am here to unravel what happens in the daily routine of an embryologist, the unknown profession for many patients inside IVF clinics.

The daily embryology routine normally starts around 8am, depending on the day's schedule. The first thing we do in the morning is check all the equipment in the lab, including the incubators. This is where the little embryos grow, so it is important they are working correctly and in the right conditions.

Normally in a busy lab, some tasks have to be done simultaneously, so after checking everything is in order we have two main tasks to do. The first one is checking for egg fertilisation (day one of embryo development). After putting together the egg and the sperm the previous day, we have to check if they actually "connected" and inform the patient about the results and next steps in the cycle. In the meantime, another embryologist would recheck embryo development for patients that have ongoing cycles; normally checks are done on what we call day three, five and six of the cycle, with day zero being the day of the egg collection.

Needless to say, other activities that are no less important are also running in the background, including the performance of egg collections, egg freezings to be done on the day, embryo freezing and thawing for frozen embryo transfers and the preparation of sperm for treatment. Everything we do in the embryology laboratory is about timing and teamwork, that is why it is essential to trust in your colleagues and their day-to-day performance. We all need to make sure the work routine is effective and the procedures are done on time, especially on busy days.

So, after checking the progress of the embryos, we prepare ourselves for any embryo transfers; for me this is the most exciting time of the day. It's the moment that the patient and us have been waiting for - sometimes for days or maybe even months, or years if the embryos were frozen.

Together with the patient and the doctor performing the transfer, we discuss the outcome of the cycle in terms of embryo



by Edel Rocher,
Clinical & Research Embryologist

quality achieved, and we manage expectations with the patient when it comes to results. Embryo transfer takes just a few minutes from the placement of the catheter into the uterus to the checking of the empty catheter by the embryologist. The embryologist's objective is to take the embryo out of the incubator by loading it in the catheter for an immediate contact with the patient's uterus, trying always to minimise exposure of the embryo to room temperature.

From around midday until the end of the day we focus on 'insemination time', which means that we get ready to put the eggs collected on the day together with the sperm already prepared and ready to be used. Depending on the quality of the sperm and previous cycles we will proceed to inseminate by one of two different paths: IVF or ICSI. When we have no indication that the sperm quality is suboptimal we normally proceed with IVF, which is the most natural form of insemination; we place the eggs and


the sperm together and the winner sperm will make the fertilisation happen for us to check the following day. When it comes to ICSI, it is a slightly more complex technique, but more fun for us embryologists! It involves checking for available eggs for injection, then proceeding to inject one sperm per egg, always having our fingers crossed that they will create the "connection" needed for fertilisation.

After insemination/injection it is time for us to catch up on emails and calls. Patients are always welcome to drop us messages and we are more than happy to give them a call at the end of the day, when we have time to answer any questions they may have. We can then go home knowing patients are fully informed about every step of their journey. At the end of the day, everything is about earning the patient's trust so they can be confident we did everything in our power to ensure their cycle was a total success!



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*Dr Gill Lockwood,
Medical Director and Fertility Specialist*



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Campaign for Change

Jody shares her story and the reasons why she's campaigning for change



Pregnancy complications, miscarriage and loss are all difficult journeys to navigate; complex, emotional, and often upsetting experiences like this can leave devastating imprints on people.

Quality care and consideration of the emotional impacts on the patient right from the offset is vital in encouraging a healthy healing process and this can often be overlooked, yet it is so easy to rectify.

My recent experience of miscarriage is one that has left me determined to change the system. Along with my family's heartbreak, this is the lasting impression of a system that is currently failing its patients.

Rushing to A&E in a frenzied panic due to an episode of bleeding at work, I was petrified. Following self-funded IVF treatment, I was three weeks post positive pregnancy test and had never felt more alone than in those fearful moments.

The A&E staff sent me to the Primary Care Unit who then sent me to the Early Pregnancy Assessment Unit (EPAU), all whilst still bleeding. When I arrived at the EPAU, I was advised to sit in the waiting area whilst they looked in my notes. I expected this to take some time with me only recently arriving at A&E.

My time in that waiting room was one of the saddest experiences of my life, it amplified my feeling of loneliness and intensified my loss. Many of the other patients in the EPAU were visibly pregnant, excited for their scan pictures, planning nursery décor, etc. All whilst I sat bleeding my pregnancy away.

My subsequent visits to the hospital (of which there were many, over a two-week period) were all very similar, in the same general waiting area with pregnant women and couples.

This is not okay!

My campaign aims to ensure this does not happen and that patients are protected and offered a safe, private space during their most vulnerable time.

Since launching the campaign, I have liaised with my local hospital and the team have been incredibly supportive of my thoughts and feelings, admitting that the current process is failing patients and keen to implement my ideas immediately. I am due to meet with the head of midwifery to discuss putting my plan into action and I look forward to making these changes happen.

But I need your help.

To make any kind of difference on a national level I need signatures; I need all of you who support these much-needed changes to sign the petition to ensure it is seen by those who can do something about it.

Find out more about the petition here:



Meet the faces behind The Fertility Show

Meet Laura Biggs and Sophie Sulehria, the faces behind The Fertility Show. And what a fantastic duo they are - they make this show possible, bringing so much hope and support for parents-to-be.

Laura and Sophie both went through their own fertility journeys and we caught up with them to find out more about their stories and what they love about The Fertility Show.

Laura's story

I'm Laura Biggs, the Managing Director of The Fertility Show. In 2002, Phil and I started to try for a baby, but nothing happened. After much investigation we discovered I was suffering from severe endometriosis. After a laparoscopy, which seemed to 'clear the pipes', we finally fell pregnant and our son William was born in 2005.

As William turned three, we decided to try again... but nothing. After an early miscarriage, three more laparoscopies and two unsuccessful rounds of IVF, I was 43 and we agreed to close the door on our dream of a sibling for William.

By 2015 I'd started my own events business, and one of the events we acquired was The Fertility Show. I felt I had a lot to offer in helping it develop. I found the show emotional; to be surrounded by so many people who were struggling to do the most natural thing in the world. During my time at the show, I discovered donor conception and it started to dawn on me that donor eggs could potentially work for us. Now in my mid-40s, I started to think we should give it one last try...

In July 2018, we had our embryo transfer and we were totally shocked when the

result came back positive. We feel blessed to have our late arrival to our family. If it hadn't been for The Fertility Show, attending the seminars, meeting so many clinics and learning about donor conception then we would not have our daughter.

My colleague Sophie feels the same passion and drive for the show as I do, and I couldn't do the show without her.



Sophie's story

Jonny and I had always wanted children - I didn't for a second think it wouldn't happen. But when it didn't, I knew something was wrong. I had always had tummy pain and was repeatedly told by doctors it was "probably IBS", but when I didn't fall pregnant I started to join up the dots.

A laparoscopy confirmed I had stage four endometriosis, and it was suffocating my reproductive organs. Blood tests also revealed I was suffering from premature ovarian insufficiency and we needed to move quickly.

I knew very little about the world of fertility treatments and choices until 2015 when we

visited The Fertility Show. I'd always seen it advertised but hadn't realised how beneficial it could be for us. Hundreds of stands and fertility professionals from all over the world, ready to answer your important questions and give their expert opinions. Like Laura, I found the weekend incredibly emotional, but gathered some incredible advice.

Roll on eight years and who would have thought I'd be so involved with the show! And it's evolved into something truly incredible. Needless to say, I am driven with passion for the show and honestly hope that anyone in need of help in this area comes to join our community.

If you didn't make The Fertility Show in person, you can buy a digital-only ticket and catch up on all of the recorded seminars on the online platform until the end of July 2023.

The Fertility Show *Live*

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“I have two uteruses but carried a baby to term via IVF and surgery”

For Mary, 36, conceiving and carrying a child was made exceptionally difficult and dangerous because of her rare condition - she has two uteruses

Uncertainty was a by-word in my fertility journey.

With unusually shaped uteruses, no one really knows the impact on fertility and pregnancy, and no one really knows if there is any treatment that actually helps. I learnt to live with uncertainty and focus on the next hurdle in front of me.

There were clues to my medical condition; extreme and painful menstrual bleeding was one. It took many scans and examinations before doctors finally identified I had two

identically sized uteruses with two separate cervixes.

I was distinctly less impressed. I had never been able to use tampons; a simple question about this at the start of the investigations would have been a very good indicator. My consultant tells me it is now part of his training with junior doctors!

Which uterus to use?

Once the doctors identified I had two uteruses, the big questions came. What were

the implications for IVF? Which uterus should the embryo transfer take place in? Could I carry a baby to term?

Finally, after what felt like a lifetime, we were ready to start a cycle of IVF.

Unfortunately, I reacted strongly to the ovulation stimulation medication and ended up in hospital with ovarian hyperstimulation syndrome, a significant internal haemorrhage and pleurisy. This was one of my lowest points in the journey.

I was taken for a scan alongside pregnant mothers, with perfect makeup and matching handbags. I had my hospital gown on and had not been able to wash my hair for days. Then the nurse shouted at me, "Have you emptied your bladder?"

My humiliation was complete. I cried for hours and refused to have a scan at all. The feelings of failure that come from infertility and then these complications all fell in on me at once.

After two months recovering from this, I was ready for embryo transfer. A single embryo transfer was strongly advised as any pregnancy was going to be hard enough. This part went surprisingly smoothly and two weeks later I was over the moon: I was pregnant.

However, the hard part for the doctors was about to come.

When they measured my cervix, it was dangerously short - a direct result of abnormal anatomy. If they did nothing I would miscarry. The solution, a fantastic obstetric professor advised, was to have an abdominal cerclage.

Operating at 12 weeks pregnant to prevent miscarriage

This, I learnt, would involve surgery at 12 weeks to open me up, take out the uterus with my baby inside, and then tie my cervix up, or perhaps the two cervixes together.

I remember reaching in my bag to check my diary and the doctor politely telling me the

operation would take place when the teams could be pulled together. Sobering stuff.

I asked about the chances of success but there was no information. I asked about how it was going to be done. The answer: they would open me up and work it out once inside. There was no real protocol, and no precedent. I would just have to see how things went. It was the next hurdle to overcome and it was incredibly lonely.

"Don't go into labour or you will die!"

The operation was a success, and I was discharged from hospital a few days later, with the helpful advice: "Don't go into labour or you will die."

What followed was months of painstaking care from the incredible medical teams and lots of don'ts: don't travel, don't exercise. I took up tapestry and watching day-time TV.

We got to 37 weeks, and the planned caesarean birth was remarkably straightforward. My baby was born!

Miracles can happen

Due to my strange anatomy, there were concerns she had a genetic condition, but after consultations, brain scans and tests they concluded she had just been a bit squashed in the uterus and was absolutely fine.

My daughter is now eight and has just broken the school running record. If I could send a postcard to myself, the person who came home in floods of tears when first diagnosed, it would be simple: when the doctors say they don't know, it means just that, it does not mean the worst outcome.

Miracles can happen! But they may only happen once... I subsequently had six miscarriages and multiple rounds of IVF, but I'm so grateful for my miracle little girl.

My battle with PCOS

Charley Jo, 26, on being diagnosed with PCOS at 16 and the impact on her life



I really want to break the stigma and share more awareness on infertility, so I have created a social blogging page on Instagram @mypcosjourneyx as I want to speak to people who understand me. I felt embarrassed sharing these questions on my personal page. I was ashamed of my diagnosis! You're not taught about infertility at school, you assume all women will carry a child, but unfortunately this isn't the case.

My infertility started very early; at 16 I finally spoke to my mum and said I still hadn't had my period. An appointment was booked with my doctor and from there my diagnosis of Polycystic Ovary Syndrome (PCOS) was confirmed. "Not the worst but not the best" were the words of the doctor.

I remember instantly thinking "I won't ever be a mum". I didn't really know how to comprehend the news, I was a teenager and had never heard of a diagnosis that could cause infertility.

Unfortunately, for years I went through what felt like hell. I was always given advice to lose weight and from there I was put on the contraceptive pill and that was that. Fast forward to the age of 20 I remember seeing a post about weight gain and infertility connected to the contraceptive pill. I instantly stopped taking it and over the next few months I did lose weight but my periods did not make an appearance.

What became clear was my infertility; the inability to fall pregnant when I was not on birth control. Baby announcements started to happen on social media from my friends and those I went to school with. These moments filled me with many emotions of being a failure.

Over the next few years, until I was 24, I was in and out of hospital experiencing excruciating pain from my ovaries. No cause has yet been found. Since 2020 I have experienced five periods. I began to make a note to show professionals how irregular I really was.

When the COVID-19 pandemic began I was on the waiting list to see a gynaecologist. Unfortunately, this journey was not easy and my referral was pushed back and forgotten about. On four occasions over two years, I had to ring my doctor to arrange an appointment to be re-referred, as paperwork was not completed, and test results were missing.

I already felt useless, and when a professional practice just lets you down and shows no remorse over a very sensitive issue, I honestly thought, "Will I ever get to have a family of my own?"

I started a new job in September and found distractions, as infertility was beginning to take over my life. But to mine and my partner's surprise, in November we found out I was pregnant. I'm now currently over halfway through my pregnancy with our little boy.

There is hope if you have PCOS.

Charley Jo Hughes

Rowing the Atlantic for FNUK

The row

The Talisker Whisky Atlantic Challenge is an annual rowing race run by Atlantic Campaigns, with up to 30 teams participating from around the world. It's the ultimate physical and mental survival challenge. The race starts from La Gomera, Canary Islands, and ends in Antigua. Teams race three thousand miles across the Atlantic Ocean with no support, rowing over 1.5 million oar strokes and facing 20ft waves.

Dan and Phil wanted to take on this mammoth challenge to raise awareness of the work Fertility Network UK do to support people on a fertility journey and, in particular, help men to speak out and seek the support they need. They both agreed men can often feel like a bystander on what can be a lonely journey, much like the row across the Atlantic! You can support Dan and Phil at: www.invitrow.com

Dan's journey

Any challenge Dan has encountered has been overcome by grit, determination and pure stubbornness; never giving in until the job is done! However, failure to conceive naturally after many years of trying has been a kick in the teeth and difficult to come to terms with; a challenge he felt ill prepared for. It had never crossed his mind that he would struggle to conceive; the strain this puts on his relationship is huge. The length of time to get treatment, the lack of NHS funding and the number of rounds available are all postcode dependent.

IVF is not a simple visit to the doctors. For his wife, IVF consisted of several weeks of sniffing, injecting, scans, intrusive procedures, a pregnancy and unfortunately a miscarriage. For Dan, IVF consisted of being treated like a spare part, a sperm producing machine, spending most of his time just hoping that everything went to plan.

Phil's journey

Phil and his wife experienced difficulties when trying to conceive. It took several years of attending doctors' appointments and being called in multiple times for various tests until they were referred to see a fertility specialist. Phil found waiting for a diagnosis and then a treatment plan difficult, constantly in fear of "what ifs".

Eventually, after many months and tests, they were informed that Phil's wife had PCOS.

Phil and his wife are so grateful for the support and treatment from the exceptional fertility experts they met on their journey, and they are now blessed with two wonderful children.





Support Line

Our free Support Line is run by two former fertility nurses with a wealth of experience, and offers a unique fertility support service.

We can help not only with minor medical questions but also advice and support.

It has been described on many occasions as a 'lifeline' by those dealing with fertility issues. It is very normal to feel isolated, out of control, lonely or depressed when dealing with infertility. Our Support Line is here to help, and is for everyone whatever problem you are struggling with.

What can I call about?

We are not here to diagnose, but however simple or complicated your question, we 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!

Even if you just want to talk, reach out via our Support Line or email. If it matters to you, it matters to us.

Lines are open from 10am to 4pm

Diane: Monday, Wednesday, and Friday:
0121 323 5025
support@fertilitynetworkuk.org

Janet: Tuesday and Thursday:
07816 086694
janet@fertilitynetworkuk.org



Celebrations times two as Essex reinstates NHS fertility treatment

Reinstating access to NHS-funded IVF across all of Essex means that everywhere in England now provides some level of NHS fertility treatment, writes Fertility Network UK's communications manager Catherine Hill

After years of campaigning, Fertility Network UK is celebrating the news that NHS fertility treatment is being reinstated for patients in Mid-Essex and Basildon & Brentwood, and access is being improved in other parts of Essex too. It's a double cause for celebration because the changes mean that - for the first time in over a decade - all areas in England will offer some NHS fertility treatment.

The changes in Essex, which were implemented at the start of April 2023, were driven by Mid and South Essex Integrated Care Board (ICB) harmonising its fertility policies across the areas it covers, which include Mid-Essex, Basildon & Brentwood, Southend, Thurrock and Castlepoint & Rochford.

From 1 April 2023, at Mid and South Essex ICB:

- **Women under 40** can access two partial IVF cycles (comprising one fresh and one frozen embryo transfer)
- **Women aged 40-42** will be offered one partial IVF cycle (comprising one fresh and one frozen embryo transfer)
- **Same-sex couples** will be able to access NHS fertility treatment after having six IUIs (these must be privately funded)

Under the previous policies there was no access to any NHS fertility treatment in Mid-Essex and Basildon & Brentwood. These were the only two remaining areas in England that did not offer any fertility treatment at all. Mid-Essex cut funding in 2014; Basildon & Brentwood in 2016.

The other improvements in Essex are for women under 40 in Southend who can now access two partial IVF cycles rather than just one, and for women aged 40-42 in both Southend and Thurrock - they can now access one partial IVF cycle (previously none were available).

Although these changes are very welcome, Fertility Network UK is continuing to campaign for all areas in England to follow national guidance from the National Institute of Health and Care Excellence (NICE) and provide three full IVF cycles for women under 40 and one full IVF cycle for women aged 40-42. Details of the funding situation across the UK are available on the Fertility Network UK website - scan to find out more:



If you are now able to have NHS-funded IVF in Essex or if you were unable to do so previously and are happy to talk about this to the media (you can be anonymous), we would like to hear from you. Please email Catherine at media@fertilitynetworkuk.org with brief details of your situation and how to contact you.

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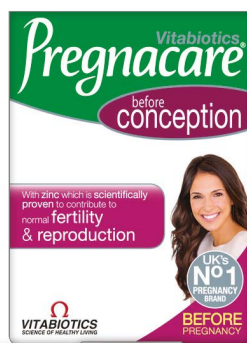
With you every step of the way

Thinking about starting a family?

The Pregnacare® Conception range provides expert nutritional support, including vitamins D and B12, plus 400µg folic acid¹, the level recommended by the UK Department of Health for all women from the start of trying to conceive.

The carefully balanced formulas, including zinc which contributes to normal fertility and reproduction, helps to safeguard your daily nutrient intake during this important time.

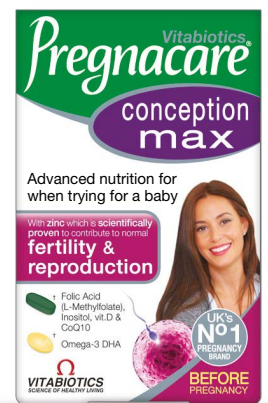
- ✓ More than just folic acid
- ✓ From the start of trying to conceive
- ✓ Most recommended by midwives²



Before Conception



Him & Her Conception



Conception Max

Visit [Pregnacare.com/conception](https://www.pregnacare.com/conception) for tips and advice before conception

From *Boots*, Superdrug, Holland & Barrett, supermarkets, chemists, health stores & www.pregnacare.com



Supporting people throughout the UK trying to conceive. Charity registered in England (1099960) and Scotland (SC039511)



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***Nielsen GB ScanTrack** Total Coverage Value and Unit Retail Sales 52 w/e 28 January 2023. 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.

North East London leads the way

The new harmonised fertility policy in North East London is an inclusive policy for the 21st century, writes Fertility Network UK's communications manager Catherine Hill

Patients in North East London now enjoy the best level of access to NHS-funded fertility treatment in England after the 3 April 2023 launch of the Integrated Care Board's (ICB) harmonised fertility policy. The new policy covers patients in Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

Commenting on the changes, Gwenda Burns, chief executive of Fertility Network UK, said: "Fertility Network UK applauds North East London ICB for recognising that the most clinically effective and cost-effective treatment for infertility is three full rounds of IVF for women under 40 and one full IVF cycle for women aged 40-42. This new fertility policy will offer hope to so many women and men struggling to become parents."

She added: "This is a fertility policy for the 21st century. Not only does it follow national guidance in what it offers heterosexual couples, it also recognises the diversity in starting family formation today. Fertility Network is delighted to see a treatment pathway for same-sex couples, single people and couples where one of them has a child from a previous relationship. We are pleased to have helped North East London ICB with their engagement work on this policy."

The stand-out new policy provides the following:

- Women under 40 can access three full IVF cycles (a full cycle is defined as the transfer of a fresh embryo and any subsequent viable frozen embryos);
- Women aged 40-42 can access one full IVF cycle;
- Couples where one of them has a child from a previous relationship can access NHS-funded IVF, dependent on the woman's age;
- Single people and same-sex couples, where the woman is under 36, will be able to access NHS-funded help after first privately funding six IUI cycles. If women are over 36, access to NHS-funded help is after privately funding three IUI cycles. Following this, NHS-funded IVF will be offered to women under 36 if they have not conceived after twelve IUI cycles; for women over 36, NHS-funded IVF will be offered after six IUI cycles; and
- Fertility preservation of eggs, sperm or embryos will be funded for patients who are about to undergo gonadotoxic treatment or who have a medical condition that 'is likely to progress such that it will lead to infertility in the future'.

If you live in any of these areas in North East London, and are now able to access this level of NHS-funded fertility treatment, we'd like to hear from you. What does this new policy mean for you? Email Catherine at: media@fertilitynetworkuk.org

New members of the team

Jude Allen

England Project Support Worker

Having been a volunteer for the Newcastle support group since 2018, I have now officially joined the Fertility Network UK team as the Project Support Worker for England. My role is to help raise awareness and assist in bridging gaps between our charity and fertility clinics, service users and stakeholders.

My own journey to conceiving was a difficult one, but I now feel very lucky to have a little girl from IVF. My personal experience inspires me to strive for greater awareness and understanding of what it is really like to experience infertility. I am passionate about ensuring that the Fertility Network UK services reach those who need them and want people dealing with fertility issues to feel supported and that they are not alone.

Jolekha Shasha

Fertility in the Workplace Development Officer

My human resources (HR) experience spans more than 20 years within local government, charities and most recently within a professional membership and trade union body. My lived experience of unsuccessful fertility treatment gives me a unique insight and empathy with the challenges that people face and my professional background in HR means I can support workplaces to be fertility inclusive. I am excited by the changing landscape in the workplace; where fertility is finally being given the same weight and significance as other life experiences at work, and it is exciting to be a part of this pivotal change.

My background has involved upskilling HR teams to carefully break taboos at work. This has been through developing standalone HR policies, wellbeing and resilience strategies and guiding managers on how to advise on complex issues.



Sarah Dixon

Fertility in the Workplace Development Officer

I have recently joined Fertility Network UK to help raise awareness of issues with fertility in the workplace. I have personally been affected by fertility issues, which resulted in me leaving my job ahead of my fourth round of IVF, which was my first successful round of IVF. I am very passionate about this topic and believe it is important that we raise awareness in workplaces.

I am also a volunteer for Age UK and Ely Community Lunches, both of which support the elderly and lonely.

Seema Duggal

Fertility in the Workplace Development Officer

I have joined the newly formed Fertility in the Workplace team to help Anya with the growing need to help educate companies to better understand the fertility journey women go through, and the impact it has on them and the workplace.

I had nine rounds of IVF and am fortunate to finally have my child. My previous role was a full-time brand manager and I found it difficult to balance my working life along with the gruelling journey of IVF. It took everything I had to keep going and I often felt very isolated and alone at work. My journey has made me passionate about helping others going through IVF, and I feel my personal experience provides me with a better awareness and understanding of fertility issues at work. I am excited to join the team and see the impact we can all have on fertility in the workplace.



Volunteering update

In January, Anya, our Fertility in the Workplace lead, delivered a session for volunteers on 'How to Run a Support Group'. The session was attended by 26 volunteers and Anya answered all of the volunteers' many questions. It was very active, and volunteers were able to share how they handled situations that arose in their meetings and helped support each other. Anya's session was recorded and will be used as part of the training package which potential peer support volunteers receive upon signing up.

In February, volunteers were invited to a suicide awareness training session delivered by Andrew Baines-Vosper, one of Fertility Network UK's Ambassadors and a Training and Delivery Manager with The Samaritans. Again, this session was well attended and we received great feedback from volunteers. Andrew shared some excellent resources afterwards which have been circulated to all volunteers. If a volunteer is worried about someone in a group session, they know to refer them to our Support Line for emotional support and when it might be necessary to signpost them to The Samaritans.

The next session planned is a remote half-day training session on listening and counselling skills, and will be facilitated by Angela Precious-Smith, Chair of BICA. This session is currently in the planning stages and will no doubt be very popular

amongst the peer support volunteers. We look forward to reporting back on this in our next update.

Peer support volunteers run many of our regional and specialist groups. Our monthly Black Women's Group is very well attended and rotates peer support meetings with different guest speakers. Our South Asian Women's Group has two volunteers managing the group and is putting on a monthly peer support call for members. Our UK-Wide Secondary Infertility Group is also led by two volunteers; they each put on a monthly Zoom call for the group, one for those still actively trying to conceive and another for those looking to move towards acceptance.

A volunteer has recently come on board to help facilitate our Single Women's Group and we relaunched this group in March with a guest speaker; Dr Matt Prior, a consultant in reproductive medicine, joined us for a Q&A session on fertility options for single women. The session was very informative, and the volunteer has plans to rotate a mixture of peer support sessions and relevant guest speakers.

We have a new volunteer who has started a monthly peer support meeting for our More to Life Group. This UK-wide group supports anyone who is childless not by choice. The closed Facebook group is really active, and it is great to invite all members to a monthly support Zoom call. The meetings will mainly be peer support sessions with the occasional guest speaker.

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:

Support
groups



UK-wide groups

- Black women's group
- Fertility treatment abroad
- Fertility weight loss group
- LGBTQ+ 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 & Worcestershire
- Wiltshire

Scotland

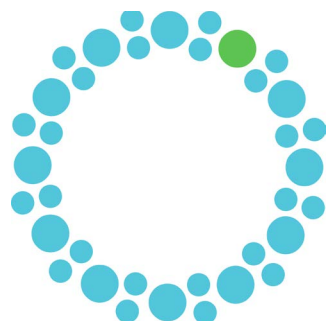
- TTC - North & East Scotland
- TTC - North & East Scotland (IVF/ICSI)
- TTC - 35+ North & East Scotland
- TTC - South & West Scotland
- TTC - South & West Scotland (IVF/ICSI)
- TTC - 35+ South & West Scotland
- TTC couple
- LGBTQ+ fertility group
- TTC with endometriosis
- Secondary infertility
- Solo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

Wales

- Peer support fertility group
- Information support group
- LGBTQ+ fertility group
- Fertility weight loss group
- South Wales fertility group
- North Wales fertility group
- Shropshire & Mid Wales fertility group

Northern Ireland

- Online peer fertility group
- More to Life support group
- Acebabes support group



News from our team

England

There have been so many changes and activities in England over 2022-23 and our new England Team has been striving to meet targets set out by the National Lottery Community project funding. We continue to help service users with general support and NHS funding enquiries, as well as reaching out to NHS Integrated Care Boards (ICBs), who commission fertility services, to offer our assistance in the redrafting of their fertility and assisted conception policies.

Over the past year, we have facilitated over 30 specialist group meetings via Zoom, including our Black Women's, weight loss, pregnancy after a fertility journey and subsequent parenting groups, secondary infertility, pregnancy loss and our new treatment abroad and South Asian fertility groups. Our regional groups in England have seen over 300 attendees so far this year, with an average of 30 people per month joining our online meetings and an average of 4,300 members accessing our regional Facebook communities.

We have been running All England Q&A Sessions with guest speakers, including the fertility regulator the Human Fertilisation and Embryology Authority (HFEA) discussing 'How to Choose a Clinic' and 'An Evening for Couples' hosted by The British Infertility Counselling Association (BICA), former fertility patients and a Fertility Network UK Ambassador. We have also invited speakers to regional Q&A meetings, including a South East group meeting discussing understanding fertility tests

and treatments, a North of England group meeting which explored fertility and treatments and another looking at general lifestyle advice for men and women on a fertility journey.

Our Wellbeing Programme in England has flourished, with yoga, mindfulness and nutrition sessions taking place throughout the year. Our January yoga course saw an astonishing 150 people join us on the first session and we saw 100% improvement in wellbeing demonstrated through our wellbeing assessments. We began our next six-week yoga course in March and will be hosting a four-week mindfulness course in May for our ethnic minority communities.

Our Ethnic Minority Communities Project Worker, Jenny, has done some incredible work with outreach to new communities and has been attending talks and events, providing access to information, writing articles and joining podcasts to raise awareness of our work and the disparity in fertility treatment and care for those people from marginalised communities.

In addition to the work we have been doing with establishing contacts in clinics across England, we have set up a 'friends' mailing list to keep service users and non-clinical stakeholders updated on news and events, so if you would like to be added, or to find out more about this, please contact:

claire@fertilitynetworkuk.org

Northern Ireland

It's been a busy winter for Fertility Network in Northern Ireland! Our peer support services continue online, and we have focused on supporting our members in practical ways through the Fit 4 Fertility (F4F) programme which is now into its second cycle. The programme was developed to provide men and women on a fertility journey encouragement in developing positive lifestyle habits to help improve their fitness and general wellbeing. There are three facets to the F4F programme:

- Magic Mile for Me, which aims to encourage and motivate participants to maintain the daily habit of walking/jogging/running a mile a day;
- A nutrition course, led by a nutritionist, highlighting the benefits of eating well, maintaining a steady blood glucose and avoiding insulin spikes;
- Wellbeing, through six-week mindfulness programmes, adapted to the needs of those on a fertility journey.

Our More to Life and Acebabes groups have both separately enjoyed aspects of the wellbeing and nutrition programmes, encouraging all our groups to take time to look after their mental and physical health. A huge thank you to The Black Santa Cathedral Fund, who awarded Fertility Network Northern Ireland a grant to fund the nutrition programme and "food for mood" for our More to Life group.

We were delighted that the 2023 British Fertility Society Conference was held

in Belfast in January! This provided a great opportunity for us to meet with our colleagues within the charity, as well as those who work within the fertility sector. Hilary gave a presentation in the Waterfront Hall, speaking about NHS funding across the UK, the results from our Fertility Network Northern Ireland Impact Survey, as well as highlighting the research initiative we are involved with.

In Northern Ireland we are keen to increase public awareness of infertility, as well as improve understanding within the healthcare community. An application was made to the Department of Health and Social Care Core Grant Funding for a 12-month pilot education project, starting in April 2023... so fingers crossed! In January, Hilary had the opportunity to highlight the need for better understanding of fertility issues at a younger age, and the benefits of an education programme in Northern Ireland, during a BBC Radio Ulster programme with Richard Morgan.

We are very lucky to have fantastic volunteers in Northern Ireland and we are keen to recruit some more! We are particularly interested in volunteers who have been on a fertility journey and are happy to help others navigate the journey too. Please email Hilary or Rachel if you would be interested in learning more about the role of a volunteer.

rachel@fertilitynetworkuk.org
hilary@fertilitynetworkuk.org

Scotland

Peer support

Our peer support services remain busy and we have a wide range of support groups covering all of Scotland. Our support services continue to be delivered online via closed groups in WhatsApp and Facebook; people also have the opportunity to meet up each month online with others, via Microsoft Teams.

If you would like to find out how we can support you in your journey to conceive, then 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 path can really help you feel less alone.

For further information and to join our groups, please contact Sarah Lindores-Williams, Scotland Branch Coordinator:
sarah@fertilitynetworkscotland.org
07849 712 967

Fertility education

Our education project creates awareness by providing information to a range of organisations including colleges, universities and voluntary organisations, GPs, sexual health clinics and many more. With fertility problems affecting one in six couples in Scotland, we believe we need to empower young people to make informed choices by providing education surrounding all aspects of fertility. This should include factors which may affect their fertility in the future. Providing appropriate fertility information and statistics could help improve their chances of conceiving in the future.

We have attended several Freshers events in January and February 2023, and the team are very much looking forward to planning another busy Freshers Programme across Scotland this summer.

You can find out more about our education

project in Scotland by following our social media accounts on Facebook, TikTok, Twitter and Instagram. Our handle is @FertilityFuture.

Fundraising

Your fundraising makes a real difference to the lives of 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 events, including: runs, cycles, hikes, Fertili-tea mornings and gaming marathons. For further information on how to fundraise for us, please contact Sarah.

Peer Support Volunteers needed

We are currently recruiting for volunteers in Scotland and are searching for Peer Support Volunteers for our closed support groups.

This role is particularly suited to those who have been on a fertility journey and are ready and able to help others navigate the journey too. Staff who have worked in the field of fertility would also be welcome to volunteer with us. For further information on this role, please contact Sarah.

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 contact:

Sarah Lindores-Williams, Branch Coordinator
sarah@fertilitynetworkscotland.org
07849 712 967

Anna Paterson, Education Development Officer
anna@fertilitynetworkscotland.org

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



Wales

It has been a very busy few months in Wales. In January, we released a statement expressing our deep concerns relating to proposed changes to the Welsh Fertility Policy by the Welsh Health Specialised Services Committee. The proposed cuts are shockingly wide-ranging: they seek to ration access to NHS fertility treatment for heterosexual couples, will make it harder for same-sex couples to access NHS treatment by increasing the amount of IUI required from six to 12 cycles, will prevent women over 40 and single women and men from accessing NHS fertility help and will also exclude women and men who self-fund fertility preservation from future NHS fertility treatment.

We submitted a detailed response to the consultation on 27 February, along with a number of fertility organisations and clinics across Wales. We also included a large amount of feedback from fertility patients, as well as many patients opting to submit their own responses. We would like to take this opportunity to say thank you to each of you for your support in responding and for making your voices heard! We will keep you all updated on further developments as soon as we hear.

In February, we also hosted a reception at the Senedd in Cardiff Bay. It was a wonderful day with some truly incredible fertility awareness raised and critical conversations had across the political spectrum. We were thrilled and so very encouraged to see so many people there, willing and eager to collaborate and work together to further support fertility patients in Wales.

During the event, we discussed the critical work being undertaken with Welsh fertility patients and essential projects within primary, secondary and tertiary care, as well as highlighting key areas of focus for 2023 and beyond. We also raised awareness of our essential work within education via our Fertility Education Programme - Your Future Fertility.

Finally, we highlighted the emotional impact of infertility and the impact at work, through our Fertility in the Workplace programme in Wales, and shared real-life stories before unveiling the highly emotive work created in our recent RISE Creative Arts Project - a deeply emotional expression of infertility through poetry and photography by the people we support.

We are both excited and encouraged by the support and eagerness to collaborate together, and want to do all that we can to support fertility in Wales. We are looking forward to working with everyone and developing more incredible projects in the very near future.

For further information on any of the above or regarding fertility in Wales, please contact our Wales Co-ordinator, Emma Rees:

emma.rees@fertilitynetworkuk.org

Is your clinic part of our Patient Pledge?



The Patient Pledge is a partnership between Fertility Network UK and clinics, demonstrating the focus and importance the clinic places on a patient's emotional and mental health and wellbeing throughout their assisted conception journey.

When someone starts fertility treatment, they may feel apprehensive, worried, scared and even more 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 are working collaboratively with the Fertility Network team to support patients.

Fertility Network also recognises the support needed for patients when their journey ends with the clinic without a positive outcome. Patients who have experienced 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 spent and in desperate need of ongoing support. This is where a partnership with Fertility Network will enable the clinic to signpost these patients with the reassurance that we will provide that support.

Fertility Network provides support in so many ways: we have 90 online groups which offer peer and staff led support. Some groups are geographical while others are clinic based. We also recognise the need for equality and diversity with our LGBT Group, Black Women's Group, South Asian Group and our Male Group.

Everything we do for patients is free with our aim of supporting patients with their mental and emotional wellbeing; over the last year we have successfully run online yoga and mindfulness courses all of which were facilitated by qualified professionals. Our support line is available 5 days per week to patients which is run by our two retired fertility nurses offering emotional support and signposting.

As a Patient Pledge Clinic, you will be the charity's first point of contact when we seek clinical support for our webinars where we aim to provide education on all matters relating to patients on a fertility journey.

Fertility Network 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.

The Patient Pledge clinics

Aberdeen Fertility Centre
www.aberdeenfertility.org.uk

AGORA (Brighton & Hove)
www.agoraclinic.co.uk

Belfast Health & Social Care Trust Regional
Fertility Centre
www.belfasttrust.com

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

BCRM (Bristol)
www.fertilitybristol.com

NHS Orchard Clinic (Craigavon)
<https://southerntrust.hscni.net/our-hospitals/craigavon-area-hospital>

Dundee Assisted Conception Unit
www.acudundee.org

Edinburgh Fertility Centre
<https://weare.nhslothian.scot/edinburghfertilitycentre>

Glasgow Fertility Clinic
www.nhsggc.org.uk

Herts & Essex Fertility Clinic
www.hertsandessexfertility.com

Hull IVF Unit
www.hulleastridingfertility.co.uk

APRICITY (London)
www.apricity.life

Concept Fertility Clinic (London)
www.conceptfertility.co.uk

Centre for Reproductive & Genetic Health
(London)
www.crgh.co.uk

Gennet City (London)
www.city-fertility.com

Homerton (London)
www.homerton.nhs.uk/fertility

IVF Matters London
www.ivfmatters.co.uk

London Women's Clinic
www.londonwomensclinic.com

Manchester Fertility
www.manchesterfertility.com

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

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

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

Multiple locations:

Bourn Hall Ltd (*Cambridgeshire, Peterborough, Essex, Colchester, Wickford, Norfolk, Norwich, Kings Lynn*)
www.bournhall.co.uk

Care Fertility Group (*London, Manchester, Nottingham, Birmingham, Sheffield, Liverpool, Bath, Chester, Tunbridge Wells, Woking, Tamworth, Cheshire, Derby, Milton Keynes, Leicester, Bolton*)
www.carefertility.com

CREATE Fertility
www.createfertility.co.uk

TFP Fertility UK (*TFP Nurture Nottingham, TFP Belfast, TFP Oxford, GCRM Glasgow, Simply Chelmsford, TFP Boston, TFP Thames Valley, TFP Wessex Southampton*)
www.tfp-fertility.com

If your clinic would like to be part of
The Patient Pledge, please contact:

sharon@fertilitynetworkuk.org
07462 927430

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 one in six couples in the UK and the diagnosis of infertility can be devastating to the lives of those who so desperately want to become parents. Infertility is still an area of health that so many people who are suffering do not disclose to their employers, friends and families. People struggling with fertility issues often feel isolated, with over 90% telling us they are depressed.

Becoming a corporate partner means your company will help us raise awareness of the impact fertility issues have on so many people and open the conversation, allowing 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, and Fertility Network UK will work with partners ensuring your investment generates the required outputs sought. We will assist partners to achieve their objectives through a diverse mixture of advertising, sharing of information and participation at events.

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

Every corporate partnership makes a huge difference to Fertility Network UK's services, allowing us to reach more people suffering with their mental and emotional health and the stigma associated with infertility.

We have four levels of partnership from entry to enhanced and by 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.

For more details, please contact:
sharon@fertilitynetworkuk.org

Each year, we reach...



20k followers



600k website visitors



22k followers



**44.3k Health Unlocked forum members
& 90 peer support groups**



18k followers



5,000 Support Line callers

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Help us help others



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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