Ontario Network of Experts in Fertility
life through knowledge
McMaster University Department of Obstetrics and Gynecology
3210 Harvester Road,
Burlington, Ontario, L7N 3T1
P 1.877.663.0223 F 905.639.3810
www.onefertility.com

CHECKLIST – before treatment start

Please make sure you and your partner (where applicable) have completed the following:

- ☐ IVF teaching
- ☐ Attended counseling
- ☐ Contacted the egg bank, selected donor, had the donor approved by us and arranged for delivery of oocytes to ONE Fertility.
- ☐ If your chosen donor has any genetic flags, we recommend genetic testing of the sperm provider for the specific genetic condition(s) or genetic counselling prior to purchase of eggs.
- ☐ Read and understood the supporting document titled "Things You Should Know about IVF with Frozen Eggs" explaining this treatment as well as the risks involved. – see below
- ☐ Completed your consents using DocuSign and reviewed the provided tutorial to help you with your consents.
- ☐ Completed the infectious disease screening bloodwork within 10 months
- ☐ Completed specific testing or instructions ordered by your physician (if applicable)
- ☐ Understood the fees that will be charged to you, including the fees associated with a cancelled cycle

Please note that:

- the consent expires one year after it is signed
- any changes or updates made to the consent need to be in writing
- signing the consent does not mean you have to move forward with IVF but is a necessary step in order to do IVF treatment
- you will get a copy of your signed consent once everyone signs and you have the right to review the consent with your lawyer if you wish.
- if using donor eggs/sperm or a gestational carrier make sure psychological counselling is done prior to consent signing

If you require translation services, you can contact this company.

https://languagelinx.ca/translation/translation-agency-burlington.aspx

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THINGS YOU SHOULD KNOW ABOUT IVF WITH FROZEN EGGS

In vitro fertilization (IVF) has captured the attention of the public since its groundbreaking introduction in 1978. In 1986, the first human birth from a frozen egg was reported. In 2013 the American Society of Reproductive Medicine announced that egg freezing should no longer be considered experimental. This exciting area of science evolves each day with new research and developments that are continually underway. Success rates have significantly improved over the years. Our goal is to educate you about your treatment plan so that you are fully aware of what to expect from this treatment.

Freezing all Embryos

For most patients the plan is to do this treatment in 2 steps. Step 1 focuses on thawing the eggs, fertilizing them and freezing embryos that make it to the blast stage. Step 2 is to do a frozen embryo transfer and try for pregnancy. There is also the possibility that the embryos may not survive the freezing and thawing procedure, although the occurrence of this is rare. Embryos can be stored indefinitely and they remain frozen in time.

Fresh Embryo Transfer

Another option is to try for pregnancy in the same cycle that the embryos are being created. This is a less preferred option in most cases as it comes with a higher risk of cycle cancellation. The pregnancy rates when comparing fresh vs frozen transfer of embryos are about the same.

Reasons to Cancel a Cycle:

- Endometrial lining not thick enough
- Fluid in uterus cavity
- Hormonal levels not appropriate
- Embryo development and endometrial lining receptivity not properly synchronized
- Other

If your cycle needs to be cancelled, we will explain to you in detail why it needs to be cancelled and you will need to see your doctor at a follow up appointment to review your cycle and plan for next steps.

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Egg Thaw Day

Once eggs are on site, payment is made and consents are signed, patients can contact the IVF line to request an egg thaw date. The IVF lab will generally provide an egg thaw date within 2 weeks.

These procedures are done in the morning. A partner or donor sperm sample is required at this time.

When applicable, the sperm providers will produce the sample the morning of the egg thaw either in our facility or at home. In some cases, we use a previously frozen sample. At times we surgically retrieve sperm the day of the egg thaw. If you are using a donor sperm sample, it must be in our clinic well in advance.

There is a possibility that not all eggs will survive the thaw. Only the eggs that survive have a chance of fertilization.

Fertilization of Eggs

Intra-Cytoplasmic Sperm Injection ("ICSI") must be used to try and fertilize frozen eggs. It involves selecting a single sperm and injecting it directly into the center of an egg.

There is a risk **of failed fertilization (or no fertilization)**. It is rare that none of the eggs fertilize however it is common that some of the eggs don't fertilize.

Embryo Development Updates

After your egg thaw you will be called with updates from the lab.

There is a risk that embryos may arrest/stop developing or develop abnormally.

Our plan is to freeze (or transfer) the embryo(s) when they reach the blastocyst stage (day 5 or 6 or 7 post egg thaw). Reaching the blastocyst stage is a necessary step before implantation**. Embryos that can't achieve this stage can't result in pregnancy.**

If the plan is for a transfer and there is no embryos that reach the blastocyst stage by day 5, the embryo transfer will be cancelled as the synchronization between embryo development and uterus receptivity will be off. We will continue to monitor the embryo development until day 6/7 at which point any blastocyst embryos will be frozen. We will then attempt a frozen embryo transfer.

Transferring a single blastocyst embryo minimizes the risk of multiple pregnancy. There is still a very slight risk of identical twinning. Not all of your embryos are expected to survive to the blastocyst stage. We generally see a reduction in the number of high quality embryos by about 50% between day 3 and blastocyst development so that usually half of the embryos have arrested by day 5.

You may have embryos that have not reached the blastocyst stage by day 5. These embryos will be cultured in the lab until day 6/7. All embryos that become blastocysts on day 6/7 will be frozen.

Some embryos can start to divide abnormally but can later become blastocyst embryos. We refer to these embryos as PNBs (polynucleated blastomeres). It is our practice to watch the development of these embryos

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to see if they become blastocysts. There are documented cases of these embryos resulting in healthy live births. If you have a blastocyst embryo(s) that resulted from a PNB embryo, your doctor will have a discussion with you, and you will decide if you want to use the embryo(s).

Assisted Hatching

Assisted Hatching (AH) is the technique of thinning the shell or outer covering of an embryo. In some cases helping the embryo hatch out of its shell can allow for a better chance of pregnancy. This procedure is generally recommended for use with frozen embryos. Your physician will decide whether this procedure is in your best interest.

Embryo Transfer

Your doctor will provide you with a plan to prepare your uterus for the frozen embryo transfer.

These procedures are generally done in the late morning and there is no sedation medication given prior to the procedure.

The embryo placement occurs under ultrasound guidance and a full bladder is required for this procedure.

After the transfer you can drive and go on with your day. You do not need to be on bed rest but should avoid heavy lifting and heat exposure to the abdomen. You should schedule a pregnancy blood test as instructed by the doctor (12 days after the embryo transfer). Please remember to be scent free the day of your transfer.

Possible Outcomes of treatment

1. No pregnancy
2. Chemical pregnancy – when a pregnancy is detected through blood/urine tests only but does not develop into a baby
3. Nonviable intrauterine pregnancy - when the pregnancy is in the uterus but there is no fetus or no heartbeat
4. Ectopic pregnancy – when implantation occurs outside the uterus. This can be dangerous and requires medical or surgical intervention.
5. Clinical pregnancy that turns into a miscarriage
6. Clinical pregnancy that results in a live birth
7. Multiple pregnancy

Our team is experienced in managing all of the above outcomes.

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Risks of Pregnancy

Getting pregnant does put extra demands on your body and can put your health at risk. Some of the common conditions associated with pregnancy include high blood pressure in pregnancy or gestational diabetes.

The more babies a person is carrying at once, the higher the risks to them and the babies. Some of those risks include such things as cerebral palsy, deafness, blindness and even death of the babies. Babies from a multiple pregnancy are generally smaller at birth and require longer admission to the neonatal intensive care unit. Mothers with a multiple pregnancy are more likely to require hospitalization during pregnancy. These are just some of the many risks associated with multiple pregnancy. Our goal is to help you achieve the family that you desire, one baby at a time!

Risks of Adverse Outcome for the baby conceived with IVF

It is important to note that IVF pregnancies are at increased risk. However, those risks may be related to many other factors associated with the patient population requiring IVF, rather than the IVF process. It is not clear whether the IVF process itself increases these risks or by how much.

We are reassured that the great majority of babies conceived through IVF are healthy.

Long-term follow-up studies on children born following IVF are ongoing.

If you have any questions about the information in this document or require further explanation, please ask our IVF coordinators by calling 905-634-4440 x225 or emailing infoivf@onefertility.com

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IVF Financing

Frequently Asked Questions (FAQs)

- **How do I apply?**
  Please contact the following financing company by phone, email, or online.

  MEDICARD iFinance CANADA
  P. 1-888-689-9876
  F. 1-888-689-9862
  E. info@medicard.com
  W. https://www.medicard.com/apply-now.php

- **When should I apply?**
  Immediately following the IVF teaching session to ensure that your application is processed prior to signing IVF consents.

- **How long does the application process take?**
  This can take as little as 24 hours-2 weeks for approval based on your involvement.

- **What is the minimum and maximum amount that I can apply for?**
  Medicard- $200-$17,000. *Consideration will be made for requests over $17,000.*

- **How will I know if I am approved?**
  Medicard will contact you by phone to confirm your pre-approval. Once you have been pre-approved, you will be required to sign the application and fax/mail the completed application. ONE Fertility will then be contacted to confirm the details.

Another option is Beautifi – see link below

https://www.beautifi.com/doctors/one-fertility-burlington/