

# We're determined



Welcome to SpringCreek! We know that this journey is often a difficult one with many questions, ups, and downs. To make it easier for you, we have designed this folder with information about each step of the process.

Think of this as your passport through the world of fertility!

Throughout this process, please check in at [Springcreekfertility.com](http://Springcreekfertility.com) to see other articles and helpful tools.

## Included in this Folder

- Female Diagnostics
- Male Diagnostics
- Steps after Diagnostics and Diagnostic FAQs
- Menstrual Cycle
- Supplement Recommendations
- Detox Recommendations
- Treatment Options
- Ovulation Induction
- Intrauterine Insemination
- Ovulation Induction and Insemination FAQs
- IVF – how does it work?
  - ICSI
  - PGT-A/PGT-M
  - IVF Medications
  - You want me to stick that where?
  - FAQs
- Donor Options
- Third Party
- Emotional Support
- Financial Options

To save you some money, scan this QR code. There, you will find some passport questions. Once all questions are answered correctly, you will receive a \$100 SpringCreek Gift Card to be used toward your journey.

All answers can be found in this folder.

\*\*\*\*These credits cannot be applied to any services covered by your insurance.



# Female Diagnostics

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Depending on your history, different diagnostics may be recommended. But what are the typically recommended diagnostics and why are they done?

The providers like to do an evaluation of the anatomy as well as some lab work to assess your endocrine/hormone levels. For the anatomy evaluation, a Saline Infused Sonogram (SIS) is often recommended.

## What is it?

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Saline Infused Sonography is a procedure that involves placing a small amount of saline solution directly into the uterus and fallopian tubes.

The purpose of the test is to assess the internal uterine cavity (where a baby grows) and the patency of the fallopian tubes (whether the tubes are open or not).

## Before the Procedure

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Drink lots of water! The catheter has an easier insertion when the bladder is full. The bladder pushes against the uterus, straightening the cervix, and allowing an easier path for the catheter.

Take 800mg of Motrin one hour prior to the procedure. The uterus is a muscle which may contract during the procedure. The Motrin will help prevent uterine contractions, which may prevent getting an accurate test result.





# During the Procedure

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You will be asked to lay back and put your feet into the stirrups. Once the speculum has been inserted, the catheter will be placed. A small balloon will be inflated to hold the catheter in position. The speculum will be removed to help with comfort and the saline will then be injected into the uterus. Once the doctor's exam is complete, everything will be gently removed.

## After the Procedure

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## Cause for Concern

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You may resume all normal activities, but you will want to keep panty liners and wipes on hand, which will be available in the exam room.

You may experience some minor leakage and/or bleeding. Light cramping may occur after the procedure, but will not last long. If the cramps continue, you may take 800mg of Motrin every 8 hours.

Call the office if you start to have a fever, have pain that lasts longer than 24 hours and is not relieved by pain killers, or if you have unusual discharge.

# Lab Tests

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When checking endocrine and hormonal levels, the provider will suggest some lab work. We have an on-site phlebotomy lab where you can make an appointment to have these tests drawn. These tests may include (but are not limited to):

- **AMH (Anti-Mullerian Hormone)** – This hormone is released from eggs laying in waiting and checks your ovarian reserve. It serves as an “egg counter.”
- **FSH (Follicle Stimulating Hormone)** – This hormone stimulates the ovaries to get an egg to grow. Your FSH shows the quantity and quality of eggs. This also shows how hard the body is working to produce a follicle.
- **TSH** - This checks your thyroid.
- **Glucose and Insulin** – This test needs to be taken when you are fasting. The glucose and insulin levels assess your body’s ability to utilize sugar. High insulin levels can affect your ovulatory function and decrease your ability to get pregnant.
- **Prolactin** – High prolactin levels may stop a woman from ovulating, so this test is to check those levels.
- **Blood type** – This is tested to inform your care during pregnancy. If a fetus and its mother have different blood types, a RhoGam shot may be required to protect the fetus from the mother’s antibodies.
- **Vitamin D** – This test checks vitamin D levels. It is not uncommon for women to be deficient in Vitamin D. Some research supports higher ongoing pregnancy rates in women with normal Vitamin D levels.
- **Testosterone** – Higher testosterone levels can impact fertility.
- **Progenity** – This panel checks if you are a carrier for certain genetic conditions like Spinal Muscular Atrophy, Cystic Fibrosis, and Fragile X Syndrome.
- **Environmental panel** – This panel checks lead, mercury, arsenic, cadmium, and carbon monoxide levels.
- **Infectious Disease panel** – This panel checks for the infectious diseases HIV, Hepatitis B, Hepatitis C, and syphilis. For specimen to be stored in our on-site laboratory, it must be screened for infectious diseases.









# Male testing

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- **Complete Semen Analysis (CSA)** – This analysis checks the volume, count, movement, shape, and white blood cell count of the sperm.
- **DNA Fragmentation Index (DFI)** – This checks for damage to a sperm's DNA. A high level of DNA damage can affect fertility in a way that the conventional CSA cannot assess.

While these are two separate tests, if both are recommended for you, you can do them both through one collection at one visit. All of our offices have collection rooms together with Andrology laboratories. Follow the signs for Andrology to check in on the day of collection and feel free to call for specific directions in advance of your appointment. You will need to bring your photo ID and your insurance card. We require a \$125 deposit when scheduling a male appointment.

For best results, males should abstain from ejaculation for at least 2 but no more than 5 days prior to the analysis. Sometimes, our providers will recommend lab tests for our male patients, as well. Here are some of the most common ones:

- **Genetic Carrier Screening** - This panel checks if you are a carrier for certain genetic conditions, like Spinal Muscular Atrophy, Cystic Fibrosis, and Fragile X Syndrome.
- **Environmental panel** - This panel checks lead, mercury, arsenic, cadmium, and carbon monoxide levels.
- **Infectious Disease panel** - This panel checks for the infectious diseases HIV, Hepatitis B, Hepatitis C, and syphilis. For specimen to be stored in our on-site laboratory, it must be screened for infectious diseases.





# Diagnostic FAQs

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*My lab work is fasting. How long should I fast?*

- You will want to fast for 12 hours. This means no food or drink other than water. You will want to be well-hydrated, though, so drink lots of water!

*I am scheduled for my diagnostics, but my cycle started at a different time than I expected! What should I do?*

- Call the office. We can make sure you are within the correct window. If you are not, we can reschedule you.

*The provider recommended some supplements and a prenatal vitamin for me. How long will I take these?*

- You want to start taking the recommended supplements now and continue until instructed to stop. At each visit, be sure to let the clinical team know all medications and supplements you are taking.

*I will still be bleeding at the time of my Saline Sonogram. Is this OK?*

- The Saline Sonogram is to be done between days 5 and 14 of your cycle with your first day of full flow being counted as cycle day 1. It is OK to have a small amount of bleeding at the time of the Saline Sonogram.

*My husband is nervous about collecting at the office. Is there an option to collect at home?*

- When collecting at home, there is always a risk of adding in outside factors. It is recommended to collect in-office whenever possible. We understand, however, that this is not always an option. If a patient lives close enough, a home collection is an option. We have home collection kits. The patient will need to call and schedule an appointment to drop off the collection. The specimen needs to arrive within 30 minutes of collection time. The patient needs to bring in his own collection and will need to bring photo ID and insurance card at the time of drop off.

*After we complete all recommended diagnostics, what's next?*

- Once we have received all of the results for both you and your partner, a nurse will call you to discuss your next steps.

# Menstrual Cycle

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OK, so you've had it for many, many years, but what is *actually* going on when you have a period? Your menstrual cycle is really four stages. Let's break it down and make it a little easier to understand:

## Stage One

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### *Menstrual Phase*

Your cycle begins on the first day of full flow menses. Menses is the term for the blood and lining being shed during a menstrual cycle. This cycle typically lasts 4 to 7 days. If you have cramping, it is likely on the first days of your cycle as your body is actively cramping out that excess lining.

## Stage Two

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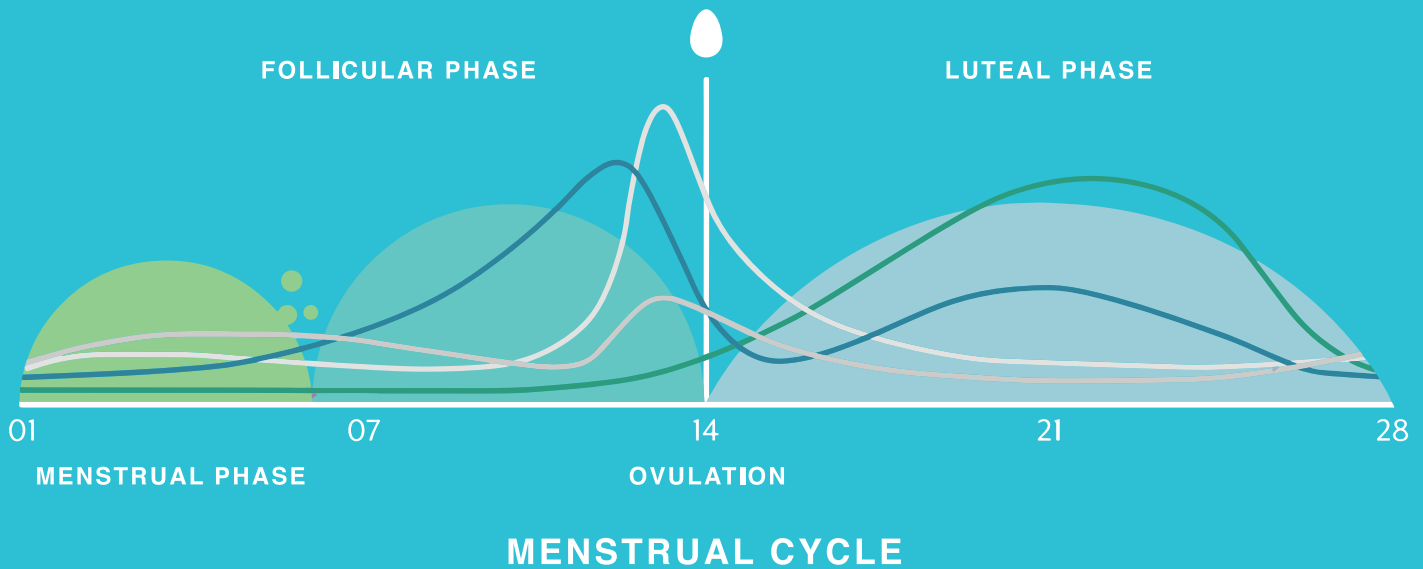
### *Follicular Phase*

To add even more confusion to this whole process, the follicular phase overlaps the menstrual phase. Also starting on cycle day one (the first day of full flow), the follicular phase lasts until ovulation and refers to the growth of follicles.

On day one, your luteinizing hormone (LH), follicle-stimulating hormone (FSH), estrogen, and progesterone hormone levels are low. The FSH is made by the pituitary gland in your brain and signals the body to start developing follicles. Follicles are the fluid-filled sacs that contain undeveloped eggs. As the follicles grow, your estrogen levels rise, as well.

As the follicles grow and the estrogen levels rise, one to two follicles start taking the lead – growing larger faster. The egg inside the dominant follicle begins to mature and develop. Estrogen levels continue to rise to build up the uterine lining, preparing the body to support a pregnancy should it occur. The increase in estrogen also builds the fertile cervical mucus which helps sperm swim to the egg.





## Stage Three

### *Ovulation*

As estrogen levels continue to rise, they eventually cause a surge of the luteinizing hormone (LH). The LH surge causes the dominant follicle to release the mature egg inside. After the release, the egg enters the fallopian tube. The life span of a typical egg is 24 hours and the egg will die if it is not fertilized during this 24-hour time period.

The average day for ovulation is cycle day 14; however, bodies do not always follow scientific formulas and 14 is just an average. Day of ovulation can vary from cycle to cycle, woman to woman.

## Stage Four

### *Luteal Phase*

After the follicle ruptures and releases the mature egg, the remaining portion of the follicle stays on the ovary, creating the corpus luteum. At the same time, progesterone levels increase and thicken the uterine lining, preparing for egg implantation.

If a fertilized egg implants, the body begins to produce human chorionic gonadotrophin (HCG) to support the corpus luteum. Progesterone levels also continue to rise to protect the thickened lining.

If the egg does not fertilize, the egg and the corpus luteum die. They then wither and shed, causing menstruation and restarting the cycle.

A woman in a blue sweater and white skirt is holding a white bag. The background is a textured wall.

# Supplement Recommendations

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## For all Women:

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### **Prenatal Vitamins**

**Methyl Folate:** 5mg daily. Biologically active form of folic acid (broken down version) helps many people with slow metabolism for folate processing.

**Coenzyme Q 10:** 400mg daily. Helps egg quality and improves cellular energy metabolism for improving insulin resistance.

**Breathe Right Nasal Strips:** Reduce the stress of night-time breathing which improves insulin metabolism and lowers risk of gestational diabetes and hypertension during pregnancy.

## For Men:

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**L-Carnitine:** 1000mg daily. Helps sperm production and motility. By itself or in brand name, Proxeed.

**Coenzyme Q 10:** 200mg daily. Helps sperm motility. Sold as CoQ10, Ubiquinone, or as purified reduced-form Ubiquinol.

**Methyl Folate:** 5mg daily. Biologically active form of folic acid (broken down version) helps many people with slow metabolism for folate processing.

**Fertilaid for Men:** Contains all of the above in a single supplement, can be taken by itself for maximum efficiency.





# As Indicated Clinically:

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**Fiber:** Supplement with breakfast and dinner. Slows sugar absorption and reduces insulin production. Brand names Benefiber and Fiber-con are recommended.

**FH Pro for Women:** Supplement that contains multiple ingredients to improve insulin resistance.

**DHEA:** 25mg. Three times daily. Over-the-counter hormonal precursor that may improve ovarian hormone production in women with lower ovarian function.

**Melatonin:** 3mg daily. Hormone supplement often used for sleep, recent studies showing improved ovarian function due to antioxidant properties.

**Acai Berry or Resveratrol:** Super antioxidant. Possible improvement in IVF outcomes with more eggs, more embryos, improved outcome.

**Migraines:** *Prevention*

- Magnesium 250mg and Vitamin B-2 200mg Daily

*Onset*

- Tylenol 1000mg, Sudafed 10mg, Benadryl 12.5mg & Magnesium 750mg

**Stress Management:** Circle + Bloom audio program, Acupuncture, Massage, Guided Imagery, Meditation, Yoga

# Detox Lifestyle Recommendations

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## Water

City water contains heavy metals, fluoride, chlorine, medications, hormones, antibiotics, birth control, and psychotropic drugs.

Use purified water or distilled water for drinking and cooking.

Consider evaluating your water supply and installing a home filtration system.

Change water filters regularly.

## Air Quality

Homes are sealed efficiently which causes chemicals to become trapped inside without the ability to escape.

Try air filtrations systems, run fans throughout the house (especially during summer months), frequent ventilation.

Freshen air by diffusing with natural oils as opposed to chemical containing air fresheners.

## Household Cleaners

Contain several harmful toxins – formaldehyde, ethylbenzene, petroleum distillates (petrochemicals), chlorine, benzene, butyl cellosolve, phenol

In the bathroom, spray cleaners contain fumes and can be ingested in food. Use natural products like Seventh Generation or Simple Green. Toilet Bowl Cleaners off-gas dramatically and are harmful to breathe. Try using Ecover brand.

Kitchen, dishwashing detergent combines with chlorine, fluoride, and chemicals in water to form toxic gas. Use natural products, like Seventh Generation or Simple Green. Fabric softener contains 6 neurotoxins that alter the endocrine hormones, decrease the ability to lose weight, and contribute to migraines. Try wool dryer balls by ecosafe. Laundry detergents contain cancer causing agents. Use Seventh Generation or Life Tree. Recommend using natural dry cleaning services.

## Mold

Can affect leptin receptors, which will inhibit the ability to lose weight and can cause hormonal dysregulation. Insomnia, chronic fatigue, and unexplained illnesses may be linked to mold.

Consider ventilation systems and inspecting the home for mold.





## Cookware

Teflon coated pans can release up to 6 toxic gases. Aluminum pans release similar toxins and may be linked to neurological conditions.

Use stainless steel, glass or ceramic cookware, or non-toxic cookware, such as Scan Pan cookware.

## Plastics

Plastics contain BPA, phthalates, and other chemicals that disrupt hormones in the body.

Changing the temperature of storage containers can drive chemicals into foods. Acidic foods pull the chemicals into the food as well.

Best to store food and beverages in glass or aluminium containers. Avoid heating items in plastic containers. Prolonged refrigeration or freezing is not recommended. Let items cool before placing hot items in plastic storage containers.

## EMF

Electric and Magnetic Fields (EMF) – cell phones, tablets, computers, hair dryers, fans, and other electronic devices can cause cellular inflammation.

Decrease exposure to devices, place cell phones in airplane mode, turn WiFi off when possible, device cases that decrease EMF exposure, or use absorbing rocks and crystals.

## Toxic Beauty Products

Several personal and beauty products contain toxins (such as Diethanolamine (DEA), BPA, Lead, Propylene Glycol, Sodium Lauryl Sulfate (SLS), Phthalates)

These products are commonly found in cosmetics, shampoos, soaps, bubble bath, toothpaste, and baby wipes.

## Home Furnishings

Household carpet, appliances, and furniture are capable of producing toxins that can affect air quality and link to breast cancer, respiratory problems, and leukemia.

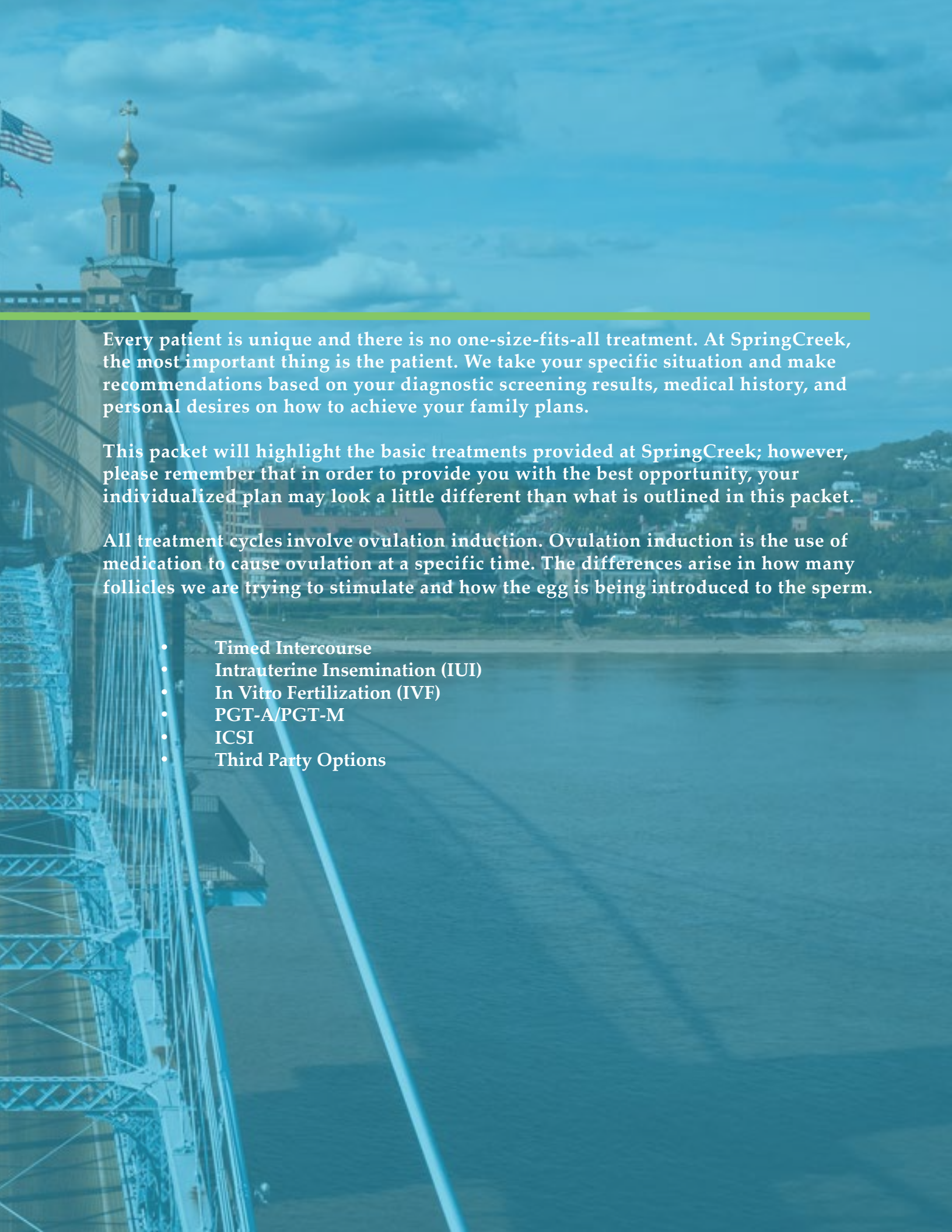
Explore natural options, such as solid wood, natural fibers, sell safe sealants, or companies promoting natural products (ex. Green Building Supplies)

# Treatment Options

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Every patient is unique and there is no one-size-fits-all treatment. At SpringCreek, the most important thing is the patient. We take your specific situation and make recommendations based on your diagnostic screening results, medical history, and personal desires on how to achieve your family plans.

This packet will highlight the basic treatments provided at SpringCreek; however, please remember that in order to provide you with the best opportunity, your individualized plan may look a little different than what is outlined in this packet.

All treatment cycles involve ovulation induction. Ovulation induction is the use of medication to cause ovulation at a specific time. The differences arise in how many follicles we are trying to stimulate and how the egg is being introduced to the sperm.

- Timed Intercourse
- Intrauterine Insemination (IUI)
- In Vitro Fertilization (IVF)
- PGT-A/PGT-M
- ICSI
- Third Party Options



# Timed Intercourse

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## To Start

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Schedule a baseline appointment within the first 5 days of your period. At this appointment, you will have a transvaginal ultrasound and lab work. The ultrasound will check your uterus and ovaries to be sure it is safe to stimulate the ovaries.

The lab work will check a pregnancy test and progesterone level to make sure you are hormonally safe to start the medications.

Once cleared for ovulation induction, you will start a medication called Femara (Letrozole). Femara holds your estrogen level low for a few days to increase your body's drive to grow an egg.

## Follicle Checks

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One week after beginning Femara, you will return to the clinic for another transvaginal ultrasound. This ultrasound will check the number and size of growing follicles. We cannot see the eggs on an ultrasound. Usually, we see the fluid sacs around the eggs which are called follicles.

The size of your follicles and your body's response will dictate the next steps. Some patients may need multiple follicle checks. Based on the follicle size, we can anticipate when there may be a mature egg inside.

You will be told when to take your ovidrel injection (typically when your main follicle is anticipated to be between 20mm and 25mm). This shot will allow for final maturation of the egg and release of the egg 40 hours later. The timing of your shot will dictate when you should have timed intercourse. You will only want to take this trigger injection when the clinic instructs you to do so.





## Timed Intercourse

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You will have intercourse on the day of the ovidrel trigger and the following day.

## Progesterone Level

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One week after ovulation, you will return to the clinic to check your progesterone level.

This appointment will not tell us if the treatment cycle was successful or not, but it will tell us if your progesterone is at a level to support pregnancy should it occur.

## Final Appointment

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Between 14 and 16 days after timed intercourse, you will return to the clinic for another transvaginal ultrasound and blood work. The ultrasound will check to make sure that the ovaries have recovered from stimulation. The blood work (HCG and progesterone) will check for pregnancy. You will be called later in the day with results.

If you have started your cycle and do not wish to continue treatment, it is still highly recommended that you come in for your final ultrasound and blood work appointment to assure medical resolution.



# Ovulation Induction with Intrauterine Insemination (IUI)

## To Start

Schedule a baseline appointment within the first 5 days of your period. At this appointment, you will have a transvaginal ultrasound and lab work. The ultrasound will check your uterus and ovaries to be sure it is safe to stimulate the ovaries. The lab work will check a pregnancy test and progesterone level to make sure you are hormonally safe to start the medications.

Once cleared for ovulation induction, you will start a medication called Femara (Letrozole). Femara holds your estrogen level low for a few days to increase your body's drive to grow an egg.

## Follicle Checks

One week after beginning Femara, you will return to the clinic for another transvaginal ultrasound. This ultrasound will check the number and size of growing follicles. We cannot see the eggs on an ultrasound. Usually, we see the fluid sacs around the eggs which are called follicles.

The size of your follicles and your body's response will dictate the next steps. Some patients may need multiple follicle checks. Based on the follicle size, we can anticipate when there may be a mature egg inside.

You will be told when to take your ovidrel injection (typically when your main follicle is anticipated to be between 20mm and 25mm). This shot will allow for final maturation of the egg and release of the egg 40 hours later. The timing of your ovidrel injection will be dictated by your follicle size. Your insemination will be 12-36 hours after you take your ovidrel injection. You will only want to take this trigger injection when the clinic instructs you to do so.

## Appointment One

**Intrauterine Insemination:** On the day of your IUI, there will be two appointments. Both partners will need to bring IDs.

If your partner is providing a fresh collection, he will be scheduled to come to the clinic an hour and a half prior to the insemination appointment. After the sample has been collected, the sperm is washed. While this may sound like a strange bath, it is essential to provide the best sample. The ejaculate is washed with antibiotics and protein supplements and spun on a centrifuge. After repeated spinning, the seminal fluid is removed and a concentrated sample of sperm cells remains for the insemination.

If you are using a frozen sperm sample, you will be scheduled for a thaw appointment that is one hour prior to your insemination. If your partner is unable to attend the day of the insemination, mention it to the provider when the insemination is scheduled. There is extra paperwork that will have to be completed.

An intrauterine insemination is the act of using a catheter to place sperm directly into the woman's uterus, lessening the travel time from sperm to egg.

## Appointment Two

Your insemination will be scheduled with one of our providers. You will be brought into an exam room and asked to undress from the waist down. The provider will have you identify the sperm sample. You will be asked to identify your partner's name and information. From there, you will be asked to lie down on the examination table. The provider will insert a speculum and then a small catheter through your cervix into your uterus. The sperm will be inserted directly to the uterus. A timer will be set for 5 minutes. You will remain lying down for this full time. Once the timer goes off, you may get dressed and come out to schedule follow up appointments.

You may have some mild cramping after the procedure. You also may have some light spotting. These symptoms are normal. If you experience a fever, chills, severe pain, or foul-smelling discharge, please call the office.

## Progesterone Level

One week after the insemination, you will return to the clinic to check your progesterone level. This appointment will not tell us if the treatment cycle was successful or not, but it will tell us if your progesterone is at a level to support pregnancy should it occur.

## Final Appointment

Between 14 and 16 days after insemination, you will return to the clinic for another transvaginal ultrasound and blood work. The ultrasound will check to make sure that the ovaries have recovered from stimulation. The blood work (HCG and progesterone) will check for pregnancy. You will be called later in the day with results.

If you have started your cycle and do not wish to continue treatment, it is still highly recommended that you come in for your final ultrasound and blood work appointment to assure medical resolution.





# OI/IUI FAQs

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*What are the chances of having multiples?*

- Any pregnancy carries a chance of multiples; however, as we are closely monitoring you through each step of the cycle, we are able to lower the chance of a pregnancy of multiples. At SpringCreek, our goal is one happy, healthy baby.

*What can I expect when taking Femara?*

- Most women report not feeling any different when taking Femara. If you do experience side effects, they are often related to lower estrogen levels and could include headaches, mood swings, hot flashes, or night sweats. Usually they only last for 1-2 days.

*Can I return to work after an IUI?*

- Yes. You may feel some cramping throughout the day, but it should not drastically affect your work.

*Can I work out?*

- Physical activity is great for both your physical and emotional needs; however, it is recommended that you not do any high impact activity following the insemination. Also, limit lifting to less than 50 lbs.

*I am having light spotting and mild cramping, is this normal?*

- Patients may experience light spotting and mild cramping. This is normal and should subside in a few days. If you experience fever, chills, severe pain, or foul-smelling discharge, please call the office.

*Can I have sex?*

- If your partner is providing a fresh semen sample, he should abstain from sex the day before the insemination. After the insemination, however, all patients are free to have sex.

*Do I have to stay in the office between the two appointments on the day of insemination?*

- It is not recommended for you to leave the office if you are thawing a specimen. If it is an insemination with a fresh collection, however, you may leave if you wish.

*Do I have to be present at both appointments?*

- If you are a patient who is using a frozen specimen, you must be present for both the thaw appointment and the insemination appointment. If you have a partner, he/she will need to be present for at least one of the appointments that day.
- If you are a patient who is using a fresh specimen, your partner will need to check in for collection and you would need to be present for the insemination.

# Intrauterine Insemination (IUI) Package Overview

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## Each IUI Cycle Package Includes:

- Education, Coordination, Counseling	1 Per Cycle
- Baseline Monitoring and Blood Draw	1 Per Cycle
- Follicle Check Appointment	All, as needed
- Intrauterine Insemination Appointment	1 Per Cycle*
- Progesterone Blood Draw	1 Per Cycle
- Post-Treatment Monitoring/HCG & Progesterone	1 Per Cycle

## Each Cycle Package Does Not Include:

- Medication for the cycle	Price variable per pharmacy
- Medical Indications/Cysts	May be billable to insurance
- Additional Labs	Variable
- 1st Trimester Pregnancy Care <sup>1</sup>	May be billable to insurance

\* Note - The Timed Intercourse (TIC) cycle is identical to the IUI cycle with TIC patients out of the IUI appointment.

<sup>1</sup>If pregnancy is achieved, follow-up pregnancy care visits may be billable to insurance. Patient will be charged the patient responsibility for each follow-up appointment.

For Self-Pay IUI pricing, scan this QR Code. Insurance pricing varies by program and is provided only by our financial counselors - please call for quote.










# In Vitro Fertilization (IVF)

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IVF is the joining of egg and sperm outside of the body to create embryos and then placing those embryos back into the female's body to achieve pregnancy resulting in a live birth. That sounds good, but... how?

IVF is done in 3 segments – preparation, stimulation/retrieval, and transfer. The timeline of these can differ from patient to patient, situation to situation. This section will review the basics of an IVF cycle. At the end, we give a more in-depth look at the medications used and the purpose of each medication. When medications are mentioned in this outline, they are italicized to assist with reference and a medication guide follows.



# In Vitro Fertilization (IVF)

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## Preparation

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In preparation to join a cycle, a patient first wants to complete all recommended diagnostics, have blood work done on both the patient and her partner, and complete an IVF orientation. The IVF orientation is an in-depth look at the process. This appointment is done with one of the members of the IVF team and is a time to get your questions answered and have expectations set.

The preparation period is a great time to start preparing financially. Our financial counselors will give you the best estimates for treatment based on the recommendations made by our providers. If you do not have insurance coverage for fertility medication, this is also a good time to shop around at different pharmacies to see where you can get the best deals. To secure a month, you will need to make either a deposit (insurance patients) or pay for your cycle in full (self-pay patients).







To best serve our clients, we batch our patients. This means that all women going through a retrieval in a specific month are synced up to the same cycle so we are able to have set retrieval and transfer days. Once you have selected your IVF month, you will want to call the office when you start your cycle so you can get your body synced for the month's cycle.

It is important to sync your menstrual cycle the month prior to the stim start. The IVF team wants you to always call and check in with monthly menses, especially if your cycles are irregular. At this point, you will either start taking estrace or birth control to sync your menstrual cycle.

# In Vitro Fertilization (IVF)

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## Stimulation

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The second segment is the most intensive part of IVF. When you are scheduled, you will receive a calendar that outlines each appointment and medication start.

You start off with a transvaginal ultrasound appointment, called a baseline, and a medication orientation. This is done at a single appointment. The ultrasound is how we are able to ascertain that your body is medically cleared to move forward with a stimulation cycle. If there are any active cysts, treatment may have to be delayed. The medication orientation is when you and your partner will sign all of the consent forms and learn how to administer medications.

If your provider has suggested the use of Human Growth Hormone (hGH), you will be instructed to start that some time after this initial appointment.

About 3 days before your next scan, you will be instructed to start taking Follistim or Gonal-F, Menopur, Antagonist, and your Zpack. From there, you will come in for a blood draw appointment to check your estrogen levels. These levels are checked consistently throughout the cycle to dictate the amount of GNT you should take each night. After the blood draw, you will have at least 4 visits where you will have a transvaginal ultrasound and blood work (again to check the estrogen). These transvaginal ultrasounds are used to check follicle growth and follicle count. Once meds start, you will be monitored every other day. These transvaginal scans and blood draws to check estrogen levels are used to measure how your body's responding to the medication and the amount of medication that is needed to grow your follicles.

Typically, when the lead follicles are in the 18-19mm range, we will schedule your retrieval time and your ovidrel ("trigger") shot.

## Retrieval

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36 hours prior to your scheduled retrieval time, you will administer your ovidrel ("trigger") shot. This helps the body release the eggs for retrieval.

On the day of the retrieval, there will be two appointments scheduled. Both partners will need to bring their photo IDs.



## Andrology Appointment

If your partner is providing a fresh collection, he will be scheduled to come to the clinic one hour prior to the retrieval procedure time. After the sample has been collected, the sperm is washed. While this may sound like a strange bath, it is essential to provide the best sample. The ejaculate is washed with antibiotics and protein supplements and spun on a centrifuge. After repeated spinning, the seminal fluid is removed and a concentrated sample of sperm cells remains.

If you are using a frozen sperm sample, you will be scheduled for a thaw appointment that is one hour prior to the retrieval procedure time.

## Oocyte Retrieval

The second appointment is the scheduled procedure retrieval time. The anesthesia team will call you the night prior to this appointment to review anesthesia guidelines. You are asked to report to the office one hour prior to this appointment. You should not have any food or drink (including water, mints, or gum) after midnight this day. When you arrive, make sure you are not wearing any makeup, lotion, or perfume. Scents can affect embryos, so you want to ensure both you and your partner are not wearing anything that can affect the procedure.

When you are first called back, you will be taken to an exam room where we will take your vital signs. This is also when you will sign your consent for retrieval. From the exam room, you will be taken to the recovery area. Here you will change into a hospital gown and a nurse will place your IV. Your vitals will be re-taken by our anesthesia team and they will review your discharge instructions. Once it is time for the procedure, you will be taken into the procedure room. You will be asked to identify your name and date of birth. You will also be asked to identify petri dishes with your information. The room will have an anesthesiologist, an IVF nurse, an MA, the doctor, and an embryologist. After they briefly prep you for the procedure, you will be lightly anesthetized. Once you are sleepy under anesthesia, a transvaginal ultrasound probe will be used to visualize the ovaries and follicles. A long needle, which can be seen on ultrasound, can be guided into each follicle and the contents aspirated. The aspirated material includes follicular fluid, oocytes (eggs), and granulosa (egg-supporting) cells.

The aspirated material is placed in test tubes and given to the embryologist in an isolette. The embryologist is then able to separate the oocytes from the remainder of the aspirated material. Once all available follicles are aspirated, the needle, ultrasound probe, and anesthesia are removed and you are cleaned up. Then you are rolled back to the recovery room as you come out of anesthesia.

In the recovery room, a nurse closely monitors your vitals and offers you a drink as you recover. The doctor will come in to give you an update on early numbers and to provide any prescriptions, if needed. Once vitals are returned to normal and you are recovered, you will be allowed to leave the office to go home and rest!



A couple is seen from behind, standing in a field of tall grass and wildflowers. The man is wearing a dark hat and a red and black plaid shirt. The woman is wearing a dark top. They are looking out over a landscape under a warm, orange-hued sunset sky.

# In Vitro Fertilization (IVF)

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## Intracytoplasmic Sperm Injection (ICSI)

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Later in the day, after your retrieval, a procedure called ICSI may be performed. During this procedure, the embryologist will look at sperm under a microscope and hand select the individual sperm. The hand-selected sperm is then injected directly into an egg.

The embryologist continues to watch for fertilization. If fertilization occurs, the embryo is watched closely as it grows.

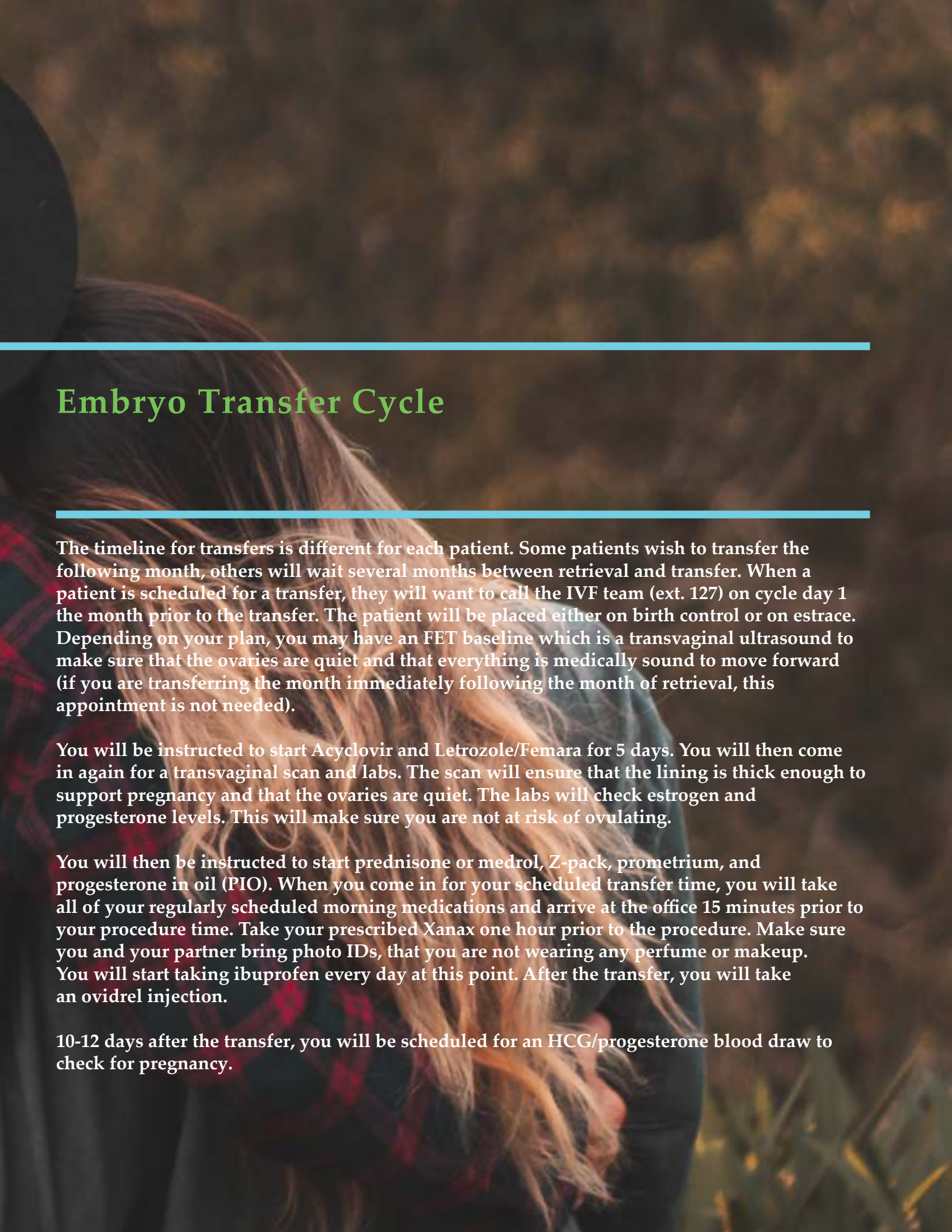
## Pre-Genetic Testing (PGT)

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Pre-Genetic Testing is the broad term used to reference all pre-genetic screening.

To perform these tests, a biopsy is taken from viable embryos and sent off to a third-party company. The third party company then completes all of the testing. Preimplantation Genetic Testing for Aneuploidies (PGT-A) and Preimplantation Genetic Testing for Monogenic / Single Gene Deficits (PGT-M). PGT-A checks embryos for abnormalities. Abnormal embryos can fail to implant, result in miscarriage, pregnancy complications, and future health conditions. PGT-A allows a patient to avoid transferring an abnormal embryo. PGT-A also reveals the gender of the embryo.

PGT-M checks for specific markers of genetic diseases. PGT-M allows a patient to know the gender of a transferred embryo and to ensure a genetic condition has not been passed on to an embryo.

A romantic background image of a couple embracing in a field of tall grass at sunset. The woman's long, wavy hair is visible, and the couple is seen from behind, looking out over the field. The sky is a mix of orange, yellow, and blue, with the sun low on the horizon. The overall mood is peaceful and hopeful.

## Embryo Transfer Cycle

The timeline for transfers is different for each patient. Some patients wish to transfer the following month, others will wait several months between retrieval and transfer. When a patient is scheduled for a transfer, they will want to call the IVF team (ext. 127) on cycle day 1 the month prior to the transfer. The patient will be placed either on birth control or on estrace. Depending on your plan, you may have an FET baseline which is a transvaginal ultrasound to make sure that the ovaries are quiet and that everything is medically sound to move forward (if you are transferring the month immediately following the month of retrieval, this appointment is not needed).

You will be instructed to start Acyclovir and Letrozole/Femara for 5 days. You will then come in again for a transvaginal scan and labs. The scan will ensure that the lining is thick enough to support pregnancy and that the ovaries are quiet. The labs will check estrogen and progesterone levels. This will make sure you are not at risk of ovulating.

You will then be instructed to start prednisone or medrol, Z-pack, prometrium, and progesterone in oil (PIO). When you come in for your scheduled transfer time, you will take all of your regularly scheduled morning medications and arrive at the office 15 minutes prior to your procedure time. Take your prescribed Xanax one hour prior to the procedure. Make sure you and your partner bring photo IDs, that you are not wearing any perfume or makeup. You will start taking ibuprofen every day at this point. After the transfer, you will take an ovidrel injection.

10-12 days after the transfer, you will be scheduled for an HCG/progesterone blood draw to check for pregnancy.



# IVF Medications

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Acyclovir	•	Acyclovir is an antiviral medication. It is used to suppress viruses in the uterine lining prior to transfer.
Antagonist	•	At our office, we prescribe either Cetrotide or Ganerelix. Antagonists are used to prevent premature ovulation.
Birth Control (OCP)	•	Birth Control is used to sync cycles (see more about batching in IVF FAQs). Also, birth control use prior to a stimulation cycle may improve ovarian response.
Cabergoline	•	Cabergoline may be prescribed after retrieval for patients who have a high number of eggs retrieved. When a follicle is retrieved, the body naturally refills the area with fluid. If there are a large number of retrieved follicles, the patient risks ovarian hyperstimulation syndrome. The cabergoline is able to shift the fluid flow to help prevent hyperstimulation syndrome.
Estrace	•	Estrace is estrogen. It is used to thicken the uterine lining to prepare for implantation. Estrogen also helps the placenta function and assists blood flow.
Follistim & Gonal F	•	These gonadotropins are follicle stimulating hormones and are used to stimulate egg development.
Human Growth Hormone (HGH)	•	HGH is shown to help patients with poor ovarian response by assisting follicular development and ovarian steroidogenesis.
Ibuprofen	•	Increases blood flow and decreases uterine contractions through the first 12 weeks of pregnancy.
Letrozole/Femara	•	These follicle stimulating hormones stimulate egg development and prime the uterus for implantation.
Menopur	•	Menopur is a mixture of LH and FSH and is used to stimulate egg development.
Ovidrel	•	Ovidrel is an hCG injection. The extra hCG triggers ovulation.
Prednisone/Medrol	•	Prednisone and Medrol are anti-inflammatory medications that suppress elevated natural killer cells and allow implantation.
Progesterone in Oil (PIO)	•	Progesterone in oil are intramuscular shots that provide progesterone support.
Prometrium	•	Prometrium capsules are inserted vaginally and provide progesterone support.
Synera Patches	•	These topical patches have both lidocaine and tetracaine and are used to help dull the pain caused by intramuscular injections.
Xanax	•	The Xanax relaxes the uterus for transfer day.
Zpack	•	Prior to retrieval, a z-pack (or azithromycin) is prescribed for both the male and female patients. The Zpack is used to fight off any underlying infection to ensure the eggs and sperm are not infected (and therefore affected) at the time of retrieval. A Zpack is also prescribed prior to a transfer to decrease the risk of infection from the transfer.





# You Want Me to Stick That *Where?*

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The IVF protocol includes injectables (shots) for a few of the medicines. Don't worry - we know most patients don't have experience giving themselves injections and may be unsure about them. Our IVF team is experienced at walking you through the steps and there are also good video resources for support. So just reach out with any questions you have!

## Subcutaneous Injections

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Human growth hormone, Ovidrel, Menopur, Cetrotide, Follistim, Gonal-F, and Ganirelix are all subcutaneous injections.

We typically give subcutaneous shots in the stomach. You'll go about an inch from your belly button, anywhere you can pinch an inch of extra skin. You will inject the needle at a 90-degree angle and gently push the medication in. Always remember to first clean the area with an alcohol wipe. You'll also want to make sure you place your used needles in an approved disposal container.



PICTURED:  
Subcutaneous  
Injection



# Intramuscular Injections

Progesterone in Oil is an intramuscular injection. We suggest doing this in the upper, outer quadrant of your buttocks.

Make sure the area is cleaned with an alcohol swab and, if possible, lie down on your chest. Inject the needle at a 90-degree angle and make sure the needle is pushed all the way in. Pull the plunger of the syringe out a bit. If you see blood, take the syringe out, switch needles, and reinject. If you do not see any blood, inject the oil into the buttocks.



PICTURED:  
Intramuscular  
Injection

If you are a visual learner and need a refresher when you are home, go to [freedommedteach.com](http://freedommedteach.com). They have injection training videos for each medication. They even review mixing instructions. This is a fantastic site to show anyone assisting you with your shots, as well!

# IVF FAQs

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## *Why do you batch the IVF cycles?*

- To “batch” an IVF cycle is to sync the menstrual cycles for all of the patients going through stimulation in one month. Batching has multiple benefits – both medically and financially.
- Medically, batching gives more control to the medical staff. You are able to be given a more individualized treatment schedule and you have a staff that is dedicated to you during your cycle time.
- Financially, batching allows clinics to offer lower prices for top of the line treatment. By batching, embryology staff is only needed on-site for 2 weeks each month. This allows a clinic to recruit the highest-level embryologists while only having to pay them for 2 weeks of the month. By saving this money, clinics are able to house top staff while also providing competitive discounts.

## *What are the chances of having multiples?*

- Any pregnancy carries a chance of multiples; however, at SpringCreek, our goal is one happy, healthy baby. We make the suggestions that best support our goal for one happy, healthy baby.

## *Can I return to work after the retrieval and transfer?*

- The retrieval is done under light anesthesia. You will need to have someone with you for the day while you rest. Healing post-retrieval is different person to person. Some are able to return to work the next day, others need a few days to recover.
- For the transfer, you will take a Xanax, so you will likely have some drowsiness. It is suggested that you do not return to work after the procedure. Most people are able to return to work the next day.

## *Can I work out?*

- Physical activity is great for both your physical and emotional needs! Prior to the retrieval, you will want to listen to your body. As follicle stimulation occurs, you can bloat and physical activity can be uncomfortable. If it hurts, stop!
- It is recommended that you not do any high impact activity following the retrieval or the transfer. Also, limit lifting to less than 50lbs. You should not do any bending, lifting, twisting, or jumping. Remember your ovaries are large during stimulation.

## *Can I have sex?*

- Once you have started stim meds for retrieval, intercourse is permitted until advised to stop by your healthcare team. It is recommended that you refrain from intercourse once the ovaries start getting larger from stimulation. Conversely, male partners are often put on 7-day ejaculate regimens. For these, the partner needs to ejaculate for 7 days and abstain the day prior to retrieval. Even with this ejaculate regimen, females going through retrieval need to abstain from sexual intercourse.
- When going through the transfer process, patients can be sexually active until transfer day. After the transfer, patients should abstain from sex until after the pregnancy test.

## *Is it normal to feel so many weird things?*

- Yes. Fertility treatment is filled with many difficult emotions. Add in extra hormones and you may find yourself with anger, despair, exhaustion, sadness, and all of the other emotions on the spectrum.
- There is a slew of physical symptoms that go along with IVF. You may feel breast tenderness, dizziness, stomach upset, gas, bloating, etc. If anything feels like it is past the norm, do not hesitate to reach out to your IVF team at ext. 127.





# Donor Options

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There are many choices when looking at donor options. It can be exhausting! Here are a few of our top suggestions:

## Sperm Banks

**Cryobiology, Inc.**  
4830-D Knightsbridge Blvd.  
Columbus, OH 43214  
800.359.4375  
[cryobio.com](http://cryobio.com)

**Fairfax Cryobank**  
3015 Williams Dr., Ste. 110  
Fairfax, VA 22031  
800.338.8407  
[fairfaxcryobank.com](http://fairfaxcryobank.com)

**Seattle Sperm Bank**  
4915 25th Ave. NE, Ste.204  
Seattle, WA 98105  
206.588.1484  
[seattlespermbank.com](http://seattlespermbank.com)

## Egg Donor, Frozen Egg & Surrogacy Agencies

**SpringCreek Fertility**  
Fresh and Frozen Eggs  
[springcreekfertility.com](http://springcreekfertility.com)

**Family Choice Surrogacy**  
Fairfax, VA 22031  
[fairfaxcryobank.com](http://fairfaxcryobank.com)

**Newborn Advantage  
Surrogacy - All**  
3131 McKinney Ave,  
Ste. 600  
Dallas, TX 75204  
847.989.6828  
[newbornadvantage.com](http://newbornadvantage.com)

**Fairfax Egg Bank  
Frozen Egg Bank**  
12175 Visionary Way,  
Ste. 1150  
888.352.5577  
[fairfaxeggbank.com](http://fairfaxeggbank.com)

**Newborn Advantage  
Surrogacy - All**  
3131 McKinney Ave,  
Ste. 600  
Dallas, TX 75204  
847.989.6828  
[newbornadvantage.com](http://newbornadvantage.com)

**Reproduction  
Assistance Inc. - ALL**  
PO Box 404  
Terrance Park,  
OH 45174  
513.831.9207  
[reproassistance.com](http://reproassistance.com)





## Embryo Donation Resources

**Embryo Donation  
International Adoptions**  
800.334.2184  
[embryodonation.com](http://embryodonation.com)

**Nightlight Christian  
Adoptions**  
970.663.6799 ext. 123  
[nightlight.org](http://nightlight.org)

## Legal Contact

**Kristin Arnold**  
Arnold & Arnold Ltd.  
120 West 2<sup>nd</sup> St. 1502  
Dayton, OH 45402  
937.716.2033

**Colleen Dooley**  
411 N Michigan St.  
Toledo OH 43604  
419.936.5120

**Ellen Essig**  
105 East Fourth St,  
Ste. 400.  
Cincinnati OH 45202  
866.427.4859

**Laura Woodruff**  
9143 N. Main St  
Dayton OH, 45415  
937.238.3330

## Psychological Evaluation

**Lacy Blann**  
7095 Clio Rd.  
Centerville, OH 45459  
937.825.5935

**Dr. Suzanne James**  
Fort Mitchell, KY 41017  
Dayton OH, 45415  
859.426.0200

**Dr. Susan Steinburg**  
10597 Montgomery Rd, Ste. 201  
Cincinnati, OH 45242  
513.793.6226 ext. 1  
[drsusanjsteinburg.com](http://drsusanjsteinburg.com)

**Dr. John Tilley**  
20 South 3<sup>rd</sup> St, #210  
Columbus, OH 43215  
614.291.7600









# Emotional Support

As we all know, fertility is a roller-coaster of a journey. It is unfortunately too easy to feel alone and stressed while you go through the process. All of us at SpringCreek are here for you. Fertility issues affect 1 in 8 couples – that's almost 13% of all couples. If you think of 20 girlfriends or 20 people you work with, chances are that 2-3 of those people are battling the same fertility challenges.

There are many online support groups through social media. These can be great places to find others who share the same fears and pains and concerns; however, you will want to keep in mind that none of these support groups are facilitated by medical professionals. Sometimes (unfounded) medical advice is given. Each clinic has different protocols and what we do here at SpringCreek may differ from the protocols at a clinic that another online user is attending.

We like to suggest our patients check out [circlebloom.com](http://circlebloom.com). This website, circle & bloom, is a great place to turn for emotional support. There are articles and success stories available. There are also meditations available – some for free, some for purchase – to help promote emotional and mental wellness.

# Financial Options

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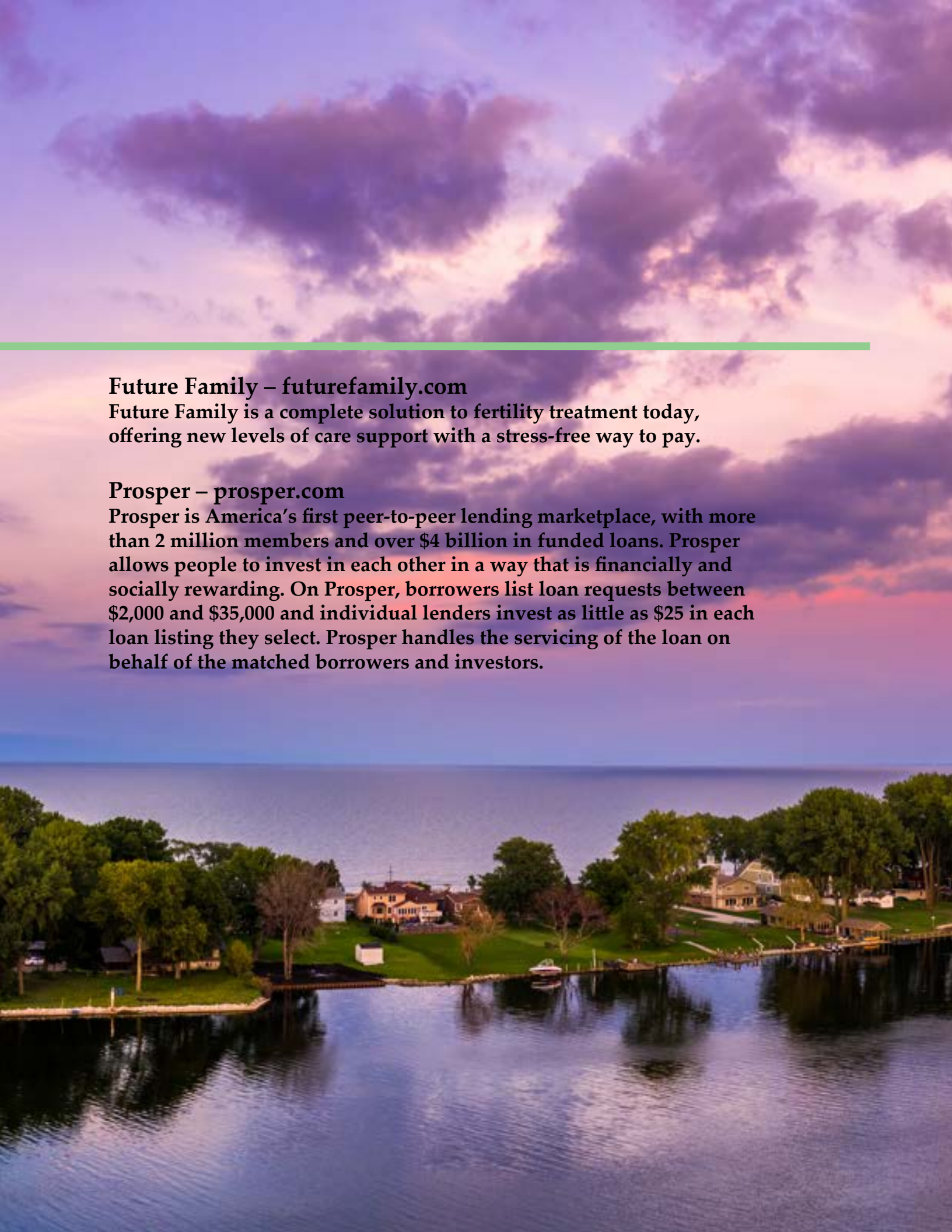
We understand that fertility care can be emotionally challenging, and that financial concerns add unnecessary stress to the process. That's why we're committed to ensuring that every patient has a clear understanding of the cost of fertility care. Our financial counselors work closely with you and your insurance carrier to customize your plan and maximize your coverage. We also partner with financing companies to provide additional support to those who need it and offer price-matching and risk-share services, as well as discounts to public servants, military personnel, and veterans.

SpringCreek Fertility is steadfast in its commitment to providing 100% upfront, all-inclusive pricing. So, you can take comfort in knowing there will be no hidden fees or surprise costs during your treatment. If you're comparing options at other treatment centers, we're more than happy to work with you to help you understand how our plans compare, exactly what you'll pay, and how various discounts or treatment packages can reduce your costs.

All payments are due at the start of each appointment, but we do partner with several financing companies that can help bring some ease to the process.







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### **Future Family – [futurefamily.com](http://futurefamily.com)**

**Future Family is a complete solution to fertility treatment today, offering new levels of care support with a stress-free way to pay.**

### **Prosper – [prosper.com](http://prosper.com)**

**Prosper is America's first peer-to-peer lending marketplace, with more than 2 million members and over \$4 billion in funded loans. Prosper allows people to invest in each other in a way that is financially and socially rewarding. On Prosper, borrowers list loan requests between \$2,000 and \$35,000 and individual lenders invest as little as \$25 in each loan listing they select. Prosper handles the servicing of the loan on behalf of the matched borrowers and investors.**

