In-Vitro Fertilisation Treatment - Information leaflet
This leaflet will explain what IVF treatment is, including the benefits and risks of IVF.

What is IVF treatment?

IVF is a process of taking eggs from a woman’s ovaries, fertilising them with sperm (her partner’s or donor sperm) to create embryos and then replacing the embryos in her womb. In approximately 30-40% of cases (depending on the woman’s age) the embryos will implant to become a pregnancy.

The usual form of IVF treatment involves drug treatment for the woman using a combination of tablet and injection medication to stimulate the ovaries to produce ideally 8-10 eggs. The response to the injections is monitored by ultrasound scans measuring the size of the follicles in which the eggs develop. The dose of follicle stimulating hormone (FSH) injections may be modified to optimise the response. Once the lead follicles have reached 16-20mm in diameter, a trigger injection is given and the egg collection is scheduled for 35-36 hours later.

The egg collection procedure is done under conscious sedation with either intra-venous sedation or Entonox (gas and air) with an injection of local anaesthetic into the vagina. An ultrasound guided needle is passed through the vaginal wall into each the follicles. A mature egg will be obtained from most of the large follicles. The eggs are fertilised with the prepared semen sample that is provided on the same day as the egg collection.

The development of the embryos is carefully monitored over the next two to five/six days by the embryologist. The best quality embryo or embryos are selected for transfer. The embryos are loaded into a narrow catheter which is passed through the neck of the womb in order to place the embryos, under ultrasound control, near the top of the cavity of the womb.

Hormone supplements are then given for two weeks until a pregnancy test confirms the outcome of the treatment. If the woman conceives she will continue the hormonal support until 8-12 weeks of pregnancy.

• IVF involves mixing of eggs and sperm to create embryos, which are put back into the womb of the woman.
• The woman is given appropriate doses of FSH for her ovaries to produce 8-10 eggs.
• When there are ‘leading’ follicles 16mm-20mm in diameter, a different ‘trigger’ injection is given to mature the egg(s).
• The eggs are collected via a minor surgical procedure, using a long needle through the vagina and an ultrasound, under sedation or gas & air; 35-36hrs later.
• Washed, prepared sperm is placed together with the eggs in the dish and it is sometimes necessary to inject a single sperm into a single mature egg (ICSI).
• Fertilisation & embryo development are assessed & monitored, the following day, and for up to six days respectively.
• Up to two/three embryos may be transferred after two, three, five/six days.
• Drugs to prepare the lining of the womb are taken by the woman for up to two weeks, followed by a pregnancy test.
Day 2 embryo
(With Laser Assisted Hatching)

Fertilised egg

Day 3 embryo
Day 5/6 embryo
Why has IVF been recommended for us?

IVF is the best treatment available in a number of fertility problems where a couple is very unlikely to conceive naturally. If your tubes are blocked, the eggs and sperm will not meet naturally. In IVF the eggs and sperm are mixed together in the laboratory bypassing any tubal blockage. In cases of a severely abnormal semen analysis the chance of natural conception is extremely low but by using IVF the chance of pregnancy is increased by at least 10 times.

IVF is also recommended if other fertility treatments have failed or in cases of prolonged infertility if you have been trying unsuccessfully to conceive for more than two years.

What are our chances of getting pregnant with IVF?

The chance of conceiving depends on a number of factors including the woman’s age, the length of time a couple has been trying to conceive and whether they’ve had any previous pregnancies. The doctor will advise you of your chance of success based on your own unique situation. There is a useful online tool which uses real outcome data collected by the HFEA to allow you to predict your chance of pregnancy.

Are there any risks with IVF treatment?

Every treatment has its benefits and risks but the good news is that the risks with IVF are very small. There is no increased risk of a baby having an abnormality with standard IVF or frozen embryo treatment compared to natural conception.

The biggest risk with IVF is multiple pregnancy as the HFE Act allows transfer of up to two embryos in women under 40 and up to three embryos in women aged over 40. The risk of twins in IVF is one in five pregnancies compared to one in 60 natural pregnancies. Twin pregnancies are six times more likely to have complications such as premature delivery, low birth weight and cerebral palsy than a singleton pregnancy. Therefore you may be advised to have an elective single embryo transfer (eSET) to minimise those risks. In certain cases the NHS will only fund elective eSET but you may also be entitled to a frozen embryo transfer if the eSET cycle is not successful.

There is a risk of over-response to the ovarian stimulation drugs leading to ovarian hyperstimulation syndrome (OHSS). This condition is rare, only 1 in 50-200 cycles but can be very serious needing hospital or even intensive care treatment. Your IVF may be cancelled or all eggs/embryos frozen if you are at risk of OHSS. There is also a risk of reduced response to the medication in which case your treatment may be cancelled and the drug regimen altered for your next attempt at IVF.

IVF predict: www.ivfpredict.com

• Your chance of getting pregnant depends on a variety of factors and your individual circumstances.
What appointments will we need during the course of our IVF treatment?

After your consultation to discuss the reasons for suggesting IVF and explaining in detail how IVF is done, its benefits and risks and the chance of success, you will have first planning appointment with the specialist IVF nurses. At this appointment you will be given your prescription, be taught to do the injections and be given the consent forms to read. Any additional tests, including screening for hepatitis and HIV, will be arranged at this meeting.

- The biggest risk in IVF is a multiple pregnancy.
- The woman may ‘over respond’ to the drugs, leading to ovarian hyperstimulation.
- The woman may ‘under respond’ to the drugs leading to inadequate follicle development and therefore no eggs for collection.
- There is a very small risk of pelvic infection and serious haemorrhage following egg collection.
- Various strategies are in place to minimise and/or deal with these risks.
- Studies so far have not shown any increased risk of ovarian, breast, cervical or endometrial cancers following IVF treatment.

There is a 1 in 500 risk of pelvic infection and a 1 in 2,500 risk of serious haemorrhage as a result of the egg collection procedure. Long term studies have not shown an increased risk of ovarian, breast, cervical or endometrial cancers after IVF treatment. There may be a slight increase in the risk of borderline (not malignant) ovarian tumours after repeated courses of ovarian stimulation.

• You will be taught, and required to self-administer injectable drugs.
Self injection
At the second planning appointment you will go through the consent forms with the nurses and sign them all prior to starting treatment. You will be given your treatment regimen and advised of the likely week of egg collection.

Once the drug treatment starts, you will need monitoring ultrasound scans, usually two or three half hour appointments in a two week period.

• You will be required to attend the centre about 8 times in total.
• Your appointments may last from about 30mins to a couple of hours.
• Please inform the centre in a timely manner if you are unable to make any of the appointments.

What is the role of the HFEA?

The HFE Authority is the government body which regulates IVF treatment, ensuring that each IVF clinic adheres to the law, the HFE Act. The HFEA ensures that the clinic keeps the information about your treatment confidential. No information about your treatment is shared with anyone outside the IVF clinic without your written consent. The HFEA requires a clinic to take account of the welfare of children who may be born as a result of IVF treatment. You may not be offered treatment if there is a history of child...

The egg collection is a day case procedure. You will probably be in the unit for a couple of hours but most patients are home by lunchtime. You are advised to stay home and rest for the two to three days between egg collection and embryo transfer as you will feel uncomfortable. It is not necessary to have bed rest at this time.

After the embryo transfer you can return to normal daily activities including going to work. There is no evidence to suggest that working after embryo transfer reduces the chance of getting pregnant.
abuse or violence. The clinic may request further information from your GP in some cases. Treatment is usually only offered to couples in a long-term stable relationship who both intend to be the legal parents of a resulting child. The HFEA monitors the multiple pregnancy rate from IVF treatment, encouraging clinics to reduce the number of twins conceived while maintaining pregnancy rates. A fee must be paid direct to the HFEA for every IVF treatment cycle unless you have undergone elective single embryo transfer, in which case subsequent HFEA fees are waived.

**The HFEA is a regulatory body that governs the performance of assisted conception procedures and provides independent information on fertility treatments to the general public in the UK.**

### What additional investigations are needed before IVF?

The law relating to IVF states that all couples must be screened for hepatitis B and C and HIV within three months of their first treatment. Additional bloods tests may also be necessary and the doctor will discuss this with you. If you test positive for any of these viruses you may be referred onto a specialist for treatment for the infection. Your fertility treatment may be transferred to another centre with the capability of dealing with patients carrying virus infections. Hepatitis and HIV screening must be repeated every 24 months if fertility treatment is continuing.

### Will we get NHS funding for IVF treatment?

If you are entitled to NHS funded treatment in general, then you will be entitled to fertility investigations and a clinical opinion. NHS funded IVF treatment has very specific eligibility criteria which vary according to where your GP’s surgery is and which CCG (Clinical Commissioning Group) funds your treatment. Each CCG applies age, BMI and other clinical criteria depending on your infertility diagnosis. The precise criteria should be checked on your CCG’s website. It is unlikely that you will have NHS funded IVF if you already have a child together.

- **Devon:** devonccg.nhs.uk/information-for-patients/medicines-and-treatments/commissioning-policies/obstetrics-gynaecology--urinarytract-disorder/100383
- **Somerset:** somersetccg.nhs.uk/search/?q=fertility
- **Cornwall:** kernowccg.nhs.uk/media/97221/assistedconceptionpolicy.pdf

- **You may be eligible for NHS-funded IVF.**
- **Eligibility criteria depends on what geographical region your GP’s surgery is in.**
- **You may not be eligible for NHS funded IVF if you already have a child together.**
Counselling

We recognise how stressful both struggling to get pregnant and IVF treatment is. Therefore we offer specialised fertility counselling before, during or after your treatment. The first counselling session with the specialist fertility counsellor is free as a part of your treatment. If further sessions are required, there may be a charge. To arrange an appointment please contact the clinic receptionist on 01392 405051.

- Talking about your feelings may help you deal with the stress of trying to conceive and the IVF process.
- A specialist fertility and psychosexual counsellor is available for you at no extra charge.
- An appointment can be arranged by calling 01392 405051.

Follow up/further treatment

If your IVF treatment is not successful, please let us know either by phone or by returning the slip on the letter given to you at embryo transfer. You will be offered a debrief appointment, for which there is no extra charge, to discuss the future. If further treatment, investigations or procedures are recommended, this will be discussed with you at that appointment.

- Please always let us know the final outcome of your IVF treatment; positive or negative.
- You will be offered a debrief appointment at no extra charge after an unsuccessful IVF.
- If your treatment is successful you will be offered a scan to check how many babies you are expecting and that the pregnancy is going well.
- After the scan, if there is nothing to be concerned about, you will need to contact your midwife to book antenatal care.
- Please let us know when you have your baby, as we are not always aware and it is important for the records we submit to the HFEA.

Pregnancy scans and birth outcome information

If your IVF treatment is successful, you will be offered a seven week scan to check that all is going well and to see if it is a singleton or twin pregnancy. You will then be advised to make an appointment with your midwife to book antenatal care. You may be surprised that we are not routinely informed of the outcome of your pregnancy and would be grateful if you could contact us at the end of the pregnancy to let us know. This is both because we want to hear from you and because we need to give this information to the HFEA.
Additional procedures during IVF

In some cases, your doctor may recommend additional procedures or treatments as part of your IVF cycle. This includes direct injection of the sperm into the egg to create an embryo (ICSI), surgical sperm recovery and tubal surgery. There are separate leaflets giving detailed information about these procedures.

Questions

IVF treatment is a complicated procedure and we encourage you to ask the doctors, specialist nurses or embryologists questions throughout your treatment to ensure that you understand what is being recommended for you and why.

- You can ask questions about anything you do not understand or need reassurance about, at any stage of your treatment.
Together we can achieve so much