



IN VITRO FERTILIZATION - IVF

MICROINSEMINATION – ICSI

WHO CAN RECEIVE TREATMENT?

Maigaard Fertility Clinic offers fertility treatment with In Vitro Fertilization (IVF/ICSI) to anyone who requires this treatment. However, according to Danish legislation, we are not allowed to treat women older than 45 years old.

You do not need to be referred to us by your Doctor nor to have any prior tests before commencing. However, if you have been through treatment at another fertility clinic or have had tests done already, we would like to receive a copy of your file incl. the test results.

During the preliminary interview, we will go through your case and assess if there is a need for further examinations before starting the treatment. If, for example, hydro-salpinges (water filled tubes) have been diagnosed, we know that the chance of getting pregnant is somewhat reduced, and surgery would be recommended prior to fertility treatment.

The interview is offered at our clinic free of charge; if you live abroad, we can correspond over email or set up a telephone interview. In addition, if you live abroad, your local gynecologist can conduct the initial part of the treatment, so you do not have to travel before the actual egg retrieval/transfer.

Before starting the treatment, we recommend the woman to be checked for **Chlamydia** (microorganism) from the cervix. If the test is positive, both the woman and her partner need to undergo treatment with antibiotics.

If the woman is uncertain whether she has had **Rubella** (German measles) or not, a blood sample can clarify if she has developed antibodies against it. If not, she will need to be vaccinated and the treatment cannot start before 3 months later.

The tests for Chlamydia and Rubella are normally conducted at your GP/local gynecologist.

We also expect that you have had your **cervical smears** taken regularly.

Furthermore, we recommend, that the woman's metabolism is checked (**TSH and TPO antibodies**) together with hormone levels: **FSH and LH (to be taken on cycle day 2-4)** and **AMH** (Anti Müllerian Hormone).

Both the woman and the man must be tested for **HIV, Hepatitis B and Hepatitis C**. We will take the blood tests at our clinic (if you live abroad, we need to receive a copy of valid tests before the treatment commences).

The main reasons for IVF or ICSI (micro insemination) are:

The woman has damaged or missing fallopian tubes.

Unexplainable infertility.

Reduced sperm quality.

Unsuccessful insemination with sperm from her husband.

Unsuccessful insemination with sperm from a donor.

The woman has endometriosis.

The man has previously been sterilized.

The man has no sperm cells in his ejaculate.

HOW DO WE GET STARTED?

Please call the clinic in order to book an appointment for a preliminary interview (free of charge) or send us a letter/email with your information (incl. previous examinations and treatments). Together we will discuss the most suitable treatment for you.

WHAT IS IVF?

IVF means **In Vitro Fertilization** and is the nomination for a technique where the egg is fertilized outside the woman's body in a glass cup (vitro). The general term is IVF, egg transplantation or test tube treatment. Following the fertilization, the embryo is transferred into the uterus (womb) through a thin plastic tube. If the embryo implants in the endometrium it will develop accordingly to a natural fertilization.

The treatment consists of several steps:

Initially the treatment begins with a hormone therapy to stimulate the maturation of more eggs in the ovaries than just the one matured in a natural cycle.

By ultrasound scans, we monitor the development of the follicles to assess the time of the egg retrieval.

The egg retrieval is performed under ultrasound guidance using a thin needle going through the vaginal wall and into the ovary, puncturing and emptying all the follicles. The follicle fluid collected is then analysed under microscope in the laboratory, identifying the eggs.

The man produces a sperm sample or a biopsy is made, either which will be prepared in the laboratory; alt. the required (donor-) semen straw will be thawed.
The eggs are then mixed or injected with sperm cells.

The following day, we will know how many of the retrieved eggs have been fertilized. The fertilized eggs (embryos) are now cultivated for 2, 3 or 5 days until the most suited embryo will be transferred back into the uterus. Possible surplus viable embryos on day 5 can be frozen for later use.

9-14 days after transfer, a pregnancy test can be performed to see if the treatment has been successful.

Each of these steps will be explained in more details below.

WHAT ARE THE ODDS FOR A POSITIVE RESULT OF THE TREATMENT?

For the IVF-treatment to result in a pregnancy, the following steps must be successfully carried out:

1. The hormonal treatment must result in more follicles developing.
2. An appropriate number of mature eggs have to be retrieved.
3. The eggs have to be fertilized and start to cleave properly.
4. The embryo has to implant into the endometrium (mucous membrane of the uterine cavity).

This means that the treatment may be cancelled should step 1-3 not be completed.

If we manage to transfer 1 embryo into the uterus, which fortunately happens in the majority of cases, the chance for a positive pregnancy test for women **under 40 years** old is approximately 45% and to give birth to a live born child the chance is 37% per trial. Women **over 40 years** old (between 40-45 years old) have approximately 28% chance of a positive pregnancy test and 18% chance to give birth to a live born child per trial. Chances are similar when thawed embryos are used.

The success rate depends upon the woman's age (amongst other things), as the egg quality is reduced with increasing age. In particular, women of 42 years or older have a reduced chance of becoming pregnant and a further reduced chance to complete the pregnancy due to a higher risk of abortion that increases with age.

IS THERE ANY RISK FOR THE WOMAN AS A RESULT OF THIS TREATMENT?

The overall risks in connection with the IVF treatment are low. The hormonal stimulation can give side effects as hot flushes, breast tenderness, bloating, frequent urination, cramping/discomfort in lower abdomen and back, constipation, fatigue and/or nausea, eventually also mood swings.

In rare cases (less than 1%) the woman may develop an ovarian hyperstimulation syndrome, where the ovaries react undesirably strong to the treatment. This can result in alteration of the salt-fluid balance in the body and may require a stay in hospital for a few days. Very seldom, thrombosis may occur in severe cases.

Hypersensitive reaction to the hormonal treatment might happen in very rare cases.

The risk of developing ovarian cancer has been discussed following the publication of an American investigation in 1992. The investigation appeared to be encumbered with various scientific faults. More recent studies have not shown any risk of cancer following the hormonal treatment applied with IVF treatment, although a 100% guarantee cannot be given.

During egg retrieval there may be a slight pain reaction and a subsequent small haemorrhage. In very rare cases an infection in the abdomen can occur.

There is a risk of 1-2 % of ectopic pregnancy (pregnancy situated in one of the tubes). This will often require surgical intervention.

IS THERE ANY RISK FOR THE CHILD AS A RESULT OF THIS TREATMENT?

More than 1.000.000 children have been born after IVF treatment and a higher risk of malformations or chromosome abnormalities has not been proven

PSYCHOLOGICAL IMPACTS

Going through IVF treatment can be a psychological strain on both parties in a relationship. You will need to be aware of the fact that you may react differently to one another. By being well informed about the process of the treatment and by spending plenty of time together discussing your feelings throughout the treatment may help you. Please ask the staff if you have any uncertainties we can help clarify.

You will need to be optimistic, but also realistic during the treatment. You have to realise that the chance of pregnancy and subsequent birth are what they are. Unfortunately, we cannot guarantee success. If you find yourself unable to cope, consulting a psychologist might be helpful for you.

IF THE TREATMENT DOES NOT WORK

Should the IVF treatment not be successful, you will have to accept that it might not be possible for you to become (a) biological parent(-s). If so, we will advise you in the best of our ability on eventual alternative treatments, adoption or putting a closure to the process.

PRACTICAL PROCEDURES STEP BY STEP

Patients living outside of Denmark need to pay attention to the fact that the consultations mentioned in the following, apart from the egg retrieval and transfer of embryo(-s), will/can take place at your local gynecologist and that you will need to buy the medication yourself at your own expense.

FIRST CONSULTATION

Before you decide to start the treatment, we would like to offer you a preliminary interview free of charge, where we will go through your case and assess if there is a need for further examinations before starting the treatment.

If you live abroad, we can correspond over email or set up a telephone interview. In addition, your local gynecologist can conduct the initial part of the treatment, so you do not have to travel before the actual egg retrieval/transfer.

If you want to start a treatment, you need to contact **Maigaard Fertility Clinic** at the beginning of your menstrual cycle in order to book an appointment for the first consultation, which should take place on the 21st day of the cycle. In general, we have no waiting time, but around holidays, we may have to delay the treatment with 1 cycle or prolong the downregulation period with 1-2 weeks.

At the first consultation one of our nurses/midwives will take you through the different steps and procedures of the treatment and instruct you in how to administer the hormones. The doctor will perform a vaginal ultrasound scan of the ovaries and the uterus in order to rule out eventual cysts or other that may interfere with the treatment.

You will need to sign a consent form in accordance to the Danish legislation.

Married couples should present their Marriage Certificate.

Furthermore, you will need to decide whether you wish to have any surplus viable embryo(-s) frozen.

THE HORMONAL TREATMENTLong protocol

In a standard treatment, the medication consists of a nasal spray to downregulate the woman's own hormone system followed by hormone injections to stimulate the maturation of eggs in the ovaries.

The treatment with the nasal spray (Synarela) starts on the first day of consultation. It is administered by 4 puffs per day: 1 puff in the morning, 1 puff midday and 1 puff in the afternoon (e.g. 07-15-22 o'clock), changing nostril from puff to puff.

The nasal spray results in a downregulation of the woman's own hormonal system leading to a menopausal state, that can give discomfort such as hot flushes, headaches, fatigue and/or mood swings. This brings the ovaries into a neutral state, so that the subsequent hormonal stimulation becomes more efficient and manageable.

The down regulation period treatment must be of a duration of at least 2 weeks, during which the menstruation will occur (it may last a little longer than normal or be delayed with a few days). If it has not started the day before you are scheduled to start the injections, please contact the clinic and wait for instructions before proceeding.

It is important that you **do not begin with the hormonal injections before at least 24 hours after the menstruation has begun.**

Upon the agreed time, the hormone injections (Gonal-f, Puregon, Bemfola, Pergoveris, Elonva or Menopur) begins, which stimulates the growth of the follicles in the ovaries. The medicine is administered by injections with a thin needle subcutaneously. The nurse/midwife will carefully instruct you on the first day of consultation and it is quite easy to do yourself. You will administer one daily injection for 9 days. The daily dose is individualized by our Doctors and depends on age, previous treatments and medical history.

The treatment with the nasal spray (Synarela) continues together with the injections and is now administered by 2 puffs per day: 1 puff in the morning and 1 puff in the evening (e.g. 07-19 o'clock), changing nostril from puff to puff.

Short protocol

Here the hormone injections (Gonal-f, Puregon, Bemfola, Pergoveris, Elonva or Menopur), which stimulates the growth of the follicles in the ovaries, begins on the second day of the menstrual cycle. There is no pre-treatment as in the long protocol.

The medicine is administered by injections with a thin needle subcutaneously. The nurse/midwife will carefully instruct you on the first day of consultation and it is quite easy to do yourself. You will administer one daily injection for 7 days. The daily dose is individualized by our Doctors and depends on age, previous treatments and medical history.

From cycle day 8, the treatment is added a second injection (Fyremadel, Orgalutran or Cetrotide) to prevent the woman's own maturation of the follicles and prevent ovulation. It will continue daily according to the instructions given at the clinic.

The hormonal stimulation in both protocols can give side effects as hot flushes, breast tenderness, bloating, frequent urination, cramping/discomfort in lower abdomen and back, constipation, fatigue and/or nausea, eventually also mood swings.

SECOND CONSULTATION

This will be on the 10th day of the stimulation in the long protocol, whereas for the short protocol, it will be on day 9.

On the second consultation, a vaginal ultrasound scan will be performed to assess the lining in the uterus and the size and number of developing follicles in the ovaries. The number of developing follicles is very individual but in average we expect 3-5 in each ovary. The egg retrieval date depends on the size of the follicles, and can only be planned when the largest follicles have reached the size of 17-19 mm in diameter.

During the ultra sound scan, it is only the size of the follicle, we measure. The egg itself cannot be seen on ultrasound and is only 0,1mm in diameter. Often, the follicles on the second consultation have not yet developed sufficiently, and we need to continue the treatment for some days before a new scan can be performed an eventually then plan ahead. When the follicles have reached the right size, the egg retrieval can be planned the earliest 2 days later.

OVULATION INJECTION

The day the follicles have reached the right size, we will plan the time for the egg retrieval, which normally will take place 2 or 3 days later.

37 hours (or 34 hours) prior to the egg retrieval, the ovulation injection (Ovitrelle or Gonapeptyl) has to be administered to initiate the final maturation of the eggs. The ovulation injection has to be taken on a specific time given by us. It is administered by self injection like the other hormonal injections.

It is **VERY IMPORTANT** that the ovulation injection is administered precisely with a max. delay of 10 min. from the given time, as it is timed in accordance with the egg retrieval.

Should the prior consultations not have shown an appropriate response to the treatment, the cycle may be cancelled. We will then discuss the possibility for a new treatment.

EGG RETRIEVAL

On the day of the egg retrieval, you will arrive at the clinic as agreed upon and you should expect to stay for a couple of hours. The man hands over the sperm sample. The sample can be made at home, if the time from the sample is made to it is handed over at the clinic does not exceed 75 min and it is kept warm during transportation; otherwise it can be made at the clinic in a private room.

We recommend 2 days of abstinence before the sample has to be made.

The woman needs to be fasting (= no foods 6 hours prior to the egg retrieval), but is allowed to drink (fluids, no dairy products) until 2 hours prior to the egg retrieval. Approximately 1 hour before the egg retrieval, the woman will be given pre-medication (mild painkillers (Paracetamol) and a sedative (Halcion)). If you come from abroad, we will give these to you at the clinic upon arrival. The woman empties her bladder and a small plastic needle is placed in a vein in the hand/arm through which we can administer additional painkiller throughout the procedure.

The procedure starts off with a gynaecological examination, where the vaginal top is cleaned and local anaesthesia is placed. The egg retrieval is performed under ultrasound guidance using a thin needle going through the vaginal wall and into the ovary, puncturing and emptying all the follicles. The follicle fluid collected is then analysed under microscope in the laboratory, identifying the eggs.

By nature, some follicles may be empty, but approximately 80% of the follicles contains an egg. Mostly, the needle only has to go through the vaginal wall once on each side, emptying all follicles in each ovary. You will be able to follow the procedure on two screens showing the egg retrieval and overlooking the embryologist identifying the eggs.

The egg retrieval takes approximately 5-10 minutes. After the egg retrieval, the woman will rest in our recovery room. You have to stay at the clinic until the semen sample is approved and we have made sure you are doing well after the procedure.

Because of the pre-medication and the painkillers given during the egg retrieval, the woman is not allowed to drive a vehicle that day (incl. both arriving and leaving the clinic). We recommend that the rest of the day is spent at home relaxing (no work or chores to be done).

There may be a slight bleeding from the vaginal wall after the procedure, and a minor pain reaction in the lower abdomen is to be expected.

THE CULTIVATION OF EGGS

The retrieved eggs are placed in a dish containing a special growth media and stored in an incubator. In a normal IVF treatment, 100.000 sperm cells are added to the media 3-4 hours later.

After 48 hours we can see if the fertilization has been successful and how many of the fertilized eggs have started to cleave. In average 75% of the eggs will cleave. Sometimes it happens that none of the eggs will fertilize or cleave properly, in which case the transfer is cancelled.

If Micro insemination (ICSI) is used, the procedure is different (see below).

EMBRYO TRANSFER

Normally we transfer 1 embryo depending on the quality of the embryo(-s). The embryo will be transferred using a small catheter through the cervical channel and into the uterus. There are normally no discomforts with this procedure.

Should there be any surplus viable embryo(-s), we can offer to freeze them for eventual later use. Otherwise, any surplus embryo(-s) will be destroyed.

ASSISTED HATCHING (AHA)

When the embryo in the uterus has cleaved into numerous of cells, it has to rupture its surrounding membrane (= it has to hatch) in order to be able to implant in the endometrium to establish a pregnancy. This rupture can be impeded by a tough or thick membrane, which seems to occur in women over 38-40 years of age.

In such cases, assisted hatching, also called AHA, can facilitate the rupture. It is done by thinning an area of the embryo membrane by a procedure in the laboratory on day 2 or 3 after the egg retrieval.

We can offer AHA if the woman is over 38-40 years, if we observe the membrane to be tough or thick or in cases where there has been no pregnancies despite several transfers with good quality embryo(-s).

AFTER EMBRYO TRANSFER

In order to improve the possibility for the embryo to implant, a hormone (Progesterone) supplement is added in order to support the endometrium. The hormone is normally administered in the vagina with a gel (Crinone) or as suppositories (Lutinus or Cyclogest). The administration continues until the pregnancy test 9-14 days later.

We recommend leading a quiet life in the days after the transfer, eventually to stay home from work (especially if you have a physical hard job).

The pregnancy test is scheduled 9-14 days after the transfer. The clinic will give you a home pregnancy test on the day of the transfer to be used on the given day. It is important that you carry out the test in all cases, also if a vaginal bleeding has occurred before. A bleeding does not necessarily rule out a pregnancy. We ask you to call us on the day you perform the test, regardless of the result.

If the test is positive, we will offer a pregnancy ultrasound scan 3 weeks later (if you live abroad, you should book an appointment at your local gynecologist).

If the test is negative, we can plan ahead for a new treatment.

MICRO INSEMINATION (ICSI)

In some cases, the man's sperm quality is reduced so that fertilization by normal IVF cannot succeed. Others may have experienced a low/no fertilization rate in previous treatments despite apparently good quality of eggs and normal semen quality.

If so, we can perform micro insemination. A procedure in which one sperm cell is injected directly into one egg by use of special equipment.

In medical terms, this procedure is known as ICSI (**I**ntra **C**ytoplasmic **S**perm **I**njection).

WHEN TO APPLY ICSI?

If the sperm quality is reduced so that fertilization by normal IVF is considered compromised, we will recommend ICSI treatment. Normally this is known from previous sperm examinations and/or treatments, and is therefore already planned when the treatment begins.

The sperm quality can vary, and should it unexpectedly be reduced to a level that requires ICSI on the egg retrieval day, we will discuss this with you and recommend to proceed to ICSI.

If the normal IVF treatment results in no or just a few fertilized eggs, there is unfortunately nothing further we can do in that cycle. We will not be able to perform a "rescue ICSI" as the eggs only have a limited time where they are receptive for fertilization. A lack of fertilization may be occasional and does mean it will happen again.

The chance of obtaining pregnancy after ICSI is the same as by normal IVF treatment.

LACK OF SPERM CELLS IN THE EJACULATE

Men, who have been surgically sterilised or have a blockage in their sperm duct, have no sperm cells in the ejaculate. In case surgical attempt has failed to re-establish the passage or if none has been made, we can under local anaesthesia, take a biopsy from the testicle and retrieve sperm cells from the biopsy. As the number of sperm cells retrieved in this way will be low, ICSI will be needed to fertilize the eggs.

The same method is used in men that have no sperm cells in the ejaculate after a genital infection or for other unknown reason or unable to ejaculate (e.g. paralysis).

FREEZING OF EMBRYOS

It has since 1983 been possible with success to use a technique to freeze embryos for later use and then thaw them again prior to transfer. Thousands of children have been born as a result of this, and there has not been observed a higher risk of abortion, malformation or chromosome abnormalities from thawed embryo transfers.

The Danish Legislation states that:

The frozen embryos can only be used for your treatment. It is illegal to donate them to other patients.

The frozen embryos can only be stored for 5 years after the egg retrieval date or the latest until the day before the woman's 46th birthday after which the embryos are destroyed. The embryos will also be destroyed in case of death of one of the parties (unless a written consent has been given by the male partner before his death) or in case of divorce/dissolution of the partnership.

You must sign a consent form accepting the freezing and the terms and conditions herewith.

Embryos may only be thawed and used if you have given us a written consent.

Are there surplus viable embryos on day 5 (Blastocyst stage) from your cycle, we can offer to freeze them. Pregnancy chances from using a thawed embryo (Blastocyst) are equal to pregnancy chances when using fresh embryos.

The embryo(-s) will be thawed on the morning of the scheduled transfer (for patients living in Denmark) or the day before (mostly regarding our patients living abroad). We can only assess the final quality of the embryo a few hours later or the next day.

HOW TO USE THAWED FERTILIZED EGGS.

If you want to make use of frozen embryos, the transfer will be planned in a stimulated or in a natural cycle. If your period is irregular or lacking, we will give a mild hormonal treatment (e.g. using tablets: Clomifen or Estradiol/Progynova).

Natural cycle

When the cycle starts, please call the clinic in order to make an appointment for an ultrasound scan on cycle day 11-12 (if you live abroad, please contact your local gynecologist for an appointment after you have spoken to us). Here we will monitor the endometrium in the uterus and assess the leading follicle. The size of the leading follicle determines when to take the ovulation injection (Ovitrelle). There might be need of a second consultation before we can finalize the transfer plan.

Once the ovulation injection (Ovitrelle) is administered, the embryo transfer will take place 4-6 days later depending on the protocol used/embryos in storage.

Stimulated cycle

In an Estradiol (Progynova) regulated cycle, once the endometrium has the right thickness, a progesterone supplement (Crinone/Lutinus/Cyclogest) is added for 5 days before transfer can take place. The ovulation injection is not used in a regulated cycle using Estradiol.

FREEZING OF SPERM

It may be recommended to freeze a sperm sample for use in a planned treatment if, for some reason, there is a known ejaculation problem or if the male partner is unable to be present on the egg retrieval date. It may then be necessary to perform ICSI, as the freezing and thawing of the sample may lead to a lower sperm count.

SPERM DONOR

When a sperm donor is required in the fertility treatment, the donor can be either anonymous or open. You need to contact one of the established Danish sperm banks (e.g. Cryos, European Sperm Bank), where you select the donor you wish to use and buy the required straws for the treatment. You also need to arrange for transfer to our clinic of the semen straws prior to the treatment (at your own expense).

Please ask the staff if you need more information in the process of selecting a donor and for information about a discount code when using the sperm bank Cryos.

According to Danish Legislation regarding fertility treatment (Law nr. 602, 18 June 2012) and The Danish National Board of Health, we are obliged to inform you of the following prior to treatment:

“By the selection of donors it has been attempted to limit the risk of transmission of hereditary diseases, congenital deformities, etc. by using only donors who have declared that they have no knowledge of such hereditary risks in their family, and where inquiries and examination have been carried out by an experienced health staff member in order to ascertain this information. In spite of these precautionary measures all hereditary risk cannot be excluded.

Should the child, against all expectations, have health problems at the time of birth or during its first years of life, which according to the information you will have received may be hereditary, it is important that you report back to the clinic or to the health staff member who has treated you, in order to assess whether this donor can still be used. The same procedure shall apply if you are informed that there has been an infection from donor semen or donor eggs. Even if the donor has been declared free of transmittable diseases such as HIV and hepatitis the risk will never be zero.”

CONTRACT OF 3 (OR 4) TREATMENTS

We can offer you a contract of up to 3 (or 4) treatments depending on the age of the woman undergoing the treatment.

The contract contains up to 3 (or 4) egg retrievals or a maximum of 5 initiated treatments. If pregnancy occurs during the treatment and a live child is born, no further treatments will be given.

Freezing of surplus viable embryo(-s) from a cycle is included in the contract incl. the first year of storage, after which there will be an annual fee for continuous storage.

Thawing and transfer of frozen embryo(-s) after 1st and 2nd treatment is included.

Frozen embryo(-s) must be thawed and transferred before initiating a new stimulation.

The contract is valid 18 months from its commencement.

A copy of a IVF-contract is shown below:



IVF AGREEMENT **No. XXXX**

Between

Day of Birth
Name
Address
City
Country

and **Maigaard Fertility Clinic** the following agreement has been reached:

For a cost of **DKK. XX,XXX-** will be offered a total of maximum 3 complete IVF treatments* or a total of 5 initiated IVF treatments.
(a completed treatment is a treatment, where there are oocytes at the egg retrieval)*

Freezing of surplus viable embryo(-s) is included in the agreement.
 Thawing and transfer of embryo(-s) after 1st and 2nd completed treatment is included.
 Frozen embryo(-s) must be thawed and transferred before initiating a new stimulation.

The first year's storage is free of charge, hereafter an annual fee will be charged.

If pregnancy occurs during the treatment and a live child is born, no further treatment will be given.

Treatments must be ended within 18 months.

The agreement does not include medication, additional fees or additional examinations.

Maigaard Fertility Clinic

Female signature _____ Partner's signature _____

XX.XX.XXXX

Date

Maigaard Fertilitetsklinik A/S · www.maigaard.dk · mail@maigaard.dk · CVR-nr. 4149 5936
 Jens Baggesens Vej 88 H · 8200 Aarhus N · Tlf. +45 86 10 13 88 · Fax +45 86 10 13 27
 Jernbanegade 1, 3. sal · 5000 Odense · Tlf. +45 65 91 44 48

GUIDANCE REGARDING MATERNITY AND PATERNITY FOR PATIENTS UNDERGOING ARTIFICIAL FERTILIZATION.

Regarding maternity:

The woman, who gives birth to the child, is considered the child's mother, also in the case where the pregnancy may result from egg donation.

Regarding paternity:

Undergoing artificial fertilization using sperm cells from the woman's husband or partner, the legal obligations for paternity equals those from natural fertilizations:

If the couple is married, the husband is considered the father.

If the couple is not married, the couple consents to equal legal obligations towards a child born from the treatment before it commences.

Regarding use of sperm donor.

When a sperm donor is used in a treatment of a married woman, the husband will be considered the father, and a consent form is signed prior to the treatment; see "*Law Concerning Rights of Children*"

When a sperm donor is used in a treatment of an unmarried woman, an eventual partner to the woman has to consent to the parental obligations prior to the treatment.

Regarding legal effects of Parenthood:

The parents of the child are obliged to provide for the child until the age of 18 years. The child has the right to carry the name of the parents and have right of inheritance from the parents.

Regarding anonymity

If the egg or sperm donor is anonymous, the identity of the donor cannot be given to the receiving couple or to the child, and likewise the donor cannot be given information regarding the identity of the receiving couple or the child.

MEDICINE USED IN IVF TREATMENTSynarela (nasal spray)

This belongs to a group of medicines called gonadotropin releasing hormone analogues. It is a synthetic version of a hormone that occurs naturally in the body (GnRH). It works by lowering the production of sex hormones from the pituitary gland by stopping the natural production of hormones that stimulates and matures the egg follicles and controls ovulation.

The effect can be compared to a "menopausal state".

Side effects:

Mild irritation of nasal mucous membranes, hot flushes, headaches, fatigue and/or mood swings.

Gonapeptyl

Analogue to Suprecur/Synarela - same effects. Is sometimes used as a supplement to Synarela.

It is administered by self-injection under the skin on your stomach (or thigh)

Side effects as seen with Synarela

Zoladex

Analogue to Gonapeptyl/Synarela/Suprecur - same effects.

Implant will be injected under the skin on your stomach (lasts 28 days).

Side effects as seen with Suprecur.

Gonal-f, Puregon, Menopur, Bemfola, Pergoveris or Elonva

Contains a hormone (FSH) similar to the one from the pituitary gland that stimulates ovarian follicular growth, resulting in recruitment and development of multiple follicles.

It is administered by self-injection under the skin on your stomach (or thigh)

Side effects:

Breast tenderness, bloating, frequent urination, cramping/discomfort in lower abdomen and back, constipation, fatigue and/or nausea, eventually also mood swings. Local irritation at injection site.

Fyremadel, Orgalutran or Cetrotide

Hormone that blocks the effect of gonadotrophin-releasing hormone (GnRH) on the pituitary gland to stop the release of LH, which normally causes ovulation. By blocking this, premature ovulation is prevented.

It is administered by self-injection under the skin on your stomach (or thigh)

Side effects:

Local irritation at injection site.

Provera

Gestagen tablets to induce a menstruation if this fails to appear during the down regulation phase or prior to a treatment.

To be taken orally.

Side effects:

Headaches, nausea, fatigue and/or mood swings.

Clomid (Clomifen)

Hormone that causes the pituitary gland to release hormones needed to stimulate ovarian follicular growth.

To be taken orally (tablets).

Side effects:

Headaches, nausea, fatigue and/or mood swings.

Ovitrelle

Ovulating hormone that is given when the egg follicles have reached a proper size to plan for the egg retrieval. It is administered by self-injection under the skin on your stomach.

Side effects:

Local irritation at injection site, cramping/discomfort in lower abdomen.

Crinone, Cyclogest or Lutinus

The "pregnancy preserving" hormone (Crinone, Cyclogest or Lutinus) is a progesterone, which is added in order to support the endometrium. Progesterone is naturally created in the ovaries after the ovulation, but this process is compromised after the hormonal treatment prior to the egg retrieval.

It is administered in the vagina with a gel (Crinone) or as suppositories (Lutinus or Cyclogest).

Side effects:

Breast tenderness, bloating, vaginal discharge

Halcion

Mild sedative given as pre-medication before the egg retrieval.

It is not allowed to drive a vehicle for the next 24h after administering this drug

To be taken orally (tablet)

(Handed out at the clinic)

Fentanyl

Pain killer given intra-venously throughout the egg retrieval.

It is not allowed to drive a vehicle for the next 24h after administering this drug

(Administered at the clinic)

PRACTICAL INFORMATION

All the required medication will be handed out at the clinic, as long as it is in stock (for patients living abroad: you will have to buy the medication at your local pharmacy)

The pharmacy will e-mail you the invoice.