BEGINNERS GUIDE TO IVF

BEST FERTILITY NOW



Introduction

If you've been unable to conceive & you're wondering whether IVF is the next logical step for you, then this guide will give you the basics. It will also show you where to find more detailed information.

Who we are

Best Fertility Now is an independent fertility media company, who aims to provide empowering information for people with fertility challenges. We provide many different types of information for people who want to become parents.

Disclaimer

The medical/health information is provided for general informational and educational purposes only and is not a substitute for professional advice. Accordingly, before taking any actions based upon such information, we encourage you to consult with the appropriate professionals.

We do not provide any kind of medical/health advice.
THE USE OR RELIANCE OF ANY INFORMATION CONTAINED IN
THIS GUIDE IS SOLELY AT YOUR OWN RISK.





Why we have provided this guide

The world of fertility treatment can seem overwhelming and confusing at first. It can be expensive, stressful and uncertain too. It makes sense to be as well informed as possible, before making a life-changing decision such as beginning the IVF process. The IVF industry is staffed with dedicated, experienced and hardworking professionals and clinics, who really do care about their patient's well being, and the success of their procedures. However, it is an industry worth billions of dollars, and clinics are not paid for results, but for the procedures they perform. We believe that there is no such thing as being too knowledgeable or prepared for the world of IVF. Patients who are aware of all of the options and variables are more empowered and capable of making more informed choices about their fertility.

CONTENTS

- 1. What is IVF?
- 2. Whose egg and sperm will be used?
- 3. Terminology
- 4.IVF Miscarriage statistics (marked SENSITIVE with a content warning)
- 5. Success statistics
- 6. Donor eggs and sperm
- 7. Will IVF give me a "designer baby"?
- 8. Will IVF give me twins or triplets?
- 9. What does religion say about IVF?
- 10. What are my options?
- 11.IVF Abroad
- 12. What does my age have to do with it?
- 13. How much does it cost?
- 14. Why mental health is important
- 15. Are there alternatives to IVF?
- 16. How can I prepare for IVF?





What is IVF?

IVF stands for In Vitro Fertilisation. This means that an egg is removed from the ovary, fertilised with sperm in a laboratory and then returned to the womb. If successful, the fertilised egg will grow into a foetus.

There are six basic stages to IVF:

- In the first stage, the natural cycle is suppressed with medication.
- A different type of medication is used in the second stage, to encourage the ovaries to produce more eggs than they normally would.
- The third stage involves a further dose of a new medication to help the eggs develop and mature. During this stage, the progress and maturation of the eggs is monitored using an ultrasound scan.
- The eggs are collected. This is performed with a needle via the vagina.
- The eggs are fertilized by mixing them with sperm for a few days.
- Finally, 1 or 2 embryos (fertilized eggs) are removed and placed into the womb.
- If the process is successful, the embryo will grow into a foetus.





Whose eggs and sperm will be used?

The egg and sperm can come from the baby's intended parents, or they can come from a donor. For example, a heterosexual couple could have a baby with the woman's egg but could use either sperm from the male partner, or from a donor. A gay male couple using a surrogate to carry their baby could use sperm from either partner, but they would need either the surrogate's egg or an egg from another donor. The intended parents must decide, with the help of their doctor, which combination of egg and sperm is most appropriate for them.

The egg and sperm combination depends on either parent's ability and willingness to supply both pieces of genetic material. Some intended parents have issues with egg and sperm quality, while others have a history of genetic illness and would prefer to have children without these issues. The basic combinations of egg & sperm from intended parents and donors are:

- The parents supply their own egg and sperm
- Male partner provides the sperm, egg from a donor
- Female partner provides the egg, sperm from a donor
- Both egg and sperm are from a donor

Once the egg and sperm have been selected, they are fertilised and inserted into the womb. Harvesting the eggs and sperm is a different process for men and women. Men will need to provide a sperm sample under certain conditions, while for women it is a much more involved process, which includes treatment with hormones and a small operation.

3Terminology

IVF is a medical procedure, so you will come across some unfamiliar terminology. There are a lot of unique words that relate to specific infertility issues, but the main words that you may need to know to understand IVF a bit better are:

ART (Assisted Reproductive Technology) - procedures for fertilizing an egg outside of the body

AMH - Anti Mullerian Hormone. This affects how well your body will respond to IVF drugs.

Blastocyst - a 4-5 day old embryo

Biochemical pregnancy or chemical pregnancy - this describes a very early miscarriage when the fertilised egg was implanted up to a couple of weeks ago

Clomifene Citrate - a fertility drug that is used to stimulate ovulation

Cryopreservation - refers to freezing eggs and sperm for use at a later date

DI - sperm donor insemination

Embryo transfer - moving a fertilized egg into the womb

Terminology

Embryo development - the period of several days where the fertilised egg is matured before being implanted

Egg retrieval - a short procedure to remove eggs from the womb

FSH - follicle-stimulating hormone Follicle - a sac in the ovary where the eggs grow

Follicle tracking scan - a transvaginal scan to assess the interior of the womb and ovaries

Gametes - female eggs and male sperm

Gonadotropins - hormones that control the reproductive cycle Implantation - when the embryo implants into the lining of the womb

Pronuculate egg - a fertilised egg

Trigger shots or trigger injection - an injection of hormones that causes eggs to mature

Mild Stimulation IVF - IVF with minimal hormones

Natural cycle IVF - IVF with no hormones, using only the body's natural cycle



SENSITIVE INFORMATION

If you don't want to read about miscarriage at the moment, skip the next chapter and come back to it later if you wish

IVF success and failure statistics

IVF gives a woman with fertility challenges a far higher chance of getting pregnant than intercourse, but it does not guarantee a full pregnancy. If you undergo an embryo transfer then you are technically pregnant, as your womb contains a fertilised egg. However, the outcome is not guaranteed. Infertility is a complex issue, and sometimes it is not clear why one pregnancy fails and another succeeds. There are many variables, and not all of them are visible.

Data from the CDC (Centers for Disease Control and Prevention) shows that the rate of miscarriage after an IVF pregnancy is between 15% and 60%. Age is a strong predictor of miscarriage, as women under 30 have the lowest rates. By the age of 40, that risk has nearly doubled, and women aged 44 and over have the highest risk of a miscarriage after IVF, at around 60%.

The following information is based on IVF pregnancies that were confirmed by ultrasound:

Age 35 and under - 15% chance of miscarriage

Age 40 - 29% chance of miscarriage

Age 44 - 60% chance of miscarriage

Older than 44 - higher than 60%

How does this compare to none-IVF pregnancies?

Baby loss charity Tommy's provides some statistics on general pregnancy loss by age: Under 30 - a 1 in 10 chance of miscarriage, or 10% Between 35 and 39 - a 2 in 10 chance of miscarriage, or 20%

Over 45 - a 5 in 10 chance of miscarriage, or 50% As you can see, the chance of miscarriage for IVF pregnancies is slightly higher than the average.

Why might an IVF embryo fail?

It's common for women to have negative feelings about their ability to carry a child after an IVF miscarriage. However, there are many reasons why a pregnancy might fail, and one of the most common reasons is the quality of the embryo.

Even embryos that look healthy in a lab, made from eggs and sperm that appeared to be of high quality, may have some kind of genetic defect that is not visible. This is more common in older patients, but any combination of two people, even those in perfect health, with an extremely healthy family tree, can produce an embryo with abnormalities that is unable to be carried to term. It's very common and it can happen to absolutely anyone.

The genetic abnormality factor in older patients is one of the reasons why older women may have more success with IVF with donor eggs than their own eggs.

Sometimes there are genetic factors at work that are not visible to doctors, which can lead to repeated miscarriages and multiple cycles of IVF. This can be very stressful and traumatic. Sometimes women who are not getting pregnant after many rounds of IVF find that they are successful with donor eggs.

Choosing to use donor eggs is not an easy option or a quick fix for many women, as it means that they will not be genetically related to the child (unless the donor eggs come from a close relative). However, this can sometimes be the only way to increase the chance of success of an IVF cycle, and of course if successful, the woman will carry the baby herself.



A healthy approach to health

Is lifestyle a factor in IVF miscarriage? It's very common for many women to blame themselves after a miscarriage, whether they have undergone IVF or not. However, women who have undergone IVF have generally lived a healthy lifestyle in the recent past, and physically prepared for the procedure with a healthy diet and habits. Losing weight, giving up smoking and other suggestions from your doctor can all help you to prepare for a healthy pregnancy and give your embryo the best chance of survival. It's unlikely that a woman in basically good shape, who is not regularly drinking alcohol, smoking and eating a lot of very unhealthy food, has caused a spontaneous miscarriage in an otherwise very healthy embryo. Likewise, simply being stressed out or anxious, even if those feelings are intense, isn't likely to cause an otherwise totally healthy embryo to be miscarried.

It's very important to maintain good habits and good nutrition while you are preparing for and undergoing IVF. It's also important to strike a healthy balance between being mindful of health and nutrition, and not obsessing over it or blaming yourself for an unsuccessful pregnancy. This is one of the areas of the IVF experience where counselling can be very helpful.

One of the reasons that it's important to find a healthy balance between good habits and not feeling guilt, blame or shame for miscarriages, is that calmness and confidence will help you to make good decisions. If you don't feel confident in yourself that you have done your best, then it will be harder for you to trust your own judgement and feelings regarding many aspects of IVF.

It is all too easy to blame yourself and feel as though you are not capable, when the truth is that you have to be incredibly determined and strong-minded, to even get through one cycle of IVF and then try again. Remember to be kind to yourself and cut yourself some slack, just as you would a good friend. You deserve the best chance possible of having a baby, and having a healthy approach to your own physical and mental health will help you to navigate the often overwhelming world of IVF.



5 IVF statistics - chances of success

I While IVF will enhance your chance of getting pregnant, it's not always a success on the first try. It's important to look at IVF as a long-term commitment, rather than expect to get pregnant on the very first round.

The 25% success statistic

It's common to hear the statistic that three-quarters of IVF procedures fail, or that only a quarter of IVF cycles result in a baby, and these are loosely accurate. However, everyone is different, and there is no one size fits all percentage that applies to all women equally.

That statistic in more detail

According to the NHS, the percentage of IVF treatments that resulted in a live birth between 2014 and 2016, varied between 29% and 2%. This was for women using their own eggs and their partner's sperm.

The highest percentage of success was for women under 35, who had a 29% chance of success. This dropped to 15% for women in their late 40's and fell to 2% for women aged over 44.

As you can see, it's common for more than one cycle of IVF to be necessary. A lot depends on the cause of infertility, and your doctor should be able to explain your individual chances of success in more detail.

6 Donor eggs or sperm

Some IVF patients start out by using donor eggs or sperm, and others decide to use donor material if IVF is not working out for them.

While ideally, all IVF parents would be able to use their own eggs and sperm, sometimes it is necessary or advisable to use donor eggs or sperm - or even both. Women in their late 40's and beyond can experience declining egg quality, and these genetic defects may result in a miscarriage or chemical pregnancy (a very early miscarriage of the embryo at 1-2 weeks).

Sometimes the man's sperm is of poor quality and it's necessary to use donor sperm instead. Another reason for using donor eggs or sperm is to avoid a genetic illness or disability being passed to the child.

While some couples do not set out to use donor sperm or eggs, and don't start the IVF process believing that they would ever need to, it can sometimes be the best or only way to improve the chances of success.

Having the conversation

If you are thinking of starting the IVF process, you may want to explore or discuss the possibility of using donor eggs or sperm if it does not work out for you.

If your partner rejects this idea

Bear in mind that this can be a shock to some people, and they might respond negatively. Some patients and their partners don't want to even consider this, but plenty have changed their minds about it once they have experienced the IVF process for themselves more than once.

If you feel you may be open to it but you get a negative response at first, it doesn't necessarily mean that your partner is opposed to it forever.

Sometimes people need a bit of time and information in order to get used to a new idea. Your partner may be opposed to it in a casual conversation about it with you, but be more open to the idea coming from a doctor. All aspects of IVF are stressful, and partners can sometimes feel helpless or frustrated, which can make them defensive. Being sensitive to how emotional some partners can be about this topic, especially if they feel that they can't "give" you a baby, can help you to choose your moment carefully and approach the subject with sensitivity.

Helpful tip

If you want to find out what your partner thinks about egg or sperm donation for IVF patients, try bringing it up in a more general conversation about IVF. Discussing it in general terms, with real-life examples (such as a celebrity or something you found on a website), can help you to explore the idea as a couple, but with minimal pressure.



If you're not sure how you feel about donor eggs or sperm

If you feel horrified, conflicted or upset by the thought that your child may not be genetically related to yourself or your partner, this is perfectly natural and normal. However, the IVF process is life-changing whether it works out or not, and the whole experience is a deep learning curve for individuals and couples. The opinions and feelings you have right now at the beginning of your journey, may grow and change as you progress.

Not everyone needs donor material to complete a successful pregnancy, and not everyone changes their mind about it either. However, plenty of much-wanted and loved babies have been born to parents who never expected to have to use a donor egg or sperm.

Give yourself time to explore this idea, and discuss it with your doctor and other appropriate professionals. You may be able to read about people who have used donor eggs or sperm in groups on Facebook, or on specialist forums. You can ask your doctor how other people have reacted and coped with this idea, and it's also a great idea to talk this over with a therapist if you do feel conflicted about it.



Will IVF give me a "designer baby"?

IVF is one of those medical procedures that you don't hear much about until you need it - and then there's an enormous amount of information to take in. There are all sorts of myths about IVF, and one of them is that it's possible to choose whether the baby is a boy or a girl and that you can also select factors such as eye colour, height and even intelligence. Doctors and scientists do not engineer the perfect baby in a lab for IVF patients - the work of genetic selection is entirely done by the egg and sperm combination.

Can I choose the sex of the embryo?

Sex selection of embryos is illegal in many countries including the UK. The embryos are either male or female when they are fertilised, and it is considered unethical to accept or reject an embryo based only on its sex. There is only one exception to this law, and that is when a serious genetic illness is carried by either sex, but not both. Most commonly these genetic illnesses affect males only, in which case a female embryo would be selected.

Another type of sex selection is sperm sorting, which splits sperm into males and females. This is less accurate than selecting embryos, but it's still generally over 80%. This is also illegal in the UK, even for medical reasons.

The Parliamentary Office of Science and Technology explains the public policy issue of sex selection of embryos in much greater detail, as the "designer babies" panic caused widespread public discussion of these issues.

Visit for more info:

https://www.parliament.uk/globalassets/documents/post/pn198.pdf



Can I choose the eye, skin or hair colour?

No! It's possible to influence this, but it's not possible to make a "designer baby" in a test tube.

The physical characteristics of the embryo will depend entirely on its biological parents. It's always been possible to influence how your children will look, by choosing a partner with certain characteristics. This is based on your own genes and the genes of whoever provides the other set of genetic material (the sperm or the egg).

It's possible to predict some characteristics with a fair degree of accuracy, but others are entirely down to chance. For example, brown eyes are a dominant characteristic. If a blue, grey or greeneyed person and a brown-eyed person have a baby, the baby will nearly always be born with brown eyes. However, some other characteristics that you can see in either family or even those well hidden in the family tree, can appear unexpectedly.

Each baby is a uniquely beautiful and special combination of genetic material, and it's simply not possible to select green eyes or wide hips, or athletic or mathematical ability in a laboratory. For all the high-tech aspects of IVF treatment, we still have to accept and honour our genes and heritage, just as our ancestors did.



8 Will IVF give me twins or triplets?

There is a higher than average chance that this could happen. Under ordinary circumstances around 3-4% of births are multiples. These are mainly twins, but this can also include triplets and more. This rises to around 9-12% for IVF patients.

Can I choose to have twins or triplets?

You might be picturing your future nursery with three identical babies in matching cribs, and getting all of your pregnancies over at once! You may also be worrying about how you would cope with more than one newborn at a time. It's natural to wonder if things could work out this way, and the answer to whether you can have twins or triplets if you want them is both a yes and a no. Sometimes it's possible to want twins and get twins. Sometimes it happens by accident. Sometimes it's too risky, or not all of the foetuses will survive the pregnancy. No aspect of IVF is certain or set in stone, because everyone's body and genetic material is unique.

Do famous women with twins have twins on purpose?

Have you ever noticed how many celebrity mothers seem to give birth to twins? This is often the result of fertility treatment. The larger multiple births of 4 or more babies that make the newspapers are often IVF-related too.

One of the reasons a high profile woman might be more likely to have twins than the average woman is that they're more likely to want children later in life. It's now common for women with successful or high profile careers who aren't yet ready to have a baby, to freeze their eggs for the future.

Some stars are also rumoured to use fertility drugs to deliberately increase their chances of having twins. Celebrity women are often under time pressure in their career, so it may be helpful for them to grow their family quickly, in which case twins or triplets would be a positive thing for them. Whether famous women do have twins on purpose or not remains unproven, but the visibility of celebrity women with twins helps to draw attention to the fact that IVF can increase the chance of twins or triplets.



Why does IVF cause a higher chance of twins?

During an IVF cycle, more than one fertilized embryo can be implanted in order to give the best chance of a successful pregnancy. Sometimes both or all of these embryos develop and are carried for long enough to result in a live birth of twins or triplets. However, it's still only around a 12% to 9% chance.

Your clinic will not implant multiple embryos in your womb, just because you fancy having twins! There are medical reasons to implant more than one embryo at a time, but bringing twins to term is more complicated and risky than a straightforward pregnancy. Your doctor will always put your health and the survival of the embryos before any personal preference for multiples. The goal of IVF professionals is to create one healthy baby at a time.

Here are the statistics for twins, for women undergoing fertility treatments:

Identical twins - a 0.95% chance
Clomid and Femara - a 5-12% chance of twins
Gonadotropins - up to a 30% chance of twins
IVF for women under 35 - a 12.1% chance of twins
IVF for women between 35-37 - a 9.1% chance of twins
IVF for women aged between 38-40 - a 5.3% chance of twins



9 What does religion say about IVF?

All religions have rules or guidance around family planning, and some religions are anti-IVF. The technology used in an IVF cycle did not exist at the time that the world's major religions were established, and it is not always easy to apply traditional family planning rules to modern surgical methods. One consequence of this is that religious acceptance of IVF varies a lot.

During an IVF cycle multiple embryos are created, and only the healthiest or most promising of those are selected. One of the main religious objections to IVF is the creation and destruction of embryos that are not selected. Some religions believe that life begins at conception, and that it is a sin to create human life, even in cellular form, only for it to be discarded or destroyed.

Other objections include the idea that it is sinful to modify the sexual act between a married couple, or that it is wrong to create an embryo in an artificial or unnatural way.



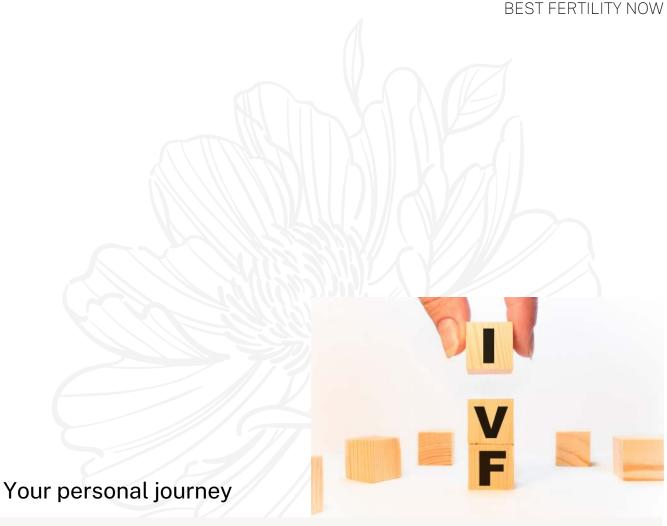
Religion-friendly IVF

While there is no such thing as a type of IVF that is sanctioned by all religions, there is a type of IVF that does not create extra embryos. This can be morally more acceptable to some people. This type of procedure is less effective than standard IVF, but it also comes with fewer health risks.

Misinformation

As well as clearly stated arguments against IVF, there is also misinformation and scaremongering from the media and online. Most people don't know all that much about IVF. An attention-grabbing headline or viral article is often their only exposure to the process. Phrases such as "Playing God" and "Test-tube babies" have been used to describe IVF, and this plays into the fear that some people of faith have - that IVF is dangerous or sinful.

This misinformation can find its way into churches and faith groups, and this makes it harder to have a factual conversation about it. While it's very difficult to counter misinformation, especially on an emotive topic like fertility, it's good to be aware of it before discussing the subject with people in your circle.



It's easy for people who are not religious to say "It's your life, do what you think is right!"However, this advice doesn't come close to reconciling the issues of IVF vs religion. Faith is related to identity, family, community and more, as well as being a matter of personal beliefs. IVF is a life-changing process, and it really helps to feel confident in your choice (even if not everyone agrees with you) and to have some support from your family, friends and community. Neither of these things are essential, but they do make a huge difference to your experience. It can be very helpful to speak to other people that have been in the same situation as you, whether they decided to go through with IVF or not. There are blogs, books, online groups and even meetings for people of all faiths who are struggling with infertility.



Overcoming misinformation & starting a conversation

It can also be helpful to gauge how the people around you actually feel about IVF. You may be surprised at how accepting some people can be, especially if they know someone that has gone through it. On the flip side of the coin, some people you might expect to be relaxed about it can turn out to be the opposite.

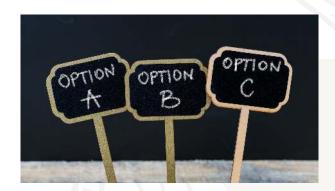
It can be helpful to start a general conversation about assisted conception and to talk about the actual processes, rather than using medical or media jargon. Infertility is a growing problem and lots of celebrities have undergone fertility treatment including IVF, so it's possible to open up a discussion in a respectful and educational way with most people.

Your choice

The decision to proceed with IVF or to decline it is entirely your own choice. It's impossible to please everybody, and there is a point at which everybody has to do what they feel is right. If you do find that you want to proceed with IVF and you don't feel that you will be supported by family or community, there are other ways to access both faith-based and general support.



What are my options?



Private vs NHS

IVF can be expensive or it can be free (for UK residents). Free IVF is harder to access, so it's helpful to find out if you are eligible for it as soon as you can.

Private treatment

If you can't access NHS services or you don't want to wait, then you can opt for private treatment. In the UK this can cost up to around £5000 per treatment.

The cost of a cycle in the UK is accessible for some people but not for others. It is possible to have IVF abroad to make the cost more manageable. Some clinics will let you pay in instalments, and it is also possible to get a special loan for medical purposes in some cases.

NHS

UK residents can access many forms of medical care for free, and IVF is no exception. However, IVF on the NHS is conditional, plus funding is being cut for fertility treatments. This means that not everybody is able to access it.

Generally, women under 43 who do not already have a child, who have been trying to get pregnant for 2 years may be eligible for IVF for free. This applies whether you are straight, gay, married, single or in a relationship.

The final decision about who can receive IVF is made by an authority called the CCG (clinical commissioning groups), and they may have stricter conditions.

If you are eligible for NHS treatment, then you may be entitled to more than one cycle of IVF. This too depends on several factors.

There is often a waiting list for IVF on the NHS, so it's important to get started right away if you think you may be eligible. Even if you're not 100% sure you want IVF yet it's a good idea to start the process anyway, as you can change your mind at any time. You can start the ball rolling on the IVF process by talking to your GP.





Types of IVF

As well as deciding whether you require private or NHS treatment, you will also need to determine which type of IVF to have. Most people opt for the standard IVF treatment, but there are a few other options.

Standard IVF uses powerful fertility drugs, but it is also possible to have different forms of IVF, depending on your needs & preferences. IVF with fertility drugs is more effective, but it also comes with more health risks.

There are other types of IVF that rely less on drugs. These can potentially more effective in some situations. For example, mild IVF is often used for women with low ovarian reserve. It produces fewer eggs, but the eggs are potentially of higher quality.

The three main approaches to IVF that involve no or fewer drugs are natural cycle IVF, mild stimulation IVF and in vitro maturation (IVM).

IVF

The most common form of IVF uses powerful fertility drugs to stimulate the ovaries to produce multiple eggs. These are matured with hormones and then harvested to be fertilised.

Natural IVF

Natural IVF is an option that may be suitable for women who don't want to raise their oestrogen levels, such as some cancer patients. This option can be more acceptable to those with religious objections, as only one embryo is created.

Mild Stimulation

Mild stimulation IVF uses drugs that are less powerful than standard IVF drugs. This reduces the treatment time by about 2 weeks, and it also reduces the unpleasant side effects of the drugs.

IVM

In Vitro Maturation is a new technique, which allows eggs to mature after they are removed, rather than before. This negates the need to take hormones. Because this technique is so new, there are relatively few babies born who were conceived in this way. It's difficult to predict how well this works, or how healthy the babies are.



IVF abroad

Because of the cost involved for private IVF, more people are having treatment abroad. While this works out well for some, other couples find that they are not happy with the treatment they receive. Some clinics can feel like a production line, and of course, there are the occasional horror stories of botched treatments that appear in the newspapers.

The truth is that there are both good and bad clinics in every country. If you would prefer to have treatment abroad, it is essential to research any clinic that you might consider using and to get personal and professional recommendations.

Any reputable clinic will be happy to talk to you about any aspect of your treatment. It's a great idea to have a consultation with several doctors from different clinics, to see which one you feel most comfortable with.



Red flags

It's important to research clinics properly, but there are some signs that a clinic might be best avoided. These include:

- Pushy salespeople some clinics employ sales staff rather than medical staff as the first point of contact, and they get a bonus if they sign you up! Your contact with a clinic should not be sales-focused.
- Pushy doctors some of the less reputable doctors can also be pushy, and some will even try to sell you supplements or health devices as well as treatment.
- Your own instincts if you don't get a good feeling from the clinic or doctor you are speaking to, trust your instincts. Perhaps they're not answering your questions fully, or you don't feel as though they are listening to you.
- Rock bottom prices IVF is expensive, and it can be tempting to go for the most inexpensive options if you're on a budget. However, rock bottom prices abroad often means that corners are cut in terms of patient care. The rock bottom end of the market is where many of the horror stories of botched treatment for all types of surgeries often occur. Sometimes the staff are operating on more than one patient at a time or trying to squeeze too many procedures into one day to save on costs.
- Wild claims such as a 100% success rate

Green flags

"Green flags" are positive signs. It's important to gather all the information that you can about a particular clinic before you make a decision. However, some good signs are:

- Multiple recommendations from real people
- They welcome questions and answer them fully
- Former patients are happy to talk to you
- Reasonable, not rock-bottom prices
- Success claims are reasonable
- Relaxed consultation you feel comfortable with the doctor
- The doctor is happy to share their qualifications and experience with you



What does my age have to do with it?



It's a fact that women are having their first baby far later in life than they used to. This is due to a combination of factors including nutrition and healthcare, delaying pregnancy for a career, marrying later in life and advances in fertility treatments. The Office of National Statistics reports that in 2012, around half of live births were to women aged 30 or over, and 4% of these were to women aged 40-44.

While it's possible for many women to have babies into their 40's, the truth is that fertility begins to decline as a woman ages, and takes a sharp downturn in the late '30s and early '40s. If you are approaching or over 30, then you may already have a sense of running out of time, which can add to the stress of fertility treatment.

While taking the first steps towards IVF can be daunting, it really is best to begin as soon as possible. You can always change your mind, or you may conceive naturally during the time that you are waiting for or undergoing IVF. Unforeseen circumstances such as the pandemic can add months or even years to your waiting time, especially if you are opting for NHS treatment.

Women approaching or over 40

It's even more important for women nearing or over 40 to consider beginning the IVF process as soon as possible. If you are nearing your 40th birthday then you may miss out on NHS IVF cycles if you wait too long, as only one cycle is available to women over 40. It's also a time of rapid decline for fertility.

Is there anything I can do to offset my age?

It's not possible to turn the clock back, but your general health and nutrition will affect your egg quality. A healthy diet, cutting out bad habits, exercise, relaxation and a healthy sleep schedule can all positively impact the health of your eggs.

Some women make drastic changes to their lifestyle such as giving up drinking, caffeine and refined sugar completely and taking up a fertility supporting exercise routine such as pilates or yoga. Some go even further by cutting out plastics and artificial chemicals and fragrances. Others keep it simple by focusing on the main areas of diet and exercise. There is a wealth of information on the Internet and in books about diet and lifestyle for egg health, including our own website.



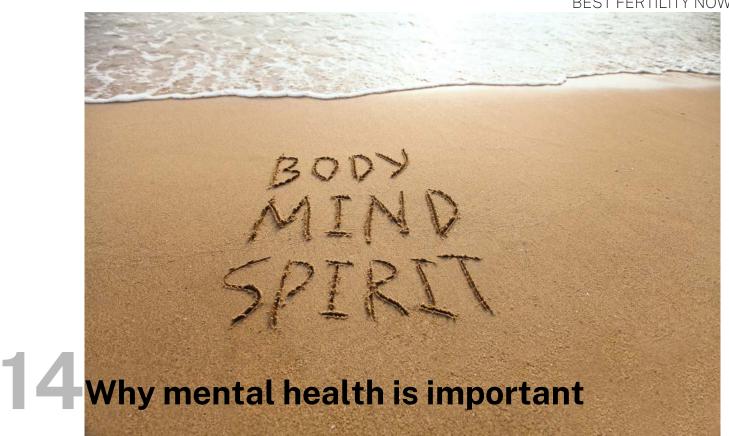
13 How much does it cost?

UK IVF cost

Prices vary between clinics, but the average price is £3348, according to the market research firm Opinium. Data from 70 fertility clinics showed that the price for one IVF cycle ranged from £2650 to £4195 (2018).

IVF cost abroad

The cost of IVF abroad can be hundreds to thousands of pounds less than in the UK. Flights and accommodation must be factored into the total cost, but it is still a good deal from a purely financial point of view. There are many countries that offer IVF to "medical tourists", but it is possible to get IVF in Poland or the Czech Republic for under three thousand Euros.



During IVF, the focus is very much upon physical health and the health of the eggs and embryos. This can mean that mental health is both challenged and neglected. This can lead to depression and anxiety, and can negatively impact your relationship too.

Both partners can suffer from stress due to IVF, so it's important to include the none-gestational partner in the mental health equation.

It's a great idea to get counselling before or alongside IVF. Deep emotions and fears can really be stirred up by the process, and the effect of the hormones can also leave you feeling emotional. The process itself can be a rollercoaster of emotions too. Most IVF processionals give a big thumbs-up to counselling, either individually or as a couple.

This is making it sound awful, I'm worried now!

Everyone is different, and not everybody gets upset or down when they have IVF. Some people find the process intensely stressful, and others say it's no worse than going to the dentist or having a minor operation. It definitely isn't terrible for everybody, but most people feel a little tired out or delicate during the whole process. It's also perfectly possible to be relaxed and have minimal anxiety or stress during an IVF cycle. Each person's reaction is unique to them.

What's normal and what's cause for concern?

It's natural to feel up, down and everything in between during and immediately after an IVF cycle. You may be disappointed or anxious, or not sleep well, interspersed with periods of feeling normal, or at least reasonably OK. Those are normal reactions to a stressful situation. However, your negative feelings go on for two weeks or more, or if these feelings are unbearably intense or start to negatively impact your work, relationships or confidence, then you will need to see your doctor as soon as possible.

Opening up

One of the best things you can do if you're undergoing IVF is to talk about it. This will help you to process your feelings and get them off your chest. Unfortunately, not everyone is great at talking about IVF. Because it's something that the vast majority of the public don't really understand that well, it's possible for even the most well-meaning friends and family to say something insensitive!

Some people are just better to talk to than others about IVF, so try not to take it personally if a friend or family member says the wrong thing. Most of the time people are just being dippy and saying the first thing that comes into their heads, such as "Well if it doesn't work you can always adopt, right?" and "Just relax and you'll get pregnant naturally!"

While this may make you cross at the time, they are coming from a place of ignorance about how difficult and painful infertility and IVF can be, and they probably didn't mean to get on your nerves.

There are very supportive IVF communities on all social media platforms, and they are great if you want advice, support, or if you just want to vent about how you're feeling.

Are there alternatives to IVF?

IVF is not the only fertility treatment available, and not everybody with fertility issues needs IVF. It is worth researching or at least being aware of other methods of improving your conception odds.

Intra-Uterine Insemination (IUI)

This is a method of inserting treated sperm directly into the uterus at the right time of the cycle. This can be done "naturally" i.e. without the use of fertility drugs, or drugs can be used to improve the odds of conception. Natural cycle IUI is not recommended for women over 37 or for poorer quality sperm.

Hormonal and drug treatments for men

Hormonal imbalances in men can be treated with gonadotropin therapy, and infertility caused by infections can be treated with antibiotics.



Surgery to remove inflammation, scars and blockages in both the male and female reproductive systems can help to increase the odds of a successful pregnancy.

Lifestyle improvements

Both egg and sperm quality can be positively impacted by healthy lifestyle changes. While these changes are not a substitute for drugs or surgery, they may improve your chances of both natural conception and a healthy embryo. Lifestyle improvements can also improve your chances of IVF success.

How can I prepare for IVF?

IVF can be emotionally and physically challenging. Some preparation can help you to manage these challenges. Understanding where to access information and support before you begin your IVF journey can make it easier and less stressful.

Our own website <u>www.bestfertiltynow.com</u> is full of information from all kinds of experts and real-life people just like you.



Information and support:

BOOKS

There are many excellent books on IVF, but some of the best known and popular are:

- "It Starts with the Egg" by Rebecca Fett
- "IVF A Detailed Guide: Everything I Wish I Had Known Before My Fertility Treatments" by Bianca Smith
- "Get A Life: His & Hers Survival Guide To IVF" by Rosie Bray and Richard Mackney

SOCIAL MEDIA

IVF has its own communities on all social media platforms, such as Facebook, Tiktok and Instagram. There are lots of good people to follow, and you can join in discussions and watch videos and live broadcasts about all aspects of IVF.

Our own social media for Best Fertility Now is a mixture of expert advice, funny memes, book reviews, original articles & videos.

- Facebook: Best Fertility Now
- Instagram, & Tiktok @Bestfertilitynow
- Twitter @BestFertilityTV
- Our own fertility expert Jo Sinclair can be found under @reborn.resilience.fertility
- The Fertility Tribe (@thefertilitytribe)
- Hilariously Infertile (@hilariously_infertile)
- The Fertility Kitchen (@thefertilitykitchen)



Information and support:

PODCASTS

Our favourite podcast is broadcaster Andrea Byrne's <u>"Making Babies"</u> series. It really feels like a chat around your kitchen table!

HELPLINES AND WEBSITES

Best Fertility Now https://www.bestfertility-now.com

Resources to support and connect people on a fertility journey. TV Shows, Vlogs, Blogs, Articles, Research, Celeb Fertility News.

British Infertility Counselling Association www.bica.net

BICA is the only professional counselling association for infertility counsellors and counselling in the UK seeking to promote the highest standards of counselling for those considering or undergoing fertility investigations and treatment.

Fertility Network:

01424 732361

www.fertilitynetworkuk.org

Free and impartial support, advice, information and understanding for anyone affected by fertility issues.

www.fertilityfriends.co.uk

Infertility and fertility support - leading infertility community in the UK with members at every stage of their journey. Infertility, adoption, parenting, after infertility and moving on.



We hope that you have found this E-book helpful on your IVF journey. We wrote this book to help people new to the world of IVF to orient and empower themselves. We have given it away to people all over the world for free, in the spirit of women helping women (and the other genders too of course).

We'd love to know what you think of this E-book, so please pop along to our Facebook or Instagram to leave a comment!

FIND US AT

www.bestfertility-now.com

