An abstract graphic consisting of several overlapping, flowing orange ribbons of varying shades, creating a sense of movement and depth. The ribbons are positioned on the left and top of the page, framing the central text box.

# Getting started

Your guide to fertility treatment

# Who are we?

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The Human Fertilisation and Embryology Authority (HFEA) is the UK's independent regulator of fertility treatment and research involving human sperm, eggs or embryos. We issue licences to fertility clinics and set the standards they are run by. We aim to make sure clinics can offer you a safe, professional service. We also monitor and license the different treatments available, and license embryo research centres.

If you're exploring fertility treatment, we're the first place to go for reliable information. Getting all the information you need will help you be confident you are making the right choices.

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*“As the UK fertility regulator we aim to empower patients by providing them with the very latest information. Our patient guide and website are unique resources for anyone starting out on their journey and looking for a panoramic view of the treatment and services available in UK fertility clinics.”*

Professor Lisa Jardine CBE  
HFEA Chair

[www.hfea.gov.uk](http://www.hfea.gov.uk)



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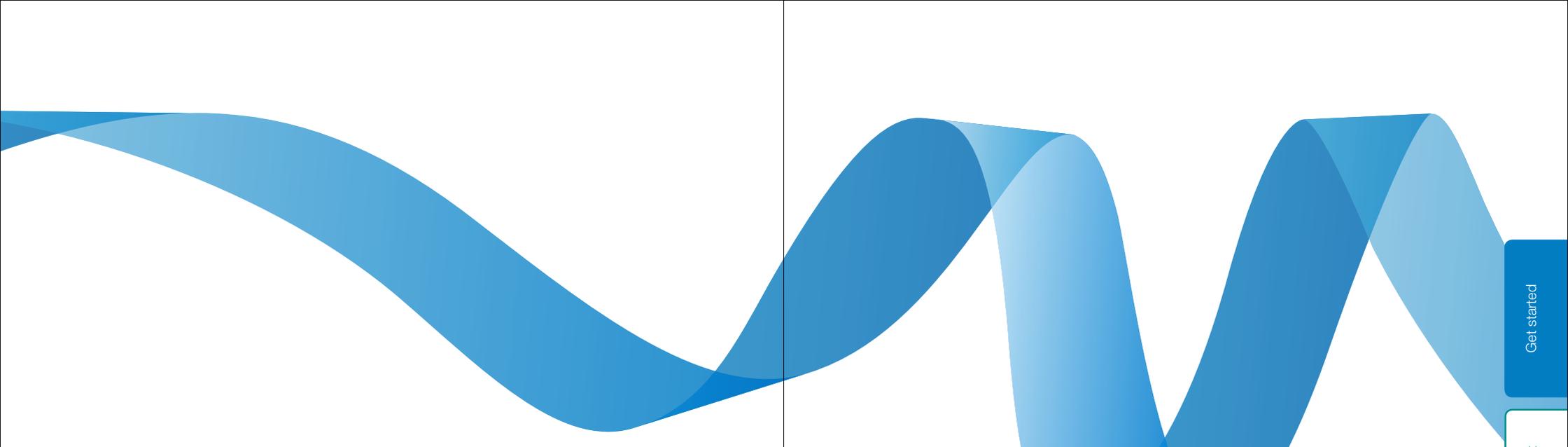
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This guide is for general information only; the HFEA does not provide medical or legal advice to individuals. If you are considering fertility treatment, you should first get professional advice based on your specific circumstances.

While we have made every effort to ensure that the guide is accurate as at April 2010, we make no representations or warranty of any kind, express or implied, as to its accuracy, completeness, suitability or reliability.

We accept no liability for any consequences that may arise from your acting or not acting in reliance on the information in this guide.



# Get started

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If you are having trouble becoming pregnant, you're not alone. About one in seven couples have difficulty conceiving naturally.

In men, a fertility problem is usually linked to low numbers or poor quality of sperm, although past medical treatments or genetic factors can also play a part. In women the causes are more varied. They include the failure to release an egg every month (to ovulate), endometriosis, damage to the fallopian tubes, and polycystic ovary syndrome (PCOS).

Women also become less fertile as they get older. 95% of women aged 35 and under who have

regular unprotected sexual intercourse will get pregnant within three years of trying, while by the age of 38 only 75% of women will do so.

Your lifestyle can affect your chances of conceiving, particularly if you are a heavy smoker or are significantly overweight or underweight.

In a quarter of cases, despite investigations, a clear cause of infertility is never established. This is often called unexplained infertility.

## What can I do?

You can potentially boost your chances of conceiving by making sure your body is healthy enough to become pregnant and support a developing baby.

Both men and women can make lifestyle changes that may make them more likely to conceive. These apply whether you have fertility problems, or are exploring fertility treatment on your own or in a same-sex partnership.



### Eat healthily

A balanced diet will help ensure your body is healthy enough to become pregnant and can also help to keep sperm production at optimum levels.

### Exercise regularly

Regular exercise will keep you fit and help you to maintain a healthy weight. It can also help to reduce your stress levels, in what can be an emotionally draining situation.

### Drink sensibly

Alcohol may affect fertility and sperm quality, so aim to limit your drinking to the government guidelines of two to three units a day for women and three to four units a day for men.

### Medication and drugs

Some prescription drugs can reduce your chances of conceiving, so if you are taking regular medication ask your GP about suitable alternatives. All illegal drugs should be completely avoided.

### Stop smoking

Smoking has been linked to infertility and early menopause in women, and has been shown to reduce sperm quality. It is also a factor in premature or low birth-weight babies.

### Keep cool

For maximum sperm production, the testes should be a couple of degrees cooler than the rest of your body. It may help to avoid tight-fitting clothing, saunas and hot showers.

### ! Key facts

- Endometriosis is a condition in which endometrial cells, which normally line the womb, implant themselves around the outside of the womb or ovaries (or both), causing internal bleeding and pain and reducing fertility.
- Polycystic ovary syndrome is a condition in which many small cysts form on the ovary resulting in hormonal imbalances, which can cause infertility.

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# How to choose a clinic and what to expect

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Choosing a fertility clinic is a very personal decision, and the criteria that matter to you will depend on your circumstances.

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# Choosing a clinic

When choosing the best clinic for your needs, you may want to consider the following:

## Location

How convenient is the location? If you choose a clinic that is further away, you may be able to have certain treatments at a local hospital, which will save you travelling to the clinic for every test and treatment, making it more convenient.

## First appearances

When you contact or visit the clinic, think about how you feel there and about the way staff treat you. Ask lots of questions so you feel fully informed about the treatment they are recommending. If possible, talk to other patients to hear their personal experiences of the clinic.

## Services offered

Does the clinic offer the treatment that is best for you? What about other services you may want, such as a support group or free counselling?

## Eligibility for treatment

Some clinics have eligibility criteria for treatment – these could include age. Our 'Choose a Fertility Clinic' service allows you to check the upper age limit when looking for a clinic.

## What is the clinic's cancellation policy?

Find out how many cycles (rounds of treatment) are attempted before trying another approach or stopping treatment altogether.

## Success rates

How successful is the clinic at treating women in your age group with your fertility problems? And how many women of your age do they treat?

## Embryo transfer policy

Clinics can replace up to two embryos at each attempt of in vitro fertilisation (IVF), or up to three if you are aged 40 or over and using your own eggs.

- What is the rate of multiple births for the clinic?
- How do you feel about this, and the risks associated with multiple births?
- How does the clinic minimise the risk of multiple births for their patients?
- The clinic should recommend single embryo transfer (SET) in patients at high risk of having a multiple pregnancy.
- Find out at which stage of development embryos are transferred and what the clinic's freezing policy is.

## What does the HFEA inspection report say about this clinic?

Our inspection reports of licensed clinics are available online, as part of our 'Choose a Fertility Clinic' service. They can be useful in helping you find out more about how a clinic operates.

# Understanding success rates

It's only natural for you to want to know your chances of success. On the online 'Choose a Fertility Clinic' service, we provide data on success rates for every licensed clinic, showing the number of treatments carried out in a particular year, and the number of pregnancies and live births that resulted.

These success rates should be used only as a general guide. You should not use them as a personal prediction of your own chance of success. Clinics tell us their success rates and although we check their data, we cannot guarantee its accuracy – this is each clinic's responsibility.

We show a clinic's success rates in three different ways:

- whether the success rate is above, below or consistent with the national average
- the number of treatment cycles a clinic carried out and how many resulted in a live birth
- the predicted chance of a woman having a live birth if she was treated at this clinic.

The success of an IVF or intra-cytoplasmic sperm injection (ICSI) treatment can be measured by looking at how likely it is that a live birth will result from a treatment cycle or from each embryo transferred. We show both in our figures.

Directly comparing the success rates of clinics is not useful because:

- clinics treat patients with different diagnoses, which affects the average success rates
- most clinics carry out too few cycles each year to reliably predict a patient's future chance of success
- the success rates relate to a period of treatment from about two years ago and may not be a good indication of success rates at the same clinic today.

The majority of success rates are around the national average.

## How can I see success rates relevant to me?

The 'Choose a Fertility Clinic' service shows the type of patient each clinic treats, including their age and diagnosis and how long they have been infertile. This may help you identify clinics that treat patients with similar needs to you, and also puts the success rates for that clinic in context.

Success rates are broken down by treatment. With IVF and ICSI, we also show separate outcomes for fresh or frozen embryos.

If you are using donated eggs, the success rates are not broken down by age. This is because donated eggs come from women aged 35 or younger. The age of the egg donor, rather than your age as the recipient, determines the success of the treatment.

## Data on multiple births (twins and triplets)

Multiple pregnancy is the single biggest risk of fertility treatment to you and your baby. The birth of a single, healthy child is the safest, most desirable outcome. So it is important to look for clinics that

have a high proportion of single births, as well as a good overall success rate.

For each clinic we show firstly whether treatment results in a live birth and secondly whether a single baby, twins or triplets are born.

## Clinical pregnancy rates

Where an ultrasound scan has shown at least one heartbeat, this is a clinical pregnancy.

Clinical pregnancy rates can give you more recent data, as this information can be collected within two to three months, as opposed to the 10 to 12 months it takes to collect information on live births. However, as not all clinical pregnancies will develop into live births, these rates do not offer a complete picture.

### ? Why do success rates differ between clinics?

Success rates can be affected by:

- the type of patients a clinic treats (age/diagnosis)
- the type of treatment a clinic carries out
- a clinic's treatment practices.

A clinic that treats proportionately more patients with complicated diagnoses may have a lower average success rate than a clinic that treats more patients with common fertility issues.

Clinics may have higher success rates for treatment if they treat women who have no male partner and are using donated sperm in their treatment. This is because the women are likely to be fertile, and the donated sperm will be thoroughly screened and of a high quality.

# What to expect at a clinic

Whichever clinic you choose, it is important that you feel comfortable, that you don't feel rushed into any decisions, and that you have access to all the information you need.

You can make the most of your consultations by:

- preparing questions in advance
- taking time to think things through – there can be a lot of difficult issues to consider
- remembering that the clinic staff are there to help you make the right choice for you.

## What are the age limits for fertility treatment?

There is no age limit for fertility treatment in UK law or set by the HFEA. However, some primary care trusts and health boards will have set eligibility criteria for getting NHS funding for your fertility treatment. Many private clinics also set an upper age limit.

A clinician must decide whether it is appropriate for treatment to be carried out, particularly whether your health will allow you to go through the treatment and the potential pregnancy.

We require clinics to carry out a 'welfare of the child' assessment before starting any treatment. This looks at factors that are likely to cause serious physical, psychological or medical harm to any children born or to any existing children of the family.

## What tests will I need to have?

In addition to tests by your GP, you may be given further tests at the clinic or hospital before you can begin treatment. These may include:

### For women

- A full hormone profile to measure any hormone imbalance.
- Blood tests to find out whether you are ovulating.
- An ultrasound scan to look at your womb and ovaries.

### For men

- Semen analysis to check sperm numbers and quality. They will be checked for poor morphology (abnormal shape) or poor motility (poor swimming), or both.
- Sperm antibody test to check for protein molecules that may prevent sperm fertilising an egg.

For more information about other tests you may have, visit our website:  
[www.hfea.gov.uk/fertility](http://www.hfea.gov.uk/fertility)

# What to think about before starting treatment

Before treatment can take place, you'll need to complete several consent forms and consider funding options.

## Consent to treatment

The consent forms are a legal requirement and the clinic needs to make sure you understand, and agree to, everything the treatment will involve.

### Understanding your treatment

It is important to fully understand the implications of any treatment you agree to. Your clinic should help you do this by:

- offering you professional counselling, which many people find helpful
- providing information about the procedures involved in your treatment, and a costed treatment plan.

Make sure you ask questions so you understand what your treatment involves and all its possible outcomes. Take your time to reflect on this before you sign anything.

There are four different types of consent:

#### Consent to fertility treatment

This is similar to the form you have to sign for many other medical treatments. For example, if you are a woman having in vitro fertilisation (IVF) you will have to consent to egg retrieval and the transfer of embryos into your womb.

#### Consent to disclosure of information

Your clinic must get your permission before it tells your GP or anyone else about your treatment (except in a medical emergency). You may also want



The expert says...

“The most important thing you can do when making decisions about fertility treatment is to ensure you are well-informed. Read all you can, don't be afraid to ask questions, talk to other people, including considering joining a patient-led support group. When you're choosing

a clinic, success rates are important but they aren't the only thing that matters – location, cost, funding, what treatments are offered and even the atmosphere can all make a difference.”

*Kate Brian, Infertility Network UK and More to Life*

to consider consenting to release information about your treatment to researchers, as this information will contain identifying details such as your date of birth.

#### Consent to the use and storage of sperm, eggs and/or any embryos created from them

Your consent will be needed for using your sperm, eggs or embryos for your own treatment, for the treatment of others, or for research or training. You can also consent to the storage (freezing) of your sperm, eggs or embryos for a defined period of time.

#### Consent to parenthood

In some cases, such as when you are using donated sperm

in your treatment, you or your partner may need to consent to being the legal parent of the child.

Further details of how the law affects you are available on [www.hfea.gov.uk/parenthood](http://www.hfea.gov.uk/parenthood)

### Withdrawing or changing your consent

You can change or withdraw your consent by contacting the clinic where your sperm, eggs, or embryos are being stored, as long as they have not already been used in treatment, research or training.

To view the consent forms visit [www.hfea.gov.uk/2504.html](http://www.hfea.gov.uk/2504.html)

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### Consent to the use of your data in research

We are required by law to keep a register of patient information, which includes personal data such as your date of birth, the number of embryos transferred in treatment, and whether your treatment led to a pregnancy.

This information could be used by researchers to carry out medical and social research – for example, to investigate the safety and effectiveness of fertility treatments. You will be asked whether you agree to your information being used for research.

For more information visit [www.hfea.gov.uk/consent-to-research.html](http://www.hfea.gov.uk/consent-to-research.html)

### Funding

You may be eligible to have your treatment paid for by the NHS, or you can pay for your own treatment as a private patient.

NHS funding can cover the costs of in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI). The number of cycles (rounds of treatment) available varies from region to region across the UK.

### NHS funding

If you are hoping to have fertility treatment on the NHS, you will need a referral from your GP. To get a referral you will have to meet certain criteria set out by various governing bodies in the UK.

To find out about funding in your region, visit our website: [www.hfea.gov.uk/fertility](http://www.hfea.gov.uk/fertility)

### Prescription costs

If you are eligible for NHS-funded treatment, you will still have to pay normal prescription charges for your fertility drugs (unless you are exempt from prescription charges).

### Private treatment

If you are unable to access NHS funding or are planning to pay for your own treatment, you may want to approach a private fertility clinic.



## Questions to ask at the clinic...

Your first consultation with a doctor or clinic can sometimes be confusing. Remember that the staff are there to help you and will be happy to discuss your questions and concerns.

It's vital that you feel fully informed and comfortable with the recommended treatment.

We've listed some questions that you may want to ask your clinic so you can make the most of your first consultation.



## Questions to ask at the clinic...

- What are the benefits of the treatment you've recommended and why do you think it's the best option for me? Is it accepted by professional bodies?
- How many patients at your clinic have had this treatment in the last two years, and how many of them have become pregnant/had a baby?
- Are there alternative treatments? If so, what do they involve, and why do you think they are less suitable for me?
- What other options are available if this treatment doesn't work?
- How does my age affect the choice of fertility treatment?
- What are the risks?
- What drugs will I have to take, and what side effects may they cause?
- How will I take the drugs?
- Are there any alternatives to the drugs you have mentioned?
- Can you break down all the costs of this treatment? Might other costs arise? (Your clinic should give you a costed treatment plan.)
- How can these costs be reduced?
- How can I change my lifestyle to boost my chance of success? How will this help?
- What kind of counselling or advice service do you provide? Is there a charge for this, or how many free sessions can I have?
- Does this clinic have a patient support group I can join, or are there other groups you would recommend?
- Could you tell me more about how you will assess me before you give the go-ahead for treatment?
- Which tests will I need to have and how much will they cost?
- What happens next? Do I (or my partner) need to do anything now?

### How much will it cost?

We do not regulate the cost of treatment. Private clinics set their own prices for treatment, which vary. However, since clinics are in competition with each other, prices tend to be similar.

When discussing prices with clinics, it's important to find out exactly what the price includes. Some include consultation fees and any recommended tests in their overall price, others may not. Some clinics may offer some free counselling, and others may charge for this. Fertility drugs are usually an extra cost and can be very expensive.

### Costed treatment plans

Your clinic should give you a costed treatment plan, detailing the specific procedures you need. This can help you understand how these costs are calculated.

Your clinic should also give you regular cost updates as your treatment progresses or changes. If you don't understand what a particular charge is for or how it is calculated, ask your clinic to explain.

### Reduced fees for egg and sperm donors

Some clinics offer IVF cycles at a reduced cost if you donate some of your eggs for others to use (egg sharing).

Some clinics also offer IVF cycles at a reduced cost if a man donates his sperm for others to use (sperm sharing).

### HFEA fees

We do not charge individual patients for fertility treatment. Clinics, both NHS and private, pay us a fee towards the costs of being regulated and inspected.

The fee is based on the number of treatments clinics carry out.

Some private clinics pass on this fee to their patients. Others cover the cost in their overall treatment fees. If you are paying for treatment, ask your clinic about their practice.

### Benefits of the HFEA fee

Our fee enables us to make sure your clinic is complying with the law and is providing safe and appropriate treatment.

# Treatment and storage options

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Your doctor or clinician will help you to decide on the best treatment for you according to your individual situation. This section will give you an overview of what each form of treatment involves, and more detailed information is available on our website.

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# Fertility drugs

If you aren't ovulating properly (producing and releasing an egg each month), fertility drugs can help. They trigger egg production in much the same way as your body's own hormones. This is called ovulation induction.

## Are fertility drugs for me?

You may get pregnant using fertility drugs alone, or you may be offered them with other treatments such as intrauterine insemination (IUI) or in vitro fertilisation (IVF).

### For women

Your clinic may recommend using fertility drugs if:

- you have a very irregular cycle and your ovulation is totally unpredictable
- you are producing few eggs or none, or
- your infertility is caused by failure of the pituitary gland (this controls your hormone production).

### For men

Drugs may be prescribed for men in certain situations. They include:

- antibiotics to treat infection or inflammation
- vitamins C and E to improve sperm movement (although there is no convincing evidence that this improves the chance of pregnancy)
- gonadotrophin for certain rare conditions in which no sperm is produced, or
- drugs that close the bladder neck if sperm are being ejaculated into the bladder instead of the penis (retrograde ejaculation).

## Commonly prescribed fertility drugs

### Clomifene citrate (Clomid)

Taken in pill form between days two and six of the cycle, Clomid indirectly stimulates the ovaries into producing eggs. It can also be used to regulate ovulation.

### Metformin

Taken in tablets two to three times a day, Metformin is used to treat polycystic ovary syndrome (PCOS). It helps to stimulate ovulation.

### Pulsed gonadotrophin-releasing hormone – including Gonadorelin (GnRH)

Used to trigger egg production when ovulation failure is due to a lack of the hormone GnRH, the hormone is delivered through a small pump, usually on the upper arm, which injects pulses of the drug into the bloodstream.

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Follicle-stimulating hormone (FSH), Gonal-F, and Puregon luteinizing hormone (LH), such as Menogon, Menopur and Merional

Used to stimulate the ovaries to produce eggs before cycles of IVF treatment, or to treat PCOS, the hormone is also used in cases of infertility due to pituitary gland failure, and in some forms of male infertility. It is delivered through daily injections, followed by an injection of human Chorionic Gonadotrophin (hCG) to trigger the release of eggs when they are mature.

### Side effects

You may experience side effects while taking fertility drugs, or you may feel fine. Make sure you let your clinic know if you have any unexpected reactions. The following symptoms have all been associated with their use: stomach pains, hot flushes, mood swings, heavy periods, breast tenderness, insomnia, increased urination, spots, headaches, weight gain, dizziness, and vaginal dryness.

## Drugs to regulate your treatment cycle

During treatment, your doctor will usually prescribe other drugs for you to take at various times to give you more control over your treatment cycle. These may include the following:

**Nafarelin Buserelin and Goserelin (also known as gonadotrophin-releasing hormone (GnRH) analogues or pituitary agonists)**

Taken as a nasal spray several times daily, or by daily injection, or injected monthly under the skin, this stops the natural menstrual cycle by blocking the release of hormones that regulate it. This is usually taken before and during your FSH injections.

**Cetrotide and Orgalutran – gonadotrophin-releasing hormone antagonists**

These drugs are usually started a few days after starting FSH injections, and are delivered as daily subcutaneous (under the skin) injections. They stop ovulation until the eggs are ready to be collected as part of the IVF cycle.



**Progesterone (including Cyclogest, Gestone, Crinone or Progynova)**

Taken to thicken the lining of the womb, progesterone can help to maintain pregnancy after IVF or IUI. It can be taken as a vaginal suppository, pill or gel, or by injection into the buttock, and is delivered either on the day the embryos are returned to the womb, or after the injection of the pregnancy hormone hCG.

**Bromocriptine and Cabergoline**

Taken in tablet form to reduce high levels of the hormone prolactin, which can interfere with the production of FSH, these can help reduce the effects of ovarian hyper-stimulation syndrome (OHSS) if you are at risk.

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# Benefits of single embryo transfer (SET)

You are more likely to become pregnant with twins or triplets if more than one embryo is transferred. Your clinic will recommend single embryo transfer (SET) if they feel it is the best option for you. This will depend on factors such as your age and the number and quality of embryos you have available for transfer.

If you are a suitable patient, you can largely remove the risk of multiple births, while maintaining your overall chance of having a baby, by having SET followed by any frozen embryo transfers if necessary.

## The procedure

The procedure for SET is the same as that for conventional in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI). The only difference is that only one embryo is transferred. An embryologist

will carefully select and transfer the embryo that is most likely to implant itself in the womb.

Any remaining embryos with a good chance of implantation can be frozen and stored.

If you do not become pregnant, the frozen embryos will be thawed and transferred one at a time until you become pregnant or all the embryos have been used.

For more information on SET see the 'one at a time' website: [www.oneatatime.org.uk](http://www.oneatatime.org.uk)



The expert says...

“Women are designed to have one baby at a time, as a singleton pregnancy provides the safest outcome for both mother and baby. Historically IVF and ICSI have relied on replacing multiple embryos to bolster pregnancy rates, but unfortunately, this has led to a huge increase in the number of multiple pregnancies. Now, as IVF techniques have advanced,

particularly our ability to select the best embryos for transfer and successfully freeze surplus embryos, doctors have become more confident in replacing a single embryo and maintaining excellent live birth rates.”

*Tony Rutherford, Chair of the British Fertility Society and Consultant Obstetrician and Gynaecologist*



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# In vitro fertilisation (IVF)

IVF treatment involves the fertilisation of an egg (or eggs) outside your body. The treatment can be performed using your own eggs and sperm, or using either donated sperm or donated eggs, or both.

## Is IVF for me?

Your clinic may recommend IVF if:

- you have been diagnosed with unexplained infertility
- your fallopian tubes are blocked
- other techniques such as fertility drugs or intrauterine insemination (IUI) have not been successful
- the male partner has slight fertility problems – more severe problems are treated with intra-cytoplasmic sperm injection (ICSI).

## How does IVF work?

IVF techniques vary according to your individual circumstances and the approach of your clinic. Before your treatment starts you will usually have an appointment with a doctor and a nurse. Various consents will be completed with you and you may need to have blood tests to screen for HIV, hepatitis B and C and HTLV I and II (human T cell lymphotropic virus).

Treatment typically involves the following stages:

### For women

#### 1. Suppressing your natural monthly hormone cycle

As a first step you will be given a drug to suppress your natural cycle, which you can administer yourself in the form of a daily injection or a nasal spray. The drug treatment continues for about two weeks.

#### 2. Boosting the egg supply

After your natural cycle has been suppressed you will be given a fertility hormone called FSH (or follicle-stimulating hormone). You will usually take this as a daily injection for around 12 days. The hormone will increase the number of eggs you produce.

#### 3. Checking on progress

The clinic will monitor your progress throughout the drug treatment through vaginal ultrasound scans and, possibly, blood tests. Between 34 and 38 hours before your eggs are due to be collected you will be given a hormone injection to help your eggs mature.

#### 4. Collecting the eggs

Your eggs will usually be collected using ultrasound guidance while you are sedated. A needle will be inserted into the scanning probe and into each ovary, and the eggs are collected through the needle.

You may experience some cramping and a small amount of vaginal bleeding.

#### 5. Fertilising the eggs

Your eggs will be mixed with your partner's or the donor's sperm and cultured in the laboratory for 16–20 hours.

Those that have been fertilised (now called embryos) will be grown in the laboratory incubator for up to five days. The embryologist will monitor the development of the embryos and the best one or two will then be chosen for transfer. The rest can be frozen for later use.

After your eggs have been collected, you will be given medication in the form of pessaries, injection or gel to help prepare the lining of your womb for embryo transfer.

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## 6. Embryo transfer

If you are under the age of 40, one or two embryos can be transferred. If you are 40 or over, a maximum of three can be used.

The number of embryos transferred is restricted because of the risks associated with multiple births. Your clinic will recommend single embryo transfer (SET) if they feel it is the best option for you, to reduce this risk. This will depend on factors such as your age and the number and quality of embryos you have available for transfer.

Remaining embryos may be frozen for future IVF attempts, if they are suitable.

## For men

Around the time your partner's eggs are collected, you will be asked to produce a fresh sample of sperm.

The sperm will be washed and spun in a centrifuge at a high speed so the healthiest and most active sperm can be separated from the poorer-quality sperm.

If you are using donated sperm, it will be removed from frozen storage, thawed and prepared in the same way.



### Key facts

- In 2007, there were live births from 30.4% of IVF cycles (excluding ICSI) begun in women under 35 using their own fresh eggs. For the latest figures visit [www.hfea.gov.uk](http://www.hfea.gov.uk)
- An embryo is a fertilised egg that could develop into a foetus.
- A blastocyst is an embryo that has developed for five to six days after fertilisation.

## IVF treatment options

### Natural cycle IVF

In natural cycle IVF, the one egg you release during your normal monthly cycle is collected and fertilised. No fertility drugs are used in this treatment.

### Mild stimulation IVF

With mild stimulation IVF, you receive a lower dose of fertility drugs over a shorter period of time than with conventional IVF.

### In vitro maturation (IVM)

In the IVM process, eggs are removed from your ovaries when they are still immature. They are then matured in the laboratory before being fertilised.

### Blastocyst transfer

Embryos can be cultured for up to five or six days, until they become blastocysts. At this stage it may be easier to select the best-quality embryo(s) to place back in your womb.

## Assisted hatching

Before an embryo can attach to the wall of the womb, it has to break out or 'hatch' from its outer layer, the zona pellucida. It has been suggested that making a hole in or thinning this outer layer may help embryos to hatch, which may increase the chances of pregnancy.



### The expert says...

"IVF treatment is stressful. The science and medicine involved can be confusing and intimidating, and patients often feel uneasy about asking too many questions. It is important to make sure that you share your thoughts and anxieties with the doctors and nurses treating you. Making decisions together and understanding the reasons for your choices will help you get the most out of your treatment."

*Professor Bill Ledger,  
Professor of Obstetrics  
and Gynaecology*

# Intra-cytoplasmic sperm injection (ICSI)

Intra-cytoplasmic sperm injection (ICSI) differs from conventional in vitro fertilisation (IVF) in that the embryologist selects a single sperm to be injected directly into an egg, instead of fertilisation taking place in a dish where many sperm are placed near an egg.

The fertilised egg is cultured for a few days and the embryo is then transferred to your womb.

ICSI means that as long as some sperm can be obtained (even in very low numbers), fertilisation may be possible.

## Is ICSI for me?

Your clinic may recommend ICSI if:

- you have a very low sperm count
- other problems with the sperm have been identified, such as poor morphology (abnormal shape) or poor motility (poor swimming)

- during previous attempts at IVF there was failure of fertilisation or an unexpectedly low fertilisation rate
- you have had a vasectomy and sperm have been collected from the testicles or epididymis
- you do not ejaculate any sperm but sperm have been collected from the testicles, or
- you have problems obtaining an erection and ejaculating.

## How does ICSI work?

Before your treatment starts you will usually have an appointment with a doctor and a nurse. Various consents will be completed with you and you may need to have blood tests to screen for HIV, hepatitis B and C and HTLV I and II (human T cell lymphotropic virus).

### For women

You take fertility drugs to stimulate your ovaries to produce more eggs, as for IVF.

The eggs are then collected and each egg is injected with a single sperm from your partner or a donor. The eggs are checked the following day to see how many have fertilised. The fertilised eggs carry on their development to form embryos. The embryologist monitors the embryos for up to six days and selects the best-quality embryo(s) to be transferred into your womb. Any suitable remaining embryos can be frozen for future use.

### For men

An embryologist will examine your sperm under a microscope and decide whether ICSI could increase your chances of fathering a baby.

The next step depends on whether you are able to provide sperm without a medical procedure:

- If you can, you produce a fresh sperm sample on the same day as your partner's eggs are collected.

### Or:

- sperm can be collected directly from the epididymis (a narrow tube inside the scrotum, where sperm are stored and matured) using a type of fine syringe. This is known as 'percutaneous epididymal sperm aspiration' or PESA
- sperm can also be retrieved from the testicles, a process known as 'testicular sperm aspiration' or TESA

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- it is also possible to remove tiny quantities of testicular tissue from which sperm can be extracted. This procedure is called 'testicular sperm extraction' or TESE. For more information about PESA, TESA and TESE, speak to your doctor.

A single sperm is injected into each egg. ICSI provides the opportunity for fertilisation to happen, but it is not guaranteed to succeed.

If fertilisation does take place, the embryos will be cultured in the laboratory for up to six days and then between one and three of the best-quality embryos will be transferred to the womb.

#### Key facts

- In 2007, 17,615 fresh ICSI cycles were carried out using the patient's own eggs. These resulted in 4,810 live births – a live birth rate of 27.3%. For the latest figures, visit [www.hfea.gov.uk](http://www.hfea.gov.uk)
- If a low sperm count is a result of genetic problems, there is a chance that a male child born through ICSI may inherit his father's infertility.

### Zero sperm count

If you have a zero sperm count (other than caused by vasectomy), the chances of retrieving sperm surgically by PESA, TESA or TESE may be very low.

In this situation, you might consider having a surgical retrieval as a 'dummy run' and storing any sperm that are obtained. If no sperm are retrieved, you may want to consider donor insemination (DI) or in vitro fertilisation (IVF) with donor sperm instead.

## Intrauterine insemination (IUI)

Intrauterine insemination (IUI) involves a laboratory procedure to separate fast-moving sperm from more sluggish or non-moving sperm.

The fast-moving sperm will be placed into your womb close to the time of ovulation.

### Is IUI for me?

Your clinic may recommend IUI if:

- you have unexplained infertility
- you have ovulation problems
- you experience impotence or premature ejaculation, or
- you do not have any known fertility problems but may not have a male partner and are trying for a baby using donated sperm.

### Patency health tests

IUI can only begin once it has been confirmed that your fallopian tubes are open and healthy. This will usually be checked through a 'tubal patency test' as part of your assessment by the fertility clinic.

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## IUI options

If your clinic has recommended IUI treatment, you may want to discuss the following options with your clinician:

### IUI with or without fertility drugs

You should discuss the risks involved in using fertility drugs to boost egg production, and whether IUI without fertility drugs might be suitable for you.

### IUI with your partner's sperm or donor sperm

If your partner is unable to provide sperm, or you do not have a male partner, you may want to consider using donated sperm.

### If IUI is unsuccessful

You may want to talk to your clinician about other procedures, such as in vitro fertilisation (IVF).



### Key facts

- It is difficult to assess success rates for IUI because success depends on the cause of infertility and whether fertility drugs are used to stimulate egg production.
- IUI itself is normally quite straightforward and painless. However, there are risks associated with the fertility drugs that are often used with this treatment.

## How does IUI work?

### For women

If you are not using fertility drugs, IUI will be performed between day 12 and day 16 of your monthly cycle – with day 1 being the first day of your period. You will be given blood tests or urine tests to identify when you are about to ovulate.

### Or:

If you use fertility drugs to stimulate ovulation, vaginal ultrasound scans will be used to track the development of your eggs. As soon as an egg is mature, you will be given a hormone injection to stimulate its release.

The sperm will be inserted 36–40 hours later. The doctor will first insert a speculum into your vagina, as in a smear test, to keep your vaginal walls apart. A small catheter (a soft, flexible tube) will then be threaded into your womb via your cervix. The best-quality sperm will be selected and inserted through the catheter. The whole process only takes a few minutes and is usually painless. Some women may experience a temporary, menstrual-like cramping.

You may want to rest for a short time before going home.

### For men

You will be asked to produce a sperm sample on the day the treatment takes place.

The sperm will be washed to remove the fluid surrounding them, and the rapidly moving sperm will be separated out from the slower sperm.

The rapidly moving sperm will be placed in a small catheter to be inserted into the womb.



### What's it really like?

“Tell your friends about your treatment: it is amazing how much easier it will make your life. Also tell your boss: it will take a lot of pressure off you at work.”

“If it does not work, take time to be upset but also take time out to enjoy yourselves. Do not beat yourself up about what you drink or eat during this time: just enjoy life while you are in between cycles.”

*Amy and her husband have unexplained infertility. After IUI and four IVF cycles, Amy is now pregnant.*

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# Using donated sperm, eggs and embryos in your treatment

Around 1,000 babies are born in the UK each year as the result of treatment with donated sperm, eggs or embryos. The experience of people who have had donor-conceived children shows this can be a very positive way to create a family.

Since April 2005, information that identifies donors has been held on the HFEA Register. If you have a child using donated sperm, eggs or embryos, they will have the right to access this information when they turn 18.

## Is donor conception for me?

Using donated sperm, eggs or embryos is a major decision, and you should take your time to think about whether it is right for you. You may want to discuss your feelings with friends, family or a professional counsellor before proceeding.

A clinic is likely to recommend donor conception if:

- you are not producing eggs or sperm of your own
- your own sperm or eggs are unlikely to result in conception
- you have a high risk of passing on an inherited disease
- you don't have a male partner
- you have had cancer treatment, or
- you and your partner have fertility problems that mean you are less likely to be successful using your own sperm or eggs.

Before you receive treatment using donated sperm, eggs or embryos you will be offered counselling. Many clinics regard it as essential and will not offer donor conception treatment without it. Try to also talk to people who already have donor-conceived children.

For an online source of support and guidance, you may want to contact the self-help group, the Donor Conception Network: [www.donor-conception-network.org](http://www.donor-conception-network.org)

## Using donated eggs

Donated eggs can be used in either in vitro fertilisation (IVF) or intra-cytoplasmic sperm injection (ICSI). After being fertilised with your partner's or a donor's sperm, the developing embryos will be transferred to your womb.

### How does using donated eggs work?

The procedure for using donated eggs varies depending on your clinic and the fertility treatment you are undergoing. A typical procedure may involve the following steps:

### For women

1. You and your donor will be given medication to synchronise your menstrual cycles. You will also be given medication to prepare the endometrium lining of your womb for embryo transfer.
2. The donated eggs will be fertilised, using IVF or ICSI.

3. When the embryos begin to develop, they will be transferred to your womb as in conventional IVF. As the eggs will be from donors aged 35 or younger, no more than two embryos will be transferred.

Alternatively, the embryos may be frozen after they have been fertilised. This avoids the need to synchronise your menstrual cycle with that of the donor and reduces the stress of the treatment.

## Using donated sperm

Donor insemination (DI) can be used with intrauterine insemination (IUI) or in vitro fertilisation (IVF) to help you become pregnant using sperm from a donor.

Sperm donors are screened at a licensed clinic for sexually transmitted diseases and some genetic disorders. If you are using sperm from a donor you know, it will need to be quarantined for six months before your treatment.

## How does using donated sperm work?

Donated sperm is used for donor insemination with IUI or for IVF. The procedure for using donated sperm varies depending on your clinic and the fertility treatment you are having. A typical procedure will be similar to the following:

1. The clinic may do checks before starting treatment, such as:
  - taking details of you and your family's medical history
  - a physical examination
  - screening for HIV, hepatitis B and C, cytomegalovirus (CMV), syphilis and gonorrhoea
  - blood sugar and blood pressure
  - hormone tests to make sure you are producing eggs
  - taking a full blood count and identifying your blood group, and
  - a tubal patency test to make sure your fallopian tubes are open and healthy.

2. Treatment takes place at the time you ovulate (when an egg is released from an ovary). Some clinics recommend fertility drugs to help increase your egg production.
3. In donor insemination (DI), the sperm are put into a thin tube which is then used to place the sperm at the entrance to your cervix (the neck of your womb) or into the womb itself, using IUI. The procedure is normally painless, although a few women may experience temporary, menstrual-like cramping. It is often possible for your partner to be with you.
4. After treatment, you may be advised to rest for a while before going home.

## Using donated embryos

Embryos can be donated by people who have completed their fertility treatment or by those who cannot use them in their own treatment.

## How does using donated embryos work?

Broadly, the procedure for using donated embryos is as follows:

- Your clinic will try to select donors whose physical characteristics match those of yourself and your partner (if you have one) as closely as possible.
- The donors will have been screened for infectious diseases such as HIV, hepatitis B and C and cytomegalovirus (CMV).
- The donated embryos will have previously been frozen. The procedure for thawing and transfer is as for frozen embryo transfer.

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## What are the risks of using donated sperm, eggs or embryos?

If you use donated sperm, eggs or embryos from registered donors at an HFEA-licensed clinic, the risks are low because:

- donors must answer a series of questions to ensure they are suitable
- licensed clinics check donors' family histories for inherited diseases
- all donors go through stringent screening checks to ensure they are not carrying infections such as HIV, hepatitis B and C or cytomegalovirus (CMV), and
- there are limits on the number of families created by each donor.

## Legal considerations

### Legal parenthood

The woman giving birth to a child is always the legal mother, when the child is born. If you are in a heterosexual relationship, and your fertility treatment uses your own or your partner's sperm, then the male partner will automatically be the legal father of any child born.

However, if you are using donated sperm or embryos, whether you are single or in a heterosexual or same-sex partnership, you may need to give consent to be the legal parent. Full details of how the law affects you are available at [www.hfea.gov.uk/parenthood](http://www.hfea.gov.uk/parenthood)

If you use donated sperm in treatment outside a clinic – for example in home insemination (except where this is arranged through an HFEA-licensed clinic) or from an internet company – the donor may be considered by law to be the father of the child, with the rights and responsibilities this involves.

### Withdrawing consent

The sperm, egg or embryo donor can change their mind about their donation, up to the point of embryo transfer or insemination. The donor can also withdraw their consent to the future use of their frozen sperm, eggs (even where embryos have been created) or embryos.

## Telling your child about their origins

If your child or children were conceived as a result of donation, telling them about their origins can be a sensitive issue. However, if discussed honestly and at the right time, it doesn't need to be difficult to talk about. If you, as the parent, are open about how your child was conceived there is no reason they should feel any different from any other child.

Read about the rights of donor-conceived people and their parents, as well as how to get the support you need, on our website at [www.hfea.gov.uk/23.html](http://www.hfea.gov.uk/23.html)

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### The expert says...

“Finding out that you need donor treatment can be very stressful and isolating. Good advice and information helps support decisions on the way forward. Try to get a session with a counsellor to explore issues and use support groups to speak to others who have taken this route to have a family.

While it can be difficult, try to be open with friends and family but remember they may also need information.”

Rebekah Dundas, mother of three donor-conceived children and a member of *Infertility Network UK, DC Network and TAMBA*



## Genetic testing

Embryos created through in vitro fertilisation (IVF) or intra-cytoplasmic sperm injection (ICSI) can be tested for certain inherited conditions or abnormalities before they are transferred to your womb. This helps to ensure that only unaffected embryos are chosen.

### Pre-implantation genetic diagnosis (PGD)

Pre-implantation genetic diagnosis (PGD) enables people with a heritable condition in their family to avoid passing it on to their children. It involves checking the genes of embryos created through IVF.

### Is PGD for me?

Most people use this treatment not because they have fertility problems but because they want to avoid passing on a genetic disease. You may wish to consider having your embryos genetically tested if:

- you have had to terminate previous pregnancies because of genetic conditions
- you already have a child with a serious genetic condition, or
- you have a family history of a serious genetic condition.

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## Which genetic conditions can be tested for during PGD?

PGD can be used to test for over 100 genetic conditions. The full list of conditions that can currently be screened for is available on our website.

We must, by law, agree that a particular genetic condition meets certain criteria (including that it is serious enough) before clinics are permitted to test for that condition. Even if we have approved a condition for testing, clinics must make their own judgment about whether PGD is appropriate for a particular patient.

## Sex selection

Some genetic diseases, such as Duchenne muscular dystrophy, affect boys but not girls (girls may still 'carry' the gene for the disease but they will not suffer from it). In this case the embryos are examined to find out the sex and only female embryos are transferred to the womb.

In the UK, it is illegal to use embryo testing for social sex selection. You can use sex selection only to avoid having a child with a serious medical condition, not for non-medical reasons.

Find out how PGD works on our website:  
[www.hfea.gov.uk/fertility](http://www.hfea.gov.uk/fertility)

## Pre-implantation genetic screening (PGS)

PGS (also known as aneuploidy screening) involves checking the chromosomes of embryos conceived by in vitro fertilisation (IVF) or intra-cytoplasmic sperm injection (ICSI) for common abnormalities. Chromosomal abnormalities are a major cause of the failure of embryos to implant, and of miscarriages. They can also cause conditions such as Down's syndrome. Chromosomes are the structures inside cells that contain genes and control how the cell works and what it does.

## Is PGS for me?

Many specialists no longer recommend PGS, believing that it does not increase the chance of having a baby. However, it could be offered if:

- you are over 35 and have a higher risk of having a baby with a chromosome problem (such as Down's syndrome)
- you have a family history of chromosome problems
- you have a history of recurrent miscarriages
- you have had several unsuccessful cycles of IVF where embryos have been transferred, or
- your partner's sperm is known to be at high risk of having chromosome problems.

Find out how PGS works on our website: [www.hfea.gov.uk/fertility](http://www.hfea.gov.uk/fertility)



# What could go wrong?

Like all medical procedures, fertility treatment carries risks. Your clinic should discuss them with you before you go ahead.

Risks can include reactions to fertility drugs that may be prescribed, as well as the risks associated with any pregnancy. Keep in touch with your clinic throughout your treatment so that any problems can be dealt with promptly.

## Multiple births

A multiple birth (twins, triplets or more) is the single greatest health risk of fertility treatment. Multiple births carry risks to the health of the mother and the unborn babies. The babies are also more likely to be premature and to have a below-normal birth weight, which can lead to long-term health problems.

This is why we are working with clinics to ensure that women have single embryo transfer (SET) where they are at most risk of a multiple pregnancy. SET is used when there is a good chance of achieving a pregnancy, for example in younger women who have good-quality embryos available to transfer. Your clinic should discuss this option with you.

Visit [www.oneatatime.org.uk](http://www.oneatatime.org.uk) for more about the risks of multiple births.

## Ovarian hyper-stimulation syndrome (OHSS)

OHSS is a potentially dangerous over-reaction to the fertility drugs used to stimulate egg production. This complication is unlikely to develop if you are using mild fertility drugs such as clomifene. However, with in vitro fertilisation (IVF) and intra-cytoplasmic sperm injection (ICSI), where a larger cluster of eggs is being stimulated to grow, one in 20 patients develop some symptoms.

Your ovaries will be regularly scanned during treatment, so the clinic staff will be aware if you may be at risk of OHSS. The symptoms include a swollen stomach and stomach pains. In more severe cases, patients experience nausea and vomiting, severe stomach pains and swelling, shortness of breath, faintness and reduced urine output.

OHSS can very occasionally be life-threatening. If you start to experience any of the above symptoms, you must contact your clinic immediately. Never feel you are wasting the clinic's time.

## Ectopic pregnancy

An ectopic pregnancy is when an embryo implants outside the womb. It most commonly occurs in the fallopian tube, though occasionally an ectopic pregnancy can develop in the ovary. The major risk is that the pregnancy will rupture through the tube and cause internal bleeding.

The chances of an ectopic pregnancy seem to be higher in women receiving IVF, especially if they already have problems with their fallopian tubes.

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The first symptom is usually a one-sided low abdominal pain, followed by vaginal bleeding or dark brown or red vaginal discharge. As the pregnancy continues, the pain increases. Speak to your doctor straight away if you have any stomach pain or vaginal bleeding in early pregnancy.

## Drug reaction

Some people experience a mild reaction to fertility drugs, including symptoms such as hot flushes, headaches, restlessness, or feeling down and irritable. There are different types of fertility drugs and different ways to use them. You should ask your clinic what they use and what side effects are likely.

If you have any unexpected reaction to treatment, you should always contact your clinic.

### What's it really like?

"It's just a long waiting game. You always seem to be waiting: waiting for appointments, waiting for results, waiting to hear what you can do next. I get very frustrated when nothing is happening and I'm not taking any drugs or trying to help things along.

The emotions are such a rollercoaster – one minute low, the next as high as a kite and then we'd hit rock bottom."

*Michelle and David had various fertility treatments and sadly still do not have a positive outcome.*

# Freezing and storing

There are many reasons why you may wish to freeze and store your sperm, eggs or embryos, either in the course of your fertility treatment or before you begin.

## Freezing and storing eggs

Egg freezing is still a new and experimental technique. Eggs do not respond well to freezing, and the resulting success rate is low. However, a new method that involves fast freezing and storage in liquid nitrogen (vitrification) has improved the chance of eggs surviving the freeze-thaw process.

## Is egg freezing and storage for me?

Storing your eggs may enable you to use them for treatment in the future. You may want to discuss freezing your eggs with your clinic if:

- you are facing medical treatment that may affect your fertility, or
- you are concerned about your fertility declining as you get older, and are not currently in a position to have a child.

## How much control do I have over what happens to my eggs?

When you first freeze your eggs, the clinic will ask you to fill in consent forms. The forms allow you to specify:

- that you consent to your eggs being stored
- how long you want the eggs to be stored (the standard period is 10 years from the date they were first stored in the UK)
- what should happen to your eggs if you were to die or become unable to make decisions for yourself
- whether the eggs are to be used for your own treatment only or whether they can be donated for someone else's treatment or used for research or training
- any other conditions you may have for the use of your eggs.

You can change or withdraw your consent by telling the clinic, as long as your eggs have not already been used in treatment, research or training.

You must tell the clinic if your address changes. If they cannot contact you when the storage period ends, they will allow your eggs to perish.

## Freezing and storing sperm

Sperm can be frozen for future use, or to be donated. Donated sperm has to be stored for 180 days before it can be used in treatment, so that the donor can be screened for infections.

Sperm cells have been frozen, thawed and successfully used in treatment for more than 40 years, although not all sperm survive the freezing process.

## Is sperm freezing and storage for me?

Storing your sperm may enable you to use them for treatment in the future. You may want to consider freezing your sperm if:

- you are facing medical treatment that may affect your fertility
- you are about to have a vasectomy
- you have a low sperm count or the quality of your sperm is deteriorating
- you have difficulty producing a sample on the day of fertility treatment.

## How much control do I have over what happens to my sperm?

When you first freeze your sperm, the clinic will ask you to fill in consent forms. The forms enable you to specify:

- how long you want your sperm to be stored (the standard period is 10 years from the date they were first stored in the UK)

- what should happen to your sperm if you were to die or become unable to make decisions for yourself
- whether your partner (if you have one) can use the sperm later to have a family and whether you wish to be recorded as the father of any child born as a result of fertility treatment after your death
- whether your sperm can be used in research or training or donated for use in someone else's treatment
- any other conditions you may have for the use of your sperm.

You can change or withdraw your consent by telling the clinic, as long as your sperm have not already been used in treatment, research or training.

You must tell the clinic if your address changes. If they cannot contact you when the storage period ends, they will allow your sperm to perish.

## Freezing and storing embryos

Often with in vitro fertilisation (IVF) or intra-cytoplasmic sperm injection (ICSI), people have a number of unused embryos after their first cycle. Some people choose to freeze them for use in later treatment cycles or for donation, use in research projects, or training.

Your chances of becoming pregnant with a thawed frozen embryo are not affected by the length of time the embryo has been stored. But, due to the freezing and thawing process, your chances of having a baby using a thawed frozen embryo are lower than with a fresh embryo.

## Is embryo storage for me?

You may consider freezing your unused embryos for the following reasons:

- It gives you the option of using the embryos in future IVF or ICSI cycles.
- If your treatment needs to be cancelled after egg collection (for example, if you have a bad reaction to fertility drugs), you may still be able to store your embryos for future use.

## How much control do I have over what happens to my embryos?

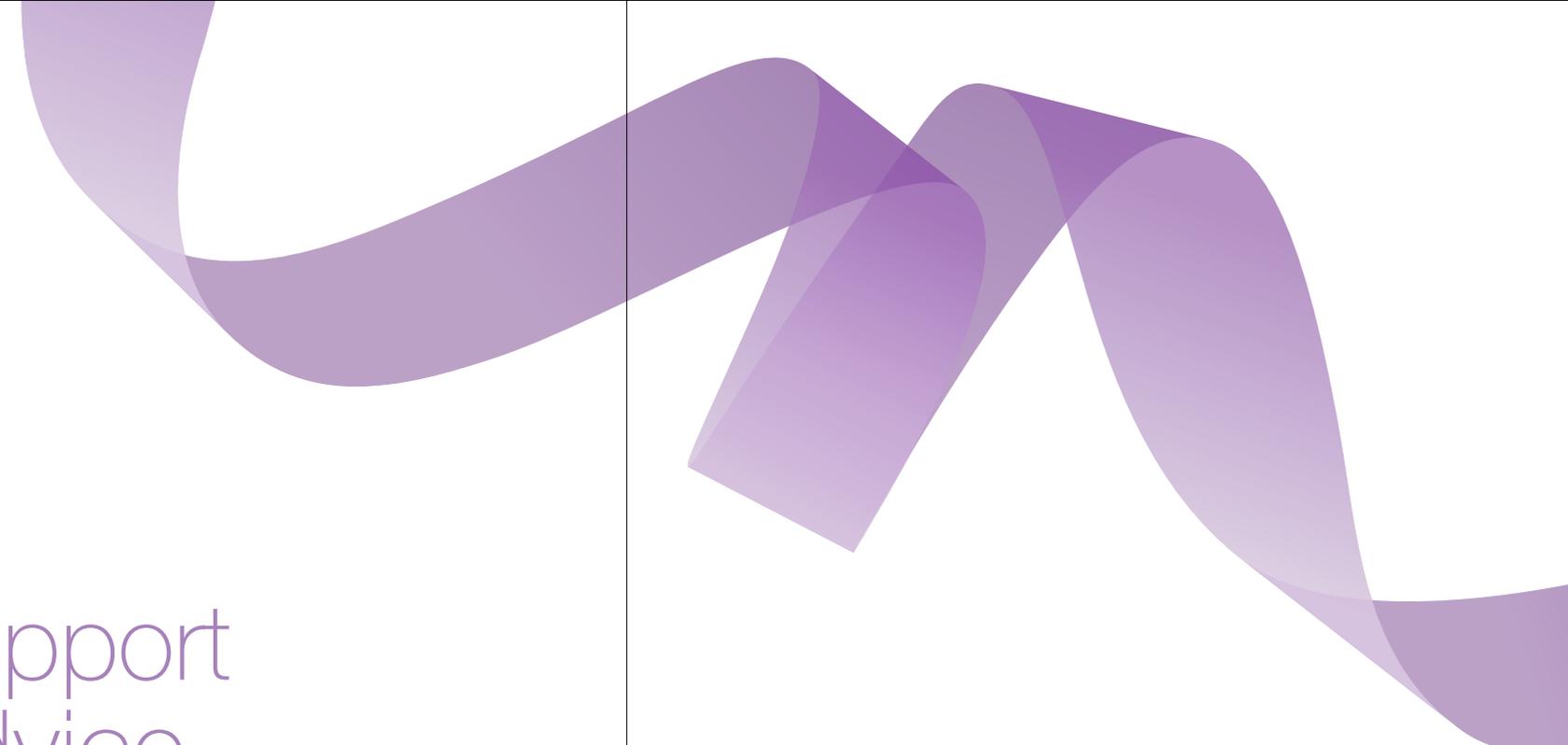
When you first freeze your embryos, the clinic will ask you to fill in consent forms. The forms enable you to specify:

- how long you want the embryos to be stored (the standard period is 10 years from the date they were first stored in the UK)
- what should happen to your embryos if you or your partner were to die or become unable to make decisions for yourself
- whether the embryos are to be used for your own treatment only, or whether they can be donated for someone else's treatment or used for research or training
- any other conditions you may have for the use of your embryos.

## Withdrawing consent

You, your partner or the donor(s) can change or withdraw consent by telling the clinic, as long as your embryos have not already been used in treatment, research or training. If one person withdraws consent to storage, the embryos don't need to be destroyed straight away. There is a 'cooling-off' period of up to a year, giving you time to decide what should happen to the embryos.

If you are not continuing treatment, you may want to consider donating your unused embryos for use in another person's fertility treatment or for research or training.



# Get support and advice

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Whichever stage you've reached in your experience of fertility treatment, it can help to talk things through. Support groups, websites and professional counsellors can all have a role to play in helping you through the journey, whatever your situation and whatever the outcome.

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## Finding support

To help you through what many people describe as the 'emotional rollercoaster' of fertility treatment, you may want to consider joining a support group. This will introduce you to people in similar circumstances to your own, who will understand what you are going through.

Your GP or fertility clinic can advise you on support groups in your area, or you can contact Infertility Network UK. There are also many online support groups that you can find at the back of this guide.

## Counselling

The counselling you will be offered during your fertility treatment has many benefits. An HFEA-licensed clinic must offer you an opportunity to talk to a counsellor about the implications of the suggested treatment before you consent to it.



### Key facts

- **Surrogacy**  
The HFEA does not regulate surrogacy. However, you can find more information on our website, particularly on the legal issues to bear in mind if you are travelling abroad for surrogacy.
- **Treatment abroad**  
If you are researching going abroad for treatment, we advise you to think about any differences in safety standards, patient information and, for donor conception treatment, information about the donor.

Further information on everything in this guide can be found on our website: [www.hfea.gov.uk](http://www.hfea.gov.uk)

## How does counselling help?

Counselling can provide emotional support before, during and after fertility treatment. If dealing with infertility leaves you struggling to cope with everyday life or causes you to revisit past problems, counselling can be very therapeutic. Anything you share with your counsellor will be treated as confidential unless there are exceptional circumstances.

## How do I find a counsellor?

Your clinic should provide you with the contact details of a counsellor. Different clinics have different costing policies, so check whether you have to pay extra for counselling.

For more information about counselling contact the British Infertility Counselling Association (BICA). Visit [www.bica.net](http://www.bica.net) or call 01372 451626.

## When fertility treatment fails, what next?

Treatment doesn't always work and you may need time to recover physically and emotionally before trying again, or you may decide not to pursue further treatment. This can be a difficult and painful decision, and it can take a long time to accept its implications. Don't ask too much of yourself, and remember there are always people you can talk to who have been through similar experiences.

## Take a break

Many experts recommend that you wait for a couple of months after treatment before trying again. This gives you a break from the stress of treatment and a chance for your body to recover.

It can also be an important time to think about your options and decide whether to continue treatment. Recognising that fertility treatment may not work for you can be a long and emotionally draining process.

## Points to think about

You may want to talk to your clinician about whether to try again – using the same or a different method – and whether you can do anything to boost your chances of conception next time.

If appropriate in your particular circumstances, you may want to talk to your clinician about using donors or surrogates.

A counsellor may be able to help you talk through your feelings.

## Understand why your treatment didn't work

Talking to your clinician about why your treatment hasn't succeeded can help you decide what to do next. There are many reasons why things can go wrong.

## Choosing to stop treatment

A time may come when you will have to decide whether to stop treatment.

It is important that you feel you are making a choice to stop treatment, and that it is not a sign that you have failed, or not done enough. You may want to consider counselling.

You may find it helpful to use More to Life, an online community of people who are childless by circumstance and not by choice: [www.moretolife.co.uk](http://www.moretolife.co.uk)

## Looking at the alternatives to treatment

Stopping treatment can lead to further choices.

- It may help to talk to a counsellor, or to others who have been in a similar situation, as you decide how you can best move on.
- You may wish to explore the possibility of other options for having children, such as adopting and fostering.
- You may want to explore what life without children has to offer. The national organisation More to Life aims to offer support for those in this situation.

# Contacts

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## ACeBabes

A charity that offers support and advice for pregnancy and parenting after assisted conception.

[www.acebabes.co.uk](http://www.acebabes.co.uk)

## British Fertility Society

A national organisation representing professionals in the field of reproductive medicine.

[www.britishtfertilitysociety.org.uk](http://www.britishtfertilitysociety.org.uk)

## British Infertility Counselling Association

A professional association for infertility counsellors and counselling in the UK.

[www.bica.net](http://www.bica.net)

## Cots – Childlessness Overcome Through Surrogacy

Providing advice, help and support to surrogates and would-be parents.

[www.surrogacy.org.uk](http://www.surrogacy.org.uk)

## The Daisy Network

A registered charity for women who have experienced a premature menopause.

[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

## Donor Conception Network

A network of parents with children conceived using donated sperm, eggs or embryos; their adult offspring; and those contemplating or undergoing treatment.

[www.donor-conception-network.org](http://www.donor-conception-network.org)

## Fertility Friends

Provides people with free IVF support, including a popular message board where you can talk to others going through fertility treatment.

[www.fertilityfriends.co.uk](http://www.fertilityfriends.co.uk)

## Genetic Alliance UK

A national alliance of organisations with a membership of over 130 charities which support children, families and individuals affected by genetic disorders.

[www.geneticalliance.org.uk](http://www.geneticalliance.org.uk)

# Contacts

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## Infertility Network UK

Offers information and support to anyone affected by fertility problems.

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

## IVF-infertility

Provides people experiencing infertility with information about its causes and treatment.

[www.ivf-infertility.com](http://www.ivf-infertility.com)

## Macmillan Cancer Support

Provides quality-assured, up-to-date cancer information, written by specialists for patients, relatives and carers.

[www.macmillan.org.uk](http://www.macmillan.org.uk)

## The Miscarriage Association

Provides support and information for those suffering the effects of pregnancy loss.

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

## More to Life

A national support network for people facing childlessness (not by choice), who are looking for support, hoping to meet others in the same situation, or exploring what life without children has to offer.

[www.moretolife.co.uk](http://www.moretolife.co.uk)

## The Multiple Births Foundation

A vital resource to professionals and families alike, it aims to improve the care and support of multiple birth families through the education of all relevant professionals.

[www.multiplebirths.org.uk](http://www.multiplebirths.org.uk)

## National Gamete Donation Trust

A government-funded charity that aims to raise awareness of and alleviate the shortage of sperm, egg and embryo donors.

[www.ngdt.co.uk](http://www.ngdt.co.uk)

## One at a time

A professionally led website that aims to reduce the risk of multiple pregnancies from fertility treatment.

[www.oneatatime.org.uk](http://www.oneatatime.org.uk)

## Pink Parents

Offers a range of support services and social activities for all lesbian, gay, bisexual and transgender families.

[www.pinkparents.org.uk](http://www.pinkparents.org.uk)

## Stillbirth and Neonatal Death Charity

Supports anyone affected by the death of a baby and promotes research to reduce the loss of babies' lives.

[www.uk-sands.org](http://www.uk-sands.org)

## Surrogacy UK

Provides information and support for anyone interested in surrogacy.

[www.surrogacyuk.org](http://www.surrogacyuk.org)

## Twins and Multiple Births Association

Provides support for families with twins, triplets and other multiple births.

[www.tamba.org.uk](http://www.tamba.org.uk)



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