TRYING TO HAVE A BABY?
YOUR STEP-BY-STEP GUIDE TO ASSISTED CONCEPTION
THE ACT PATHWAY
Firstly:

- You are not alone. Up to 1 in 6 couples around the world will experience difficulties in conceiving.
- Modern treatments are simple and very effective.
- The vast majority of couples will achieve a pregnancy at some stage throughout the treatment pathway.
- This booklet is designed to help you see the entire pathway of assisted conception so you know where you are on your journey towards having a baby.
- It provides basic information about each treatment and suggests key questions to ask your doctor so that you always understand each step of the pathway.
- It has been produced as an international guide. The availability and timing of some treatments and examinations may vary from country to country – that is why we have suggested that you always ask your doctor about each procedure in your own country.
ADVISORY
You should speak to your doctor if you are trying to conceive and know you have any of the following medical problems:

- Endometriosis
- Polycystic ovaries
- A history of mumps after puberty in the male partner
- Irregular periods (cycle shorter than 21 days or longer than 35 days), absent periods or irregular bleeding between menses
- History of pelvic inflammatory disease
- History of pelvic surgery
- Serious lower abdominal pain at the time of your menstrual bleeding
- History of cancer or gonadotoxic therapy
THE ACT PATHWAY

STEP 1: TRYING

STEP 2: SEEKING MEDICAL HELP

STEP 3: TESTING & DIAGNOSIS

STEP 4: DAY CLINIC

STEP 5: ORAL MEDICATION

STEP 6: HORMONE TREATMENT

STEP 7: ASSISTED REPRODUCTION TECHNIQUES
STEP 1: TRYING

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To give yourselves the best chance of having a baby you should be having unprotected vaginal intercourse approximately every 2 to 3 days.

You have a much better chance of achieving pregnancy by having sexual relations during the female partner’s fertile phase, at the time of or just prior to ovulation. Some people may wish to time their intercourse to coincide with ovulation however you should be aware that this can cause stress and you should discuss this with your doctor or support group. The best way to calculate the time of your ovulation, if you are having regular cycles (regardless of the length of the cycle), is by subtracting 14 days from your average cycle length. You should have intercourse from 3 or 4 days prior to that day in your cycle in order maximize your chance of achieving a pregnancy.

If the female partner has irregular periods making it difficult to determine the fertile phase, ovulation kits can be purchased from your local pharmacist to overcome this problem.

Live a healthy life with a balanced diet and regular exercise and give up or at least reduce your use of cigarettes, alcohol and illicit drugs.

Relax and be confident in the fact that more than 80% of couples get pregnant within the first 12 to 18 months.

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What doctor should we see?

You should first consult your family doctor or gynecologist.

Questions to ask at this stage

Are we having intercourse at the right time of the month?

How long should we try before seeing a doctor for tests?

Is there anything we should change about our lifestyle?

Could over-exercise or stress be adversely affecting our efforts?

Could being underweight or overweight affect our efforts?

Who can I discuss my concerns with in addition to my partner?

How long should you try?

If you have no medical problems and the woman is under 35 years of age, you should see your doctor after trying for 12 to 18 months.

If the woman is over 35 years of age you should see your doctor after trying for 6 months.
STEP 2:
SEEKING MEDICAL HELP
It is important that you and your partner discuss your desire to have a family before seeking medical help as successful diagnosis and treatment involves participation of both partners.

Typically you will first contact your family doctor or gynecologist who will provide information about fertility and may carry out preliminary tests.

They may be unable to carry out some of the treatment you require and at that point you should be referred to a specially trained fertility expert for comprehensive fertility testing and treatment.

**How long should it take to obtain a first consultation about our fertility?**

- No longer than three months – though delays could be longer in rural areas and/or where there are limited facilities or long waiting lists.

**Questions to ask at this stage**

- What are the financial implications if we need comprehensive fertility testing and treatment?
- When can we be referred to a fertility specialist?
STEP 3:
TESTING AND DIAGNOSIS
If you are not conceiving, then it may be appropriate for the doctor to carry out medical tests to diagnose any problems. It may seem like there are many tests but they are designed to assess four key elements for successful conception:

1. The right balance of hormones to allow egg and sperm development and support.
2. The female's ovarian reserve and whether ovulation is taking place.
3. The quantity and quality of male sperm.
4. The ability of both the male and female reproductive mechanisms to allow fertilization to take place.

How long should Testing and Diagnosis take?
- It may take two or three visits to the clinic to complete the necessary tests and investigations and this could take between 1 and 6 months.
- Remember that some of the tests will need to be repeated.

Questions to ask about Testing and Diagnosis
- What is the purpose of each test or investigation?
- Who will carry out the tests?
- What can we expect from each test, for example, is it a blood test or an examination?
- Are the tests painful or uncomfortable?
- How long will each test take?
- When will we get the results?
- Who will explain the results to us?
- What is the diagnosis?
TREATMENT

The following steps on the pathway describe treatment options. The step you move to next will be different for each couple depending on the test results and the treatments you decide to pursue.
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- Day Clinic
- Oral Medication
- Hormone Treatment
- Assisted Reproduction Techniques

A question you may have with all these treatment options might be regarding your chances of becoming pregnant. It is important for you to know that there is no absolute success rate for these treatments as it depends on your age, the cause of your difficulties in conceiving, and the expertise of the local doctor and their team. However, you should be able to ask your doctor about your chances of success with any given treatment option once they have completed all the investigations and made a diagnosis.

**Questions to ask at the Treatment stage**

- May we have an information sheet describing the treatment?
- What, if any, are the side effects of this treatment?
- What are our chances of having a baby if we have this treatment at this clinic?
- How long will we have to be on this treatment before stopping or trying another treatment?
- What should we do next if this treatment does not work?
- What support or counseling is available?
- Are there any costs associated with these treatments and are they reimbursed?
In some cases the tests and investigations will show that it will be possible for a couple to conceive naturally if a medical problem is corrected through simple surgery, for example, unblocking fallopian tubes. There are several modern techniques available for both men and women that can be completed in a simple day visit to a clinic. These techniques may include (for the female) laparoscopy and hysteroscopy.

**How long should these treatments last?**
- Most modern procedures can be completed in one day, although you may have to wait for an appointment.
- With most procedures, you can begin trying to conceive naturally within a few weeks/months but you should ask your doctor about the length of time in your particular case.

**Questions to ask at this stage**
- How long will we be away from work?
- Where will I have to go for the procedure?
- May we have an information sheet describing the treatment?
- What, if any, are the side effects of this treatment?
- What are our chances of having a baby if we have this treatment at this clinic?
- How long will we have to be on this treatment before stopping or trying another treatment?
- What should we do next if this treatment does not work?
- What support or counseling is available?
- Will there be any discomfort following surgery?
- What are the complications of surgery?
STEP 5: ORAL MEDICATION
If the female partner is not ovulating, your doctor may recommend she take tablets to help her produce eggs for conception to take place.

The most commonly used tablet is called clomiphene citrate (also known as Serophene® or Clomid®).

These drugs are 35–50% effective in helping you conceive if you are not ovulating and all else is normal.

The dosage may need to be increased before ovulation is established.

Generally if these drugs are successful ovulation and pregnancy occur within 3 to 6 months.

How long should Oral Medication be taken?

Generally, this treatment can be taken for up to 8 months before being abandoned.

Questions to ask about Oral Medication

May we have an information sheet describing the treatment?

What, if any, are the side effects of this treatment?

What are our chances of having a baby if we have this treatment at this clinic?

How long will we have to be on this treatment before stopping or trying another treatment?

What are the risks of multiple pregnancy?

What should we do next if this treatment does not work?

What support or counseling is available?
STEP 6: HORMONE TREATMENT
Men and women rely on their hormones to ensure they are producing enough healthy sperm and eggs.
If one or both partners have a problem producing the necessary hormones, these can be supplemented with hormone injections.
Modern hormone treatments can be given with simple pen devices for easier administration.
You will usually be able to administer the injections yourselves at home, returning to the clinic only for regular checkups to ensure that the hormones are effective.
Not all injections are the same and you should ask your doctor to explain the differences between them.

If this treatment is ineffective on its own it may be combined with another therapy.

How long should we be on Hormone Treatment?
Expect to be having hormone treatment for 2 to 6 months depending on the effect of the treatment.

Questions to ask about Hormone Treatment
Which hormone treatment would achieve the best results for us?
How are these hormones made?
How are hormones administered?
May we have an information sheet describing the treatment?
What, if any, are the side effects of this treatment?
What are our chances of having a baby if we have this treatment at this clinic?
How long will we have to be on this treatment before stopping or trying another treatment?
What are the risks of multiple pregnancy?
What should we do next if this treatment does not work?
What support or counseling is available?
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If the couple are producing enough healthy eggs and sperm and the fallopian tubes are normal then the problem is likely to be one of fertilization.

There are a range of modern techniques to assist the natural process of fertilization. These can sometimes be outside of the body (this is called in vitro fertilization – IVF) and some involve introducing sperm into the woman’s body, along with increasing the number of eggs released at the time of ovulation, for fertilization to take place (this is called super ovulation combined with intrauterine insemination – IUI).

If the previous treatment steps have not been successful, your doctor may suggest using donor eggs or sperm as part of these techniques.

Some of the other assisted reproduction techniques that you may hear include intracytoplasmic sperm injection (ICSI) and gamete intrafallopian transfer (GIFT).

**How long should this stage last?**
- The duration will depend on what treatment is used, so discuss with your doctor the length of time each treatment will take.

**Questions about Assisted Reproduction Techniques**
- How long has this clinic offered this procedure?
- Which procedure has the greatest chance of success for us?
- May we have an information sheet describing the treatment?
- What, if any, are the side effects of this treatment?
- What are our chances of having a baby if we have this treatment at this clinic?
- How long will we have to be on this treatment before stopping or trying another treatment?
- What are the risks of multiple pregnancy?
- What should we do next if this treatment does not work?
- What support or counseling is available?
- What are the costs involved with this treatment and are they reimbursed?
The Assisted Conception Taskforce (ACT) is a unique international group of patient leaders and health professionals from 20 countries around the world with specialist interest and expertise in the difficulties of conceiving.

ACT is committed to providing support along the pathway to conception for couples around the world who are experiencing difficulties conceiving to ensure more people receive the help they need.

This will be achieved by:
- Addressing the socioeconomic, cultural and emotional issues surrounding difficulties in conceiving and assisted conception.
- Providing clear advice and information about assisted conception.
- Dispelling myths and misconceptions about the various treatments involved.
- Increasing awareness of the range of treatment approaches and support available for patients.

Find information on ACT initiatives at [www.assistedconception.net](http://www.assistedconception.net)