Introduction to Fertility Treatment

your questions answered

CARING | COMPASSIONATE | PERSONALISED
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Welcome to City Fertility Centre

At City Fertility Centre we provide the best fertility treatment for you, based on your individual needs and fertility diagnosis. Our focus is on providing you with a caring and effective treatment program.

We have gathered some useful information to help you make the best decision for your fertility journey. Our hope is that this handbook will guide you through your next step in treatment and will ease some of the anxiety you may have.

We look forward to working with you to make your dreams of a successful pregnancy come true.

If you are having difficulty getting pregnant it is important to know that you are not alone. This personal approach to fertility is the cornerstone philosophy of City Fertility Centre and is what sets us apart.

Please contact our friendly staff for more information about this service:
1300 354 354
contactus@cityfertility.com.au

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Personalised Care

Our commitment to treating patients as individuals and not numbers runs through every aspect of our service. You will always see the same fertility specialist and enjoy one-on-one access to other medical staff. In particular our nurses help manage all treatment, and are available to discuss any questions you may have along your journey.

You are also encouraged to visit the laboratory and talk with one of our highly trained and experienced scientists working with you to achieve your dream. This not only gives you a better understanding of the procedures you might undertake, but also helps to decrease the stress and anxiety that you may be feeling at this time.

Our highly-regarded fertility specialists will give you a personalised assessment of your chance of achieving a successful pregnancy, not generalities about average rates of success. In fact, only approximately 1/3 of the people that are referred to a fertility specialist will need IVF treatment.

In addition, many of our specialists have private consulting suites located in convenient locations. Please contact City Fertility Centre if you require any information regarding our locations or specific services.
Our Mission Statement

To provide compassionate and exceptional care with dignity and respect to all couples and individuals.

City Fertility Centre places you, our patient, first

We will do everything we can to help you conceive a child. You and your partner are always our primary concern and our aim is to assist you conceive the child of your dreams. Our emphasis is to ensure you take home a baby, not just a positive pregnancy test.

Patients seek treatment at City Fertility Centre because of our heartfelt care and our expertise in treating the most difficult and resistant cases of infertility.

City Fertility Centre is committed to combining excellent medical care with an individualised, warm and compassionate approach. We will do our best to ensure that your journey through our program is as relaxed and pleasant as possible. We will ensure you feel well informed throughout your journey.

You are in good hands

We have examined every aspect of our service to ensure that not only are you well informed, but also that the treatment does not take over your life.

In Australia regular blood tests may be carried out to monitor hormone levels during fertility treatment. At City Fertility Centre we use world-leading protocols for fertility treatment so that routine blood tests are minimised. If you do require any blood tests they can be organised through your local pathology provider rather than at a clinic. This will be more convenient for you, saving time and money.

Our philosophy is to help you fall pregnant using the least invasive method of treatment that is suited to your circumstances. In fact, two thirds of City Fertility Centre patients are helped with fertility treatments that DO NOT require IVF.

Of the people who do require IVF treatment and have had a baby through City Fertility Centre, 90% fall pregnant in one to three cycles.

Choosing a fertility clinic

We realise that choosing a fertility clinic to assist you in achieving your desire for a family can be difficult. There are many significant questions you may need answered. We have listed below some of the areas where, we believe, City Fertility Centre can provide you with great comfort and assurance when selecting a clinic.

1. Success Rates

City Fertility Centre was established in 2003 with the express desire to give our patients high-quality personalised care with success rates that are among the best in the world. As outlined in the Success Rates section of our website, whilst City Fertility Centre is happy to publish success rates, we would advise couples to be wary of “marketing statistics”.

Success rates must form a basis for any medical treatment decision. City Fertility Centre has amongst the highest success rates in the world and remains committed to maximising the only success rate that really matters – yours.

At City Fertility Centre we have been innovators with respect to being:

1. The first clinic in Queensland to introduce Egg and Embryo Vitrification (ultra-rapid freezing) into standard clinical practice.
2. The first, and we believe, only clinic in Queensland to allow patients full access to laboratory staff and facilities. We maintain such high confidence in our staff and facilities that we relish the opportunity to introduce both to you.
3. The first clinic in Australia to introduce Single Cell PCR technology for genetic screening of embryos.
4. The first clinic in Australia to achieve a Single Cell PCR pregnancy.
5. One of the few clinics in Australia that can perform a Polar Body Biopsy on an oocyte (egg).
6. We continue to achieve pregnancy rates that are amongst the best in the world by using Embryo Vitrification.

We are extremely proud of our achievements.

At City Fertility Centre we will provide you with realistic pregnancy potential statistics that are relevant specifically to you. It is pointless simply giving age-related statistics without any consideration to the potential underlying clinical issues that will influence outcomes. We strongly believe in absolute honesty when discussing these statistics on the basis that whilst it may be sometimes difficult to face the reality of the true statistics, it is far more important for you to continue with your treatment with realistic expectations of the potential chance of having a baby.

At City Fertility Centre we maintain the belief that we will give you the best possible chance to achieve a pregnancy.

2. Our Doctors

At City Fertility Centre we have an incredibly dedicated medical team focused on providing you with highly personalised and incredibly skilled treatment. The doctor you have chosen will remain as your treating doctor throughout your treatment cycle. This will provide you with continuity of care and the best possible chance to solve your fertility issue.

Our doctors do not operate on a roster or rotational system. If your doctor will be away on leave during your treatment he or she will discuss the option of treatment cover with you prior to commencing treatment.

We also maintain an ongoing clinical review program where doctors and City Fertility Centre professionals will discuss and review your case as appropriate.

3. Our Staff

At City Fertility Centre we are extremely focused on providing you with highly personalised and focussed care. Our nursing, laboratory and administration teams are all highly trained and dedicated teams who maintain the clear understanding that we are all here to ensure that you and your partner are cared for during all aspects of your treatment. Whilst the ultimate aim is to have a baby, we ensure that looking after you is the highest priority. Our staff take the time to get to know you. To them you are a person and not just a patient.

4. World-Class Laboratories

City Fertility Centre maintains world class laboratories throughout Australia. We pride ourselves on maintaining state-of-the-art equipment and maintaining the highest quality standards.

Our scientists maintain the highest levels of training and expertise. They are available as a resource to you as you need them. We maintain an open-access policy to our laboratories and laboratory staff.

This is unique to City Fertility Centre in that you are encouraged to visit the laboratory and talk one-on-one with a scientist.

Our scientific leadership team has over 60 years combined experience in the IVF and Fertility industry, ensuring the quality of care your gametes and embryos will receive. Our motto in the lab is to treat our patients and their embryos, “as if they were our own”.

Advances in freezing technology using Vitrification have significantly improved the IVF success rates. As a result we are able to offer our patients both day 3 and day 5 embryo transfers. This flexibility allows your City Fertility Centre specialist to individualise your treatment plan to your specific situation and provide you with the best chance of success.

If there are questions you feel still need to be addressed, please do not hesitate to contact us. We will do everything within our power to assist you with your query.
When you embark on fertility treatment, you ultimately want to know what your chances are of taking home a baby. You are in good hands at City Fertility Centre. While success rates are certainly affected by your age, the quality of your embryos and whether or not you have been pregnant before, perhaps the biggest predictor of success is the track record of the clinical team you choose to work with.

Our success rates at City Fertility can be attributed to the experience of our clinical and embryology teams as well as our highly trained staff and our investment in state-of-the-art equipment. The combined Assisted Reproductive Technology (ART) experience of our clinical team is substantial and we pride ourselves on not only keeping up with the latest science in our field, but also being innovators and early adopters of the best technology has to offer.
What is Infertility?

A normal fertile couple in their mid-20s having regular sex have a one-in-four chance of conceiving each month. This means that around nine out of ten couples trying for a baby will conceive within a year.

However, one in ten will not, and those couples are considered infertile. Infertility is usually defined by doctors as the inability to conceive after at least one year of trying. However, many couples can be helped by assisted conception treatments.

In addition, age plays an extremely important part. It is well known that the fertility of a female will continue to drop significantly over the age of 35 years.

When exactly should you seek specialist help?

For females under 35 years of age we recommend that you start to investigate your cause of infertility by making an appointment with one of our specialists after 12 months of trying to conceive. Females 35 years or older are recommended to investigate their cause of infertility after six months of trying to conceive. Recent research has also indicated that males over 40 years of age see an increased incidence of fertility problems.

Fertility treatments are methods used to help you become pregnant. The choice of one particular procedure will depend on the type (cause) of infertility which investigations reveal. But all treatments have one thing in common: the ability to give nature a helping hand, to prepare eggs and sperm so that they have a much better chance of fusing and fertilising to form an embryo and eventually a healthy pregnancy in the womb. For this reason, these treatments are collectively known as “Assisted Conception”.

Treatments now, are far more advanced than they were years ago, so many more people can become parents. But please understand that our specialist will always start with the most “natural” or least invasive treatment suitable for your situation. This does not always mean that you will need In Vitro Fertilisation (IVF), as is commonly thought.

Common female causes of infertility

There are a number of female factors that may require assisted conception. These include:

1. Quality of the uterine lining e.g. Endometriosis, in which womb tissue invades and damages neighbouring reproductive tissue.
2. Ability of the ovaries to produce eggs e.g. ovulation disorders that may prevent an egg from being released such as Poly cystic Ovarian Syndrome (PCOS).
3. Fallopian tube structure e.g. tubal blockage which prevents egg and sperm meeting.
4. Advanced maternal age is a major cause of infertility in women. The quality of a woman’s eggs decreases with age and can limit her ability to conceive.

Male causes of infertility

There are six main factors that determine the ability of sperm to fertilise an egg. These are:

1. the number of sperm present
2. sperm motility (ability to move)
3. direction and quality of movement
4. sperm morphology (the size and shape of sperm)
5. presence or absence of antibodies
6. integrity of the DNA in the sperm

Reasons for male infertility may be:

1. Structural abnormalities where either the shape or motility of the sperm is affected, preventing the sperm from either swimming to or binding with the egg.
2. Sperm production disorders. Either sperm numbers are reduced, or sperm are totally absent due to testicular failure or a complete obstruction.
3. Ejaculatory disturbances due to ejaculatory failure or impotence.
4. Immunological disorders.
Getting Started

How do I make an initial appointment with a City Fertility Centre specialist?

Whether you have seen other fertility specialists or this is your first time, you will receive an individualised comprehensive approach to diagnosis and treatment.

The first step to access fertility treatment at City Fertility Centre is to obtain a referral, from your GP, to one of our accredited fertility specialists. The form lists the City Fertility Centre specialists; you will just need to indicate to your GP which specialist you have chosen (further details on each of our specialists can be found on our website: cityfertility.com.au). City Fertility Centre is pleased to offer a guaranteed specialist appointment within ten working days, for new fertility patient referrals. Just contact our friendly staff for more information about this service.

Referrals from a GP last for 12 months, while a referral from a specialist is current for only three months. A current referral is required in order to claim the cost of specialist treatment back through Medicare. While you are waiting for a referral, please do not hesitate to contact one of our specialists for an initial appointment. As long as the referral is dated prior to the date of your first specialist appointment it is still valid.

The initial consultation

Your initial consultation with a City Fertility Centre specialist will allow him or her to gather all the relevant information regarding your circumstances, medical condition, and previous care in order to provide the direction for your future treatment. Both partners are encouraged to attend this appointment.

Your specialist will recommend further tests and investigations. These may include some of the following:

- Laparoscopic surgery
- Semen Analysis and/or Sperm DNA Testing
- Blood hormone testing
- Pathology screenings
- Pelvic ultrasound

Following your initial consultation you will have a clear understanding of the next stage of your treatment and will be given instructions regarding further diagnostic testing which you may need to undertake.

Possible early treatment options

Not all couples will need to proceed to the IVF stage of treatment.

Your City Fertility Centre specialist may recommend that you begin with more conservative fertility management such as Ovulation Induction (OI) or Artificial Insemination cycles. Please refer to our explanation of treatment section for further information regarding these procedures.

I just want more information

If you feel you are not ready to speak to a doctor but would like further information about fertility treatment options, please feel free to contact our centre regarding information sessions which you are welcome to attend.

Many of our information sessions are designed for both patients and the general public. We can assure you that you will not feel any pressure to begin treatment. These sessions are purely designed to give people a better understanding of the type of treatments available.

Feel free to visit our website: cityfertility.com.au for information regarding these sessions or simply contact City Fertility Centre on: 1300 354 354.

You will see your own specialist every step of the way.

Not all couples will need to proceed to the IVF stage of treatment.
Timed Sexual Intercourse

The chances of achieving a pregnancy are increased if sexual intercourse is timed to coincide with the woman’s most fertile day during her cycle. The City Fertility Centre specialist may use medication to stimulate the ovaries to produce one to two mature follicles or monitor a woman’s natural cycle. A pelvic ultrasound may be performed near ovulation time to show developing follicles and determine the appropriate days to have sexual intercourse to maximise the chance of fertilisation.

Ovulation Induction (OI)

The principle of Ovulation Induction (OI) is to stimulate the ovaries (with fertility drugs) to produce a small number of eggs, and to allow fertilisation to occur by natural intercourse or Intra-Uterine Insemination (IUI). Women most suited to this form of treatment are those with hormonal disorders and a condition known as Polycystic Ovary Syndrome (PCOS). Crucial for success is that intercourse or insemination is timed to coincide with ovulation which treatment has achieved. Monitoring of the response to treatment is, therefore, a vital part of the program, to maximise the chance of a successful pregnancy and minimise any risks.

Intra-Uterine Insemination (IUI)

Intra-Uterine Insemination (IUI) involves inserting sperm into your uterus. A fine tube is inserted into the opening of your uterus (cervix) where the “prepared” sperm is gently transferred inside. This procedure is usually done in the specialist’s rooms, you do not need an anaesthetic and you will be home the same day. Insemination is usually timed to your natural cycle. However, if there is difficulty with ovulation, eggs can be released using the Ovulation Induction (OI) method.

In Vitro Fertilisation (IVF)

Usually known by its initials IVF, this technique is the most well-known of fertility treatments. Your ovaries are stimulated to produce more eggs than in a natural cycle. Then the eggs are collected, in a minor surgical procedure. This requires a general anaesthetic. The eggs are then fertilised in the laboratory and the resulting embryos are incubated for two to five days. The healthiest embryo is transferred to your uterus, in a simple outpatient procedure. The remaining embryos can be frozen for use at a later time.

Intracytoplasmic Sperm Injection (ICSI) with Sperm Slow

Intracytoplasmic Sperm Injection (ICSI) is an In Vitro Fertilisation technique, where a single sperm is injected directly into an egg. This is usually done to overcome low sperm quality or a small number of sperm, or if sperm has been surgically retrieved i.e. testicular aspirate for azoospermic/vasectomy patients. At City Fertility Centre we use a medium called Sperm Slow during sperm selection. By using this technique the scientists are preferentially using the better-quality sperm. This technique is also known as PICSI and is standard practice with no additional costs. As with In Vitro Fertilisation, once the egg is fertilised, the embryos are incubated, then transferred back to you. Additional tests for male infertility also include Sperm DNA Fragmentation.

Further more tests such as: Pre-implantation Genetic Diagnosis (PGD) testing, which includes Comparative Genomic Hybridisation (CGH) and Advanced Embryo Selection (AES) are also available.

It is essential to maintain a healthy, well-balanced diet that will nourish your body to give you the optimum chance of becoming pregnant.

Please refer to our website for more detailed information on our treatments and services:

cityfertility.com.au

Optimising Your Chances

Although most women are aware of the fact that maintaining a well-balanced, nutritious diet is important to overall health, it is a lesser-known fact that a healthy diet is essential for your reproductive health and may increase your chances of becoming pregnant.

While there are certain foods that may increase your chances of falling pregnant there are others that may inhibit your chances. A balance is the key and choosing foods rich in Folic Acid, Iron, Calcium, Zinc, and Fibre all contribute to a healthy diet. Some foods to avoid include: caffeine, alcohol, processed foods, fat and high-fat diets. During fertility treatment, or indeed while trying to get pregnant, it is essential to maintain a healthy, well-balanced diet that will nourish your body to give you the optimum chance of becoming pregnant. It is also important to remember that a healthy diet does not go hand in hand with moderate regular exercise. For further information, City Fertility Centre has access to dietitians who are available for consultations.

Complementary therapies

Many women and couples receiving fertility treatment are interested in or may seek out complementary/alternative therapies to use in conjunction with their fertility treatment. There exists an ever-growing range of such therapies offering different kinds of help and support to people who wish to plan for a baby. These may include: aromatherapy and massage, acupuncture, yoga, meditation, naturopathy or Chinese herbs. Issues around fertility can cause an emotional strain on couples and there is a strong body of evidence which supports complementary therapies as having the ability to induce relaxation and reduce emotional and physical stress. City Fertility Centre works in conjunction with a range of alternative therapy practitioners to provide a holistic approach to fertility treatment.

For further information please contact City Fertility Centre on: 1300 354 354
Counselling

City Fertility Centre offers private and confidential counselling to all patients undergoing fertility treatment. We believe that to provide complete and compassionate care we must treat the person as a whole both physically and emotionally. We do not want patients feeling isolated or lonely as they go through fertility treatment and we do recognise that infertility can be an emotional rollercoaster for women and couples. We also acknowledge that fertility treatment itself can be very stressful. Counselling can help to support you through the investigative and treatment procedures and strengthen your ability to explore options available and make decisions about the future.

The sessions can also help in supporting you if treatment has failed or when there is a need to grieve, if you have suffered a loss. Counselling is also a necessary component of treatment for couples or women undergoing cycles using donor eggs or sperm. For further information, City Fertility Centre has access to psychologists who are available for consultation.

City Fertility Centre offers private and confidential counselling to all patients undergoing fertility treatment.
A Guide to City Fertility Centre Costs

Fertility treatment costs

With the assistance of Medicare, fertility treatment is now more affordable. There have been substantial reductions in the cost of many fertility treatments since the introduction of the Federal Government Medicare Safety Net program. The savings generated from these out-of-pocket cost reductions have made fertility treatment more accessible.

The first step is for you and your partner to meet with one of our fertility specialists who will take a detailed medical history, arrange investigations and plan the most appropriate treatment option for you. You will be able to claim approximately half of the cost of the specialist consultation back through Medicare. Following your consultation with a City Fertility Centre specialist, you will be given a booking for a complimentary pre-treatment information session. This service includes consultations with our highly trained specialised fertility coordinators, scientists and a member of the friendly Patient Services team. All aspects of your individual fertility treatment plan will be discussed with you at this time.

Not everybody will need to proceed to IVF treatment. Your fertility specialist may in fact recommend you begin with treatment options such as Ovulation Induction (OI), Private Insemination or Artificial Insemination. Private health insurance is not required for fertility treatments since the introduction of the Medicare Safety Net; individuals are automatically registered. Patients can register online using the Medicare website online services at: humanservices.gov.au/customer/services/medicare/medicare-online-services or by visiting Medicare or City Fertility Centre.

Medicare online

Medicare online is available at all City Fertility Centre clinics. This is a secure and convenient way for patients to claim their rebate without having to visit a Medicare office. Please contact your nearest Medicare office, or go online: medicareaustralia.gov.au/online to register your bank account details.

How the Medicare Safety Net works

The Medicare Safety Net reduces the out-of-pocket costs for eligible services provided out-of-hospital. This includes specialist consultations and outpatient IVF services. In order to be eligible the patient must register for the Medicare Safety Net and have reached the appropriate Safety Net threshold. All families and couples will need to register with Medicare for the Medicare Safety Net; individuals are automatically registered. Patients can register online using the Medicare website online services at: humanservices.gov.au/customer/services/medicare/medicare-online-services or by visiting Medicare or City Fertility Centre.

City Fertility Centre is pleased to offer a “no up-front-fees” payment plan.

How does Private Health contribute?

The appropriate level of private health insurance will provide either partial or full cover of costs associated with private hospital/day surgery and anaesthetic charges, for IVF related procedures. Medicare will not pay anything towards private hospital fees. It is important to contact your private health fund to find out if your selected insurance level covers fertility treatment and whether you have served the relevant waiting periods. City Fertility Centre recommends that you contact your private health fund for an estimate of any excess or co-payments that may be required.

Private health insurance is not required for fertility treatment options such as Ovulation Induction (OI) or Artificial Insemination.

Medications and PBS Safety net

Fertility medication for your treatment cycle is provided via a prescription obtained from your fertility specialist and dispensed through either a community pharmacy or a private or public hospital pharmacy. Patients that are eligible for the Pharmacy Benefits Scheme (PBS) will pay a co-payment to the Pharmacy per prescription. The PBS Safety Net threshold reduces the co-payment rate once reached. In order to access the Safety Net arrangements, you need to maintain records of your PBS expenditure on a Prescriptions Record Form. These are available from all pharmacies. You can combine your family’s PBS amounts to reach the PBS Safety Net threshold sooner.

No up-front IVF fees payment plan for IVF

City Fertility Centre is pleased to offer a “no up-front-fees” payment plan to assist patients with the financial obligations of IVF treatment. The flexible payment plan allows patients to commence their IVF cycle, with payment delayed until the day prior to egg collection. The primary outcome of the “no up-front-fees” initiative is that patients are only out of pocket for two to three working days before the Medicare rebates are returned to their nominated bank account. Previously, the waiting time could be up to 21 days before any rebates could be claimed.

Our cost structure will vary depending on the level of treatment you and your partner require. As each treatment cycle is structured to suit individual needs, there are also many different combinations of billing options. In addition to the information below, as part of your complimentary pre-treatment information session, a member of the City Fertility Centre Patient Services team will provide you with a detailed individual financial quote. If you have any questions regarding treatment fees, Medicare and private health rebates prior to this, please do not hesitate to contact our friendly Patient Services team on: 1300 354 354.

Unlike the majority of other clinics, City Fertility Centre does not charge an initial registration fee for standard IVF services.

Introduction to Fertility Treatment | your questions answered

Contact City Fertility Centre on: 1300 354 354. Please do not hesitate to contact our friendly patient services team on: 1300 354 354.

Introduction to Fertility Treatment | your questions answered

City Fertility Centre is pleased to offer a “no up-front-fees” payment plan.

Introduction to Fertility Treatment | your questions answered
Frequently Asked Questions

How do I know if I may be infertile?
Infertility is defined as the inability to conceive for 12 months when having unprotected intercourse. The majority of women will fall pregnant within six months of trying. If a longer period has passed, there may be something else going on and we suggest an initial consultation with a fertility specialist for further testing and advice. For women over 35, infertility is defined as the inability to conceive after six months of unprotected intercourse.

Which City Fertility Centre specialist is right for me?
City Fertility Centre has male and female specialists who are all highly qualified and experienced in treating infertility. Our website has detailed information about all of our specialists, which may assist you to make a decision regarding the best one for your needs.

Do I need a referral from my GP?
Yes, your GP will provide you with a 12-month referral which you will be required to bring to your initial consultation with your City Fertility Centre specialist. You may also obtain a referral from a specialist, but please note that a referral from one specialist to another will only be valid for three months.

Do you have a waiting list?
City Fertility Centre will guarantee an appointment with a City Fertility Centre specialist within ten working days of your initial enquiry.

Do I have any lifestyle or diet restrictions during this process?
Think of this time as the preparatory period for a pregnancy. Light exercise, healthy fresh foods, vitamins and rest are recommended. It is best to abstain from alcohol, quit smoking and not take any harmful substances, including recreational drugs.

Do you have a patient support group?
Yes, City Fertility Centre offers all patients complimentary membership to ACCESS, a national infertility support group. ACCESS provides online services which include comprehensive information about fertility treatment and online chat groups. You can find out more at: access.org.au

City Fertility Centre Quality Management System
City Fertility Centre is committed to providing quality care every time. To ensure that your care is the best it can be City Fertility Centre has a Quality Management System in place that is patient centric.

The management system is certified by an independent external auditing body to ISO 9001:2008 (a globally recognised standard) and Reproductive Technology Accreditation Committee (RTAC).
In order to continuously seek out improved methods of care the team at City Fertility Centre constantly audit the system, seek to be better than industry standard and welcome your feedback.

Interpreter Services
Effective professional practice requires both parties to have a clear understanding of each other. Accurate communication between people who have different language needs is essential.

Your Privacy
City Fertility Centre respects your right to privacy. Therefore, we are committed to managing your health information in a respectful way by adhering to the privacy principles contained within the Privacy Act 1988(Cth) and the Health Records Act 2001.

City Fertility Centre has strict policies with respect to who has access to your medical records.

Access to your health information
• Your medical history will be shared with service providers such as pathology and ultrasound.
• In an attempt to improve patient care and safety, your medical record may be inspected for clinical audit by external bodies such as the Reproductive Technologies Accreditation Committee (RTAC).
• Identified information is shared with national bodies such as the Health Insurance Commission (HIC), the National Perinatal Statistics Unit (NPSU), National Association of Testing Authority (NATA) and Reproductive Technologies Accreditation Committee (RTAC).

City Fertility Centre has strict policies with respect to who has access to your medical records.

• Health funds also receive information relating to treatment(s) you have received.
• City Fertility Centre may be required by law or by regulatory bodies to release information.

These bodies have strict policies relating to access and use of your health information that protect your rights. City Fertility Centre has strict policies with respect to who has access to your medical records. These policies are contained within our Privacy Policy which is available at: cityfertility.com.au or on request.

City Fertility Centre general consent forms contain our Privacy Collection Statement and require you to agree to our Privacy Collection Statement and our Privacy Policy. We will ask you to sign these forms prior to any Assisted Reproductive Technology (ART) treatment.
Adhesion
In infertility, the sticking of ovaries, tubes, uterus, bowel and abdominal lining to one or more of each other so as to affect fertility. This may follow pelvic surgery, tubal infections or endometriosis.

Anovulation
The absence of ovulation. A period may still occur.

Antibody
In infertility, a compound in the blood, mucus or semen which interferes with normal sperm function.

Azoospermia
The absence of sperm in seminal fluid due to blockage of sperm ducts or impairment of sperm production.

Cervical mucus
Secretions produced by the cervix, which, at the time of ovulation, assist the passage of sperm through the cervix.

Cervix
The lower part of the uterus that connects with the vagina.

Comparative Genomic Hybridisation (CGH)
Genetic Screening used to test for genetic disorders which involves direct examination of the DNA molecule itself.

Clinical pregnancy
A positive hCG test and the presence of a fetal heartbeat in ultrasound.

Donor egg (oocyte)
Eggs taken from one woman and donated to another.

Donor sperm
Sperm collected from a man who is not the woman’s partner to be used for Artificial Insemination or for IVF.

Ectopic pregnancy
A pregnancy in which the fertilised egg implants anywhere but in the uterine cavity, usually in the fallopian tubes, or rarely the ovary or the abdominal cavity.

Ejaculate
Semen ejected from the penis.

Embryo cryopreservation
The deep-freezing of embryos not transferred fresh.

Embryo transfer media
Specially designed embryo transfer media containing hyaluronic to enhance implantation.

Embryo transfer
The placement of embryos into the womb or fallopian tubes using a fine catheter.

Endometritis
A presence of endometrial tissue (the normal uterine lining) in abnormal locations such as the tubes, ovaries and peritoneal cavity.

Endometrium
The lining of the uterus which grows and is shed each cycle.

Fallopian tubes
A pair of narrow tubes that carry the egg from the ovary to the body of the uterus. Fertilisation occurs in the outer end of the tube.

Fertilisation
The penetration of the egg by the sperm.

Fibroids
A benign tumour of fibrous tissue that may occur in the uterine wall. May be totally without symptoms or may cause abnormal menstrual patterns. They rarely cause infertility.

Fetus
The developing human after embryo stage from the ninth week of pregnancy to birth.

Follicle
The cells surrounding a developing egg in the ovary.

Follicle Stimulating Hormone (FSH)
A hormone from the pituitary gland, which is essential for the growth of ovarian follicles in the woman and sperm production in the man.

Follicular phase
The first half of the menstrual cycle when ovarian follicular development occurs.

Gamete
The male or female reproductive cells, the sperm or the egg.

Gamete Intra-Fallopian Transfer (GIFT)
Mimics natural conception more closely than IVF. In GIFT, eggs are collected from the female partner but instead of being taken to the laboratory for fertilisation, the eggs plus the previously collected and washed sperm are placed directly into a normal fallopian tube using a fine sterile plastic tube. This is an outdated procedure that is rarely used today. There is no greater pregnancy rate compared to IVF.

Hatching
The process that precedes implantation by which an embryo at the blastocyst stage separates from the zona pellucida.

Hormone
A chemical produced by an endocrine gland in the body which circulates in the blood and has widespread action throughout the body.

Hysterectomy
The removal of the uterus.

Implantation
The embedding of an embryo in the endometrium of the uterus.

Infertility
The inability to conceive after 12 months of unprotected sex or carry a baby to term.

Intra-Uterine Insemination (IUI)
The placement of prepared sperm into the womb using a fine catheter.

In Vitro Fertilisation (IVF)
The procedure by which the eggs from the female partner and the sperm of the male partner are mixed in the laboratory. Provided fertilisation occurs in the laboratory and the resultant embryos look normal, they are transferred into the uterus (womb) of the female.

Intracytoplasmic Sperm Injection (ICSI)
This term refers to the direct injection of a single sperm into the substance (called cytoplasm) of the egg, thus the term ICSI refers to Intracytoplasmic Sperm Injection. This microinjection procedure is used for the more severe forms of male infertility.

Intracytoplasmic Sperm Injection (ICSI)
This procedure involves injecting a single sperm directly into the egg. It is rarely used today. There is no greater pregnancy rate compared to IVF.

Intracytoplasmic Sperm Injection (ICSI)
This term refers to the direct injection of a single sperm into the substance (called cytoplasm) of the egg, thus the term ICSI refers to Intracytoplasmic Sperm Injection. This microinjection procedure is used for the more severe forms of male infertility.

Laparoscopy
A surgical investigation that uses a telescope-like instrument to view the pelvic organs.

LH surge
The release of large amounts of Luteinising Hormone (LH), which triggers ovulation in a normal menstrual cycle.

Luteal phase
The days of a menstrual cycle following ovulation up to menstruation.

Luteinising Hormone (LH)
A hormone secreted by the anterior lobe of the pituitary. Its main function is to mature and release the egg.

Male-factor infertility
Group of patients where the partner’s sperm is below normal limits and special techniques are required to prepare the semen for fertilisation.

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Group of patients where the partner’s sperm is below normal limits and special techniques are required to prepare the semen for fertilisation.
**Microinjection**
The direct injection of a sperm into the substance of the egg to produce fertilisation. This technique is used when there are very few sperm in the ejaculate, when the sperm show poor motility or abnormal structure, have been obtained from the testis or have previously failed to fertilise in conventional IVF treatments. This technique is also called ICSI, which stands for Intracytoplasmic Sperm Injection where the term ‘cytoplasm’ refers to the substance of the egg.

**Oestrogen**
A hormone produced by the ovary in increasing amounts prior to ovulation.

**Oligospermia**
An abnormally low number of sperm in the seminal fluid.

**Oocyte**
The egg cell produced in the ovary, also called ovum, egg or gamete.

**Ovulation**
The release of a mature egg from the ovary.

**Ovulation Induction (OI)**
The use of medication to promote ovulation in women who normally do not ovulate.

**Pre-implantation Genetic Diagnosis (PGD)**
Pre-implantation Genetic Diagnosis (PGD) tests early-stage embryos produced through In Vitro Fertilisation (IVF) for the presence of a variety of conditions. One cell is extracted from the embryo in its eight-cell stage and analysed. Embryos free of conditions that would cause serious disease can be implanted in the uterus and allowed to develop.

**Progesterone**
Hormone produced by the corpus luteum after ovulation. Progesterone is important for its role in preparing the lining of the womb for implantation of the fertilised egg.

**Testicle**
The male sex gland, which produces testosterone and sperm.

**Testicular Sperm Aspiration (TESA)**
A procedure in which spermatozoa are obtained directly from the testicle by either aspiration or surgical excision of testicular tissue.

**Vaginal ultrasound**
Technique used to visualise the female reproductive system. This ultrasound can detect the presence of cysts and other problems, follicles or pregnancy.
Notes

For Further Information

Surfing the Net

Websites for further information include:

www.fertilitysociety.com.au
www.access.org.au

If you would like any further information or would like an informal chat with one of our fertility coordinators, please do not hesitate to call us on: 1300 354 354 or visit our website:

cityfertility.com.au

Alternatively, please phone: 1300 354 354 if you would like us to make you an appointment with one of our highly qualified specialists.
Contact

Call 1300 354 354
Email contactus@cityfertility.com.au
Visit cityfertility.com.au