

### **EGG THAW & EMBRYO TRANSFER**

**Patient Orientation** 





# Welcome to the NYULFC Egg Thaw & Embryo Transfer Orientation Class.

**Section 1: NYULFC Overview** 

Critical Information for Egg Thaw & Embryo Transfer Cycles **Section 2: Embryology** 

Embryology & Andrology

ICSI Embryo Development **Section 3: Embryo Transfer** 

The Embryo Transfer:

Fresh ET
Pregnancy Monitoring

**Section 4: Wellness** 

Wellness & Support for NYULFC Patients

**Section 5: Research** 

Research Studies & Participation Options





## Hello & Welcome!

#### Haley Penny, LMSW

**Health Educator** NYU Langone Fertility Center

#### **NYU Langone Fertility**

159 East 53rd Street, 3rd Floor New York, NY, 10022



E: Haley.Penny@nyulangone.org



T: 212-263-8990



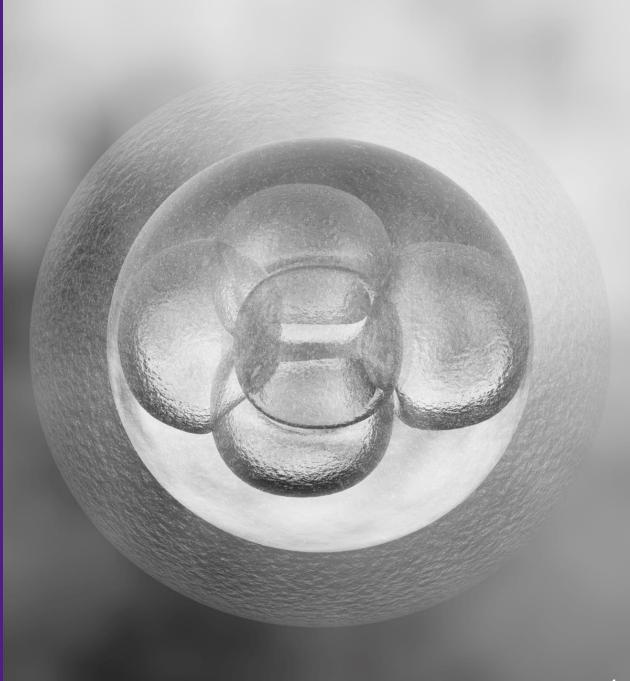
F: 212-263-7853





**Section 1: NYULFC Overview** 

Critical Information for Egg Thaw & Embryo Transfer Cycles at NYULFC





# Important Announcements: Your NYULFC Patient Portal Account

NYU Langone Fertility Center (NYULFC) uses a Patient Portal to communicate with all patients undergoing treatment.

If you do not already have a patient portal account, please send me an email immediately (<u>Haley.Penny@nyulangone.org</u>). I will make sure your care team issues an invitation today.

The NYULFC Patient Portal is the primary method of communication for all patients. Please plan to check your Patient Portal messages daily during your cycle.

Please Note: The NYULFC Patient Portal is <u>not</u> connected to the Epic MyChart portal used throughout the NYU Langone Health system. Epic's electronic medical record does not support fertility cycle management. Your NYULFC treatment information will <u>only</u> be accessible in the NYULFC Patient Portal.



# NYU Langone Fertility Center Office Locations

#### **Main Office**



159 East 53<sup>rd</sup> Street, 3<sup>rd</sup> Floor New York, NY, 10022

212-263-8990

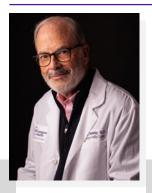
#### **NoMad Satellite**



109 West 27<sup>th</sup> Street, 9<sup>th</sup> Floor New York, NY, 10001

212-263-0040





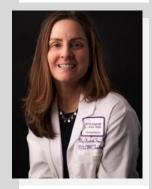
Alan Berkeley, MD



Jennifer Blakemore, MD



Shannon DeVore, MD



Elizabeth Fino, MD



James Grifo, MD, PhD



David Keefe, MD



Frederick Licciardi, MD



Jacquelyn Shaw, MD



Brooke Wertz, MD, MPH

# Meet the NYULFC Physician Team

World Class Outcomes.

Expert & Exceptional Care.

Constant Collaboration.

Our physicians have over 140 years collective experience performing fertility treatment cycles. Each member of the NYULFC physician team is dedicated to delivering exceptional clinical care, and all members of the team collaborate daily to deliver best-in-class outcomes for NYULFC patients.

NYULFC operates on a "Doctor-of-the-Day" model, which means one physician is assigned to perform all surgical procedures each day. You will see your physician throughout your treatment cycle, and your physician will direct your care plan (including medication dosage, monitoring frequency, and other clinical directives), however it is possible that your physician may not be the one assigned to perform surgery on the date of your procedure.

During your care at NYULFC, you may also meet our staff physician, Dr. Lisa Kump. While Dr. Kump is no longer accepting new patients, she provides outstanding care for all patients incycle at the Fertility Center.



## Reproductive Endocrinology Fellows



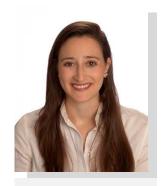
Sarah Cascante, MD



Nirali Shah Jain, MD



Amelia Kelly, MD



Emily Weidenbaum, MD

NYULFC is part of the Division of Reproductive Endocrinology and Infertility (REI) at NYU School of Medicine's Department of Obstetrics and Gynecology.

We host a 3-YR fellowship training program in REI approved by the American Board of Obstetrics and Gynecology.

**Fellows are licensed physicians** and have completed a 4-YR residency in OB-GYN prior to sub-specializing in REI.

Throughout your time at the NYULFC, you will interact with our fellows who provide clinical care and on-call responsibilities (including emergencies).



### Genetic Counseling

Andria Besser and Hannah Green are Board-Certified Genetic Counselors at NYULFC.

Indications for Genetic Counseling include:

- Personal or family history of genetic disease
- Couples who both carry the same autosomal recessive genetic disease
- Carriers of X-linked diseases, autosomal dominant diseases, or heritable chromosome abnormalities

#### Available by appointment

To schedule a phone consultation, please contact Sylvia Wadowiec, at <a href="mailto:Sylvia.Wadowiec@nyulangone.org">Sylvia.Wadowiec@nyulangone.org</a> or 212-263-0054



Andria Besser, MS, CGC



Hannah Green, MS, CGC

#### **Carrier Screening for Recessive Genetic Diseases**

NYULFC uses the laboratory **Invitae** for carrier screening, to assess the risk of having a baby with certain inherite disorders. Carrier screening is recommended for everyone and is performed via blood or saliva sample. Genetic counseling about your results is provided by Invitae.

#### Preimplantation Genetic Testing for Aneuploidy (PGT-A)

NYULFC uses the laboratory "Coopergenomics" (877-282-3112) for PGT-A, to test embryos for chromosomal information. If you are considering PGT, a phone consult with a Coopergenomics Genetic Counselor is required.

Please note that NYUFC does not provide testing or genetic counseling for hereditary cancers such as BRCA1/BRCA2.

These appointments are available through the NYU Perlmutter Cancer Center (646-754-1376).





#### **Patient Care Coordinators**

Your Patient Care Coordinator serves as your point person throughout your treatment cycle. At NYULFC, each physician collaborates directly with a Patient Care Coordinator to form a "Physician Pod" or care team.

When contacting your Patient Care Coordinator, you may also include the Coordinator group: FertilityCoordinators@nyulangone.org in case your Coordinator is out of office.

| Physician               | Coordinator                | Coordinator<br>Phone | Coordinator Email                         |
|-------------------------|----------------------------|----------------------|-------------------------------------------|
| Dr. Alan Berkeley       | Joanna Marrero-Constantine | 212-263-7976         | Joanna.Marrero-Constantine@nyulangone.org |
| Dr. Jennifer Blakemore  | Lisa Valentine             | 212-263-0064         | Lisa.Valentine@ nyulangone.org            |
| Dr. Shannon Devore      | Amanda Cosme               | 212-263-3659         | Amanda.Cosme@ nyulangone.org              |
| Dr. Elizabeth Fino      | Joanna Marrero-Constantine | 212-263-7976         | Joanna.Marrero-Constantine@nyulangone.org |
| Dr. James Grifo         | Maribel Feliciano          | 212-263-7967         | Maribel.Feliciano@nyulangone.org          |
| Dr. David Keefe         | Lisa Valentine             | 212-263-0064         | Lisa.Valentine@nyulangone.org             |
| Dr. Frederick Licciardi | Rose Polidura              | 212-263-6498         | Rose.Polidura@nyulangone.org              |
| Dr. Jacquelyn Shaw      | Amanda Cosme               | 212-263-3659         | Amanda.Cosme@ nyulangone.org              |
| Dr. Brooke Wertz        | Kimown Peters              | 646-754-1253         | Kimown.Peters@nyulangone.org              |



# Embryology and Andrology Laboratory Schedule



The NYULFC embryology, andrology, & endocrinology laboratories are located at our main office, 159 E 53<sup>rd</sup> St, Floor 3.



NYULFC's laboratories close for 10 days each December to perform extended cleaning and maintenance ("December Downtime").

NYULFC continues to provide monitoring, consultations, and non-IVF procedures during the closure periods.

Please contact your Patient Coordinator with any questions you have regarding the laboratory downtime period.

Your Coordinator will make sure you can complete your cycle prior to the December closure.



#### **Prerequisite Tests & Appointments**

Please note, all required tests (i.e. "checklist") and insurance pre-certification must be completed prior to the start of your cycle. Failure to complete all checklist items or consents will delay your treatment.

| ests/appointments must be              | comple   | you proceed through a trea<br>sted in advance of your Day<br>sological consultation, testing                              | 2/3 star    | t. With the exception of ser                                                                         | men                   |
|----------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------|-----------------------|
| ax to (212) 263-4821, Attn             | : Patien | t Coordinator                                                                                                             |             |                                                                                                      |                       |
| Patient Name                           |          |                                                                                                                           |             | Date of Birth                                                                                        |                       |
| Partner Name                           |          |                                                                                                                           |             | Date of Birth                                                                                        |                       |
| Female Requirements                    | Need     | Male Requirements                                                                                                         | Need        | Both Partners                                                                                        | Need                  |
| Hepatitis B Surf Antigen Ag            |          | Hepatitis B Surface Ag                                                                                                    |             | Psychological consult<br>(if using donor sperm/egg)                                                  | -                     |
| Hepatitis C Virus Antibody Ab          |          | Hepatitis C Virus Ab                                                                                                      |             | Driver's License or Passport                                                                         |                       |
| Syphilis (RPR, VDRL)                   |          | CBC**                                                                                                                     |             | Prescription Card                                                                                    |                       |
| HIV 1 / HIV 2                          |          | Hgb Electropheresis                                                                                                       |             | Insurance Card                                                                                       |                       |
| Medical Clearance                      |          | Syphilis (RPR, VDRL)                                                                                                      |             | Authorization for Procedure                                                                          |                       |
| Measles Ab IgG                         |          | HIV 1 / HIV 2                                                                                                             |             | Authorization for Medications                                                                        |                       |
| Varicella Ab IgG                       |          | Medical Clearance                                                                                                         |             | Contact Nurse to                                                                                     |                       |
| Rubella Ab IgG                         |          | Semen Analysis                                                                                                            |             | Order Medications                                                                                    |                       |
| Hgb Electropheresis                    |          | Sperm Frozen                                                                                                              | Y/N         | Contact Pharmacy to Deliver/                                                                         |                       |
| Blood Group & Rh                       |          | Is Specimen at NYULFC?                                                                                                    | Y/N         | Pick-up Medications                                                                                  |                       |
| Comprehensive Genetic<br>Screening     |          | Comprehensive Genetic<br>Screening                                                                                        |             | PGS/PGD Consultation                                                                                 |                       |
| Blood Type Anti-Body                   |          | Orientation/Consents                                                                                                      |             |                                                                                                      |                       |
| CBC"                                   |          |                                                                                                                           |             |                                                                                                      |                       |
| Prolactin (if menses 35+ days)         |          | 1                                                                                                                         | Ins         | Joanne Healy (212)                                                                                   | izations:<br>263-0037 |
| TSH                                    |          | 1                                                                                                                         |             | Michelle Headley (212) 2<br>Nati Marte (212) 2                                                       | 263-2707<br>263-0392  |
| FSH / E2 (A)**                         |          | 1                                                                                                                         |             | Vicki Salinas (212)                                                                                  | 263-0375              |
| AMH                                    |          | 1                                                                                                                         |             | Patient Coord                                                                                        | dinators:             |
| Cervical Culture: Chlamydia            |          | 1                                                                                                                         |             | Maribel Feliciano (212) 2<br>Kimown Peters (212) 2                                                   | 263-7967<br>263-8652  |
| Cervical Culture: Gonorrhea            |          |                                                                                                                           |             | Charmaine Chestnut (212)                                                                             | 263-6498              |
| Cervical Culture: Pap Smear<br>(B)     |          |                                                                                                                           |             | Danitra Wynn (212) 2<br>Andrology Lab Coo                                                            | rdinator:             |
| Sounding                               |          |                                                                                                                           |             | Rose Polidura (212) 2                                                                                | 263-0079              |
| Hysterosalpingogram (HSG) or<br>FemVue |          | After Hours Record Cody 444                                                                                               | han voi: ** | Main Office (All Hours): (212) a<br>Billing Department: (212) a<br>lart your menstrual cycle): (212) | 263-8647              |
| Mammogram (C)                          |          | The same record only (W                                                                                                   |             | sychological Appointment: (212)                                                                      |                       |
| Orientation/Consents                   |          | Morning Monitoring Hours: 7-9am, seven days a week.<br>Blood Testing Hours: Monday through Friday, 10am to Noon and 1-3pm |             |                                                                                                      |                       |
|                                        | -        |                                                                                                                           |             |                                                                                                      |                       |

The checklist pictured above is a generic guideline. You will receive a customized checklist from your Patient Care Coordinator.

Please inform us if you or your partner have any medical conditions or allergies, or are on any prescription medications or herbal supplements. Some medical conditions will require documented clearance from your personal physician prior to treatment. (Cardiology, Nephrology, etc.)

Your "Advance Directive" (if you have one) should be provided at the start of treatment. Information is available from your MD's assistant.

#### Consents

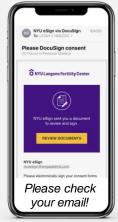
NYULFC partners with EngagedMD to deliver consent forms and video education modules directly to your email inbox.

You will receive your consent forms via email, and you will be required to verify your identity when you sign.

You will be asked to scan your driver's license or passport using

your phone.

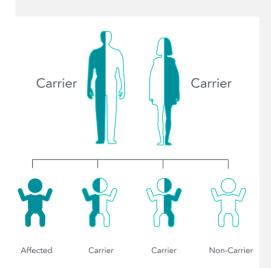
All consents must be complete prior to cycle start.





#### **Genetic Testing: Carrier Screening**

Carrier screening is strongly recommended for all patients and/or couples. If performed, results must be complete prior to ovulation induction (egg retrieval).



Carrier screening involves a blood or saliva test to analyze +200 genes to detect if an individual is at risk of having a baby with a specific inherited genetic disorder.

Most diseases tested are autosomal recessive, and there is only a high risk if **both** people contributing the egg and the sperm are carriers for the **same** disease.

A few diseases are X-linked, and female carriers alone can have a high risk.

If a high risk is identified, a Genetic Counselor will discuss your options.

Most people (regardless of age) will test positive for at least one disease, and the vast majority have no family history. Please be aware that routine embryo testing (PGT) will NOT test for these conditions, which is why it is important to perform carrier screening prior to embryo creation.

NYULFC uses the laboratory "**Invitae**" for carrier screening. Complimentary genetic counseling is provided by Invitae, and is mandatory prior to cycle start for anyone with positive results.





## Reservation for Cycle Start

## Reservation Requirement

## A Cycle Start Reservation



is required for all patients undergoing care at NYU Langone Fertility Center.

## Reservation Timing

To account for variation in menstrual cycle timing, all Cycle Start Reservations are honored within a 7-day window of the confirmed date

Example: if your reservation for Day 2 Start is confirmed for the 14th of a month, your reservation will be honored between the 7th and the 21st of the month.

## How do I make a Reservation?

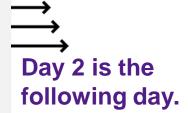
Please contact your Patient Care Coordinator to make a Day 2 Cycle Start Reservation.

Your Coordinator will book your Cycle Start Reservation. Your Coordinator will also call you 1-week prior to your anticipated menses to confirm your Reservation.



## What is a "Day 2" Start?

Day 1 of your menstrual cycle is considered full flow menstrual period before midnight (not staining or spotting).



Note: if your period arrives late at night, do not call the overnight emergency service. In the morning, please call our office at 212-263-8990 for Day 3 cycle start instructions.

If you are taking birth control, this will be 4 days after the last active pill.





## Morning Monitoring at NYULFC

## When & Where

Morning Monitoring services, including bloodwork and ultrasound, are available at both offices (Main Office & NoMad Satellite).

Morning Monitoring occurs between **7AM – 9AM**, 7 days per week.

Appointments are required for morning monitoring.

## Afternoon Portal Messages

Expect a portal message or (in rare cases) a phone call from a nurse during the afternoon following your morning monitoring visit.

Please be sure to check your NYULFC Patient Portal account each day for important medication updates!

As a back-up, please provide us with the best phone number (with voicemail!) to reach you between 12PM – 5PM.

Please follow all instructions delivered by your nurse.

## Contact Information

Questions?

Please message your care team using the NYULFC Patient Portal or call the main office at

212-263-8990.

The best time to reach our nursing staff is between 10AM – 5PM ET.



## Onsite Safety & COVID-19

NYULFC and the NYU Langone Health system are managing COVID-19 risks together, and the safety of our patients and staff is our top priority.

If you are experiencing a medical emergency, please call 911. If you are not feeling well, please do not come to the office. Please seek treatment from your primary care provider, and contact your NYULFC nurse to inform us of your illness. Your physician will collaborate with you to determine the appropriate next steps in your care plan.

At NYULFC, are utilizing all guidance available from ASRM, the CDC, the New York State Department of Health, and NYU Langone Health to institute safety precautions. Please be aware of new social distancing and safety practices at NYULFC.

#### 1) Masks are mandatory.



All patients and staff are required to wear a mask while onsite. Please plan to arrive wearing your mask, and please keep your mask on for the duration of your visit.

#### 2) Appointments are required.

In order to reduce the number of individuals in our waiting areas, each patient will receive an appointment for morning monitoring. To protect the safety of our patients and staff, patients will only be allowed to enter the Center during their scheduled appointment.

#### 3) Guests are not permitted.

To minimize the number of individuals onsite, only the scheduled patient will be admitted to the facility. All patients visiting NYULFC for morning monitoring, bloodwork, or imaging scans must attend without any visitors present. Children are not permitted onsite. We apologize for any inconvenience. We are committed to protecting the safety of our patients and staff by limiting the number of individuals in our space.

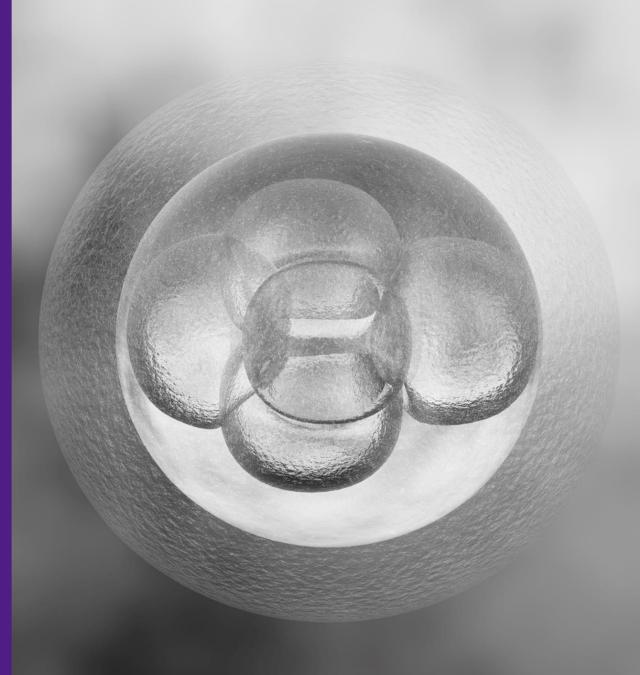
#### 4) Cycle Disruption Policy

If an individual demonstrates symptoms of COVID-19 related illness during a treatment cycle, or if the individual is mid-cycle and tests positive for COVID-19, the cycle will be cancelled or suspended.

If this cancellation or suspension occurs prior to retrieval, we will issue a credit balance in accordance with services rendered during the cycle. Credit balances will be established on a case-by-case basis. We are not able to extend credit toward products or services provided by third parties (products or services provided by third parties include but not limited to medications, phlebotomy, anesthesia, genetic testing, tissue storage fees, etc).



Section 2: Embryology & Andrology





## Intracytoplasmic Sperm Injection ("ICSI")

Intracytoplasmic Sperm Injection is when a single sperm is injected into the egg to assist fertilization.

ICSI is indicated for certain types of genetic tests, and/or if the male partner:

- Has low sperm count and/or motility when semen specimen is analyzed
- Has a clinical history of poor fertilization efficiency
- Uses any of the following:
  - Calcium channel blockers (Procardia®, Norvasc®, Adalat®, Calan®, Verelan®, Tiazac®, Dilacor®, Sular®, Caduet®)
  - Testosterone or other bodybuilding enhancers
  - Any other medications known to effect sperm number or function
- Has an acute drop in motility following sperm preparation on the day of egg retrieval





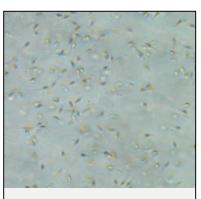
## **Embryo Development**



Egg with surrounding cells immediately after retrieval



Mature egg with surrounding cells removed



Semen are processed to concentrate motile cells



Embryo that has reached the blastocyst stage



Day 1
Fertilisation



Day 2 4 cell



Day 3 8 cell



Day 4 Morula



Day 5 Blastocyst



#### **Storage of Frozen Embryos**

If more than one embryo results from your Egg Thaw cycle, NYULFC will cryopreserve (freeze) and store all embryos until the patient submits a completed consent for embryo disposition.

The first year of storage is included in standard cycle fees. Any embryos stored after the first year will incur annual storage fees for which the patient is responsible.

If a cycle does not produce any embryos that may be transferred we recommend signing a disposition consent as soon as possible to avoid incurring future storage charges. **Cryostorage with** 



All frozen tissue is stored onsite at NYULFC.

All NYULFC patients will receive an account with our tissue management partner, Embryo Options.

Patients may log in to the Embryo Options portal at any time to manage their cryostored tissue (disposition consents, online education, bill pay, etc).

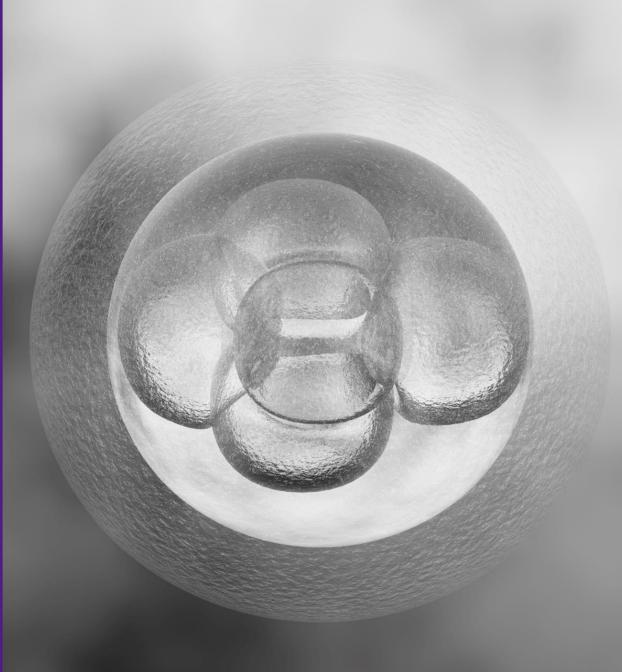
Pre-enroll for your Embryo Options account at <a href="https://eocryo.com/nyu-e9c5b">https://eocryo.com/nyu-e9c5b</a> or by scanning this QR code:





**Section 3: Embryo Transfer** 

Fresh ET.
Pregnancy Monitoring.





## **Progesterone for Partner Receiving Embryo Transfer**

#### **Purpose:**

Progesterone is used to enhance the uterine lining's ability to sustain embryo implantation and pregnancy.

Progesterone is required to perform either a fresh or a frozen embryo transfer cycle.

#### **Administration:**

Intramuscular injections or vaginal suppositories.



Do not stop taking progesterone unless instructed to do so by a staff member at NYULFC.

#### **Possible Side Effects:**

Cramping, headache, nausea, breast tenderness, mood swings, or vaginal irritation.

#### **Please Note:**

Please notify your physician and nurse if you have any nut allergies.

## **Antibiotic for Male Partner** (if appropriate)

#### Purpose:

Antibiotics are used to protect the embryos from infections transmissible via sperm.

#### Type:

- Doxycycline
- Ciprofloxacin (prescribed for patients allergic to Doxycycline)
- Please inform your care team if you are allergic to Doxycycline, "Cipro," or other medications.

#### Administration:

Oral medication; take 100 mg twice per day (10-12 hours apart) for a minimum of 5 days of antibiotics are required before cryopreservation appointment for frozen specimen.

#### **Possible Side Effects:**

Photosensitivity, gastro-intestinal distress

#### **Please Note:**

Cryopreserved sperm is required for ALL Egg Thaw cycles. If you have not yet scheduled sperm cryopreservation, please contact our Andrology team at 212-263-0079.



### Medication Information & Resources

Most often, patients are prescribed a "Medicated" FET protocol, also known as a "Programmed" FET. This protocol includes oral Estrace and two forms of Progesterone: a vaginal suppository and an injection. Alternatively, patients may be prescribed a "Natural" FET Cycle, which includes a trigger shot and the Progesterone suppositories. Your personalized will be reviewed during your follow-up phone call with a Nurse.

| Cycle Type | Brand Names                                                       | Medication Type                                                                                                                                                                                                                                                                                                | Purpose | Training Video                                                                                                                                                |  |
|------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| FET        | Estrace                                                           | Estrace is used to to build the uterine lining in preparation for embryo transfer. You will start Estrace tablets on Day 2 when instructed to do so by a nurse. You will continue this medication through the 10th week of pregnancy.                                                                          |         | Partner receiving FET will be prescribed Estrace tablets on Day2; continue taking Estrace through 10 <sup>th</sup> week of pregnancy; Estrace is taken orally |  |
| FET        | Crinone Suppository or Progesterone in Sesame Oil or in Olive Oil | Progesterone is used to help support pregnancy. Progesterone is given in the form of a vaginal suppository or intramuscular injection to be started upon instruction when your embryo transfer has been scheduled by the embryology lab. You will continue this medication through the 10th week of pregnancy. |         | Crinone Suppository: https://www.mdrusa.com/wp-content/uploads/Crinone- Instructions-1.pdf  Progesterone in Oil: https://www.youtube.com/watch?v=jr1Y5o7C6a4  |  |



### Fresh Embryo Transfer



Your fresh embryo transfer will be scheduled to coincide with ideal embryo development – typically on Day 5 of embryo maturation.

The embryo selected for transfer is based on the embryo grading system used by the NYULFC embryology laboratory.





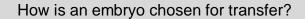
## Fresh Embryo Transfer Procedure



The selected embryo is transferred directly into the uterus during a **5-15 minute procedure**; sedation is not usually required and there is no recovery period.

You will be allowed to get up and depart immediately after the embryo transfer procedure.

#### **Embryo Grading**





The Embryology Team determines an embryo's grade based on the embryo's growth and appearance. Further information can be provided by your doctor or an Embryologist on our team.





## Single Embryo Transfer (SET)

NYULFC strongly encourages the transfer of a **single** embryo to increase the chance of a healthy pregnancy and live birth.



#### **Risks of Multiple Gestation Pregnancies**

The risk of perinatal death in twins is **4 times** higher than for singletons. The risk of perinatal death in triplets is **10 times** higher than for singletons.

Other risks associated with twin pregnancies include

- higher likelihood to develop pre-eclampsia
- higher likelihood to be hospitalized during pregnancy
- higher likelihood to have preterm labor (average gestation for twins: 35 weeks)
- more likely to require a Caesarian section
- stress on parents and siblings; divorce rate is higher in parents of twins
- twins have a 7 times higher rate of Cerebral Palsy
- rate of learning disability is increased for multiples, even near-term
- long-term costs associated with minor and major handicaps



## Luteal Monitoring (Post-Transfer)

### Progesterone Blood Test

You will have a progesterone blood test on the day of your embryo transfer.

#### Pregnancy Blood Test

**9 days** after the embryo transfer, you will visit NYULFC for a pregnancy blood test (mandatory).

If positive, you will be asked to return within 1-week for a repeat blood test.

#### Pregnancy Ultrasound

3 weeks after the embryo transfer, assuming the pregnancy test is positive, you will return to NYULFC for a pregnancy ultrasound.

### Transfer to OB

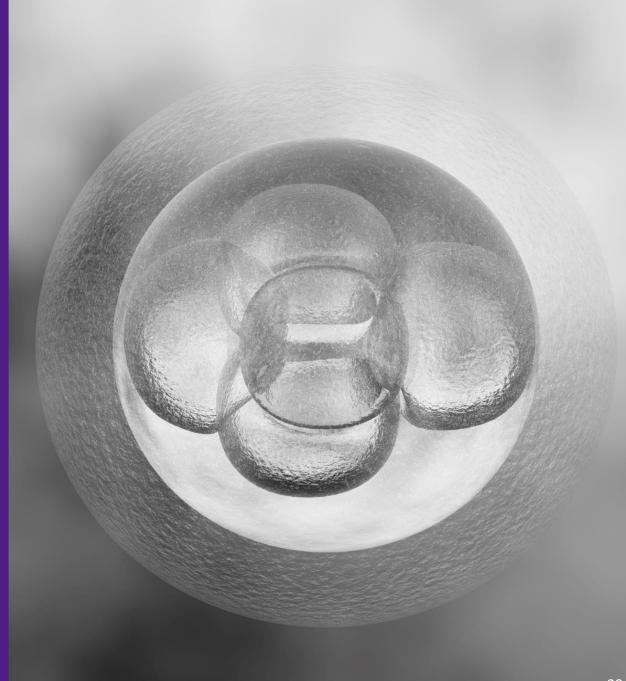
After a fetal heartbeat is documented during an ultrasound, you may transfer your care to the obstetrician of your choice.





**Section 4: Wellness** 

Wellness & Support for NYULFC Patients





#### **Mind & Body Support**

## **Acupuncture Services**



Acupuncture services are provided by Lara Rosenthal, L.Ac.

Acupuncture is offered onsite at NYULFC 4 days per week.\*

Acupuncture can be safely used prior to and concurrently with fertility medications and procedures.

If you are interested in acupuncture for fertility, please call 212-807-6769.

(\*This service is temporarily suspended due to COVID-19.)

#### Mind-Body Support Group



NYULFC patients have access to a Mind-Body support group provided by Helen Adrienne, LCSW, BCD.

Mind-Body support is offered as a series of individual classes, a one-day group program, or on an individual consultation basis.

The main goal of Mind-Body support is to help patients realize that while they cannot control infertility, they can control how they navigate it.

If you are interested in Mind-Body support, please call 212-758-0125.

## Yoga for Fertility



Yoga for Fertility is provided by Barrie Raffel.

Yoga for Fertility is safe to practice at any time during your fertility treatment cycle.

If you are interested in Yoga for Fertility, please contact Barrie at <a href="mailto:barrieraffel@gmail.com">barrieraffel@gmail.com</a>

## Nutrition for Fertility



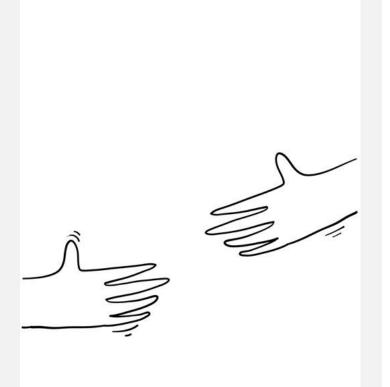
Nutrition for Fertility is provided by dietitians at Rooted Wellness.

Nutrition for Fertility can be started at any time during your fertility treatment cycle.

If you are interested in Nutrition for Fertility, please email <a href="mailto:sarah@rootedwellness.com">sarah@rootedwellness.com</a> (Sarah Rueven) or <a href="mailto:claire@rootedwellness.com">claire@rootedwellness.com</a> (Claire Virga).



#### **Psychological Support Services**



NYULFC patients have access to onsite and offsite psychologists, all of whom have decades of experience helping couples to navigate the stressors created throughout the fertility treatment journey.

Consultations, treatment, and support sessions are available for couples and/or individuals.

Consultations are mandatory for all patients using donor gametes.

If you are interested in psychological support, please call 212-263-0054 for information or to book your appointment.



## Information & Support

We recognize that you have a choice in care providers, and we are committed to providing compassionate, individualized, and cost-effective service.

We're happy to go at your pace and answer any questions you may have. Ask questions during your visits, or call us at 212-263-8990. We're here for you.

Information resources are available online at

- ASRM.org
- · Resolve.org
- SART.org
- cdc.gov/art

Visit our website at <a href="https://www.FertilityNY.com">www.FertilityNY.com</a> for more information, including a **Patient Resources section** with patient forms, orientation slides, and Injection Training videos.

## **Issues to Consider Before Beginning an Egg Thaw**

#### **Cryopreservation of Additional Embryos**

- The decision to cryopreserve embryos is an important one that should be considered carefully between patient and partner (if applicable) before creating embryos.
  - Embryo custody in the event of death or divorce
  - Embryo disposition: Discard? Donate to Research?

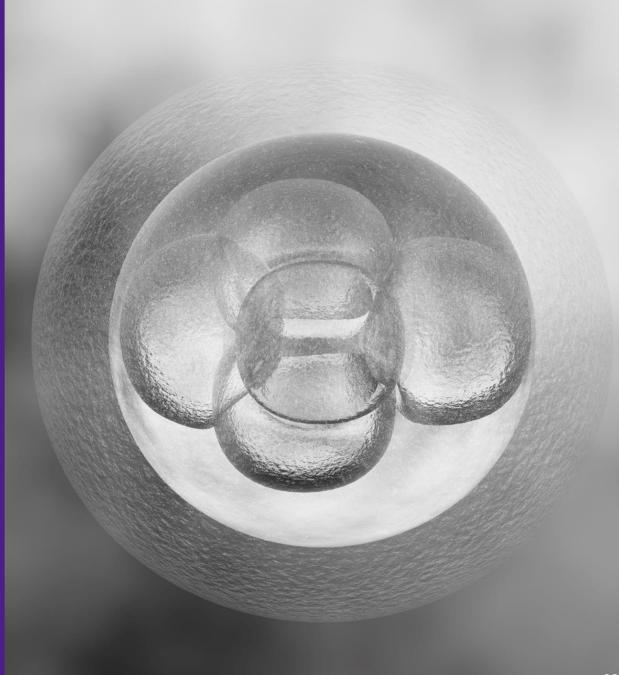
#### **Number of Embryos to Transfer**

- Multiple pregnancy and associated risks; elective reduction of multi-fetal pregnancy
- Pre-term labor and Cesarean delivery; prematurity



**Section 5: Research** 

Research Studies & Participation Options







#### Research Studies at NYULFC

## NYULFC is dedicated to the mission of advancing science and improving healthcare through scientific discovery.

As a leading center in academic research, our faculty and staff are actively engaged in multiple research studies at any time which we hope will advance and improve infertility benchmarks and fertility treatment options.

The purpose of our sample collection and repository is to enable the research use of superfluous biospecimens, which are not needed for diagnostic or clinical use, and which would otherwise be discarded

**Participation in research studies is voluntary**, which means it is your choice if you would like to participate or not. Your decision as to whether or not to participate will not affect the care you receive during your treatment cycle.

**Providing consent for research does not impact your medical treatment in any way.** Research consents must be witnessed by an NYU Langone Fertility staff member.

Our research studies follow a transparent process of independent Institutional Review Board (IRB) evaluation and careful informed consent. The IRB reviews all proposed studies and ensure that they are conducted in a manner which safeguards and promotes the health and welfare of subjects.





#### **Research Studies at NYULFC**

The goal of our research is to optimize fertilization, embryo development and culture, in vitro maturation, cryopreservation, understanding egg and embryo viability as well as other clinical indications of infertility.

Our research studies use biological material (procedural by-products, non-viable specimens or materials deemed non-usable to create live-born pregnancies) from your cycle that would normally be discarded during the routine course of your cycle.

**Discarded biological materials may include** collection of minimal residual sample from sperm preparations, granulosa cells, cumulus cells, fluids from the ovarian follicles that are harvested during oocyte retrieval, immature oocytes, abnormally fertilized oocytes or embryos of such poor quality that are not suitable for transfer.

**Tissue donated to research is never transferred to human subjects.** NYULFC will only collect, use, and store de-identified specimens that are donated for research. Donated research specimens – including DNA material – will not be used to identify patients and will be destroyed once research has been done.

Research conducted using these otherwise discarded biological materials will help us learn more about factors of fertility and infertility in order to better understand various reproductive disorders.

If you have questions about the research or your participation, please e-mail the senior clinical research coordinator at

Fang.Wang@nyulangone.org



## Questions?







T: 212-263-8990



F: 212-263-7853



