

Authority Paper

Committee:	Authority
Meeting Date:	17 December 2008
Agenda Item:	10
Paper Number:	473
Paper Title:	Cross-border fertility treatment
Author:	Jessica Watkin (policy manager)
For information or decision?	Information
Resource Implications:	<i>Pending Authority's decision about further action to address the issues raised, potential implications in terms of staff time and resources</i>
Implementation	<i>See above</i>
Communication	<i>See above</i>
Organisational Risk	<i>Medium</i>
Recommendation to the Committee:	<p><i>To review:</i></p> <ul style="list-style-type: none"> <i>the issues raised by UK patients travelling overseas for fertility treatment</i> <i>how (if at all) the HFEA should approach some of these issues in the context of its role as a regulator; licensing body and information provider</i>
Evaluation	<i>Tbd, pending the Authority's decision</i>
Annexes	<ul style="list-style-type: none"> Annex A: UK Cypriot Fertility Association: Infertility treatment in Cyprus (website information) Annex B : Bridge Centre (UK website) Annex C: Dubai Gynaecology and Fertility Centre (website) Annex D: The Infertility Network UK Fertility Tourism Survey Results Annex E: Fertility treatment abroad (HFEA website)

1 Introduction

1.1 The Authority is asked:

- to have a general discussion about various issues raised by UK patients travelling overseas for fertility treatment
- to provide a steer on how (if at all) the HFEA should approach some of these issues in the context of its role as a regulator; licensing body and information provider.
- In particular (and following on from the above), whether the Executive should seek external legal advice about the appropriate way to address concerns in relation to UK centres that act as 'portals' for patients' overseas treatment.

1.2 Trish Davies, Director of Compliance and Regulation, will be attending a meeting entitled 'International Forum on Cross Border Reproductive Care: Quality and Safety' in Ottawa, Canada in January 2009, where she will give a presentation on regulatory issues from the UK perspective.

1.3 This paper will present:

- Background information
- Examples of various UK clinics with links to overseas centres
- Examples of overseas centres that actively market foreign patients
- Information about research projects and surveys, including relevant findings
- Information about the HFEA's territorial remit and relevant licensing and regulatory procedures

2 Background

2.1 Cross-border healthcare appears to be a growing phenomenon. The first Health Tourism Show took place at London's Olympia on 25 and 26 October 2008 where around 30 exhibitors from around the world attended, including personnel from overseas IVF centres. The second one is due to be held on 9 October 2009.

2.2 At present, it is unclear how many UK patients travel overseas for fertility treatment and it is believed that the vast majority self-refer (i.e. do not go via a UK clinic). Conversely, a number of overseas citizens travel to the UK for treatment.

2.3 It is believed that patients find a lot of their information from the internet. The Treatment Abroad website (www.treatmentabroad.com), who brand themselves as 'the UK's number one web site for information on medical tourism', provides a considerable amount of information on all healthcare services (including fertility services) in 40 countries.

3 UK and overseas clinics

3.1 This section provides information about:

- a selection of UK clinics that have links with overseas centres (this is by no means an comprehensive list)
- a couple of examples of overseas centres and how they market their services to foreign patients

3.2 UK clinics

A number of UK clinics have links with overseas centres. For example, the UK Cypriot Fertility Association is a UK association run by staff from the Hewitt Reproductive Centre (centre 0007) with the Cyprus IVF Centre in Famagusta. They offer UK patients who need donor eggs 'fast access' to treatment and can provide sex selection for social reasons, which is legal in Northern Cyprus¹. Patients undergo part of their treatment in the UK (at centres in London, Liverpool, Manchester, Belfast or Edinburgh) and the rest in Cyprus (see Annex A).

3.3 Other examples includes the Bridge (centre 0070), whose website states that it has an international egg donation programme with links in Austria, the USA and the Ukraine (see Annex B), and the London Fertility Centre (centre 0088), who has links with the Dubai Gynaecology and Fertility Centre² (see Annex C).

3.4 The HFEA does not inspect against UK patient referrals to overseas centres and therefore does not hold any information about it. However, the HFEA has received at least one complaint about a patient's overseas treatment, which raises questions about what role, if any, the HFEA should have regarding any such disputes.

3.5 Overseas clinics

Various foreign clinics actively market their services to overseas patients. For example, the Centre for Reproductive Medicine in Marbella (CERAM), targets UK patients, including those seeking treatment involving egg donation³ (donor availability is greater in Spain). Their website also states that they are happy to receive referrals from UK clinics. CERAM's site also appears to target Italian patients, where services are severely restricted by law.

¹ Which isn't permitted by the HFEA and will become illegal as of October 2009

² The centre states that it provides services 'comparable to those found in the West', and is aimed at residents of Gulf states.

³ http://www.ceram.es/ingles/donas_ovulos.html

3.6 Another example is the Rotunda clinic in Mumbai India, whose website states that its overseas IVF patient program achieves very high pregnancy rates 'because we transfer more embryos in difficult patients (unlike in UK and Australia, where the number of embryos which can be transferred is limited by law)⁴ (sic).

4 Research on cross-border reproductive treatment

4.1 This section provides examples of various studies and surveys looking at:

- the numbers of patients seeking fertility treatment overseas
- their reasons for seeking treatment overseas (and levels of satisfaction with such treatment)
- ethical concerns raised by certain forms of treatment
- concerns in relation to multiple pregnancies/ births

4.2 ESHRE task force

ESHRE (the European Society of Human Reproduction and Embryology) has established a special Task force on cross-border infertility care. The aim this work is to gather reliable data on the number of patients who cross European borders to access assisted reproductive technologies (ART), and the reasons why they travel. This project is a collaborative initiative between the European IVF Monitoring consortium (EIM) and ESHRE's Special Interest Group on Ethics and Law. Data should be available in 2009.

4.3 INUK survey

INUK (Infertility Network UK) carried out an on-line survey in 2008, the results of which were presented at the National Infertility day on 19 July 2008 (Annex D).

4.4 Key findings from the survey were:

Of the 339 patients who responded to the survey, 76% would consider travelling abroad for treatment. The main motivations being:

- short waiting times (70.5%)
- cost of treatment (69.5%)
- success rates (61%)
- availability of donor eggs/sperm (53.8%)
- positive reports from other patients who have been abroad (51%)
- the availability of donor eggs and sperm, recommendations from UK clinics and the opportunity to have more embryos replaced (all selected by 23.3%)

4.5 For the 24% who wouldn't consider it, the main reasons were concerns about standards in overseas clinics; followed by concerns about lack of regulation, and worries about language and communication problems. Some stated that they could neither afford private treatment in the UK or abroad.

4.6 Only 26 of the 339 people who responded to the survey said that they wouldn't consider going abroad because they were happy with the fertility treatment offered in the UK.

4.7 The majority of patients (88%) who had travelled abroad were pleased with the treatment they had received. The most popular destination for treatment was Spain.

4.8 Finally, the vast majority of patients arranged their treatment abroad by themselves (87.7%), 9.9% had a recommendation from a UK clinic and 3.7% had treatment arranged by a UK clinic.

4.9 IFSW policy paper

The International Federation of Social Workers (IFSW) published a policy paper on 'Cross Border Reproductive services'⁵ (authored by Eric Blyth, Professor of Social Work, university of Huddersfield) in August 2008. The

⁴ <http://www.iwannagetpregnant.com/roip.shtml>

⁵ <http://www.ifsw.org/en/p38001484.html>

paper focused on some of the ethical concerns raised by egg donation and surrogacy involving women from resource-poor countries and warned that:

'The provision of cross border reproductive services involving participants of unequal economic status and/or where levels of compensation are excessive in the context of domestic economies, may be exploitative of "donors". Financial need may encourage potential "donors" or surrogates to discount or disregard the risks inherent in acting as a "donor" or surrogate.'

- 4.10 It also stated that: *'The financial rewards for service providers in both home and destination countries may compromise the information and advice given to prospective surrogates and "donors", especially if the provision of such advice and information is likely to discourage their continuing participation. Fees to Indian surrogates equivalent to six years' salary for a school teacher have been reported (Chu, 2006), while Abrams (2006) reports a Romanian carpet factory worker paid the equivalent of 3 months' wages to act as an egg "donor" and whose subsequent health problems adversely affecting her own future fertility were ignored by the clinic with whom she contracted to sell her eggs.'*

4.11 UCLH survey

The Fetal Medicine Unit at University College London Hospital (UCLH) carried out a survey looking at the impact of higher order multiple pregnancies (triplets or above) on the NHS and the link with patients' who received fertility treatment overseas. The findings were presented at the RCOG's 7th International Scientific meeting in Montreal in September 2008.

- 4.12 The study included 109 women with higher order multiple pregnancies of which 15 had conceived naturally and 94 had received fertility treatment. Of those who had fertility treatment, 25% received it outside of the UK.

5 **Legal and regulatory issues:**

- 5.1 This section provides an outline of:

- the HFEA's territorial remit
- regulatory and licensing issues around imports and exports of embryos and gametes.

- 5.2 The HFEA Act 1990 does not state its territorial extent. However, the general principle is that acts of parliament are not intended to have extraterritorial effect.

- 5.3 The HFEA's remit only extends to those centres which are licensed by it and it has no power to licence centres outside the UK. That role would fall to the relevant competent authority or regulatory body in the country concerned.

- 5.4 Similarly, the HFEA's Code of Practice only applies to licensed centres and does not have direct extraterritorial effect. It is also unclear whether the HFEA could introduce new licence conditions (e.g. in relation to patient information where a patient is referred overseas). External legal advice would have to be sought as to the appropriateness of including guidance in relation to overseas referrals and in relation to any new licence conditions.

- 5.5 However, the HFEA's regulatory remit does clearly include matters around the import or export of gametes and embryos to and from the UK.

5.6 Imports and Exports

Patients are only entitled to transfer their gametes or embryos to clinics within the European Economic Area (EEA) or Gibraltar if those overseas clinics have been 'accredited, designated, authorised, or licensed' under the laws (or other measures) of Gibraltar or the relevant EEA state (and in accordance with requirements under the EUTD)⁶. Additionally, the gametes or embryos may only be transferred if the criteria in General Directions D.2008/1 and D.2008/2 have been met.

- 5.7 These include the following:

⁶ At present, very few Member States have accredited their centres and imports or exports to those countries is prohibited

- Donors are identifiable (relevant to imports)
- Any money or other benefits paid to donors must be compatible with HFEA requirements set out in General Direction 2006/1 (relevant to imports)
- Gametes or embryos must not be exported if it is proposed they are to be used at the overseas centre in a manner or in circumstances where they could not be lawfully used in licensed treatment services in the UK.

- 5.8 Similarly, where a patient wishes to import or export their gametes or embryos to a non-EEA country⁷, the Person Responsible (PR) must ensure that the supplying or receiving centre is accredited, designated, authorised or licensed under the laws (or other measures) of that country and that criteria in General Directions D2008/3 and D2008/04 are met.
- 5.9 Given that some overseas countries may have different laws (or other regulatory measures) in relation to assisted reproductive services, some of the criteria in the General Directions might not be met in a particular case. For example, a patient may wish to import a particular sperm sample from an overseas country where they already have a child conceived using sperm from the same donor, but where that donor has been paid in excess of UK limits or is anonymous.
- 5.10 In such circumstances, the Regulation Committee has discretionary powers to issue Special Directions allowing the transfer of the gametes or embryos in a particular case. (The exception to this would be cases where a centre wished to import or export gametes or embryos to or from a centre in the EEA or Gibraltar that had not been accredited, designated, authorised or licensed under the laws (or other measures) of that country.)
- 5.11 When considering such applications, the Committee usually takes the following sorts of principles and questions into account:
- Would a refusal to approve the Special Direction amount to an interference with the individual's right to obtain medical treatment services abroad?
 - Would a refusal amount to an interference with the individual's rights under the Human Rights Act 1998?
 - Is there a pressing social need for the interference?
 - Is the interference in question proportionate (taking into account the impact on the individual in question)?
- 5.12 On approving a Special Direction, the Committee might also alert the applicant to any serious legal or other considerations the patient ought to inform themselves of, such as safe embryo transfer numbers or the need to seek advice or information about the surrogacy laws of the relevant overseas country.
- 5.13 Finally, the PR must be satisfied with regards to the quality management and traceability systems at the overseas centre and evidence of this may be examined on inspection.
- 5.14 HFEA as 'information provider'.
The HFEA currently provides website advice to patients considering travelling overseas for treatment (see Annex E). The factsheet advises patients to find out about the standards and regulations in the country where they will be treated and to discuss the number of embryos that will be transferred (in the context of the risks of a multiple pregnancy).
- 5.15 It also states that 'Foreign clinics may not be subject to the same external examination of their success rates as clinics in the UK' and raises the point that donor anonymity and different rules in relation to donor payments may apply in overseas countries.
- 5.16 The factsheet does not currently include any information or advice in relation to surrogacy.

6 Conclusion

- 6.1 In summary, the Authority is asked to have a general discussion about some of the issues raised by UK patients' seeking fertility treatment abroad in the context of the HFEA's role as a licensing body, regulator and information provider. In particular, members are asked to consider the following questions:
- What sorts of issues (if any) should be of concern to the HFEA? For example:

⁷ and excluding Gibraltar

- Should they be restricted to health and safety issues (e.g. quality management systems; safe embryo transfer numbers)?
- To what extent (if at all) should the fact that patients may be receiving part (or all) of their treatment in countries with different or less restrictive policies or laws be of relevance to the UK Regulator? For example, cases where the overseas country has different laws or rules on donor anonymity and payment or where they permit sex selection for social balancing. (This may be particularly pertinent in cases where UK clinics have recommended or referred patients to those clinics – or where those overseas clinics are part of a UK centre's overseas practice.)
- To what extent (if at all) should the HFEA take a position in relation to concerns about the possibility of exploitation (e.g. of egg donors or surrogates in resource-poor countries)?
- Following on from the above, how should any relevant issues or concerns be addressed by the HFEA? For example,
 - Which, if any, could be raised through HFEA patient information materials? Does the current factsheet cover all appropriate issues?
 - Should the Executive seek external legal advice about the appropriateness of seeking to address concerns by:
 - issuing new Code of Practice guidance in relation to overseas referrals?
 - issuing new licence conditions in relation to the provision of information to patients being referred to an overseas centre?
 - whether the HFEA could take into consideration any evidence of unsuitable overseas practice by a PR when deciding about the PR's suitability to practice at their UK clinic?
 - Are the sorts of questions and principles used inform decisions about Special Directions appropriate? E.g. the Human Rights Act or the right to receive treatment overseas?
- Are there any additional actions or measures that the HFEA should consider adopting?

Annex A : UK Cypriot Fertility Association: Infertility treatment in Cyprus (website information)



The UK Cypriot Fertility Association (UKCFA) is a UK association, run by some of the UK's leading Consultants who have a unique partnership with the Cyprus IVF Centre (CIC) in Famagusta. They operate the largest NHS fertility clinic in the UK, offering women who need donor eggs fast access to treatment, an outstanding chance of getting pregnant and personal support by UK health professionals every step of the way. UKCFA also provides a wide range of other treatments to assist couples seeking fertility treatment including Pre-Implantation Genetic Diagnosis (PGD)

Why choose UKCFA?

- **Waiting times** - At UKCFA, there are no waiting lists and you could be choosing a donor and starting treatment in just a few weeks.
- **Support** - UKCFA is set up solely to help you from start to finish. They have UK health professionals in both Cyprus and the UK who will ensure that you are supported throughout all stages of your treatment, including getting you there and looking after you when you get back.
- **Embryo guarantee** - At UKCFA, they guarantee you at least 6 good quality embryos.
- **Pregnancy rate** - UKCFA's partner clinic in Famagusta, the Cyprus IVF Centre, regularly achieves pregnancy rates of 70%. [See their results](#)
- **Donors** - UKCFA has access to a large and diverse pool of young Caucasian donors and donors from African, Asian and Indian subcontinent backgrounds. UKCFA will usually offer you a choice of suitable donor allowing you to be able to feel comfortable with the choice you make. [See their donors](#).
- **UK Professionals** - UKCFA is run by [UK Consultant Gynaecologists](#) who have vast experience of reproductive medicine.



1.1

1.2 *Fertility clinics in Harley Street, London, Liverpool, Manchester, Edinburgh and Belfast*

UKCFA has fertility clinics based in the UK. Consulting rooms are modern, well equipped and offer comfortable and discreet surroundings. Consultations, screening tests and scans take place in the UK and a treatment plan is then set out for you. They also have a growing association of clinics across the UK that may be more convenient for you such as fertility clinics in Edinburgh and Belfast. They will look after you at a location most convenient to you.



Mr. C.R. Kingsland, MD, FRCOG, Consultant Gynaecologist, Specialist in Reproductive Medicine

1.3 The fertility clinic in Cyprus

Cyprus IVF Clinic (CIC) is located in Famagusta on the mid-east side of Cyprus, in the heart of the Mediterranean region. The clinic is a spectacular, purpose built, state of the art facility in a popular destination for couples from the UK. This is where egg collection and fertilisation will take place along with your embryo transfer. Cyprus IVF Clinic performs over 3,000 IVF cycles a year and offers advanced treatments such as Pre-implantation Genetic Diagnosis (PGD) and Sperm Sorting if required. The Clinic's commitment to excellence is also to be recognised by **ISO 9000 accreditation**.

1.4 UK and Cypriot staff

UK Cypriot Fertility Association will ensure that you are looked after by highly qualified health professionals both in the UK and in Cyprus. Not only do they have UK health professionals for your UK treatment but also a UK nurse in Cyprus dedicated to co-ordinating your treatment with UK staff and you directly.

1.5 Treatments offered

1.5.1 ICSI fertilisation

The Cyprus IVF Clinic uses the ICSI procedure in all cases to fertilise eggs. A single sperm is injected directly into the egg. In this way, the sperm is not required to penetrate any of the barriers surrounding the egg. Once injected, the eggs are incubated for a period of sixteen hours, after which time the embryologist will establish if fertilisation has occurred.



1.5.2 Egg donation treatment:

Select a link to find out more about the egg donation process:

- [Initial consultation and registration](#)
- [Choosing your donor](#)
- [Screening tests & counselling](#)
- [Consultant review and scan](#)
- [Your treatment plan](#)
- [Preparing your embryos](#)
- [Your embryo transfer](#)
- [Your pregnancy test](#)

1.5.3 Pre-Implantation genetic diagnosis:

Pre-Implantation Diagnosis is chosen by prospective parents for a number of different reasons. The technique itself involves removing a single cell from an eight cell embryo (usually 2 or 3 days after fertilisation) and testing the cell for a range of gender specific disorders. The ultimate aim is to select only healthy embryos for implantation. The technique has been used to try and increase live birth rates in assisted conception, reduce abnormalities and lower spontaneous miscarriage. [Read more...](#)

1.5.4 Frozen Embryo replacement:

Your cycle is likely to result in more embryos than can be replaced in the uterus in one treatment cycle. UKCFA's normal practice is to replace 2 good embryos and this means, with their embryo guarantee, you will have embryos remaining. If you have good unused embryos in storage you are able to have these replaced when you are ready avoiding some of the complex treatment associated with IVF. [Read More...](#)



2 Pre-Implantation Genetic Diagnosis

2.1 What is PGD?

Pre-Implantation Diagnosis is chosen by prospective parents for a number of different reasons:

1. To test for specific genetic disorders where one of the couple may carry a single gene defect
2. To test embryos for chromosomal disorders, especially where the woman is in her mid to late 30s
3. To choose specific gender for the child for example to avoid certain genetic disorders(also known as gender selection or sex selection)

The technique itself involves removing a single cell from an eight cell embryo (usually a 2 or 3 days after fertilisation) and testing the cell for a range of gender specific disorders. The ultimate aim is to select only healthy embryos for implantation. The technique has been used to try and increase live birth rates in assisted conception, reduce abnormalities and lower spontaneous miscarriage.

2.2 Can I select the sex of my baby?

Family Balancing, Gender Selection or Sex Selection have all been terms used to describe non-medically indicated use of preconception gender selection.

The HFEA currently disallows this technique in the U.K. but it is allowed in many other countries including the U.S.A. Cyprus IVF Centre can perform Pre-Implantation Genetic Diagnosis for the purposes of gender selection.

Gender selection is used medically when prospective parents need to avoid certain genetic disorders. UKCFA has been in the news recently on the BBC. Our Consultant Mr Charles Kingsland was interviewed and asked to clarify the legal position of Sex Selection in Northern Cyprus. UKCFA would like to state that PGD for gender selection IS legal in Northern Cyprus. Our sister clinic, Cyprus IVF Centre (CIC) is an ISO accredited unit, which is registered by the State and the Ministry of Health in Northern Cyprus. All procedures carried out in the clinic are legal and subject to inspection by the local authorities. Part of Mr. Kingsland's comments where he clarifies the ethos of our set up, the need for an organisation to run such services ethically and professionally and praises the quality of care in CIC appear to have been edited from the interview.

UKCFA (UK Cypriot Fertility Association) is set up and run by NHS consultants who also run the biggest IVF Centre in the UK (Liverpool). The main purpose of the UKCFA is to assist couples who wish to go abroad for egg donation or IVF treatment. We liaise with the CIC to help identify suitable donors and co-ordinate the treatment cycles of the recipients and the donors. This way the couple's management in the UK can be carried out under the supervision of NHS consultants and the synchronisation of the donation cycle runs smoothly. The time spent abroad remains minimal.

Couples going abroad for IVF treatment may decide to have gender selection for family balancing. Although family balancing for social reasons remains illegal in the UK, it is legal in Northern Cyprus. UKCFA can assist couples to prepare for an IVF cycle to be carried out with the understanding that if they wish to consider gender selection the couples then need to discuss this directly with the CIC.

2.3 How is my treatment managed?

UK Cypriot Fertility Association (UKCFA) and Cyprus IVF Centre (CIC) work closely together to coordinate your treatment. You will have part of your treatment in the UK and part in Cyprus. You will undergo In-Vitro Fertilisation in the same way as other patients who do not require PGD. The Pre-Implantation Diagnosis part of your treatment is performed in the laboratory under strictly controlled conditions.

Your treatment will involve the following stages:

In the UK:

1. Initial Consultation

Just like our other treatments such as Egg Donation, we can see you either at 121 Harley Street in London or in Liverpool or Manchester. You will have an in depth Consultation with either Mr Kingsland or Mr Gazvani discussing your medical history. It is of great benefit if you bring as much information with you, including results of any recent screening tests you have had done. If you decide to proceed with treatment we will arrange a counselling session for you. This is crucial as we feel it is important for our patients to have ample opportunity to demonstrate they have considered all aspects of IVF with PGD.

2. Screening Tests and Medication

Both partners will need to be screened for HIV and Hepatitis as well as blood grouping. The male partner will also need a recent semen sample, which we can perform if this hasn't already been done. Providing the results of the screening tests are acceptable, you will be issued with a prescription and a treatment plan. The medication will be delivered direct to your home and your UK coordinator will tell you exactly what to take and when.

3. Your Medication Regimen

Several steps are required to bring you to a stage where you are ready to fly to Cyprus for Egg Collection. The objective is to produce as many eggs as is safe to ensure you have a good number of eggs to fertilise. In brief

the steps are as follows:

- a) *Down Regulation* - This phase switches off your body's natural hormone production and allow your medical team to control your treatment. These may be injections or a nasal spray for a period of about 2 to 4 weeks.
- b) *Follicular Stimulation* - Your medical team will confirm with an ultrasound scan that you are ready to start this phase. This stage involves daily injections of a follicle stimulating hormone (FSH) which encourages the ovaries to produce a good number of eggs for collection and fertilisation in Cyprus. Throughout this phase you will have several ultrasound scans which measure the growth of your follicles. This phase lasts about 10-12 days. On a practical note, towards the end of this phase we will tell you when to schedule your flight to Cyprus.
- c) *HCG Injection* - This is a one off injection which prepares your follicles for egg release. This is a crucial injection and must be taken 36 hours before the scheduled egg collection. As you are flying to Cyprus for the rest of your treatment, the timing of this injection is crucial and we will tell you exactly when to take it.

You now travel to Cyprus. Expect to be there 7-10 days and we can help you plan this.

Your Treatment in Cyprus:

1. Initial Visit

After being collected in Cyprus you will visit the Cyprus IVF Centre to meet your Doctor and Coordinator. They will go through what to expect at your egg collection and give you some more medication to take after your eggs have been collected. This is called Cyclogest or Gestone and helps maintain the lining of your uterus to improve the chances of your embryos implanting.

2. Your Egg Collection and Semen Production

36 hours after your hCG injection you will attend the clinic for egg collection at a time given to you by the team in Cyprus. The procedure lasts about 30-40 minutes and is done either sedation or general anaesthetic. Using a trans vaginal ultrasound, each follicle is drained and passed straight to the embryologist and in the majority of the cases an egg will be present in each follicle. You will need to rest for a while after this procedure in one of our recovery bays.

At the same time as the woman's egg collection, the male partner needs to produce the Sperm Sample which will be used to fertilise the eggs. We recommend 3 days of abstinence before providing the sample.

3. Fertilisation and PGD

The Cyprus IVF Clinic uses the ICSI procedure in all cases to fertilise eggs. Each day you will receive a call explaining how many embryos have fertilised and what their quality is. After about 3 days, or when your embryos are at 8 cell stage, the laboratory can perform Pre-Implantation Genetic Diagnosis (PGD) in accordance with the tests that you have agreed with them, which may include selecting the gender.

4. Embryo Transfer

Using a vaginal speculum, the medical consultant exposes the cervix (neck of the womb), which is then cleaned. The culture medium containing the embryos is loaded in a thin plastic tube called a catheter with a syringe on one end. The doctor carefully guides the catheter through the vagina and cervix, and deposits the embryos into the uterus.

We typically transfer two embryos in accordance with UK regulations. We are aware that multiple pregnancies are associated with an increased risk of miscarriage and complications during pregnancy. High quality embryos remaining after the transfer can be frozen for use at a later date.

After your embryo transfer you can return home to the UK and continue your normal daily activities, although prolonged strenuous exercise or activity is not recommended. The embryos are quite safe within the uterus and you can walk, bathe, shower and undertake normal daily activities. Sexual intercourse can be resumed whenever you feel like it.

You must continue to take the medication given to you as instructed. After 2 weeks you will perform a pregnancy test.

3 How Successful is PGD?

So far Cyprus IVF Centre has performed over 400 cases of PGD. Pregnancy rates for under 35 year old women are currently over 50%. In women between 35-39 the pregnancy rate is 37% and women over 40 years old show a current success rate of 18%. [Our results](#).

Annex B : Bridge Centre (UK website)

International Egg Donation

[Good News from our International Egg Donation Programme!](#)

Live Births from treatment from June 2005 – October 2007 inclusive

From a total of 149 recipients who have had embryo transfers, 70 recipients have given birth.

Live birth rate is 46.97% (70/149). We have donor programmes in UK, Austria, Ukraine and USA and will find the right option for you. Call the egg donation team on 020 7089 1445.

3.1 The International Egg Donation Programme (IED)

This is an Egg Donation programme, in which the anonymous altruistic egg donors have no history of infertility and are donating all their eggs to infertile couples.

The International Egg Donation programme option involves preparation at Bridge followed by travel to an the overseas centre for sperm and egg collection, embryology and treatment.

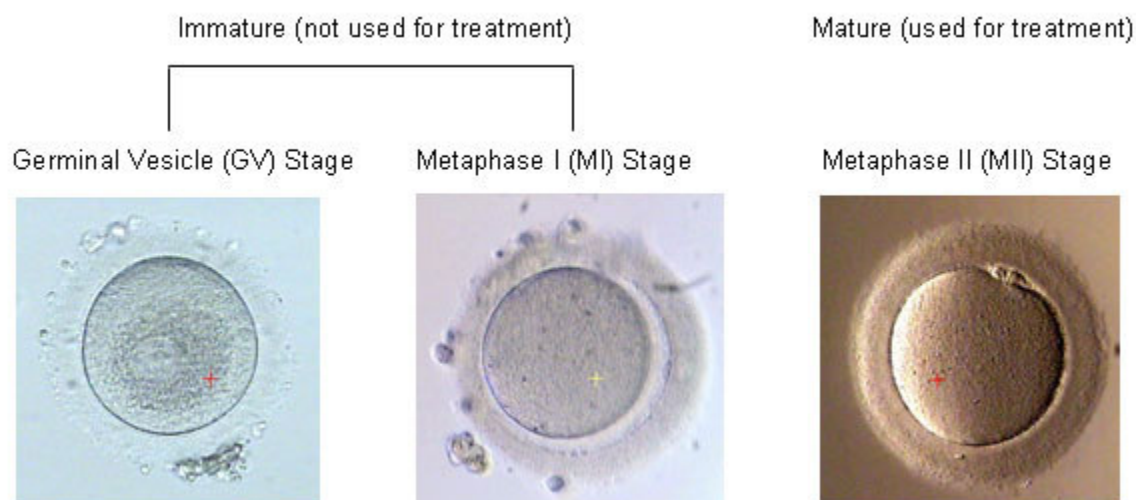
Groups of patients travelling for treatment at an this overseas centre will be are accompanied by a member of the Bridge care team and senior a Bridge medical personnel fertility specialist will perform the embryo transfer. Both Bridge and the overseas centre are ISO 9001 accredited.

There are many other aspects of this programme which set it apart from other international programmes (see the International Egg Donation Programme – General Information) and nearly 50% of the participants are achieving parenthood .

One key difference is that every participant is guaranteed 7 mature eggs.

The provision of mature eggs is fundamental to this treatment plan and is something which is rarely, if ever, guaranteed in other international programmes.

The provision of mature eggs is very important because this ensures that all the eggs you are given can be fertilised (see illustration below) . Programmes which do not specify and guarantee mature eggs are likely to deliver fewer embryos.



"Our programme sets out to achieve the best possible results for a category of patients who typically experience below-average success rates. After three years of this programme, nearly 50% of our patients are happy parents 65" a truly impressive result."

Mr Mohamed Menabawey
Bridge Medical Director

Treatment on the International Egg Donation programme can take place within 3-4 months

Bridge is licensed by the Human Fertilisation & Embryology Authority to perform IVF, microsurgical fertilisations and treatments using donated eggs and sperm and to store genetic material.

[Egg Recipient Information](#)

[The Programmes](#)

[International Donation Programme](#)

[International Sharing Programme](#)

[The UK Programmes](#)

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Annex C: Dubai Gynaecology and Fertility Centre (website)



About Us ::

The Dubai Gynaecology & Fertility Centre is a regional centre for ASSISTED REPRODUCTION and a leading Gulf Centre for infertility treatment.

- **About Us**
 - **Our Team**
 - **Contact Us**
- The Centre was set up by Prof. Ian Craft, a pioneer in Assisted Reproduction Treatments, and the Department of Health & Medical Services, under the leadership of H.H Sheikh Hamdan Bin Rashid Al Maktoum. It was a means of bringing the latest techniques in fertility management to couples in the U.A.E and the GCC region. Since 1991, the Centre has seen couples from the Middle East, Asia, Africa and Europe. It is a fully equipped clinic, operating independently within the Department of Health & Medical Services of Dubai, U.A.E. Infertility treatment is aimed at increasing the chances of successful conception. The natural chance of conceiving is about 20% per month, and for infertile couples, it is considerably less. All assisted conception treatments aim to restore this chance of conceiving and in some cases achieve a 'better' result than nature.

This information has been prepared to inform couples about the fertility treatments available at the Centre. This will hopefully provide a comprehensive guide to the various, often complex, regimes of treatment.

Our History ::

The Dubai Gynaecology & Fertility Centre is a collaborative venture between the Department of Health & Medical Services, Government of Dubai and the London Fertility Centre.

In early 1990, the then Director General of the Department of Health & Medical Services, Dr Juma Belhoul, under the directives of H.H.Sheikh Hamdan Bin Rashid Al Maktoum, Department of Health & Medical Services, and Professor Ian Craft, Director of London Fertility Centre, were in contact with the aim of setting up a fertility programme to assist the U.A.E. and neighbouring countries. The location chosen for the Centre was the unused VIP delivery suite situated in the grounds of Rashid Hospital.

The objective of the Centre was to locally provide specialised fertility and gynaecological services comparable to those found in the West, thereby avoiding the inconveniences experienced by residents of the Gulf countries travelling overseas for treatments.

The DG&FC opened for consultation on the 7th of July 1991, and to date over 10,000 couples have been consulted for fertility, gynaecology or obstetric care.

H.H.Sheikh Hamdan Bin Rashid Al Maktoum officially opened the Centre on 29th February 1992.



Baby Party held to celebrate the birth of the center's 500th baby

Annex D: The Infertility Network UK Fertility Tourism Survey Results

We had 339 responses to the fertility tourism survey which was put on the Infertility Network UK website, and linked from a number of other sites.

Our survey shows that three-quarters of those who responded (76%) would consider travelling abroad for fertility treatment.

What is the attraction?

We asked what would attract people to overseas fertility clinics, allowing them to tick all the relevant responses. The main attractions were -

- short waiting times (70.5%)
- cost of treatment (69.5%)
- success rates (61%)
- availability of donor eggs/sperm (53.8%)
- positive reports from other patients who have been abroad (51%)
- Other reasons some patients listed were the availability of donor eggs and sperm, recommendations from UK clinics and the opportunity to have more embryos replaced (all selected by 23.3%)

Why some people wouldn't consider overseas treatment

For the 24% who wouldn't consider it, the main reason was concern about standards in overseas clinics (selected by 67.5%). Again they ticked all the relevant reasons, and this was followed by concerns about lack of regulation in other countries (57%), and worries about language and communication problems (49%).

Just 34% of those who wouldn't consider going abroad said this was because they were happy with the fertility treatment offered in the UK - a total of 26 of the 339 people who responded to the survey. Some patients (29%) said they wouldn't consider going abroad because they couldn't afford private fertility treatment in the UK or abroad.

What treatment did they have overseas?

We asked those who'd been to overseas clinics what treatment they'd had 41% went for egg donation, 7% for sperm donation, 1% for embryo donation, and 3% for surrogacy. The others had all been for treatments that didn't involve donor eggs or sperm.

What people had liked about their treatment overseas

Of those who'd been abroad 88% were happy with the treatment they'd had. For those who'd been abroad, the main positives were

- Short waiting lists 78%
- Cost 66%
- Availability of donor eggs/sperm 60%
- Higher success rates 41%
- Attitude of staff at clinic 38%
- Atmosphere at clinic 40%
- Facilities at clinic 36%

- Donor anonymity 30%

What some people hadn't liked about treatment abroad

For the 12% who weren't happy, the main problems were

- Language and communication (47%).
- Lack of regulation - includes problems with having to have an anonymous donor (37%)
- Prices higher than anticipated at outset (26%)

Making the arrangements

- 87.7% had arranged their treatment abroad themselves
- 9.9% had a recommendation from a UK clinic
- 3.7% had treatment arranged by a UK clinic

Counselling

64% were not offered any counselling abroad

Where did they go for treatment

Spain was by far the most visited country for fertility treatment, with at least three times as many patients going to there as anywhere else. The patients questioned had visited 22 different countries for treatment, and other popular destinations were Russia, the Czech Republic, the USA and India. Greece, Belgium, Cyprus and Barbados followed behind. Some of the more unusual and far-flung destinations included Thailand, China and Egypt.

Annex E: Fertility treatment abroad (HFEA website)

The HFEA and fertility clinics overseas

The HFEA regulates clinics in the UK only. Before going abroad for fertility treatment, the HFEA advises that you find out about the standards and regulations in the country where you will be treated.

We cannot provide specific advice about fertility clinics outside the UK. Foreign clinics are subject to the laws and standards which are in force in that country and these may be quite different to those in the UK.

The HFEA cannot regulate treatment that is carried out abroad even when UK clinics have arrangements to refer patients to specific clinics outside the UK.

There are many issues that should be considered before going abroad for fertility treatment.

These include:

- [Standards of quality and safety](#)
- [Success rates](#)
- [Patient information](#)
- [Donor information](#)
- [Complaints and legal issues](#)
- [Ethical issues](#)
- [Exporting eggs, sperm or embryos abroad](#)
- [Surrogacy abroad](#)
- [Other information](#)

Standards of quality and safety

UK clinics are inspected and monitored regularly to ensure they maintain standards set out by the [HFEA Code of Practice](#)

A set of standards introduced by the EU Tissues and Cells Directive (EUTD) applies to most countries in Europe (those within the European Economic Area) although this has not yet been fully implemented in all countries. Within the UK, there are additional standards in place that help protect patients and ensure quality and safety.

Clinics in other countries may be subject to local standards and regulations, and these can vary across the country. Outside the EU, the standards of testing donors for disease and inherited disorders may be different from those applicable in the UK or Europe. Counselling must be offered by UK clinics, it may not be offered in other countries. [Why is counselling important?](#)

The HFEA produces guidance for clinics on the number of embryos that may be transferred, as a multiple pregnancy increases the risk to both the mother and the babies. We also publish a patient factsheet [Multiple pregnancies: considering the risks](#) which you may find useful. We

would also advise you to discuss the number of embryos you will have transferred with your clinic before commencing treatment.

Success rates

Foreign clinics may not be subject to the same external examination of their success rates as clinics in the UK. The law requires UK clinics to inform the HFEA about the treatments they carry out and this information is published by the HFEA.

How success is calculated may also be different, making it difficult to compare like with like. The success rates reported by UK clinics and the HFEA are the number of live births as a percentage of cycles started. So, for example, a success rate of 22 % means that for every 100 cycles started at that clinic, 22 of these resulted in a live birth.

Some foreign clinics report their success rates as a percentage of embryo transfers carried out. This calculation does not include those cycles that were stopped before embryos were transferred and so will give a higher "success rate" figure.

[Read more about HFEA success rates](#)

Patient information

Confidentiality - it is worth researching the clinic and finding out what happens to your patient information, and who will be able to access it.

Safeguarding information - can the clinic ensure that important records will not be destroyed? And what will happen to your patient information or the information about the donor used in your treatment should the clinic close down?

Donor information

The HFEA holds a central register of donor information so that when offspring reach the age of 18 years they can obtain details about their donor. You should be aware that donation is anonymous in most countries outside the UK and not all will have a central register of donor information.

If an overseas donor is to be identifiable when the child reaches 18, the systems for recording and retaining the donor's details over that period may not be as strict as those in the UK. Some individual clinics may hold donor information. It is important to find out in advance whether the clinic you are being treated at is one of these or not.

The law in the UK also states that the donor does not have any responsibility to children born as a result of the donation. This may not be the case in other countries. The HFEA therefore recommends you seek your own legal advice to clarify your position.

See also [ethical issues](#).

Complaints and legal issues

Should anything go wrong with your treatment you should find out how your concern or complaint would be followed up and resolved. Clinics in the UK are required to have a complaints process. If a patient is unhappy with the way a clinic has responded to their complaint, they may refer the matter to (depending on the issue) the HFEA or another professional or statutory organisation.

The law in the UK states that the donor does not have any responsibility to children born as a result of the donation. This may not be the case in other countries. The HFEA therefore recommends you seek your own legal advice to clarify your position.

You might need independent legal advice to clarify the enforceability of contracts and agreements between you and a clinic outside the UK.

Ethical issues

Before donations are accepted all UK donors are interviewed, offered counselling and screened. There are also clear limits set out on the extent to which a donor may be paid for expenses, loss of earnings or inconvenience. The process is different in every country and you may wish to find out more about this before undergoing treatment with donor gametes.

The [HFEA Code of Practice](#) sets a limit for the number of live births that can be achieved by one donor. This may not be the case in other countries and it can be left to the discretion of the clinics. You may wish to investigate this further before you begin treatment.

Exporting eggs, sperm or embryos abroad

If you have fertility treatment abroad and export sperm, eggs, or embryos from the United Kingdom, information about your treatment cannot be held on the HFEA Register.

This means that the HFEA cannot supply you or your children with information from the HFEA Register about your donor or any donor-conceived half brothers or sisters.

A set of standards introduced by the EU Tissues and Cells Directive (EUTD) applies to most countries in Europe (those within the European Economic Area) although this has not yet been fully implemented in all countries. This may affect patients wishing to import or export eggs, sperm or embryos to or from these countries.

[Further information about importing or exporting eggs, sperm or embryos.](#)

Other information

It may be worth trying to speak to someone or a group of people who have been treated at the clinic or in the country to where you are intending to go to find out about their experiences.

A list of patient organisations in other countries can be found on the [Infertility Network UK website](#).

If you are going abroad to enter into a surrogacy arrangement abroad, you should find out how the law in that country and the UK will apply to you. Read more about [surrogacy arrangements where the child is not born in the UK](#).

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