

## Welcome to our clinic!

We are delighted you have chosen Genea Newcastle for your fertility treatment. Our highly qualified team of Fertility Specialists, Nurses, Scientists, Counsellor, and Administrative Professionals are dedicated to helping you through every step of your journey by offering guidance and support from your initial consultation through to the outcome of your treatment. We understand the emotional investment required to consider and undertake any form of fertility treatment and are available to discuss all elements of your journey along the way.

There can be a lot to take in during your initial consultation, trying to understand your treatment and all the steps involved with it, what you need to do and when you need to do it! Our aim is to make your experience as smooth as we possibly can. This information pack contains general information about the clinic and your treatment, but you'll also receive other information along the way tailored specifically to you. If you're unsure about anything remember we're here to help so, please ask questions.

With over 35 years' experience helping people across Newcastle, the Hunter and Central Coast achieve their dream of starting a family, our success rates show we give you the best possible chance of achieving your dream – taking home a baby.

We are proud of the care we offer our patients and welcome your feedback at any time, good or otherwise, which is why we will send you a link for a short survey at the end of each treatment cycle to learn about your experience with us. It's your chance to let us know where we're going right and perhaps give us some tips on how we can make things run better in the future.

We're honoured to join you on your journey.

*Genea Newcastle Team*

## GENEA NEWCASTLE

We are part of the Genea Sydney group, however our clinics operate independently. Please contact our clinic directly for all queries.

**Phone:** (02) 4902 7000  
**Fax:** (02) 4963 7313  
**Website:** [www.geneanewcastle.com.au](http://www.geneanewcastle.com.au)

## ANSWERING PHONE CALLS

It is usual practice for all calls to go to message bank in both accounts and nursing; and your call will be returned. This is to protect confidentiality and privacy. By leaving your details and a short message as to why you are calling, allows staff to have your details in front of them before calling you back. **Calls will be returned on the same day.** If you need to speak with someone urgently, call Reception on 4902 7000.

## NURSES

The nurses direct phone lines are:

(02) 4902 7010  
(02) 4902 7011

## EMERGENCY / OUT OF HOURS CONTACT

The on-call nurse can be contacted after hours for **EMERGENCIES ONLY** that cannot wait till business hours the next day - phone 0438 420 692. If you are calling from a private number, it will automatically go to voicemail and a nurse will call you back.

## TIME

We appreciate you being on time for appointments as we have many patients to see each day. If you are running more than 5 minutes late for an appointment, please call 49027000 to let us know.

## SCREENING BLOOD TESTS

These blood tests are collected from all IVF patients (including partners) at initial interview, and then repeated every 2 years whilst undergoing treatment.

## KARYOTYPE TESTING

Recommended for some couples. If you have previously had a karyotype test, or have not received cost information, please inform the nurse coordinators.



### BLOOD COLLECTION TIMES

Monday to Friday 7:00am – 10:00am  
Saturday 7:00am – 9:00am  
Sunday 8:00am – 9:00am

### CLINIC OPENING HOURS

7:00am – 3:30pm  
7:00am – 2:30pm  
8:00am – 12:00pm

## RESULTS

When you have a blood test or ultrasound, we request that you phone for the results on the nurse's line between 2:00pm – 3:15pm, unless instructed otherwise.

## FSH – FOLLICLE STIMULATING HORMONE

The injection given to stimulate the ovaries to produce follicles. You will be given a home injection kit and professional instruction in taking your FSH.

## INJECTIONS

All injections are given subcutaneously (under the skin, into the fatty tissue) unless advised otherwise.

## SYNAREL

This nasal spray is required (in some cycles) to be taken 1 spray morning and night, strictly 12 hours apart; until you are requested to stop.



## BREAK THROUGH BLEEDING

When taking the Contraceptive pill, it is common for a small amount of vaginal bleeding to occur and the pill should be continued as per your cycle timetable.

## ULTRASOUND SCANS

Performed routinely using the vaginal scanning probe. Please talk with the nurses should you have any concerns.

## YOUR FERTILITY JOURNEY

This information booklet will be provided at the beginning of your journey with us and is packed full of information relating to fertility and treatment. Please take the time to read it as it directly relates to your treatment consent forms.

## DOCUSIGN

Where possible all documentation requiring completing or signing will be sent to you via DocuSign. All patients and partners are required to have separate email addresses and mobile numbers for receiving documentation through DocuSign.



## MEDICAL HISTORY

It is very important that you give an accurate medical history, including allergies and any medication you are taking (including natural preparations/supplements).

## NOTIFICATION (STEP 1 – REGISTERING INTENT)

Inform us of your intention to start a new cycle (ie IVF, FET, Tracking etc) as early as possible to allow us to organise all the details of your cycle. The information sent to you needs to be completed and returned prior to the beginning of your cycle. To get started, visit our website and complete the Step 1 form at: [www.geneanewcastle.com.au/new-cycle](http://www.geneanewcastle.com.au/new-cycle)



## CONSENT FORMS

A new consent form is required for each treatment cycle. Treatment **cannot commence** until the clinic has received completed consent forms.

## REFERRALS (FROM YOUR GP TO YOUR FERTILITY SPECIALIST)

For patients eligible for Medicare Rebates, a current referral covering your entire treatment cycle is required prior to commencing treatment. The Accounts Department will inform you if your referral has expired or is close to expiring when you register your intention to start a new cycle.

## DAY 1

Period day 1 is the First full day of bleeding. Day 1 of an IVF Cycle is the first day of FSH Injections. Day 1 of an FET Cycle is the day of your first blood test.

## STEP 2 (COMMENCING YOUR CYCLE)

After completion of Step 1 (notification of your intent to start a new cycle) and all the associated paperwork and payment etc, a link to complete Step 2 will be emailed to you. Step 2 notifies the nurse that your period has started, and you are ready to commence your cycle.

## TIMETABLE

The nurse coordinators will supply you with an individualised treatment timetable, either at your initial interviews or when your period occurs.

## PHOTO

We request a photo of you (and partner if applicable). This is placed in your file as part of our strict identification processes.

## DOCTORS

Generally, most procedures will be attended by your own Doctor, however, there may be times (ie weekends and holidays) when another doctor may perform your procedure.

## JOURNEY

Everyone's fertility journey is different but please remember we are here to help.

## FACEBOOK PAGE

Please keep an eye on our Facebook page. General things happening in the clinic will be posted here as well as announcements such as any issues we might be having with our phones, public holiday opening/closure dates/times, and baby photos of our patient's new arrivals!

## QUESTIONS

If you are unsure about any aspect of your treatment, please speak to a nurse.

**Once you decide you would like to start a treatment cycle, please complete the steps below.** The philosophy behind our processes is to take care of all the administrative tasks well before your cycle starts so we can focus on taking care of you during your treatment.

## STEP 1: REGISTER YOUR INTENTION TO START A NEW CYCLE

### Website:

- Visit our website: [www.geneanewcastle.com.au](http://www.geneanewcastle.com.au) and click on '**START A NEW CYCLE**' followed by '**STEP 1 FORM**'.

### Referral check:

- Our Accounts team will be notified of your intention to start a new cycle. As a current referral is required to claim Medicare benefits for your treatment the Accounts team will check the status of your referral and inform you if you need to obtain a new one. Accounts will send you an email informing you which of the following status applies to your referral:
  - **Expired:** Accounts team will inform you via email that you require a new referral before any paperwork can be sent to you. Once you have obtained a new referral from your GP, follow the instructions in the email to upload it.
  - **Expires in <3 months:** if your referral is close to expiring you will be asked to obtain a new referral. Depending on the expiry date you may be able to proceed but it is best to still obtain a new referral if further treatment is required.
  - **Valid:** Accounts team will prepare your financial paperwork to send to you via DocuSign as well as inform the nurses to prepare your cycle and treatment consents.

### Paperwork - DocuSign

- The required paperwork will be sent to you through DocuSign as soon as possible. Where applicable both partners may be required to complete paperwork. You should expect to receive two emails from DocuSign:
  - Informed Financial Consent: details cycle costs and payment details
  - Treatment Consent(s)
- Once all paperwork has been returned and payment has been made, a link for 'STEP 2' will be sent to you via email. **Please note:** It may take up to 48 hours for payment to be received and receipted in order for link 2 to be sent.

## STEP 2: COMMENCING YOUR CYCLE

- On the first day of your next period (don't count spotting or brown discharge, day one is the **first full day of bleeding**), complete the '**STEP 2 FORM**' via the email link sent to you. This informs us that you are ready to start your cycle and a Nurse will contact you with all the details and instructions including which day you will need to come into the Clinic for your first blood test (depending on your cycle type).

## MEDICATION FOR YOUR CYCLE

### REQUIRED PRESCRIPTIONS

Once you have registered your intention to start an IVF cycle, your medical specialist will complete the prescriptions you will require. You have a choice of where and how you will obtain your medications. Please inform the Nurse Coordinator which of the following options suit you:

- 1 Your scripts will be sent to Slade Pharmacy (located within Lingard Hospital). This is preferred if you live locally as Slade will prepare your medication and deliver it to the clinic to store ready for your collection.
- 2 Your scripts will be mailed/mailed to you for you to take to the pharmacy of your choice to be filled.
- 3 Your scripts can be sent directly to the pharmacy of your choice.



### OBTAINING YOUR MEDICATIONS

There are two options for obtaining medications from Slade Pharmacy as outlined below. Please contact the pharmacy on: (02) 4963 4288, make payment over the phone and arrangements for one of the following:

- 1 collect your medication directly from the pharmacy
- 2 arrange for your medication to be delivered to the clinic

You may choose to go to your local pharmacy rather than Slade Pharmacy, however please allow extra time for your pharmacy to obtain these medications as in most cases they will not have them in stock and will need to order from the wholesaler. We strongly advise that you fill ALL the prescriptions together, otherwise you may not have the medication you require at a particular stage of your treatment. Most cycles usually require four (4) prescriptions.

**MEDICARE ELIGIBILITY**

- Most medications for a stimulated IVF cycle are supported by Medicare. If your cycle **is eligible for Medicare**, you will be charged a dispensing fee by the Pharmacy per drug for most of the medications required during the 30 days of your IVF cycle. This dispensing fee is the same across all pharmacies. Should you need to continue on medications after your IVF cycle, these will be an additional cost.
- If your cycle is **not eligible for Medicare**, you will be required to pay for private prescriptions. Please contact Slade pharmacy (or your local pharmacy) for approximate cost.... Ph: (02) 4963 4288.

**WHEN TO HAVE YOUR PRESCRIPTIONS FILLED**

Please ensure you have these prescriptions filled **AT LEAST TWO (2) WEEKS BEFORE** you are scheduled to commence the stimulation injections.

Should you have any questions, please do not hesitate to call the nurse coordinators on (02) 4902 7011.

**PURCHASING ADDITIONAL MEDICATION FOR YOUR CYCLE**

Your Doctor may prescribe one or more of the additional medications outlined in the table below that are not covered by PBS S100 Authority. You will need to purchase this medication **prior to commencing** your cycle.

Slade Pharmacy at Lingard Private Hospital stocks most of this medication. You may purchase from your local pharmacy, but please allow extra time, as they may need to order your medication in.

If you have any questions, please contact the Nurse Coordinators on phone 02 49027011.

**For enquiries regarding cost of medication, please contact Slade Pharmacy at Lingard Hospital on 02 49 634 288 or your local pharmacy.**

ADDITIONAL MEDICATIONS		
Crinone	Lucrin 2.8ml	Progynova 2mg
Ethinyl Estradiol	Menopur 1200iu	Provera
Injectable Progesterone	Pregnyl	Synarel
Gonal F	Primolut	Utrogestan
Levlen ED	Progesterone Pessaries	
<b>Clexane:</b>	If you are a patient of Dr McIlveen’s please contact her rooms to arrange Clexane prescriptions. Please phone: 02 49086555	
<b>Saizen:</b>	Payment for this medication is required before the order can take place. Please place order <b>at least 3 working days</b> before the medication is required. To order, please phone Slade Pharmacy on: 02 49634288.	

The following information details what is involved in an Ovulation Induction cycle once you have completed Step 1 and Step 2.

- 1 Once your 'Step 2' notification has been received by a Nurse, they will contact you with all the details and instructions including which day you will need to come into the Clinic for your first blood test (depends on your cycle length). The aim of the blood tests is to determine the day of ovulation. We may need to track your cycle for several days until you ovulate. As some people don't get periods 'naturally' and may need Progesterone tablets (Primulot / Provera) to 'bring on' a period. Your Doctor will arrange this.
- 2 On **day 2 or 3 of your cycle** you will need a **blood test** to confirm 'baseline' levels of your hormones. We support and encourage partners to also attend on this day and learn to give the injections. When attending the Clinic for blood tests, please arrive between 7:30am – 10:00am. Write your first name on the clipboard to the right of the Reception desk. This is important so that we do not miss anyone. Please let the admin staff know if you are in a hurry to get to work; sometimes it gets very busy.

If you live outside the Newcastle area you will need to attend a local pathology collection centre. Please arrange this with the nurse.

Please call the clinic after 2pm on the day of your blood test to find out your next step.



- 3 An example of a treatment timetable is included in this pack. As explained at your initial consultation, this can change **depending on your response** to the drugs.

Your Doctor will supply the prescriptions for FSH, trigger and luteal support medications. You can have them filled at any pharmacy; however, the pharmacist may need to order them in, this usually takes 2 – 3 days. Slade Pharmacy at Lingard Private Hospital stocks reproductive medications and can usually dispense most medication on the same day – Phone: 49634288. **It is your responsibility to refill your prescription when you need to, or to contact the nurse coordinators if you need more prescriptions.**





- 4 Response to the drugs varies from one person to another and from one cycle to another. For this reason, we need to monitor both your blood hormone levels (oestrogen) and your ovarian response (ultrasound scans) carefully. During some cycles the strength of the FSH injections may need altering in an attempt to increase your response.
- 5 Ultrasound scans give us an indication of how many **follicles** are growing in your ovaries (eggs grow within the follicles). The basic principle of ovulation induction is to attempt to release a single egg; not a multiple number of eggs, which can lead to a multiple pregnancy. If too many follicles grow, or if you do not respond well enough to the drugs, your cycle will be cancelled, and you be able to start again after a short break.
- 6 The trigger releases your egg from the follicle about 38 hours later, so intercourse or insemination is timed accordingly.
- 7 A blood test is required 7 days later to confirm ovulation.
- 8 Pregnancy test occurs 7 days after confirmation of ovulation (approx. 14 days after intercourse or insemination).

- SAMPLE TIMETABLE -

CYCLE DAY	INJECTION	BLOOD TEST	SCAN	INSTRUCTIONS
1				Phone Genea on the first day of full red bleeding
2		✓		<b>Blood Test</b> - to check hormone levels are baseline
3	✓			
4	✓			
5	✓			
6	✓			
7	✓			
8	✓	✓		
9	✓			
10	✓			
11	✓	✓		
12	✓	✓	✓	
13	✓			
14	✓	✓	✓	
15				"Coast" Day - No Injection
16 (-1)	✓			Trigger injection for: <ul style="list-style-type: none"> <li>▪ Insemination - usually given in the <b>evening</b>, around 8pm</li> <li>▪ Intercourse - usually given in the <b>morning</b> followed by intercourse at night.</li> </ul>
17 (0)				Intercourse
18 (+1)				Insemination procedure
19 (+2)	✓			Luteal Support Injection (Pregnyl 1500)
↓				
22	✓			Luteal Support Injection (Pregnyl 1500)
↓				
25		✓		Blood Test (Mid Luteal Progesterone)
↓				
31				Period due - please phone Genea
↓				
33		✓		<b>PREGNANCY TEST</b> , if no period

- Ultrasound scans must be booked in advance. Please phone to make an appointment: 02 4902 7000.
- On Blood Test days you will need to phone the Clinic in the afternoon (same day) between 2:00 – 3.20pm so you know what to do next. Please leave a message and a nurse will return your call.

To improve your chances of a healthy pregnancy there are several things we suggest you consider. Please take the time to read the information provided and if you have any questions please ask your Doctor or Nurse Co-ordinator.

### HEALTHY EATING & DIET

The average Australian diet contains most of the necessary ingredients to ensure adequate reproductive function. Provided you include a balanced amount of food from all the major groupings you should not need to worry about additional supplements and herbal preparations. The exceptions to this are folate and iodine which we do recommend as a supplement.

### FOLATE & IODINE

Folate (or folic acid) is a vitamin essential for the replication of cells and the production of the basic building blocks of life (DNA). It has been shown that women who have diets low in folate have a higher risk of having babies with serious congenital abnormalities called neural tube defects, examples of which are Spina Bifida and Hydrocephalus (water on the brain). Taking folate supplements dramatically reduces this risk. It is recommended that all women attempting to achieve a pregnancy take 0.5mg of folate daily. If you have a family history of neural tube defects, recurrent miscarriage or are on anti-epileptic medication you should take 5mg of folate daily.



Iodine is essential for the production of thyroid hormone. Thyroid hormone regulates the function of all the cells in your body. In early pregnancy thyroid hormone is critical for baby's brain development. Many women lack adequate iodine in their diet, and it is recommended that you take 250mcg iodine per day prior to pregnancy. Please ask your pharmacist which supplement they recommend containing both folate and iodine.

### WEIGHT

There is good evidence that being of normal weight for your height and body type (having a normal body mass index or BMI) will improve the likelihood of pregnancy. Being overweight (BMI >25) interferes with ovarian function and increases the risk of miscarriage. Women who have a BMI over 30 have roughly half the chance of falling pregnant both with IVF and clomid tablets versus women who are of normal weight.

Once you are pregnant the risk of diabetes in pregnancy, caesarean section and hypertension all increase if you are overweight. Weight loss of even 5 – 10kg can make a big difference to your chances. Please talk to your Doctor or Nurse Co-ordinator if you would like more information.

If you are underweight (BMI <18) ovarian function may also be impaired. Once you are pregnant the chances of having a growth restricted baby is also increased. Normalising your body weight prior to conception will improve the chances of a health pregnancy.

## EXERCISE

Regular exercise is strongly encouraged. Swimming, walking, running, cycling etc are all good forms of recommended exercise.



## SMOKING & ALCOHOL

Smoking significantly reduces your chances of falling pregnant. There is no doubt that smoking is bad for your health, equally for fertility and pregnancy for both men and women. Women who smoke in an IVF program reduce their chances of conception by up to 50%. Cigarettes cause damage to sperm, eggs and embryos. Please speak with your Doctor or call the QUIT line (13 78 48) if you would like help quitting. Evidence has shown that women who smoke may go through menopause earlier than those who do not. Smoking has a major impact on the health and life of a woman's eggs.

Alcohol in small amounts has not been shown to impair fertility. In large amounts it can impair sperm production and any amount once a woman is pregnant can be harmful. The National Health and Medical Research Council currently advise women attempting pregnancy do not drink alcohol. However, 1 – 2 standard drinks occasionally would not be considered unreasonable whilst attempting pregnancy.

Caffeine in moderate amounts (1-2 cups of tea or coffee per day) has not been shown to impair fertility. Recreational drugs such as marijuana, heroin etc should not be used by anyone attempting pregnancy and especially not whilst pregnant.

## PAP SMEAR

It is important that you have had a normal Pap smear test in the last 2 years. Pap smears are used to detect pre-cancerous changes on the cervix. Treating these changes is very difficult if they are detected during pregnancy.

## INFECTIONS & IMMUNISATIONS

Certain infections can be harmful to the baby. Preventing these infections is easier than treating them. Rubella infection during pregnancy can cause significant harm to your baby including deafness, blindness, and heart defects. Although many women have had a vaccination during high school it may not have worked or can wear off. It is important to have a blood test to check your rubella immunity prior to conceiving, which your GP can arrange.

Chicken pox immunity can also be checked prior to pregnancy and vaccination offered if you are not immune. Chicken pox during pregnancy could cause arm, leg and skin defects in your baby and you could also be at risk of pneumonia. Any other immunisations or booster vaccines should be discussed with your GP.



## GENETIC SCREENING

If you have a family history of an inherited disorder, please discuss with your doctor as many genetic problems can be tested. Even if you have no family history many couples opt for Cystic Fibrosis (CF) testing prior to pregnancy. Cystic fibrosis (CF) is a common genetic disorder with 1 in 20 Caucasian people carrying a mutation that causes this disease. CF can be inherited by your child if both biological parents carry a mutation. CF causes chronic lung infections, food absorption issues and often death in late childhood or as a young adult. It is easy to screen both parents by a simple mouth swab. If you are at risk, then we can offer further testing to prevent your child being affected.

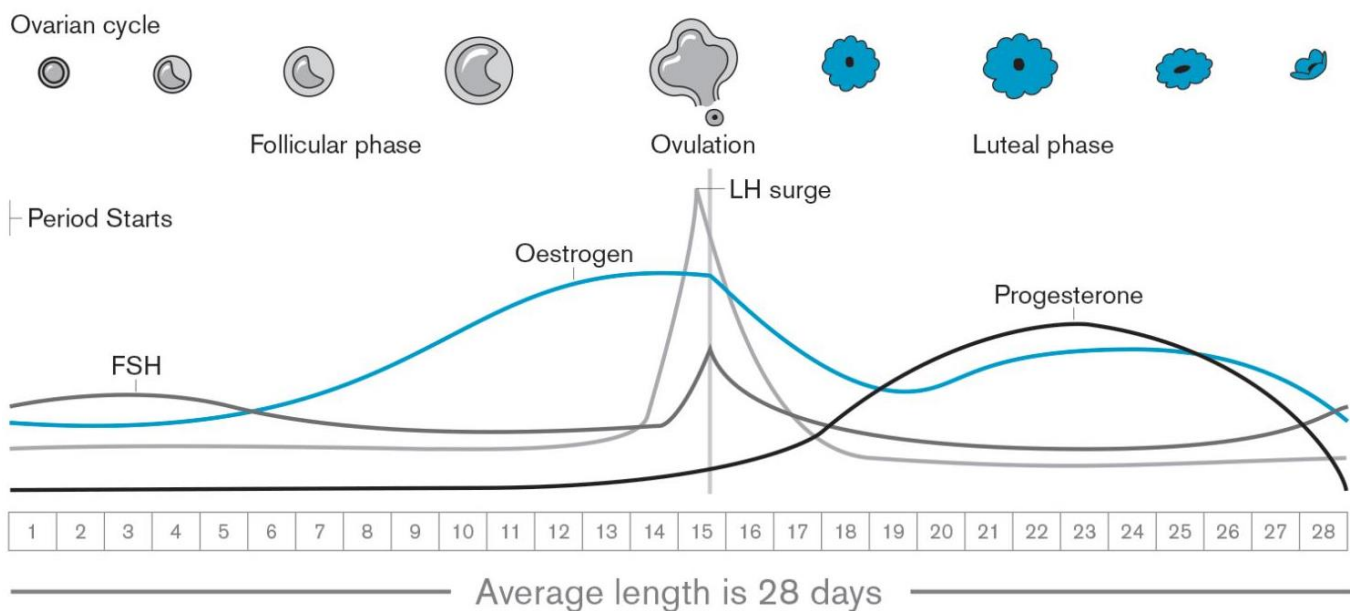
## MALE FERTILITY

Many of the recommendations that apply to female health and fertility also apply to men. Stopping smoking, limiting alcohol to 4 drinks or less per day, eating a healthy diet and having a normal body weight will all help sperm production. Whilst there are vitamins you can buy that are specifically tailored to male fertility, we still don't know how much benefit they have.

After sperm has been produced it is stored in the epididymis next to the testicles until ejaculation. Sperm that has been stored for a long time may not be as robust with more dead sperm accumulating and more damage occurring to the sperm. It is therefore advisable to ejaculate (via intercourse or masturbation) at least 3 times per week to stop sperm becoming too old. There are no benefits to 'storing things up' and nor is there any harm in ejaculating regularly.

**TIMING FOR INTERCOURSE**

If you have a regular menstrual cycle, then ovulation usually occurs 14 days before your period starts. Your most fertile time is 3-4 days leading up to and around ovulation. It is always better to start earlier than later. For example, if you have a 26-day cycle then you are ovulating on about day 12 of the cycle. You should therefore have regular intercourse from day 8 - 9 through to day 13 of the cycle. Likewise, the most fertile day in a 32-day cycle is day 16 with intercourse from day 12- 17. Some women have signs of ovulation which can help them to time intercourse. If you are getting egg-white like mucous leading up to ovulation this is a good time to have intercourse. Likewise, if you get ovulation pain this is also a good time to have intercourse. Don't worry if you don't get any of these signs as many women do not.



Some couples use ovulation prediction kits to help time intercourse, which can be purchased online or at a chemist. These kits measure the hormone LH in the urine. When the LH surge is seen ovulation should occur in the next day or 2, hence intercourse should occur now. LH testing can be expensive and if no surge is seen it does NOT mean ovulation did not occur. In couples capable of regular sexual activity, they do not contribute a great deal. If intercourse is only possible once per week, they can be useful to pinpoint the best time. The saliva test kits also available are completely inaccurate and not at all recommended. Basal body temperature testing is not helpful as it does not help time intercourse.

How often to have intercourse to maximise your chance of getting pregnant is often debated. Put simply it is impossible to have intercourse too much. On the other hand, you should not feel that you 'have to have intercourse'. It is entirely up to you – investing in your relationship as a couple by ensuring intercourse if enjoyable is wise. It is reasonable to have intercourse every second day around the time of ovulation to increase your chance of conceiving. There is no evidence that having intercourse every day will improve the likelihood of success as sperm can survive for up to 48 hours. How you have intercourse does not influence your chances of falling pregnant.

### ALTERNATIVE THERAPIES

There is little evidence that alternative therapies such as Chinese herbs improve the likelihood of pregnancy and some may even be harmful. There is some evidence that acupuncture is safe in couples trying to conceive. Please consult your doctor if you're considering any alternative therapies.

