NYU Langone
MEDICAL CENTER

Please Silence Your Cell Phones
and Handheld Devices

**FERTILITY CENTER**
www.NYUFertilityCenter.org

# New Patient Orientation
# In Vitro Fertilization

# Meet Our Physicians

Dr. Frederick Licciardi

Dr. James Grifo

Dr. Nicole Noyes

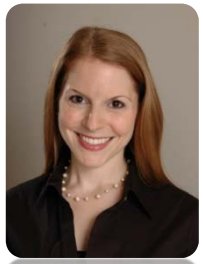
Dr. Alan Berkeley

Dr. Lisa Kump-Checchio

Dr. M. Elizabeth Fino

Dr. David Keefe

Dr. Brooke Hodes-Wertz



Dr. Kara Goldman

# Reproductive Endocrinology Fellows

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

Our division offers a 3-year fellowship training program in REI approved by the American Board of Obstetrics and Gynecology. **Fellows are licensed physicians** and have completed a 4-year residency in OB-GYN prior to sub-specializing in our discipline.

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

**Jennifer Blakemore, MD**

**Susan Maxwell, MD**

**Alexis Masbou, MD**

**Shannon DeVore, MD**

# Laboratory Schedule

## Downtime

The NYULFC's Embryology Laboratory closes for 10 days in August and December to perform extended cleaning and maintenance.

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

## Scheduling

When scheduling your cycle with our coordinators we will make sure you can meet the cut-off dates before each downtime.

Please contact your Patient Coordinator with any questions you have regarding the cut-off dates.

# Prerequisite Tests, Consents & Appointments

- Please note, all required tests (i.e. “checklist”) and insurance pre-certification **must be completed** prior to the start of your cycle.
- 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 or specialist 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.
- All consents for procedures and release forms to use cryopreserved eggs must be completed, properly signed and witnessed prior to starting any treatment or medication. **Please note that some consents require a notary seal.**

No consents, no precertification or an incomplete checklist means ***“No Start”***

**FAILURE TO COMPLETE ALL PRE-REQUISITE TESTING, PRE-CERTIFICATIONS OR CONSENT SIGNING WILL DELAY YOUR TREATMENT TO A LATER MONTH.**

# Genetic Testing: Carrier Screening

- Carrier Screening (Recombine or Counsyl) – Patients/Couples
- Tests couple (not embryos) for changes (mutations) in >100 genes
  - Note: We all have genetic mutations, but most do not affect our health or put our children at risk
- Recessive diseases
  - Only high risk if BOTH partners are carriers of SAME disease
  - As long as one partner is negative for a disease, it is low risk
- X-linked diseases
  - High risk if female is a carrier (males not tested)
- ~60% of individuals test positive
  - Vast majority have no family history
  - Not related to age

*****Genetic counseling with the associated lab is mandatory*****

# Anesthesia Evaluation

The retrieval is performed with monitored anesthesia care, we must ensure the patient's safety and in some instances will require an anesthesia clearance.

- If the patient's weight is greater than 200 lbs. and/or BMI indicates the patient is obese
- If the patient has an illness that may compromise the airway or ability to breathe easily

In these cases, the patient must see the anesthesiologist for an examination of the airway and to determine intravenous access **before starting medications.**

If the anesthesiologist concludes that the airway is compromised or IV access cannot be determined, the patient will **NOT** be cleared for anesthesia.

In these cases, the procedure may be canceled or the patient may have to undergo the egg retrieval without anesthesia. Alternatively, the patient may be asked to delay treatment until sufficient weight has been loss or  until medical clearance can be obtained.

# IVF Medication Pre-Certification

- If you have insurance coverage for fertility treatments, pre-certification for your medications in addition to procedures is most often required by your insurer prior to beginning treatment. We will assist you with the process, but all information must be provided based on your individual insurance requirement and it is ultimately your responsibility to assure the pre-certification process is complete. Every cycle, even repeat treatments, must be authorized in advance.

- **You must allow 3 weeks for the pre-certification** process to be complete. Please provide us with all forms required by your pharmacy plan and contact one of our Medication Authorization Coordinators for further information regarding medication pre-certification:

| | |
|---|---|
| Joanne Healy | (212) 263-0392 |
| Tania Torres | (212) 263-2707 |
| Charmaine Chestnut | (212) 263-0392 |

- Your pharmacy benefit plan will determine the brand and quantity of medication that can be dispensed for your treatment cycle at any one time.

- Patients must be aware of their own pharmacy benefit and its limitations - we can assist you, but we are unable to circumvent the benefit requirements.

# Morning Monitoring Hotline

## Ready to Start

Please call us at (212) 263-8999 on the day of or evening prior to your:

- Day-1 Microdose Lupron® start date
- Day-21 Lupron® start date
- Day-2 or Day-3 start date for IVF or FET

## Information to Share

When calling, please record your name (spell it out), date of birth, treating physician and treatment type:

- IVF
- Egg Freeze
- Frozen Embryo Transfer
- Egg Thaw

Notifying us of your upcoming start will allow your chart to be available before you arrive for treatment.

# What is Day 2?

*Day 1 of your cycle is considered full flow menstrual period before midnight (not staining or spotting). Day 2 is the following day.*

*If taking birth control, 4 days after the last active pill.*

# Cycle Monitoring

*The cycle calendar is a generic guideline and will **change***

- The **average** number of days of injectable stimulation medications is 10-12 days. **BUT**, this will vary depending on your body's **individual response** to the medications.
- **Day 2** of your cycle, come to our office between the hours of 7 and 9 **am** for blood work and an ultrasound.
  - **You will receive a phone call with instructions** from a nurse notifying you if you can begin the injectable medications that evening.
- Your medications, the dosage, and the number of days until you return for your 2nd morning monitoring visit have been predetermined by your doctor.
- After your 2nd morning monitoring visit
  - **You will receive a phone call with instructions** from a nurse as your medication dosage may change as you progress through your cycle depending on your body's **individual response.**

# Cycle Monitoring

Blood Test and Ultrasound Hours are 7 days a week from 7:00 to 9:00 **AM,** no appointment necessary.

***Please try to avoid the 8:59 am rush, particularly on the weekends***

Make sure we have a good telephone number with a free voicemail to contact you.
***Expect a phone call from a nurse in the afternoon, usually between 1 pm and 5 pm.***

Please follow instructions exactly.

Call with questions 212-263-8990

The best time to call the nursing staff is 9:30 AM until 5:00 PM

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# In Vitro Fertilization (IVF)

# The Female Reproductive System

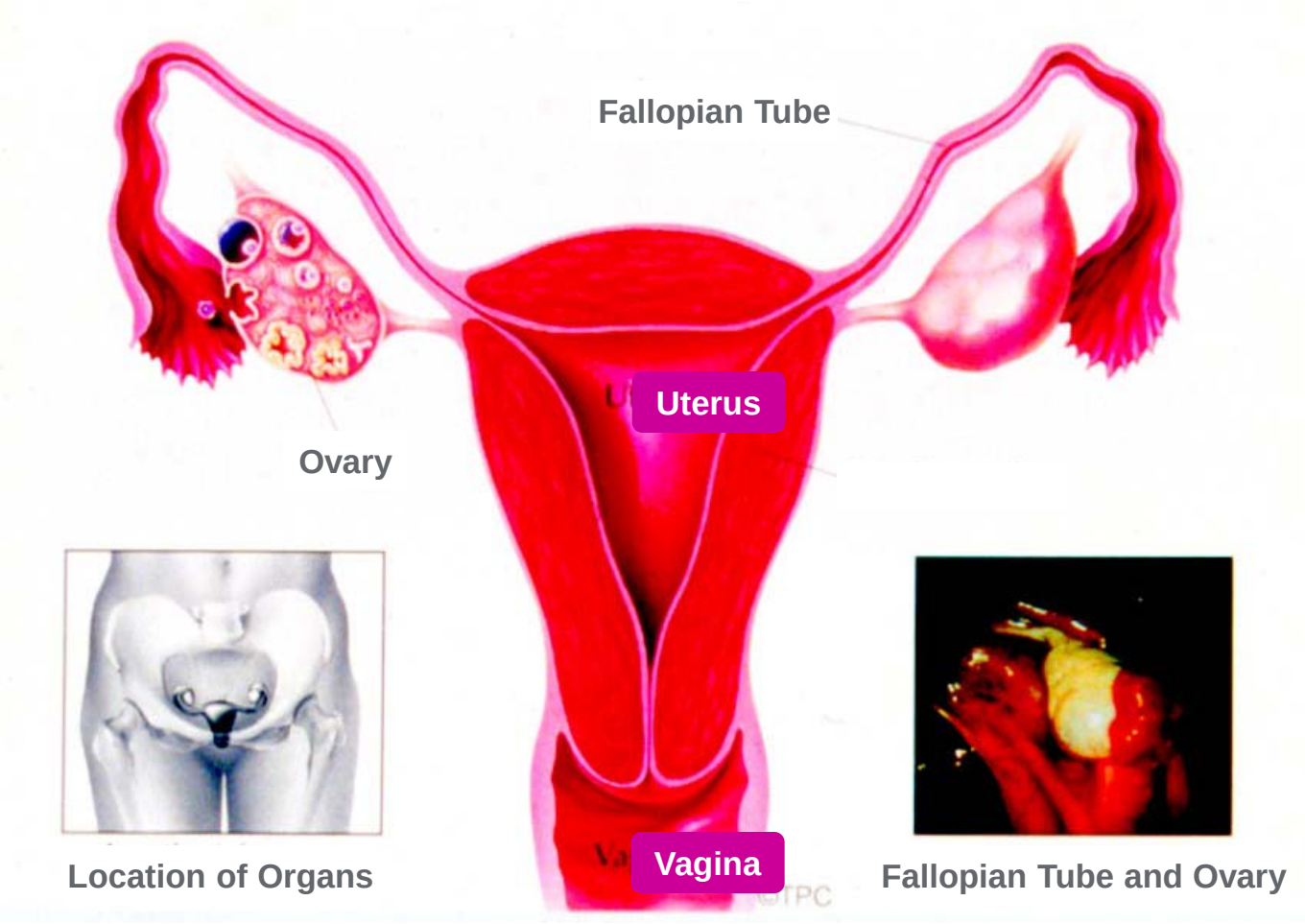



Illustration Courtesy of Organon

# Ovulation and the Role of Hormones

**Desired Baseline Hormone Levels:**

FSH <13.5 IU/L

Estradiol <75 pg/ml

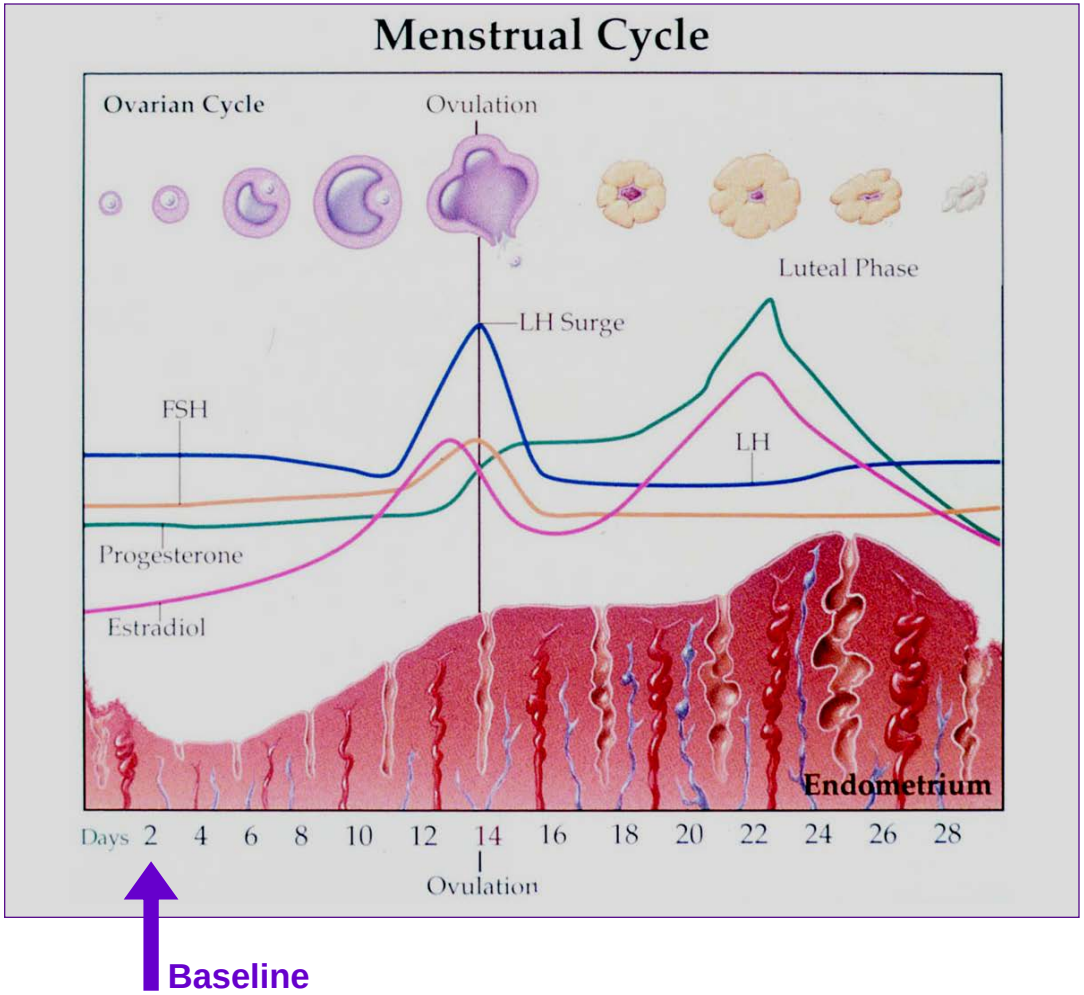



Illustration Courtesy of Organon

# IVF Medication

The decision to start medication is usually based on Day-2/3 blood test and ultrasound results as well as approval from the insurance carrier. If you purchase your medications in advance, and are cancelled, you will not be able to return medications to the pharmacy. If stored properly, the medication usually expires in 1 year.

If you do not have insurance coverage, please notify an IVF nurse of your pharmacy of choice and when to order the medications. You may choose to wait to pick-up the medications until you receive the go-ahead to start the cycle.

****Specialty pharmacy sheet in your folder****

If you have insurance coverage, we must abide by the carrier's guidelines as to drug selection, dosage, and location of pharmacy. Please arrange for pick-up/delivery of your medications ahead of time, especially if your carrier requires a mail-order pharmacy.

*****Review your medications and store them appropriately*****

# Gonadotropins (FSH, HMG)

- **Purpose:** Stimulate the ovaries to mature multiple follicles.

- **Types:**
  - FSH – Gonal F® or Follistim® administered via the “Pen”
  - HMG – Menopur® administered by **subcutaneous** injection with the “short” needle


- **Possible side effects:** Breast tenderness, rash or swelling at injection site, mood swings, depression, abdominal bloating or discomfort, hyperstimulation syndrome (<1%).

- Once you begin stimulation, limit exercise to walking and small upper-body free weights.

- Gonal F® and Follistim® are the same medication (different manufacturers). You may be required by your insurance carrier to use a specific medication. If NYULFC does not participate with your insurance, shop around for either medication from several pharmacies to find the lowest price. Do this in advance and tell us where you would like us to send your prescription.

GONAL-f®
FOLLITROPIN ALFA

# Antibiotic for Male Partner (if appropriate)

- **Purpose:** Protects against infection of the embryos.

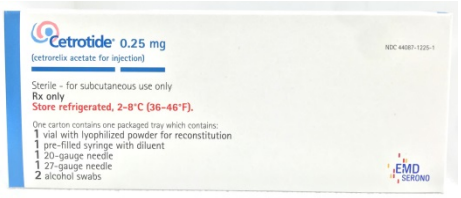
- **Type:** Doxycycline
  *Ciprofloxacin will be prescribed for patients allergic to doxycycline. Please inform us if you have an allergy to "Cipro" or other medications.*

- **Administration:** oral medication, 100 mg twice a day
  *(10 – 12 hours apart)* **for 10 days**, beginning on the start day
  (Day 2 or Day 3) of the female partner's stimulation cycle. If providing a frozen specimen, at least 5 days of antibiotics are required.

- **Possible Side Effects:** photosensitivity, gastro-intestinal distress.

# GnRH Antagonists


- **Purpose:** To suppress the release of luteinizing hormone (LH), which could cause premature ovulation.
- **Brand:** Cetrotide® or Ganirelix Acetate
- **Cycle Day Started:** Usually begun on Cycle Day 7 to 9, but this depends on response to gonadotropin injections. Once begun, this medication is continued up to and including the day of hCG administration.




- **Administration: Subcutaneous** injection
- **Possible Side Effects** *(incidence < 5%):* Abdominal bloating, bruising or reaction at injection site, headache, nausea or vaginal bleeding.
- Please notify a nurse if you have a latex allergy.

# GnRH Agonist

- **Purpose:** To suppress the natural hormone cycle and prevent premature ovulation. Usually begun on Cycle Day 21 of the cycle prior to gonadotropin treatment, but this depends on your normal cycle length; menses usually follows in 8 to 10 days.
- **Brand:** Lupron® (Leuprolide Acetate)
- **Administration:** **Subcutaneous** injection
- **Possible Side Effects:** Bloating, bruising at injection site, hot flashes, headache, mood swings, insomnia, vaginal dryness. Most of these effects happen only after menses has occurred.

# Ovulation Trigger Shot
# Human Chorionic Gonadotropin (hCG)/ Ovidrel®

- **Purpose:** Mimics the natural surge of luteinizing hormone(LH) and matures the oocytes or eggs.

- **Administration:** 2 **subcutaneous** Ovidrel® injections must be taken **within 10 minutes** of the scheduled time and in the exact dose instructed – failure to do so may result in **cancellation** of the egg retrieval. **SET YOUR ALARM CLOCK!**

- **Possible side effects:** headache, bloating, irritability, pain at the injection site, ovarian hyperstimulation syndrome

- *Ovidrel® is a controlled substance in New York State and only certain pharmacies will dispense the drug. Check if your pharmacy can accept an electronic prescription for Ovidrel®/hCG.*

# Alternate Ovulation Trigger

- Lupron® (Leuprolide Acetate) or Lupron® plus hCG/Ovidrel® are used instead of hCG/Ovidrel® as the drugs to cause the final maturation of the eggs.

- If Lupron® is used, it will be administered as a 40 units dose and the Ovidrel® dose may be lowered.

- The trigger medication will be decided based on your response.

- If self-pay for medications, we recommend waiting to buy the trigger shot until it is clear which type will be needed.

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## Oocyte Retrieval

# Oocyte Retrieval

**Do not take aspirin, NSAIDs *(Motrin, Aleve, Advil, Naprosyn)* or any medication, herb or other substance that can interfere with platelet function during your treatment cycle.**
Doing so will increase your risk of having a bleeding complication from the egg retrieval.

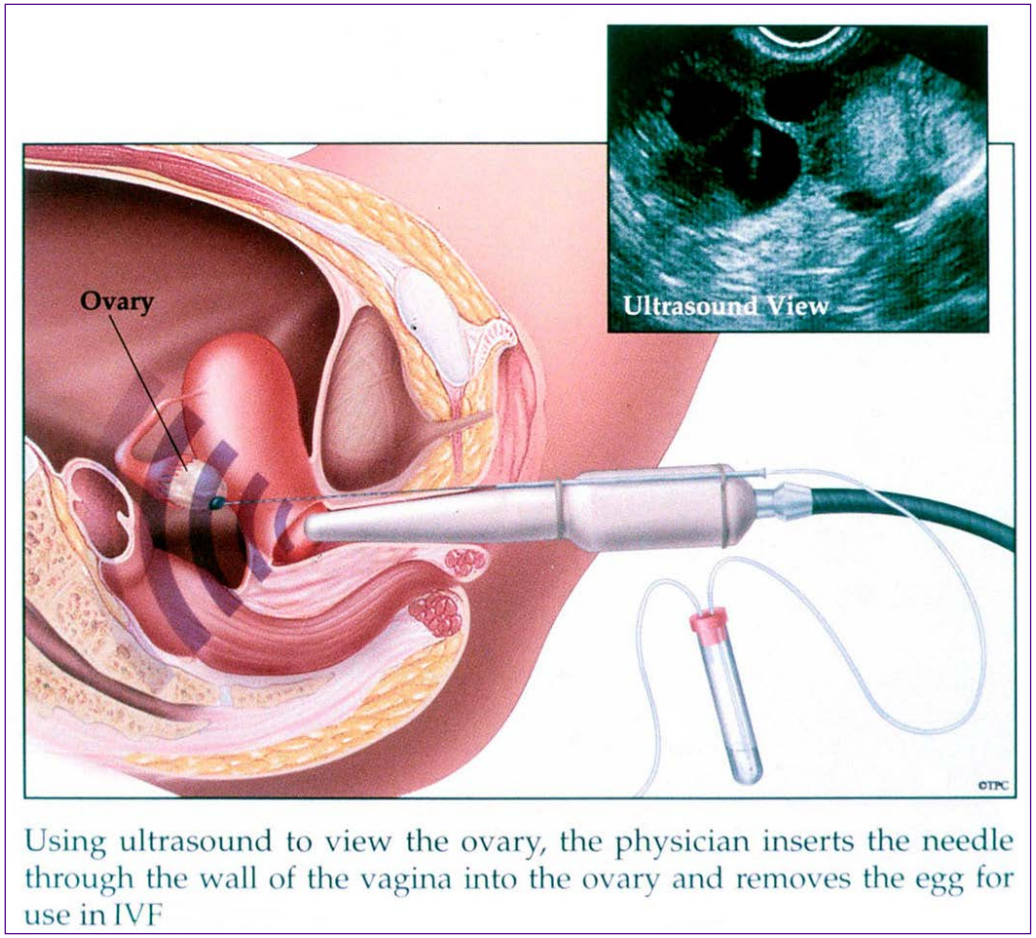
- The procedure is scheduled 34 to 36 hours after the ovulation trigger.
- You must not eat or drink after midnight the evening prior to retrieval. If directed, take your usual medications with a sip of water only!
- Please confirm your arrangements if you are using frozen partner/donor sperm or bringing the semen specimen from home. Frozen partner/donor sperm must be in the laboratory prior to starting medication.
- If there is a male partner who will provide a fresh specimen both male and female partners should arrive 1 hour prior to the scheduled retrieval on the 5$^{th}$ floor. You will then be directed to the 6$^{th}$ floor where our procedure room, andrology, and embryology laboratories are located.

# Oocyte Retrieval (continued)

- You will be introduced to the anesthesiologist who will administer intravenous sedation.
- The egg retrieval procedure generally takes 5-10 minutes and you will be sedated for the duration of the procedure. Recovery usually takes 1 hour, but can be longer.
- You will be evaluated for pain and given post-operative instructions.
- Because you will receive anesthesia, you **must be discharged to the care of an adult escort who will bring you home safely.** This is a safety measure mandated by NYU Langone Medical Center.
- Plan to rest at home the day of the egg retrieval.

# Oocyte Retrieval

Retrievals begin around 9:30 AM each day and continue to be scheduled about every half hour until all are completed.




Using ultrasound to view the ovary, the physician inserts the needle through the wall of the vagina into the ovary and removes the egg for use in IVF

Illustration Courtesy of Organon

# Antibiotic for Female Partner

- **Purpose:** To prevent pelvic infection post-egg retrieval
- **Type:** Doxycycline
  *Ciprofloxacin will be prescribed for patients allergic to doxycycline.*
  *Please inform us if you have an allergy to "Cipro" or other medications.*
- **Administration:** oral medication, 100 mg twice a day
  *(10 – 12 hours apart)* **for 4 days**
- **Possible Side Effects:** photosensitivity, gastro-intestinal distress.

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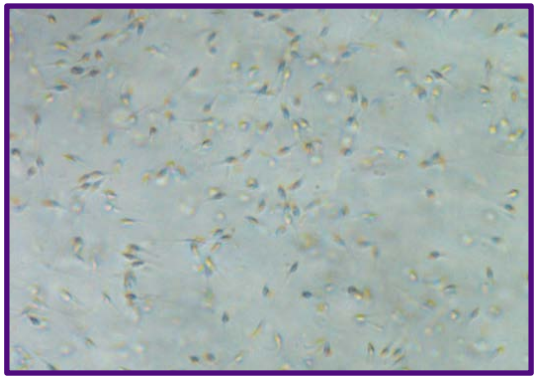
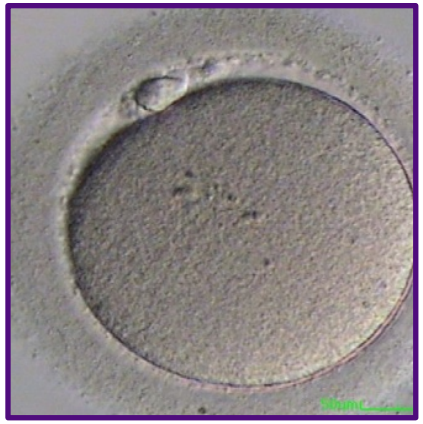
## Embryology

# Embryology Laboratory

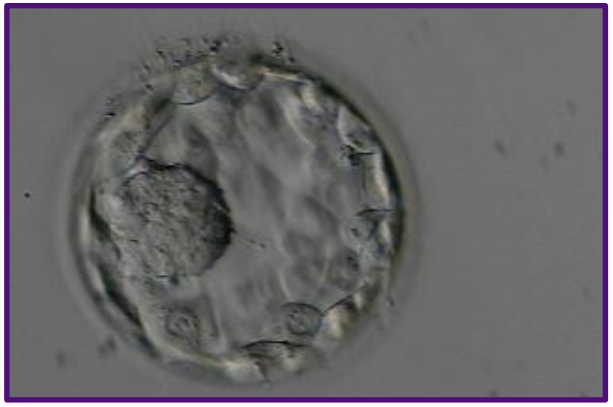
Egg with surrounding cells immediately after retrieval



Semen specimen is processed to concentrate motile cells



Mature egg with surrounding cells removed



Embryo that has reached the blastocyst stage (If able, the fertilized egg usually develops to this stage by day 5 or 6 post-egg retrieval)

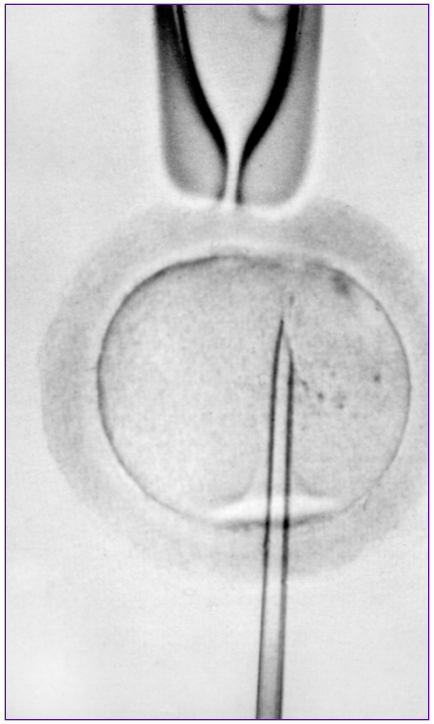
# Embryology and Andrology

- At retrieval, eggs are examined and evaluated by an embryologist.
- In routine cases, sperm is added to the lab dish containing the eggs and a special medium.
- The dish is placed in an incubator where normal fertilization may occur.
- Any resulting embryos are cultured further and evaluated.
- The patient has the option to cryopreserve (freeze) excess, good-quality embryos. Please note that embryo cryopreservation requires a separate consent form. Frozen embryos are stored here at NYU Langone Fertility Center on the 6$^{th}$ Floor.

# Micromanipulation: ICSI

Intracytoplasmic Sperm Injection is when a single sperm is injected into the egg to assist fertilization. It is indicated if the male partner:

- Has low sperm count and/or motility when semen 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 acute drop in motility following sperm preparation on the day of egg retrieval



# Genetic Testing for Embryos: PGS/PGD

Preimplantation Genetic Screening (PGS – Reprogenetics)

Preimplantation Genetic Diagnosis (PGD)

*****Genetic counseling with the associated lab is mandatory*****

| | What does it test? | Who is a candidate? | What is required? |
|---|---|---|---|
| **PGS** | Chromosome abnormalities<br>- Not inherited, occurs spontaneously<br>- Increases with maternal age but occurs in a subset of all eggs/sperm, regardless of age<br>- Mainly associated with failed embryo implantation or miscarriage | All individuals/couples | - Consultation with Reprogenetics<br>- Days 5-7 embryo biopsy<br>- Cryopreservation of all embryos<br>- FET in future cycle |
| **PGD** | Known mutation(s) in a single gene<br>- Heritable (passed down in family)<br>- Associated with known risk for specific disease | Few individuals/couples<br>- Both carriers of same disease<br>- Female carrier of X-linked disease<br>- One partner affected with known genetic disease (with known genetic mutation) | - Customized set-up with outside lab prior to cycle (takes several weeks)<br>- ICSI<br>- Days 5-7 embryo biopsy<br>- Cryopreservation of all embryos<br>- FET in future cycle |

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## Embryo Transfer

Fresh vs. Frozen

# Progesterone

- **Purpose:** to enhance the uterine lining's ability to sustain embryo implantation and pregnancy. Progesterone is needed for both a fresh embryo transfer and a frozen embryo transfer.

- **Administration:** Intramuscular injections or vaginal suppositories. ***Do not stop progesterone unless instructed to do so by a staff member.***

- **Possible side effects:** cramping, headache, nausea, breast tenderness, mood swings or vaginal irritation.

- ***Please let your physician or IVF nurse know if you have any nut allergies.***

# In the Laboratory

## What Happens to your Eggs, Sperm and Embryos

Call from nursing on day 8 post retrieval to inform you if and how many embryos were frozen.

Pregnancy test 9 days after transfer.

## Fresh Embryo Transfer

**Day 0**
Egg Retrieval, Sperm Preparation, Insemination/ICSI

**Day 1**
Fertilization Check, Post-Op Call with Fertilization Results

**Days 5 & 6**
Embryo(s) selected for transfer based on best quality, most advanced in development

Begin taking Doxycycline and Medrol in the evening.

Follow instructions for Progesterone administration.

# Fresh Embryo Transfer

The procedure is scheduled for 5 days after the retrieval. Embryo(s) selected for transfer are based on the embryo grading system by the laboratory. The NYULFC physician will advise each patient on the day of the procedure about the number of embryos to be transferred.

*(Information about embryo grading is provided on a handout in your orientation materials)*

# In the Laboratory

## What Happens to your Eggs, Sperm and Embryos

## PGD/PGS with Frozen Embryo Transfer

**Day 0**
Egg Retrieval, Sperm Preparation, Insemination/ICSI

**Day 1**
Fertilization Check, Post-Op Call with Fertilization Results

**Day 3**
Embryologist will create opening in outer shell (zona ablation)

**Days 5 - 7**
Biopsy is performed on all suitable blastocysts, which are then frozen pending genetic results

Call from nursing on day 8 post retrieval to inform you if and how many embryos were biopsied/frozen.

Call from nursing 10-14 days after biopsy to inform you of PGD/PGS results.

*The frozen embryo transfer will occur in a later cycle after results are received*

# Frozen Embryo Transfer (FET)

A treatment plan should be discussed with your NYULFC physician and a cycle reservation should be in place prior to the start of the cycle. Insurance authorization, consent forms, and prerequisite blood tests may also be required.

Embryo(s) selected for thaw and transfer will be based on the following criteria in this order:

1. Results of PGD/PGS testing (if applicable)
2. Best-quality embryo as graded by the laboratory
   *(Information about embryo grading is provided on a handout in your orientation materials)*

# Frozen Embryo Transfer (FET) Cycle

Plan to visit us on Day-2 of your menses between 7:00 and 9:00 **AM** for a blood test and sonogram. A nurse will notify you if your results are acceptable to start.

If doing a “Hormone-Replaced” FET cycle, you will be instructed to begin Estrace.

If doing a “Natural” FET cycle, a regular cycle of about 28 days is necessary. We are relying on your internal ovarian function to make decisions and will require more visits to the office and flexibility in your schedule.

*In either case, you need prescriptions for progesterone supplementation, antibiotics, and Medrol. For the “Natural” FET cycle, an ovulation trigger may also be required.*

You will then be instructed to visit us around day 14 between 7:00 and 9:00 **AM** for a blood test and a sonogram. We will call you with the transfer date and instructions regarding your embryo transfer and the start date for progesterone administration.

# Fresh/Frozen Embryo Transfer

Selected embryo(s) are 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 leave immediately after the transfer procedure.

# Single Euploid Embryo Transfer (SEET)

The NYULFC strongly encourages the transfer of a **single, chromosomally-normal (euploid)** 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
- Triplets is 10 times higher than for singletons

Other risks associated with twin pregnancies include

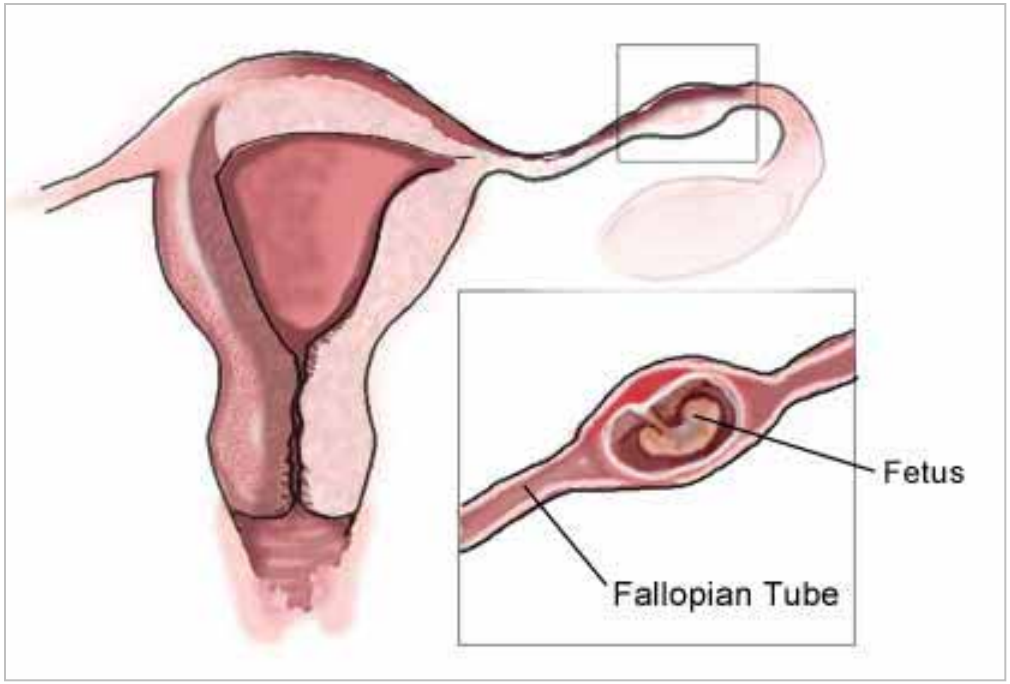
- 2.4 times higher likelihood to develop pre-eclampsia
- 6.8 times higher likelihood to use sick leave
- 3.5 times higher likelihood to be hospitalized during pregnancy
- 10 times higher likelihood to have preterm labor
- 2 to 3 times more likely to require a Caesarian section
- Additional stress on parents
- Additional stress on siblings
- Long-term costs for minor and major handicaps

# Post-Transfer Monitoring
# (Luteal Monitoring)

- **Progesterone blood test:** day of embryo transfer
- **Pregnancy blood test:** 9 Days after embryo transfer (mandatory), which is repeated one week later if positive, and sooner if deemed appropriate by the physician on duty.
- **Pregnancy ultrasound:** 3 weeks after the embryo transfer if the pregnancy test is positive
- **Transfer to obstetrician of your choice:** once detection of fetal heartbeat is documented

# Ectopic Pregnancy

- The embryo(s) is placed in the uterus, but can implant in the fallopian tube, or more rarely, in the cervix.
- An ectopic pregnancy is not a viable pregnancy.
- Tubal pregnancies occur in about 2-3% of IVF pregnancies.
- Tubal adhesions increase the risk of an ectopic pregnancy.
- Treatment of ectopic pregnancy includes medication (methotrexate) and/or surgery.



# Issues to Consider Before IVF

- Potential risks and side effects of IVF
  - Severe Hyperstimulation Which Can Result In Hospitalization
    - Depending on a woman's sensitivity to fertility medications, sometimes moderate to severe hyperstimulation is unavoidable and may require frequent monitoring or changes to the cycle, including cancelation or postponement of the embryo transfer, or even hospitalization.
    - Call our office if you feel very bloated or have a rapid weight gain. Consult the OHSS information sheet in your patient packet for details.
  - Adverse Reaction To Medications
    - Anesthesia medication may cause constipation. Colace® is available over-the-counter for this side effect.
    - Allergic reaction

- Number of embryos to transfer
  - Multiple pregnancy and associated risks
    - Elective reduction of multi-fetal pregnancy
    - Preterm labor and cesarean delivery
    - Prematurity

- Cryopreservation of additional embryos
  - The decision to cryopreserve is an important one that should be considered prior to creating embryos
    - In the event of death or divorce
      - Custody
      - Donate to research
      - Decision to discard

# Zika Virus

Avoid traveling to Zika-infected areas.

Check the CDC website frequently as it is constantly changing.

- Geographic areas affected
- Protection against infection
- www.cdc.gov/zika

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## Wellness Program

Monthly Calendar of Wellness Events Can Be Found in the Lobby

# For Information and Support . . .

- Ask questions during your visits or call us at (212) 263-8990 during the hours of 9:00AM to 5:00PM. During these hours, we use a daytime call center to take your message. Please leave a message and our staff will return your call within 60 minutes.

- Information resources are available online at ASRM.org, resolve.org, cdc.gov/art, and SART.org

- Visit our web site at **www.NYUFertilityCenter.org**
  - Injection training videos are available (English and Spanish) through our website on the page entitled: **Patient Forms, Orientation & Videos page**

- Wellness program services are most effective when started prior to treatment, but can be utilized at any time.

# Genetic Counseling

**Andria G. Besser, MS, Certified Genetic Counselor**

Located onsite and available for appointments on Tuesdays, Wednesdays and Fridays (9am – 5pm).

Indications for Genetic Counseling include:

- Personal or family history of genetic disease, chromosome abnormality, or birth defect
- Couples at-risk for genetic disease (both carriers of same disease)
- Female carriers of X-linked diseases
- Further discussion of genetic test results (carrier screening, PGD/PGS)
- Strong family history of cancer OR history of certain cancers before age 50
- General concerns about genetic risk factors

Email Andria.Besser@nyumc.org or call her at (212) 263-1149 to make an appointment. If not covered by insurance, the cost of an appointment is $175.

# Psychological Support Staff & Services

Shelley S. Lee, Ph.D.
*(212) 263-0060*

Mindy R. Schiffman, Ph.D.
*(212) 263-0061*

- Consultations, treatment/support sessions for couples and individuals
  - Consults are mandatory for all patients using donor gametes
  - Any patient/couple may utilize the services of our psychologists.
    If interested, please call for information or to book an appointment: (212) 263-0054
- Patient support groups available for stress management and donor egg
- Therapies related to the mind-body connection and IVF

## Acupuncture Services

- Services are provided by Lara Rosenthal, L.Ac., Belinda Anderson, Ph.D., L.Ac. and Sara Frohlich, L. Ac.
- Offered onsite 4 days of the week. Offsite appointments are also available. If interested, call 212-807-6769.
- Can safely be used prior to and concurrent with fertility medications and procedures.

## Mind/Body Support Group

- Services are provided by Helen Adrienne, LCSW, BCD.
- Offered as a series of individual classes, a one-day group program or individual consultations are also available. If interested, call 212-758-0125.
- Main goal is to help patients realize that while you can't control infertility, you can control how you navigate it.

## Yoga for Fertility

- Services provided by Tracy Toon-Spencer (onsite and 265 W. 72nd St., 2nd Fl.) and Barrie Raffel (371 Amsterdam Avenue). If interested, call 917-520-5596.
- Safe to practice at any time during your treatment.

## Nutrition for Fertility

- Services provided by Bridget Murphy, MS, RDN, CDN
- Can be started at any time during your treatment. If interested, email helen@heleneadrienne.com.

# Program Consent Forms
# Required Prior to Cycle Treatment Start

- **IVF and Embryo Transfer** – which includes consenting for ICSI, if appropriate
- **Embryo Cryopreservation**
- **Frozen Embryo Transfer (FET)**
- **Donor Sperm (if needed)** – An additional consent is required for the use of donor sperm
- **Release for Frozen Sperm** – A release is required before a frozen sperm specimen can be thawed – *this is required for either donor sperm or sperm from a male partner. If the sperm is from a male partner, the male must consent to its thaw and usage before thaw can occur.*
- **PGD/PGS (if needed)** – Be sure you have received the PGD/PGS packet and have confirmed the PGD/PGS schedule with Reprogenetics or other PGD lab directly.

- Patient must initial each page and sign and date the last page.
- Spouse or Sexually Intimate Partner (if applicable) must initial each page and sign and date the last page.
- Do not use a checkmark for consent elements that require a specific decision.

# Abnormal, Mosaic, and Undiagnosed Embryos

You, and your partner if applicable, should discuss your options and come to an agreement about how to manage abnormal, mosaic and undiagnosed embryos before completing the PGS Consent form.

| Type of Embryo | Discard | Donate to Research | Transfer *(after consult)* | Cryostorage *(addt'l fees)* | Re-Biopsy *(addt'l fees)* |
|---|---|---|---|---|---|
| Abnormal | ☑ | ☑ | ☒ | ☒ | ☒ |
| Mosaic | ☑ | ☑ | ***maybe*** | ☑ | ☒ |
| Undiagnosed | ☑ | ☑ | ☑ | ☑ | ☑ |

**If you have euploid (chromosomally normal) embryos**,
final decisions regarding mosaic and/or undiagnosed embryos can wait until all euploid embryos have been used or removed from NYULFC.

**If you have only mosaic and/or undiagnosed embryos,**
you will have the opportunity to speak with your doctor to discuss options in light of your results.

*Acknowledgement & Consent Form: Abnormal, Mosaic and/or Undiagnosed Embryos in Storage*
is provided when there are ONLY mosaic or undiagnosed embryos remaining.
Return this signed consent within 60 days of receipt. If it is not returned in a timely manner,
we will discard any mosaic or undiagnosed embryos after 60 days.

NYU Langone MEDICAL CENTER

# Research at the NYULMC Fertility Center

# Research at the NYULFC

The 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 one time which we hope will advance and improve infertility benchmarks and fertility treatment options.**

# Research Participation

- **Participation in research studies is entirely voluntary**, which means it is your choice to take part in a study or decline. Your decision whether or not to participate will not affect the care you receive during your treatment cycle.

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

- **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.

- Research consent forms must be witnessed by a clinical staff member who is knowledgeable about our research. Due to IRB regulations, **research consents cannot be witnessed by a Notary Public.**

# Current Research Studies

- Mostly, our research studies involve **biological material** (procedural by-products or 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.**

- Providing consent for research does not impact your medical treatment in any way.

- Your orientation packet includes our **current study's informed consent**. Sometimes we have specific studies that will require a separate informed consent.

# Research at NYULMC Fertility Center

- Your participation in any currently ongoing studies will not require additional visits outside of your routine IVF care.

- ***At no time are eggs inseminated (e.g. fertilized) or embryos transferred to human subjects as a "research procedure".***

- If you have questions or concerns regarding your participation in a research study, you can notify an NYULFC nurse who will have a member of the research team contact you.