

Appendix. The Couples' Guide to In Vitro Fertilization Treatment

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This contribution is presented as an appendix. It is an explanation of in vitro fertilization and embryo transfer by one of our patients, Isabel Bainbridge, and is specifically prepared in a style to explain the procedure to patients. Much of the difficulty in running an IVF programme relates to patients' understanding of what is happening before, during and after treatment. An explanation, such as this, but modified to suit the programme of each IVF Centre, can be given to each patient entering treatment.

1 Introduction

During IVF treatment, IVF couples are asked to make some very special decisions about their bodies, their lives and the life of their future child. They are the only ones who can make these important decisions which will affect the rest of their lives, so it is of vital importance that they come to a well-informed decision. They need education to improve their understanding of their infertility and of the whole IVF process. The IVF team has very little time to provide all the education that is needed about the treatment at a time when the couple is most suitably receptive. Many people are so anxious in a doctor's surgery that they do not hear some of the important information they are told. At times of severe stress, such as when they are told that they are infertile or when an unexpected or unwanted change is introduced into their lives, they may not be listening. Since education and communication are very important parts of IVF, an effective way of communicating is to provide couples with written material before they commence treatment. They can then read this at their leisure when they are able to concentrate on the information.

1.1 Welcome

Soon you will be attempting to have your own "very special baby". Have you ever considered that your baby may need "very special parents?" Is it possible that your baby is waiting for you two to become "very special parents" before she or he is born?

As potential "special parents", what can you start learning or doing now that will improve your health and lifestyle? So that IVF may be successful for you, you

will need to prepare yourself physically, emotionally and financially before your treatment begins.

2 Health Preparation

Are you underweight or overweight? Being overweight while pregnant can cause extra problems for you, your baby and your doctors. Health experts suggest that you should be no more than 10% under, or 20% over, the weight given on the usual weight-for-height charts.

Do you smoke or drink? Women who smoke or drink heavily during pregnancy cause damage to the placenta which affects the fetus.

Are you healthy enough for your operation and fit enough to become pregnant? Do not wait until you are pregnant to start exercising. Sudden unusual exercise in early pregnancy is not encouraged and may even be harmful.

Are you permanently overanxious? Can you relax? It is important for your IVF treatment and your life that you can. Unresolved anxiety during pregnancy can effect the fetus.

2.1 Your Health Is Your Responsibility

These days, responsibility for your own health is considered an important moral issue and the following guidelines have been set down by the Australian Health Commission. It is important that you become as responsible as possible in this area, especially since health care services are becoming increasingly more costly for the community to provide.

The guidelines include the following suggestions:

- 1) Balanced healthy diet—breakfast + two other meals a day.
- 2) Sleep—a regular 7 to 8 h each night.
- 3) Moderate exercise—30 min at least three times a week or at least 10 min of aerobic exercises each day.
- 4) Cut smoking to a minimum or stop completely.
- 5) Cut alcohol to a minimum or stop completely.
- 6) Cut any form of drug and medication abuse, e.g. excess coffee and tea intake can cause harmful levels of caffeine in your body.
- 7) Prevent and control obesity.
- 8) Reduce the dietary content of fat, sugar and salt.
- 9) Increase intake of water, fruit, vegetables, bread and cereals (this includes unprocessed bran).
- 10) Lead a reasonably accident-free lifestyle.
- 11) Use community health immunization programmes which offer vaccines for polio, rubella, tuberculosis etc.
- 12) Educate yourself—what more can you learn about the world you live in? What can you learn or do that will help to improve your chosen lifestyle? If you have a

health problem, find out from books or self-help groups. Learn the things that you can do either to overcome the problem or live with it more successfully.

13) Have an occupation or lifestyle with which you are reasonably satisfied. It is important for mental health that you feel you are of some use to society, and that you feel that your life has some purpose to it. Do seek help if you feel unduly depressed or anxious or if you feel that your life has no meaning.

2.1.1 While You Are Waiting

The most important thing to do is to enjoy the life you are leading right now. Enjoy your friends, your extra money and your freedom.

Most couples with young children envy your freedom and your extra money. One day you too may envy the special freedom that a childless couple has.

There are three things that are gone beyond recall: the spent arrow, the spoken word and the lost opportunity.

2.1.2 Alternative Lifestyles

Many couples reach a stage when they decide that they want to start adding to their family by having children. If they cannot achieve this easily, they seek help from their doctor who will investigate the delay. The couple are told they have an infertility problem and simultaneously they are also told of one way to solve it. Nowadays, treatment usually follows fairly promptly. However, there are a number of alternative choices you have if you find you have an infertility problem and it may be an idea for you to look at all of these alternatives.

Your infertility may be solved by adopting, fostering, in vitro fertilization or artificial insemination, or childfree living, to mention a few main options. When you find you are infertile, you may be overwhelmed by the feeling that you no longer have any choice over your fertility. Try looking at some of the alternatives and you will realize you do have some choices and options. Having IVF treatment will mean that you will have to make plenty of decisions that will open up aspects of living that you have not encountered before.

2.1.3 Adoption

If you are in the right age group, I suggest that you give serious thought to the alternative of adoption. You can leave your name on the IVF waiting list. This does not imply that you should have IVF treatment while you are in the process of adopting, but simply that should you wish to return and take up the option of IVF treatment, you can. At present the IVF success rate is about 5% to 20%, depending on which team you are being treated by, so only a few pregnancies are confirmed each month. This means that currently you have a 70%–95% chance of never becoming pregnant.

You may find more happiness by adopting first and having your IVF treatment later, than by pressing hard for your “in vitro” baby only to find that you are not successful *and* that you are too old to adopt.

At present, most Australian adoption agencies require you both to be well under 35 years old when you apply to join a waiting list. You will be required to attend information sessions and interviews before you will be accepted on a

waiting list—which can be from 2 to 10 years long depending on which state or town you live in and on which adoption agency you apply to. Also it is highly likely that you will only ever be able to adopt one child and for those of you who had originally planned to have a family of more than one, this is another concept of your life which may need reconsidering.

2.1.4 Childfree Living

One alternative available to you is often overlooked. You have a right to decide to remain childfree. In examining and restructuring your life, you may find many other areas of your life in which your creativity is abundant. Consider this carefully; at any point in your investigation or IVF treatment, you can call it quits and opt for a life not centred around children. An increasing number of couples who find IVF impossible or unsuccessful, and for whom adoption is inappropriate, are realizing that they can reconsider their values and life plans and come to terms with the idea of a life that is childfree.

2.1.5 Relaxation

There will be times in your treatment when you will need to know the art of relaxation. It is important that you can help each other. You may like to attend a relaxation class together and then practise what you have learned. If your IVF treatment is successful, then your newly acquired skill will help while you are in pregnancy and in labour.

Yoga is an excellent form of exercise and relaxation.

Have you ever thought of learning the art of massage? There is nothing like a good massage. Touching and being touched is a form of healing and can be very beneficial for body and soul.

2.1.6 Other Knowledge Will Help You Too

If you have a career, have you thought about advancing up the ladder while you are waiting? Your wait for a baby may be a long one and it may help to have something other than the struggle for pregnancy to concentrate on while the time passes.

If you do not have a career, what aspects of your life can be improved? A hobby or special interest, e.g. a small business, may be developed during this time. This will bring you into contact with others in your own special way. It is very important to develop your sense of self-worth and belonging in fields other than your baby. Infertility can be so self-destructing for some that you need to build up a number of other aspects of your life to guard against this self-destruction.

The art of communication is important with your partner. I am not talking about your ability to self-express, but the ability to communicate with your partner effectively. Some may need marriage guidance or help from a counsellor during this time. Try not to see this as the end of your marriage but as the two of you learning new skills to help you grow as you cope with your changing world. To do this you need a person to guide you for a while, just as your teachers did at school.

2.1.7 Financial Preparation

It is important that you are aware of the costs of IVF treatment for it is very likely that you will have to pay the whole bill or at least a proportion of it. During a usual treatment cycle you will have to pay for ovulation monitoring tests, hospitalization, operation, laboratory fees and postovulation tests and also a number of other expenses which you may not be aware of. It is important to know about these costs as early as possible so that you can plan ahead and make appropriate decisions about payment.

2.1.8 Health Insurance

In July 1982, a Melbourne couple had one average complete IVF and ET cycle during which the woman was hospitalized for 5 days. They were covered at the highest rate by their health insurance and received bills totalling \$2500, of which the health insurance company paid \$1750. They had to find \$750 to pay for their bills. Not all cycles are as high as this; the usual amount is \$400–\$500. There were also a number of other hidden costs that the couple had to save for and pay.

2.1.9 Hidden Costs

- 1) Time off work.
- 2) Highest cover for health insurance means paying the highest premiums even though you are normally extremely fit and healthy and very rarely seek medical attention other than for your fertility investigations.
- 3) Travel and accommodation costs.
- 4) Psychological services. Infertility and IVF treatments often put a great strain on couples and the cost of counselling should be considered as health insurance funds do not always cover such services adequately.

3 Preparation for In Vitro Fertilization Treatment Tests

The menstrual cycle is the number of days from the *first day* of full flow of your monthly period (menstruation or bleeding) to, and including, the first day of full flow of the next period. This means you count the first days of the two periods and all the days in between.

The *first day* of the period is taken as the first day that the full flow of bleeding is occurring when you wake up. Each month write down on a calendar the first day of full flow and also any days of spotting. You can then work out your own cycle length. You may be required to start your temperature chart some months before IVF treatment begins and this must be accurate.

3.1 Temperature Charts

During your treatment cycle you must continue to take your temperature every day until you are asked to stop. This *includes* the days you are in hospital *and also*

after you go home. Keep on taking it even if you think you are not pregnant. Take your current temperature chart and both of your thermometers with you to hospital.

3.2 Sperm Donations

For many infertile couples, a good sex life comes from not having to worry about contraception, but it is only a small compensation for their childlessness. The problem of masturbation for sperm tests can be one of the many problems to be overcome for those who want to become parents and have a child.

Society seems to think that all men masturbate with great ease and that they can all produce sperm on command. This is not so, and some couples have problems not only in producing sperm for various tests before their infertility treatment begins, but especially on the crucial “in vitro” operation day. There is plenty you can both do about this beforehand. You need a patient and understanding partner, plenty of “turn ons”, a good imagination, and a great sense of humour and a good relationship with each other to tide you over the thin patches. Those massage and relaxation classes could come in useful here.

A handy hint from one IVF husband who had problems: “Go on a tour of a few sex shops in town and analyse what turns you on—be it magazine, tape, video or other device.” Whatever it is, buy it, the money will be well spent on this occasion for IVF.

3.3 Working Women

If you have a job or profession, such as teaching, where it is almost impossible for you to have time off work without plenty of warning, decide which months would be most suitable for you to have your treatment; then contact the IVF clinic and give the sister at least three possible dates when you will be available for treatment.

3.4 Before In Vitro Fertilization Treatment Commences

There are a number of time-consuming investigative tests that must be performed before you can have IVF treatment.

Wife:

- 1) *Rubella.* If the results of blood tests show that you have no rubella antibodies, you will have to have a rubella vaccine at least 3 months before you can start IVF treatment.
- 2) *Pretreatment laparoscopy operation.* To check that the contents of your pelvis are normal, that both of your ovaries are accessible.
- 3) *Basal temperature chart.* Take and chart your temperature each morning for some months before IVF treatment begins.

Husband:

Two semen analyses. This includes collection and analysis on the day of your wife's laparoscopy.

3.5 From Waiting List to Treatment List

After you are accepted on the IVF programme, you *must* write down the first day of menstruation each month until you begin treatment. Do this even if you are not intending to start treatment for a year or two as it will be important to be able to refer back to these dates when you commence your treatment.

At present the IVF waiting list is about 2 years long and the IVF team accept about 15 couples each week for treatment; of these, only about 12 will actually reach the laparoscopy stage and about 10 will reach the embryo transfer stage. The average success for those who reach embryo transfer is about 20%, with one or two pregnancies confirmed each week.

3.6 Reasons for Possible Postponement of Treatment

1) If the results of tests taken before your operation are not normal, it is possible that your laparoscopy may have to be cancelled, even as close as 30 min prior to your operation. For example, if the ovaries are only producing low amounts of hormones, or if your eggs fail to develop properly, it will be pointless to waste time operating if the chances are very high that no eggs will be found at pick-up, for you would both be extremely disappointed. It is team policy only to operate if they can be reasonably sure of picking up mature, healthy eggs. Even so, they sometimes miscalculate and eggs are not found even when the hormone levels appear normal.

2) If you have an unusual cycle in the month before your treatment. For instance, abnormal bleeding or pain etc, or if either of you has had any severe illness.

3) If a number of couples phone the IVF clinic on the same day, preference is always given to couples who have waited longer than you or to those who have failed the month before due to a number of unforeseen circumstances.

3.7 Taking Time Off Work for Treatment

If you work, you must let your boss know in advance that you will probably be away from work for at least 1 week and possibly 2. For the 10 days prior to hospitalization, you may be arriving late for work each day.

You must be prepared to attend the clinic each day for tests and to be close to a telephone each afternoon for any results to be phoned through to you. You will have an appointment for an ultrasound test to attend (probably in the morning) on about day 10 to 12. You will enter hospital on about day 12 and can expect to remain there for about 5 days. After you come out of hospital, you will be required to attend the clinic for two blood tests about a fortnight after the laparoscopy.

4 Treatment Cycle Tests

Some investigative tests must be carried out before the first week of your treatment cycle.

Husband:

Semen analysis—a preoperative analysis checks for signs of infection. If any bacteria are found, you will be given an antibiotic to take for the few days before your wife's laparoscopy.

Wife:

Vaginal swabs—for bacteriology also. In a treatment cycle, ovulation is stimulated to help you ovulate at a particular time in the month. So your tests have to be precise and the results accurate. If you understand the tests you are having, you can often help the team a lot, so saving yourself time and money.

4.1 Means of Estimating Time of Ovulation

- 1) History of previous menstrual cycles
- 2) Temperature chart
- 3) Blood or urine tests for hormones
- 4) Vaginal mucus tests
- 5) Ultrasound
- 6) Urine tests

4.2 Ultrasound or Sonar Scan

Ultrasound is a picture taken of your ovaries and follicles to find out:

- 1) How many follicles are developing
- 2) Where the follicles are on your ovaries
- 3) At what rate the follicles are growing

Ultrasound is very simple, like an x-ray. *You must* have a full bladder for this test but not so full that you are in agony. You may be told to drink six glasses of fluid 1 or 2 h before your ultrasound.

5 In Hospital

Learn as much as you can about the IVF treatment before you enter hospital. Some of the hospital staff may be unable to answer your questions since IVF is a very individual and new method of treatment for infertility. If you are unsure of something while you are in hospital, ask any member of the IVF team who will be in the hospital daily.

There will be many pressures on you both while you are in hospital and relations between you can become strained with these extra anxieties. During this time in hospital you may leave your ward, with or without your partner, at any time

providing this does not interfere with urine collections, operation, embryo transfer, doctor's visits or any other treatment you may require. Whenever you leave the ward *you must* tell the sister in charge where you are going, where she can contact you and the time by which you intend to return. The ward sister will notify the IVF team in case they have the results of some test which means that it is important for you not to go out.

You may like to go out to lunch/dinner or the cinema/theatre or simply for a walk to a nearby park. Whatever you do, enjoy it! Remember it is part of your relaxation.

5.1 Urine Tests

In hospital, ovulation is estimated by the amount of hormones found in your urine. You may be asked to start your 3-hourly urine tests before you reach hospital, or as soon as you arrive in hospital.

The IVF team uses the hormone levels in your urine to determine ovulation. It is important that your urine contains a normal concentration of water and the body's waste products. If you drink too much or too little fluid, then the ratio of water to waste products (in this case—hormones) is altered and this upsets the accuracy of the hormone tests. Inaccurate results will lead to your doctor making the wrong decisions about your IVF treatment.

5.2 Blood Tests

Every morning at about 7.30 a.m., 3 ml of your blood will be taken for hormone assays to estimate the levels of oestrogen and progesterone in your blood.

On the first morning that you are in hospital, 23 ml of blood are taken: the usual 3 ml as above and an extra 20 ml which will be used to provide the serum needed for the nutrient medium that the egg grows in.

Before you are given an hCG injection, a further 5 ml of blood is sometimes taken to estimate the levels of oestrogen and progesterone.

Before your embryo transfer another 5 ml of blood may be taken for the same purpose.

5.3 Mucus Tests

Vaginal mucus tests will only be performed daily in hospital if the IVF team feels that this is necessary. This test is used as an extra check.

6 Ovulation and Laparoscopy

The IVF clinic sisters and other members of the IVF team will visit you while you are in hospital and will discuss your treatment with you. They will let you know of any changes that have to be made and what will happen at the embryo transfer.

Depending on the results of your tests, when you are nearing ovulation, you may be given an injection of hCG and then your laparoscopy operation will follow about 32 h later; this is a “controlled cycle”. If the IVF team decides you do not need to have hCG because you have already started to ovulate on your own, you will have a “natural cycle”. Do not be alarmed if other IVF patients in hospital are given different hormones at different times from you. Each person ovulates in her own individual way and not everyone needs hCG.

A few hours after your IVF laparoscopy operation, your partner will have to collect a sperm specimen. He will be told what time to do this just after your operation. If he has difficulty obtaining this at the hospital, he must discuss this with the team well beforehand.

6.1 Husband Present for Treatment

The team is very happy for you to go through your treatment together and is pleased if your husband wants to be with you. *But* he is only welcome if he is there to support and help you.

6.2 Embryo Transfer

After laparoscopy you will have to wait about 24 h, till your egg is fertilized and begins to divide. The egg is kept in a special fluid or medium in an incubator in the laboratory. When the egg has divided to reach either two or four cells, it is ready for transferring back into your uterus. One hour before your embryo transfer you will be given 10 mg of Valium, which is a muscle-relaxing agent, so that you will feel calm and the muscles of your uterus are less likely to contract during the transfer. Your husband is welcome to accompany you if you both feel happy about this and if he is able to help with your relaxation. You will not require a general anaesthetic for this procedure, which is very similar to a vaginal examination.

At embryo transfer a very thin tube is passed through your cervix so that the embryo can be put back into your uterus. It is important that the cervix or neck of the uterus is not disturbed, as it can easily be stimulated to start tiny contractions of the rest of the uterus (too minor for you to feel), which can push the minute embryo out.

Usually there is no problem with placing the tube gently through the cervix. Rarely, a woman will have an extremely tight and oversensitive cervix. In this case she is given an epidural anaesthetic which will numb the cervix and stop it reacting to the tube.

7 Time To Go Home

After the embryo transfer, you will be asked to rest for about 10 minutes in theatre, then 3 h in hospital, after which you may go home. The sisters will let you know when to attend the IVF centre for more blood tests for pregnancy in the following weeks.

Remember to keep taking and charting your temperature each morning.

7.1 After Embryo Transfer—More Blood Tests

In the next 2 weeks you will have blood tests on day 12 and day 14 following the laparoscopy. The team will be looking for a rise of the hormones which will show you are pregnant.

If your period arrives, please telephone the IVF office that day and let the sisters know.

7.2 Sorry—No Sex Until You Know if You Are Pregnant or Not

It is really important not to have intercourse or an orgasm before your pregnancy is confirmed or before you begin to menstruate.

7.3 Post-In Vitro Fertilization

For the 2 weeks after your operation, you may feel like many other IVF women who feel in a semipanic situation. It is a very difficult 2 weeks for most couples. At times like these, you will need some good friends to talk to. If you have ever been to relaxation classes or you have a special hobby, an absorbing interest, or some understanding friends, now is the time to make the most of your time.

7.4 The In Vitro Fertilization Clinic

If your “in vitro” treatment has not worked for any reason, you will want to know why. You have the chance to ask your questions at a special IVF clinic. The couples who have not conceived can meet with their doctors, the scientists and the clinic sisters to discuss the procedures and problems encountered during their treatment cycle.

8 Answers to Questions Commonly Asked About In Vitro Fertilization Treatment

Q. Can my partner be with me during treatment?

A. Yes. Providing he is there to support you.

Q. How long will I need to be off work?

A. About 2 to 3 weeks.

On about day 12 to 14, you will be required to go into hospital. If the treatment goes as planned, you will be in hospital about 4–6 days.

On about day 26 and day 28 of your treatment cycle you will have more blood tests.

Q. Who do I contact if I have a problem in hospital?

A. Small problems tend to mount into big ones when you are at a crisis point in your life, and IVF treatment presents such a crisis. You may begin to feel upset, confused and rather helpless. What can you do to help the situation? The best thing is to ask to speak to a member of the IVF team who visit the ward daily.

Anxiety states often flare during your treatment cycle; this is normal. Many couples have told me that they had their biggest and best arguments on their way into hospital. You are both under a lot of pressure to succeed at this time and many things can leave you feeling rather overwhelmed.

Constant high anxiety may cause IVF women to ovulate early or late.

Q. How many times can I have IVF treatment?

A. You may have as many attempts at IVF as you wish. The decision to stop must come from you: it is your life and you can decide what to do with it. You alone know what time limits you want to set on your goals and ambitions and also on your infertility. Many couples find their finances and spirits flagging after a number of unsuccessful IVF treatments.

If IVF treatment has not worked for you after one or two attempts, for no apparent reason, you may like to plan a break in your treatment for a year or two before you try again. Remember, there are many causes of infertility that are not yet known or understood. The IVF teams have made great discoveries in recent years and there are many more to come, so do not give up hope if you are not ready for that yet. Allow yourself time for a break and give the team time to work on your problem.

Q. What are the criteria for IVF treatment?

A. You must have a uterus and ovaries that function reasonably well. You must be reasonably fit and healthy. You must be prepared to wait your turn on the waiting list. You must be prepared financially. It must be possible to reach your ovaries with reasonable safety at your operation and, if you have a lot of adhesions surrounding your ovaries, you may be told to stop treatment. You must be prepared to stop if you or the IVF team feel that your general health makes it unwise for you to continue.

Q. How long between IVF treatment cycles?

A. If you are unsuccessful before you reach the laparoscopy stage, you have priority over other patients during your next cycle.

If you have had a laparoscopy operation and then find that you are not pregnant, you should wait at least 2 months before trying again. This will give your body a good chance to heal and get over any effect of the extra hormones etc. Most couples need time to let their spirits revive before embarking on another operation.

Q. Is there an age limit?

A. In vitro fertilization is less successful in women over 40, so it is preferable to attempt treatment earlier in your life if at all possible.

Q. Can I have IVF treatment if I have other children?

A. In some programmes you are restricted in your attempt at IVF treatment because of the number of children you currently have in your family. Many couples experiencing infertility problems are in a second marriage, often having

had tubal ligations or vasectomies in previous marriages. Some couples have an adopted child or one of their own. They still hope for the child they planned for long before they ever found out about their infertility.

Q. Will my treatment be stopped midcycle?

A. Yes, if things are not progressing normally. About 20% of couples who start treatment will not reach laparoscopy because they are not progressing well enough for further treatment. All women have unusual cycles now and then and just because you decided to have treatment this month does not mean to say that you will have a cycle good enough for IVF treatment; if there is a high chance of failure, there is no point in continuing treatment.

If things go wrong, then the IVF team will advise you not to continue.

Q. What are my chances of success?

A. If you are accepted for an IVF treatment cycle, you have an 80% chance of getting to laparoscopy and then a 95% chance of a successful egg pick-up, and also a 95% chance of the egg fertilizing. After embryo transfer you have a one-in-five chance of pregnancy at present. The chance of success is the same with each subsequent complete IVF treatment you have. If you have more than one embryo transferred back into your uterus, the chances of pregnancy increase significantly between one embryo and two embryos, and then the figure is only slightly greater for three or more embryos. There is an increased chance of twin pregnancies for two or more embryos returned.

9 Decisions, Decisions

You will not be able to turn to your family or friends for the answers to IVF, none of them has ever attempted an “in vitro” conception before. You will be asked to answer a number of questions during your IVF treatment and for that reason your doctors want both of you to learn and understand as much as you can about IVF so that you will both be able to make informed decisions. After all, the results of your decisions may not affect your doctor's life to any great extent, but they may affect your lives forever.

Here are some of the questions you may be asked during your IVF treatment.

1) Where infertility is caused by a sperm problem, do you want the eggs to be fertilized with:

a) Your husband's sperm only?

b) Donor sperm—matched to your requirements as in AID?

If you choose donor sperm, you will require counselling similar to that for couples who use artificial insemination, so ask the IVF clinic for more information.

2) If more than one egg is collected and fertilized, how many do you want transferred back into your uterus?

The chances of pregnancy increase with the transfer of up to three eggs, although the risk of twins also increases.

3) What do you want done with the eggs that you do not want transferred back into your uterus?

- a) Frozen for future embryo transfer?
 - b) Donate them to the donor ovum programme (patients with no eggs) so that another woman may be able to become pregnant?
- 4) The progress of your pregnancy and your “in vitro” child will be closely followed in the coming years. Are you prepared for this and the extra doctors bills it may mean?
- 5) Will you tell your future IVF child about his or her origins. If so, how will you start? Can your family help you with this in any way?

You do not have to make any decisions now, simply think about what you have just read and discuss these matters so that you will be more prepared if the question arises during your course of treatment.

If in doubt, ask questions. Ask for replies in language you understand. You could find support groups such as “IVF Friends” or “Concern for the Infertile” very helpful in your search for knowledge about IVF. The groups run education sessions and laboratory tours and have newsletters which will keep you up to date on all aspects of IVF treatment.

In talking about the assisted conception of your chosen baby, I have explained as much as I can about the IVF treatment that you can expect to receive. The treatment is not simple and you will have to work hard for your success. I have tried to give you encouragement if your treatment does not work at first; encouragement to try again, encouragement to take it easy on yourself and to give your doctors time to learn more ways to help you; encouragement to change and seek alternatives if and when you reach that stage.

10 Pregnancy Following In Vitro Fertilization

Well, *congratulations*, you will probably be overwhelmed with all sorts of unexpected feelings at first. It is very common to feel rather numb and unemotional about it all. This sounds surprising, doesn't it? But it happens to many people who have had feelings hurt a few times too often. You tend to tuck unwanted emotions away and then it is not very easy to drag them out and shine them up as quickly as you need them. Others are just plain, old fashioned “thrilled to bits”.

Now that you are pregnant, of course, you join millions of other women who do it the easy way every day. You join them with the same problems they have in their pregnancies.

10.1 Pregnancy Is a Risk—Take Time to Look After Yourself

Women are exposed to a higher health risk than usual whilst they are pregnant and just because your unfair share of infertility has come to an end does not mean that you can rely on having a perfect pregnancy.

Because you have had a problem becoming pregnant, you have a risk of problems during your pregnancy. In fact, there is a very real chance that you will have a miscarriage (abortion) before you reach full term. About one out of two

women who become pregnant normally will have had at least one miscarriage (natural abortion) during her fertile years.

You may find it difficult to relax with your pregnancy in case something goes wrong. These feelings are normal, especially if you have waited a while for your dream to begin. Everyday when you awake, give yourself permission to relax and enjoy your pregnancy, just for today.

Say to yourself:

I know that I am pregnant and it is what I want to be. This may be the only time in my life that I can experience this state and I want to begin to enjoy my body and my baby. I know there is a possibility that I will not reach full term with my pregnancy and this makes me feel very anxious. But I can cope with these feelings and I know that my doctor will look after me if any obvious health problems should arise. Today I will take the time to look after myself and enjoy being the person I want to be. I can cope if I just live my life a few moments at a time.

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