


Continuing the journey with *multiple cycles*

CONTINUING THE JOURNEY



Understand the possible reasons
why and learn about the next steps



When your treatment doesn't go as planned, it can be tough and disappointing. By providing you with information, we hope to support you through the next decisions you choose to make.



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in this experience**

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you are not alone in this experience

You may be experiencing a lot of emotions right now, but it's important to know that you are not alone

It's more common than you may think for people to undergo multiple cycles of IVF^{1,2}

Many people need more than one round of in vitro fertilization (IVF) in order to become pregnant, so it's important to find support through this process.²

**In 2020, in Australia and New Zealand
only 1 in 4 people undergoing IVF
achieved a live birth in their first cycle²**



Although the outcome might not be what you hoped for, it's a good time to reflect and understand what happens next.

Here are some suggestions to help you plan the next steps in your journey:

reflect

Reflect on how you feel and reach out for support

Take a moment to reflect on how you feel and what kind of support you might need moving forward.

understand

Don't be afraid to ask questions and learn more about your situation

Be curious. Write down any questions you may have for your fertility specialist.

explore

Discover alternative paths forward

There is no one correct path to take. Learn about other options available to you that don't include Assisted Reproductive Technologies (ART).

Through all of this, it's important to remember that **everything you are feeling is normal and valid**, so allow yourself to feel and talk about those feelings. Make sure you reach out for support, including from counselling services your clinic may provide.

We hope the following information is useful to you as you plan your next steps.

reflect

Things often don't go as planned. That's completely normal¹

Planning for the possibility of multiple cycles will help you manage expectations for the journey ahead.¹

However, at this point, you may be feeling overwhelmed, so it's important to reflect on what you've been experiencing and find ways to support yourself moving forward.

Some things to try:



Refer back to your initial expectations

What was your plan? Have you reached the number of cycles you were willing to undergo?

- If so, it's OK to say you've reached the end of your IVF journey, there are other options available to explore
- If not, it's OK to take a breather and resume when you are ready again.



Avoid the blame game

Repeat this please: it is not my fault. And keep repeating it. Not having a positive outcome is not anyone's fault, it's a process.



Talk to someone

If you are having trouble coping or just want to talk to someone, speak to a trusted partner, friend, family member, or healthcare professional for the support you need. Fertility clinics often have counselling services available or can refer you to someone who can help. Don't keep it to yourself.



Be kind to yourself

Allow self-care to be a priority, whether it's putting your mental health first or giving yourself permission to enjoy other activities that aren't directly related to your fertility journey.



Feel all the feelings

Give yourself the permission and space to feel all the feelings, including feeling nothing at all.



Take control of lifestyle choices

Being as proactive as possible in 'staying healthy' may help you feel more empowered and improve your chances of a positive outcome. This may look like:

- Committing to regular exercise
- Eating a colourful and nutritious diet
- Practising mindfulness and taking care of your mental health.



If you are sharing this journey with a partner, check in

They may be having a tough time with this too. Lean on each other for support.

For questions or more support

Please don't hesitate to get in touch with your fertility specialist, nurse or other healthcare professional.

FOR THE PARTNER

During this phase, you may feel that your partner is disproportionately taking on the bulk of the responsibility. Here are a few ways to help your partner feel they aren't going it alone.

Be there (whatever that means for you both as a couple)

Agree on what is needed for your partner to feel supported. Whether that means helping more around the house or being more involved in the fertility process (i.e., helping to administer medications or joining for appointments).

Act as the guardian of 'normal' life

Be the gentle push to continue with activities you both enjoy. It's easy for couples to get lost in the fertility process, so try instating a 'date night' to make sure fertility treatments aren't taking over your lives.

Make the lifestyle changes together

If not easier, it's definitely more fun to make lifestyle changes together. Commit to ways you both can maintain a healthy weight and reduce stress.

Communicate

You may be experiencing a range of emotions your partner may not be noticing; try speaking to them about it or talk to friends, family, or a healthcare professional.

understand

What are some factors that could influence the results of my IVF cycles?

Essentially there are two main questions to take into account when a cycle has not had the desired outcome:

- 1 Was it something to do with egg quality and quantity?
- 2 Is there something that is preventing the embryo from implanting in the uterus?

Age plays a large role in how IVF may work for you

Age is one of the most important factors that impacts egg quality, quantity and implantation.^{5,6} Unfortunately, it is well documented that pregnancy rates decrease as age increases. Live birth rates are significantly higher in women <35 years of age. It does not mean that pregnancy is not possible if you are older than 35; but you need to be prepared that it could take longer.⁵

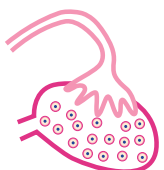
Response to ovarian stimulation can affect egg quantity

A fertility specialist will be acting in your best interest, so even though a cancelled IVF cycle can be frustrating, remember they want the same outcome as you. One of the factors that is used to select an appropriate protocol is the quantity of eggs that is predicted to be retrieved during ovarian stimulation. This can be based on your body's physiological response to ovarian stimulation, your ovarian reserve and age.⁶



Low response⁷

There may have been fewer or no viable eggs to retrieve. Your fertility specialist may have therefore cancelled because they couldn't proceed.



High response^{7,8}

There may be the potential for more eggs to be retrieved, however with an increased risk of ovarian hyperstimulation syndrome (OHSS). OHSS is when the ovaries are over-stimulated, which can cause them to swell and become painful. Your fertility specialist may have therefore cancelled or interrupted your transfer for your safety.

What could have stopped the embryo from being implanted or implanting?⁵

There are several factors that can affect the successful implantation of an embryo. Some of these factors might include autoimmune conditions, chronic infections, anatomical differences in your reproductive system, or genetic conditions.

Your fertility specialist may have already identified a possible reason, or they may be conducting further tests to pinpoint the cause. However, infertility is not always able to be explained. Speak to your fertility specialist to discuss your specific situation and what can help to improve your chances.

Remember your personal outcome is dependent on a multitude of factors

If you want to learn more about your potential chances of pregnancy, the following resource may be helpful.



Your IVF Success

Calculate your personalised chance of IVF success.

The estimate is generated based on the information you enter. The chance of a baby is calculated using a database of all people who have had IVF treatment in Australia.

Produced by UNSW, funded by the Australian Government



yourivfsuccess.com.au

Please note that Organon is not affiliated with Your IVF Success. The content and opinions shown through this link are not our own.

For questions or more support

Please don't hesitate to get in touch with your fertility specialist, nurse or other healthcare professional.

explore

What are my alternatives to ART?

Unfortunately, the reality is that many people end up stopping their IVF journey without the results they were hoping for.

In 2020, in Australia and NZ, only around 1 in 5 (~19%) of those who initiated ART cycles resulted in a live birth.² So it's important to consider alternative pathways as well.

Gamete (egg or sperm) or embryo donation⁹⁻¹²

If your fertility specialist is concerned with the quality of the eggs and/or sperm, using donated eggs or sperm (or an entire embryo) may be an alternative.

Donated sperm can be used via artificial insemination or via IVF. Donated eggs can be used via IVF. Both allow a genetic contribution from either you or your partner to the baby, with the remaining half coming from the donor, and they allow you to experience pregnancy and birth.

Using a donated embryo means that neither you nor your partner provide a genetic contribution to the baby, but you can still experience a biological connection to the baby via pregnancy and birth.

Surrogacy¹³

Another option is surrogacy, of which there are two different types available in Australia, the most common of which is gestational surrogacy. In Australia, surrogacies are through an altruistic agreement only, which means that no financial payment or other award is given to the surrogate. However, you can help with any medical expenses and general expenses that may arise during your surrogate's pregnancy.



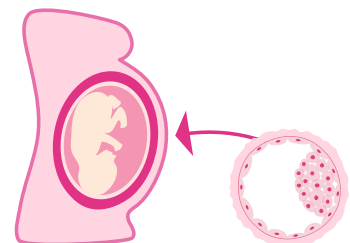
LEGAL CONSIDERATIONS FOR DONATED GAMETES/ EMBRYOS¹⁰

Although you remain the legal parent(s) of any future donor-conceived baby, there may be other legal requirements concerning access to information between you, the donor, and the future baby. Your fertility specialist or a counsellor can discuss these issues if they apply.

Gestational surrogacy¹³

Gestational surrogacy is when the surrogate does not make any genetic contribution to the child, but rather provides the safe environment during the gestation period.

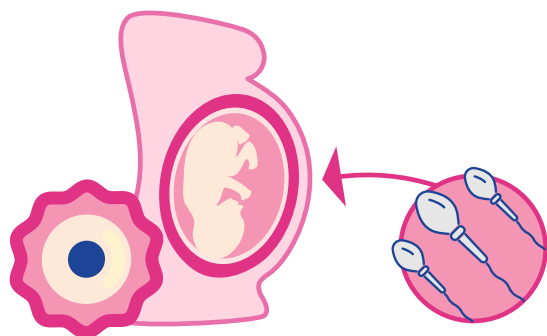
The embryo that is implanted comes from IVF, typically using either your (and/or your partner's) egg, sperm or embryo.



Traditional surrogacy¹³

Traditional surrogacy is when the surrogate also donates her egg and adds her genetic contribution to the baby. IVF is used to achieve pregnancy.

The sperm used for fertilisation could be supplied by your partner.



LEGAL CONSIDERATIONS FOR SURROGACY

Please remember that although either form of surrogacy is a relatively straightforward medical procedure, each has unique challenges around legislation and cost.

Legal regulations around legal parentage of the future baby can be complicated so it's important to be familiar with these. Should you want to explore the possibilities further, a fertility law specialist can provide you with additional insights.

Adoption¹⁴

Adoption is another way to create a family. Adoption allows you (and your partner) to make a profound change in a child's life, providing them with love and stability that they may not have had otherwise. While adoption may not be for everyone, it is definitely an alternative worth exploring if you're interested.

Living with Childlessness

Contemplating and planning for a future without children isn't easy, especially when it may not be by choice. This process can be accompanied by a range of emotions including a sense of loss, frustration or grief. Please be kind to yourself throughout this and know that you aren't alone. While your future may look different to what you originally envisioned, when you are ready, the same strength and resilience you have shown so far will help you to step forward and welcome new possibilities for a fulfilling life, that you might not have previously considered.

For questions or more support

Please don't hesitate to get in touch with your fertility specialist, nurse or other healthcare professional.

what's next?

There will typically be a break between cycles of treatment. So take this moment to write down what you're feeling right now. Also write any questions or thoughts that come to mind that you'd like to discuss with your fertility specialist.

A moment of reflection...

Remember, the journey may look different from what you planned, but with guidance and support, you can feel empowered to make the choices that are best for you.

References: 1. Harrison C, et al. *Hum Reprod* 2022;37(3):488–98. 2. UNSW Sydney. Assisted reproductive technology in Australia and New Zealand 2020. Available at: <https://www.unsw.edu.au/content/dam/pdfs/research/2023-12-npesu/2024-01-Assisted-Reproductive-Technology-in-Australia-and-New-Zealand-2020.pdf> Accessed September 2024. 3. Better Health Channel. Weight, fertility and pregnancy health. Available at: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/weight-fertility-and-pregnancy-health>. Accessed September 2024. 4. Hinkle M and Dodd J. *J Sex Marital Ther* 2022;48(2):167–93. 5. Bashiri A, et al. *Reprod Biol Endocrinol* 2018;16(1):121. 6. ESHRE Reproductive Endocrinology Guideline Group. Ovarian stimulation for IVF/ICSI. Updated October 2019. Available at: <https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Ovarian-Stimulation-in-IVF-ICSI>. Accessed September 2024. 7. Society for Assisted Reproductive Technology. Fresh and frozen embryo transfers. Available at: <https://www.sart.org/patients/fyi-videos/fresh-and-frozen-embryo-transfers>. Accessed September 2024. 8. Mayo Clinic. Ovarian hyperstimulation syndrome. Available at: <https://www.mayoclinic.org/diseases-conditions/ovarian-hyperstimulation-syndrome-ohss/symptoms-causes/syc-20354697?p=1>. Accessed September 2024. 9. American Society for Reproductive Medicine. Gamete (eggs and sperm) and embryo donation. <https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/gamete-eggs-and-sperm-and-embryo-donation/> Accessed October 2024. 10. Victorian Assisted Reproductive Treatment Authority. <https://www.varta.org.au/after-donor-conception/i-am-parent-donor-conceived-person> Accessed October 2024. 11. IVF Australia. Using donor sperm. www.ivf.com.au/treatments/donor-programme/using-donor-sperm. Accessed November 2024. 12. IVF Australia. Using donor eggs. www.ivf.com.au/treatments/donor-programme/egg-donation. Accessed November 2024. 13. Surrogacy Australia. What is surrogacy? Available at: <https://www.surrogacyaustralia.org/what-is-surrogacy>. Accessed September 2024. 14. Kupka MS, et al. *Eur J Obstet Gynecol Reprod Biol* 2003;110(2):190–5.