Start your fertility journey with…

The Fertility Partnership
Giving Life a Helping Hand

Excellent success rates across the UK; among the highest success rates in Europe

With some of the leading embryologists and fertility experts in the world, through investing in state-of-the-art technologies from time-lapse photography to the latest genetic screening, and containing one of only two UK clinics ranked above the national average we are among the most successful in Europe.

“I really felt that they did everything to get me pregnant, and stay pregnant”
Joanne, Boston Place

A new Fertility Partnership baby arrives every 4 hours*
Helping people start a family is our passion and with 32 centres around the country, appointments closer to home are so much easier.

“We thought it was the most amazing clinic, we felt like individuals there and really felt like everyone was rooting for us to have a baby”
Isa, Wessex Fertility

99% of patients would recommend treatment with us
Stepping through our doors, you’ll immediately be greeted by welcoming staff, in elegant surroundings where our people will hold your hand every step of the way through your fertility journey.

“You’re not just a person or a number or a client, you’re more of an individual”
Ruth, Simply Fertility

The Fertility Partnership is the largest provider of fertility treatment cycles in the UK **
Our clinics have been helping people start families for over 35 years. When all you want is to have a baby, you need to know that you’re in safe hands: it’s no wonder we’re the largest provider of fertility treatment in the UK.

“The care we received during the treatment was exceptional”
Lucy, GCRM

Let’s start your fertility journey
Visit thefertilitypartnership.com to find your nearest clinic and open event

CARE EXPERTISE PASSION TRUST INNOVATION

The Fertility Partnership
Giving Life a Helping Hand

*(HFEA data published March 2016) **(HFEA data published March 2018). Names have been changed to protect patient anonymity.
Daring to utter the ‘f’ word

Advances in fertility treatments must be matched with greater understanding of the personal impact of dealing with infertility

Fertility problems are affected by infertility at the edge is a powerful tool. “Our aim

is to empower patients to make informed decisions and improve their chances of having a family,” says Professor Child, who is the medical director of the Fertility Partnership. “The care we provide during the treatment

was exceptional”

Lucy Giddon

Professor of Obstetrics and Gynaecology.

The Fertility Partnership is the largest provider of fertility treatment in the UK.

99% of patients would recommend treatment with them.

“We are living longer, healthier

lives. With official figures showing an increase of 8 per cent in the last 20 years, there has been a shift in how we view fertility treatment results in a birth. We can’t just keep doing things; we need to push forward,” says Professor Child.

“I’m very excited about the future,”

he adds. “But an honest fertility narrative is a tough one when faced with multiple controversy pathways. Researchers from New York

Science Museum in London on July

28 will put fertility under the

spotlight for around 300,000 visitors. The five-month showcase will not onlycelebrate 40 years since the birth of the first IVF baby, Louise Brown, at Oldham General University who was adopted young treatment from Patrick Steptoe, Sir

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TRUST

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43% 47%

Source: London School of Economics and Political Science

Dare to talk

about fertility

44% 20% 55%
A contraceptive app that can map fertility

Technology is transforming every aspect of modern life for women—and in no exception more and more tech-savvy couples are using fertility apps to help them understand their fertility. One such app is natural cycles, which uses a new approach to help women understand their fertility.

The algorithm behind natural cycles is designed to help women understand their unique cycles. It takes into account factors such as age, weight, and menstrual history, as well as external factors such as stress and sleep.

In a study of 22,785 women aged 20-39, natural cycles was found to have 99.9% effectiveness—meaning that only one in a million cycles across two years is likely to result in pregnancy.

natural cycles was created to help women take control of their fertility, whether that’s to prevent pregnancy or to plan for a family.

We want to empower women to take control of their fertility, whether that’s to prevent pregnancy or to plan for a family.

Shirley Hoss, who runs Andrology Solutions, a male fertility clinic licensed by the Human Fertility and Embryology Authority, believes couples can bid farewell to rounds of fertility treatment. “Only very rarely do couples use this app as an additional option to choose from but it is effective, non-hormonal and backed by scientific data,” she said. “People who are interested in testing new contraception methods can easily do so using Natural Cycles as it is under-researched and does not have the same follow-up requirements as other methods.”

Dr Elina Berglund, a former member of the CGI team that discovered the Higgs boson, got the idea when she was planning her wedding. “The idea of natural contraception feels amazing,” she says. “It only took one menstrual cycle to understand how Natural Cycles works.”

After helping discover the Higgs boson, Dr Berglund continued to use the app with her husband Dr Royal Baldwin, who uses a smartphone. The couple researched new levels of fertility, and discovered how important input is in an menstrual cycle, and how accurate the information is for women.

natural cycles has received European Union certification as a Class B medical device, or an EU classification as dialysis equipment, and it is only classified as a medical device by the EU test looking at fertility, as it is not intended to be used for fertility testing.

For more information please visit naturalcycles.com

natural cycles

M ister and Mrs. Smith are two women who are turning to technology to help them plan their next steps. They are both keen to understand their fertility and are looking for a new way to map and predict their health outcomes.

They want to be able to take control of their fertility, whether that’s to prevent pregnancy or to plan for a family.

natural cycles is a new approach to helping women understand their fertility. It uses an algorithm to map each woman’s cycle and predict their fertility outcomes.

This new approach is backed by scientific data and is more effective than traditional methods of contraception.

natural cycles is not only simple to use, it is also backed by scientific data. It is effective, non-hormonal and is currently licensed in the European Union.

natural cycles is currently being used by more than 700,000 women worldwide. The app is powered by a patented algorithm, which enables women to better understand their cycle and provide prediction of their fertility outcomes.

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A contraceptive app that can map fertility

Technology is transforming every aspect of modern life for women—and it is no exception.

More and more tech-savvy women are now turning to apps to monitor their fertility. And with an increasing awareness of fertility health, including natural cycles, fertility and pregnancy apps are booming. The app is powered by artificial intelligence, which enables women to have one unique map of their fertility and provide a level of comfort that is based on the data that an individual woman produces. The app will identify when she is ovulating, when she is in her fertile window, and when she is not. This allows for increased accuracy in understanding a woman’s cycle and pregnancy status.

There are several different apps available on the market, each with its own unique features and benefits. Some apps allow users to track their fertility and pregnancy status through the use of a basal thermometer, while others use an algorithm to predict ovulation and infertility. Some apps also allow users to track their ovulation and fertility through the use of a pregnancy test.

The technology used in these apps varies, but they all use advanced algorithms to analyze data and predict fertility and pregnancy status. Some apps use machine learning algorithms to analyze data and predict fertility and pregnancy status. Others use artificial intelligence to analyze data and predict fertility and pregnancy status. These algorithms are constantly being updated and improved, which allows them to become more accurate and effective over time.

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One of the most popular of these apps is Natural Cycles. The app has been in use since 2013 and has over 100,000 users worldwide. The app is powered by an artificial intelligence algorithm, which enables women to have one unique map of their fertility and provide a level of comfort that is based on the data that an individual woman produces. The app will identify when she is ovulating, when she is in her fertile window, and when she is not. This allows for increased accuracy in understanding a woman’s cycle and pregnancy status.

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should the boss get involved?

Two thought leaders debate the pros and cons of corporate intervention in women’s fertility through a “freeze your eggs” benefit scheme.

M y heart sank when I first heard about fertility benefit schemes because it just seemed like another box to be ticked in a long list of boxes to be ticked in order to be a good employer. I felt that it would just be another burden to be carried by employees and something that they would resist. When I looked into it further, I realised that it was much more than that. It was an opportunity to make a real difference to the lives of employees and to improve the overall workplace culture.

The biggest challenge is that it is not something that can be mandated. It has to come from the top and be embraced by the leadership. It is not something that can be forced on employees, but rather something that they can opt into if they want. The emphasis here is on empowering employees to make decisions for themselves.

One of the key benefits of offering fertility benefits is that it is a way to help employees achieve a work-life balance. It allows them to focus on their personal lives and take care of their families. This can lead to increased productivity and job satisfaction.

Another benefit is that it helps to attract and retain talent. Employees value companies that offer fertility benefits and are more likely to stay with those companies. It also helps to create a more diverse and inclusive workplace.

It is important to educate employees about fertility benefits and what they can expect. It is also important to have a clear program in place with clear rules and guidelines. This will help to prevent any misunderstandings or misuse of the program.

Finally, it is important to be transparent about the cost of the program and how it is funded. This will help to ensure that the program is sustainable and that it can be offered to all employees.

In conclusion, offering fertility benefits can be a valuable tool for improving the workplace culture and helping employees achieve a work-life balance. It is not an easy decision to make, but it can be a rewarding one. HR should consider offering fertility benefits as a way to support their employees and improve the overall workplace culture.
CORPORATE FERTILITY

M y heart sank when I first heard about fertility benefits for employees. It seemed so simple: let’s call it the benefits box—how we all know them. How were we supposed to know what was included in that box? It was all about the human resources department, the benefits team and the HR function. It was all about ensuring that everyone knew what they were entitled to. But what if we could do something different? What if we could make it easier for employees to understand what they are entitled to? What if we could make sure that they can access it easily?

That’s where fertility services come in. It’s not just about providing a benefit; it’s about making sure that employees know that they exist and that they can access them. It’s about changing the mindset of HR departments and making sure that they are not just a box on a form, but a real benefit that can be accessed by employees.

Corporates are finally embracing fertility benefits. It’s not just about providing a benefit; it’s about changing the mindset of HR departments. It’s about making sure that employees know that they exist and that they can access them. It’s about changing the mindset of HR departments and making sure that they are not just a box on a form, but a real benefit that can be accessed by employees.

Two thought leaders debate the pros and cons of corporate fertility intervention in women’s fertility through a “freeze your eggs” benefit scheme

For

Allys Viger-Robertson
Co-founder of #NoMoreBoxes

It sounds logical that those involved in the fertility industry can help improve fertility outcomes. But as with any medical treatment, not everyone will benefit. In fact, around 20% of patients do not respond to treatment. The question is, how can we make sure that everyone has access to the best possible care?

Women are feeling more empowered than ever to achieve both motherhood and career fulfilment. But they need support. They need a buddy to walk them through the process. They need to know that they are not alone.

If we want to live in a society where every child has the right to be raised by both parents, we need to acknowledge that every child has the right to a family. We need to support parents in finding the best outcomes for couples hoping to have a family.

Against

Rona Magno
Founder of The Change Makers

As a fertility expert, I have seen many couples struggle to achieve their family goals. It’s heartbreaking to see couples who have tried everything and still can’t have a family.

I support the idea of providing fertility benefits to employees. It’s a great way to support employees who are trying to start a family. It’s also a great way to support employees who are struggling with infertility.

But it’s important to remember that fertility benefits are just one part of the equation. It’s important to support employees in all aspects of their lives. It’s important to support employees who are struggling with infertility and those who are not.

Ultimately, if you keep it simple, it can work. It can work for you. It can work for your employees. It can work for your business.

Celebrating 350 years of dedicated service

Merck is a global science company working to improve lives by advancing healthcare, medicine and biopharma. For almost 350 years, we’ve been inventing for life, from biopharmaceutical therapies to cutting-edge solutions for scientific research and production.

Since the birth of Louise Brown, the first IVF baby in 1978, Merck has been at the forefront of fertility treatment. We’ve been working to improve the treatment of infertility, and we’re proud to be a leader in the field.

Merck’s leadership in fertility treatment has led to the development of new technologies and the creation of new solutions. We’re committed to providing the best possible care for our patients, and we’re proud to be a part of this groundbreaking work.

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Growing pains of Japan’s fertility drive

Low fertility rates and an ageing population are an unwelcome combination threatening Japan’s economic future

OLIVER GRIFFIN

A
ll is not well in the Land of the Rising Sun. Japan, a country whose gross government debt as a proportion of GDP rose to 235 per cent in 2017, faces the dual challenge of an ageing populace and dwindling births.

If left unsolved, these twin issues will squeeze Japan’s shrinking workforce with the burden of paying for the old and young. Combined with a low fertility rate of around 1.4, which represents the number of children that an average Japanese woman will have in her lifetime – a sustainable rate is 2.1 – Japan’s rising costs will have to be paid by an ever-smaller proportion of workers.

“There is a terrible labour shortage in Japan,” says Dr Randall S. Jones, head of the Japan and Korea desk at the Organisation for Economic Co-operation and Development (OECD). “Companies are starting to cut back their services, restaurants close early, delivery services won’t cover parts of the country.”

According to Dr Jones, if fertility rates do not improve, Japan can expect its population to fall from around 128 million at present to 98 million by 2050. As that happens, the proportion of elderly people aged over 65 will increase from about 26 per cent now to 45 per cent at the mid-point of the century.

As a result of the country’s rapidly ageing population, April saw credit rating agency Moody’s warn of near-term and long-term credit challenges, as well as slower GDP growth, caused by lower household savings, a narrower tax base and rising welfare costs.

“We’re talking about losing 30 million people – the situation now is very dramatic,” Dr Jones says. “We’re not going to be able to stabilise the population for quite some time. It’s a very stark picture.”

Aware that time is of the essence, prime minister Shinzo Abe has focused considerable effort on persuading Japanese families to up their game when it comes to baby-making. While Japan has seen its fertility rate grow since a low of 1.3 in 2005, Mr Abe is going to have to hope he can persuade his citizens to get on board if the country is going to meet his fertility rate and population growth targets

Fed up with Japan’s cultural death by overwork, which is so severe that karoshi, literally death by overwork – is now an infamous phenomenon, Dr Jones says the government is currently considering legislation that would cap the total amount of overtime a worker could do at 100 hours a month, limited to 720 hours a year. By reducing the number of hours that people can work, Japan is trying to improve work-life balance and free people up to spend more time with their families.

So far, initiatives to boost Japan’s fertility rate have had limited success, at least according to a case study published by the Centre for Public Impact. The organisation says that while Japan’s fertility rate has increased, it continues to lag behind the OECD average of 1.7.

What’s more, despite even limited success in growing fertility rates, the Centre for Public Impact also found that the number of women of child-bearing age leaving the labour force has increased; the exact opposite of what the Japanese government is hoping to achieve. With daycare waiting lists in the 20,000s, it is unlikely that returning to work for many young mothers will be an option any time soon.

One more side effect is that if the baby boom really does take off, the first two decades are going to see the working population come under immense pressure. “The first 15 to 20 years, if they did get a rise in the number of babies, would be even more difficult,” says Dr Jones. “That would be a short-term transition to a steady equilibrium, but would mean more spending on education.”

Whatever Japan’s future, the country is not alone in facing such problems. Low fertility rates, coupled with ageing populations, are testing nations across the Far East, including Taiwan and South Korea.
Growing pains of Japan’s fertility drive

Low fertility rates and an ageing population are an unwelcome combination threatening Japan’s economic future.

If left unresolved, these twin issues could have a devastating impact on the nation’s economic future. The centre of the country’s ageing population, April now credits Japan with the numbers beyond 65, as well as those aged 80 and over, will increase from almost 18 million at present to some 33 million by 2060. As that happens, the number of working-age adults will fall from about 76 million now to 54 million at the end of the century.

As a result of the country’s rapidly ageing population, April now credits Japan with the numbers beyond 65, as well as those aged 80 and over, will increase from almost 18 million at present to some 33 million by 2060. As that happens, the number of working-age adults will fall from about 76 million now to 54 million at the end of the century.

According to Dr Jones, if fertility rates do not improve, Japan can expect its population to fall by around 12 million by 2050, and 19 million by 2060. That’s a huge drop. The country is hoping to achieve with day-care services, which will be extended to cover more than half the pre-school age range in the future. A very stark picture. "We’re talking about losing 30 million people in our lifetime – a generation that an average Japanese woman will have in her lifetime – a very, very worrying picture," Dr Jones says. "We need to work out how to help this population for quite some time. It’s very, very problematic."

One reason for the sharp decline is that the proportion of women of childbearing age who are not married has increased, and that of married women aged 20-49 who have never had children is at record levels. Another contributing factor is that Japan’s fertility rate has fallen far below the replacement level of 2.1 – Japan’s rising costs will have to be paid by an ever-smaller proportion of workers.

"There is a terrible labour shortage in Japan," says Dr Jones. "Around 6,000 people are lost each month, limited to 720 hours a year. So far, initiatives to boost Japan’s fertility rate are not having the desired impact. The government is hoping to achieve with day-care services, which will be extended to cover more than half the pre-school age range in the future. A very stark picture. The effect is that the fertility rate in Japan is likely to fall below 1.5, and the first two decades are going to see the population of the working-age population decrease even more. "The fear is that 20 to 30 million people will retire in the next 50 years," Dr Jones says. "That would be a very, very stark picture."

In Japan, the government has tried a number of different initiatives. Examples are the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area.

Whatever Japan’s future, the country faces a number of different challenges. Low fertility rates, coupled with an ageing population, are testing nations across the Far East. Throwing at Japan, the country’s economy is at a crossroads. The government is hoping to achieve with day-care services, which will be extended to cover more than half the pre-school age range in the future. A very stark picture. "We’re talking about losing 30 million people in our lifetime – a very, very worrying picture," Dr Jones says. "We need to work out how to help this population for quite some time. It’s very, very problematic."

One reason for the sharp decline is that the proportion of women of childbearing age who are not married has increased, and that of married women aged 20-49 who have never had children is at record levels. Another contributing factor is that Japan’s fertility rate has fallen far below the replacement level of 2.1 – Japan’s rising costs will have to be paid by an ever-smaller proportion of workers.

"There is a terrible labour shortage in Japan," says Dr Jones. "Around 6,000 people are lost each month, limited to 720 hours a year. So far, initiatives to boost Japan’s fertility rate are not having the desired impact. The government is hoping to achieve with day-care services, which will be extended to cover more than half the pre-school age range in the future. A very stark picture. The effect is that the fertility rate in Japan is likely to fall below 1.5, and the first two decades are going to see the population of the working-age population decrease even more. "The fear is that 20 to 30 million people will retire in the next 50 years," Dr Jones says. "That would be a very, very stark picture."

In Japan, the government has tried a number of different initiatives. Examples are the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area, and the Minamata Project, which was aimed at encouraging younger families to grow in the area.
**FERTILITY FIRSTS**

Assisted reproduction technologies have come a long way since the 1950s, with advances in research resulting in IVF births now accounting for more than 2 per cent of total births in the UK. This timeline charts some of the major milestones that have changed fertility treatment worldwide over the past 70 years.

- **1953**
  - Birth using frozen sperm
  - American professor Jerome Sherman pioneers the method of preserving sperm using glycerol as a preservative and dry ice as a refrigerant. The sperm, once thawed, is able to fertilise an egg as "normal" through artificial insemination.

- **1978**
  - IVF baby born
  - In vitro fertilisation (IVF), where an egg is fertilised outside the body, results in the birth of the first "test tube baby"; Louise Joy Brown, in Oldham General, Manchester. The specialists involved were Patrick Steptoe, Sir Robert Edwards and Jean Purdy, though others were also trying at the time. Four years later, Louise’s sister Natalie becomes the 40th IVF baby. Dr Edwards later goes on to win the Nobel prize in medicine.

- **1983**
  - Birth from donated eggs
  - Monash Group, an IVF centre in Richmond, Australia, achieves the first pregnancy by a woman without ovaries through the use of donor eggs.

- **1986**
  - Birth from cryopreserved egg
  - Human egg cryopreservation is developed to enable women to postpone their maternity beyond their most fertile years. Dr Christopher Chen, from Singapore, the scientist responsible for the breakthrough, said 80 per cent of eggs survived the freezing process and 85 per cent of those fertilised as normal; the survival rate is said to be almost double that of frozen embryos.

- **1990**
  - Genetic profile
  - Preimplantation genetic diagnosis is introduced to determine the profiles of embryos before implantation, enabling doctors to screen for a specific genetic disease. Preimplantation genetic screening is later developed to screen for abnormal numbers of chromosomes in the embryo, the leading cause of miscarriage and implantation failure.

- **1992**
  - Birth using intracytoplasmic sperm injection (ICSI)
  - ICSI takes place in vitro, where a single sperm is injected into the ovum of an egg with a fine needle. The process becomes the most common and successful treatment for male infertility, offering an opportunity where conventional methods are not an option.

- **1994**
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  - Monash Group achieves the first birth from a frozen embryo, which had been preserved for two months before transfer into the uterus.

- **2018**
  - Drug-free IVM technique
  - A revolutionary treatment is developed that could provide a safer and cheaper alternative to conventional IVF. While IVF uses medication to bring eggs to maturity before they are removed from the ovary, in vitro maturation (IVM) retrieves immature eggs and brings them to maturity in a ovarian cell culture taken from the patient, before ICSI is used for fertilisation. The new method reduces little to no hormone stimulation of the ovaries – contrary to IVF – and could be beneficial to women with polycystic ovarian syndrome or those recovering from cancer.

**Reasons for IVF treatment**

- **37%** Male infertility
- **32%** Unexplained
- **13%** Ovulatory disorder
- **12%** Tubal disease
- **6%** Endometriosis

**Birth rates for IVF treatment 1991-2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Fresh: per embryo transferred</th>
<th>Frozen: per embryo transferred</th>
<th>Fresh: per treatment cycle</th>
<th>Frozen: per treatment cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
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</tr>
<tr>
<td>1996</td>
<td>14%</td>
<td>1%</td>
<td>12%</td>
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<td>18%</td>
<td>2%</td>
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<td>2006</td>
<td>21%</td>
<td>3%</td>
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<td>2011</td>
<td>23%</td>
<td>3%</td>
<td>22%</td>
<td>3%</td>
</tr>
<tr>
<td>2016</td>
<td>25%</td>
<td>3%</td>
<td>24%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Birth rates for IVF treatment 1991-2016**

- Latest UK statistics
- Latest UK statistics

**Latest UK statistics for IVF treatment 1991-2016**

- 3%
- Over 44
- 4%
- 43-44
- 14%
- 40-47
- 14%
- 50-59

**Reasons for IVF treatment**

- Latest UK statistics
- Latest UK statistics

**Birth from uterine transplant**

- 2018

- A 35-year-old woman born without a uterus undergoes IVF with her partner before having a uterus implanted from a 61-year-old donor. The cryopreserved embryos are then transferred a year later, resulting in pregnancy. The results of the treatment prove the feasibility of uterus donation, even from a post-menopausal donor.
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A 35-year-old woman born without a uterus undergoes IVF with her partner before having a uterus implanted from a 51-year-old donor. The cryopreserved embryos are then transferred a year later, resulting in pregnancy. The results of the treatment prove the feasibility of uterus donation, even from a post-menopausal donor.

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A revolutionary treatment is developed that could provide a safer and cheaper alternative to conventional IVF. While IVF uses medication to bring eggs to maturity before they are removed from the ovary, in vitro maturation (IVM) retrieves immature eggs and brings them to maturity in a ovarian cell culture taken from the patient; before ICSI is used for fertilisation. The new method reduces the risks of hormone stimulation of the ovaries – contrary to IVF – and could be beneficial to women with polycystic ovarian syndrome or those recovering from cancer.
UK couples go abroad for IVF help

T he UK may have been the birthplace of in vitro fer-
tilisation (IVF), but can to NHS fertility services
have led some to consider travelling across the globe
for fertility treatment. The National Federation of
Health and Care Excellence recommends three cycles
of IVF for those who are eligible, but whether you are
going to be one of those is uncertain. A survey carried
out by Fertility Network UK and Fertility Clinic Abroad
found that nearly 90% of women said they had
considered travelling overseas for IVF. Some 54% had
thought about it, while 35% had actually travelled
overseas for IVF. In the US, the main driver for people
travelling overseas is to find a clinic that is more
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Access to NHS fertility services can be a postcode
lottery, resulting in couples travelling abroad for
treatment.

Egg freezing means you can store your eggs until
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Attitudes towards fertility tourism

Survey of UK couples and how their fertility treatments were funded

<table>
<thead>
<tr>
<th>Attitudes towards IVF</th>
<th>Funded</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to NHS</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Private insurance</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Donor eggs and sperm</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

In the UK, couples travelling abroad for fertility treatments can be a postcode lottery, resulting in different experiences depending entirely on where you live.

Access to NHS fertility services can be a postcode lottery, resulting in different experiences depending entirely on where you live.

It is not just cost, but also success rates which can vary, so couples researching destinations further afield such as Spain, Russia, and the UK should know these rates are not comparable. Also clinics can have different waiting times, procedures, and success rates.

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KYAN BROWN

Egg freezing means you can store your eggs until you’re ready to have a baby.

Explore your options at our free, friendly and informative ‘Future of Your Fertility’ seminars.

19th November 10 am to 12.30 pm, 112 Harley Street, W1G 6AP
3rd January 6 pm, 51 Street Charles Street, SE1 9RY
To book your place call 020 7563 4309 or visit londonwomenstlc.com
Can technology really get you pregnant?

Smart technology, including apps and wearable devices, can now aid women to monitor their fertility

The fertility awareness method (FAM) is a highly sensitive form of contraception. It relies on the understanding that certain physiological symptoms, such as changes in body temperature and cervical fluid, which emerge when a woman is in her fertile window, can be used to avoid pregnancy. To do this, a woman is active in monitoring if she is fertile or not. Often confused with the rhythm method, FAM involves the use of highly sensitive body temperature thermometers. Many women use FAM in combination with other methods.

The trend of more companies geared towards women trying to conceive is seen as a result of pregnancy as well as an improved understanding and appreciation of fertility. Research on women's increasing interest in fertility awareness is growing. Investors are also paying attention, as these apps and products continue to play an increasingly major role in reproductive health, it raises the question: what happens when technology goes fertility a step further?

More companies offering technology-driven contraception dovetails with women's increasing dissatisfaction with existing hormonal options

"There wasn't really a situation where women who didn't want to use hormonal contraception had any other options" says Louise Grigg-Spall, fertility awareness director at Daysy. "People are now increasingly comfortable with technology these days, especially with tracking health, calories, diet, exercise, sleep, heart rate, and many others. As a result, women are more able to understand the concept of monitoring, data and algorithms, and that it can help you give yourself sovereignty over your body." (Daysy was founded by engineer and fertility awareness director, Christine Grigg-Spall)

A FAM monitors and apps can also be used as contraception alone. That’s why FAM is up to 99 per cent effective. By comparison, the NHS says the pill and IUD is followed correctly, it can be up to 99 per cent effective. As these apps and products have come in a pastel and evocative color palette, people use synthetic hormones at all had hoped. "We're all really comfortable with technology these days, especially with tracking health, calories, diet, exercise, sleep, heart rate," says Louise Grigg-Spall, author of Ultimate Fertility: A Step-by-Step Guide to Understanding IVF treatment is Salve, an ear - ring that enables women to track when they are fertile. The fertility awareness method (FAM) is a highly sensitive form of contraception. It is one of the most reliable methods of contraception available. It is based on the understanding that certain physiological symptoms, such as changes in body temperature and cervical fluid, which emerge when a woman is in her fertile window, can be used to avoid pregnancy. This method is up to 99 per cent effective as a contraceptive alternative. As these apps and products have come in a pastel and evocative color palette, people use synthetic hormones at all had hoped. "We're all really comfortable with technology these days, especially with tracking health, calories, diet, exercise, sleep, heart rate," says Louise Grigg-Spall, author of Ultimate Fertility: A Step-by-Step Guide to Understanding IVF.
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ANNA CODREA-RAZU

Some can also be used to prevent or delay pregnancy. Of the two recent studies from Danish researchers, one is a highly sensitive thermometry app, called Daysy, launched in 2014, but the other, launched in 2012, is a fertility tracking app, and Glow.

The fertility awareness method (FAM) is a misunderstood form of contraception. It relies on the physical symptoms, such as changes in body temperature and cervical fluid, which vary as women are in the fertile phase of their menstrual cycle. A woman in the fertile phase is highly sensitive to a temperature rise. As a result, a woman in the fertile phase is highly sensitive to a temperature rise.

FAM monitors and apps can also be used in planning pregnancy, as they enable women to know when they are ovulating. There are many apps that can help you understand when you are ovulating, but they will never replace the doctors’ advice. It’s about improving treatment and lowering drug costs.

More companies are offering technology-driven contraception devices with women’s increasing dissatisfaction with existing hormonal options

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Landmark research set to boost IVF

Latest research into growing human eggs outside the body has been hailed as a breakthrough, but it could be some time before childless couples benefit.

**RACONTEUR.NET**

**UNDERSTANDING FERTILITY**

The latest work was carried out by Professor Melbourne Telfer and colleagues at Edinburgh University, the local hospital for the Lothians, and the Royal Hospital for Sick Children, Edinburgh, and said the New York Center for Reproductive Medicine. The eggs were obtained by removing ovarian tissue from women undergoing surgery and having been frozen for 15 years. The research has provided critical questions. For example, the role of the complex immune system in the production of human egg development. It's a critical time in the last 40 years. This is because we have a foundation of understanding of human egg development. It's not the kind of work that 'gives us a insight of how many we are.**

**UNDERSTANDING FERTILITY**

Professor Telfer also dismisses the idea that maturity requires an environment in which the embryo is being implanted. Professor Telfer says: “We’re working on some ideas to change the lab environment.”

The study has also shone a very bright light on the ongoing controversy over ovarian tissue bank when the embryo is 10 days old and containing 70 to 100 cells. 

How does nolasiban work? 

Nolasiban has a unique mechanism of action. It is known as the “love hormone.” It’s a 5 per cent increase in tissue manipulation of contractions. How does nolasiban work? 

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In fertility treatment, timing can be everything and the same is true for patient recruitment. The day-three alone data resulted in a 14 per cent improvement. The day-three alone data resulted in a 14 per cent improvement. The study has also shone a very bright light on the ongoing controversy over ovarian tissue bank when the embryo is 10 days old and containing 70 to 100 cells. 

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For example, two thirds of women have to work in tandem with a womb specialist to preserve their fertility, but this is not an option for women who require immediate therapy or for young girls.

“Professionals often find it difficult to explain why did only 10 per cent of the eggs would have taken in the body? And why did only 10 per cent of the eggs go to the womb? We want to find a way for patients to have access to our latest results.”

In the UK there is a very simple, but critical, problem. Nolasiban has the potential to increase pregnancy rates by reducing the number of multiples, which are often standard practice in the United States. But as a result of this, we have seen an increase in the number of women who require two embryos to increase their chances of pregnancy. This is because women with low contractions may be consistent with pregnancy. However, we need to find a way to increase pregnancy rates without increasing the number of multiples.

In the IVF process, the embryos are transferred to the uterus in the first 12 weeks of pregnancy. This is because the uterus is the only organ that can generate a pregnancy. We found no meaningful result. The day-three alone data was the most consistent with the results of a therapy with the same name. However, we need to find a way to increase pregnancy rates without increasing the number of multiples.

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Emotional anguish of infertility

Difficulty conceiving can have a devastating emotional impact and couples should be supported with professional counselling.

MARTIN BARROW

C oming to terms with being unable to conceive usually can be stressful, and can leave you feeling isolated and anxious. It can also put additional stress on relationships, finances, and your connection with relatives and friends. The impact can be profound and long-lasting.

The process of going through IVF (in vitro fertilisation) for months and even years can take its toll on your body, your relationship and your connection with relatives and friends. The impact can be profound and long-lasting.

Although the stigma of mental health remains, IVF providers are beginning to give greater priority to the emotional support that is available to couples going through treatment. Adam Rooney, chief executive of the charity Fertility Network UK, says women and men who are unable to start a family suffer from the emotional and social impact of fertility problems as well as more frequent suicidal thoughts.

More than half of men would not be open to discussing fertility with their partner.

Research shows that more than half of men would not be open to discussing fertility with their partner, yet they are just as at risk of experiencing feelings of sadness, anger, depression, and anxiety (study authors have found that women are more emotionally affected by fertility issues than men). The majority of respondents (70 per cent) reported that discussing fertility issues with their partner increased their anxiety, while 23 per cent felt that it increased their anger.

Getting news that you are not pregnant after a course of IVF treatment can be devastating. Experts agree that it is important to take the time to come to terms with this outcome and give your body and mind time to recover. When you’re ready to talk to your doctor, your partner, or a support group, it is important to understand that everyone has a different way of processing this outcome and that there is no right or wrong way to feel.

Some clinics offer free counselling, but others charge. Couples researching clinics are advised to review the list of supported organisations and ask about the financial arrangements.

Impact of fertility problems and/or treatment on relationships

Changes to sexual relationship

+10%

-10%

0%

10%

20%

30%

40%

50%

60%

70%

80%

90%

100%

Counselling

Friends

Family

Partner

Counselling should be offered by impartial professionals. Many support groups welcome individuals and couples so that you could be a good place to meet other women with similar experiences, either alone or with a partner. Some men also find it easier to speak to a counsellor who has expertise in fertility issues and can help you to think through these issues together and come to a decision about how to move forward.

IVF treatment continues to make great progress, with new techniques and products bringing real hope to more couples who are unable to conceive naturally. But while pushing these boundaries, the IVF industry must also accept that more couples who have fertility problems are able to make decisions about their future with the right support by someone not directly involved in the process.
Emotional anguish of infertility

Difficulty conceiving can have a devastating emotional impact and couples should be supported with professional counselling.

While 10 per cent said their relationship ended or was strained as a result of the impact of fertility problems and treatment, the majority of respondents would have liked to have had counselling if it was free (more than half (64 per cent) did have counselling).

The survey showed the true picture of living with fertility problems for many people. It can be an incredibly daunting time, with ballooning treatment and living costs can place a huge amount of stress and pressure on couples and their families.

And according to the Health and Care Excellence recommendations that counselling should be offered before, during and after IVF treatment, regulation of the counselling should be offered by someone not directly involved in the management of a couple’s fertility problems. This can help couples to understand the implications of treatment and offer support at a critical time, such as when an IVF cycle has been unsuccessful.

One option for the future is the Fertility Network UK, which has a directory of NHS counselling. Aileen Feeney, chief executive of the Fertility Network UK in 2016 revealed that half of men would not be open to discussing fertility with their partner.

“More than half of men would not be open to discussing fertility with their partner, as they are just as at risk of experiencing feelings of sadness, anger, depression and anxiety as women,” she says. “Half of men would not be open to discussing fertility with their partner, as they are just as at risk of experiencing feelings of sadness, anger, depression and anxiety as women.”

But mental health issues rooted in fertility problems are unlikely to end with a clinical intervention. People may suggest a different treatment or decide to try another option in the future. Aileen Feeney adds: “Fertility issues can become an obstacle to a start a family has risen dramatically, with more turning to IVF.

To support the emotional and mental health needs of couples, IVF providers are beginning to give greater priority to the emotional support that is available to couples going through treatment, including the Frenz Conceptions Network and Fertility Friends.

Research shows that more than half of men would be open to discussing fertility with their partner, yet they are just as at risk of experiencing feelings of sadness, anger, depression and anxiety as women. There is little dedicated support however to help these men with their fertility journey. Counselling should be offered by someone not directly involved in the management of a couple’s fertility problems. This can help couples to understand the implications of treatment and offer support at a critical time, such as when an IVF cycle has been unsuccessful.

The research has found that 10 per cent of respondents (70 per cent) reported feeling angry, depressed and anxious. More than two thirds of respondents (90 per cent) reported feelings of sadness, anger, depression and anxiety as well as more frequent suicidal thoughts. More than three quarters of respondents (90 per cent) reported feelings of sadness, anger, depression and anxiety as well as more frequent suicidal thoughts. Aileen Feeney, chief executive of the Fertility Network UK, reveals that 50 per cent of respondents felt that they were unable to conceive naturally. Yet, it can be extremely difficult to come to terms with this, and society gives you communities where men can chat with others with similar experiences, either alone or with a partner.

Many support groups welcome individuals and couples so this could be a good place to meet other men with similar experiences, alone or with a partner. Some men also find it easier to speak to a counsellor who has had fertility problems and can be a trusted and impartial “outsider.”

Fertility problems affect between 10 per cent and 15 per cent of the population, according to the World Health Foundation. In the UK one in two couples are affected and the number seeking medical help to conceive and the subsequent cycle has been unsuccessful.

For private counselling, the HFEA advises couples to speak to a counsellor who has been accredited by the HFEA, or to a member of the HFEA’s network, as well as a trusted and impartial “outsider.”

The National Institute for Health and Care Excellence recommends that counselling should be offered before, during and after IVF treatment, regulation of the counselling should be offered by someone not directly involved in the management of a couple’s fertility problems. This can help couples to understand the implications of treatment and offer support at a critical time, such as when an IVF cycle has been unsuccessful.

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• Personalised treatments
• Young healthy diverse donor pool
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• Multilingual team

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