

Glossary

Abandoned Cycle:

An IVF treatment cycle cancelled after drug administration has begun but before egg collection.

Amniocentesis:

Withdrawal of amniotic fluid from the amniotic sac containing the foetus, usually between week 14 and 18 of pregnancy. Genetic diseases of the foetus can be revealed by tests on this fluid and the foetal cells it contains.

Amnion: The inner membrane of the sac in which the embryo develops.

Amniotic fluid:

The fluid filling the cavity between the embryo and the amnion.

Assisted hatching:

Mechanical, laser or chemical breaching of the zona pellucida (outer layer) of the egg.

Assisted Reproductive Technologies (ARTs):

Collective name for all artificial techniques used to assist women to conceive children, including IVF and ICSI.

Asthenozoospermia:

A below normal number of sperm in the male ejaculate.

Azoospermia:

The complete absence of sperm in male ejaculate.

Blastocyst: An embryo that has developed for five to six days after fertilisation.

Blastomere: A cell taken (by biopsy) from a blastocyst.

Cell: The basic unit of all living organisms. Complex organisms such as humans are composed of somatic

(body) cells and germ line (reproductive) cells.

Cervical mucus:

Secretions surrounding the cervical canal, which during ovulation, alter in amount and texture to allow sperm penetration.

Cervix: The narrow passage at the lower end of the uterus (womb), connecting to the vagina.

Chlamydia: A sexually transmitted disease which may remain undetected for a long time. It may damage female and male reproductive systems, causing infertility.

Chorion: The outer membrane tissue of the primitive placenta.

Chorion villus sampling (CVS):

Removing a small amount (biopsy) of placental chorionic villi for genetic analysis, usually between week 8 and 12 of pregnancy.

Chromosome:

Threadlike structure of DNA with associated proteins located in the cell nucleus, containing genes which carry genetic information.

Cleavage: The division the zygote (cell formed by fertilisation) to produce a blastocyst.

Clomid: A drug used in stimulated DI and IUI cycles.

Clomiphene: A fertility drug used to stimulate the production of follicles.

Congenital malformations:

Any malformation seen at birth, either resulting from genetic (inherited) or environmental causes.

Counselling: Discussions aimed

at giving emotional support to help patients understand and cope with the consequences of infertility treatment.

Cryopreservation:

The storage of gametes or embryos by freezing at low temperatures.

Cytomegalovirus (CMV):

A member of the herpes groups of viruses. Most adults and children who catch CMV have no symptoms, although some people may get a fever, sore throat, fatigue and swollen glands. CMV is of most risk to unborn children of women who get CMV for the first time during pregnancy. About 7 to 10% of these babies will have symptoms at birth or will develop disabilities including mental retardation, small head size, hearing loss, and delays in development.

DeoxyriboNucleicAcid (DNA):

The major constituent of chromosomes, and the hereditary material of all living organisms.

Dizygotic: Derived from two (di) eggs (zygote). Dizygotic twins form when two separate eggs are fertilised by separate sperm.

Donor: Person who allows their gametes or embryos to be used for fertility treatment or research purposes. Although the genetic parents of children created using their gametes, donors are not the legal parents when treatment was provided in a UK licensed clinic.

Donor Insemination (DI): The introduction of donor sperm into the vagina, the cervix or womb itself.

Egg or oocyte:

The gamete produced by a woman during her monthly cycle.

Egg collection or egg retrieval:

Collection of eggs from a woman's ovary using an ultrasound guided needle, or a laparoscope (a fiberoptic telescope used for looking into the abdomen) and needle.

Egg donation:

Donation of eggs by a fertile woman for the treatment of others or for research.

Egg sharing:

An arrangement with a clinic to reduce IVF treatment costs, where a woman undergoes a treatment cycle, donates some of her eggs, but uses some herself.

Embryo: A fertilised egg that has the potential to develop into a foetus.

Embryo biopsy:

The removal and culture of one or two cells from an embryo in vitro prior to genetic screening.

Embryo division:

Splitting of an embryo grown in vitro, at a very early stage, into two or more sections. Each section can be grown separately producing multiple clones (fission cloning) of the single original embryo.

Embryo freezing and embryo storage:

Spare embryos can be frozen (cryopreservation) and stored for future use.

Embryo transfer:

The replacement of embryos back into the female patient.

Endometriosis:

A female condition in which endometrial

cells, which normally line the uterus, implant around the outside of the uterus and/or ovaries, causing internal bleeding, pain and reduced fertility.

Endometrium:

The lining of the womb which grows and sheds during a normal menstrual cycle and which supports a foetus if a pregnancy occurs.

Epididymis: A highly convoluted tube about seven metres long connecting the testes to the vas deferens. Sperm moves along the tube and is stored in the lower part until ejaculation.

Fallopian tube(s):

The pair of tubes which lead from the ovaries to the uterus (womb). After an egg is released from one of the ovaries, it is transported through a Fallopian tube to the uterus. The tubes are the site of fertilisation in natural conception.

Fertilisation:

The penetration of an egg by a sperm resulting in the formation of an embryo. Naturally fertilisation occurs in the woman's body (in vivo) but it can also occur in the laboratory (in vitro).

Fibroid: A ball of fibrous muscular tissue which may grow in the muscular wall of the uterus. This can cause pain and excessive menstrual bleeding and result in impaired fertility.

Flow cytometry (sperm sorting):

A method of sperm sorting used for sex selection. X and Y chromosome-bearing sperm are stained with different fluorescent dyes, and can then be sorted by colour. ▶

Glossary

Foetus: The term used for an embryo after the eighth week of development until birth.

Follicle(s): A small sac in the ovary in which the egg develops.

Follicle-stimulating Hormone (FSH): A pituitary hormone which stimulates the follicle production by the ovary. Often administered in assisted conception to stimulate production of several follicles (ovulation induction).

Gamete: The male sperm or female egg which fuse together to form a zygote.

Gamete Intra-fallopian Transfer (GIFT): A procedure in which eggs are retrieved from a woman, mixed with sperm and immediately replaced into one of the woman's Fallopian tubes, so fertilisation occurs inside the body (in vivo).

Gene: The unit of inheritance. Everyone inherits two copies of each gene. A dominantly inherited disease occurs when only one copy of the gene is sufficient to produce the disease e.g. Huntington's chorea. A recessively inherited disease only occurs if both copies of the defective gene are present e.g. Tay-Sachs' disease, Sickle cell disease.

Genome: The basic set of genes in the chromosomes in any cell, organism or species.

Gonadotrophin Releasing Hormone (GnRH): Hormone released by the hypothalamus which stimulates the pituitary to produce Luteinising Hormone (LH) and

Follicle-stimulating Hormone (FSH).

Gonadotrophins: Drugs used to stimulate the ovaries similar GnRH.

Gradient sperm sorting methods: Way of sorting X and Y chromosome containing sperm, for sex selection.

Human Chorionic Gonadotrophin (HCG): A protein hormone usually secreted by the chorionic villi of the placenta. Its presence in the maternal blood or urine indicates pregnancy.

HFE Act: The Human Fertilisation and Embryology Act 1990.

HFEA: Human Fertilisation and Embryology Authority.

Hysterectomy: The surgical removal of the uterus (womb).

Hysterosalpingogram: An x-ray of the Fallopian tubes, through which dye is passed, to see if they are obstructed.

Implantation: Where an embryo embeds itself in the uterus lining, after passage through the Fallopian tubes.

Impotence: Term for a man's inability to perform sexual intercourse or gain an erection.

Inner cell mass: A clump of cells growing within and to one side of the blastocyst from which the embryo develops.

Insemination: The artificial placing of freshly ejaculated or frozen sperm in the female reproductive tract.

Intra-cytoplasmic Sperm Injection (ICSI): Where a single sperm

is directly injected into the egg.

Intra-uterine Insemination (IUI): Insemination of sperm into the uterus of a woman.

Intra Vaginal culture (IVC): A method of incubating sperm and aspirated oocytes together in a container held in a woman's vagina, allowing in vitro fertilisation without using complex laboratory facilities.

In Vitro Fertilisation (IVF): Human eggs and sperm and mixed together in a laboratory to achieve fertilisation outside the body. The embryos produced may then be transferred into a female patient.

In vitro: Performed outside the body (i.e. in the laboratory).

In vivo: Performed in the body.

Karyotype: The microscopic appearance of a set of chromosomes, including their number, shape and size.

Laparoscopy: Examination of the pelvic or other abdominal organs with a fiberoptic telescope inserted surgically below the naval. During laparoscopy, suction applied to the needle can be used to recovery eggs from follicles in the ovary.

Licence: A legal document stipulating terms and conditions for which a centre may carry out a licensable fertility treatment at a specified premise.

Live birth rate: The number of live births achieved from every 100 treatment cycles started.

Luteinising Hormone (LH): Hormone released by the pituitary gland in response to Gonadotrophin Releasing Hormone (GnRH) production. Essential for development of eggs and sperm.

Menstrual period/Menstruation: The monthly bleed which takes place if no pregnancy occurs, caused by the sloughing off of the womb's lining.

Menstrual cycle: A woman's monthly cycle where the egg is released from an ovary, the uterus develops and finally blood and tissue are lost via the vagina if a pregnancy does not occur.

Microsurgical Epididymal Sperm Aspiration (MESA): Extracting relatively mature sperm from the epididymis using a small needle.

Monozygotic: Meaning single (mono) egg (zygote). Monozygotic twins form when one fertilised ovum separates into two identical zygotes.

Morula: The ball of cells forming about 3 - 4 days after the cleavage of the fertilised ovum.

Multiple birth: When a multiple pregnancy actually results in the birth of two or more babies.

Multiple birth rate: The percentage of all births in which more than one baby was born.

Multiple pregnancy: A pregnancy where two or more fetuses develop at one time in the uterus (womb).

Neonatal death: The death of a baby within 28 complete days of delivery.

Nucleus: The part of a cell which contains the genetic material, DNA.

Oestrogen/Oestradiol: Female sex hormone produced by the ovary. Levels fluctuate during the menstrual cycle.

Oligozoospermia: Low sperm count. Less than twenty million sperm per millilitre. Severe if less than five million sperm per millilitre.

Oocyte: The female gamete (egg).

Ovary: The female reproductive organ producing oocytes from hormone-stimulated germ cells.

Ovarian Hyperstimulation Syndrome (OHSS): A serious complication following stimulation of the ovaries with gonadotrophin drugs.

Ovulation: The release of an egg from a follicle in the ovary.

Ovum: The female gamete (egg).

Partial Zona Dissection (PZD): In conjunction with IVF, making a small hole in the egg's gelatinous coating, with a small glass needle, to assist sperm to reach the outer egg membrane.

Percutaneous Epididymal Sperm Aspiration (PESA): A technique for sperm recovery. A fine needle is passed into either the epididymal region of the testes, or the coiled tubing outside the testicles that store

sperm (epididymis), and sperm recovered by gentle suction.

Peritoneal cavity:

The cavity of the abdomen where the Fallopian tubes and the uterus are situated.

Perinatal Mortality Rate:

Perinatal mortality is the total number of foetal deaths and neonatal deaths.

Pituitary:

Gland in the brain which produces many hormones including Follicle-stimulating Hormone (FSH) and Luteinising Hormone (LH).

Polycystic Ovarian Syndrome:

Condition where many small cysts form on the ovary, resulting in hormonal imbalances which can cause infertility. Treatment involves drugs or surgery.

Polymerase Chain Reaction:

A process used in DNA analysis.

Pregnancy rate:

The number of pregnancies achieved from every 100 treatment cycles commenced.

Preimplantation Genetic Diagnosis (PGD):

The removal of one or two cells from an embryo to test for specific genetic disorders/ characteristics prior to embryo transfer.

Preimplantation Genetic Screening for Aneuploidy (PGS):

The removal of one or two cells from an embryo, for testing to ensure the chromosome number is correct (euploidy) and not more or less than usual (aneuploidy).

Primitive streak:

Thickening in surface of embryos which results in the first clearly recognisable stage in embryonic development.

Profasi:

Purified Human Chorionic Gonadotrophin used in assisted conception to mature follicles and cause ovulation to occur.

Progesterone:

Hormone produced by both the ovary and corpus luteum after ovulation encouraging the growth of the lining of the womb.

Prostate Gland:

A gland which secretes an alkali solution upon ejaculation making up a major part of the ejaculate.

Selective reduction:

The procedure in which one or more normal fetuses in a multiple pregnancy resulting from assisted conception are destroyed. The procedure may be hazardous to the remaining foetus(es).

Seminiferous tubules:

Very long and convoluted tubules which make up the bulk of the testicles. It is here that sperm is produced.

Sex selection:

The sex of an embryo is determined using PGD, in order to avoid sex-linked diseases.

Sperm:

Male gametes (or mature male germ cells). Of the millions of sperm present in the ejaculate roughly half carry X chromosomes, and half Y chromosomes. A single sperm is called a spermatozoon.

Sperm sorting:

The separation of

sperm carrying X chromosomes from those carrying Y chromosomes prior to fertilisation, in order to determine the sex of the offspring. Used for sex selection.

Spermatid:

An immature sperm cell.

Stem cell:

Reproduce indefinitely and have the capacity to develop (differentiate) into a large number of different cell types.

Stillbirth:

The birth of a dead infant.

Stimulated cycle:

A treatment cycle in which stimulation drugs are used to produce more eggs than usual in the woman's monthly cycle.

Stimulation drugs:

Stimulate a woman's ovaries to produce more eggs than usual in a monthly cycle. Also known as superovulatory drugs.

Subzonal sperm insertion (SUZI):

A technique whereby one or several sperm are injected directly through the zona pellucida (outer layer) of the oocyte.

Superovulation/ stimulation:

The medical stimulation of the ovary with hormones to induce the production of multiple egg-containing follicles in a single menstrual cycle.

Swim up: Technique for separating sperm, based on their ability to swim through a liquid.

Teratozoospermia: Poor sperm morphology (shape) which causes infertility.

Testicular Sperm Aspiration (TESA):

Sperm extraction technique which inserts a needle into the lower region of the testes to remove a small piece of testicular tissue.

Testicular Sperm Extraction (TESE):

Sperm extraction technique involves exposing testicular tissue through a small cut in the scrotum and the removal of a small piece of testicular tissue.

Testis:

Testicle or male gonad

Transvaginal aspiration:

A method of egg recovery in which a needle is inserted through the top of the vagina into the ovary lining.

Transvaginal oocyte recovery:

The female bladder is emptied and a needle passed through the vagina using ultrasound guidance in order to recover eggs.

Treatment cycle:

One complete licensed treatment. Commences with drug administration or first insemination.

Trisomy:

A syndrome reflecting the presence of three chromosomes of one type instead of the normal number of two. An example is Trisomy 21 resulting in Down's syndrome.

Ultrasound:

High frequency sound waves used to provide images of tissues, organs and other internal bodily structures.

Ultrasound-guided aspiration:

A non-surgical, non-invasive method of egg recovery using ultrasound images to guide the path of the oocyte recovery needle.

Unstimulated cycle:

A natural cycle where no drugs are given to stimulate egg production.

Uterus:

The female womb in which the embryo develops.

Varicocele:

A varicose vein on the testicles. These may cause testicle overheating and be detrimental to sperm production.

Vas Deferens:

Pair of tubes which connect the epididymis to the urethra and transport sperm during ejaculation.

Welfare of the child:

The social and ethical considerations used when considering the well-being of an individual under the age of 18.

Zona drilling:

The use of chemical to dissolve the gelatinous coating of the egg leaving a hole through which the sperm can enter.

Zona Pellucida:

The transparent membrane or shell surrounding the oocyte (egg).

Zygote: The cell formed as a result of fertilisation.

Zygote Intra-fallopian Transfer (ZIFT):

The transfer of embryos to the Fallopian tubes for purposes of achieving a pregnancy. Embryos are transferred at the fertilised egg (one cell embryo) stage.

Useful Contacts



ACEBABES

ACeBabes offers support on pregnancy following fertility treatment, multiple births, donor conception for donors and recipients, decisions surrounding frozen embryos, trying for siblings or deciding to end treatment and telling children how they were conceived. Provides a quarterly newsletter, sub-group newssheets, meetings, personal contacts for specific conditions and interactive website.

Tel: 01332 832558

Website: www.acebabes.co.uk

BRITISH INFERTILITY COUNSELLING ASSOCIATION (BICA)

BICA aims to promote high quality, accessible counselling services for those with fertility problems. It offers information to patients seeking details of counsellors specialising in infertility.

Tel: 0114 263 1448

Website: www.bica.net

CANCERBACUP

This charity offers independent, accessible information, practical advice and support for people affected by cancer. Its range of information booklets includes how cancer treatments can affect fertility (and the future fertility of teenage patients).

Tel: 0808 800 1234

Website: www.cancerbacup.org.uk

CHILD BEREAVEMENT TRUST

This charity's philosophy is based on learning from families who have experienced the death of a baby or child or from children who have experienced the death of their mother, father, brother or sister.

Tel: 0845 357 1000

Website: www.childbereavement.org.uk

CHILDLESSNESS OVERCOME THROUGH SURROGACY (COTS)

The main objective of COTS is to pass on collective experience to surrogates and would-be parents, helping them to understand the implications of surrogacy before they enter into an arrangement and to deal with any problems that may arise during it.

Tel: 0844 414 0181

Website: www.surrogacy.org.uk

DAISY NETWORK PREMATURE MENOPAUSE SUPPORT GROUP

Daisy Network provides support and information for women who have gone through an early menopause. Members can speak to others who have been through egg donation cycles, both successfully and unsuccessfully. Also publishes fact-sheets and a quarterly

newsletter and has an annual open day.
Website: www.daisynetwork.org.uk

DONOR CONCEPTION NETWORK (DC NETWORK)

DC Network provides contact and support for people who have children conceived, or who plan family creation, using donated gametes through donor insemination (DI) and IVF with donor sperm or donated eggs. Also provides support for adult offspring of donor conception.
Tel: 020 8245 4369
Website: www.dcnetwork.org

GENETIC INTEREST GROUP (GIG)

A national alliance of patient organisations with a membership of over 130 charities which support children, families and individuals affected by genetic disorders.
Tel: 020 7704 3141
Website: www.gig.org.uk

INFERTILITY NETWORK UK (I N UK)

I N UK provides emotional support via an evening telephone counselling service, putting patients in touch with others. There is a regional network and local support groups. Practical support is provided in factsheets, a quarterly magazine, through medical advisers and in publications available to purchase.
Tel: 08701 188088
Website: www.infertilitynetworkuk.com

MISCARRIAGE ASSOCIATION

The Association provides support and information on pregnancy loss.
Tel: 01924 200799
Website: www.miscarriageassociation.org.uk

MORE TO LIFE

A national support network providing a support service for people exploring what life without children has to offer – both involuntary childlessness, and those for whom fertility treatment is no longer a consideration.
Tel: 08701 188 088

MULTIPLE BIRTHS FOUNDATION

The Multiple Births Foundation provides professional support and information about all aspects of multiple births.
Tel: 020 8383 3519
Website: www.multiplebirths.org.uk

NATIONAL CHILDBIRTH TRUST (NCT)

The NCT helps parents to have an enriching experience of pregnancy, birth and early parenthood, providing local support and contacts for social networking. It runs antenatal classes and provides information on maternity issues, breastfeeding and postnatal

support including specialist groups for Caesareans and miscarriage.
Tel: 0870 444 8707
Website: www.nctpregnancyandbabycare.com

NATIONAL ENDOMETRIOSIS SOCIETY

The Society provides a helpline, local groups and clubs, a newsletter and other publications, workshops and conferences.
Tel: 0808 808 2227
Website: www.endo.org.uk

NATIONAL GAMETE DONATION TRUST (NGDT)

The NGDT was founded as a registered charity in April 1998 in order to raise awareness of, and seek ways to alleviate, the shortage of sperm, egg and embryo donors in the UK. The NGDT is a central reference point for donors, recipients and health professionals.
Tel: 0845 226 9193
Website: www.ngdt.co.uk

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE)

NICE is part of the NHS. It is the independent organisation responsible for helping patients, health professionals and the public to make decisions about treatment and health care.
Tel: 020 7067 5800
Website: www.nice.org.uk

PROJECT GROUP ON ASSISTED REPRODUCTION (PROGAR)

PROGAR campaigns in two main areas: for the right of people with fertility difficulties to informed choice and quality of care, including counselling; and for the right of people to have access to identifying information about their genetic origin.
Tel: 0121 622 3911
Website: www.basw.co.uk/progar

PROGRESS EDUCATIONAL TRUST (PET)

This UK charity provides information and debate on assisted reproduction and human genetics, promoting discussion among patients, the wider public and professionals on their social, legal and ethical implications. PET holds regular public debates and conferences and produces a free web and email news and comment service, BioNews, with support from the Department of Health.
Tel: 020 7278 7870
Website: www.progress.org.uk

STILLBIRTH AND NEONATAL DEATH SOCIETY (SANDS)

SANDS provides support for parents and families whose baby is stillborn or dies soon after birth.

Tel: 020 7436 5881
Website: www.uk-sands.org

SURROGACY UK

A website and message board produced to support and promote surrogacy in the UK. It was conceived by Elizabeth Stringer and Carol O'Reilly, who have been involved in surrogacy since 1994 (between them they have carried six surrogate children).
Tel: 01531 821889 (10am–2pm)
Website: www.surrogacyuk.org

TERRENCE HIGGINS TRUST (THT)

THT is the leading HIV and Aids charity in the UK and the largest in Europe. It provides a helpline staffed by a team who can respond to all HIV-related enquiries, and provides clear, accurate, current and comprehensive signposting, referral, information, support and advice.
Tel: 0845 1221 200
Website: www.tht.org.uk

TWINS AND MULTIPLE BIRTHS ASSOCIATION (TAMBA)

TAMBA provides support for families with twins, triplets or more, and for professionals involved with their care. It has a network of local Twins Clubs and specialist support groups, and provides publications and information packs.
Tel: 0870 770 3305
Website: www.tamba.org.uk

UK DONORLINK

A pilot voluntary contact register set up to enable people conceived through donated sperm and/or eggs, their donors and half-siblings to exchange information and – where desired – to contact each other. The register is for anyone over 18 who was conceived with donated sperm or eggs, or who donated in the UK before the Human Fertilisation and Embryology Act came into force in August 1991.
Tel: 0113 278 3217
Website: www.ukdonorlink.org.uk

VERITY

Verity is a self-help organisation for women affected by Polycystic Ovary Syndrome (PCOS) and is dedicated to improving the lives of sufferers.
Website: www.verity-pcos.org.uk

USEFUL WEBSITES

There are many websites that provide information about infertility and opportunities to ask questions and exchange personal experiences with others. A few that patients have mentioned to us are:
www.fertilityfriends.co.uk,
www.may-b-baby.co.uk and
www.gettingpregnant.co.uk.
Let us know of others you find helpful.

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How to read the clinic pages

This is a key to reading the 85 pages of clinics licensed by the HFEA

What we offer

IVF GIFT	ICSI PGS	DI PGD	IUI
-------------	-------------	-----------	-----

◆ IVF

Eggs removed from the ovaries are fertilised with sperm in a laboratory dish before being placed into the woman's body.

◆ ICSI

The procedure involves injecting a single sperm directly into the centre or cytoplasm of an egg which is then placed in the woman's body using conventional IVF methods.

◆ DI

The introduction of donor sperm into the vagina, the cervix or womb itself. Using a fine tube, the doctor or nurse places the semen into the neck of the womb or the uterus.

◆ IUI

Insemination of sperm into the uterus of a woman with ovarian stimulation for the woman and preparation of the semen.

◆ GIFT

A procedure in which eggs are retrieved from a woman, mixed with sperm and immediately replaced in one or other of the woman's fallopian tubes so that they fertilise inside the body (in vivo).

◆ PGS

One or two cells from an embryo are removed to be tested to ensure they contain the correct number of chromosomes (known as euploidy) and not more or less than usual (known as aneuploidy).

◆ PGD

One or two cells from an embryo are removed to be tested for specific genetic disorders/characteristics before embryo transfer takes place.

Patient info

PATIENT TYPE

◆ This section indicates which patients the clinic treats (ie, whether they're NHS or private). NHS clinics will treat patients who have come to them through the NHS waiting lists and, sometimes, patients who are prepared to pay for treatment and who want to use NHS facilities. These types of patients are referred to as 'fee-paying' on these pages.

IVF ACTIVITIES

◆ Listed in this section are the IVF treatments and activities carried out at the clinic.

◆ The average waiting time in weeks for treatment. In some cases, times may relate to the wait for an initial consultation, after which treatment is started immediately. Please check with the clinic for the most recent waiting times.

◆ Limits to the number of treatment cycles per patient, where this information has been provided.

DI/GIFT/IUI ACTIVITIES

◆ Listed in this section are the DI, GIFT, IUI and related treatments carried out at the clinic.

◆ The average waiting time in weeks for treatment. In some cases, times may relate to the wait for an initial consultation, after which treatment is started immediately. Please check with the clinic for the most recent waiting times.

◆ Limits to the number of treatment cycles, where this information has been provided.

STORAGE ACTIVITIES

◆ This section shows if the clinic stores eggs, eggs within ovarian tissue, sperm, sperm within testicular tissue and embryos. It also indicates if the centre stores these for patients undergoing assisted conception treatment, donors or oncology patients.

DONOR RECRUITMENT

◆ Find information here on the recruitment of sperm donors, egg donors and the availability of egg sharing. This section also indicates if the clinic accepts donors known to patients.

OTHER INFORMATION

◆ A list of any other treatments and services provided by the clinic.

◆ Numbers of patients treated at the clinic and details of any eligibility criteria.

SUPPORT SERVICES

◆ Information on support available for patients.

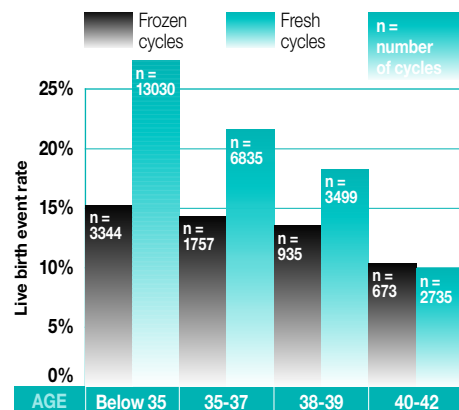
SATELLITE CENTRES

◆ This includes information on clinics which provide early stages of infertility treatment with the latter stages of treatment being carried out at a main hospital or clinic.

Live birth rate

◆ The live birth chart below compares the relative success rates across all clinics between treatment cycles involving fresh and frozen embryos by different age groups (a live birth is where one or more children are born in a single event). The rate is calculated by dividing the number of live birth events by the number of treatment cycles started. Select the age group you are interested in along the bottom of the chart and use the vertical scale on the left hand side to read the live birth rate percentage from the top of each column.

The number of treatment cycles (n=) is very important because the data is more reliable and accurate if there are more cycles to compare.



Clinic data

Percentage of ICSI (44%) vs IVF (56%) across the clinics. Below are the national average figures for all clinics for the period 01/04/02-31/03/03

IVF & ICSI fresh embryo transfers using own eggs

	Below 35	35-37	38-39	40-42
Cycles started	27.6% (3590/13030)	22.3% (1521/6835)	18.3% (640/3499)	10.0% (274/2735)
Egg collections	28.8% (3590/12452)	23.6% (1521/6442)	19.8% (640/3232)	11.0% (274/2497)
Embryo transfers	31.2% (3590/11498)	25.3% (1521/6022)	21.3% (640/3001)	12.0% (274/2284)
Singleton live births	71.5% (2566/3590)	77.8% (1183/1521)	82.5% (528/640)	90.5% (248/274)
Twin live births	28.2% (1011/3590)	21.8% (332/1521)	16.3% (104/640)	9.1% (25/274)
Triple and higher order live births	0.4% (13/3590)	0.4% (6/1521)	1.3% (8/640)	0.4% (1/274)

IVF & ICSI frozen embryo transfers using own eggs

	Below 35	35-37	38-39	40-42
Thaw cycles	15.4% (514/3344)	14.5% (255/1757)	14.0% (131/935)	10.7% (72/673)
Embryo transfers	17.0% (514/3032)	16.4% (255/1558)	15.7% (131/832)	12.2% (72/591)
Singleton live births	81.5% (419/514)	79.6% (203/255)	82.4% (108/131)	87.5% (63/72)
Twin live births	17.9% (92/514)	20.4% (52/255)	17.6% (23/131)	11.1% (8/72)
Triple and higher order live births	0.6% (3/514)	0	0	1.4% (1/72)

Treatments using donated eggs

	Fresh embryos	Frozen embryos
Transfers	24.8% (398/1602)	16.7% (89/533)

Donor insemination

	Below 35	35-39	40-42
Treatment cycles	13.6% (492/3620)	9.2% (243/2653)	4.5% (32/709)
Singleton live births	93.1% (458/492)	95.1% (231/243)	++ (32/32)
Twin live births	5.9% (29/492)	4.9% (12/243)	0
Triple and higher order live births	1.0% (5/492)	0	0

++Percentages are not calculated where there are less than 50 cycles or live births in each age category

Useful questions to ask your clinic

There are many issues raised throughout this guide and you may also have received a lot of information from friends, doctors and/or the internet. The first consultation with a doctor or clinic can sometimes be confusing and difficult. We've listed some questions here that you may also want to ask when you visit clinics, to help you make the most of your consultation. The clinic staff are there to help you and will be happy to discuss your questions and concerns with you. Some patients find it helpful to keep a diary of clinic appointments, cycle dates and other information.

- ◆ What are the benefits of the treatment you've recommended and why do you think it's the best option for me?
- ◆ Are there alternative treatments? If so, why do you think they are less suitable?
- ◆ How many patients at your clinic have had this treatment, and how many had a baby?
- ◆ Does my age affect the choice of fertility treatment?
- ◆ What drugs will I have to take and what are the side effects?
- ◆ Are there any alternatives to the drugs you have mentioned?
- ◆ What lifestyle changes can I make that may boost my chance of having a successful pregnancy (eg, diet, exercise, stopping smoking, etc)?
- ◆ Can you break down all the costs involved in this treatment?
- ◆ Is there any way these costs can be reduced?
- ◆ What kind of counselling or advice do you provide, and what is the cost?
- ◆ Are there any patient groups or support groups I can join?
- ◆ Could you tell me more about the assessment process (Welfare of the Child) that is carried out before treatment can begin?
- ◆ What other options are available if this treatment doesn't work?
- ◆ What happens next? Do my partner and I need to do anything?