

In Vitro Fertilisation (IVF)



Fertility New Zealand is a registered charity supporting people with fertility issues

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In Vitro Fertilisation (IVF) has been widely used internationally for three decades, and during that time its sophistication and success rates have improved dramatically. Babies conceived with IVF currently constitute around 3% of all babies born in New Zealand. However, despite it being so popular, the physical, emotional and financial impacts of IVF should not be underestimated.

Suitability of IVF

IVF can overcome both male and female factor fertility issues. Male fertility issues may include low sperm count or motility. Female fertility factors for which IVF may be appropriate include endometriosis or blocked fallopian tubes. IVF can also be used in cases of unexplained infertility. However, IVF will not help a woman who suffers from recurrent miscarriages.

IVF does not guarantee a successful pregnancy, and often several rounds are required. As with natural conception, the chances of pregnancy are closely linked to the mother's age. For women aged 35 and under, the success rate for IVF is currently around 45% per cycle of treatment. For 40-year-old women, the success rate is around 20%; and less than 10% for women aged over 42. If a woman's eggs are of poor quality or there are none left, the only option of pregnancy will be through using donor eggs.

IVF relies on drugs producing more than the usual single egg per cycle. If the woman does not respond to these drugs, and only produces one egg (as usual), the treatment's chances of success will be greatly reduced.

Access to IVF treatment

IVF is priced on a per cycle basis and the pricing may vary slightly by clinic. It will also depend on the exact treatment that you will require, for example, Intra-Cytoplasmic Sperm Injection (ICSI) alongside IVF will increase the treatment cost.

The New Zealand government currently funds up to 2 rounds of IVF per couple who meet the eligibility criteria. Passing the criteria allows couples (or infertile singles) to join a waiting list for these publicly funded cycles. There is a

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minimal (or non-existent) waiting list for privately funded IVF treatment. This may cost in excess of \$10,000 per cycle.

Process

Initially, the woman is given hormone drugs to stimulate the ovaries to produce multiple follicles. She may also be given birth control pills the cycle prior to treatment, in order to control when ovulation takes place. Blood tests and ultrasound scans monitor the eggs' development and another drug is given to mature the eggs before egg collection.

Meanwhile, a sperm sample is produced by the man (on the day of collection). If there are no sperm in the semen (azoospermia), the sperm may have to be surgically retrieved.

The woman is then put under a mild anaesthetic and eggs are collected with a long needle. The doctor performs this whilst observing an ultrasound scan. An embryologist then combines the eggs and sperm in a petri dish containing nutrients, and places it in an incubator. If a sperm joins an egg, fertilisation has occurred to create an embryo. The embryo(s) are left to culture for 1-5 days, during which time the embryologist performs several checks to identify which of the embryo(s) is most likely to implant. At this stage, embryos may either be left to develop or cryopreserved (frozen) for use later.

Current practice is to transfer an embryo on day 3 after egg collection or to leave embryos to develop to the blastocyst stage (at day 5) ▶



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test. Stress, frustration, anxiety and sensitivity are often felt during this time and there may be a sense of life being ‘on hold’.

It helps to keep busy during this time, and plan activities to try to keep your mind off pregnancy. Avoid pregnancy tests, which are unlikely to be accurate, before your period is due. Also, the hormone drugs may create pregnancy-like symptoms, so try to divert your mind from ‘feeling’ pregnant.

Although you and your partner have been through this process together, it is best to retain some balance in your relationship. If it helps to limit all fertility/pregnancy conversations to 20 minutes, this may provide some compromise for both parties. A counsellor at your IVF clinic, or your IVF nurse may provide support and advice for this period which many IVF couples and singles have endured. ■

◀ before transferring into the uterus. The embryo is replaced into the mother’s or a surrogate’s uterus using a catheter. Single embryo transfer (returning one embryo to the uterus) is usual, although older women may have two or three embryos selected for transfer.

By day 6, the embryo in the uterus will ‘hatch’ which will enable it to implant into the uterus. 14-16 days following egg collection, the woman has a blood test for pregnancy.

Emotional experience

Some couples, particularly those who have endured infertility over an extended period of time, may feel that IVF gives them a tangible process to focus their energies on. Others may feel uncertain or anxious about the physical intrusiveness of the process. Either way, the hormonal drugs given to the woman may cause any of a wide variety of side effects. Some women feel emotional and easily upset, others may experience headaches, bloating and tiredness amongst other symptoms.

Many IVF patients, especially women, find that the most difficult part of the treatment is the wait between the embryo transfer and the pregnancy

Please note that the information presented in this brochure is intended only as a brief summary. For specific advice on your particular medical situation you should always consult your professional health care provider.
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