



GETTING PREPARED

- Becoming fertility fit
- Seeing a doctor
- Your action plan
- Ways to de-stress
- Laws and consents



Getting prepared

Having a general health check with your own GP is a good idea before you start any fertility treatment

Seeing a doctor

Before starting any treatment you will have a fertility consultation with one of our doctors. He or she will go over treatment options, costs, any ethical issues and probably organise further tests – usually blood tests and often a semen analysis. You may need a follow-up consultation in two or three weeks to review results of these tests and before deciding what treatment you will start with.

Your doctor's nurse will go over the practical aspects of treatment. Sometimes this is done straight after the doctor's appointment but often it is better to book a separate time.

Many people find the first consultation pretty overwhelming – there is a lot of new information to take in while you are in a heightened emotional state. Good advice is to write down beforehand any questions you want to ask. Also, feel free to write notes during the consultation – and ask the doctor to slow down if you need to catch up, or if you are unsure what he or she is saying. If you do not understand something, please ask them to explain.

Your action plan

Your doctor will map out an action plan for you – what treatment to start with and when you want to begin treatment.



A lot of people find it valuable to keep all the information about their fertility journey in one place – the doctors' letters, patient information like this magazine and treatment timetables. We'll give you a handy storage box for this and there is a 'Notes' section at the back of this magazine for you to record instructions.

General health check

Some people have medical concerns that need to be considered when planning a pregnancy, such as diabetes or a heart condition. We strongly advise you to have a general health check with your GP before starting fertility treatment and to disclose any medical condition to your Fertility Associates doctor. Your Fertility

It is important to remember that although your doctor will be overseeing your treatment, you may not see your doctor at every scan or procedure during treatment.



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Associates doctor will focus on your medical history related to the chance of becoming pregnant which may not cover the same aspects as a general health check from your GP.

Fertility tests

- **Rubella** (German measles) We want you to be immune to Rubella before starting treatment because Rubella can cause birth deformities.
- **Varicella** (Chicken pox) If you haven't had Chicken pox or can't remember whether you have, then we will suggest you are vaccinated. Infection during pregnancy can harm your baby.
- **Blood count and blood group** These can identify potential health problems and also give baseline information in case you develop any OHSS symptoms after IVF treatment.
- **Hepatitis B and C** We screen both men and women for these viruses to minimise the risk of hepatitis being transmitted to a child and to prevent contamination of laboratory equipment.

- **HIV** We test both men and women for HIV because special precautions should be taken if treatment is considered. The test detects antibodies to the HIV virus, so a negative test does not absolutely eliminate the possibility of infection.



We have a Fertility Facts information sheet on HIV testing.
www.fertilityfacts.com.my

- **FSH, LH and AMH hormones** We use your levels of FSH, LH and Anti-Mullerian Hormone (AMH) to help decide the dose of medications used to stimulate the ovaries. Your AMH level can also give you a good idea about the number of follicles to expect from ovarian stimulation in IVF.



See our Fertility Facts on AMH and ovarian reserve
www.fertilityfacts.com.my

To test or not to test..

Your doctor will suggest which tests to do based on the chance of a particular test picking something up at that stage of your fertility journey. If you would prefer to do more tests at an earlier stage despite their cost and a low chance of them finding anything – then please discuss this with your doctor. You and your doctor need to have the same approach.



| Tests | Usual approach | Chance of the result influencing your treatment | Cost of the test | Invasiveness of the test |
|--|---|---|------------------|--------------------------|
| <ul style="list-style-type: none"> Semen analysis and sperm antibodies AMH test of ovarian reserve | Done initially for nearly everyone | | | |
| <ul style="list-style-type: none"> Strict morphology of sperm Trial sperm wash | Done initially if there is an indication. | | | |
| <ul style="list-style-type: none"> Hysteroscopy Saline scan of the uterus | Otherwise, we may suggest tests at various stages if you do not become pregnant following treatment | | | |
| <ul style="list-style-type: none"> Laparoscopy and hysteroscopy of the abdomen, Fallopian tubes and uterus | Some people may want to do some tests earlier – ask your nurse or doctor | | | |
| <ul style="list-style-type: none"> Karyotype to assess chromosomes | | | | |

Understanding fertility tests

Ideally fertility tests would be very cheap and easy, so you'd do them all before considering treatment. In reality, the cost, the invasiveness, and the chance of finding anything varies between tests. Your doctor will suggest which tests to do based on the chance of a particular test picking something up at that stage of your fertility journey. If you would prefer to do more tests at an earlier stage, then please discuss this with your doctor. The table above may help you decide your approach to various tests.

- Semen analysis** A semen analysis is the main test to assess male fertility, although it is not perfect.

Results from a semen analysis often determine which treatments are technically appropriate. Even if you have had a semen analysis done elsewhere before, we often ask for an analysis in one of our labs because our embryologists are good at picking up subtle signs of sperm quality. We can also test for sperm antibodies. Sometimes we recommend a trial sperm preparation to check whether enough sperm can be isolated for treatment.

| | | |
|--|------------|---|
| | Dark green | Represents the chance of the result influencing treatment |
| | | RM100-250 |
| | | RM500-1000 |
| | | RM5,000 or more |
| | | Blood test or semen sample |
| | | 1-2 hours in the clinic, sedation |
| | | General anaesthetic |

See our Fertility Facts on **Male Fertility and Semen Tests**. This information sheet discusses the variation in semen quality and the reliability of tests. www.fertilityfacts.com.my

Backup sperm

If you are concerned that you might be unable to produce a semen sample on the day of IUI or IVF treatment or that you might be away, we can usually freeze a back-up sample. You need to arrange this well in advance so we can see how well your sperm survive freezing

and thawing. There is a separate charge for sperm freezing.

Sperm will only be frozen if you request this service and complete a consent form for sperm freezing.

Becoming fertility fit

You will want to have the best chance of becoming pregnant. As well as the **Fertility tips for men and women** on page 27, we have some more specific advice.

- Smoking** Don't, or stop well before treatment! Cigarette smoking halves the chance of conception in IVF treatment, and probably does the same for other treatments. Smoking acts by reducing the number and the quality of the eggs that develop in the ovaries, and may reduce blood flow to the uterus. Miscarriages are more likely in women who smoke.

Nicotine patches are not recommended because they may mimic the biological effects of smoking by decreasing blood flow to the ovaries and uterus.

There is some evidence to suggest that tobacco may affect sperm production and quality, and increasing evidence that second-hand smoke from others is also bad.

- Caffeine** The impact of caffeine is still controversial, but some studies show that even quite small amounts of caffeine can reduce the chance of pregnancy; so we suggest you reduce the amount of tea, coffee, cola and especially energy drinks you consume.

- Alcohol** Small amounts of alcohol are probably not detrimental, but we recommend not drinking alcohol after embryo transfer, since the negative impact of alcohol on fetal development is well known.

- Weight** Being over-weight can mean you need more medications to stimulate the ovaries, or may reduce your response to even high doses of the medications. Fortunately, even a relatively small loss in weight (often just 5-6 kg) with some exercise can be very beneficial.

There is some evidence that men being overweight can reduce sperm quality and the chance of pregnancy using IVF or ICSI.

- Medications** Some medications may interfere with fertility or treatment, so please tell us what medication you are using. Particularly important are tranquillisers such as Stelazine or Haloperidol, medications for migraine and some medications used for inflammatory bowel disease or for high blood pressure.

- Drugs and sperm quality** Narcotics, tobacco, marijuana, or heavy alcohol use may impair sperm production in men. Sperm production can drop for up to three months after the flu or a high fever, so please tell us if any of these apply to you.

- Folic Acid and vitamins** Folic acid can prevent up to 92% of cases of neural tube defects such as spina bifida in babies, so we encourage all women wanting to become pregnant to take folic acid. Tablets of 800 mcg folic acid per day are sufficient, and should be taken from the beginning of treatment until 12 weeks into pregnancy. Women on anticonvulsant medications need a higher dose of folic acid and should take advice from their doctor. A general multivitamin may be beneficial, but large doses of some vitamins, particularly Vitamin A, can lead to birth defects.



Our colourful journey

"In September after another failed attempt we both agreed October 2010 will be our last attempt. We are now four months along in our pregnancy. I do not know who is happier, our son who will now have a sibling, us for sharing our love again, our parents and wider family who have been waiting years for another angel to join our family, or Fertility Clinic staff who have been on that journey with us. To you we give our love and understanding as you take this emotional journey. As individuals and a family we have come out as better persons and a stronger family. Life never ended when we were told I had the fertility problem, it just got more colourful along the way. Kia Manuia."



There is no evidence that having sex after embryo transfer in IVF interferes with the embryos that have been transferred – so if you feel like it, go ahead! One study even showed a higher pregnancy rate.

- **Antioxidants for men** There is increasing evidence that antioxidants may reduce sperm damage in some men. Antioxidants such as vitamin C, vitamin E and lycopene are present in many foods and in supplements.
- **Aspirin** There is considerable interest in whether low-dose aspirin may improve blood flow to the ovary and uterus and therefore improve the chance of pregnancy during IVF treatment. Overall the results don't show a benefit, but it may be useful in some people.
- **Heparin** Our doctors may prescribe low-dose heparin because of clotting abnormalities.
- **Alternative therapies** Many people wanting to become pregnant try alternative therapies such as Chinese herbs; aromatherapy; naturopathy; reflexology and acupuncture. With the exception of acupuncture, we strongly recommend you stop alternative therapy while you are having fertility treatment. Most alternative treatments have not been tested scientifically for their effects on hormones, sperm, eggs or embryos, or the uterus. Some studies have shown that particular herbs inhibit sperm and egg function. Please tell us if you are using complementary or alternative therapy.
- **Sexual activity** There is no evidence that having sex after embryo transfer in IVF interferes with the embryos that have been

transferred. Strange as it may seem, there is a small chance you may conceive naturally even in an IVF or thawed embryo cycle – we have seen a few cases of non-identical twins when only one embryo was transferred.

De-stressing, not distressing!

Infertility hurts, the pain of infertility goes deep and the grief can feel overwhelming at times. On top of that, the medications used to stimulate the ovaries usually lead to bigger changes in your hormone levels than you are used to – you can easily feel more fragile and more easily stressed than normal. And if that is not enough, your hopes and expectations will be running high, but things may not go as expected. You may not respond well to the medications; you may get fewer eggs than you expect in IVF; the number of eggs that fertilise normally may be low. And then there is your sex life... or not!

On the opposite page we've summarised things that really help.



See our Fertility Facts on Male Fertility and Semen Tests. www.fertilityfacts.com.my

Our doctors and nurses understand how you are feeling and are here to support you.

Things that really help

- Talk to our doctors and nurses for information and support – tell them how you are feeling, don't bottle it up.
- Find a few friends or family members with whom you can really share your feelings and experiences. And men, you are not exempt.
- Make life as easy as possible – postpone or cancel stuff that is not essential right now.
- Give yourself some treats or pleasant activities to look forward to, so you can enjoy life outside treatment.
- Have plenty of rest because the high hormone levels from the medications can make you tired. Stress is also tiring.
- Make allowances for each other. Share feelings and anxieties with your partner.
- Write it down – keep a calendar with blood test dates to help plan and manage your time, and the instructions from the clinic staff so you don't need to worry about remembering what was said.
- Be prepared to take some time off. Many women feel discomfort before and after IVF egg collection due to swelling of the ovaries. After embryo transfer some women feel the psychological need for a day or two off work.
- Waiting for the pregnancy test can be long and hard – every study shows this is the most stressful part of treatment. Plan some nice activities for this time.
- It can take some time to get your emotional balance back if you find you are not pregnant – go easy on yourself and remember our staff are here for you.
- Finding you are pregnant often brings a new set of anxieties – this is natural.

And for men:

- Most of the treatment is going to centre on your wife – but don't hide your feelings or feel that you are redundant in the process of creating a child.
- Men often handle intense feelings, anxieties and crises differently to women – e.g. by playing sport or working harder. You need to let her know what you are feeling.
- Talk to someone other than your wife with whom you can be honest and receive real support.
- If you are feeling anxious, or become concerned about your partner – call us because looking after people's emotional well-being is an important part of treatment.



Write down instructions from the clinic staff so you don't have to worry about remembering what was said.



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Who pays?

We will confirm the cost of a consultation at the time of making the appointment, and will give you written information about the cost of treatments.

We expect payment for consultations at the time of the appointment, and for treatment soon after starting each treatment cycle.



See our Fees Guide for how and when to pay

Consent

We need your written consent for any treatment which uses sperm, eggs or embryos outside the body or for storage, fertility medications that stimulate the ovary other than clomiphene, and for any operative procedure such as surgical sperm retrieval.

Medical consent is not just a piece of paper that you sign; it is the whole process of being well informed for which the piece of paper is a record. Your doctor will go over the consent with you. This is an ideal time to ask questions about treatment and the decisions you need to make.

We have tried to make consent easier by making most consent forms last 5 years, although you can choose a shorter period. Both husband and wife need to sign the consent form in person, at the clinic, in the presence of a clinical staff member, before treatment begins. We will give you a copy of each consent form.

Once you have signed the main IVF consent form, called Part A, you don't need to come into the clinic to sign the consent form associated with each IVF or thawed embryo cycle – you can post or fax it back to us. Part B records the decisions you make for a particular IVF or thaw cycle, such as the number of embryos to transfer and what to do with non-viable eggs or embryos.

You can withdraw consent at any time, or change your mind about a decision you have recorded on a consent form as long as it relates to something that hasn't happened yet. If you do this, you will need to change the original consent or fill out a new form. We will give you a copy of each consent form you sign.



We can't start treatment, including giving you any medications to get under way, until you have signed your consent form.



Your doctor will go over the consent with you. This is an ideal time to ask questions about treatment and the decisions you need to make.