

fertility SA  
POWERED BY  
genea  
WORLD LEADING  
FERTILITY

# Infertility referral guide for GPs



# Welcome to FertilitySA powered by Genea, Australia's leading IVF and fertility treatment clinic

As FertilitySA, we've been helping create families in South Australia for decades and now, our partnership with Genea brings world leading IVF technology and success to your doorstep. It's FertilitySA powered by Genea.

The same familiar faces and caring hands now harness cutting edge science, expanding fertility possibilities right here for South Australian families.

We're proud offer your patients the best possible chance of having a baby.

58%

patients who achieved a live birth and returned for a frozen transfer have had a second child with just one fresh IVF cycle.<sup>1</sup>

8 out of 10

patients who started treatment elsewhere wish they came to Genea first.<sup>3</sup>

24%

better chance at pregnancy compared to traditional incubators, meaning more embryos to transfer or freeze.<sup>2</sup>

## What we do

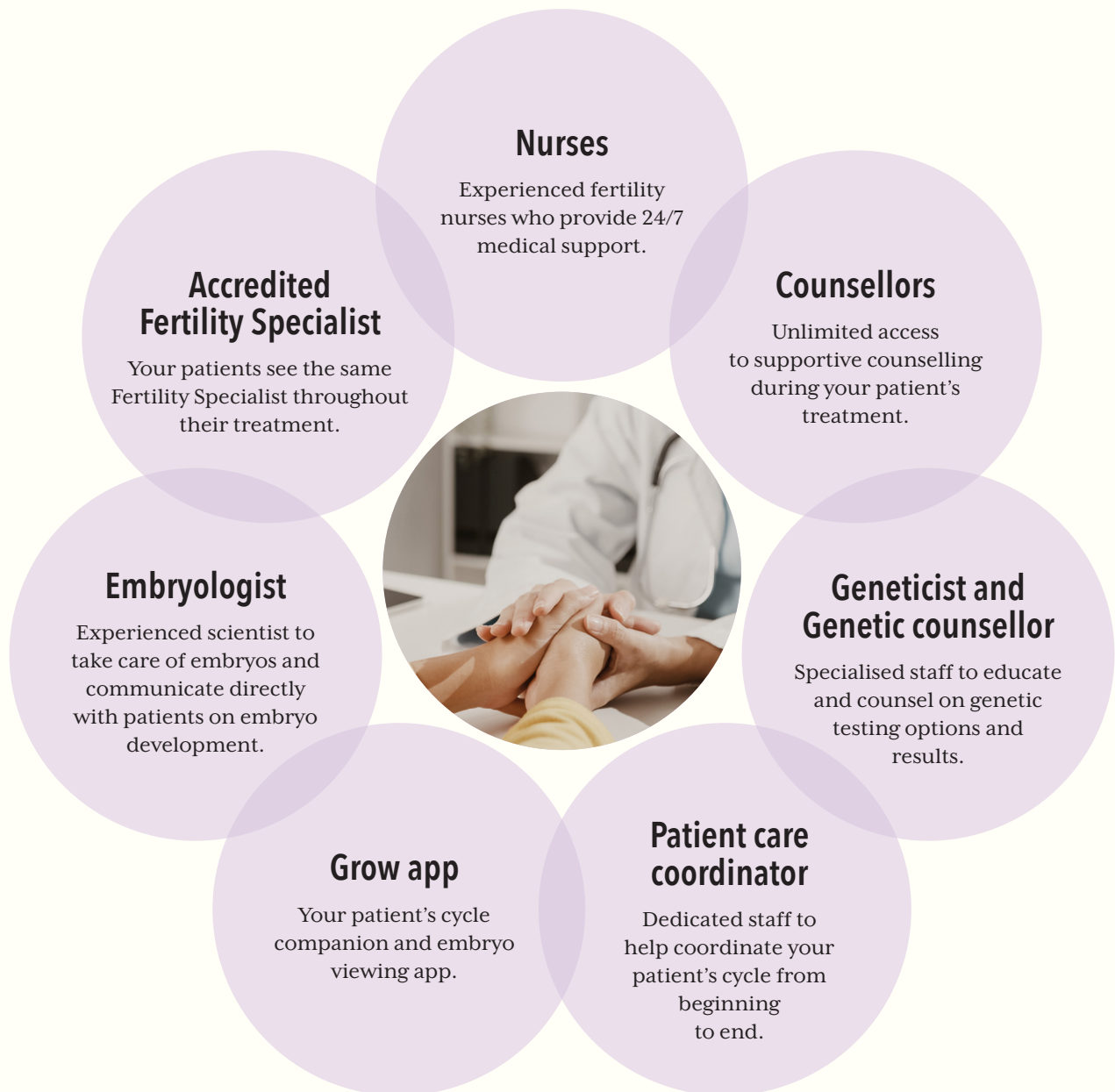
- Fertility health assessment
- Ovulation tracking bulk-bill
- IUI and ovulation induction
- IVF and ICSI
- PGT-M & PGT-A (genetic testing of embryos)
- Genetic carrier screening
- Egg freezing
- Fertility and genetic counselling
- Donor and surrogacy – Sperm available immediately
- Supporting LGBTQIA+ fertility needs

<sup>1</sup> 1st Stim Cycle between 01 Jan 2012 - 31 Dec 2013 (3573 patients). Following subsequent Cryos through to 2015. Autologous patients only (no donor oocytes or surrogates). Sites from Kent St Liverpool, Canberra, Bella Vista, Illawarra. Excludes oocyte vitrification patients.

<sup>2</sup> Of those patients who responded to the Genea patient survey conducted between 1 January 2017 and 31 December (223 patients).

<sup>3</sup> Foetal heart pregnancies. Study performed in Genea's Canberra laboratory, 2015-2018.

# A world-leading team helping your patients make a baby



We understand what a significant time this is for your patients, and our team of fertility experts is here to make their experience with us as comfortable, supportive and stress-free as possible.

They will work together to tailor your patients' experience and communicate with one another to ensure they receive a comprehensive and personalised plan.

# What we know

Your patient is not alone in their struggle to conceive. It's not commonly talked about, but it is very common.

**1 in 6**  
couples will  
experience  
infertility<sup>4</sup>

The World Health Organisation (WHO) says at least one-in-six couples will experience some degree of infertility during their reproductive lifetime.

At 35, a woman's chance  
of conceiving naturally is  
**less than 20%**  
every month

With age a key factor in a woman's ability to conceive, it's important to diagnose issues early and choose the right clinic from the start. We are powered by Genea, who have pioneered technology and procedures to give your patient the best chance of getting pregnant.

It can take an average of  
**two years**  
for your patients to discuss  
their issues conceiving

That means prompting a conversation and taking quick action is important. Two years is significant in the reproductive period, so the sooner we see them, the better.

**50%**  
of patients who come  
to FertilitySA do not  
need IVF

We're here to help your patient conceive naturally or through IVF. In fact, we've found that in around 50% of cases, patients didn't actually need IVF to conceive their baby.

<sup>4</sup>World Health Organization. (2023, April 4). 1 in 6 people globally affected by infertility [News release]. Retrieved from <https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility>; Fertility Society of Australia and New Zealand. (n.d.). One in six couples suffer from infertility. Retrieved from <http://www.fertilitysociety.com.au>

# Initial fertility investigation guideline

## Female Investigations

### Preconception screen:

- BMI (incl. height + weight)
- FBC + iron studies (and Thalassaemia screen as indicated)
- Rubella, Varicella, Syphilis, Hepatitis B/C and HIV serology
- TSH (aim for < 2.5)
- Vitamin D, Prolactin, Free Androgen Index (FAI)
- Karyotype

### Fertility Hormones:

- FSH, LH, Oestradiol (all day 2-6 of cycle), AMH
- Progesterone in the second half of the cycle (luteal phase)

### Ultrasound:

- Pelvic ultrasound and request Antral Follicle Count

## Male Investigations

### Preconception screen:

- Hepatitis B/C and HIV serology
- Syphilis

### Karyotype

### Semen analysis:

Element	Reference
Volume	≥ 1.5mL
Concentration	≥ 15 million/mL
Progressive motility	≥ 32%
Normal morphology	≥ 40%
Antisperm antibodies	> 50%

Start fertility investigations if your female patient is:

Over 35 trying to conceive for 6 months

Under 35 trying to conceive for 12 months

## Consider common fertility factors

### Endometriosis

Around **1 in 7 women** live with Endometriosis

### PCOS

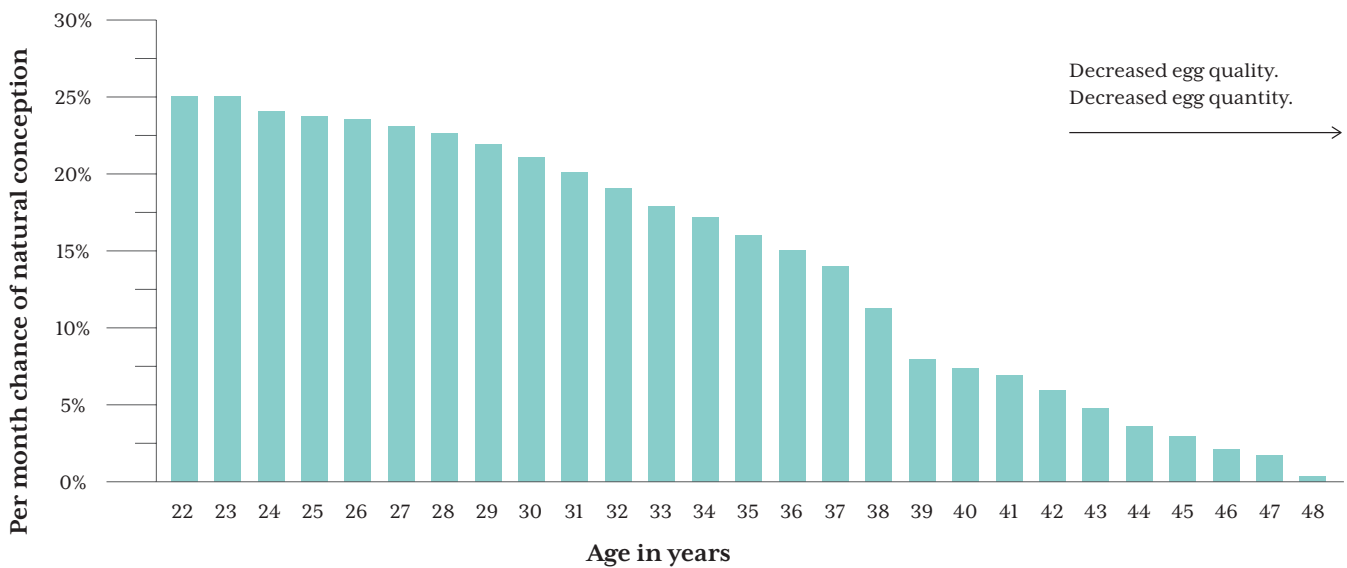
PCOS contributes to approximately **40% of female** infertility.

### Sperm

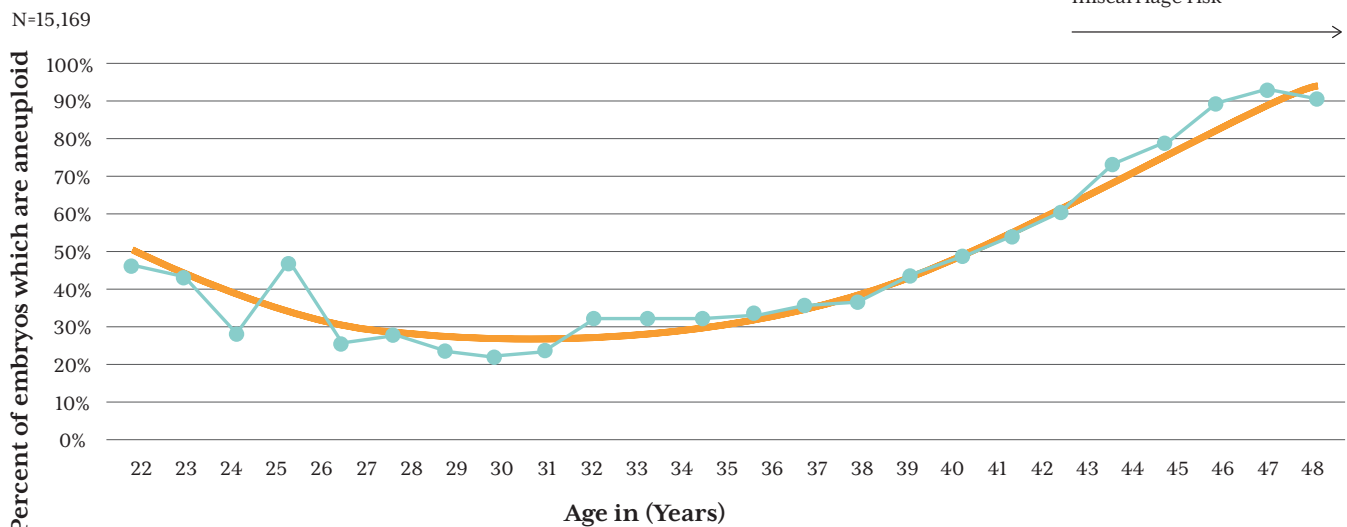
In about **40% of cases** where couples have trouble conceiving, the problem lies with the man.

# Fertility factors

## Age monthly chance of natural conception

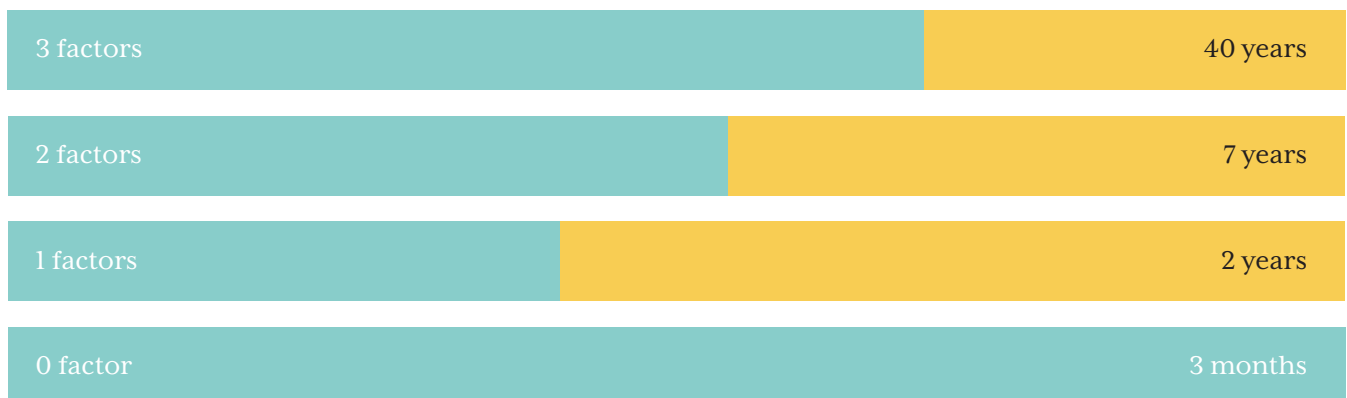


## Maternal age and prevalence of aneuploidy (chromosome errors in embryos)<sup>5</sup>



<sup>5</sup> Frasiak JM et al. Fertil Steril 2014; 101:656-663

## Time to natural conception with multiple fertility factors



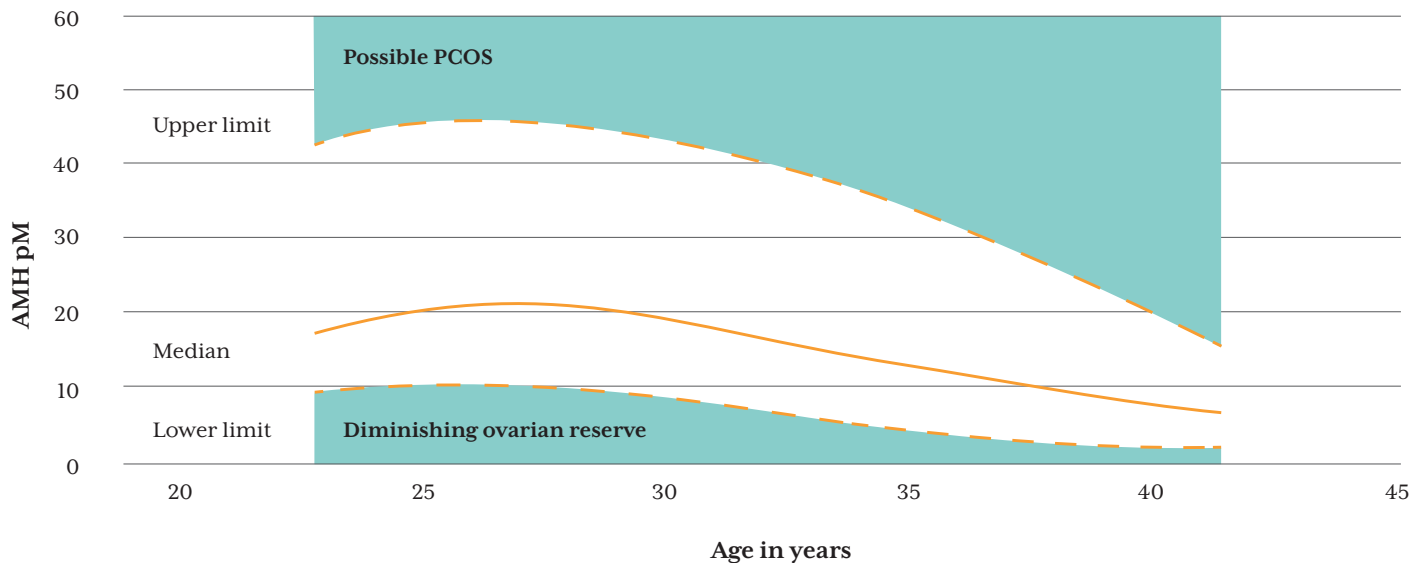
# Decoding the AMH test with FertilitySA

AMH, or Anti-Mullerian Hormone, is secreted by the cells that play a crucial role in the growth of egg-containing follicles in the ovaries. This hormone serves as a direct indicator of ovarian reserve, essentially telling us how many eggs are available for use, each menstrual cycle. As women age, the levels of AMH in their bodies tend to align with their fertility status, giving insight into their reproductive health. The clinical significance of AMH lies in its ability to help assess whether an individual's AMH level falls outside the expected range for their age. A low AMH relative to the woman's age does not automatically mean a fertility issue, but does indicate early referral and assessment.

At FertilitySA, we bring together our knowledge of infertility and pregnancy management to assist you in providing your patients with the latest scientific advances and applying these to clinical management. Unlike other IVF providers, at FertilitySA, we have developed a normal range for AMH based only on patients that have conceived naturally – resulting in a much more meaningful result for you and your patient. When using the AMH age-related graph, you will be able to assess how your patient compares with a normal fertile population. There is no longer a need to assume that low results occur only in older women or high results are better than low.

## AMH age relationship reference range\*

Based on natural conception patients



\*Guideline only. Statistical analysis on data from patients who conceived naturally.

# FertilitySA's bulk-billed ovulation tracking service

## Falling pregnant is different for everyone.

For some, it happens quickly and for others, it can take longer, but there are simple first steps that could help.

If your patient has been trying to get pregnant for a while, without success, it might be that their timing has just been a little off.

That's why FertilitySA created its bulk-billed ovulation tracking service. It's a great first step towards taking charge of their fertility and maximising their chances of conceiving naturally. It also takes the guesswork out of knowing when it's the optimal time to try to conceive.

## What is ovulation tracking?

FertilitySA's ovulation tracking allows our nurses to accurately predict when ovulation will occur by using simple blood tests to check your patient's hormone levels. The blood tests measure levels of FSH, LH and oestrogen in your patient's blood, as well as progesterone, which confirms when ovulation has occurred. The tests help our nurses to accurately pinpoint the timing of ovulation.

## How much does it cost?

FertilitySA offers three ovulation tracking cycles at no out-of-pocket cost\*. Our streamlined ovulation tracking service is fast, convenient and accurate.

How to refer	
<b>Step 1</b>	Download and complete the ovulation tracking referral form. Upon completion, we request that either the referrer or the patient email the referral form to <a href="mailto:ovulationtracking@genea.com.au">ovulationtracking@genea.com.au</a> or fax it to (02) 9094 2211.
<b>Step 2</b>	When the patient is ready to start, they should call our ovulation tracking coordinators at <b>1300 117 698</b> on days 1 to 3 of their period. Full instructions on the next steps will be provided to the patient at this time.
<b>Step 3</b>	The patient will progress through the ovulation tracking process before a summary of results is provided to the referrer at the end of the three cycles or earlier if pregnancy occurs. FertilitySA offers three tracking cycles to ensure the best possible chance of success.



\* Please note, the no out-of-pocket service is only guaranteed at a FertilitySA pathology collection centre. You are free to choose your own pathology provider. Should the patient present to have their blood tests at another provider, the patient may be out-of-pocket for those tests. FertilitySA has legal obligations to protect your personal information and to provide you with details about how we deal with this information. Please read our Privacy Policy and Collection Statement at [genea.com.au/policies](http://genea.com.au/policies)



# Reproductive genetic carrier screening

Carrier screening is all about providing couples with reproductive choices.

Carrier screening is a blood or saliva test performed on an otherwise healthy reproductive couple to identify if they are at an increased chance of having a child affected with certain childhood-onset genetic conditions, some common and some rare.

Australian obstetric guidelines (RANZCOG, 2018) recommend that any couple or person who is planning a pregnancy or in the first trimester of pregnancy should be offered carrier screening. Please note, carrier screening is not a test performed on embryos.

Ideally, carrier screening is performed on a reproductive couple before pregnancy or an IVF cycle to allow for reproductive options.

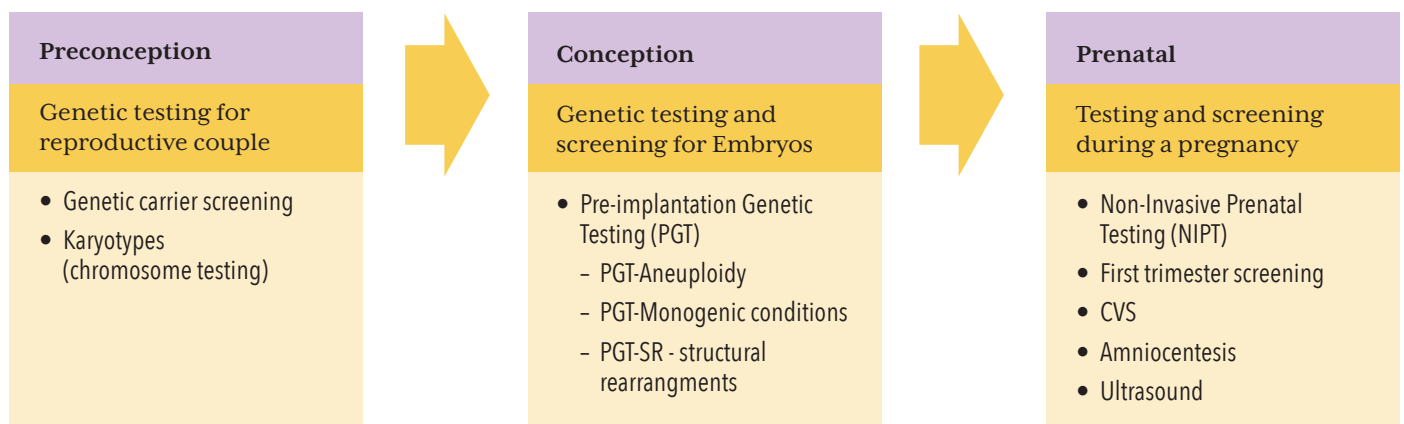
If a couple receives a high risk carrier screening result, there are reproductive options available to test an embryo before pregnancy via IVF/PGT-M, test during pregnancy, or test soon after the baby is born to allow for early treatment.

There are a number of providers of reproductive carrier screening offering limited and expanded screening options:

- Medicare-rebated limited screen for Cystic Fibrosis, Spinal Muscular Atrophy and Fragile X syndrome.
- Expanded carrier screening for 100 to 1000+ conditions, out-of-pocket fees apply.

If an increased reproductive risk is reported, the FertilitySA genetic counselling team can contact the patient to discuss their reproductive treatment options in a free-of-charge video consult.

## Genetic testing and screening at different stages of conception



\*Please note, some tests are covered by Medicare (limited gene panels) and others have out-of-pocket costs (expanded carrier screening).



# Egg freezing with FertilitySA

A woman is born with all the eggs she will have in her lifetime, but the quality and quantity of that egg supply begins to deteriorate from the mid-20s, and more rapidly from the age of 35. By 40, the chance of getting pregnant each month falls to about 5 per cent.

While egg freezing doesn't guarantee a woman will go on to have a baby, some women want to take control of their fertility and give themselves the best chance of starting a family in the future.

FertilitySA recommends that women consult a Fertility Specialist as soon as they start considering egg freezing to talk through options and time frames based on investigative tests, personal circumstances and their hopes for the future.

Egg freezing is relatively straightforward.

There are four simple steps.

## 1 Pre-treatment investigations

- **Serology** – Blood test for Hepatitis B, Hepatitis C, HIV and syphilis.
- **Anti-Mullerian Hormone (AMH)** – AMH is a hormone secreted by cells in the follicles of the ovary and is used to indicate ovarian reserve – or egg quantity.
- **Pelvic ultrasound and antral follicle count** – Will look at the overall health of the reproductive organs, including the ovaries, their follicle count, and fallopian tubes.

A GP can order these tests. Once completed, an appointment can be made with a FertilitySA Fertility Specialist to determine a treatment plan.

## 2 Egg stimulation

Hormone stimulation using medication is carried out over a period of approximately eight to fourteen days to encourage a number of eggs to mature at one time. This involves some self-injections.

## 3 Egg collection

Once the eggs have matured, an egg collection procedure will take place in a Day Surgery. The procedure takes about 10-20 minutes.

## 4 Vitrification and storage

Collected eggs are then frozen using an advanced method called vitrification - essentially snap freezing - and safely stored.

# The FertilitySA difference

Care | Technology | Success

Personalised care means your patients have their own team of fertility experts providing them with the best care and support. FertilitySA powered by Genea is a world leader in fertility, comprising a team of experts coupled with world-leading technology, giving your patients the best chance of achieving their dream of starting a family.



# Our IVF technology

FertilitySA powered by Genea means this innovative technology, combined with our highly qualified and trained fertility specialists, embryologists, and nurses, gives FertilitySA patients the highest chance of pregnancy success.



## Ger<sup>i</sup>® time-lapse incubation technology

Genea was the first clinic in the country to introduce routine Day 5 embryo transfers. Now, with the help of the state-of-the-art Ger<sup>i</sup>® incubator and continuous culture systems, this milestone is even more accessible for more patients.

## FertilitySA offers this technology to every patient at no extra cost

Your patients' embryos get their own Ger<sup>i</sup>® incubator chamber, so they are undisturbed while they grow, and it comes with the exclusive Grow<sup>®</sup> app so your patients can watch their embryos 24/7.

The Ger<sup>i</sup>® incubator has delivered a  
**12.2%**  
increase in the number of live births<sup>5</sup>

The Ger<sup>i</sup> incubator has resulted in a  
**46.7%**  
increase in the number of high-grade embryos<sup>6</sup>

<sup>5</sup>When compared to the MINC incubator and Gems sequential media. Study performed in Genea's Canberra, Wollongong, Liverpool, North West, RPA and Kent St laboratories, 2015-2019. The Ger<sup>i</sup> incubation system was utilised in all Genea clinics by 2018.

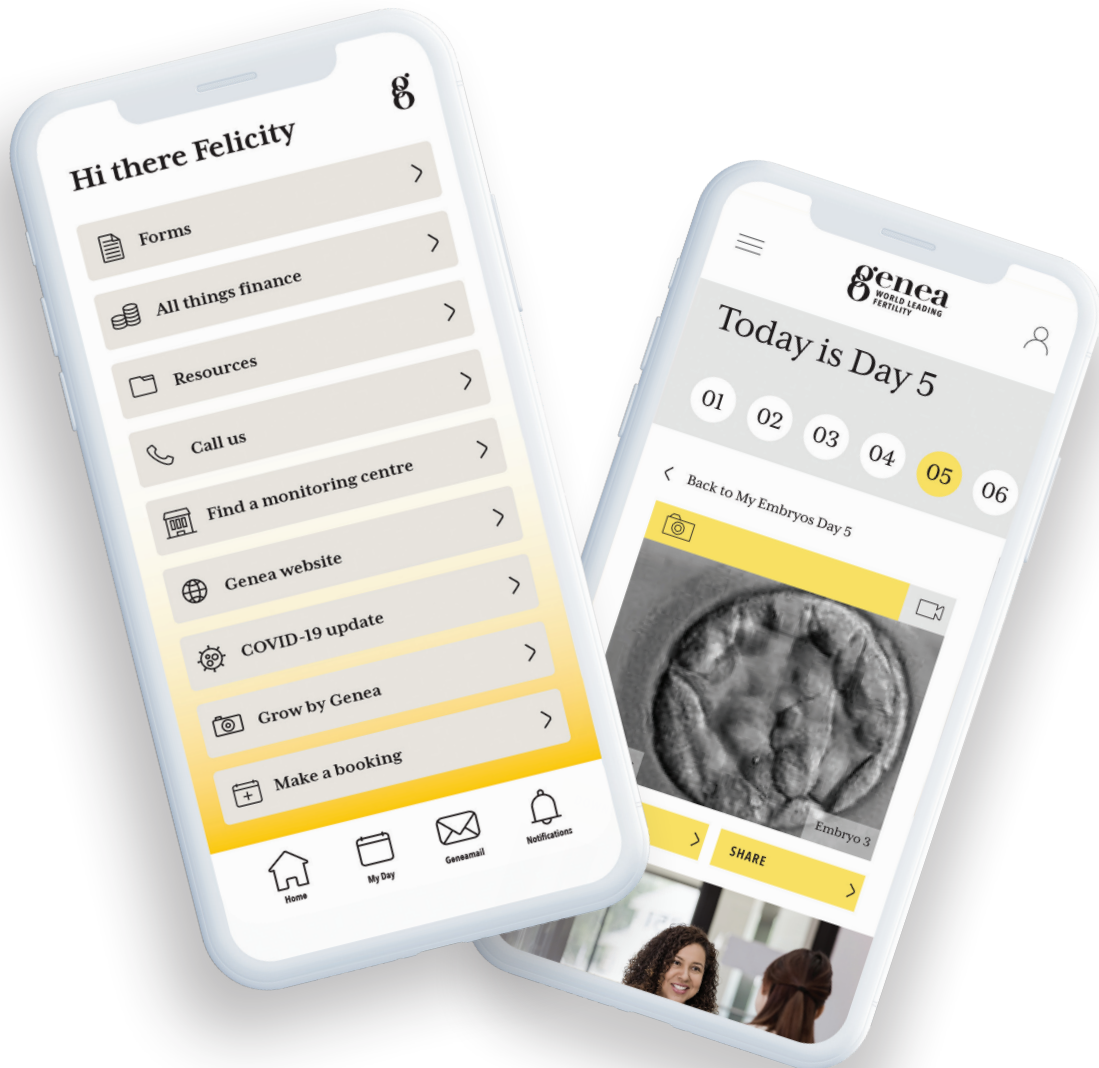
Published in a peer reviewed journal Fertility and Sterility and presented at the American Society of Reproductive Medicine (ASRM) congress in 2020, official reference being:

<sup>6</sup>Peura T, Murray A, Hesketh N, Dalati S, Bowman M, McArthur S (2020): Is the biggest impact on clinical IVF outcomes obtained by implementation of continuous media, time-lapse incubator or both? Fertil Steril 114 (3) Suppl., e129. DOI: <https://doi.org/10.1016/j.fertnstert.2020.08.383>

# We've got an app to make it easy

Introducing MyGenea™ + Grow app™, your patient's cycle companion app. We want to make your patient's fertility treatment as easy-to-manage as possible, so we created an app to help them stay more in control of their treatment cycle.

The MyGenea™ + Grow app™ features world-first technology and is unique to Genea partner clinics + FertilitySA.



## MyGenea™

MyGenea™ allows patients to stay on top of their on-cycle appointments, access handy resources, register payment information, and keep in touch with their fertility team. It offers simple, discreet cycle management on the go.

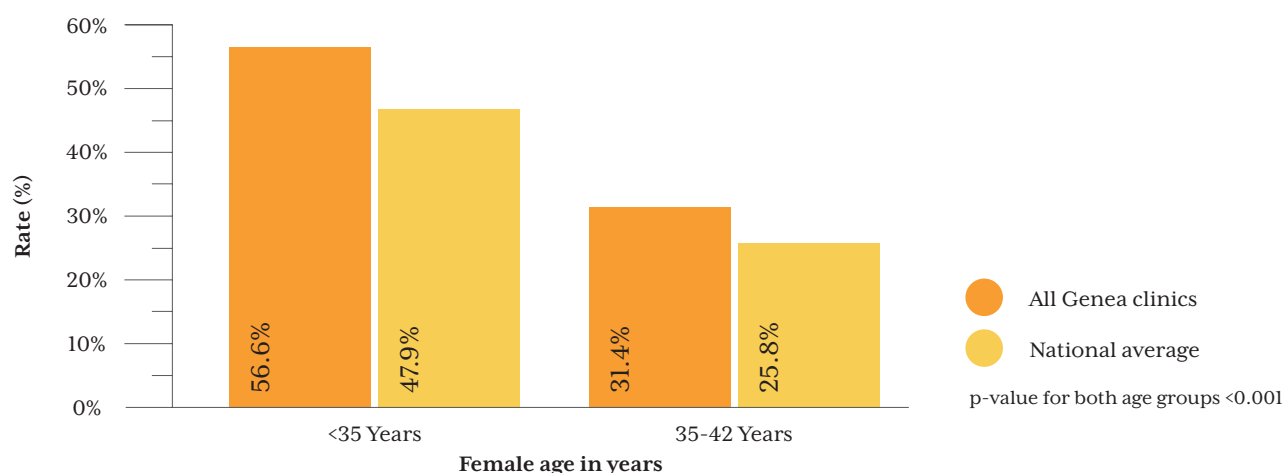
## Grow™ by Genea

FertilitySA's personalised approach to fertility treatment and our revolutionary embryo viewing technology allows your patients to see images of their embryo, as it develops in the laboratory, every step of the way.

# FertilitySA is powered by Genea's leading IVF success rates

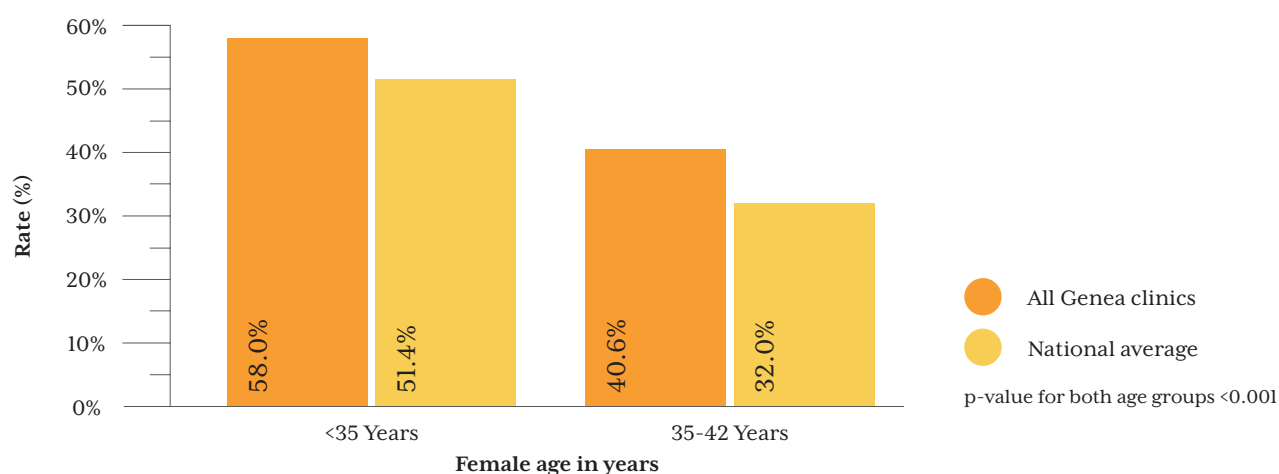
FertilitySA offers cutting-edge science and a supportive and inclusive environment that is designed to help patients progress on their IVF journey – and it works. Our success rates are consistently higher than the national average, meaning the chance of patients achieving their dreams is higher when they work with our team here at FertilitySA.

## Measure 1 Births per complete egg retrieval cycle (including the later transfer of resulting embryos)



Individual Genea clinic data independently audited and provided by NPESU in November 2023, which has been calculated by Genea to produce a combined total. Measure is from completed egg retrieval cycles performed in one year at all Genea Clinics (2020) with follow-up period (2020 to 2021). Age is female age at time the cycle was initiated. Data includes autologous cycles only (where a woman intended to or used her own eggs). Genea Fertility SA excluded as not part of Genea at time of data collection.

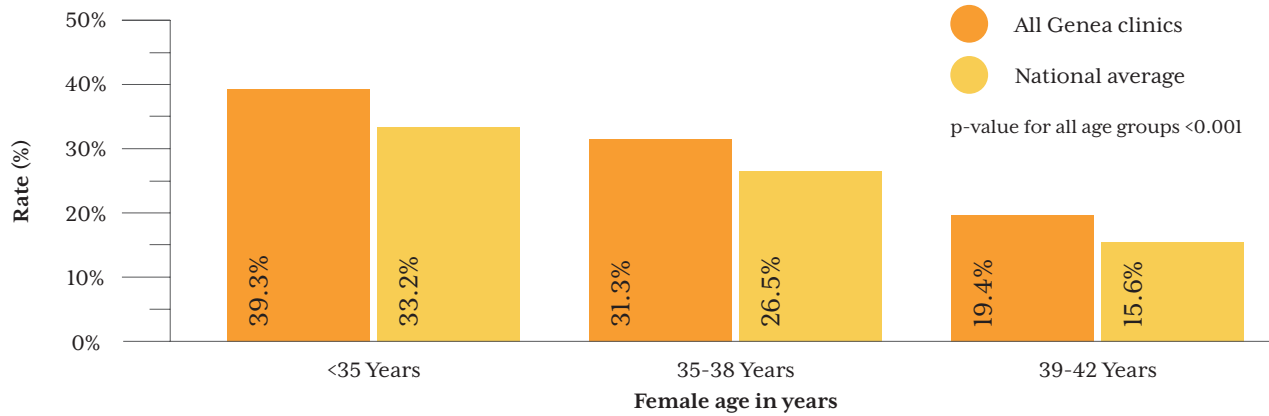
## Measure 2 Births per complete egg retrieval cycle (including the later transfer of resulting embryos) for women having their first retrieval



Individual Genea clinic data independently audited and provided by NPESU in November 2023, which has been calculated by Genea to produce a combined total. Measure is from a woman's first ever completed egg retrieval cycle performed in one year at all Genea clinics (2020) with follow-up period (2020 to 2021). Age is female age at time the cycle was initiated. Data includes autologous cycles only (where a woman intended to or used her own eggs). Genea Fertility SA excluded as not part of Genea at time of data collection.

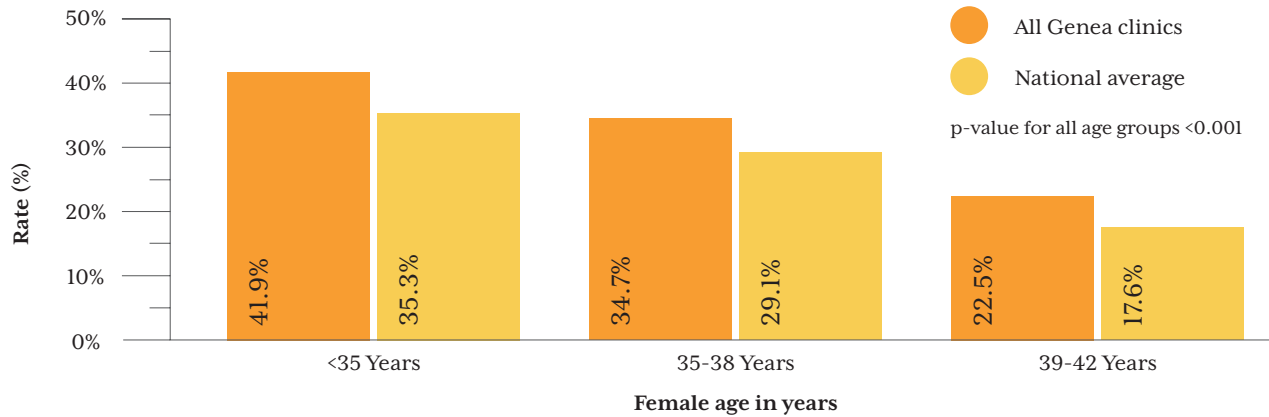


### Measure 3 Births per individual treatment attempt



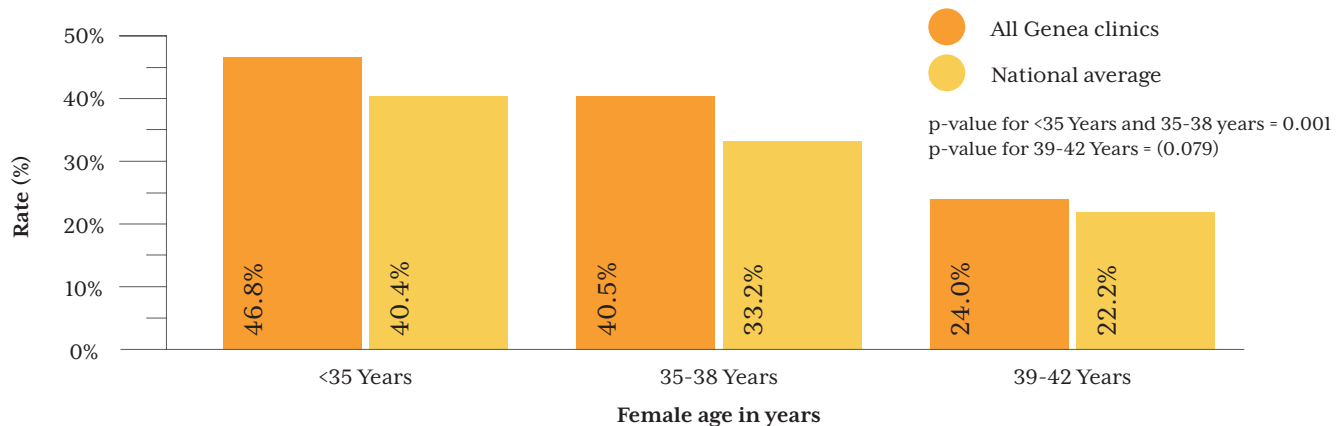
Individual Genea clinic data independently audited and provided by NPESU in November 2023, which has been calculated by Genea to produce a combined total. Measure is from the chance of a live birth from each individual treatment attempt involving an intended embryo transfer that was started in one year at all Genea clinics (2021). Age is female age at time the cycle was initiated. Data includes autologous cycles only (where a woman intended to or used her own eggs). Genea Fertility SA excluded as not part of Genea at time of data collection.

### Measure 4 Births per embryo that is transferred



Individual Genea clinic data independently audited and provided by NPESU in November 2023, which has been calculated by Genea to produce a combined total. Measure is from the chance of a live birth from each individual fresh or frozen embryo that was transferred in one year at all Genea clinics (2021). Age is female age at time the cycle was initiated. Data includes autologous cycles only (where a woman intended to or used her own eggs). Genea Fertility SA excluded as not part of Genea at time of data collection.

### Measure 5 Clinical pregnancies per individual treatment attempt



Individual Genea clinic data independently audited and provided by NPESU in November 2023, which has been calculated by Genea to produce a combined total. Measure is from the chance of a clinical pregnancy from each individual treatment attempt involving an intended embryo transfer that was started in one year at all Genea clinics (2022). Age is female age at time the cycle was initiated. Data includes autologous cycles only (where a woman intended to or used her own eggs). Genea Fertility SA excluded as not part of Genea at time of data collection.





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