



### **Disclaimer**

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### **Choosing a doctor to assist fertility**

It can be bewildering to experience the distress of infertility. It is also often difficult to sift through the information presented to make the best decision on treatment. Some couples feel bombarded by advertising, success rates and marketing about the right doctor and the decision to undertake the IVF programme. Here are some pointers that might help to make the decision easier.

#### Firstly:

Is your doctor a qualified specialist in infertility? Many claim to have experience in infertility but few have true training and qualifications in management of infertility. In Australia the Certificate of Reproductive Endocrinology and Gynaecology is the subspeciality qualification which gynaecologists and obstetricians obtain. It is abbreviated CREI. It means that that doctor, after completing full training in obstetrics and gynaecology like other specialists has also completed a 3 year full time fully supervised and structured training programme approved by other infertility subspecialists in Australia and completed an examination – both written and oral and completed a research project. Only holders of the CREI can truly claim to be subspecialists in infertility – like gynaecological cancer surgeons who deal with cancer of the reproductive system in women. During their 3 years of training in the management of couples with infertility a CREI trainee will learn means of optimising a couple's chance of spontaneous conception between cycles and avoiding need for IVF. In addition they will learn to manage IVF cycles safely with low chance of adverse outcomes (particularly ovarian hyperstimulation and multiple pregnancy) as well as optimising the chance of success.

#### Secondly:

Ask your doctor if there are other options for treatment. Consider these carefully. Ask your doctor if he or she has a share in the pathology or IVF company, they are obliged to disclose this to you. It is considered unethical for a doctor to order blood tests or an investigation if they have a share in the company that makes a profit from conducting those tests. This is called conflict of interest or duality of interest and must be disclosed to patients. Similarly some doctors have a share in the company that provides the scientific services for IVF – as such they are remunerated for supervising a certain number of patients through each year. Sometimes this rate of remuneration is higher if they supervise a certain number of patients over a period of time. This may affect their recommendation to proceed with an IVF cycle and this should be disclosed to you. If you suspect there is financial incentive (outside the doctor's normal fees) for your having IVF ask for a second opinion. Every patient is entitled to a second opinion.

Some IVF units transfer more than two embryos to increase the pregnancy rate of their patients. This carries an increased risk of multiple pregnancy such as triplets or



quadruplets. As the risk of prematurity and problems in multiple pregnancy is high you should ask your IVF unit what their multiple pregnancy rate is. Generally it should be considerably less than 20% of all IVF pregnancies are twins and less than 2% are triplets or higher.

Some IVF units give the female patient higher doses of drugs to increase the number of eggs developed. This may place the woman at increased risk of a severe and potentially life threatening complications called ovarian hyperstimulation syndrome (OHSS). It is advisable to ask you clinic and / or doctor what proportion of their IVF cycles are complicated by OHSS. It should be considerably less than 10%.

Thirdly:

Be very careful interpreting pregnancy or success rates. See the separate handout on this. Always ask for the take-home baby rate per cycle started (a cycle is defined as starting when you start your injections of FSH). This gives you a realistic understanding of how small your chance of success is each IVF cycle. Many units quote pregnancy rates as the chance of a positive pregnancy test per embryo transfer (this is often 40-50%). This is not necessarily a helpful statistic as some couples may not get to the stage of embryo transfer and having a positive pregnancy test that results in a late period is very distressing. It is very difficult to compare pregnancy rates between units – doctors vary in how liberally they recommend a couple undertake IVF. Some doctors are prepared to take on patients who have a small chance of success and therefore have a lower pregnancy rate. Other doctors are referred complex patients because of their high level of skills and this group of patients may have a smaller chance of success.

Lastly:

Make sure your doctor has addressed optimising your chance of conceiving naturally. It is very hard to get more than 2-3 cycles of IVF treatment within a 12 month period and to conceive naturally is cheaper, more fun and of great joy to the couple. Make sure you feel comfortable with your chosen doctor and have ample time to ask questions and have them answered satisfactorily. Make sure your treatment is tailored to your personal circumstances and needs.

Good luck!!