

Why Monash IVF?

- **Over 30 years of experience**
- **High level of personalised care before, during and after treatment**
- **Fewer cycles, lower costs**
- **History of world-first achievements in IVF**

Over the last 5 years, the average time from commencing treatment to pregnancy decreased from 22 weeks to 9 weeks for patients of all ages. So our patients save time, emotional stress and money.



Success

Time to first pregnancy at Monash IVF has been significantly reduced, resulting in less financial and emotional strain for patients.

New technologies such as blastocyst transfer and vitrification mean that our patients now have a higher chance of achieving at least one pregnancy from an egg collection cycle.

Monash IVF is recognised as an international leader in IVF. Our treatments are driven by our own research findings, not those from medical journals or what may have happened overseas. So when we recommend a treatment option, we are confident that it offers our patients the best possible chance of a successful pregnancy.

Science

Blastocyst transfer

This is a very successful treatment option. Our comprehensive research has found that the average patient will conceive more quickly following a blastocyst embryo transfer. In 2009, 66% of our patients had a blastocyst transfer five days after egg collection.

Fewer cycles to achieve pregnancy mean lower costs to the patient, both financially and personally.

Vitrification

Vitrification (blastocyst freezing) has proved to be highly effective, offering patients a significantly higher chance of achieving a pregnancy.

Success
- more than
20,000 babies

Science
- blastocyst transfer
and vitrification

Specialists
- internationally
renowned experts

Specialists

Our Monash IVF specialists are highly experienced gynaecologists and obstetricians who have extensive expertise in treating:

- female infertility
- endometriosis
- polycystic ovary syndrome
- male factor infertility.

Go to www.monashivf.com for information about our leading team of specialists and where they consult. We know ease of access is important, so our IVF specialists are conveniently located throughout Melbourne and regional Victoria. Our website also has a full list of upcoming free Monash IVF information sessions.

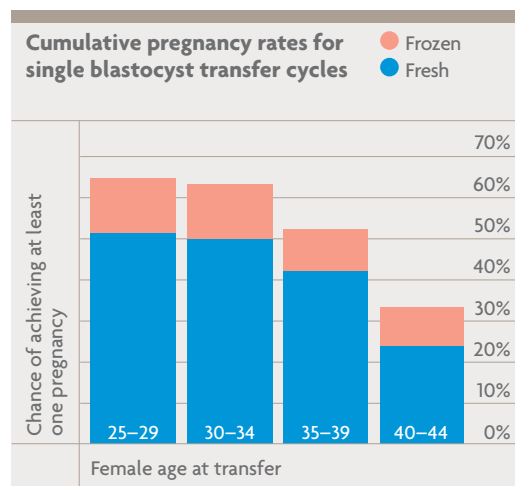
Blastocyst transfer

Most of our patients choose blastocyst transfer. A blastocyst is formed after an embryo is cultured in the laboratory for five days, identifying embryos that have the best chance of forming a pregnancy. Our research, as well as national and international data, shows that the average patient will conceive more quickly following a blastocyst embryo transfer.

As blastocyst transfer results in a higher pregnancy rate, we strongly recommend that only one embryo is transferred to reduce the chance of twins or triplets. Most of our embryo transfers are single blastocyst transfers.

We have found that the pregnancy rates for older women having blastocyst transfer have increased significantly. This increase has moved the usual dramatic drop in pregnancy rates from 35 years of age to over 40 years for patients having a blastocyst transfer at Monash IVF (see graphs).

The chance of a patient achieving at least one pregnancy from the embryos created in a single egg collection cycle (includes 'fresh' and subsequent 'frozen' embryo transfer) is the cumulative pregnancy rate and is shown in the graph below.



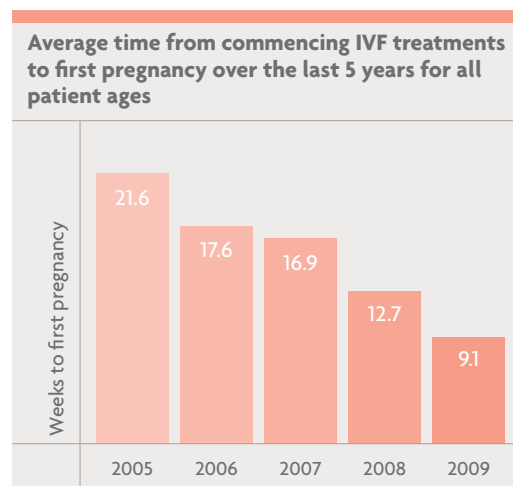
Frozen embryo technology—vitrification

We now use vitrification as our main 'freezing' method for storage of suitable embryos after an egg collection cycle. This has resulted in substantial improvements in pregnancy rates after the successful warming and transfer of vitrified embryos.

Fewer cycles, lower cost

With improved embryo culture conditions, embryo storage methods and pregnancy rates, the time to first pregnancy at Monash IVF has been reduced over the years. This means there is less financial and emotional strain for patients.

Treatment has become more efficient, with fewer cycles required to achieve a pregnancy. The information below shows the average time from commencing IVF treatment to first pregnancy in weeks over the last 5 years for all patient ages.



Comparing success rates

Many factors contribute to a clinic's results, including choice of technologies and criteria for allowing treatment. Our policy is to treat all patients, even those who have been unsuccessful elsewhere.

Our definition of pregnancy: evidence of a gestation sac on an ultrasound scan at around seven weeks gestation – not just a positive blood test.

Factors affecting success rates

Success rates can be affected by:

- age of the female partner
- genetic factors
- fertility history
- lifestyle factors, including weight and smoking
- conditions contributing to infertility
- egg quality and number recovered
- quality of sperm (including motility and ability to penetrate the egg)
- quality control in the laboratories
- skill and competence of the treatment team.

The age issue

The age of the female partner is the most significant factor in treatment cycle success. In a stimulated IVF treatment cycle, injections of follicle stimulating hormone are used to stimulate follicular growth and the development of eggs. As female age increases, the average number of follicles (eggs) produced decreases and it is more likely that treatment may be cancelled due to poor ovarian response. **So for optimal results, early referral is crucial.**

More than 1 in 4 Monash IVF patients are over 40 years. Monash IVF specialists are very experienced in tailoring treatment regimes to suit this age group.

Pregnancy and birth rates for routine IVF patients decrease from around 35 years of age. The graph below shows results for patients who commenced their first treatment cycle in 2007 and their chance of achieving at least one pregnancy. For patients commencing treatment when they were between the ages of 25 and 29, the chance of achieving a pregnancy was 83% – and for those patients, around half had more than one pregnancy.

