

PREGNANCY TEST

After your embryo transfer, you will need to wait for nearly two weeks until your pregnancy test. The pregnancy test is scheduled 16 days from the day of your egg collection. It is necessary to wait this long as if you are pregnant; it takes as long as two weeks for your hormones to rise to a level that can be measured in your blood.



The whole IVF treatment process can be a very emotional time, but knowing what to expect and what will happen along the way can help make the road to pregnancy seem less rocky. This brochure outlines most of what you can expect during the treatment, but it may not answer every question you have. At Repromed, we want to help you at every stage of the journey towards pregnancy, so if you have any questions please don't hesitate in contacting us.

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What happens
during IVF treatment?

Infertility is a common problem that affects one in every six couples. If you're having difficulty conceiving, it's important to know that you're not alone and there are treatments available that can help you achieve your dream of having a baby.

There are many different reasons for infertility and depending on the cause, the treatments may vary. One type of treatment is IVF (In Vitro Fertilisation). This is where eggs are collected from the ovary, fertilised in the laboratory and replaced back into the uterus, hopefully generating a successful pregnancy.

Listed below is a step by step guide as to what happens during an IVF cycle at Repromed.

EGG COLLECTION

The starting point for IVF treatment is obtaining eggs from the ovaries. This is done by administering injections of FSH (Follicle Stimulating Hormone), which encourages the development of several follicles (sacs on the ovaries that usually contain eggs). There are usually 5 - 10 sacs, however the number can vary immensely. This process normally takes about two weeks. Once enough follicles have developed, the eggs are removed from the ovaries by passing a needle into the fluid filled sacs that contain the eggs (follicles) and aspirating them out. This is a simple procedure that is performed in theatre by a doctor under a light anaesthetic. Bear in mind, that not all follicles contain eggs.

SPERM PREPARATION

While the eggs are being collected in theatre, the semen sample is also being prepared. Depending on the quality of the semen sample there are different preparation methods that can be performed, however the most common method is called a density gradient preparation. The semen is added to a test-tube that contains a special media, which filters out sperm that have poor motility. If the sperm count isn't ideal, or if the man has had a surgical sperm collection, the sperm sample will be spun to concentrate as many sperm together as possible. These samples are then used to inseminate the eggs.

INSEMINATION

There are two different types of insemination techniques. IVF standard insemination or ICSI (Intracytoplasmic Sperm Injection). IVF standard insemination is used in patients that have normal sperm parameters and this involves the scientist in the laboratory placing the eggs and the sperm into a dish and leaving them overnight so that fertilisation can occur. If there are severe problems with the sperm, or if IVF standard insemination has failed previously, IVF is combined with ICSI, where scientists inject a single sperm into each egg. These are then also left overnight in the hope that fertilisation will occur. Fertilisation is not guaranteed even with ICSI.

FERTILISATION

The morning after the egg retrieval, the scientists check the eggs for signs of fertilisation. If normal fertilisation has occurred the fertilised eggs are now called 'embryos' and are grown in the laboratory until they are ready to be placed back into the uterus.

EMBRYO CULTURE

Embryos can be grown in the laboratory for up to six days after egg retrieval. They can be replaced back into the uterus at a variety of stages depending on what you have decided with your doctor. At Repromed, we offer two different stages of embryo culture and transfer, either 'cleavage stage' or 'extended/ blastocyst stage'.

Cleavage stage is the term used for either day two or day three embryo culture and transfer. This is beneficial for couples that have low numbers of embryos (usually one or two) available for transfer.

Extended/ blastocyst stage is the term used for either day four or day five embryo culture and transfer. This is beneficial as it allows the scientists to further monitor your embryos and choose the most advanced embryo for transfer. This option is used in patients who have more embryos than they wish transferred and is mainly used to increase selection ability. Note that Repromed encourages single embryo transfers and has a policy to transfer **no more** than two embryos.

EMBRYO TRANSFER

On the day of your embryo transfer, the scientists will assess your embryos and pick the most advanced one for transfer. The embryo will then be loaded into a very soft thin plastic tube and placed back into the uterus. This procedure is very simple, much like a pap smear, and does not require an anaesthetic. The embryos will then continue to grow in the uterus until they implant.



EMBRYO FREEZING

When patients have more embryos than they are having transferred, the option of embryo freezing becomes available. After embryo transfer, any remaining embryos are assessed for freezing. Only high quality embryos are able to be chosen to undergo this process. During this process, embryos are placed into straws containing cryo-protectants. They are then placed into a programmable biological freezer, which freezes the embryos. Then they are stored in liquid nitrogen (-196°C) until they are ready to be used. Note that even though the highest quality embryos are selected for freezing, not all embryos survive the process and very rarely, none survive.