

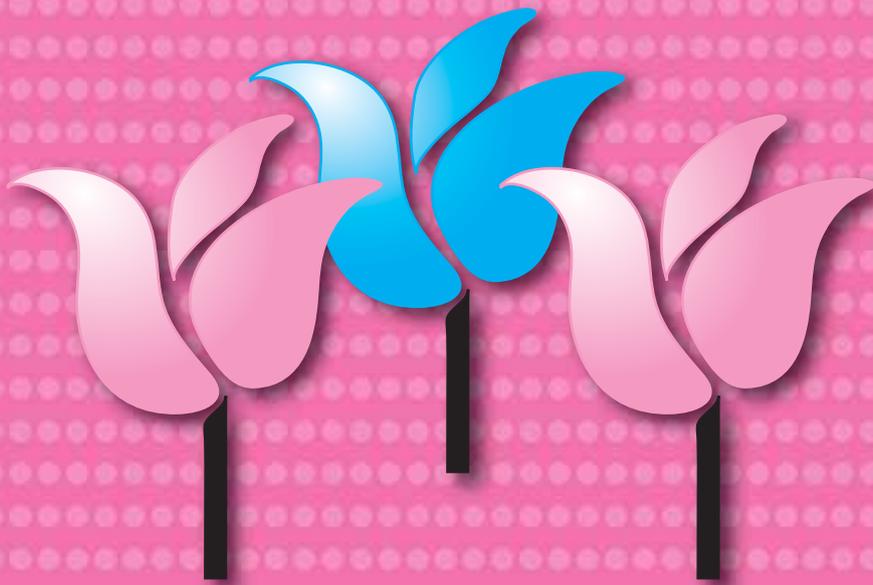


infertilitynetwork UK

Advice, Support & Understanding

Celebrating 10 years of patient advocacy

No 37 Spring 2013



**Talking about
Trying**

**Future copy dates
as follows:**

Summer Edition

(published end of
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Autumn Edition

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Editor's note

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Winner

spring 2013 I N UK

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STOP PRESS

Infertility Network UK was extremely saddened to hear the news that Professor Sir Robert Edwards had passed away peacefully in his sleep on Wednesday 10th April 2013. As I'm sure you know, along with the late Patrick Steptoe, he successfully pioneered IVF which resulted in the birth of Louise Brown in 1978 and since that time more than five million babies have been born around the world through that technique bringing joy and happiness to their parents.

He was quite rightly awarded the Nobel Prize for Physiology and Medicine in 2010 and in 2011 was knighted for his

services to human reproductive biology.

I had the honour and pleasure of meeting him on several occasions and he was always so kind and sincere. Some may remember that Infertility Network UK used to host National Infertility Day and Robert was kind enough to agree to be Patron of the event. He attended the first day and spoke, and also attended the last one where he presented a history of IVF and his work alongside his colleague Mike Macnamee. It was an extremely special moment for everyone there and one I will never forget.



Our thoughts and sympathies go out to his family, friends and colleagues.

Clare Lewis-Jones
Chief Executive

Meet the team at Head Office



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Introducing this edition from the Chief Executive



Hi Everyone

Welcome to the spring edition of our magazine in this our 10th Anniversary year! As readers of the last edition of our magazine will know, we are marking our anniversary with our "Talking about Trying" campaign.

Over the last 10 years we have helped many thousands of people in their struggle to parenthood. We want that to continue and our aim is to reach everyone affected in the UK. We want to get people talking about infertility and give infertility sufferers a much louder voice. You can "Like" us on Facebook and/or follow us and keep up-to-date on Twitter. Contact Karen Veness for more information at: karenveness@infertilitynetworkuk.com

Q. What else is the Campaign about?

A. Raising money for your charity.

Generating income for the charity is becoming harder to raise. Not a single penny of our income is guaranteed and we can't do what we do without continued and lasting funding. Here at Infertility Network UK we are trying, but here are just a few ideas for others to consider and contact Sheena Young at: sheena@infertilitynetworkuk.com for more information.

- Download a copy of our fundraising booklet with

loads of ideas to raise funds for Infertility Network UK. Or you can find it at: http://www.infertilitynetworkuk.com/get_involved/help_us_fundraise.

- If you work for an infertility clinic does your clinic operate a "Charity of the Year" as part of their corporate social responsibility and would nominate Infertility Network UK?
- Does the company you work for or run operate a similar scheme – would they raise money for us? Will they become Corporate Partners or pledge £1000 per year to Infertility Network UK?

Launch of the new NICE clinical fertility guideline

The new NICE guideline was published on 20th February 2013. In England the final decision on whether to implement them was made locally by individual Primary Care Trusts (PCTs) but from April, Clinical Commissioning Groups (CCGs) will replace the PCTs. NIAC has made it known that it is willing and able to work with the Government so that access to fertility treatment is improved in the new NHS.

That's all folks! Wishing you all the very best as always.

Clare

Updated NICE guidance expands entitlements to IVF – February 2013



National Institute for Health and Clinical Excellence

Women over the age of 40, same-sex couples, and people with disabilities have been addressed for the first time in the updated NICE (National Institute for Health and Clinical Excellence) guideline on fertility treatment.

In the clinical guideline, NICE recommends women aged between 40 and 42 should be offered one cycle of IVF if they have not conceived after two years of regular, unprotected intercourse and meet other criteria. This marks a change from the 2004 guideline that suggested women over the age of 39 should not be offered IVF.

The updated guideline also suggests that IVF treatment should be made available to eligible women earlier than previously recommended – after two years, rather than three years, of regular, unprotected intercourse without conceiving. Same-sex female couples and people with certain disabilities that prevent them having intercourse were also highlighted as eligible for IVF, if they have undergone six unsuccessful cycles of artificial insemination.

However, as NICE clinical guidelines are not mandatory, fears still remain over local implementation as patients may continue to face a 'postcode lottery' approach to funding.

In England: From April 2013, Clinical Commissioning Groups (CCGs) will replace the Primary Care Trusts (PCTs), but the National Infertility Awareness Campaign (NIAC) fears the funding problems will continue to be a reality for many couples with access to treatment depending entirely on where they live.

Said Clare Lewis-Jones, who chairs NIAC: "By updating the fertility guideline and extending the range of people it is recommending receive treatment, NICE clearly understands the impact which infertility has on people. And we must be clear that infertility is a medical condition that causes significant distress for those trying to have a baby and has a devastating impact on people's lives.

We know infertility can be treated effectively and thousands of people have become parents after fertility treatment. The current 'postcode lottery' approach to the treatment of infertility here has gone on for far too long and it is vital that the Government supports the measures in the updated guideline and communicates the need to implement them to those who commission fertility services in the NHS."

Read more at: <http://www.nice.org.uk/nicemedia/live/14078/62769/62769.pdf>
<http://www.bbc.co.uk/news/health-21505578>

Acupuncture and Infertility

British
Acupuncture
Council

Most people seem to associate acupuncture with the treatment of backaches and headaches, but a growing number are realising that it can help in the treatment of infertility. Acupuncture is practised in one form or another by over 20,000 professionals in the UK, ranging from full-time traditional acupuncturists using methods based on ancient Chinese medicine, doctors and physiotherapists who use it alongside conventional medical treatment, and a large number of people working in detox settings. It is a very safe treatment (two studies published in the British Medical Journal in 2000 reported only fourteen minor adverse events in over 60,000 treatments) and is governed by strict rules enforced by local authorities for safe and hygienic practice.

Although the philosophical basis of their work is entirely different, both traditional and medical acupuncturists have been particularly interested in working with women undertaking IVF treatment. The formula treatments commonly used at the time of implantation, known as the "Paulus Protocol" after the researcher who led the team which first delivered proof of efficacy, are used by both. IVF and ICSI both offer a safe and effective way to test whether acupuncture can help. The results of Paulus' study, a 42% success rate with acupuncture treatment compared to 26% with conventional treatment alone, have been replicated by several more recent studies (a list of which, including Paulus' study, can be found on the British Acupuncture Council's (BACc) website at: <http://www.acupuncture.org.uk/research-fact-sheets/1599-acupuncture-and-infertility-art.html>)

While there have been many studies of acupuncture treatment focussed on IVF and ICSI, for traditional acupuncturists the scope of their work is usually a great deal wider. People may have become a little dismissive in modern times of the rhetoric of 'treating the whole person' but this was, and remains, the essence of traditional Chinese medicine. Ten people may have the same named condition, but find they are treated in ten different ways, each being given a unique diagnosis of how their system is out of balance. The overarching treatment principle, to balance the energies of the body, underpins the simple central belief that if everything is balanced, then the whole system will function as it should. After all, 95% of couples trying for a baby manage within the first two years. Unless there are specific medical reasons why conception is difficult or unlikely, the traditional perspective simply assumes that this should be the natural outcome of being in balance.

Like all systems of medicine which have evolved over hundreds, and in the case of Chinese medicine, thousands of years, there are many distinct variations. In modern China a specific variation known, somewhat confusingly, as Traditional Chinese Medicine (TCM) predominates, and offers a much more precise set of descriptions of particular reasons why conception may be difficult. The terms of the diagnosis may sound



highly unusual to the western ear – Blood Deficiency, Blood Stagnation, Cold in the Uterus – but the protocols and prescriptions which are integral to addressing these problems with needles are also used as a basis for treating patients with Chinese herbal medicine, and recent evidence suggests that these specific interventions too may offer some tangible benefits.

Of course, many women readers will be saying 'what about the men?', and rightly so. As many as 20% of cases of infertility may be related to the poor quality of the sperm. Research in this area is a little thinner on the ground, but pilot studies (such as that reported in *Andrologia* 2000 Jan;32 (1): 31-39 Does acupuncture treatment affect sperm density in males with very low sperm count? A pilot study. Siterman S, Eltes F, Wolfson V, Lederman H, Bartoov B.) are starting to suggest that acupuncture may have its place on this side of the equation too.

How does acupuncture work? If you ask doctors they will talk about neurophysiology and dermatomes. If you ask traditional acupuncturists, they will talk about qi, yin and yang. What both will readily agree, however, is that the signs and symptoms which they evaluate and on which they offer a diagnosis are the same for both systems, and are more and more being seen as a bridge to greater understanding and mutual respect. And let's face it, the outcomes of successful (in)fertility treatment are not open to interpretation and doubt.

The one question which people always ask is: 'how do I find a safe and trustworthy practitioner?' The BACc is the largest of the professional associations for traditional acupuncture, and all of its members have trained to a very high standard and governed by strict rules of safety and conduct. Many BACc members have developed a particular interest in this area and focus their practices on working within the area of gynaecology and obstetrics. There are also a number of other professional associations whose members meet similar standards.

And does it hurt? Hardly at all! Most patients are surprised at how gentle the treatment is, how fine the needles are, and how relaxing sessions tend to be. You sometimes have to bite your tongue, though, when someone who wants to give birth asks whether a few needles will hurt!

John Wheeler
Company Secretary and Member of the British
Acupuncture Council

Men and IVF

Infertility and IVF are topics that men don't talk about. Only men who know other men who have been through, or are going through the process may, on occasion, touch upon the subject. In general, outside of that you are pretty much going to be on your own. IVF is a big thing and you have to be mentally ready to take it on. My wife and I tried for a long time to avoid some of the more aggressive and invasive infertility treatments. We went through a long process where the cause changed from me to my wife and eventually we upped sticks and ran away to France to live, dumping our lifestyle and so that we could clear our minds for a while. All in all we avoided IVF for eight years and instead tried almost every other option open to us. In the end our options were somewhat brutally narrowed down to IVF.

We were both 35 at the time of embarking on the program. I remember clearly sitting in the consultant's room listening to my wife being told that there was no time to wait as she was getting too old. Not pleasant. I am not sure that as a man I can even really start to understand what the emotional implication of receiving that message is!

Whilst the medical process itself is best described as remarkably clinical and emotionally detached, it is, of course, anything but that for the couple going through it. Unless you have been through or are going through that process it is very hard to convey the true picture.

For me there were several areas that were emotionally very tough; watching the one you most desperately and deeply love becoming consumed with the fact that she is unable to naturally conceive; watching her be dragged through the emotional hedge backwards by doctors and clinicians who are doing a job; watching her being put through a physical barrage of invasive tests, injections and hormonal drug regimes; watching her hopes build as the eggs are collected and fertilised and the resultant embryos transferred; and all that before there is the hope of the pregnancy test and the very realistic chance of that being negative.

In IVF the woman takes all the pain, etc. so it is a breeze for the man... Yes? Well, no, it is tough... I hear a chorus of 'yeah right' coming from somewhere. Why is it tough for a man? Because as a man you can do absolutely naff all about it. Outside of taking a trip to the 'naughty room' in order to 'knock one out' into a ridiculously tiny pot to the tune of what can only be described as clinically approved pornography, there is nothing you can do. Not a jot. Men are fundamentally bystanders. I'm genuinely not looking for sympathy towards the male role here; I am just calling it as it is.

Personally, I found it incredibly hard to come to terms with the fact that whilst I was technically not at fault, we are a couple and I was completely unable to give my wife the one thing to make her feel complete as a woman; a child and that leads to feelings of total uselessness, guilt, incredible frustration and a self-targeted anger.

So, what can you as the partner, or husband, do? Well, all the way through the process it is the same. Not much. All you can do is to be there to provide emotional and practical support, but where do you even start with the emotional support? What can you say that will make it any better or easier? It is difficult not to sound patronising, but it is such an emotionally charged time that, in reality, *anything* practical you can do to help your wife or partner *will* actually help. You can help get rid of some of the daily grind. You can help around the house; you can do the running around, you can give them time to rest and, I dare say, time to cry, but ultimately it still feels like the level of real difference that you are making is pretty damned insignificant.

All the weight and responsibility falls upon the woman and that in itself is incredibly hard to bear. Men in general aren't good at showing emotions and in this case it is about the only useful male strength. You can't get stressed and you can't burden your emotions on to your wife or partner (she definitely doesn't need that in addition to her load). You can't talk to your male

friends either; they will most likely not want to hear it. The male role in this process is to support, help and just get on with it. And don't ever moan about it, you'll lose that one for sure and quite right too! So until men start getting past the taboo and talking about their experiences openly and frankly, it won't change... there are men willing to be used as sounding boards, you just have to find them.

Is IVF as bad as I have made it sound? Well, yes and no, the lows are of a level I had never experienced before, however the highs are the most incredible, emotional and deeply joyous highs I could have ever wished to experience. So when IVF works, the world becomes the most wonderful place and the process in its entirety becomes utterly irrelevant. These

days, I really have to think hard to recall the bad points.

... And if my wife asked to go through it all again tomorrow? Knowing all the pitfalls, risks and emotional strings, would I? Absolutely 100% YES, I would - I love her.

Peter Vasey

So, what can you as the partner, or husband, do? Well, all the way through the process it is the same. Not much. All you can do is to be there to provide emotional and practical support, but where do you even start with the emotional support?

Regional Updates

Please note that our Regional Organisers work part time, so please leave them a message and they will get back to you



Sharon Davidson

Regional Organiser for
**Northern Ireland, Counties Antrim,
Armagh, Down, Fermanagh,
Londonderry and Tyrone**

Please contact

Sharon on:

Tel: 02890 825677
Mobile: 07837 987562
Email:
sharondavidson@
infertilitynetworkuk.com

Hi Everyone

Can I please appeal to all Northern Ireland readers to check out our new updated website at: www.infertilitynetworkuk.com – under "Connect" there are numerous general forums and a specific forum for Northern Ireland where we will post information about local events and group meetings, etc.



Please contact

Fiona on:

Tel: 02890 641664
Mobile: 07976 503428
Email: fionaodonnell
@infertilitynetworkuk
.com

Three patient support groups met over the winter months and the group topics included a talk on "Coping Methods" and previous support group members relaying their success stories. We were successful in obtaining an £800 grant from the Black Santa sit out appeal during January 2013 and we plan to use this fund to bring in speakers to the support groups during the spring and summer. Please watch the website for more information about this or add your email address to our contact listing via an email to Fiona or me.

You may have seen on the news during later February that the National Institute of Health and Clinical

Excellence (NICE) has updated its guidelines on fertility. In the previous 2004 fertility guideline, NICE said that IVF treatment should not be recommended for women older than 39. Under the updated recommendations, NICE says that under certain criteria, women aged between 40 and 42 years should be offered one full cycle of IVF. The definition of a full cycle of IVF has been updated to prevent any ambiguity in interpretation or variation in treatment. As these are guidelines only, they need to be agreed and endorsed by the Northern Ireland Department of Health, Social Services and Public Safety. I have received a letter from the Committee for Health, Social Services and Public Safety, inviting I N UK to an informal evidence session on infertility and we await a date. The Health Minister has continually said that "although we aspire to provide up to three cycles of treatment, financial constraints at this time make this unachievable." I would urge you all to write to your local MLA asking for these guidelines to be fully endorsed and introduced in a timely manner. If you need help writing a letter to an MLA please go to the Northern Ireland section of our website.

As well as attending the support group meetings, can I please encourage you to keep in touch with us via telephone, email, text, the Northern Ireland website forum or Facebook.

Best wishes

Sharon



Gwenda Burns

Scottish Branch Co-ordinator

Hello

The National Infertility Group was established three years ago by the Scottish government to address the inequities across Scotland and readdress the current guidelines. Myself, Sheena and Susan represented patients on the group which has now concluded and submitted its final report to Ministers. I will continue with the important work of the health board project in facilitating the sharing of good practice to bring about full implementation of government recommendations for the treatment of those with fertility problems.

The support groups continue to meet each month and details of the groups can be found further in the magazine. Sarah Murphy, our Development Worker will hopefully be starting a new group in Fife, if you are interested in attending a group in that area please contact Sarah – you can find her contact details on page 19. As always if you would like to attend any of our support groups or if you require further information please get in touch.

Myself and Sheena met and are working closely with staff from Glasgow Royal Infirmary and representatives from the health board to help alleviate patient concerns surrounding the situation which occurred at the hospital. It is welcoming news that there is a £1 million refurbishment of the ACU, including the fertility laboratories underway. If patients are concerned I would urge them to get in touch.

I N UK celebrates its 10th anniversary this year and has launched the campaign "Talking about Trying", which we will be promoting in Scotland. If this is something you would like to be involved in or would like to know more about, again please get in touch.

Don't forget to keep up to date with all that is happening through the Infertility Network Scotland section of the new website, facebook, twitter or our health unlocked site that allows you to blog.

Lastly, if there are any issues you want to raise, if you have any questions or if you would just like a chat. I am always delighted to hear from you and help in any way I can.

Best wishes

Gwenda

The Professional Supportline – Our Unique and Confidential Free Service

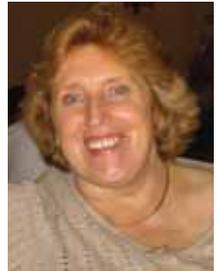
The emotional response to infertility is complicated and at times is so strong it can seem overwhelming. It is important to tell yourself that these feelings are normal. A medical diagnosis of infertility is, for most people a life crisis, which threatens your hopes and dreams of achieving a family. Initially, the immediate response may be one of surprise or disbelief, and discovering that you have fertility problems can be devastating, and challenge all your hopes and dreams of having a family.

The new Infertility Network UK website, offers a unique service which provides support and advice from me, Diane. Having many years of nursing experience and being with the charity for nearly eighteen years, a call to me in complete confidence could be the support or answer you are looking for. I believe that this service quite simply, can be a lifeline for many people facing infertility, or going through the rollercoaster of IVF treatment. Once registered, you will be able to post questions to me on the "Ask our Nurse" forum, with my reply sent for others to see, or directly through the confidential messaging system, if preferred.

You can also contact me direct on the supportline which is open to all on Mondays, Wednesdays and Fridays from 10am until 4pm. For any overseas callers, I can be reached via a pre-booked Skype call, please email me to arrange a mutually convenient day and time. These services offer support to those experiencing isolation, loneliness, depression, loss of control and all the other feelings common to most of those going through infertility tests or treatment cycles. Together, we can discuss these in simple terms and of course any disappointments or associated worries you may have.

I look forward to hearing from you and being of some help to you along your journey.

Best wishes
Diane



Diane Arnold
Email: dianearnold@infertilitynetworkuk.com

Introducing... **Kara Myhill**

2013 Campaign Manager

Hi everyone

I have just joined Infertility Network UK as Campaign Manager and would like to introduce myself to you all.

I was quite excited to be asked to join the team at Infertility Network UK. It's a charity I support wholeheartedly as infertility is something that has affected me personally. I was trying for five years to have my first child, and was beginning to lose hope in honesty. I tried various methods and finally after my fourth round of IUI treatment – I was pregnant. I still think of her as my miracle baby, even now.

My background is quite varied, in my life before children I was events producer for British Airways for ten years. We staged events such as product launches, road-shows, financial results, AGM's and conferences. This involved booking venues, audio visual equipment, staging, speakers and speaker training, logistics and looking after our guests and delegates. It was a fascinating job and I enjoyed every minute!

When I had my family, like many others, I wanted to find work that would fit around my new life, but still be interesting and fulfilling. I did some freelance event producer work, and also helped organise lots of

local fundraising events – actually I was lucky enough to organise the village celebrations for the Royal Wedding. Our village is Bucklebury, which is home to Kate Middleton and we wanted to do something really special to commemorate the occasion. We had a huge party, with over 2000 people – plus TV companies from almost every country around the globe. It turned out to be the largest celebration in the country – after the wedding itself of course!

In the past few years I have started 'virtual working'. This basically means I work from home. I have worked for a number of different companies, including another charity, helping with marketing, public relations, social media, fundraising and administration. I really enjoy the work, every new job brings new challenges and I get to meet some interesting people along the way. Even better, I'm still learning new skills all the time, and at the age of 43 that can't be bad.

I am really looking forward to this new challenge at Infertility Network UK and helping them get the financial support and public recognition that they both need and deserve.

So if anyone has any great fundraising ideas please let me know, you can email me at: karamyhill@infertilitynetworkuk.com
I look forward to hearing from you.

Best wishes
Kara



Kara Myhill
Email: karamyhill@infertilitynetworkuk.com

Art of Infertility

I realised that I was infertile as soon as my sexual life began. I was having unprotected sex and not getting pregnant. This sounds like madness I know, but I was young, careless, care free and in love. Somewhere in my subconscious I knew that there was an issue, time went by and this continued and so I knew very early on that I could not become pregnant naturally.

At some point in my teens my periods changed from what one would consider normal; becoming very heavy and painful. As the years went by they got progressively worse and I would have to cope with horrendous pain to the point of fainting and copious amounts of blood. I also had heavy blood clots, diarrhoea, sickness, terrible back ache and severe abdominal cramps. Not to mention extremely strong hormones. I would take pain killers and anti-inflammatory drugs for five to seven days of the month also suffering with sleepless nights and restless legs when they were at their worst. Over the years I tried everything from hot baths and alternative medicines to acupuncture. Still the symptoms were fierce and overwhelming, leaving me fighting against them in order to live a normal life. My personal relationships suffered because it was difficult for partners to understand the change in me. I was different because of the pain and different because of the hormones. I went to the doctors many times over the years to seek help. Despite repeatedly visiting my GP about these issues, I was never offered any tests or investigations.

I dedicated myself to my study putting the idea of having children to one side to focus on my education. I did not want my life to be governed by the idea of becoming a mother, especially if this eventually turned out to be impossible and so it was important for me to have another identity. Even when I was tiny I felt the drive to paint and make and I would nag my mum for materials finding that creativity came naturally to me. I studied art at school and then at college before going on to study design at university. Knowing that I might not have the ability to have a family ultimately made me extremely determined to carve out a life for myself beyond that.

In my mid-twenties I reached a turning point in my life as a previous long term partner formed a life with someone else. Events had occurred in his life that took him quickly to fatherhood. When you fall in love and

you think about the future it is natural that you should eventually begin to think about procreation and home-making, some people suddenly becoming pregnant within the midst of this and despite contraception, others making a conscious choice to have children. Either way there is an inevitable shift in the dynamics of the relationship, but I could not give any promise of procreation to any of my partners either physically, or mentally, consciously or subconsciously. Becoming a mother is a 'right of passage' for all women and the pain at seeing my ex-partner settle and have children with someone else was initially excruciating, but it did change my mind set. Where for many years I had been floating along I now wanted answers, I wanted to know what was wrong with me and how I could remedy it.

Call it luck or fate, but at that very point my now husband walked in to my life. He encouraged me to get my gynaecological issues checked out and I did...

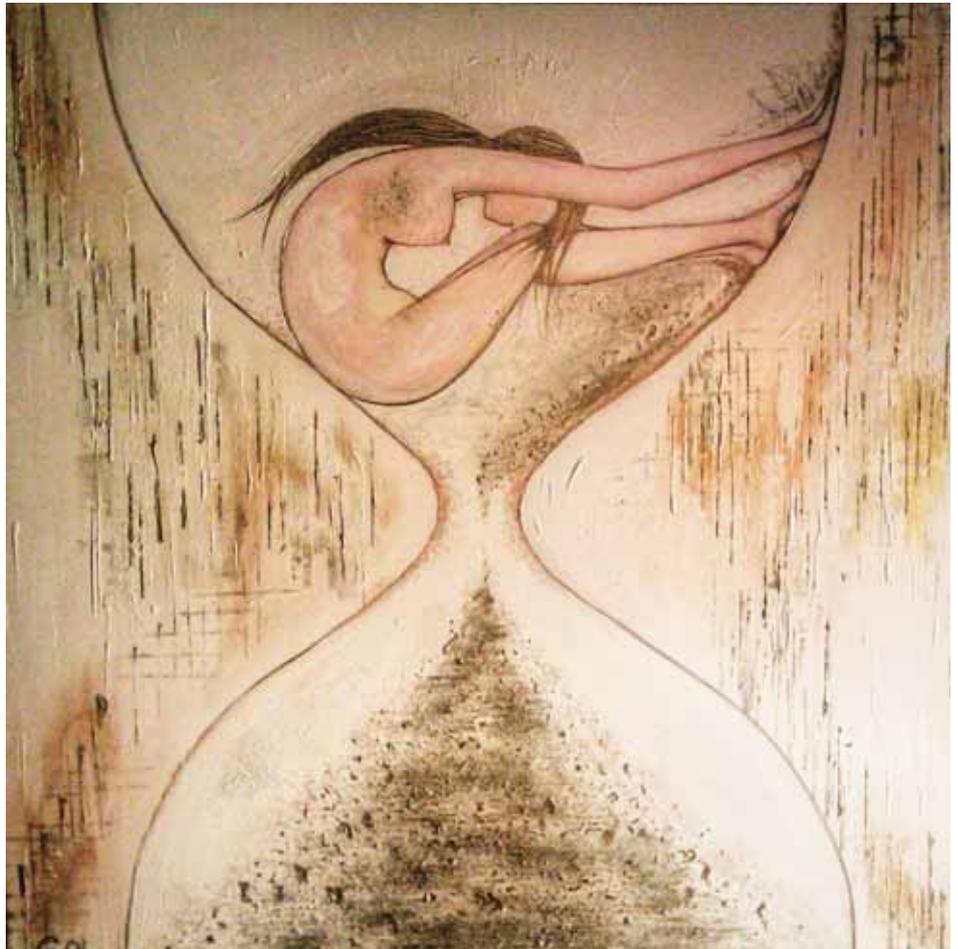
Call it luck or fate, but at that very point my now husband walked in to my life. He encouraged me to get my gynaecological issues checked out and I did, but the GP told us that we would need to be 'actively trying' for a baby before they would investigate, this is despite the fact that we were already having unprotected sex. Several years went by and because we could not foresee the length of time that it might take to get a possible answer, we began the so called 'trying' period. After inevitably not conceiving, the GP agreed to refer us for infertility investigation. I underwent all the associated initial tests and my partner was also tested for various male related issues. Once those initial tests had thrown up no obvious issues we were referred to a specialist fertility consultant at our local hospital who diagnosed me/us with 'undiagnosed infertility'. He recommended starting a course of treatment which involved taking drugs to stimulate ovulation and we were advised to have sexual intercourse around the right time just following ovulation. When this did not work we went on to have five or six courses of intrauterine insemination (IUI) which were all unsuccessful. During this time I was scanned many times, but no untoward issues were flagged up. We were eventually referred for a course of IVF treatment at another local hospital.

The hospital that we were sent to was a private one also taking a percentage of NHS referrals. On my first appointment the consultant routinely scanned me via internal ultrasound and noticed something untoward. He said that he thought he could see what looked like

Call it luck or fate,
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I did...

a blocked fallopian tube (Hydrosalpinx); he also said that one of my ovaries appeared smaller and more shrivelled than the other. He discussed the options with us, offering us expensive private laparoscopy (internal investigation via small abdominal incisions) or the option of going back to the previous NHS hospital for the same test. We couldn't afford the several thousand pounds for the private laparoscopy and so opted to go back to our initial consultant. When I left the hospital that day I broke down, the realisation that I might be near to a proper diagnosis was immense. When we returned to the initial consultant he did not appear to be impressed with his judgement being questioned by the new doctor but he scanned me again anyway. Despite doing this he said that he could see absolutely no problem via the scan and he re-referred us to the private hospital.

When we got back to the private hospital we questioned the consultant again, asking him to repeat the scan, aware by this point that the chances of the IVF being successful would be greatly reduced by the presence of a Hydrosalpinx. He reluctantly looked again, but during the scan said that he had changed his mind and that he could no longer see any issue. He made a personal disclaimer by telling us that if we did later find that there was a Hydrosalpinx that it could develop at any time and that I should bear that in mind. He recommended that we start IVF treatment. We went forward with this and it was another major stage in our journey. The pressures of infertility treatment at this level have a huge impact on everyone involved. For me though despite all of the associated difficulties, I felt elated and hopeful that I was a stage closer to having a child of my own. I was sent the treatment plan and drugs in the post and was injecting myself twice daily. It was quickly evident though that my ovaries were not responding well to the drugs. The process highlighted a few issues for us, namely that I had poor ovarian reserve (not many eggs left) and response (which meant that when they gave me the drugs to produce extra follicles and subsequent eggs, my ovaries did not respond well). At the end of the treatment cycle there were maybe six or seven mature follicles and they explained that they would not be able to tell whether those contained eggs until they went in to collect them. They tried to cancel the cycle and I begged them to go on. If there had been no eggs I still would have been grateful that they had agreed to at least try to find



Title – In Time (work in progress)

The painting shows a woman trapped in the top half of an hour glass, her feet and hands pressed against the glass. The work represents the 'body clock' of all women, the race against time to conceive, a personal 'time is running out' feeling related to the artists own infertility race due to a low ovarian reserve and possible early menopause. It is also representative of time constantly moving forward, of constant renewal and positive change.

some. When you are this far down the line in a process, to have it cancelled is heart breaking and I think that if there is the potential of even one egg, that the choice to carry out the collection should ultimately be that of the person undergoing the treatment. When they went in they collected four of five eggs of medium quality and of those only two survived following fertilisation. These two remaining fertilised embryos were replaced in the womb and two weeks down the line I carried out a pregnancy test. I can recall being desperate for the test to be positive and taking it earlier than I was supposed to, and then retaking it a few days later. Neither of the tests showed as positive, the cycle had failed and I was devastated.

Throughout the entire process I worked. After finishing university I trained to be a teacher. The teaching enabled me to be somewhere else in my head and this was exactly what I needed whilst I passed through the initial phases of the very difficult journey that is infertility. I quickly became a subject leader and so was in both a teaching and managerial role during most of my treatment; my hours were long and at times the job could be stressful. The harder that I tried to stay strong now, the more my feelings crept up on me.

Every time that a treatment cycle failed I was faced with one of my awful periods which made the whole thing worse. Not only was I not pregnant, but the heavy flow of blood and terrible pain was just a reminder that I was unable to do the one thing that all other women could do. I felt broken and empty, totally useless and afraid that people would always feel sorry for me because I would be the woman that couldn't have children. I began to think about the fact that I may never get the chance to hold my own child in my arms, to know the feeling of pregnancy and to be connected both mentally and physically to a child of my own. I became afraid that my husband might eventually leave me to have children with someone else.

We decided to take several months out to recoup and rethink. I was extremely lucky because my husband was supportive and caring. There were some difficult times, but he dealt with them all and the truth is that no matter what I thought, he did not want to leave me. I gathered myself and went to several recommended counselling sessions. Mainly I just cried and babbled on about unrelated stuff, but it was a way to release emotion to someone not closely involved in the process. After our first failed cycle of IVF I felt even more restless about my health. I was worried about the low ovarian reserve as this made me feel as though we were working against the clock. What if my eggs ran out completely? I did not want to return to the same two previous consultants because of the discrepancy over the possible presence of a Hydrosalpinx, I wanted a new third opinion. Something in me changed, I was no longer a young girl, I wanted answers and I found myself suddenly taking control of my own health. I went to my GP and explained that I wanted a third opinion. She sent me to another hospital in the area and when the appointment letter arrived and I showed my family we noticed that the consultant had worked with my sister when she was pregnant; she told me that he was really lovely and she was right. I felt that I was given the space to explain my past issues in a way that I had not felt able to do with any of the other consultants that I had seen. He listened to everything and when I had finished explaining myself he straight away suggested (without hesitation) a laparoscopy so that the abdominal cavity and pelvic region could be checked for any abnormalities. He also suggested a Hysteroscopy, an internal check of the womb and a Dilation and Curettage which meant that the lining of the womb would be either sucked or scraped out to check for problems and to remove old tissue.

Several weeks later I received a date for these

procedures to happen. I went in to hospital, was put out under general anesthetic and the operations were performed. When I awoke I recall asking the nurse who was sitting by my side whether the doctor had found any issue. She said to me that there were things to talk about and that he would come and explain. Up in recovery and several hours later the doctor came to see me with my medical file and several pages of notes and photographs. He explained to me that they had found one fallopian tube to be severely blocked; medically this is called a Hydrosalpinx. He said that

In order to introduce my art to the world and particularly my major body of my work aptly entitled 'Being Female, Being Infertile', I had first to tell you about my infertility.

via the laparoscopy that they could see that all or most of the organs in my pelvic region were adhered (stuck) together because of scar tissue caused by infection. He said that the womb had appeared to be normal and healthy. The good news being that there was no signs of endometriosis or ovarian cysts. He explained that at some point in my life that I would have had pelvic inflammatory disease caused by a bacterial infection and that the untreated infection would have taken hold in the pelvic region causing all of the aforementioned

damage. He told me that I would need to return for a second laparoscopy so that the Hydrosalpinx and scar tissues could be removed.

I cannot explain how it felt to finally have a proper diagnosis. There was at last something tangible that could be treated. Several months down the line I was back in for the second laparoscopy. Before I went in to surgery the doctor told me that there was a possibility that they would need to remove at least one of my fallopian tubes. The surgery went well and once again, when back up in recovery my consultant came to see me. He told me that they had had to remove adhesions between the organs and that both my fallopian tubes had had to be removed. This meant that I would never conceive naturally.

Although it was painful to accept that I would never fall pregnant naturally I knew that the removal of my damaged and infected fallopian tubes (Bilateral Salpingectomy) meant that we would have a much higher chance of becoming pregnant via any subsequent IVF cycles. The presence of Hydrosalpinx (fallopian tube filled with serous or clear fluid) reduces the chances of IVF working because tubal fluid that enters the endometrial cavity can affect the embryo in a detrimental way. As I recovered from my operation I began to think about my next steps. I wanted another course of treatment now that my chances were completely different. I took stock and considered all my previous visits to the GP, all the months of treatment and testing, the several years trying for a baby, months of drug taking, hundreds of scans, multiple appoint-

ments, repeated assisted attempts to conceive, IUIs and our first round of IVF, both of my operations plus all the years of dreadful periods, pain and hormonal reaction that I had had to put up with. My entire pelvic region and reproductive system had been irrevocably damaged, my entire life changed in a multitude of ways because gynaecological investigation and laparoscopy had not been suggested as the right course of action at a much earlier stage. I had been through rounds and rounds of unnecessary infertility treatment that would never have worked because of misdiagnosis; the NHS system had failed me at every stage apart from the last and that was partly due to my own determination and having the strength to push for a third opinion. Because of the funding available, the UK policies and my local PCT, we were supposedly not eligible for another round of funded IVF. We had had all of the treatment options available on the NHS already; they were only offering one funded round of IVF to childless couples in my area at the time. Having fought for my diagnosis and recovered from my operation the final hurdle was now going to be the cost of the treatment and where to have it. We did not have the money to pay for IVF and no financial help to rely on from any sources. I went to see my GP and wrote a very long letter to my PCT explaining the situation and my past, outlining the reasons why I felt that we deserved a second course of funded IVF. After a short time my local PCT made the decision to allow us that, and my husband and I were over the moon to have our first realistic and proper chance of conception.

In 2009 we underwent a second round of funded IVF which became intra-cytoplasmic sperm injection (ICSI). I decided that if the course didn't work that I wanted to be able to look back and know that I had tried everything before moving on to other options. Up until this point I had worked throughout all of my tests, treatments, operations and assisted conception cycles, but now I wanted to give everything my best shot. I negotiated unpaid leave from work, partly because the drugs that I was about to take alongside the new cycle were to be increased to a higher level, and partly because the mental stress of work coupled with the stress of treatment had become too much. In my letter to the PCT I also asked to go to a new hospital for my IVF treatment as I no longer trusted the consultants who had misdiagnosed me. The gynecological con-

sultant who had carried out the Bilateral Salpingectomy was not involved in IVF so I could not stay with him. After some negotiation and pushing on my behalf it was agreed that I could transfer to a new hospital, and once again I was overwhelmed with a sense that things were finally moving in the right direction.

During the second cycle my ovaries failed to function well again and the drugs were increased to counter this, I produced four or five eggs that were collected and then fertilised via ICSI using my husband's sperm. Eventually of the embryos that were created, only two survived, but the quality of them was high. Both were replaced in the womb. Several weeks went by, the same wait that I had experienced many times, tick, tock. I waited patiently. I woke up on the day that I was due to test at 5am in the morning. I wanted to do this by myself. I peed on the stick, waited and prayed to any higher force that might be listening. Words cannot describe how I felt when I found that the test was positive. I gave myself time to process the news and to delight in my own relief and joy before waking



Title - The Kerb

The Kerb represents the point at which a human being (and in this case a woman) reaches their lowest ebb, and yet, the colour palette seeks to convey that at this point there is always light. The beauty can always be seen in life and others can always see the beauty in us; and in fact there is something especially beautiful about a person when they are at their most exposed. In this painting the woman is lying on the 'The Kerb' with her hair in the mud and in dirt of the road, behind her is the city with its constant renewal of life. The woman is statuesque and gold to represent the strength in women to carry on. The colours of the painting are light and uplifting to convey, hope, and change and the evolving psyche.

my husband to break the news. In March 2010 I gave birth to a healthy baby girl and she was worth every drop of blood, sweat and tears. Since my operation to remove the adhesions, my periods have been much less painful as the organs no longer pull on each other during menstruation, my blood flow has also decreased thanks to the multiple treatments and my husband tells me that the hormones are better.

In order to introduce my art to the world and particularly my major body of my work aptly entitled 'Being Female, Being Infertile', I had first to tell you about my infertility. I have a great passion for art, but my battle with infertility stole parts of my life that will now never exist. There were times when I felt blocked and unable to produce work. On the flip side of things when I could push myself to do it I was able to use it as a therapeutic tool. Through my art I am able to express myself in a way that is not as raw as talking or writing. Now that my journey is at a new and ultimately positive phase I can look back and talk openly about everything without the deep level of emotion that stopped me from communicating during the treatment process. Once my daughter was born it was as if a key had turned once again unlocking my full creative potential. It was as if for ten years of my life I was underwater struggling for air. I had my daughter in 2010 and initially I just wanted to dedicate myself to her. Because of everything that I had been through I just wanted to be with her as much as I could so that I could savour every moment, conscious that she may be the only biological child that I am able to have. I did not go back to work and because I suddenly had space

in my head to think about my art again I began to feel the drive that I had felt when I was in my teens. Slowly as I enjoyed being with my daughter, I also enjoyed telling my story through my work. It was inevitable really that my journey with infertility would eventually seep in to every corner of my life, including my art. Once the body of work had begun to increase I decided to set up as self-employed and to focus entirely on my life as a mother and artist.

Through my work I would like to help other women to listen to the sounds of their body and to trust in their own feelings of discontent. I would like doctors to become ever more knowledgeable and open about women's health issues. I would also like to help to educate and empower young women to consider the consequences of misusing tampons, having unprotected sex at a young age and not recognising the symptoms of abnormal periods. If our bodies and our hormones are in balance there is no reason why menstruation should be difficult or embarrassing to cope with. I will be forever grateful that I was able to have funded treatment in this country, when it is unfairly denied to so many depending on their post-code.

Since my infertility journey has entered a new and ultimately positive phase, I now exhibit regularly as an artist and am also in the midst of writing a book about my journey, which I one day hope to publish alongside plates of the art work from my "Being Female, Being Infertile" collection.

Charlotte Esposito

Linkline Rota

Please note that Linkliners are not medically qualified or fully trained counsellors I N UK operates a 24-hour answering service called Linkline – just phone the relevant number listed on the rota opposite for help, support and especially a listening, understanding ear at any time in the strictest confidence. However, as they are volunteers they cannot return calls, as their calls are not repaid by I N UK, so please do not expect them to do so. N.B. This rota is correct, at the time of going to press, but may change due to circumstances beyond our control. The I N UK out of hours answering machine (0800 008 7464) will also give out the current Linkliner who is on duty.

29/04/2013	05/05/2013	Judith	01484 680522
06/05/2013	12/05/2013	Louise	01903 885653
13/05/2013	19/05/2013	Trish	07960 320576
20/05/2013	26/05/2013	Andrea	020 8950 2747
27/05/2013	02/06/2013	Nicola	07968 967376
03/06/2013	09/06/2013	Laura	07802 649225
10/06/2013	16/06/2013	Laura	07802 649225
17/06/2013	23/06/2013	Claire	01296 620309
24/06/2013	30/06/2013	Millie	07949 716043
01/07/2013	07/07/2013	Gillian	01249 821638
08/07/2013	14/07/2013	Heather	01484 350207
15/07/2013	21/07/2013	Joanne	07989 447058
22/07/2013	28/07/2013	Judith	01484 680522
29/07/2013	04/08/2013	Louise	01903 885653
05/08/2013	11/08/2013	Trish	07960 320576

Volunteers' Week



Volunteers' Week is an annual event and this year will be taking place on 1st-7th June. Volunteers' Week celebrates the fantastic contribution millions of volunteers make across the UK and plays a huge part in raising the profile of these volunteers who regularly contribute to society, whilst inspiring others to volunteer too.

Like most charities, Infertility Network UK relies on volunteers to provide some of the services we offer. We value each and every volunteer's contribution and this year during Volunteers' Week, all of our volunteers will receive a small gift as a token of our appreciation.

Myself, Diane and everyone else at I N UK would like to thank all our volunteers for their continued support and commitment to the charity. To find out more about Volunteers' Week, please visit the 'Volunteering England' website at: www.volunteering.org.uk

Volunteer Training 23rd February, Manchester

On Saturday 23rd February, five Infertility Network UK volunteers travelled to Manchester to attend a one day training workshop entitled 'Basic Counselling Skills'. The venue was the Holiday Inn, Central Park, Manchester. The training was facilitated by professional trainer Christine Williams from EGL Training Consultancy. All of the volunteers who attended are new I N UK volunteers and most had recently set up local support groups.

The training started at 11am with coffee and introductions before the morning session which looked at defining counselling, the key elements of the counselling relationship and an exercise on interactive skills. Lunch was served in the hotel's restaurant where volunteers were able to socialise and share experiences.

The first session after lunch saw volunteers putting into practice what was covered in the morning session with pair work, group work and communal feedback. As most were new support group volunteers, Christine incorporated a session entitled 'Support Group's - how they succeed, why some fail?' which looked at the different elements of facilitating a successful group.

Volunteers shared their own experiences and tips for setting up a group and attracting more members. After a tea break there was a session on attitudes and personalities and a reflection of feelings task. Finally a tutor led case study brought the training to a close where volunteers had to role play a real life scenario.

The training day was really successful and feedback from attendees has been excellent. Each time a training event is organised a summary of attendees' roles and previous experience is passed onto the training provider who adapts and tailors the course to meet individual needs. This time a session on support groups was incorporated into the training as well as the final case study being from a support group scenario. This inclusive training approach is not only very beneficial, but most importantly transferable to a volunteer's role.

Testimonial from the day:-

"The training was very good and I feel like I learnt a lot from the day. I am in the process of starting up a support group in York and thanks to the training have learnt many transferable skills. I also really enjoyed meeting other volunteers many of whom were support group volunteers too and it was great to get some tips and share ideas about facilitating a support group." **Fiona, Support Group Volunteer**

We have many different volunteer roles at Infertility Network UK. The forums are gaining momentum, thanks to the launch of the new website and now we are looking to increase the number of 'Forum Friend' volunteers we have. Forum Friends regularly post on the forums and comment on others posts and get in touch if they spot something inappropriate on the forums. We need your help to ensure our forums are a safe place for users. If you would like more information on this or any of our volunteer roles I would love to hear from you!

Hannah



**Volunteer
Co-ordinator
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com



News from the HFEA

HFEA retained as expert regulator



The Department of Health has announced that the Human Fertilisation and Embryology Authority (HFEA) will be retained as an independent regulator. The announcement follows a consultation that took place last year and means that the HFEA will continue to regulate assisted reproduction and research on human embryos in the UK.

The HFEA was set up in August 1991 as part of the Human Fertilisation and Embryology Act 1990. The principal tasks of the HFEA are to license and monitor clinics that carry out in vitro fertilisation (IVF), artificial insemination (AI) and human embryo research. The HFEA also regulates the storage of eggs, sperm and embryos.

Our role is to protect patients and the public interest, to drive improvement in the treatment and research sectors, and to provide information to the public and policymakers about treatment and research.

Alongside the announcement, the Department of Health has commissioned an independent review on ways in which the HFEA and the Human Tissue Authority (HTA) undertake their functions and operations, to see whether they can be strengthened and carried out more efficiently. The review will report to the Government by April 2013.

For further information on the HFEA and what we do visit: www.hfea.gov.uk/25.html



Getting started: Get your guide to fertility treatment

If you are exploring fertility treatment, making sure you have all the information you need means you can be confident that you are making the right choices. Our informative fertility treatment guide, *Getting Started*,

aims to make your treatment journey easier by giving you a step-by-step introduction to:

- the different types of treatment available
- what to think about and expect before beginning treatment
- what to expect when you visit a clinic
- treatment funding options
- the potential risks of treatment

If you would like to receive a copy of *Getting started: Your guide to fertility treatment* direct to your door, please e-mail: enquiriesteam@hfea.gov.uk with your full name and postal address. To download an online version visit: www.hfea.gov.uk/fertility-treatment-guide.html



Latest figures show the number of IVF treatments continue to rise

New figures released in a report by the Human Fertilisation and Embryology Authority show that the number of IVF treatment cycles continues to rise, despite the economic environment. They also show that multiple birth rates are declining, whilst overall pregnancy and live birth rates remain steady.

The report, 'Fertility treatment in 2011: trends and figures', is the second of its kind to be published by the HFEA and brings together in an accessible way key statistics on fertility trends in the UK.

The HFEA has a commitment to making the best possible use of the information we collect to help drive improvement in the quality of IVF services. Professor Lisa Jardine, Chair of the HFEA said: "Our register is the world's largest national data set for all licensed treatments and outcomes from assisted reproduction. This puts us in an unrivalled position, with a responsibility to inform patients, clinicians and the general public about the performance of the fertility sector. This report demonstrates our commitment to being a proactive information provider, and our ability to be open and transparent about the data."

Key figures show that:

- The number of IVF cycles performed each year has increased steadily since 1991 and in 2011 approximately 47,000 women received over 60,000 IVF or ICSI treatments, 4.3% more than 2010.
- Between 2009 and 2010 the overall live birth rate per cycle started has remained steady; 24.1% in 2009 and 24.5% for 2010. This is in comparison to just 14% in 1991.
- Two thirds of the women receiving fertility treatment in 2011 were aged 37 and under. The average age of women undergoing IVF treatment was 35 with six out of ten IVF cycles being funded privately.
- Between 2008 and 2011 significant changes have been made in clinical practice, including an effort towards reducing multiple births by transferring one embryo even when more than one are available; in 2008, just 4.8% of embryo transfers were elective single embryo transfer compared with 15.0% in 2010 and 16.8% in 2011. This has resulted in a continual decline in the multiple pregnancy rate.

National Infertility Awareness Campaign (NIAC) Spring 2013 Update



England

Since NIAC's last update, an awful lot has changed.

The former bodies responsible for commissioning fertility services, Primary Care Trusts (PCTs), have been abolished and replaced by local, GP-led Clinical Commissioning Groups (CCGs). CCGs are now responsible for providing healthcare to their local populations. They are tasked with managing a finite budget that must stretch to cover a myriad of different services of which infertility services are just one.

Prior to the April switchover, NIAC lobbied hard to raise awareness of the potential danger of service marginalisation. PCTs historically struggled to commission infertility services on an equitable basis and we have seen little evidence of late that would suggest a substantial improvement under CCGs (save for improvements in three local areas).

We are therefore continuing to meet with MPs, Peers and officials in Westminster to raise awareness of the new 2013 NICE guideline on fertility, which like its predecessor (2004), recommends the provision of three full cycles of IVF to eligible couples. The previous Labour Government endorsed this recommendation and we are working hard to ensure that the current Government acknowledges the new guideline in the same way.

It is also essential that CCGs be given clear guidance as to what is expected of them. The NHS Commissioning Board has provided CCGs with guidance on the issue of fertility treatment, but we would like to see further statements of support from senior policy makers in Government. Over the coming months, we will be asking MPs and Peers to table questions on this issue and several others related to provision of treatment.

We will also continue to work with key stakeholders in the field and we will seek to establish further links with GPs, CCGs and trade associations. With the help of these organisations and individuals, we will assist commissioners wherever we can to ensure that infertility services are fairly represented and understood by those in charge of the purse strings.

We would like to ask everyone who is concerned about fertility services in their area to write to their local MP. With your help we can make sure fertility services do not lose out as a result of the current NHS reforms. Every letter adds up and makes a real difference to our campaign. To download a template letter go to: http://www.infertilitynetworkuk.com/niac_2, scroll down and download "Letter to MP to lobby for full implementation of NICE". If you are unsure of who your MP is go to: <http://findyourmp.parliament.uk/>

Scotland

Compared to England, IVF provision in Scotland is still very good. However we are concerned that the pressure of financial constraints is having an impact upon

local funding decisions. For this reason we continue to liaise with Health Board senior staff and the Minister for Public Health.

Following the latest series of MSP meetings at the tail end of last year, NIAC will be seeking to hold a fresh round of meetings later in the spring. We are also continuing to seek a parliamentary reception at Holyrood to raise awareness of infertility amongst members of the Scottish Parliament.

Gwenda Burns, Susan Seenan and Sheena Young, all of I N UK, have worked hard for patients on the National Infertility Group set up by the Scottish Government. The Group has now concluded its investigations and has submitted a report to the Minister for Public Health, feedback on the report's recommendations is expected shortly. NIAC will be monitoring this closely to ensure that the Scottish Government acts upon the Group's recommendations.

Wales

In Wales, significant progress has been made.

NIAC is looking to hold further talks with the Welsh Health Specialised Services Committee (WHSSC) concerning future partnership work relating to patient reported outcomes.

A number of questions have been asked in the Assembly following recent meetings with AMs. We believe that these have played a key role in the Welsh Government's recent decision to re-establish the All Wales Specialist Fertility Advisory Group - the body responsible for overseeing developments relevant to fertility services in Wales.

We are also monitoring developments relating to the opening of the new Neath clinic which is anticipated later this year.

Northern Ireland

In Northern Ireland, NIAC recently held a meeting with commissioners to discuss priorities for the coming months. A further meeting is being scheduled for later in the spring, by which time NIAC is also hoping to meet with senior officials.

Discussions with the SDLP's, Connall McDevitt MLA, have proved fruitful. He has offered his support and we are liaising with him on the potential creation of a Cross Party Group of MLAs with an interest in infertility.

Contact Us

If you are experiencing problems accessing NHS funding, have any questions relating to funding, or would like to help NIAC with its campaign, please email NIAC at: niac@infertilitynetworkuk.com

Castlereagh Mayor Presents I N UK's Fundraiser of the Year Award

William Steenson raises £10,000 in five years!

The Mayor of Castlereagh, Alderman Michael Henderson, recently presented William Steenson, with the Infertility Network UK's 'Fundraiser of the year Award 2012' at a ceremony in Moneyreagh Community Centre.

William is a long standing member of the charity's More To Life branch in Northern Ireland and has raised a mammoth £10,000 in five years with his collecting tin outside shops, supermark-

ets and football stadiums.

He has faced all weathers – rain, snow, fog – and sometimes even the sun – to support More To Life. William was unanimously voted the 2012 Fundraiser of the Year by the charity's staff members.



On the sofa – with TV's Dr Mark!

Sharon Davidson, our regional organiser for Northern Ireland, found herself on the sofa with TV doctor Mark Porter recently as a guest at the Merck Serono UK

company conference in February.

The audience included Merck employees from many different departments and the Q & A session with Dr Mark was aimed at giving them an insight into infertility from a patient's perspective so they could see first hand how the use of medicines can, quite simply, change lives.

Conference organisers said the session was a huge success and helped individual employees connect better with the work they do every day. Sharon was interviewed onstage by Dr Mark, who talked to her about her own experiences of IVF. Sharon now has a son and a daughter.

Dr Mark is the medical correspondent at *The Times*, doctor on *The One Show* and presenter of Radio 4's flagship medical series *Inside Health*.



Let's get everyone Talking about Trying

This year, Infertility Network UK marks a milestone as we celebrate our 10th anniversary. And what a difference 10 years makes! We are already firmly established as the UK's leading infertility charity, supporting thousands of people in their struggle towards parenthood.

To mark the beginning of our amazing anniversary year, we are launching our **Talking about Trying** campaign.

We are on a mission to end the isolation and secrecy of infertility - and we'd like you to be part of it!

Quite simply, **Talking about Trying** is designed to get everyone talking about infertility, and give sufferers a much louder voice. Over the past 10 years, we have made huge strides - but there's still a long way to go and we need to move with the times and raise much more awareness of the pain of infertility - because it's not going away.

We want to give infertility a bigger voice and are asking people to speak out to support others facing a similar struggle.

By supporting our **Talking about Trying** campaign in 2013, you can help us raise awareness of infertility, and make sure that everyone affected knows where to get the information they need, wherever they live in the UK, right at the start of their infertility journey - something which is not happening now.

So please, get behind our campaign, spread the word, and help us get more people **Talking about Trying** in 2013.

Contact Karen to see how you could help or to share your experience of infertility



Follow the campaign and 'Like' on facebook



Keep up-to-date on twitter



E-mail

karenveness@infertilitynetworkuk.com



Please contact Karen on:

Tel: 0115 846 1861

Mobile: 07825 663678

Infertility Network Scotland Information Day

This took place on Saturday 23rd February 2013, in the centrally located Menzies Hotel, Glasgow. As you can imagine there was a lot of planning that went into organising the day and I have to say a huge thank you to I N Scotland's two Development Workers, Sarah Murphy and Norma Whiteford for their part in helping me to pull the day together. On arrival each attendee received a delegate pack which provided them with the agenda, information and advice, along with an evaluation form to complete at the end of the day.

There were a number of talks throughout the day by professionals and also a talk given by two volunteers who had experienced the fertility rollercoaster, all who had given up their own free time to attend the event. The exhibitors were kept busy at all the breaks and provided a good variety of information for attendees.

I N Scotland/UK staff and volunteers had a variety of duties to ensure the smooth running of the day, from overseeing everything, to meeting and greeting, manning the stand, becoming IT specialists, ensuring attendees were comfortable and that any questions were answered and also speaking between sessions. There was a question and answer time following the morning and afternoon talks which was well received by everyone.

So many attendees throughout the day let staff know how beneficial they were finding the day and that they felt there was a definite need for this in Scotland and we do now hope to have an event annually. At the end of the day everyone handed in their evaluation form which will help to structure and give a direction to future events.

I would just like to say a huge thank you to everyone who was part of the day and to Clare Lewis-Jones, Chief Executive, Susan Seenan, Deputy Chief Executive and to the Scottish Management Committee members who attended as volunteers on the day.

Gwenda Burns



Testimonials:

"Thank you and well done on what I saw as a very successful day today."

"It was very informative and well organised. I think the speakers were not only very good, well-rehearsed and easy to understand, but approachable. In fact everyone was very approachable and helpful."

"I would definitely recommend others to attend a meeting like this if it was to be repeated. It was also lovely to meet you and the others working within the infertility network."

"Thank you very much for putting together such an informative day. Thought I couldn't find out anymore about our situation and I actually feel much better now going forward with treatment as I had lost hope. I have an appointment now for more treatment with thanks to you for organising Saturday. Will be passing the word on about your charity and the fantastic work you all do."

"Thank you so much for arranging the day it went very well and must have been a lot of hard work on your part - we met some lovely people and it was great to meet and talk to people who understand - at last!"

"We also got a lot of great information too and it has definitely helped us in making a decision of where to go next."



The Question and Answer Panel

Infertility Network Scotland Education Project

Education is a right, and it is only natural that we expect a high standard in our schools, colleges and universities. We all know that in most institutions the basics are covered well, math's, English, the sciences, etc. However, as we move through life we sometimes find ourselves faced with emotional and practical dilemmas that we wish we had been taught. Certainly this is something that became apparent to Gwenda Burns and Sheena Young of Infertility Network Scotland who asked themselves if perhaps there was something they could do to educate people about their fertility. All too often we hear that couples have waited too long to start a family as they did not know that female fertility declines with age. How many people actually realise that a BMI between 35 and 40 can result in a 23% to 43% less chance of achieving pregnancy compared to women with a BMI below 30. Following some research and lots of hard work, Infertility Network Scotland was successful in obtaining government funding for an education project designed to help educate people about lifestyle choices and how these can and do affect fertility. The project is now being rolled out across Scotland by me Sarah Murphy, Gwenda Burns and Norma Whiteford and here are some of the things we have been up to over the last six months...

Norma and I spent the first few months of the project researching links with education institutes and after many meetings and telephone calls we were lucky enough to be invited to hold information stalls at fresher's events in institutions such as: Kilmarnock, Ayr, Perth and Cumnock Community Colleges as well as Dundee, Dumfries, St Andrews, Abertay, Aberdeen and Robert Gordon Universities. Over the following months these events proved to be extremely successful

allowing us to communicate directly with students, hand out our education leaflets and forge links with key education professionals. Taking this aspect of the project forward, Glasgow and Caledonian University along with Dundee and Elmwood College have all agreed to work with us on upcoming 'Health and Wellbeing' events that they intend to hold. This along with an extensive effort to mail out leaflets to far reaching venues such as some of the Highland and Island campuses, we hope has gone some way to getting the message out there.

Alongside this initial work, Norma and I have also been researching family planning clinics and GP practices that are linked to education institutes requesting that they display our educational literature. It is still early days, but feedback has been positive with some affiliated clinics such as Dundee and Aberdeen University having already requested and received leaflets for display.

Gwenda has been working with the Scottish government on ideas to promote the education of fertility to a wider audience. Gwenda and Norma also met with Health Scotland to work with them to help deliver some educational messages through their literature.

The next phase of the project that we will be working hard on over the coming months will be to develop and deliver fertility education workshops to targeted groups such as students and employees of large organisations across Scotland. In an effort to engage young people in a topic which is understandably off their agenda, Norma has drafted an eye catching presentation full of interesting facts and statistics that will hopefully get people thinking about the lifestyle choices they make.

We would be very interested to hear your thoughts and ideas surrounding the education project and if you work for a large organisation or education institute and would be interested in running a fertility education workshop, please get in touch. Likewise, if you would like more information about the project please email myself, Gwenda or Norma who will be extremely happy to help with your enquiry.

Sarah



Please contact

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I'm Just Paying Back the Gift...

Mark and I got married at the ages of 25 and 20 in 1985. Like most couples, having children was something we planned to do in the future, little did I know what a long journey it was going to be. After being married for a couple of years or so we began to think about having children. As I had very irregular periods we thought it may take a little longer to have a child as it was likely that I was not ovulating regularly. I was only having about 3-4 periods a year. Two years or so elapsed.

We went to see our first fertility specialist in 1988. She dismissed our problems and said she thought I was working too hard and stress was causing the irregular periods. The doctor suggested that I reduce my hours at work. I had had irregular periods for many years before trying to conceive so I decided to go back to my GP and ask to be referred to another specialist. I had a laparoscopy and all was okay. My husband had yet another semen analysis and everything was still okay there too. I was put on a mild fertility drug and told to come back in three months and that I would most probably be pregnant by then. We were over the moon thinking we were finally going to be parents. Sadly three months later I was not pregnant and was given another prescription for medication. I was then referred to another specialist.

To cut a long story short, after six years of tests, six different specialist opinions, fertility tablets, hormone injections, IVF, alternative therapies such as herbalism and hypnotherapy, we still did not conceive. The reason given was that I had PCOS and did not ovulate without medication and although I could produce eggs with fertility drugs or create embryos with IVF, the lining of my womb was very thin and this was causing implantation problems. Surrogacy was suggested as a solution.

Surrogacy seemed a great option, however, we just wanted to be parents, so our most favoured option was to adopt, possibly a sibling group. Towards the end of our fertility treatment we had started looking into adoption. We spent the next three years trying to adopt. We were close to the end of the process. My mum had had breast cancer three and a half years previously and had gone along for her six monthly appointment, had the usual tests, but this time she was told that the cancer had returned. Patients are not always told their illness is terminal, but my mum pressed the consultant for the true prognosis so that she could make plans for the future and to say her goodbyes. There were various options that would

prolong her life, but there was no longer a cure. If I had not known the full situation, we would have been none the wiser. We told our social worker this news at her next visit. About a week later our social worker called to say that our adoption application was going to be put on hold due to our change in circumstances. They also expected us to have a period of grieving after

my mum died before they felt it appropriate to continue with our adoption application. We were shocked by this news, but the decision was final.

It was at this point we started to think about surrogacy again so we joined a surrogacy organisation. We had the option of straight or host surrogacy. With straight surrogacy the surrogate conceives via artificial insemination and the baby is genetically related to her and the intended father, and with host surrogacy the surrogate conceives with embryos created via IVF. The embryos can be created with either donor eggs or the intended

mother's eggs and the intended father's sperm. We chose straight surrogacy over host surrogacy. At that time straight surrogacy was the more popular option as host surrogacy was in its infancy with very few clinics offering treatment. We expected to wait a minimum of two years before a surrogate chose to help us, but within two weeks we had a phone call to say that someone was interested in meeting us. This lady lived two hundred miles away which we felt was too great a distance, but what a great start as we had only been on the waiting list for a short time. A few weeks later we received another call to say another lovely lady wanted to meet us.

We met up with Susan and we clicked straight away. We then spent a few months getting to know each other before starting artificial insemination treatment. We envisaged it would take several months to get pregnant and it did. On the third cycle Susan had a long cycle. Sadly this was also the month that my mum died. The two week wait came and went and we began to hope that we could be pregnant. Susan did several pregnancy tests, but they were all negative. The day after my mum died, Susan called to say her period had arrived. It felt like nature had played a cruel joke on us, she had given us hope and then taken it away. However, three months later we were in the same position again.

I remember the exact moment we got the call. It was ten minutes to four on 15th February 1996. We were feeling quite despondent as this could perhaps be our last cycle as Susan had only agreed to attempt six

We expected to wait a minimum of two years before a surrogate chose to help us, but within two weeks we had a phone call to say that someone was interested in meeting us.

cycles of treatment for us. Every day my heart skipped a beat when the phone rang. When it wasn't Susan we had hope. The two week wait came and went and no call. Then we were a few days past the two week wait when we finally got a phone call from Susan. If Susan had been pregnant she would have tested in the morning, so it could only be bad news, yet the tone of her voice sounded quite excited! Could it be the news we had been waiting for ... it was! I rushed downstairs to tell Mark. We were on cloud nine! I know at this point so many things can go wrong, a miscarriage, etc. and while most people wait three months to tell everyone their news, as our family and friends knew we were having treatment it would have been difficult to keep this wonderful news to ourselves until twelve weeks, so we told most nearly everyone straight away.

The first few weeks of the pregnancy seemed to drag, but in no time at all we were all sat in the waiting room waiting with Susan for our twelve week scan, then our twenty week scan. We went to all the appointments together and met up regularly in between. We grew very close and to this day we are still in regular contact.

We finally got the call the day before our due date that our baby was on its way. Susan had been very uncomfortable for weeks and we felt helpless as it was our fault she was feeling this way. Susan would always reassure us that she knew what she was getting into when she became a surrogate, and while she did feel uncomfortable it was to be expected at this point in the pregnancy. I sat with Susan in the labour suite and an hour or so later Abi was born. Abi was born at 1.45am on 11.10.96. Susan was amazing, she was so calm and made me feel very much part of the birth. I was asked to cut the cord by the midwife. Abi was then placed into my arms and I felt an instant bond. I was a mother, at last. It felt like a dream and I was so scared I was going to wake up and find it was just a dream, as that had happened before.

Mark then came into the labour room. We took some photographs of our precious baby girl and also a photo of Susan holding our baby. A little later Mark and I were given a room with our baby and Susan was also given a room of her own. Susan and her family visited the next morning and lots more photographs were taken. We were all later discharged. Surrogacy is the next best thing to being pregnant yourself, as you get to experience the pregnancy with your surrogate mother.

Our new life had begun. It had taken ten years to have our much wanted baby. Although you never forget the pain of infertility, we were now living life to the full. We hoped to have another child via surrogacy, but despite thirteen attempts of treatment with two different surrogate mothers, it was not to be.

Christmas was on the horizon. I found that year particularly difficult, as most of our friends were extending their families and the Christmas cards would arrive and there would be more pregnancy and birth

news. We did the usual family visiting over Christmas and my brother-in-law announced that they had been given a surprise Christmas present. I did not take long to work out what the present was. My sister-in-law was expecting a baby, a complete surprise. It is always hard to hear news like this, especially when the pregnancy is unplanned.

We had booked a holiday for the New Year and my period was due just before the holiday. It did not arrive. I was very moody, having the usual symptoms of PMT. We had a great holiday, we went horse riding, I did various exercise classes with Abi on the beach, swam lots, etc. As the hotel was all inclusive I drank a few pina colodas during the day and in the evening had a few glasses of wine. As we had a young child in tow I was not drinking to excess, but certainly way more than any pregnant woman should be drinking! It was no surprise that my period was late as I fully expected it to happen as soon as we arrived on our holiday to remind me what I couldn't have. We got to the end of the holiday and I was quite pleased my period had waited till after the holiday. That was a first! I still did not think I could be pregnant. Another week or so passed and I still didn't buy a test as I knew as soon as I bought the test my period would arrive as had happened many times in the past. In the end Mark went out and bought the test, we did it and when we looked at it there was a bright pink dot, there was no mistake, it wasn't a little dot, but a bright pink big dot. The test was positive! Sam was born in September 1999, Charlie followed in December 2000 (I had a year 2000 baby too!). We then took a break and started using contraception for the first time ever. We started trying for another baby eighteen months later. Elisabeth was born in May 2003. Our family was complete.

I joined Surrogacy UK in 2002 as a founder member to give support to other couples considering surrogacy.

At the back of my mind I wondered if I could be a surrogate myself. One day, our daughter Abi, who was born via surrogacy, also suggested it, and this was just the push I needed to get started. Having my family at long last I just wanted to "pay back the gift".

While most of our family and friends were supportive of me being a surrogate, some had their concerns. What if I wanted to keep the baby? What if the experience caused me physical or emotional harm? I felt my family was complete at that point and I knew I could never change my mind, no matter how hard it was. If the experience caused me physical or emotional harm then I would live with it and not do it again. I would know however, that I had made someone's dream come true and created a family.

A few months later a couple who already had a child via surrogacy joined Surrogacy UK. It took five attempts of treatment to conceive Isaac. At the end of the two week wait I decided to do a test in the evening. I was amazed to see a faint line. The next morning the line was darker so I called Lynne with the good news.

While most of our family and friends were supportive of me being a surrogate, some had their concerns. What if I wanted to keep the baby? What if the experience caused me physical or emotional harm?

She burst into tears of joy at the news. The pregnancy was uneventful. Everything went to plan and we had a wonderful surrogacy arrangement. Lynne and Richard came to all the scans and Lynne attended all the midwife appointments with me. We also met up socially at least once a month during the pregnancy, at SUK socials or in each other's homes. This is so important as it allows the intended parents to bond with their baby and the surrogate to bond with the intended parents.

My due date was 6th November 2004. I didn't get as far as wanting the pregnancy to be over as Isaac started to make his presence felt a couple of days after his due date and was born three days later. Lynne was crying with happiness as baby Isaac came into the world. The midwife then asked her to cut the cord and she was handed her baby boy. It felt so good to see her joy. Soon afterwards Richard was invited into the labour room to meet his baby son. Carol took pictures of us all and then I was handed Isaac so I could have a picture taken with him. Shortly afterwards Mark arrived with our four children. More photos were taken and our children marvelled at baby Isaac. We all exchanged presents and I said it was time for us to go and let Lynne and Richard enjoy their new baby.

After the birth I received cards and flowers from friends and family and everyone said "what a wonderful thing I had done" and people said "they were pleased to know me!" I never thought I would experience pregnancy, and not only have I been able to experience it for myself, I've been able to experience it for someone else too.

I've since helped another couple have a much wanted baby. This time I conceived on the first attempt of treatment and Hector was born on 6th January 2006. Sadly I then went on to have two miscarriages while helping another couple. At this point I decided to retire from surrogacy. I spent the next two years supporting others going through surrogacy and also had another baby of my own. I had a planned home birth and Scarlet was born on 3.10.07. I had decided Scarlet was going to be my final birth.

It was Abi who prompted me to help another couple. We had become friendly with a family who had been hoping to have a second child via host surrogacy. They had had five cycles of treatment with the help of a surrogate mother and were about to give up on their journey. Abi asked in front of the family if I would help

them. I was put a little on the spot. I said I suppose I could do it again, but at the age of 43 I was not sure whether a clinic would accept me for treatment. I emailed our friends and said that I would consider helping them. I didn't hear anything for a few months and then they asked me through another friend if I had really meant what I said a few months earlier. They decided on one last cycle of treatment. I had one cycle of treatment, but sadly it did not lead to pregnancy. Although I had only intended to help the one final couple I somehow found myself wanting to help another couple. It is hard to walk away when there is always just one last couple you could potentially help. I had become friends with another couple who had a heart breaking story as the intended mother had lost eight babies, I could not imagine how anyone could cope with so many losses and still be positive. At the beginning of 2010 I offered to help this couple and this would be my final surrogacy journey. It took four attempts of IVF, including two abandoned cycles. We started treatment in April and I conceived in November 2010. I had a bleed ten days after the positive test and thought it was all over. I spent the next week resting and we were all so relieved to see the heartbeat at the first scan. Jonathan was born by a planned caesarean section on 20th July 2011.

I see surrogacy as "sharing my fertility" and in my case "I am just paying back the gift". I have been a straight surrogate twice and a host surrogate once. Some people question why I chose to do straight surrogacy the first time as surely it would have been easier with no genetic link. Not every woman has her own eggs and I felt I could do something more.

I am still in touch with all of the three couples I have helped and also my own surrogate mother. We all meet up regularly, sometimes at my house, sometimes at their houses, sometimes one of us has a mass get-together. We are like one big happy family! Surrogacy is very friendship orientated and most people keep in touch and become lifelong friends.

I am still involved with Surrogacy UK and am currently one of their surrogate support managers, supporting surrogates through the joining process, to helping them choose couples to help and beyond. I am also a surrogacy helpline for Infertility Network UK.

Jayne Frankland

Bourn Hall Clinic Wymondham opens its doors

A new centre in Wymondham near Norwich has given Bourn Hall, the world's first IVF clinic, the opportunity to respond to all of the suggestions gained from staff and patients about enhancing the IVF journey.

"Starting with an empty shell has given us the freedom to create a clinic designed entirely around our patients," says Fran Rose-Smith, Clinic Manager. "The ground floor recovery room allows women to relax for as long as they wish following surgical procedures. Our only concern is that the loungers are so comfortable they may never want to leave! We have dedicated facilities for men and a very nifty, discrete system for

delivering samples to the embryologists."

The opening of the Wymondham clinic means that for the first time, both private and NHS-funded patients in Norfolk will be able to have every stage of their treatment within the county.

Last year, Bourn Hall Clinic announced the birth of its 1000th NHS IVF baby since May 1st 2009, when the current NHS contract began.

"We look forward to welcoming the first IVF babies to be made entirely in Norfolk," says Fran.



Maternity leave rights for parents through surrogacy

As well as the legal work we do for clients as a lawyer, my team and I also campaign to make the law better for fertility patients. It's something we do because we believe in it (just like giving our time to charities like Infertility Network UK) and more often than you might think, we get to make a difference. I am therefore thrilled to announce that, after our campaign of more than five years, the government has finally announced that it will introduce employment rights for parents through surrogacy.

Increasing numbers of parents now start a family through surrogacy, whether gay or straight, and whether in the UK or abroad. Surrogacy involves parents who have their own biological child (sometimes using donor gametes, usually on the egg side) with the help of a surrogate mother who carries the pregnancy for them. Surrogacy may be needed because of recurrent miscarriage or stillbirth, because a medical condition makes it unsafe for the mother to carry, because of prior cancer or hysterectomy, or for many other reasons. It is ultimately a human solution to a medical problem. The baby is handed over immediately at birth, and the parents take on all the normal duties and demands of looking after their newborn baby.

But at law they can have virtually no rights. The surrogate is treated as the legal mother (and if she is married, her husband is treated as the legal father) even if she is not the biological mother and has no wish to ever be treated as a parent. The parents can remedy this by applying to court for a 'parental order' which triggers the re-registration of the birth certificate in their names, but the process is lengthy and for six-nine months the parents are in limbo, caring for a child who is not legally theirs.

One of the cruelest side-effects of this ludicrously awkward and longwinded legal process has for a long time been that parents through surrogacy have no right to time off work when their new baby arrives, unlike parents who give birth or who adopt a child. Most new parents can take up to a year off work (with at least some pay) and have protected employment rights which prevent them being sacked or unfairly treated. Parents through surrogacy, however, do not. This is grossly unfair, and has resulted in parents through surrogacy having to quit their jobs or go back to work if their employer does not (or cannot) give leave on a discretionary basis.

The government has now announced that this is going to change, as part of the government's wider maternity leave and adoption leave reforms which are expected to come into force in 2015. Although the full detail has at the time of writing yet to be confirmed, we know that parents through surrogacy will be legally



Natalie Gamble is founder of the UK's first specialist fertility law firm Natalie Gamble Associates



entitled to attend two antenatal appointments during the pregnancy, and to adoption leave and pay after the birth. Adoption leave is broadly equivalent to maternity leave (allowing roughly a year off work, with similar pay entitlements) with flexibility between the parents as to who takes the main leave and who takes paternity leave. When the new rules are introduced, it will become available to parents through surrogacy who are eligible to apply for a parental order, including heterosexual couples and gay dads. Surrogate mothers will also retain their right to maternity leave to recover from giving birth.

The government's response to the consultation on modern workplaces says:

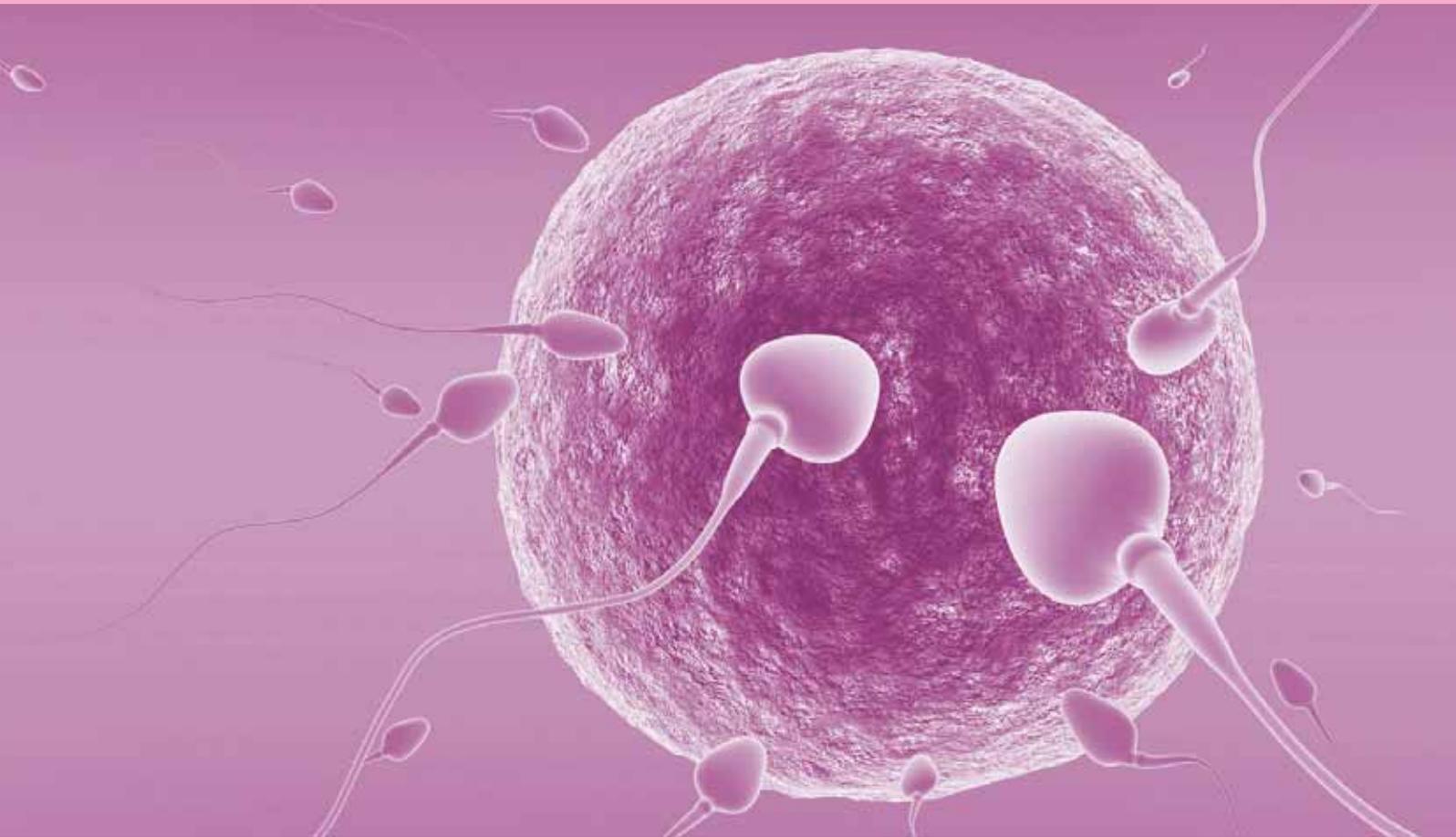
We propose that intended parents in surrogacy cases who satisfy the criteria for a Parental Order and intend to apply, or have applied, to a court for a Parental Order will be entitled to leave and pay on the same basis as adopters who are eligible for statutory adoption leave and pay, subject to the qualifying conditions and evidential requirements. In addition, both intended parents will be entitled to take unpaid time off to attend two antenatal appointments with the surrogate mother carrying their child.

What is so exciting about the change, as well as the practical employment rights it will introduce for new parents, is that this is the very first time in UK legal history that parents through surrogacy have been recognised as having any rights in advance of the birth of their child. This is a very significant recognition that surrogacy is real and here to stay, and hopefully a first step towards wider reform of our surrogacy laws to remove the cumbersome limbo period entirely.

Diary Date

The 2013 Fertility Show

Saturday and Sunday, 2nd–3rd November 2013
London's Olympia Exhibition Centre



THE FERTILITY SHOW

2-3 November 2013
Olympia, London

The exhibition for everyone who wants a baby

- 60 talks from leading fertility experts
- 100 exhibitors
- Top clinics from UK and abroad
- Fertility assessments and treatments
- Medical and complementary alternatives

www.fertilityshow.co.uk

In association with



The Latest New Members to I N UK's Clinic Outreach Scheme

We'd like to say thank you to: Leighton Hospital, Cheshire and Burton IVF, who are the latest fertility clinics to join our Outreach scheme. By becoming members, they not only help to support the charity who receives no statutory funding, but also ensures its patients gain access to the support and services offered by I N UK.

Your clinic too could benefit from joining, included in the scheme: free link from our website, free listing in our members' quarterly colour magazine, free copies of this magazine for your patients' waiting area, free posting on our website's Events page for your open days and support groups, free sign up to our

eNewsletter, free posters and literature about I N UK to display in your clinic, help in setting up a support group and discounted cost of advertising on both our website and in our quarterly magazine.

Your patients will also benefit from our support, advice line, knowledge and information on NHS funding in their area through our Funding for Fertility section of our website ... and more!

Call us today on: 0800 008 7464, to find out how you can join this exciting clinic scheme!



If you have had help and information from I N UK and found it useful, or if you would simply like to support the charity and its vital work, please consider making a small donation to help ensure that our services can continue to help many more people.

Our 'text to donate' service could not be simpler, simply send a message to 70070 Stating INUK03 and then your chosen amount between £1 and £10.

Your donation really will help, thank you.

Donations

Composite Lodge No.9480 Ipswich £1,665
 Mrs C Newman £10
 Mrs J Todd £10
 Mrs J Todd £10
 Mrs J Todd £10

IVF Success Rates

£40 donation from S & D Young in lieu of sending Christmas cards due to being overseas at that time

£150 donation from the Clark Howes Group in lieu of sending Christmas cards



Thinking about giving up fertility treatment?

For those going through unsuccessful fertility treatment, there comes a time when they begin to question the wisdom of continuing and begin to wonder how they would cope if they made the decision to stop treatment. For many, adoption may not be an answer and a future without children must then be faced. Whilst going through fertility treatment they may have found support from a number of sources, including Infertility Network UK, but what happens when they decide to stop? Will they feel isolated and alone? It was for this reason that More To Life was set up, to provide ongoing support for the involuntarily childless.

More To Life offers support in many forms – a quarterly newsletter, lending library of useful books,

fact sheets and the opportunity to make contact with other members (whether by letter, telephone, email or in person) who can offer each other help in moving forward. The network of More To Life members is expanding with Regional Member Contacts up and down the country, and Helpful Members ready to offer a listening ear. Regional Member Contacts also organise local group get-togethers and going to a members' get-together is a wonderful opportunity to be with others who understand exactly how you feel.

For more information about MTL, contact the I N UK head office on 0800 008 7464

Email: admin@moretolife.co.uk

Website: www.moretolife.co.uk



The Support Groups listed here are for those experiencing infertility. They are not a forum for marketing information or inappropriate sales pitches.

England

Asian

The Asian support group meets in Central London at The Harley Street Fertility Clinic, 43 Devonshire Street, London W1G 7AL. If you would like more details: email: info@hsfc.org.uk or call: 020 7436 6838

Bedford

The group meets at Bedford Health, 21 St Cuthbert's Street, Bedford MK40 3JB. For further details please contact Sue, Tel: 01234 327444 or 0800 533 5138. Email: sue@bedfordfertilityclinic.co.uk

Berkshire and Buckinghamshire

The group meets regularly and is open to everyone experiencing infertility. For more information please call Katharine on 01344 222146 or email: kgailard@hotmail.com

Blackburn & East Lancashire

Monthly evening meetings facilitated by an I N UK volunteer. The group is open to everyone and we'd be delighted if you'd like to come along and join us. For more information call Cheryl on 078717 71095 or email blackburnfertilitysupport@hotmail.co.uk

Birmingham

A small, friendly group that meets regularly, everyone welcome couples or solo. For more information please contact Anne on: 07891 741440 or email Mel: melgreenbee@gmail.com

Brighton

The Agora Gynaecology and Fertility Centre, Ellen Street, Hove BN3 3LN. For details of next meeting, please visit: www.agoraclinic.co.uk or alternatively email: info@agoraclinic.co.uk or call: 01273 229410.

Cambridge

Couples or individuals welcome to the monthly meetings at Bourn Hall Clinic, Cambridge. Dates and initial programme can be found at www.bourn-hall-clinic.co.uk in the 'Your Journey' tab. To book a place please email supportgroup@bourn-hall.com or call 01954 717210 and speak to Letty or Sharon.

Colchester

Couples or individuals welcome to the monthly meetings at Bourn Hall Clinic, Colchester. Dates and initial programme can be found at www.bourn-hall-clinic.co.uk in the 'Your Journey' tab. To book a place please email supportgroup@bourn-hall.com or call 01954 717210 and speak to Letty or Sharon.

Croydon

An informal group run by an I N UK volunteer in Croydon. For more information please contact Natalie on 07940 527964 or email nataliedonnelly@hotmail.co.uk

Gloucestershire

Informal support group run by I N UK Volunteer Chris in the Gloucestershire

area. Chris is experiencing secondary infertility but the support group is open to all infertility patients. For more information please contact Chris by emailing: glosinfertility@yahoo.co.uk

Harrogate

This informal group runs on the last Thursday of the month in Harrogate, North Yorkshire. For more info or to book a space, please contact Jay on: 07725 035047 or email: yorkshirefertility@gmail.com

Hertfordshire

Meets on the first Wednesday of the month between 8pm and 9.30pm at c/o Ginger Natural Health, 44 London Road, St Albans AL1 1NG. To reserve your place and for further information please contact Susie on 07857 352169.

Link, Liverpool

Meets on a quarterly basis at the Hewitt Centre, Liverpool Women's Hospital. The meetings are from 6pm-8pm and often have a guest speaker. New members are always welcome. For more information please contact Patricia on: 0151 702 4075.

London Women's Clinic

This group meets on the last Monday of every month from 7pm-8.30pm at the London Women's Clinic. 113-115 Harley Street. All are welcome, not just LWC patients. For more information call Anya on 07940 589848

Mansfield

Are you trying for a baby? Want to meet people in a similar situation? Then come to CARE Mansfield's Coffee Evening. Contact Beverley Law, CARE, Nottingham Road Clinic, 195 Nottingham Road, Mansfield NG18 4AA. Tel: 01623 626172 Fax: 01623 626172 Email: Mansfield@CAREfertility.com

North London

Mindful Mums-to-be is an online resource/community with North London group meet ups for anyone trying to conceive, going through fertility treatment or who is newly pregnant following difficulties/worries. Join us if you are looking for support, are interested in learning more about mindfulness and the mind-body link and to meet others who are in a similar situation to yourself. Dads-to-be/same sex couples are also very welcome. Visit <http://mindfulmummatobe.blogspot.co.uk> or contact mindfulmuma@gmail.com.

Peterborough

For more details, contact Sandy on: info@simplykidz.co.uk or mobile: 07713 156045.

Sheffield

A new support group has been set up to help those going through infertility and to meet others who understand. For more information call Gilly on: 07985 923859 or email: sheffieldinfertility@gmail.com www.sheffieldinfertilitysupport.weebly.com

Shropshire

Meetings take place on the last Thursday of every other month. Venue alternates between The Education Centre at The Princes Royal Hospital in Telford and The Hamar Centre at The Royal Shrewsbury Hospital. For further details ring Gwen, fertility nurse on 01743 261199 – everyone welcome.

South Cheshire

An informal support group is being set up by an I N UK volunteer in the Crewe area. For more information please contact Sarah on southcheshireinfertilitysupportgroup@hotmail.co.uk

Wirral

A new support group is being set up in the Wirral area by Janine an I N UK volunteer. Guest speakers are planned as are relaxation techniques and treatments. Come, share and gain support from others who understand exactly how you are feeling. Tea and Coffee and the odd treat will be available. Please email infertilitysupportgroup-wirral@hotmail.com for more information.

WISH – Woking Infertility Self Help

Held every six weeks at the Woking Nuffield Hospital, themed evenings and guest speakers. For further information, email Suze: suze.fisher@nuffieldhealth.com

Wokingham

Informal support group run by an I N UK volunteer. For more information contact Katy on 07557 979142 or email katyfello@gmail.com

York

Informal support group with monthly meetings in an informal environment. For more information please contact Fiona on 07730 895006 or email fionamaryharris@gmail.com

Scotland

Aberdeen

Please come along and meet people who are experiencing the same uncertainties as you. We provide a safe and informal space to share experiences, information and ideas. The group meets on the last Monday of each month at the Aberdeen Maternity Hospital in the MacGillivray Centre from 6pm-8pm. For further details, please contact Sarah Murphy on 07737 106748 or email: sarahmurphy@infertilitynetworkscotland.com

Artemis

The group meets monthly on a Monday at 6pm in Beechwood House, Murrayfield Hospital. For dates and further information, please contact Gwenda Burns on: 01294 279162 or email: gwendaburns@infertilitynetworkscotland.com

Ayrshire & Arran

Meet on the last Wednesday of each

Groups

month from 7.00pm at the Lister Centre, Crosshouse Hospital, Kilmarnock. For further details please contact Gwenda Burns on: 01294 279162 or email: gwendaburns@infertilitynetworkscotland.com

Dundee Fertility

Meet at Ninewells Hospital, Seminar Room C, second Thursday of each month 6pm-8pm. For further information, please see website at: www.infertilitynetworkscotland.com or contact Sarah Murphy on 07737 106748 or email: sarahmurphy@infertilitynetworkscotland.com

Dumfries & Galloway

For more information contact Norma Whiteford on: 07592 793308 or email: normawhiteford@infertilitynetworkscotland.com

Edinburgh Fertility

Meets on the first Monday of each month from 7.30pm-9pm. This informal group will give you the chance to talk to like-minded people, as well as learn different relaxation and mind-body techniques that can help you cope better with the emotional and medical challenges that you face on your fertility journey. We ask for a small donation of £3 per person to cover costs. Snacks and hot drinks will be provided. Sessions take place at KnotStressed Therapies Clinic at 10a Blenheim Place, Edinburgh EH7 5JH. Please contact Jane Evans for more information on: 07967 002278 or email: jane@knotstressed.com

Fife

A venue is available and the support is there. If you live in Fife and would like to attend a fertility support group, please get in touch with Sarah Murphy on: 07737 106748 or email: sarahmurphy@infertilitynetworkscotland.com

Fort Williams

Meet at Belford Hospital, Small meeting room. Starting on Thursday 20th October then regular meetings every last Thursday of the month 6pm-8pm. For further details please contact Gwenda Burns on: 01294 279162 or email: gwendaburns@infertilitynetworkscotland.com

Glasgow Cradle

Meets the first Thursday of every month at Glasgow Centre for Reproductive Medicine, at 7pm. We provide support and invaluable information to anyone who is suffering from a fertility problem, who is currently going through fertility treatment, trying again having previously been successful or considering other options. Please see our website for further information: www.assistedconception.org or call Helen: 07533 581126 email: cradle@assistedconception.org

Lanarkshire

This group meets on the first Thursday of each month at 7pm. We are meeting at the Cavalry Christian Fellowship, Muir Street, Motherwell. Please contact Gwenda Burns on: 01294 279162 or

email: gwendaburns@infertilitynetworkscotland.com

My Fertility Support

My Fertility Support is open to everyone and has no charge. Our new meeting place is Natural Fertility, 13a Abercromby Place, Edinburgh EH3 6LB. Contact Elizabeth: 0131 556 5525 or 07777 617473. Meetings are held on Monday at the end of the month. Contact me if you have any queries.

Wales

North Wales

A group called 'Shared Journey' for anyone travelling the long road to parenthood. If you wish to rest and re-fuel contact Debbie on 07742 810049 or email: debsbraden@googlemail.com

South Wales

Informal group usually with a chat over drinks and dinner. Most ladies are at different stages of treatment. Men and couples welcome too. For more information please contact Kara at: karaellard@yahoo.co.uk or call 07841 457655.

Northern Ireland

Omagh

This group meet on the second Wednesday every 2-3 months at 7.30pm in the Silverbirch Hotel, Omagh. The group is open to anyone experiencing fertility problems. For more information and to check the date of the next meeting, please contact: Sharon Davidson on: 02890 825677, email: sharon davidson@infertilitynetworkuk.com or mobile 07837 987562.

Stork, Belfast

Stork is a support group organised by people who have experienced infertility in their lives. As a group, we meet up to share information, discuss services available locally, listen to guest speakers and provide support to each other. We meet at the WRDA, 6 Mount Charles (off University Road/Botanic Avenue), Belfast BT7 1NZ at 8pm on the last Thursday of each month. For more information please call Sharon on Tel: 02890 825677 or mobile 07837 987562 or email: sharon davidson@infertilitynetworkuk.com. New members are always welcome.

Think Positive, Portadown

We meet on the first Wednesday of the month at 7.30pm and meetings are generally held every two months. The venue is Seminar Room 2, Medical Education Centre, Main Hospital Block, Craigavon Area Hospital, Portadown. We are open to anyone experiencing fertility problems, both couples and individuals are very welcome to attend. For more information and to check the date of the next meeting, please contact Sharon on: 02890 825677, email: sharon davidson@infertilitynetworkuk.com or mobile 07837 987562.

Tiny Feet, Derry/Londonderry

We meet on the second Wednesday of the month at 7pm and meetings are generally held every two months. The venue is the Social Services Conference Room, MDEC Building, Altnagelvin Hospital. We are open to anyone experiencing fertility problems, both couples and individuals are very welcome to attend. For more information and to check the date of the next meeting please contact Sharon Davidson on: 02890 825677, email: sharon davidson@infertilitynetworkuk.com or mobile 07837 987562.

Channel Islands

Guernsey Infertility

This group has been set up to unite all Guernsey residents experiencing infertility, male or female, and to provide support. We may be able to help you, so if you would like to contact us, our details are as follows, email: hello@gsyisg.org

Jersey

We are a charity founded to help the Jersey people experiencing fertility issues. We come together once a month to offer each other support. We are also here to help raise awareness of the illness in the island and in contact with the hospital to help improve services available to people with fertility issues. For more information email: jerseyfertility@yahoo.co.uk or visit www.jerseyfertilitysupport.com

Ireland

Dublin Fertility

Runs on the last Monday of the month from 7.30pm-9pm at St Mochtas Parish Centre, Porterstown, Dublin 15. For more information, please contact Siobhan on: 086-8243267 or email: siobhan.boucher@gmail.com

National Infertility Support & Information Group

For more information tel: 1890 647 444 Monday-Friday 7.15pm-9.15pm (please note, Wednesday and Thursday are for support/queries re donor conception) or anytime on mobile: 087 7975058 Email: nisigireland@gmail.com Website: www.nisig.com

WANTED!

Is there anybody who wants to meet up with others in the areas where there are no support groups? Please do get in touch with either Hannah at head office or the Regional Organiser who covers your area and we will put you in touch with each other.



Useful Addresses

Please note – always send an s.a.e. when writing to these organisations

ACeBabes

Assisted Conception Babies – support for families following successful fertility treatment. ACeBabes comes under the umbrella of The Infertility Network (UK).
Tel: 0800 008 7464
Website: www.acebabes.co.uk
Email: admin@acebabes.co.uk

After Adoption

A charity that helps anyone with a connection to adoption, offering support, advice and counselling. Our family finding service, Families that Last, also finds homes for children in the care system. Head Office: Unit 5 Citygate, 5 Blantyre Steet, Manchester M15 4JJ.
General Number: 0161 839 4932,
Helpline Number: 0800 0 568 578

Adoption UK

Linden House, 55 The Green, South Bar Street, Banbury, Oxon OX16 9AB
Office Tel: 01295 752240, Monday to Friday 9am to 5pm.
Website: www.adoptionuk.org.uk

Antenatal Results and Choices Helpline (ARC)

345 City Road, London EC1V 1LR
Helpline tel: 020 7713 7486
Email: info@arc-uk.org
Website: www.arc-uk.org

British Agencies for Adoption and Fostering (BAAF)

Saffron House, 6-10 Kirby Street, London EC1N 8TS. Head Office Tel: 020 7421 2600 Fax: 020 7421 2601, Email: mail@baaf.org.uk
Southern England Tel: 020 7421 2652 (Advice given Mon-Fri, 9am-1pm)
Fax: 020 7421 2669
Email: southern@baaf.org.uk

British Infertility Counselling Association (BICA)

Email: info@bica.net
Website: www.bica.net

CHANA

Is a small London based organisation set up by a group of Orthodox Jewish women who have been along the difficult path of infertility themselves. The aim of Chana is to help support people who either suspect or have just discovered they have an infertility problem, be it primary or secondary. People undergoing investigation and treatment and couples trying to come to terms with their childlessness. For more information: Address: 23 Ravenshurst Avenue, London, NW4 4EE. Tel: 020 8203 8455, Fax: 020 8202 8635, Helpline: 020 8201 5774, Email: info@chana.org.uk
Website: www.chana.org.uk

Childlessness Overcome Through Surrogacy (COTS)

Moss Bank, Manse Road, Lairg IV27 4EL, Tel/Fax: 01549 402777.
Email: info@surrogacy.org.uk
Website: www.surrogacy.org.uk

Cystic Fibrosis Trust

11 London Road, Bromley, Kent BR1 1BY
Switchboard: 020 8464 7211
Fax: 020 8313 0472
Support Helpline: 0300 373 1000
Email addresses:
For general enquiries: enquiries@cftrust.org.uk
For medical enquiries: asktheexpert@cftrust.org.uk
For details of our outdoor, challenge events and activities: events@cftrust.org.uk
Website: www.cftrust.org.uk

Daisy Network

Is the only nationwide support group for women who have suffered a premature menopause. They can provide advice and support for women, their friends and families through what can be a devastating and life-changing diagnosis. The Daisy Network is run by volunteers who have suffered a premature menopause and is supported by Dr Gerard Conway of the Middlesex Hospital, London, who is an expert in this condition. Address: The Membership Coordinator, The Daisy Network, PO Box 183, Rossendale, BB4 6WZ.
Website: www.daisynetwork.org.uk
Email: daisy@daisynetwork.org.uk
Recorded Information Line: 0845 122 8616

Donor Conception Network

Set up by and for parents of DC children and those contemplating or undergoing treatment. The network supports openness with children and family about donor conception, but also welcomes those wishing to explore this option. The DC Network can be contacted at 154 Caledonian Road, London N1 9RD – 020 7278 2608.
Website: www.dcnetwork.org
Email: enquiries@dcnetwork.org

Ectopic Pregnancy Trust

Was established in 1998 to raise awareness of ectopic pregnancies amongst women of childbearing age, the medical profession and the general public. Address: The Ectopic Pregnancy Trust, c/o 2nd Floor Golden Jubilee Wing, Kings College Hospital, Denmark Hill, London SE5 9RS
Tel: 020 7733 2653
Email: ept@ectopic.org.uk
Website: www.ectopic.org.uk

Endometriosis UK

Suites 1&2, 46 Manchester Street, London W1U 7LS. Tel: 020 7222 2781, Fax: 020 7222 2786, Helpline: 0808 808 2227 Website: www.endo.org.uk
Email: admin@endometriosis-uk.org

The Fostering Network

87 Blackfriars Road, London, SE1 8HA.
Tel: 020 7620 6400, Fax: 020 7620 6401 Website: www.fostering.net
Email: info@fostering.net

The Genetic Alliance UK

Is a national alliance of organisations with a membership of over 130 charities which support children, families and individuals affected by genetic disorders. Its primary goal is to promote awareness and understanding of genetic disorders so that high quality services for people affected by genetic conditions are developed and made available to all who need them. Contact Details: Genetic Interest Group Unit 4D, Leroy House, 436 Essex Road, London N1 3QP. Tel: 020 7704 3141, Fax: 020 7359 1447
Email: contactus@geneticalliance.org.uk
Website: www.geneticalliance.org.uk

Human Fertilisation and Embryology Authority (HFEA)

Is a non-departmental Government body that regulates and inspects all UK clinics providing IVF, donor insemination or the storage of eggs, sperm or embryos. The HFEA also licenses and monitors all human embryo research being conducted in the UK. Finsbury Tower, 103-105 Bunhill Row, Islington, London EC1Y 8HF
Tel: 020 7291 8200, Fax: 020 7291 8201
Website: www.hfea.gov.uk

Inter Country Adoption Centre

A UK registered charity providing confidential advice and information for prospective inter country adopters, adoptive families and adoptive professionals. 22 Union Street, Barnet, Herts EN5 4HZ. Tel: 020 8447 4753 (Mon & Wed 10.30am-1pm, Mon-Wed 10.00-1200, Thu-Sun closed)
Website: www.icacentre.org.uk
Email: info@icacentre.org.uk

JAJA

Jewish Association for Fostering, Adoption and Infertility. Tel: 020 8952 3638.

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ.
Tel: 0808 808 00 00
Website: www.macmillan.org.uk

The Miscarriage Association

17 Wentworth Terrace, Wakefield WF1 3QW Tel: 01924 200795
Helpline: 01924 200799
Website: www.miscarriageassociation.org.uk
Email: info@miscarriageassociation.org.uk

More to Life (MTL)

Support for the involuntarily childless. "Our vision is that people who have a life without children will not feel isolated and alone". More to Life comes under the umbrella of The Infertility Network UK. Tel: 0800 008 7464
Email: admin@moretolife.co.uk
Website: www.moretolife.co.uk

The Multiple Births Foundation

Is an independent charity based at Queen Charlotte's & Chelsea Hospital in West London. A vital resource to professionals and families alike, it aims to improve the care and support of multiple birth families through the education of all relevant professionals. Hammersmith House, Level 4, Queen Charlotte's & Chelsea Hospital, Du Cane Road, London W12 0HS. Tel: 0208 383 3519, Fax: 0208 383 2041 Email: mbf@imperial.nhs.uk Website: www.multiplebirths.org.uk

National Gamete Donation Trust (NGDT)

Promotes awareness of the ongoing need for egg and sperm donors; to provide a central reference point for all potential donors; providing enquirers with advice and information; information about their nearest recruiting clinic; and to promote links between recruiters facing common issues. PO Box 2121, Gloucester GL19 4WT. Tel: 0845 226 9193 Email: info@ngdt.co.uk Website: www.ngdt.co.uk

NHS Direct

24-hour nurse-led helpline providing confidential healthcare advice and information. Tel: 0845 4647. Website: www.nhsdirect.nhs.uk

NORCAP

National Organisation for the Counselling of Adoptees and Parents, 112 Church Road, Wheatley, Oxfordshire OX33 1LU. Tel: 01865 875000, Mon-Thu 9.30am-4.30pm & Fri 9.30am-4pm Website: www.norcap.org.uk

OASIS

Overseas Adoption Support & Information Services. Website: www.adoptionoverseas.org Email: membership@adoptionoverseas.org

The Patients Association

Is a UK charity which represents patient rights, influences health policy, campaigns for better patient care and provides leaflets. PO 935, Harrow, Middlesex, HA1 3YJ. For help and information please call our helpline: 0845 608 4455 Admin Tel: 020 8423 9111 Email: helpline@patients-association.com Website: www.patients-association.com

Pelvic Pain Support Network

The Pelvic Pain Support Network is a national charity with local contacts in many areas of the UK. We are involved in all aspects of Women's Health related to pain in the pelvis or abdomen. For further information we can be contacted via our website/message board: www.pelvicpain.org.uk by e-mail: info@pelvicpain.org.uk or by post at Pelvic Pain Support Network, PO BOX 6559, Poole, Dorset BH12 9DP.

Pink Parents UK

Website at present undergoing maintenance – no details available

The Pituitary Foundation

PO Box 1944, Bristol, BS99 2UB. General Information Tel: 0117 370 1333 Admin: 0845 450 0376 Support & Information Helpline: 0845 450 0375 Endocrine Nurse Helpline: 0845 450 0377 Mon 5.30pm-9.30pm & Thur 9am-1pm Fax: 0117 933 0910; Website: www.pituitary.org.uk

Post Adoption Centre

5 Torriano Mews, Torriano Avenue, Kentish Town, London NW5 2RZ. Tel: 020 7284 0555. Advice line: 020 7284 5879 Website: www.postadoptioncentre.org.uk Email: advice@postadoptioncentre.org.uk

Scottish Care and Information on Miscarriage

Scottish Charity. 285 High Street, Glasgow G4 0QS. Tel: 0141 552 5070 Website: www.miscarriagesupport.org.uk Email: miscarriagescotland@hotmail.com

Sexual Dysfunction Association

Suite 301, Emblem House, London Bridge Hospital, 27 Tooley Street, London SE1 2PR Helpline: 020 7486 7262 Mon, Wed & Fri 9am-5pm; Website: www.sda.uk.net Email: info@sexualadviceassociation.co.uk

Stillbirth and Neonatal Death Society

28 Portland Place, London W1B 1LY Helpline: 020 7436 5881 Helpline Support Email: helpline@uk-sands.org General Enquiries email: support@uk-sands.org Website: www.uk-sands.org

Surrogacy UK

This organisation was formed to support and inform anyone with an interest in surrogacy within the UK. Contact: Surrogacy UK, PO Box 323, Hitchin, Herts SG5 9AX Tel: 01989 565270 Email: admin@surrogacyuk.org Website: www.surrogacyuk.org

Complementary Therapies

Association of Reflexologists

5 Fore Street, Taunton, Somerset TA1 1HX. Tel: 01823 351010 Website: www.aor.org.uk Email: info@aor.org.uk

British Acupuncture Council

63 Jeddo Road, London W12 9HQ Tel: 0208 735 0400 Website: www.acupuncture.org.uk Email: info@acupuncture.org.uk

The Association of Traditional Chinese Medicine and Acupuncture UK

5 Grosvenor House, 1 High Street, Edgware, London HA8 7TA

TAMBA

Twinline (TAMBA). Twinline is a national, confidential, support, listening and information service for all parents of twins, triplets and more, and the professionals involved in their care. Helpline: 0800 138 0509, 10am-1pm & 7pm-10pm everyday. For out of hours call the TAMBA office on 01483 304442 or email: asktwinline@tamba.org.uk Website: www.tamba.org.uk

Turner Syndrome Support Society (TSSS)

13 Simpson Court, 11 South Avenue, Clydebank Business Park, Clydebank G81 2NR Helpline: 0300 111 7520; Tel: 0141 952 8006 Fax: 0141 952 8025, Website: www.tss.org.uk

UK Donorlink

UK Voluntary Information Exchange and Contact Register Following Donor Conception Pre 1991. Hollyshaw House, 2 Hollyshaw Lane, Leeds LS15 7BD. Tel: 0113 264 1631 Email: info@ukdonorlink.org.uk Website: www.ukdonorlink.org.uk

VERITY (Polycystic Ovary Syndrome Support Group)

New Bond House, 124 New Bond Street, London, W1S 1DX, send SAE. Website: www.verity-pcos.org.uk Email: office@verity-pcos.org.uk Allow 28 days for return of information

Well Being of Women (WOW)

27 Sussex Place, Regents Park, London NW1 4SP. Tel: 020 7772 6400, Fax: 020 7724 7725 Email: wellbeingofwomen@rcog.org.uk Website: www.wellbeingofwomen.org.uk

Women's Health Concern

Office Mailing Address: Women's Health Concern Ltd, 4-6 Eton Place, Marlow, Buckinghamshire SL7 2QA General Enquiries: pshervington@womens-health-concern.org Office Telephone: 01628 478473 Website: www.womens-health-concern.org

Tel: 020 8951 3030 Email: info@atcm.co.uk Website: www.atcm.co.uk

The Complementary and Natural Healthcare Council

83 Victoria Street, London SW1H 0HW Tel: 020 3178 2199 Email: info@cnhc.org.uk Website: www.cnhc.org.uk

The National Council for Hypnotherapy

PO Box 89, York YO43 4WL Tel: 0845 544 0788 Website: www.hypnotherapists.org.uk

The Society of Homeopaths

11 Brookfield, Moulton Park, Northamptonshire NN3 6WL. Tel: 0845 450 6611 Fax: 0845 450 6622 Email: info@homeopathy-soh.org Website: www.homeopathy-soh.org

IN UK Clinic Outreach Scheme Members

All clinics who are members of the scheme are also listed on our website with links through to their individual website where appropriate

Aberdeen Fertility Centre	Create Health Clinic LLP	London Fertility Centre
The Agora Gynaecology & Fertility Centre, Brighton	CRM, London	The London Women's Clinic
Bath Fertility Centre	Edinburgh ACU	Lynn Fertility Centre, Norfolk
Birmingham Women's Hospital	Ginefiv Clinic, Madrid	Midland Fertility Services, Aldridge
BMI Esperance Hospital, Eastbourne	Glasgow ACS Unit, Nuffield Health	Newlife Clinic
Bourn Hall Clinic, Cambridgeshire	Glasgow Centre for Reproductive Medicine	Ninewells Hospital, Dundee
Bourn Hall Clinic, Colchester	Glasgow Royal Infirmary, ACU	Nuffield Health, Surrey
Bristol Centre for Reproductive Medicine	Guy's & St Thomas' Hospital, London	NURTURE, University of Nottingham
Burton IVF	Hammersmith Hospital, London	Origin Fertility Care, Northern Ireland
Cambridge IVF (formerly Addenbrooke's)	Herts and Essex Fertility Centre	Royal Albert Edward Infirmary, Wigan
CARE Northampton	Homerton Fertility Unit	Royal Hospitals, Regional Fertility Centre, Northern Ireland
CARE Nottingham	The Hull IVF Unit	Southampton Fertility Unit, Princess Anne Hospital
CARE Sheffield	Kings College Hospital, London	Spire Healthcare, IVF Scotland
Centre for Reproductive Medicine & Fertility, Sheffield	Leeds Centre for Reproductive Medicine	Torbay Hospital Fertility Unit
The Centre for Reproductive and Genetic Health, London	Leicester Fertility Centre	Walsgrave Hospital, Coventry
Chelsea and Westminster Hospital, London	Leighton Hospital, Cheshire	Wessex Fertility, Southampton
	The Lister Fertility Clinic, London	Yeovil Fertility Clinic
	Liverpool Women's Hospital	The Zhai Clinic, London
	The London Bridge Fertility, Gynaecology and Genetics Centre	Zita West Clinics Ltd

Useful Websites

www.adoptionmattersnw.org – The one-stop information source for all adoption matters

www.adoptionoverseas.org – The website for OASIS, the overseas Adoption Support and Information Services

www.ashermans.org – Information and support for Asherman's Syndrome sufferers

<http://health.groups.yahoo.com/group/ashermans> – International support group for Asherman's Syndrome sufferers

www.babyloss.com – Information and support online for anyone affected by the death of a baby during pregnancy, at birth, or shortly afterwards

www.bionews.org.uk – BioNews is a free weekly digest of news stories in assisted reproduction and human genetics, published by Progress Educational Trust

www.britishfertilitysociety.org.uk – Provides information about the BFS, details of events, publications and links to websites of other associations in the UK and internationally

www.cancerbacup.org.uk – Helping people live with cancer

www.fertilityfriends.co.uk – Our aim is to help people through the difficult process of assisted conception by sharing thoughts, experiences and knowledge with others

www.fertilityzone.co.uk – Friendly infertility support forums

www.hertrust.org – Charity set up to provide information on natural IVF

www.hfea.gov.uk – The Human Fertilisation and Embryology Authority's website

<http://guide.hfea.gov.uk/guide> – The HFEA's Find a Clinic service

www.ivf.net – Giving information of IVF news, articles, reviews, clinics, books, mail, etc

www.mothersover40.com – Gives support via chat room and message board and various information features

www.nhs.uk – Information regarding all aspects of the NHS

www.nhs.uk/ServiceDirectories/Pages/PrimaryCareTrustListing.aspx – Finding out who your Primary Care Trust (PCT) is

www.ovacome.org.uk – For those suffering from ovarian cancer

www.pituitary.org.uk – The Pituitary Foundation website

www.progress.org.uk – Provides ethical and legal discussion on the implications of infertility and human genetics for the public and professionals
PET holds regular public debates and conferences and also publishes a free web and email news and information service

www.thehormonefactory.com – For children promoting sexual and reproductive health and responsible decision-making

www.ukselfhelp.info – Directory of National UK Self Help Groups and Support Organisations.

www.vasectomyreversals.co.uk

Partnership Corporate

The Corporate Partnership scheme brings together The Infertility Network UK (I N UK) and businesses working in the field of infertility and beyond. The aim is to develop close, effective relationships and work together in our role in the provision of care, treatment and support of those suffering the effects of infertility. Our Partnership Scheme is based on stepped levels from Gold Partnership, through Silver, Bronze, to Corporate Friend and Supporter of I N UK. I N UK is grateful for the support of all our current Corporate Partners. If you know of any company interested in helping infertility sufferers through working with us then please contact:

Sheena Young – Head of Business Development
Tel/Fax: 01294 218868 Mobile: 07710 764 162 Email: sheena@infertilitynetworkuk.com

GOLD PARTNERS

Ferring Pharmaceuticals

"Ferring are a leading company in the area of infertility treatment. By working in partnership with charities such as I N UK, we hope to help all those couples struggling to cope with infertility"

Merck Serono

"Merck Serono is a leading biotechnology company in the field of infertility. In line with I N UK's work, Merck Serono believes that it is of vital importance that patients are well educated about the disease area and are kept up to date on new developments, especially in times of changing political focus. All these things are necessary so that patients are able to make informed choices about the treatment options available to them"

BRONZE PARTNERS

Auxogyn

"Auxogyn is revolutionising the field of reproductive medicine by translating scientific discoveries in early embryo development into valuable clinical tools which deliver consistent, objective and quantitative information regarding embryo viability that clinicians and infertility patients can use to make important treatment decisions. Auxogyn is committed to improve outcomes, care and clinical policy by forging partnerships with scientists, clinicians, payers, patients, and organizations such as The Infertility Network (UK)."

Hologic

"Hologic is a leading developer, manufacturer and supplier of premium diagnostic products, medical imaging systems and surgical products. The company operates four core business units focused on diagnostics, breast health, gynaecology and skeletal health. With a comprehensive suite of technologies and a robust research and development programme, Hologic is committed to improving women's lives. Hologic's MyoSure® product is an incision-less procedure that safely and effectively removes submucosal fibroids. It is an ideal treatment option for women seeking to preserve their uterus for fertility and in reducing heavy bleeding symptoms."

PregLem

"PregLem is a Swiss-based speciality biopharmaceutical company. In October 2010 PregLem became a member of the Gedeon Richter Group. We are dedicated to the development and licensing of innovative treatments for women with unmet needs in obstetrics and gynaecology. In many cases, these women have difficulty conceiving. It is our aim to help preserve the integrity of womanhood through increased treatment options, and in partnership with The Infertility Network (UK)"

CORPORATE FRIEND

Casmed UK

"I N UK's Corporate Partnership is effective in bringing together those working in infertility, both those providing the care and support, and those manufacturing the products used in their care. It is important that we share information and plans for the future and that we work together for the benefit of infertility sufferers. I am grateful to all of our Corporate Partners for their commitment to patient care and the work of I N UK"

I N UK Patrons

Cheryl Baker

Chris and Diane De Burgh

Dame Judi Dench

Vivienne Parry

Anthea Turner

Professor Lord Robert Winston

Medical Advisory Board

Professor Adam Balen

Peter Brinsden

Dr Simon Fishel

Professor Stephen Franks

Ms Helen Kendrew

Dr Iwan Lewis-Jones

Dr Brian Lieberman

Dr Dave Morroll

Professor Alison Murdoch

John Parsons

Professor Allan Templeton

Providing tailored treatments on the body's own terms

Ferring is a pharmaceutical company that develops, manufactures and markets products for infertility treatment.

At Ferring, we believe that patient information and support are essential and offer a comprehensive range of services designed to help make infertility treatment easier.

Patient Support:



The 'IVY – your fertility friend' app is free on both Apple and Android devices and provides current and prospective patients with; a guide to managing infertility, clinic finder, glossary, note function, calendar sync and FAQs. IVY can be found by searching 'IVY Fertility' in the App Store or on the Google Play Store.

Patient Self Injection Kit:

To enable patients to manage their treatment easily at home.

Home Care Service:

Ferring is open to working with all Home Care providers to offer a confidential and convenient delivery service for medication and self-injection kits to the patient's home.

For more information on these, or any other services from Ferring, please contact your clinic.



Ferring Pharmaceuticals Ltd

Drayton Hall, Church Road, West Drayton, UB7 7PS

www.ferring.co.uk