

Title

Fertility - Egg /Embryo procedures and transfer

Reference Number: RDF2110

Date of Response: 06/12/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

Under the Freedom of Information Act, I would like to request the following information regarding Fertility Exeter:

Does the clinic offer egg retrieval procedures on weekends for private patients? - No

1) Does the clinic offer egg retrieval procedures on weekends for NHS patients? – No.

2) Does the clinic offer natural cycle frozen embryo transfers? – No.

3) If yes to the above, for the most recent complete year of data, how many frozen embryo transfers did the clinic complete? How many of these were natural cycle transfers? - This question is not applicable.

4) Please could you send me a copy of any patient information (e.g., patient information sheet/leaflet) relating to embryo transfer/the embryo transfer cycle? – Please see leaflets attached:

- Information for Patients about Frozen Embryo Treatment.
- In-Vitro Fertilisation (IVF) Treatment Information Leaflet V2.1

5) What are the clinic's criteria for providing IVF/ICSI (e.g., BMI, smoking status, age, any other requirements)? Please state if and how the criteria differ between NHS and private patients.

a. NHS

- i. BMI should be less than 30 for both partners.
- ii. No smoking for both partners
- iii. Female should be age below 40.
- iv. No restriction on male age
- v. No previous children in the current relationship

b. Private

- i. BMI should be less than 35 for female partner.
- ii. No BMI restriction for male partner.
- iii. No smoking for both partners.
- iv. Female should be age below 43 using own eggs.
- v. Female should be age below 50 using donor eggs.
- vi. No restriction on male age.

FET



Royal Devon
University Healthcare
NHS Foundation Trust

Information For Patients About Frozen Embryo Treatment



Fertility
+xeter

What is a frozen embryo treatment cycle?

A frozen embryo transfer (FET) is a cycle in which frozen embryos created during a previous 'fresh' IVF cycle are thawed and then transferred back into the womb.

Is this the right treatment for us?

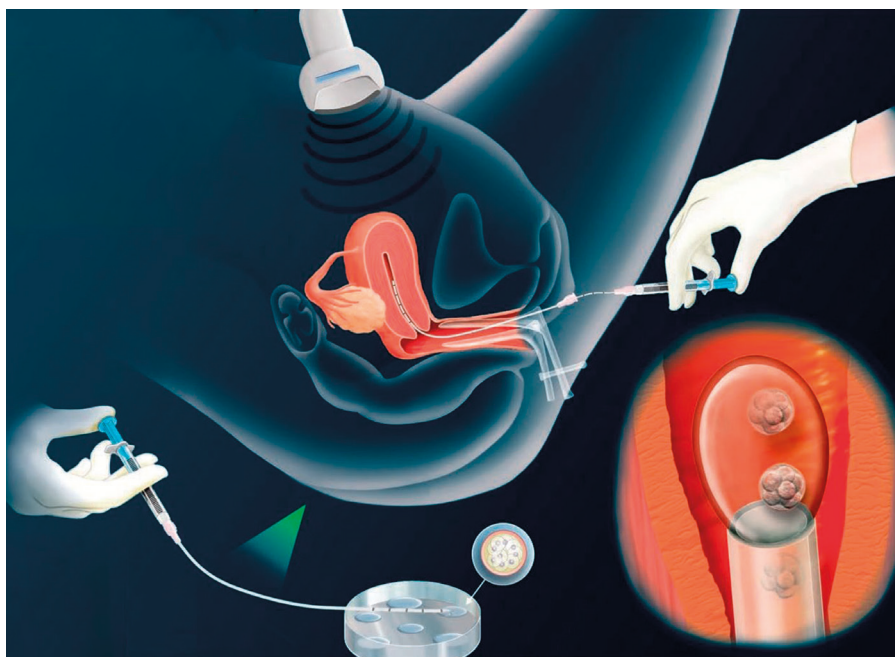
A frozen embryo transfer will be discussed at a follow up consultation after a 'fresh' treatment cycle where suitable spare embryos were frozen and stored. Most stored embryos (80-90%) survive the freezing and thawing process and are suitable for transfer. However, this means that in a small proportion of frozen cycles none of the embryos survive or are suitable for transfer. This is a particular risk if there are only 1-2 embryos in storage. Unfortunately, this is not possible to predict and we will not know about embryo survival until a few hours before the embryo transfer is scheduled. Sometimes, it may help to culture embryos for 1-2 days to assess their continued ability to grow and develop after the thaw, particularly where more embryos than are required for transfer, have been thawed. This may give a better chance of a successful outcome. It may also potentially increase the total number of embryos remaining in storage, as unused suitable embryos that have undergone further development, may be

re-frozen. It is therefore ideal to have several stored embryos available to enable selection of the most suitable embryos after thawing. If you have a very small number of embryos stored, the doctor may suggest undergoing a further fresh treatment cycle with a view to increasing the number of stored embryos.



- If you had embryos frozen during a previous 'fresh' cycle, the transfer of these will be discussed with you at a follow-up consultation
- About 80-90%, and therefore not all embryos, survive the freezing and thawing process
- Embryo survival is not usually known until after the thaw, nearer the scheduled time of transfer
- If your embryos were frozen early in their development, more than one may be thawed out to help select the best by their ability to grow and any surplus suitable ones could be re-frozen
- If you have very few embryos in storage, you may be asked to consider undergoing a further fresh cycle in an attempt to increase the total number





What does the process involve?

The treatment starts with Buserelin injections from day 21 of the period to suppress the woman's natural hormones. This usually lasts 10-14 days and you should have a period during this time. An ultrasound scan is performed during your period to check that the ovaries are inactive and the lining of the womb is thin (down-regulation). Side effects may include hot flushes, night sweats, headaches, vaginal bleeding and mood changes. These are due to low oestrogen levels and usually only last for a short time.

Once the scan has confirmed down-regulation, you will take oestrogen tablets to prepare the lining of the womb, usually for 9-14 days and have a repeat ultrasound scan to check the thickness of the womb lining. Oestrogen tablets are taken in two divided doses. If the optimal lining thickness has not been reached, the

recommendation is to stop the treatment cycle and restart using oestrogen patches in addition to tablets. Oestrogen may cause nausea in some women and skin patches may give a local reaction to the adhesive. No other notable side effects are common as the hormone is the same as that naturally produced by the ovaries.

Once the lining of the womb is thick enough, you will also be advised to commence 'luteal support' in the form of progesterone pessaries (which can also be used as a rectal suppository) or injections in addition to oestrogen.

On the day that the embryos are thawed, the embryologist will phone you to inform you how many embryos have survived and finalise any decisions regarding the number of embryos to be transferred. The date and time of the embryo transfer will then be confirmed. You should bring a pair of slippers or socks and avoid perfume or strongly scented toiletries.

The procedure of embryo transfer itself is simple and normally pain free. Please come with a comfortably full bladder which has been shown to improve the chances of successful treatment. The selected embryo(s) will be placed into a fine catheter (flexible tube) by an embryologist, passed to the clinician and gently transferred into the womb under ultrasound guidance. Occasionally, an instrument may be used to hold and straighten the neck of the womb which may cause some temporary period-like pain.

After the embryo transfer the embryologist will check the catheter in the lab under the microscope. Rarely, the embryos will remain in the catheter but this only requires that the transfer procedure be repeated and doesn't reduce the chance of pregnancy.

- **You will be given Buserelin injections to take control of your natural hormones**
- **When an ultrasound scan shows that your natural hormones have been suppressed, oestrogen to help prepare the internal lining of your womb will be given to you**
- **“Luteal support” in the form of progesterone will be started prior to embryo transfer**
- **The medications may cause some short-lived side-effects**
- **A member of the embryology team will phone you with an update on the thaw outcome and/or embryo development and confirm the date/time of transfer**
- **You will be required to come with a comfortably full bladder and bring a pair of slippers or socks for your embryo transfer**

How many appointments will be required during my FET cycle?

You will need to attend the centre for a 'planning' appointment with one of the nurses, two or three ultrasound examinations and the embryo transfer itself.

What happens after the embryo transfer?

You will be advised to continue your hormone medication until you do your pregnancy test on the date written on your embryo transfer letter (11-14 days after your embryo transfer). If your pregnancy test is positive you will continue the hormone treatment until 12 weeks of pregnancy.

Women are generally advised to continue with their usual daily routine. There is no need to take special rest. However, we would advise you to avoid strenuous physical exercise and to check with us first before taking any drugs or medicines. Some women may experience lower abdominal pain and bloating. It doesn't mean that the treatment has not worked. Paracetamol can be taken if required for pain relief. Drugs like ibuprofen should be avoided at this stage. Vaginal bleeding or brown discharge can be worrying but many women who experience this go on to have a positive pregnancy test and on-going pregnancy.



- You will be advised to carry on with your luteal support until your pregnancy test even if you experience some bleeding
- You may continue with your usual daily routine, avoiding any strenuous physical exercise
- Phone us if you have any concerns or would like to talk about your medication

Pregnancy scans?

If the treatment is successful, you will be offered a scan at seven weeks (4-5 weeks after the embryo transfer) to check if the pregnancy is going well. You will then be advised to make an appointment with a midwife to book antenatal care. The HFEA requires us to submit information about the outcomes of IVF treatments and therefore we look forward to hearing from you regarding this.

- If there is nothing to be concerned about after your pregnancy scan, you will be advised to contact your midwife to book antenatal care
- Please let us know the final outcome of your treatment, positive or negative
- Please let us know when you have your baby, as we are not always aware and it is important for the records we submit to the HFEA

What are the chances of getting pregnant with frozen embryo transfer?

Stored embryos may have a lower developmental potential than 'fresh' embryos and hence success rates may be slightly lower. As in a 'fresh' cycle, the chances will largely depend on the woman's age when the embryos were created and stored, length of time trying to conceive and whether there have been any previous pregnancies. You can find out our current FET success rates from our website www.fertilityexeter.co.uk, or a member of our team.

Follow up appointment

If your treatment is not successful, you will be offered a 'debrief' appointment with one of the doctors to review the cycle and discuss future treatment options. There is no additional charge for this appointment.

Counselling

We recognise how stressful both struggling to get pregnant and the treatment itself can be. Therefore we offer specialised fertility counselling before, during or after your treatment. One session with a specialist fertility counsellor is available to you at no additional charge during your treatment. To arrange an appointment please phone the clinic receptionist on 01392 405051. If additional sessions are required these may be chargeable.

- Talking about your feelings may help you to deal with the stress of trying to conceive and your fertility treatment
- A specialist fertility counsellor is available for you at no extra charge



**Together we can
achieve so much**



Feedback

Here at Fertility Exeter we care about getting things right for our patients. As such we would welcome any feedback that you may have, to help us continually improve the services we provide. You can do this in a number of ways:



Patient Advice & Liaison Service (PALS)
Royal Devon and Exeter Hospital (Wonford)
Barrack Road
Exeter
EX2 5DW



Direct Dial: (01392) 40 2093



rduh.pals-eastern@nhs.net

You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:

<https://www.hfea.gov.uk/choose-a-clinic/clinic-search/results/5/patient-rating/>



“What went well could go better if”

These are yellow cards and you will find them in our waiting area, please complete and put them in the box provided. The box is sorted on a weekly basis and suggestions are acted on accordingly.

Alternatively:

Complete our Patient Surveys on our website **www.fertilityexeter.co.uk**

See our Patient Survey links on our emails.

Fertility Exeter
Royal Devon & Exeter Hospital (Heavitree)
Gladstone Road
Exeter
EX1 2ED

Tel: (01392) 40 5051
email: **rduh.fertilityexeter@nhs.net**

www.fertilityexeter.co.uk



Filename: FET Information Leaflet V2.1.Pdf
QPulse Ref: F/PI/55
Author: I.Roshko, I.Joels, R.Cowie & N.Melie
Approved by: FGG Date: 13.12.2022
Review date: 13.06.2024
Expiry date: 12.12.2024

In-Vitro Fertilisation Treatment - Information leaflet



This leaflet will explain what IVF treatment is, including the benefits and risks of IVF.

What is IVF treatment?

IVF is a process of taking eggs from a woman's ovaries, fertilising them with sperm (her partner's or donor sperm) to create embryos and then replacing the embryos in her womb. The ability of the embryos to implant and become a pregnancy is likely to be influenced by the woman's age, amongst other factors.

The usual form of IVF treatment involves drug treatment for the woman, using a combination of tablet and injection medication, for stimulation of the ovaries to develop follicles which contain eggs. The number is likely to be influenced by the woman's age and hormonal profile, but aiming for around 8-15 eggs. The response to the injections is monitored by ultrasound scans to measure the size of the follicles, and the dose of follicle stimulating hormone (FSH) injections may be altered to optimise the response. Once the lead follicles have reached 16-20mm in diameter, a trigger injection is given and the egg collection is scheduled for 35-36 hours later.

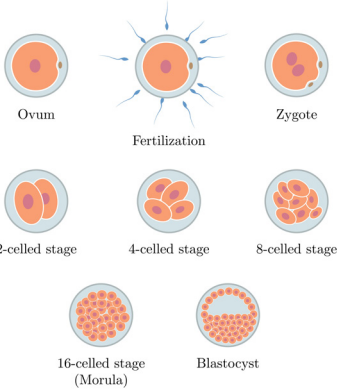
The egg collection procedure is done under conscious sedation, with either intra-venous sedation or Entonox (gas and air) with an injection of local anaesthetic into the vagina. An ultrasound guided needle is passed through the vaginal wall into each follicle and the fluid aspirated. A mature egg would be expected from most of the larger follicles and fertilisation is attempted using prepared sperm on the same day as the egg collection.

The development of the embryos is carefully monitored over the next two to six days by the embryologist. The best quality embryo or embryos are selected for transfer. The embryos are loaded into a fine catheter which is passed through the neck of the womb in order to place the embryos, under ultrasound control, near the top of the cavity of the womb. Hormone supplements are given for

two weeks until a pregnancy test confirms the outcome of the treatment. If the woman conceives, she will continue the hormonal support until 7-12 weeks of pregnancy.

- **IVF involves mixing of eggs and sperm to create embryos, which are put back into the womb of the woman**
- **The woman is given appropriate doses of FSH to stimulate her ovaries to produce follicles**
- **When there are 'leading' follicles 16mm-20mm in diameter, a different 'trigger' injection is given to mature the egg(s)**
- **The eggs are collected 35-36hrs later via a minor surgical procedure, using a long needle through the vagina and an ultrasound, under sedation or gas & air**
- **Prepared sperm is introduced to the eggs in a dish, either by conventional IVF or, as is sometimes necessary, via injection of a single sperm into a single mature egg (ICSI)**
- **Fertilisation is assessed the following day and development of the resulting embryos monitored for up to six days**
- **Typically, one or two embryos may be transferred on day 2/3 or 5/6 of the development; with up to three permitted only in women over 40 years using their own eggs**
- **Hormonal supplements are taken by the woman for up to two weeks, followed by a pregnancy test**

Early stages of embryonic development



Why has IVF been recommended for us?

IVF is the best treatment available for a number of fertility problems where a couple is very unlikely to conceive naturally. For example, if your fallopian tubes are blocked, the eggs and sperm will not meet naturally. In IVF the eggs and sperm are mixed together in the laboratory bypassing any tubal blockage. In cases of a severely abnormal semen analysis, the chance of natural conception is extremely low but by using IVF with ICSI the chance of pregnancy is increased by at least 10 times.

IVF is also recommended if other fertility treatments have failed or in cases of prolonged unexplained infertility, if you have been trying unsuccessfully to conceive for more than two years.

You may need IVF if:

- You have been trying to conceive for two years (or one year if the woman is over 38)
- The woman's tubes are blocked
- The sperm analysis results are not good
- Other fertility treatments have failed

What are our chances of getting pregnant with IVF?

The chance of conceiving depends on a number of factors including the woman's age, the length of time trying to conceive and whether there have been any previous pregnancies.

The doctor will advise you of your chance of success based on your own unique situation. There is a useful online tool which uses real outcome data collected by the HFEA to allow you to predict your chance of pregnancy.

IVF predict: <http://www.ivfpredict.com>

- **Your chance of getting pregnant depends on a variety of factors and your individual circumstances**

Are there any risks with IVF treatment?

Every treatment has its benefits and risks but the good news is that the risks with IVF are very small. There is no increased risk of a baby having an abnormality with standard IVF or frozen embryo treatment compared to natural conception.

The biggest risk with IVF is multiple pregnancy and as such, the HFE Act allows the transfer of up to two embryos in women under 40 and up to three embryos in women aged 40 and over when using their own eggs. The risk of twins in IVF can be exceptionally high where two embryos are transferred when compared to that seen in natural pregnancies. It is routine practice to replace a single embryo in the majority of transfers in women aged under 40. Twin pregnancies are six times more likely to have complications such as premature delivery, low birth weight and cerebral palsy than a singleton pregnancy. Therefore, you may be advised to have an elective single embryo transfer (eSET) to minimise those risks. In certain cases, the NHS will only fund eSET, but you may also be entitled to a frozen embryo transfer if the eSET cycle is not successful.

There is a risk of over-response to the ovarian stimulation drugs leading to ovarian hyperstimulation syndrome (OHSS). This condition is rare, occurs only 1 in 50-200 cycles, but can be very serious needing hospital or even intensive care treatment.

Your IVF may be cancelled or all suitable eggs/embryos frozen if you are at risk of OHSS. There is also a risk of reduced response to the medication in which case your treatment may be cancelled and the drug regimen altered for your next attempt at IVF.

There is a 1 in 500 risk of pelvic infection and a 1 in 2,500 risk of serious haemorrhage as a result of the egg collection procedure. Long term studies have **not** shown an increased risk of ovarian, breast, cervical or endometrial cancers after IVF treatment. There may be a slight increase in the risk of borderline (not malignant) ovarian tumours after repeated courses of ovarian stimulation.

- **The biggest risk in IVF is a multiple pregnancy**
- **The woman may 'over respond' to the drugs, leading to ovarian hyperstimulation**
- **The woman may 'under respond' to the drugs leading to inadequate follicle development and therefore no eggs for collection**
- **There is a very small risk of pelvic infection and serious haemorrhage following egg collection**
- **Various strategies are in place to minimise and/or deal with these risks**
- **Studies so far have not shown any increased risk of ovarian, breast, cervical or endometrial cancers following IVF treatment**

What appointments will we need during the course of our IVF treatment?

Your first consultation will be to discuss the reasons for suggesting IVF and explaining

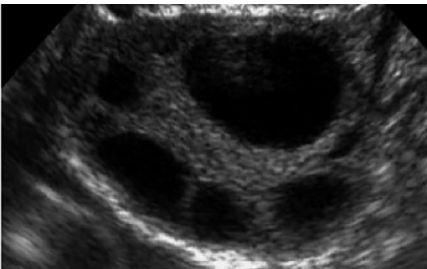
in detail how IVF is done, its benefits and risks and the chance of success. You will then have a planning appointment with the specialist IVF nurses. At this appointment, you will be given your prescription, be taught to do the injections and sign consents that were given to you at your initial consultation. Any additional tests, including screening for hepatitis and HIV, will be arranged at this meeting. You will go through the consent forms with the nurses and sign them all prior to starting treatment. You will be given your treatment regimen and advised of the likely week of egg collection.

- You will be taught and required to self-administer injectable drugs



Self-Injection

Once the drug treatment starts, you will need monitoring ultrasound scans, usually two or three half hour appointments in a two week period.



Follicles as seen by ultrasound

The egg collection is a day case procedure. You will probably be in the unit for a couple of hours but most patients are home by lunchtime. You are advised to stay home and rest for two to three days after the egg collection as you may feel uncomfortable. It is not necessary to have bed rest at this time but vigorous exercise is not advisable.

After the embryo transfer you can return to normal daily activities including going to work. There is no evidence to suggest that working after embryo transfer reduces the chance of getting pregnant.

- You will be required to attend the centre between 6 and 8 times in total
- Your appointments may last from about 30mins to a couple of hours
- Please inform the centre in a timely manner if you are unable to make any of the appointments

What is the role of the HFEA?

The Human Fertilisation and Embryology Authority (HFEA) is the government body which regulates IVF treatment, ensuring that each IVF clinic adheres to the law, the HFE Act. The HFEA ensures that the clinic keeps the information about your treatment confidential. No information about your treatment is shared with anyone outside the IVF clinic without your written consent. The HFEA requires a clinic to consider the welfare of children who may be born as a result of IVF treatment. You may not be offered treatment in some circumstances, e.g. if there is a history of child abuse or domestic violence. The clinic may request further information from your GP or other healthcare professionals in some cases.

Treatment is usually only offered to couples in a long-term stable relationship who both intend to be the legal parents of a resulting child. The HFEA monitors the multiple pregnancy rate from IVF treatment, encouraging clinics to reduce the number of twins conceived whilst maintaining pregnancy rates. A fee must be paid direct to the HFEA for every IVF treatment cycle.

- **The HFEA is a regulatory body that governs the performance of assisted conception procedures and provides independent information on fertility treatments to the general public in the UK**

What additional investigations are needed before IVF?

The law relating to IVF states that all couples must be screened for hepatitis B and C and HIV within three months of their first treatment. There are exceptions for some couples who are using donor sperm or eggs. Additional blood tests may also be necessary and the doctor will discuss this with you. If you test positive for any of these viruses you may be referred onto a specialist for treatment for the infection. Your fertility treatment may be transferred to another centre with the capability of dealing with patients carrying viral infections. Hepatitis and HIV screening must be repeated every 24 months if fertility treatment is continuing.

Will we get NHS funding for IVF treatment?

If you are entitled to NHS funded treatment in general, then you will be entitled to fertility investigations and a clinical opinion. NHS funded IVF treatment has very specific eligibility criteria which vary according to where your GP's surgery is and which CCG (Clinical Commissioning

Group) funds your treatment. Each CCG applies age, BMI and other clinical criteria depending on your subfertility diagnosis. The precise criteria should be checked on your CCG's website. It is unlikely that you will have NHS funded IVF if you already have a child together.

Devon: www.devonccg.nhs.uk/download/assisted-conception

Somerset: www.somersetccg.nhs.uk/wp-content/uploads/2020/08/fertility-assessment-and-treatment-policy-1920.v6b.pdf

Cornwall: <http://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf>

NHS England: www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/n-sc037.pdf

- **You may be eligible for NHS-funded IVF**
- **Eligibility criteria depend on what geographical region your GP's surgery is**
- **You may not be eligible for NHS funded IVF if you already have a child together**

Counselling

We recognise how stressful both struggling to get pregnant and IVF treatment is. Therefore, we offer specialised fertility counselling before, during or after your treatment. The first counselling session with the specialist fertility counsellor is free as a part of your treatment. If further sessions are required, there may be a charge. To arrange an appointment please contact the clinic receptionist on 01392 405051.

- Talking about your feelings may help you deal with the stress of trying to conceive and the IVF process
- A specialist fertility counsellor is available for you at no extra charge
- An appointment can be arranged by calling 01392 40 5051

Pregnancy scans and birth outcome information

If your IVF treatment is successful, you will be offered a seven week scan to check that all is going well and to see if it is a singleton or twin pregnancy. You will then be advised to make an appointment with your midwife to book antenatal care. You may be surprised that we are not routinely informed of the outcome of your pregnancy and would be grateful if you could contact us at the end of the pregnancy to let us know. This is both because we want to hear from you and because we need to give this information to the HFEA.

Follow up/further treatment

If your IVF treatment is not successful, please let us know either by phone or by returning the letter given to you at embryo transfer. You will be offered a debrief appointment, for which there is no extra charge, to discuss the future. If further treatment, investigations or procedures are recommended, this will be discussed with you at that appointment.

- You may ask questions about anything you do not understand or need reassurance about at any stage of your treatment

- Please always let us know the final outcome of your IVF treatment; positive or negative
- You will be offered a debrief appointment at no extra charge after an unsuccessful IVF cycle
- If your treatment is successful you will be offered a scan to check how many babies you are expecting and that the pregnancy is going well
- After the scan, if there is nothing to be concerned about, you will need contact your midwife to book antenatal care
- Please let us know when you have your baby, as we are not always aware and it is important for the records we submit to the HFEA

Additional procedures during IVF

In some cases, your doctor may recommend additional procedures or treatments as part of your IVF cycle. This includes direct injection of the sperm into the egg to create an embryo (ICSI), surgical sperm recovery and tubal surgery. There are separate leaflets giving detailed information about these procedures.

Questions

IVF treatment is a complicated procedure and we encourage you to ask the doctors, specialist nurses and embryologists questions throughout your treatment to ensure that you understand what is being recommended for you and why.

Feedback

Here at Fertility Exeter we care about getting things right for our patients. As such we would welcome any feedback that you may have, to help us continually improve the services we provide. You can do this in a number of ways:



Patient Advice & Liaison Service (PALS)
Royal Devon and Exeter Hospital (Wonford)
Barrack Road
Exeter
EX2 5DW



Direct Dial: (01392) 402093



rde-tr.PALS@nhs.net

You can also provide feedback about Fertility Exeter directly to the HFEA by using their online feedback tool:
<https://www.hfea.gov.uk/choose-a-clinic/rate-your-clinic/>



“What went well could go better if”

These are yellow cards and you will find them in our waiting area, please complete and put them in the box provided. The box is sorted on a weekly basis and suggestions are acted on accordingly.

Alternatively:

Complete our Patient Surveys on our website
www.fertilityexeter.co.uk

See our Patient Survey links on our emails.

Fertility Exeter
Royal Devon & Exeter NHS Foundation Trust (Heavitree)
Gladstone Road
Exeter
EX1 2ED

Tel: (01392) 405051
email: rde-tr.fertilityexeter@nhs.net

www.fertilityexeter.co.uk

Filename: IVF Leaflet V2.1
Q-Pulse Ref: F/PI/6
Authors: L.Joels & S.Armstrong
Approved By: FGG Date 15.12.2021
Review Date: 15.06.2023
Expiry Date: 15.12.2023