Ovarian Stimulation

A) Stimulation
The ovaries are stimulated with medication to promote the growth of follicles containing the eggs.

B) Control
The response of the ovaries is monitored with ultrasounds and/or blood tests, to control the size and quantity of follicles.

C) Egg Release
To assist with the final maturation of the egg and loosening of the egg from the follicle wall, an injection of Human Chorionic Gonadotrophin (hCG) - the trigger - is administered.

Egg Retrieval

D) Egg Retrieval
The egg retrieval is performed 35-38 hours after 'the trigger' under ultrasound guidance, and takes place while you are sedated.

Fertilisation

E) Insemination
The sperm sample is washed and concentrated, then added to the eggs or injected into the egg using Intracytoplasmic Sperm Injection (ICSI) approximately 4 hours after retrieval.

F) Fertilisation
The dishes are placed in an incubator and checked for fertilisation 16-18 hours after insemination.

G) Culture
Grow in lab for 2-5 days.

Embryo Transfer

H) Embryo Transfer
The embryo chosen for transfer is loaded into a transfer catheter which is passed through the cervix into the uterus, and gently released. Generally, only one embryo is transferred, in exceptional cases two.

I) Vitrification
The good quality embryos that are not transferred are frozen and stored. Frozen embryos can be used in subsequent cycles if the first cycle is not successful or sibling pregnancy.

Luteal Phase & Pregnancy Test
The Luteal Phase is the two-week period between embryo transfer and the pregnancy test. You will be encouraged to limit your activity for 24 hours after the embryo transfer.

Your pregnancy blood test will be approximately 14 days after embryo transfer.

Women contemplating fertility treatment should be aware of the possible risks, some of which are comparable to those of elective surgery. We encourage you to discuss these with your treating specialist.