

In-Vitro Fertilisation Treatment – Information Leaflet



This leaflet explains what IVF treatment involves, including its benefits and risks.

What is IVF treatment?

IVF is a process that involves retrieving eggs from a woman's ovaries, fertilising them with sperm (her partner's or donor sperm) to create embryos, and then transferring the embryos into her womb. The likelihood of the embryos to implant resulting in pregnancy is likely to be influenced by the woman's age, among other factors.

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 develop follicles which contain eggs. The number is influenced by the woman's age and hormonal profile, but aiming for around 8-15 eggs. The response to the injections is monitored by ultrasound scans to measure the size of the follicles, and the dose of follicle stimulating hormone (FSH) injections may be altered to optimise the response. Once the lead follicles have reached 17-20mm in diameter, a trigger injection is given, and the egg collection is scheduled for 36-37 hours later.

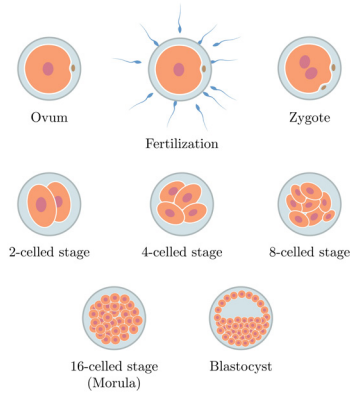
The egg collection procedure is done under Entonox (gas and air) with an injection of local anaesthetic into the vagina. An ultrasound-guided needle is passed through the vaginal wall into each follicle, and the fluid is aspirated. A mature egg is expected from most of the larger follicles, and fertilisation is attempted using prepared sperm on the same day as the egg collection.

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

supplements are given for two weeks until a pregnancy test confirms the outcome of the treatment. If the woman conceives, hormonal support will continue until 7-12 weeks of pregnancy.

- **IVF involves mixing of eggs and sperm to create embryos, which are then placed back into the womb**
- **The woman is given appropriate doses of FSH to stimulate her ovaries to produce follicles**
- **When the 'leading' follicles reach 17-20mm in diameter, a 'trigger' injection is given to mature the egg(s)**
- **The eggs are collected 36-37 hours later via a minor surgical procedure, using a long needle through the vagina under ultrasound guidance, with gas & air for pain relief**
- **Prepared sperm is introduced to the eggs in a dish, either by conventional IVF or, as is sometimes necessary, by injecting a single sperm into a single mature egg (ICSI)**
- **Fertilisation is assessed the following day, and development, of the resulting embryos is monitored for up to six days**

Early stages of embryonic development



- Typically, one or two embryos may be transferred on day 2/3 or 5/6 of the development; with up to three permitted only in women over 40 years using their own eggs
- Hormonal supplements are taken by the woman for up to two weeks, followed by a pregnancy test

Why has IVF been recommended for us?

IVF is the best treatment available for a number of fertility problems where a couple is very unlikely to conceive naturally. For example, if your fallopian tubes are blocked, the eggs and sperm cannot 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 with ICSI, the chance of pregnancy is increased by at least tenfold.

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

You may need IVF if:

- **You have been trying to conceive for two years (or one year if the woman is over 38)**
- **The woman's tubes are blocked**
- **The sperm analysis results are below normal**
- **Other fertility treatments have been unsuccessful**

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 trying to conceive, and whether there have been any previous pregnancies. Success rates vary, and while exact individual predictions cannot be made, your fertility specialist can provide general information based on the Human Fertilisation Embryology Authority (HFEA) data and your clinical history.

- **Your chance of getting pregnant depends on a variety of factors and your individual circumstances**

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, and as such, the HFE Act allows the transfer of up to two embryos in women under 40 and up to three embryos in women aged 40 and over when using their own eggs. The risk of twins in IVF can be significantly higher when two embryos are transferred compared to natural pregnancies. It is routine practice to replace a single embryo in the majority of transfers in women aged under 40. 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 most cases, the NHS will only fund 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, occurring only 1 in 50-200 cycles, but can be very serious, requiring hospital or even intensive care treatment. Your IVF may be cancelled or all suitable eggs/embryos frozen if you are at risk of OHSS. On the other hand, some women may have a reduced response to the medication, which can result in cycle cancellation and adjustment of the drug regimen for subsequent attempts.

The egg collection procedure carries a 1 in 500 risk of pelvic infection and a 1 in 2,500 risk of serious bleeding. 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.

- 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 manage these risks
- Studies so far have not shown any increased risk of ovarian, breast, cervical, or endometrial cancers following IVF treatment

given your prescription, be taught to do the injections, and sign consents that were given to you at your initial consultation. Any additional tests, including screening for hepatitis and HIV, will be arranged at this meeting. 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.

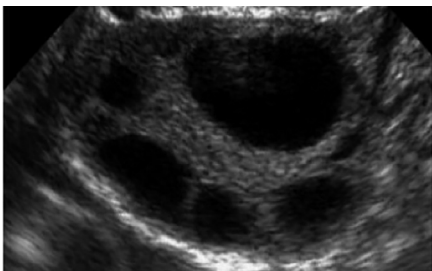
- You will be taught and required to self-administer injectable drugs



What appointments will we need during the course of our IVF treatment?

Your first consultation will be to discuss the reasons for recommending IVF and explain in detail how IVF is done, its benefits, and risks and the chance of success. You will then have a planning appointment with the specialist IVF nurses. At this appointment, you will be





Self-Injection

Once the drug treatment starts, you will need 'monitoring' ultrasound scans, usually two or three appointments, each lasting around half an hour, over a two-week period.

Follicles as seen by ultrasound

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 two to three days after the egg collection, as you may feel uncomfortable. It is not necessary to have bed rest at this time but vigorous exercise is not advisable.

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.

- You will be required to attend the centre between six and eight times in total
- Your appointments may last from about 30 minutes to a couple of hours
- Please inform the centre in a timely manner if you are unable to attend any of the appointments

What is the role of the HFEA?

The Human Fertilisation and Embryology Authority (HFEA) is the government body that regulates IVF treatment, ensuring that each IVF clinic adheres to the law, known as 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 consent. The HFEA requires a clinic to consider the welfare of children who may be born as a result of IVF treatment. In some circumstances, treatment may not be offered, e.g. if there is a history of child abuse or domestic violence. The clinic may request further information from your GP or other healthcare professionals 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 whilst maintaining pregnancy rates. A fee must be paid directly to the HFEA for every IVF treatment cycle.

- **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. There are some exceptions for couples using donor sperm or eggs. Additional blood 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 to a specialist for treatment. Your fertility treatment may be transferred to another centre equipped to manage patients with viral infections. Hepatitis and HIV screening must be repeated every 24 months if fertility treatment is continued.

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. However, NHS funding for IVF treatment has very specific eligibility criteria which vary according to the geographical location of your GP surgery, and which Integrated Care Boards/Services (ICB/ICS) fund your treatment. Each ICB/ICS applies its own criteria regarding age, BMI, and other clinical factors. The precise criteria should be checked on your local ICB/ICS website (e.g. Devon, Somerset, Cornwall (Kernow), NHS England, Dorset).

- **You may be eligible for NHS-funded IVF**
- **Eligibility criteria depends on the geographical location of your GP surgery**
- **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 part of your treatment. If further sessions are required, there may be a charge. To arrange an appointment, please email rduh.fertilitycounselling@nhs.net.

- Talking about your feelings may help you deal with the stress of trying to conceive and the IVF process
- A specialist fertility counsellor is available for you at no extra charge
- An appointment can be arranged by emailing rduh.fertilityexeter@nhs.net

Pregnancy scans and birth outcome information

If your IVF treatment is successful, you will be offered a seven-week scan to check that the pregnancy is going well and to determine if it is a singleton or twin pregnancy. You will then be advised to make an appointment with your midwife to book antenatal care. Please note that we are not routinely informed of the outcome of your pregnancy, so we 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.

Follow-up/further treatment

If your IVF treatment is not successful, please let us know either by phone or by returning 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 next steps. 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, whether positive or negative
- You will be offered a debrief appointment at no extra charge after an unsuccessful IVF cycle
- 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 informed, and it is important for the records we submit 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.

In addition to freezing embryos due to the risk of ovarian hyperstimulation syndrome (OHSS) as mentioned above, surplus suitable embryos may also be frozen and stored after your embryo transfer, should you wish. A separate leaflet also covers this in more detail.

Questions

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

- **You may ask questions about anything you do not understand or need reassurance about at any stage of your treatment**



A photograph of a woman with short, wavy blonde hair, smiling warmly. She is wearing blue V-neck scrubs. A yellow name tag is pinned to her left chest, and a pair of glasses hangs from the neckline of her scrubs. The background is a blurred clinical or hospital setting. The entire image has a light teal overlay.

**Together we can
achieve so much**



Feedback

Here at Fertility Exeter, we care about getting things right for our patients. As such we would welcome any feedback that you may have, to help us continually improve the services we provide. You can do this in a number of ways:



Patient Advice & Liaison Service (PALS)
Royal Devon and Exeter Hospital
(Wonford)
Barrack Road
Exeter
EX2 5DW



Direct Dial: (01392) 40 2093



rduh.pals-eastern@nhs.net

You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:
<https://www.hfea.gov.uk/choose-a-clinic/rate-your-clinic/>

“What went well could go better if”

Please complete a yellow card, located in our waiting room, and put it in the box provided. The box is sorted weekly and suggestions are acted on accordingly.

Alternatively:

★ Tell your story via Care Opinion.



<https://www.careopinion.org.uk/kiosk/rh802-fertility-clinic>



Royal Devon & Exeter Hospital (Heavitree)
Gladstone Road
Exeter
EX1 2ED



(01392) 40 5051



rduh.fertilityexeter@nhs.net

www.fertilityexeter.co.uk

