Patient Information Booklet
Trust us to help you on your journey to parenthood
Welcome to Wijnland Fertility

“Walk with us and let our family help you to start yours”

Dear Patient,

Welcome and thank you for choosing Wijnland Fertility. We are very compassionate about what we do and will strive to make your journey as easy as possible.

This information booklet has been compiled to explain our clinic policies and procedures to ensure that you receive the best patient-centred care. If you have any questions regarding these policies, please feel free to ask any of the staff for assistance. If you have any suggestions that may assist us in improving our service, please bring it to the attention of the staff.

We wish you all the best for your treatment!
Our team

**Fertility Specialists / Reproductive Medicine**
Dr Johannes van Waart
Dr Paul Dalmeyer

**Gynaecologist and Obstetrician/ Trainee Fertility Specialist**
Dr Candice Morrison

**IVF Coordinators**
Sr Anell Prins (IVF on treatment and Pregnant patients)
SrCyndi Nel (IVF, International Patients, Ova Donor Cycles, Artificial Insemination Cycles, Obstetrics Patients)
Sr Celeste Louw (Ovulation Induction Cycles, Theatre, Obstetrics patients)

**Theatre Staff**
Sr Celeste Louw (Head of Theatre)

**Embryologists**
Lydia Els-Smit
Birgit Wager

**MA Psychology Infertility Counselling**
Lizanne Van Waart

**Dietician**
Dr Sunita Potgieter

**Accounts**
Anelle Koegelenberg (Gynae & Obstetric Practice)
Sunette Vogel (Wijnland Fertility & Wijnland Theatre)

**Reception**
Maurichen Kiewiets (Dr Van Waart) (Dr Dalmeyer)
Anne Fletcher (Dr Morrison)
Sunette Vogel (Wijnland Fertility)

**Admin & Patientcare Assistant**
Marilyn van der Merwe
Contact us

Office Hours
Monday-Thursday: 8h00 - 17h00
Friday: 8h00 - 16h00
Saturday, Sunday & Public Holiday’s: 8h00 - 9h00 (Only fertility cycle scans and procedures)

Appointments are scheduled until 17h00 in the afternoon. Patients are seen on the weekend only during treatment cycles. No routine visits will be scheduled on a weekend.

Phone Calls
We have an automated system to give you the fastest access to our staff. There are options for appointment scheduling, billing, laboratory and the nurses. All staff have voice mail availability if they are unable to answer their phone. The nurses will answer the phone unless they are assisting the physician or a patient. All patients who call the office before 14h00 will receive a return call on the same day. Telephone calls after 14h00 might not be returned until the next business day. The nurses’ voicemail is available 24 hours a day should you want to call and leave a message after hours. The voicemail will be processed the next business day. The voicemail messages left on a weekend are processed on a Monday morning. Our IVF nurse is on call on weekends until 10h00 for patients on treatment cycles. There is a physician on call 24 hours a day for medical emergencies.

Email
Our office has a convenient e-mail system for patients. If you would like to correspond via e-mail you will need to provide us with your personal e-mail when filling in the registration form. Please make sure that the form is filled in correctly.

• To reach our staff regarding treatment cycles you may e-mail: ivf@wijnlandfertility.co.za or treatment@wijnlandfertility.co.za
• Any general office inquiries can be sent to info@wijnlandfertility.co.za
• For Theatre inquiries and bookings: nursing@qijnlandfertility.co.za
• For Scripts: script@wijnlandfertility.co.za

E-mails will not be answered after 16h00 or on weekends. If you send an e-mail after 16h00 or on weekends, you will receive a response the next business day.
Children
In consideration of all patients, we must ask that children do not accompany you to office visits, consultations or laboratory procedures. We will be happy to make special arrangements for patients to bring in their "miracles", as the entire staff looks forward to these visits. Again, we must be sensitive to all our patients’ feelings and needs and appreciate your co-operation in this matter.

Prescriptions
The doctors will approve prescription repeats during office hours only. Requests for birth control pills and routine prescriptions must be made before 14h00 or they might not be approved until the next business day. Be sure to call in for your prescription before you completely run out of medication. Infertility medications will be dispensed, as necessary, as treatment progresses.

Daily laboratory results during treatment
Once you have started with fertility treatment, you will come in for ultrasounds and blood tests. Blood tests are not done at the clinic, but patients receive a request form to have the bloods done at Pathcare. A Pathcare is conveniently located in our office block for this purpose. It is best to have the blood tests done in the morning. Blood results are normally available before 15h00. We will contact you with instructions if you did not receive any on your visit. We strive to phone out blood results before 15h00, but some days it might be later as doctors must first sign off on all results and therefore the results might only be done at 15h00. If you have not received a phone call by 15h45, please phone in and speak to a fertility nurse on +27 21 882 9666.

Confidentiality
Our office is dedicated to maintaining our patients’ confidence. All patient details and treatments are treated with the utmost confidentiality. To this end, we will not release any information without a patient’s written consent. We are unable to discuss treatment with other family members, such as mothers or sisters, unless permission has been granted where translation is required.

Missed and cancelled appointments
If you are unable to attend a scheduled appointment, please cancel with our office by giving at least 24 hours’ notice. This gives our office the opportunity to offer that appointment time to another patient. Missed appointments or appointments cancelled with less than 24 hours’ notice will be charged a penalty fee of R350.

Payment
We are contracted out of medical aids; therefore, you will be required to pay your account before leaving the practice. No new cycles will be started if there is an outstanding balance on your account. All payments are upfront. All fees are due and payable on the date of service. If you have a question regarding fees, please call our Accounts Department for assistance. If you are on an IVF cycle or Frozen Embryo Transfer cycle, a deposit is payable on Day 3 of your cycle. If your Day 3 falls on a weekend, the deposit can be transferred via EFT or payment can be made on the following Monday.
New Patient Appointments

Your first appointment, often called the “New Patient Consultation”, is typically 30 minutes in duration. During this consultation you will meet with your doctor to review your medical history, fertility history, and the possible causes of infertility, in your case, will be discussed. A transvaginal ultrasound examination will be performed. You will leave with an understanding of the most promising treatment options and the probability of success.

We have specialist registered nurses, called IVF Co-ordinators, who are dedicated to assisting new patients. They can answer any questions you may have about visiting our practice, and can explain the forms and other information you will need to provide in advance of your first appointment. This information will provide your doctor with details that are important and relevant to your reproductive care.

Ideally, we would like to receive your information at least a few days before your first appointment. This will give your doctor time to review your records before you meet. If you are not able to forward the paperwork in time for it to reach us before your appointment, please bring the information with you, and arrive at least 30 minutes before your appointment so we can prepare your folder.

Tests

Please see below for the tests to be done before your first visit to your fertility specialist.

**FEMALE PARTNER**

- HIV I and II antibodies
- RPR (syphilis)
- Hepatitis B surface antigen
- Hepatitis C antibodies
- Rubella Immunity
- Day 3 FSH
- AMH (patients over 37)
- TSH
- Prolactin
- Records of HSG/Hysteroscopy/Laparoscopy – if previously done by another gynaecologist.

**MALE PARTNER**

- HIV I and II antibodies
- RPR (syphilis)
- Hepatitis B surface antigen
- Hepatitis C antibodies
- Semen analysis (This test should preferably be done by Wijnland Fertility Laboratory. Please see section on Semen Analysis)

*Please note that all the above tests need to be less than six months old by the time you come in for your treatment.*
Semen Analys

A semen analysis evaluates certain characteristics of a male’s semen and the sperm contained therein. It is done to help evaluate male fertility.

Instructions for Passing a Semen Sample for Analysis or Insemination

Please follow the steps to allow the passing of an optimal semen sample:

1. A period of 2-4 days of sexual abstinence is preferred before passing the sample. You can pass the semen at home or at the clinic.
2. Make / confirm your appointment with the laboratory at least 1 day in advance (date and time). The laboratory will accept semen sample for analysis from 8h30 till 13h00 on a Thursday. Sperm freezing must be discussed with Laboratory staff before bringing in a sample.
3. Empty your bladder.
4. Wash your hands with soap and water. Wash the glans of the penis with water and dry.
5. Pass the sample into the sterile container provided (by masturbation).
6. Close the container tightly (please make sure of this!) and fill in your name and the time on the label.

NOTE: NO SAMPLE WILL BE ACCEPTED IF YOUR NAME IS NOT ON THE LABEL.
7. Return the sample to the laboratory as soon as possible, preferably within 30 min to 1 hour.

Please keep the sample close to your body or close to body temperature during winter. In case you are passing the sample at the rooms, please bring your own material if needed. Your wife/partner may help you to pass the sample, but may only help by using her/his hands. If you cannot pass a sample by masturbation, please call the laboratory to discuss possible alternatives.

Sperm Freezing

Sperm can be frozen for future treatment in the case of a cancer patient or a patient with a very low count. If the male partner can’t be present for treatment we can also store the sperm for when it is needed in a fertility treatment. Before a sample can be frozen the following bloods needs to be done.

- HIV I and II antibodies
- RPR (syphilis)
- Hepatitis B surface antigen
- Hepatitis C antibodies

Please make an appointment with the laboratory once the bloods have been done. It is important to have at least 2-4 days abstinence before providing the sample for freezing. Costs will be provided by the lab and a monthly storage fee will be charged. Please read the section semen analysis to see how a sample should be produced.
Fertility Treatment options

1. **Ovulation Induction**
   Ovulation induction with timed intercourse is the first step in the management of infertility. The patient will come for a scan on day 3 or 4 of their menstrual cycle. A prescription will be issued for tablets to be taken from day 4 -day 8 of the treatment cycle. Another scan will be done on day 10 or 11 to monitor the follicle development. A series of daily LH blood tests will be done at Pathcare (kindly note that their fee for the tests are not included in the package fee). Once a LH peak has been identified, generally ovulation takes place 36-40 hours later. The couple is then advised to have intercourse.

   **Indications for Timed intercourse/ ovulation induction:**
   - Patients who have not been trying for too long to fall pregnant.
   - The patients who are younger and with no male factor.
   - If the female partner does not ovulate.

2. **Artificial Insemination**
   The IUI (Intra Uterine insemination) is also known as an Artificial Insemination (AI) consists of ovulation induction and inserting sperm into the uterus at the time of ovulation. At least one fallopian tube leading from the uterus to the ovary should function normally for the sperm to reach an ovulating egg. A semen sample from the husband/partner or sperm donor is used, and needs to be washed and prepared for the insemination procedure to select the most fertile sperm population. This increases the chances of falling pregnant threefold compared to trying at home with ovulation induction, and the average pregnancy rate is 5% to 15%, depending on the diagnosis and female age. After three to four IUIs have failed, in vitro fertilisation is usually the next step to consider.

   The patient will come for a scan on day 3 or 4 of their menstrual cycle. A prescription will be issued for tablets to be taken from day 4 -day 8 of the treatment cycle. Another scan will be done on day 10 or 11 to monitor the follicle development. A series of daily LH blood tests will be done at Pathcare (kindly note that their fee for the tests are not included in the package fee). Once a LH peak has been identified, generally ovulation takes place 36-40 hours later. Sperm preparation will be done 36-40 hours after LH peak.

   **Indications for IUI**
   - **Female factors**
     - Unexplained infertility
     - Mild endometriosis
     - Failure to ovulate (anovulation)
     - Irregular menstrual cycles
     - Same sex female couples
     - Single women
   - **Male factors**
     - Normal or good sperm parameters
     - Frozen sperm (if husband is away during ovulation time)
     - Sexual dysfunction or retrograde ejaculation
     - Donor sperm

3. **In Vitro Fertilisation (IVF), including Intra-Cytoplasmic Sperm Injection (ICSI)**
   In vitro fertilisation means that fertilisation of the egg(s) by the sperm takes place outside the body in a special IVF culture laboratory which mimics the environment of the fallopian tubes and uterus as closely as possible. In short, IVF entails initial stimulation to achieve ‘super’ ovulation (stimulation of the ovaries to grow more
than one egg), followed by retrieval of the eggs (called an aspiration procedure) one to two hours before ovulation. The semen of the husband (or partner or donor) is prepared. The sperm is added to the eggs and incubated in the IVF laboratory overnight to allow fertilisation. One of the resulting developing embryos are then returned (called an embryo transfer procedure) to the uterus five days after fertilisation.

**Indications for ICSI (Intracytoplasmic Sperm Injection)**

**Female**
- Failed IVF fertilisation
- Advanced male and/ or female age

**Male**
- Male factor, including low count, testicular sperm

With IVF, the prepared sperm will be placed with the eggs and left overnight in the incubator. The sperm can then penetrate and fertilise the eggs in the same way as would happen naturally in the fallopian tubes. The fertilisation rate (how many of the eggs fertilise) cannot be predicted. Sometimes some of the eggs do not fertilise and, very rarely, none of the eggs may fertilise. Reasons for fertilisation failure cannot always be established, but in these cases ICSI would usually be suggested in the next treatment.

The next method is called ICSI (Intra Cytoplasmic Sperm injection) and is a very specialised laboratory technique. With ICSI, a single sperm is injected with a micro-needle directly into the egg. The ICSI method does not guarantee fertilisation of the egg – the sperm must still perform the necessary biological processes to fertilise the egg successfully.

The decision on which method to be used will be discussed with you before treatment starts and will depend on several factors, like diagnosis, history and other specific indications. It can also be decided by the embryologist and/or the doctor on the day of the aspiration to change the insemination method if there are indications to do so (e.g. number of eggs, egg quality and sperm sample quality). This will be discussed with you.
Embryo Culture & Development

The eggs will be evaluated the next day to see how many have been fertilised (Day 1). We will call you to inform you of the results. Fertilised eggs are now known as zygotes and can start to develop into embryos. Not all fertilised eggs develop into embryos, but most do. The quality of the embryo development will be evaluated by a scientific grading system, which will guide us to select the embryos with the greatest implantation potential to place into the womb. The embryologist will inform you of embryo development.

The Embryo Transfer

The embryo transfer procedure will be done on Day 5 (in low cost option Day 3), depending mainly on how many good-quality embryos have developed.

Our clinic’s protocol is to transfer only one embryo per cycle. In exceptional cases, two embryos may be transferred at the discretion of the treating doctor and attending embryologist. It will depend largely on the quality of the embryos.

If any surplus high-quality blastocysts remain in culture after the transfer, they can either be frozen and stored for future use, or donated or discarded. Please talk to the doctor and/or embryologist about the freezing, discarding or donation of surplus embryos before starting fertility treatment to ensure you and your partner have enough time to think about these options and make a well-informed decision.

The nursing sister or embryologist will call you to inform you when the transfer procedure is going to take place. You will be given information about preparing for the transfer procedure. This will also include having a full bladder. You will be conscious, and your husband/partner can be with you in the procedure room. Your uterus will be visualised by doing a transvaginal scan and the doctor will use a speculum to visualise the cervix. The embryos will be drawn into a thin catheter and will be placed into the uterus. The embryos will be released slowly into the womb – you and your partner will be able to see this on the ultrasound screen! Your bladder will then be emptied by the doctor with the use of a urinal catheter.

You may lie down and rest for 20 to 40 minutes after the transfer. If you have any surplus embryos in the laboratory, the embryologist will talk to you about your decision and/or instructions on the handling of your surplus embryos. The embryologist will give you the applicable consent forms to be signed by you. You will also receive forms showing a summary of the number of eggs retrieved, the number fertilised, how many embryos were transferred, how many were left in culture and when pregnancy tests can be done.

You can then go home and continue with your daily activities. We advise you to take it easy on the day of the transfer. You may drive a car if needed. The embryologist will phone you a few days after the transfer to give you feedback on the further development and/or freezing of your surplus embryos, where applicable.

The Pregnancy Test

The pregnancy test can be performed 12 days after the egg retrieval. A quantitative blood beta-HCG test is the most accurate and can be done at any pathology lab (Pathcare, Davies, Ampath, etc.) closest to you. We will give you the pathology forms with the tests already marked after the transfer procedure so that we will receive the
results. You can just give us a call on the day when you have your blood drawn, and we will follow up the results and call you as soon as they are available.

If you are not in South Africa at the time of your blood test, a copy of the result should be sent to the doctor or clinic (via fax or e-mail).

**Preparation for Treatment**

Infertility can be both physically and emotionally challenging, but there are strategies that will help you with your treatment. It is important to understand as much as possible about your treatment options and to be well informed about the procedures.

We encourage you to write down your questions and discuss them with your nurse, doctor or counsellor during your visits. We also offer educational events that provide trustworthy, accurate information and mind-body programmes to help manage the stress that often accompanies infertility. Finally, you’ll find plenty of information here on our website in the “Patient Info” section.

Most medical aids do not cover fertility treatment, but you will be able to claim some of your scans back. However, the consultation needs to be paid on the day of your appointment.

To schedule an appointment, you can contact our receptionist, Maurishin, at 021 882 9666, you can also have a look on our website at www.wijnlandfertility.co.za to see our statistics and get more information.

**International Patients**

Our fertility clinic is based in Stellenbosch, which is about 50km from Cape Town, South Africa.

The new patient consultation fee is R1 750 and includes a scan, pap smear and the design of a personalised treatment plan. You will get a separate account from the pathologists for analysing the pap smear.

All applicable costs will be discussed with you in detail as soon as we know which treatment option will suit you best. An IVF cycle normally costs about R61 000, depending on how much medication you need. There is a low-cost option available, however the doctor will advise if this option is a viable option.

Please bring along all applicable test results (e.g. sperm analysis, your blood tests, e.g. rubella, TSH, prolactin, theatre reports, embryo reports, etc.).

When deciding to come for treatment at or clinic there are 2 options:

**Two (2) weeks stay in South Africa: (You will travel twice to South Africa)**

- Fly to South Africa for the initial consultation;
- You will obtain an individualised treatment
plan, receive fertility medication and blood test results, and then return home.
• Await Day 1 of your period (the start of treatment cycle), On day 2 of your cycle a series of blood tests needs to be done. Day 3 a transvaginal ultrasound is done. Medication is started on Day 3, provided that your above-mentioned blood tests and scan are normal.
• Arrive at the clinic on Day 7

Three (3) weeks stay in South Africa:

• Arrive at our clinic a couple of days before your menstrual cycle is due.
• Do all investigative blood tests and scans at our clinic
• Commence medication of Day 3 of your cycle.

All our international patients ideally need to be on an oral contraceptive pill one month prior to arriving for their treatment cycle, barring any contra-indications.

We have very affordable accommodation within walking distance from our clinic – therefore our travelling patients can be assured that this stress is taken care of. The cost is R850.00 per couple per night in our self-catering apartment, called the ‘Lovemore Shack’. It is situated across from a shopping complex where ready-made meals are available to buy for your convenience.

Follow-up consultation

The results of your tests and investigations may need to be discussed with you by our gynaecologist and specialist nurse at a follow-up appointment. These tests include:

- Blood test
- Sperm analysis

All treatment options will be discussed in detail, and you will be given written information. If you are a patient of Wijnland Fertility, you can also can also get psychological support form a specialist counsellor to talk through any issues or concerns you may have.

Pre-treatment information session

All patients attending Wijnland Fertility for fertility treatment will need to attend a pre-treatment information session with the fertility nurse specialist, counsellor and embryologist prior to commencing their first IVF treatment cycle.

During this session you will be given detailed information on your treatment, including possible side effects. You will also have the opportunity to ask questions and will be given instructions on how to administer your medication. At the end of the session you will be asked to complete several consent forms to enable us undertake your treatment.

If you are being treated as a couple, both partners are required to attend the information session.
IVF and ICSI treatment information session

This is an information session should be held before Day 1 of the IVF cycle. The session includes detailed information on what to expect during your treatment cycle, including a talk on the laboratory aspects of treatment by one of the embryologists. You will also be seen individually by a fertility nurse before completing your consent forms. You should expect to be at the Clinic for approximately two hours for this session.

If English is your second language and you need an interpreter, we will arrange an individual session for you. You are welcome to bring your own translator or contact a nurse for assistance in finding a translator.

IUI/OI/FET information session

These sessions are held as individual appointments on any morning to see the Nurse or Counsellor and lasts approximately 30 minutes.

Counselling

Wijnland Fertility Clinic provides a confidential counselling service that is available to provide support for all patients referred to the Centre.

Counselling is optional for most people, but if you are receiving or donating eggs, sperm or embryos you will be required to have implications counselling as part of your treatment, as recommended by SASREG (Society of Reproductive Medicine).

You may choose to come alone or with your partner. Each individual session lasts for 50 minutes and takes place in the Counselling Suite on the first floor of the Centre. Appointments are available from Monday to Friday.

Counselling referrals & Psychological Support

Any member of the fertility team can refer you or you can self-refer by contacting the counselling team directly at lizanne@vanwaart.co.za or 021 8829666.

Frequently Asked Questions

• When is my Day 1?
Day 1 is the first day of your menstruation (full flow of red blood). If it only happens very late in the afternoon or at night, Day 1 will be the next day. Spotting or a brownish discharge is not considered as Day 1.

• Who would I need to contact on Day 1?
Please contact one of the IVF co-ordinators at the fertility clinic on Day 1 to arrange an appointment for your scan on Day 3. The IVF co-ordinator needs to prepare your file for your scan, so please do not make an appointment directly with reception before speaking to an IVF co-ordinator. If Day 1 starts on a weekend, please phone on Monday morning at 8h00 to arrange a time for your scan. Please be prepared to still come in on the morning of Day 3.

• What happens on Day 2?
Please go for your hormone blood tests on the morning of Day 2. The IVF co-ordinator will provide you with a laboratory form with all the necessary tests ticked off. The results will automatically be sent to your doctor so that they can interpret them on Day 3 while you are at the clinic for your scan.

• Why do I need a scan on Day 3?
The doctor will perform a vaginal scan to check that there are no irregularities in the lining of your uterus (endometrium) and to make sure that there are no ovarian cysts. The doctor will also count how many follicles (Antral Follicles) there are that might
respond to the stimulation medication. The doctor will then decide on your stimulation protocol. One of the IVF co-ordinators will dispense and explain your medication to you and give you your personalised plan to take home.

• **Does my bladder have to be full for the scan?**
  No. Please empty your bladder every time that you come for a scan during your stimulation treatment, before you see the doctor.

• **Will I be experiencing any side effects from my medication?**
  This varies from patient to patient. If you do have any side effects, they will only last for a few days. Weight gain is only fluid retention due to the medication.

• **How do I dispose of the sharps items (glass, needles)?**
  Please separate the sharp items (sharps) from the plastic and paper and put them in a small plastic container. All plastic and paper (needle caps, syringes and used alcohol swabs) can be disposed of in your normal waste at home. You can empty the plastic container with the sharps in our special sharps containers when you come in for your scans.

• **May I carry on with exercise?**
  Yes, but only do mild exercise (e.g. walking). No strenuous exercise please.

• **What food/drinks should I avoid while having IVF stimulation?**
  Please avoid caffeine and alcohol. You may drink 1 to 2 cups of normal coffee per day; thereafter please rather drink decaf coffee or rooibos tea. Try to follow a healthy, balanced diet.

• **Are we allowed to have intercourse while on the programme and when do we have to abstain?**
  You may have intercourse during the cycle. Please abstain for two days before the follicle aspiration. Please have intercourse on the night of the trigger injection (Ovitrelle/Lucrin) so that we can get new, fresh sperm on the day of the aspiration. Please abstain from intercourse for another 10 days after the day of the aspiration.

• **How long does the procedure take?**
  The follicle aspiration takes about 15 minutes in the procedure room and you will need to recover for approximately one and a half hours. You will get sedation for this procedure. The embryo transfer takes about 10 minutes in the procedure room and 30 minutes in recovery. No sedation necessary.

• **Is the follicle aspiration procedure painful?**
  You will not be aware of any pain or discomfort while the procedure is being performed. You can expect a menstruation-like pain after the procedure. You may take 2 Pando's (Paracetamol) every 6 hours for any discomfort. You may also use a warm water bottle.

• **Is the embryo transfer painful?**
  It is not painful, but may be a little uncomfortable because your bladder needs to be very full for the transfer. This enables us to visualise the uterus better and helps to push down the uterus to enable unobstructed and easy access for the embryo transfer catheter. The doctor will empty your bladder straight after the embryo transfer has been done. You will be comfortable when you go back to your bed in the recovery room.
• Am I allowed to drive after the procedure?
If you are having a follicle aspiration, you may not drive for 24 hours after the sedation. You may drive after an embryo transfer (no sedation).

• When does the embryo transfer happen?
The embryo will normally be transferred back five days after the follicle aspiration.

• How many embryos do you put back?
Our clinic’s policy is to only transfer one good embryo at a time. By putting back more than one embryo, you will not increase your chances of a pregnancy. You will only increase your chances of a multiple pregnancy, which result in high-risk pregnancies (for you as well as for the babies). We aim to give you one healthy baby and one healthy pregnancy at a time.

• Can my embryos fall out?
No. The embryo is placed in the uterus and can’t fall out. Bowel movements will not affect the embryo.

• What happens to our excess embryos?
All embryos that are of good quality and that are expected to survive the freezing process will be frozen. You will need to complete a consent form in this regard. Additional fees apply to embryo freezing and storage.

• When can I go for a pregnancy test?
You can go for a pregnancy blood test seven days after the embryo transfer (if a Day 5 embryo was transferred). The IVF co-ordinator will provide you with laboratory forms and dates that you can go for the blood test. The results will be sent to us and we will phone you as soon as we have received them from the pathology lab. It can take four to five hours to receive the results. If the first test is positive, you’ll need to repeat it 48 to 72 hours later to make sure that the blood count goes up adequately. You also need to continue with your progesterone (Crinone, Gestone, Prontogest) until the end of your 8th week of pregnancy. If the first test result is negative, you do not have to go for the second test.

• When can I come for my first scan if I am pregnant?
The first scan can be done at the end of your 6th or beginning of your 7th week of pregnancy (calculated from the first day of your last menstruation).