



fertilitynetworkuk



FERTILITY IN THE WORKPLACE
DEVELOPED AND PROVIDED BY FERTILITY NETWORK UK

In partnership with
Bourn Hall
FERTILITY CLINIC

What to expect from fertility treatment



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Fertility Fairness

FERTILITY IN THE WORKPLACE



Pre-treatment

Pre Treatment Checks

Before starting fertility treatment, tests are required to ensure that you have the best chance of success. These may include a semen analysis, AMH, scan, and thyroid check. Clinics will also check that precautions against common risks in pregnancy, such as rubella vaccinations, normal smears and folic acid supplements, have been addressed.

If you are under the care of another doctor for a health condition, it is important that you tell your clinic any relevant medical information and provide documentation, so they can take this into account as they plan your fertility treatment.

Your consultation

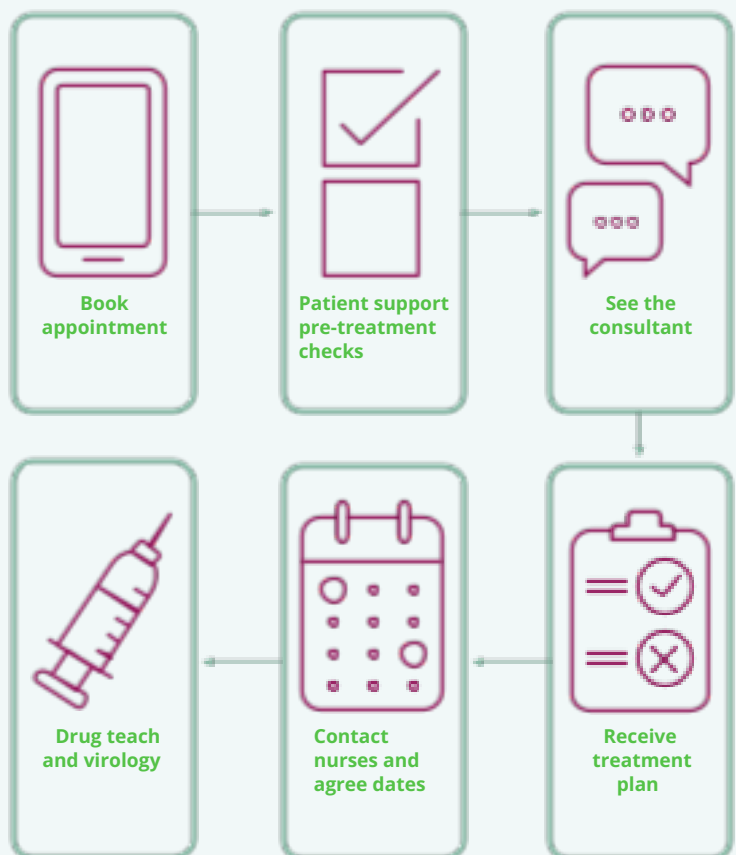
During your consultation, your relevant medical history and test results will be discussed. The consultant will inform you of your chances of having a baby with fertility treatment. Clinic consultants are committed to providing honest and realistic information about success rates and they will create a personalised treatment plan for you. Ask your clinic to share this with you in an easy to understand format to help you to discuss your treatment plan with your manager/employer and plan for time off.

Administering medication

Before your treatment begins, your clinic will teach you how to administer your hormone injections. This is to make sure that you or your partner can feel confident to do this on your own when the time comes.

Pre-treatment pathway

Key steps along your pre-treatment pathway.



During treatment: IVF, IUI and OI

IVF

Ovarian stimulation

The injection course lasts between two and four weeks, depending on the prescribed protocol (see information on protocols below). You may be prescribed a short course of hormone tablets in advance of the injections.

During your injection course, you will attend the clinic for monitoring scans, the number and frequency of which will depend on how fast the follicles develop in your ovaries. When the lead follicles reach a good size, you will be asked to have your trigger injection and come in for the egg retrieval two days later.

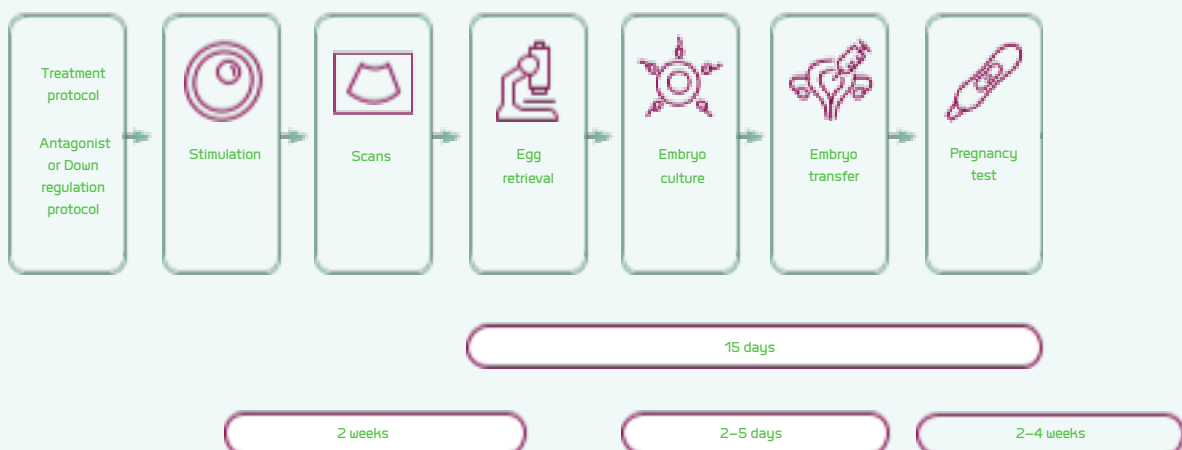
IVF treatment protocols

Protocols are the method through which clinics take control of your hormones to ensure the best outcome. They will vary depending on your own circumstances, but the two main ones are:

Antagonist protocol – this is a medication regime used to prevent your premature ovulation during the process of ovarian stimulation. This involves antagonist medications that block the action of your luteinizing hormone (LH) and follicle-stimulating hormone (FSH) to prevent the release of eggs before they are ready to be collected.

Down regulation protocol - this involves the use of medication to suppress your natural menstrual cycle. The purpose of down regulation is to prevent the spontaneous release of eggs before they can be collected. This is important because the timing of the egg collection procedure is critical to the success of IVF. By down regulating the menstrual cycle, we can carefully control when the eggs are released and increase the chances of a successful pregnancy.

Treatment and timelines



During treatment: IVF, IUI and OI

Egg retrieval

This is a minor procedure performed vaginally and lasts about 15-30 minutes. You may be a combination of pain relief - intravenous painkiller, sedative and local anaesthetic - which works well for this type of short procedure. Some clinics offer the option of a general anaesthetic, if you or your consultant consider this appropriate in your case. You will know how many eggs have been retrieved before you go home.

Embryo culture

Your eggs will be mixed (IVF) or injected (ICSI or IMSI) with sperm. Next day, an embryologist will contact you and let you know how many embryos have been made and how long they are expected to culture in the laboratory before offering you a transfer; this can range between two and five days.

The plan may change at any point, depending on how the embryos continue developing. When your clinic have identified the best embryo(s), you will be asked to come in for transfer.

Embryo transfer (ET)

It is a very personal decision whether to transfer one or two embryos, and your consultant will have discussed this with you. You should balance the benefit of having at least one healthy baby against the risk of having a multiple pregnancy that carries a higher risk to your health and that of the babies. Our guidelines are that, if you are under 40 and have created a high-quality embryo, we recommend you should ideally transfer only this in your first cycle.

Deferring embryo transfer

Under some circumstances where it is clinically indicated or has been agreed between you and the consultant, your embryo transfer may be delayed and all suitable embryos will need to be frozen. For example, in the event that there is a risk of ovarian hyperstimulation syndrome (OHSS), or an unexpected finding during stimulation, or you are having genetic testing of your fertilised eggs (PGT-A).

Frozen embryo transfer

There are two options for your transfer. You can prepare the lining of your womb (endometrium) with a regime of hormonal drugs, (which include a down-regulation injection, HRT and progesterone, or, if you have regular cycles, use your natural-cycle hormones and adding only a single trigger injection and progesterone. This will be discussed and agreed between you and your clinic.

IUI and Ovarian induction

IUI

If you are having a medicated intrauterine insemination (IUI), you will receive about two weeks of stimulation injections or a five-day course of Clomid/Letrozole, plus monitoring scans, a trigger injection, the IUI and progesterone support.

Alternatively, if you have a regular cycle and you ovulate, clinics can track your egg with scans, trigger ovulation and perform a natural-cycle IUI.

Ovulation induction

If the aim is to make you ovulate, you will likely receive a five-day course of Clomid/Letrozole or two weeks of stimulation injections, plus monitoring scans. If all goes well, your clinic will advise you to have intercourse around the time of ovulation.



UNDERSTANDING POSSIBLE OUTCOMES

UNFORTUNATELY, THERE ARE POINTS ALONG YOUR TREATMENT PATHWAY AT WHICH YOUR TREATMENT MAY COME TO AN UNEXPECTED END.

- YOU MAY REACT BADLY TO MEDICATION
- YOU MAY DEVELOP OHSS (OVARIAN HYPERSTIMULATION SYNDROME)
- YOU MAY NOT COLLECT ANY VIABLE EGGS
- YOU MAY NOT GET ANY EMBRYOS
- YOUR EMBRYOS MAY NOT SURVIVE THE CULTURE PROCESS

OFTEN YOU WILL RECEIVE UPDATES ABOUT THESE STAGES BY PHONE DURING YOUR WORKING DAY. SPEAK TO YOUR CLINIC ABOUT YOUR PREFERRED METHOD OF CONTACT AND ENSURE THAT YOUR MANAGER IS AWARE OF THESE ADDITIONAL ELEMENTS OF YOUR TREATMENT SO THEY CAN BE PREPARED TO SUPPORT YOU IF YOU HAVE BAD NEWS WHILST AT WORK.

After treatment

First pregnancy scan

When the time comes, you will be asked to do a home pregnancy test. If you are pregnant, you will be invited to return to your clinic for a scan when you are six to eight weeks pregnant.

If you have pain or bleeding in early pregnancy, your clinic should be there to support and advise you. In addition you can contact your GP. You may be referred to a dedicated Early Pregnancy Assessment Unit (EPAU) at your local hospital for further evaluation and management as, according to national guidance, EPAUs are best qualified to manage early pregnancy problems.

Follow-up

If your treatment has not worked, you will be able to speak to a clinician to review your treatment and discuss next steps.

Ongoing support

Most clinics will have a patient support team available to you throughout every stage of your fertility journey.

You should also be able to access fertility counselling through your clinic.

Additional support can be found via:

www.fertilitynetworkuk.org



Tommy's

Need more help?

You can call Fertility Network UK Support & Information Helpline if you have any questions, or need support at any stage of your journey.

Open Monday to Friday, 10am - 4pm and run by former fertility nurses.

