

# What's involved?

## The IVF process

This fact sheet is designed to provide you with an overview of the key steps in the IVF process. Your fertility team of specialists, nurses, embryologists and counsellors are available to provide support along the way, should you have any questions.

### Ovarian Stimulation

Ovulation stimulation begins with your period, with medications taken for approximately 8 – 14 days.

There are two types of medication used to induce ovulation: tablets (oral medication) or self-administered daily injections. Your specialist will decide which medication is best for you. This medication encourages the follicles in your ovaries (where the eggs grow) to produce more eggs.

During the stimulation period, you'll be monitored via blood tests and ultrasounds. These tests will provide an indication of the maturity of your follicles and potential number of eggs and in turn determine your readiness for egg retrieval.

Towards the end of the stimulation phase, you will be advised to administer a 'trigger injection' which readies the eggs for collection. Your fertility nurse will tell you exactly when to give the trigger injection. The timing is critical, as the fertility specialist needs to perform the egg retrieval before you ovulate.

### Egg Collection

When your eggs are ready to be collected, you'll visit the hospital or one of our day surgeries for a day procedure.

The procedure itself only takes around 10-15 minutes and you will be sedated by a light general anaesthetic. Following surgery you will rest in recovery. You'll be in the clinic for between 2-4 hours in total.

You will require a support person to pick you up as you're unable to drive or take public transport alone following the surgery. We recommend taking the day of the egg collection off work and you will receive a medical certificate for the day following your egg collection to allow you to recover as required.

It is important to understand that not every follicle always contains an egg and that the quality of every egg is variable and unknown. Eggs that are retrieved may be immature. Not all eggs are suitable to be inseminated. It is also possible that a mature egg may not fertilise. Furthermore, there is no ideal number of eggs to aim for. Every individual is different and your fertility specialist will discuss your individual goals specific to your situation.

<b>Step 1</b>	<p>Initial consultation with Monash IVF Specialist</p> <p>Blood tests Baseline ultrasound Semen analysis</p> <p>Monash IVF Specialist provides personalised treatment plan and registration form for treatment in follow-up appointment</p> <p>Counselling appointment</p> <p>Welcome letter and quote issued to patient</p> <p>Patient meets with fertility nurse to discuss treatment as prescribed by specialist</p> <p>Meeting with the finance team to go through fees</p>
<b>Step 2</b>	<p>Commence ovarian stimulation</p> <p>Cycle monitoring (day 6-9 onwards)</p> <p>Trigger injection</p>
<b>Step 3</b>	Egg collection procedure
<b>Step 4</b>	<p>Semen sample is prepared</p> <p>Insemination via IVF or ICSI</p>
<b>Step 5</b>	Embryo culture over 3-5 days
<b>Step 6</b>	<p>Embryo transfer</p> <p>Assessment of any additional embryos for suitability of freezing</p>
<b>Step 7</b>	Blood test after approximately 2 weeks to determine if you are pregnant

## Fertilisation

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Once your eggs have been collected, we culture them in the laboratory.

Our scientists will either place the eggs and sperm together in a culture dish to fertilise naturally as they would within your own body. This is known as standard IVF insemination.

Another method of insemination is for our scientists to hand select a single “ideal” sperm to inject directly into each individual egg known as ICSI (intracytoplasmic sperm injection).

The most suitable method of fertilisation will be determined by your fertility specialist to optimise your fertilisation and pregnancy chances in each cycle.

## Embryo Creation

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Our goal is to create as many embryos as possible. Ideally, the more embryos created, the greater the chance of some being viable for use. That said, it takes just one good embryo to make a baby.

We aim to grow embryos to blastocyst (day 5 or 6) stage. We know that freezing/transferring more robust and developed embryos increases your chances of a successful pregnancy. If you have additional viable embryos, we will freeze them for you to use in a subsequent cycle if needed.

Unfortunately, not all eggs will fertilise and reach embryo stage. The eggs might not be mature, or the embryo may not continue to develop to maturity.

## Embryo Transfer

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The embryo transfer is a very simple process—similar to a pap smear. The procedure itself only takes about five minutes. A scientist prepares your embryo by placing it in a small tube called a catheter. It’s critical this is done by an expert in order to disturb the embryo as little as possible. Your fertility specialist places the catheter through your cervix and into your uterus.

The transfer will be completed with either a fresh embryo (an embryo that has not been frozen) or a frozen embryo (created from a previous cycle and thawed prior to transfer). You’ll have a 2 week wait while we see if the embryo ‘takes’. It’s best to keep busy during this time if you can. Our counsellors are here for you if you need to talk.

After approximately 2 weeks, we will get you to do a blood test to see if you’re pregnant.



Learn more about us and  
the services we provide at  
[monashivf.com](https://www.monashivf.com)