Mount Elizabeth

It's Possible

YOUR IVF JOURNEY WITH MOUNT ELIZABETH FERTILITY CENTRE

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INTRODUCTION

Mount Elizabeth Fertility Centre: Professional, Friendly & Caring

Mount Elizabeth Fertility Centre (MEFC) offers you the largest group of Fertility Specialists in Singapore under one roof, and a dedicated team of embryologists and nurses who care deeply for your reproductive health and the success of your fertility goals.

We have been offering fertility services since 1988, and have assisted thousands of patients, both local and international, through their fertility treatments. We understand your anxieties and promise to walk closely with you through our fertility programmes with the aim of helping you succeed in your journey to being a parent.

OUR ACCREDITATIONS

We are accredited as a licensed Assisted Reproduction Centre by the Ministry of Health, Singapore, the Joint Commission International Board (JCI) and the Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia (FSA).

OUR PHILOSOPHY

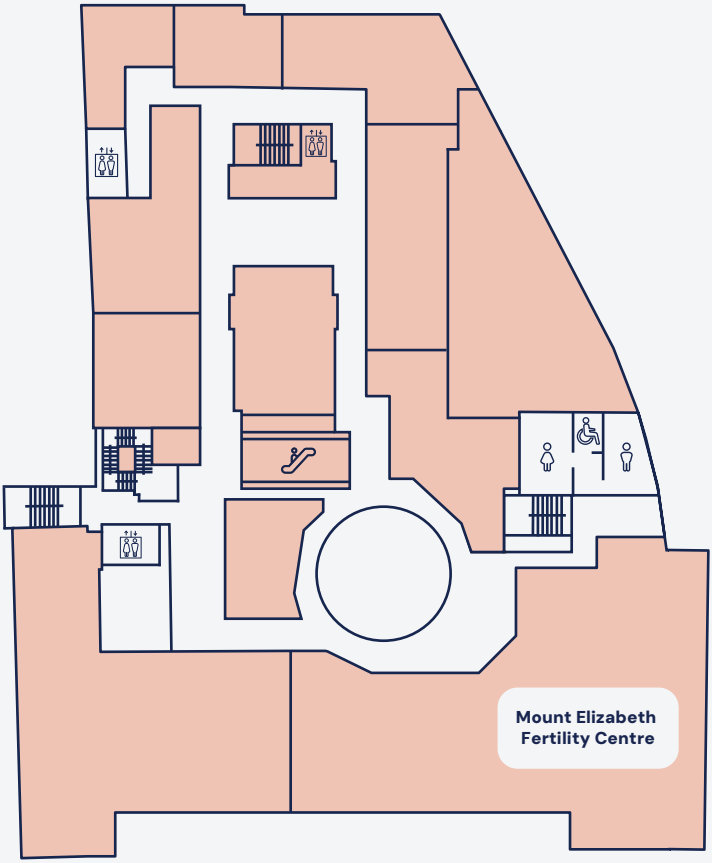
To provide individualised treatment programmes to help couples achieve parenthood in a private and caring environment.

OUR LOCATION

We are located on level 5 of The Heeren shopping mall, conveniently situated within 600 meters of Mount Elizabeth Hospital.

LIFT LOBBY access via
Level 1 (within Courts Nojima)

ESCALATOR access via
Level 1 (within Courts Nojima)



Mount Elizabeth Fertility Centre Team

We are a multi-disciplinary team of Embryologists, Nurses, Customer Service Representatives, Counsellors and Fertility Specialists. Together, we work hand-in-hand to ensure that your journey with us is as smooth as possible.

SERVICES / TECHNIQUES

AVAILABLE THROUGH OUR CENTRE

- Intrauterine Insemination (IUI)
- In-Vitro Fertilisation (IVF)
- Oocyte Retrieval
- Intracytoplasmic Sperm Injection (ICSI)
- Embryoscope Time Lapse Monitoring System
- Blastocyst Culture and Vitrification
- Fresh Embryo Transfer (Fresh Cycle)
- Frozen-Thawed Embryo Transfer (Thaw Cycle)
- Embryo, Sperm & Oocyte Cryopreservation Programme
- Laser-Assisted Hatching
- Hyaluronate Enriched Medium (Embryo Glue)
- Surgical Sperm Retrieval
- Cyst Aspiration
- Sperm Processing for Intrauterine Insemination (IUI) or In-Vitro Fertilisation (IVF)
- Oocyte Vitrification
- Ovarian Tissue Cryopreservation / Vitrification
- Semen Analysis/ Tests (Andrology Laboratory)

APPOINTMENT HOURS

OPERATING HOURS:

MONDAYS TO FRIDAYS: 8.30am – 5.00pm

SATURDAYS: 8.30am – 1.00pm

SUNDAY & PUBLIC HOLIDAYS: Closed

+65 6731 2693

ivf@mountelizabeth.com.sg

CONTACT

FOR AFTER HOURS / EMERGENCY SITUATIONS:

Please contact your respective doctors through their answering service for emergencies that occur after office hours. Leave a message on the answering service and your doctor will return your call shortly.

If you plan to return to your home country after the treatment, our doctors will work with your primary physician to assist you in an emergency.

Pregnancy facts & Our Centre's rates

Fertility Rates / Pregnancy Rates in the General Population

The pregnancy rate for the general population is 20% per month.
This means that 1 out of 5 couples who attempt to conceive will be successful. The average time taken to conceive is 5 months and 85% of couples should conceive within a year.

Some couples who are not quite as fertile may take longer to achieve pregnancy, and they may be able to achieve this without ever undergoing fertility treatment. However, 15% of achieved pregnancies will end in pregnancy loss due to miscarriage or an ectopic pregnancy.

FACTORS KNOWN TO AFFECT FERTILITY RATES

01

A previous pregnancy means there is a greater chance of achieving another pregnancy, unless circumstances have changed e.g. advanced age or illness.

02

The shorter the length of sub-fertility, the higher the chances of pregnancy without treatment, and vice versa.

03

A woman's age is important. As fertility declines with age, women around 40 years of age are generally less fertile than those around 30 years of age.

04

Contrary to popular belief, abstaining from intercourse does not build up sperm numbers. Where spontaneous pregnancy is possible, couples should have frequent intercourse during the woman's fertile period.

05

Smoking more than 15 cigarettes a day significantly reduces a woman's fertility and a man's sperm count.

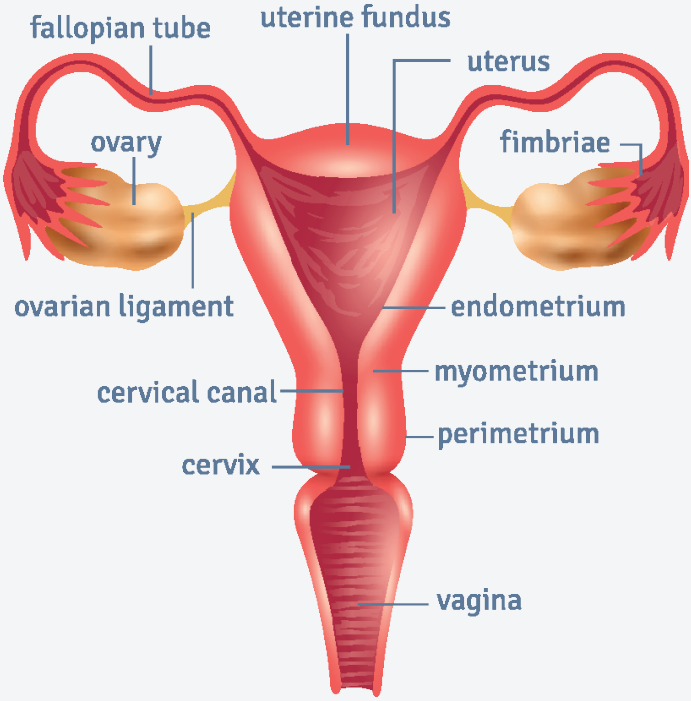
06

Excessive alcohol consumption or certain medication will reduce fertility in both men and women.

NATURAL CONCEPTION

Natural conception is likely to result if intercourse occurs around the time of ovulation. Mucus around the opening of the cervix becomes thin and clear at this time, providing an ideal environment for sperm activity.

The motile sperm will swim up the cervix (neck of the womb) and uterine cavity, along the fallopian tube, to reach the oocyte (egg) that has been released from the ovary. One normal sperm then penetrates the shell of the oocyte and fertilises it.



During this process of fertilisation, the chromosomes of the oocyte and sperm combine to form one cell, which contains chromosomes from both partners. This cell then divides to become an embryo.

During the initial stages of division, the embryo (2-cell, 4-cell, 8-cell etc.) remains in the fallopian tube. After 5 days of fertilisation, when the embryo is at a blastocyst stage, it implants in the lining of the uterus.

SUCCESS RATES

MOUNT ELIZABETH FERTILITY CENTRE – OUR STATISTICS

High pregnancy rates are consistently achieved at MEFC. Our centre prides itself in constantly striving to improve by familiarising ourselves with more advanced techniques.

	CLINICAL PREGNANCY RATE [1]			LIVE BIRTH RATE [2]	
Age	2022	2023	2024	2022	2024
<30	78%	60%	67%	78%	60%
30-34	62%	64%	64%	46%	55%
35-39	59%	56%	70%	48%	41%
40-44	38%	47%	28%	23%	24%
<40	61%	59%	68%	48%	46%
≥45	18%	6%	0%	NA	NA
Ave Total	54%	51%	51%	41%	38%

Ongoing Clinical Pregnancy Rate	2025 (<40) [3]	2025 (Total) [3]
	60%	52%

[1] Pregnancy Rates refers to the number of pregnancies over the number of frozen embryo transfers
[2] Live Birth Rate refers to the number of live birth events over the number of frozen embryo transfers
[3] Results are reported as ongoing pregnancies per frozen embryo transfer (January to March 2025)

Your success rate can be affected by for eg. age, weight and cause of infertility and individual results will vary with individual circumstances. Not every treatment cycle will result in an egg retrieval, an embryo transfer or embryo/blastocyst vitrification. For more information about understanding how to interpret IVF success rates, you can refer information from the Human Fertilisation and Embryology Authority (HFEA).

The above results are based on the Mount Elizabeth Fertility Centre ethos of not specifically selecting the patients we treat. In the data provided by the Human Fertilisation and Embryology Authority (HFEA), 20% of cycles are in women with low ovarian/egg reserves (low responders).

At Mount Elizabeth Fertility Centre, 32% of our cycles are performed on women with low ovarian/egg reserves, and 56% of our patients who are either low responders or aged 40years old and above.

This shows that many of the cases we treat are complicated, and our consistent success rates are a testament to our expertise in fertility treatment.

For the latest ongoing pregnancy rates and more details:

ivf@mountelizabeth.com.sg

Accessing the fertility potential of a couple

Prior to treatment, both partners have to be checked for Hepatitis B, Hepatitis C, VDRL, HIV and Rubella immunity.

The female partner may also be checked for the Chlamydia antigen.

FOR THE FEMALE PARTNER:

A pelvic ultrasound, ovulation testing and hormonal assays may be performed for the wife to determine if any physical issues may hinder fertilisation or implantation e.g. endometrial polyps. Hormonal assays will help your doctor determine the ovarian reserve and optimise the dosage of medications required for stimulation.

FOR THE MALE PARTNER:

A physical examination, testicular ultrasound, semen analysis, and hormonal assays may be performed to exclude any physical or mechanical issues that may hinder sperm production and quality, or block the ejaculation of semen.

COUNSELLING

Basic Assisted Reproductive Technique (ART) counselling is necessary if you are referred to MEFC for IVF treatment. Counselling is a prerequisite and is provided by a qualified staff nurse. Additional counselling by a trained psychologist or counsellor can be arranged should you feel the need for more support. Your referring doctor will schedule an appointment with MEFC for your basic counseling.

During the course of your treatment, you may experience a range of emotions including denial, confusion, anger and isolation. Counselling may help you cope with these feelings. Sometimes, just hearing how others have coped can help too.

STRESS MANAGEMENT

Studies have shown that chronic stress may cause changes in hormones that interfere with the development of eggs. Stress may also interfere with the immune system and increases the likelihood that a woman's body will reject an embryo. Thus, it is important to adequately manage excessive emotional stress, so as to optimise the chances of pregnancy.

ROLE OF COMPLEMENTARY TREATMENTS

Do discuss with your doctor if you wish to undergo complementary treatment during the IVF cycle. Acupuncture has been shown in some studies to improve the pregnancy rates when done in conjunction with the IVF cycle.

Massage to assist in relaxation as well as various forms of exercise can be enjoyed in tandem with the treatments depending on your doctor's instructions.

DIET THERAPY (NUTRITION AND LIFESTYLE)

PRE-PREGNANCY NUTRITION AND LIFESTYLE CHOICES FOR BOTH MEN AND WOMEN

Prior to embarking on any fertility treatment it is important to establish optimal health. A healthy diet, vitamin supplements and exercise are key to optimising a couple's chances of success.

Couples may continue their normal lifestyle - work, recreation, social activities, and sex – so long as it does not cause excessive physical and mental strain which may reduce their chances of conceiving.

DIET AND SUPPLEMENTS

Couples should consciously plan a balanced, healthy diet and enjoy regular exercise for at least 3 months prior to the desired conception cycle.

All women planning for pregnancy should ensure an intake of at least 4mg of folate supplements every day. Adequate folate supplementation has been shown to reduce the incidence of birth defects affecting the brain, spinal cord, and heart.

Dietary sources rich in folate include a wide variety of vegetables, fruits, legumes, wholegrain bread and cereals.

For both men and women, Iron, other minerals and Vitamin C supplements are important in reducing the risk of anaemia. Antioxidants protect the system from the effects of Free Radicals. Vitamin E and Co-enzyme Q10 have antioxidant qualities.

Men may require additional supplements, such as Zinc and Carnitine. If necessary, your doctor will advise you on the required intake of other vitamin and mineral supplements.

Our dietitians offer personalized advice to optimise your diet for IVF preparation, and address weight management and other medical concerns to boost your chances of conception and a healthier pregnancy. We also offer nutrition guidance for various other women's health and wellness issues.

For an appointment with our dietitian, please call 6812 3781 or email: diet.me@mountelizabeth.com.sg

SMOKING

MEFC advocates that both men and women should stop smoking. Smoking reduces your chances of a successful pregnancy. It has been proven that smoking may cause:

- Increased incidence of miscarriage
- Poorer response to medication used in fertility treatments
- Damage to sperm DNA
- Reduced sperm count
- Reduced general health

As you are about to embark on an extensive and emotionally demanding course of fertility treatment, it is essential that you do all you can to help yourself. Giving up smoking is a great place to start.

For help, please call the QuitLine at 1800-438-2000 (Toll-free)

ALCOHOL

Women trying to conceive should try to avoid alcohol. It is recommended that women should not have more than 1-2 units (2 units = 175ml glass of wine) of alcohol more than once or twice a week. Men should not consume more than 3 units every once or twice a week.

RECREATIONAL DRUGS

These should not be used at all.

For more information on general nutrition and healthy eating, please visit: https://www.healthhub.sg/live-healthy?-category=Food-Nutrition

If you prefer more personalised advice, we can refer you to a dietitian.

Your Privacy

OUR APPROACH TO YOUR PRIVACY

The provision of quality healthcare is our principal concern. This requires a trusting doctor-patient relationship. The treatment of infertility involves a multi-disciplinary team of doctors, nurses, scientists and counsellors working towards the desired outcome.

This requires some degree of access to your personal information which will be collected only with your consent, and will be treated with strict confidentiality. Your personal information is handled in accordance with our privacy policy and in compliance with privacy legislation. You are entitled to know what personal information about you is held by us, how you may access it, why it is held, how it is used, to whom it may be disclosed and when consent is required for this purpose.

COLLECTION, USE AND DISCLOSURE OF YOUR INFORMATION

Our accrediting body, the Reproductive Technology Accreditation Committee (RTAC), or a third party appointed by them, has access to your records to validate the appropriateness of your treatment. Members of the RTAC are required to sign a confidentiality agreement with MEFC.

Non-identifying information is collected and submitted to the Ministry of Health, Singapore for reporting of the results of ART treatments in Singapore.

In the majority of cases, the diagnosis and treatment of infertility involves two partners. It is our policy to disclose all necessary information of both partners. There are also circumstances where your doctor is legally-bound to disclose your personal information. An example is during the mandatory reporting of communicable diseases.

YOUR ACCESS TO THE INFORMATION

You have a right to access your information. You may view it or ask for a full or partial copy of it.

If you find that the information held about you is not accurate or complete, it is your right to have the information amended accordingly. Upon request, health information held about you by MEFC will be made available to other health service providers.

FEEDBACK

It is important to us that your expectations about the way that we handle your information are the same as ours.

If you have any feedback, please email **ivf@mountelizabeth.com.sg** or **service@ihhhealthcare.com**

Please do not hesitate to discuss any issues related to the privacy of your information with your doctor or any member of MEFC.

Fertility Basics: The Menstrual Cycle

PHASES OF THE MENSTRUAL CYCLE:

01 FOLLICULAR PHASE

This begins on Day 1 of the menstrual cycle, the first day of menstrual bleeding. Follicle-stimulating hormone (FSH) begins by stimulating the development of many follicles, but as levels of FSH gradually fall in a natural cycle, only one follicle will dominate and go on to produce a mature egg.

The non-dominant follicles are absorbed by the ovary and cannot be used again. The developing follicle also secretes oestrogen, which has several functions. For example, oestrogen develops the watery mid-cycle changes in cervical mucus that assist the passage of sperm into the uterus and also causes the thickening of the endometrium required for implantation. The main oestrogen the ovary produces is estradiol (E2).

02 OVULATORY PHASE

The ovulatory phase begins when the level of luteinizing hormone (LH) rises dramatically in response to the rising oestrogen levels.

This LH surge triggers the final maturation of the egg, the rupture of the follicle, and the release of the egg. This usually happens 14 days before the next period is due, or on Day 14 of a 28-day cycle.

03 LUTEAL PHASE

Begins after ovulation. At this point, the ovarian follicle where the egg developed collapses and solidifies to become the corpus luteum.

This very important structure mainly produces progesterone, the hormone necessary for transforming the endometrium so that a fertilised egg (the early embryo) can implant and develop. If conception does not occur, the corpus luteum stops functioning on about Day 26 of a 28 day cycle.

Without the support of progesterone, the endometrium begins to break down and is shed during menstruation.

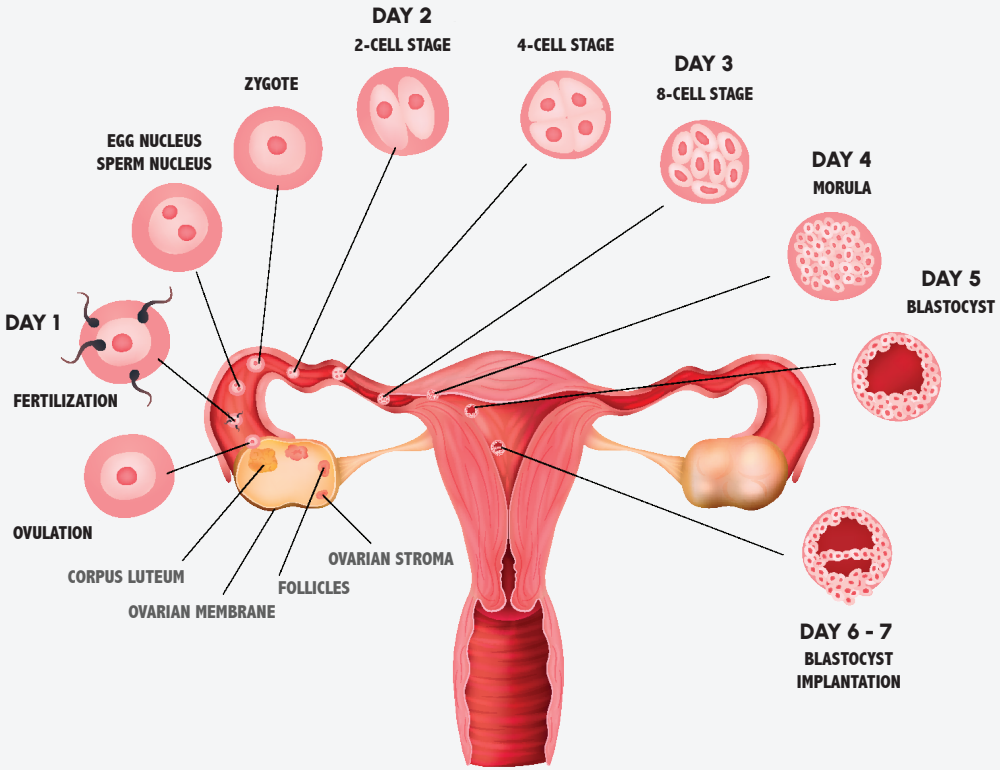
Methods of Assisted Reproduction

OVULATION MONITORING – NATURAL OR STIMULATED

This refers to the tracking of the ovarian follicles using transvaginal ultrasound through the follicular phase until ovulation is anticipated. Urinary LH testing is usually performed in conjunction when the follicle has reached the threshold size.

INTRAUTERINE INSEMINATION (IUI)

This refers to the artificial insemination of pre-washed and activated sperm into the uterine cavity.



INTRACYTOPLASMIC SPERM INJECTION (ICSI)

ICSI is a technique used in in vitro fertilization (IVF) in which a single morphologically normal sperm is injected directly into the centre (ooplasm) of a mature egg using a tiny needle known as a micropipette.

Candidates for ICSI include men with:

01 Severely compromised sperm parameters, including low concentration, motility, morphology, or antisperm antibodies

02 Blockage or absence of the vas deferens, where sperm is surgically collected by epididymal aspiration or testicular biopsy for ICSI

03 Those who had low or failed fertilisation on prior IVF attempts

04 Unknown infertility (causes of couple's infertility remain unknown after completing all diagnostic testing)

05 Certain medication or other medical history

EMBRYO CRYOPRESERVATION (Blastocyst vitrification and storage)

IVF can lead to multiple ova fertilisation, which produces more blastocyst than is required. Cryopreservation allows the excess blastocyst to be stored for later use.

Blastocyst cryopreservation is also useful for women undergoing treatments that may affect their fertility. Cancer patients, for instance, can have their blastocyst cryopreserved. At MEFC, the initial storage period for cryopreserved embryos is 2 - 3 years.

EGG OR OVARIAN CRYOPRESERVATION

A woman's eggs can be cryopreserved using a process called vitrification. This requires the eggs to be immediately stored once they are removed from the body. Cryopreservation / vitrification of ovarian tissue is also aimed at women whose reproductive potential is threatened by cancer therapy or prepubertal girls at risk of premature ovarian failure.

In-Vitro Fertilisation (IVF)

OUTLINE OF A CYCLE

- Infertilty specialist reviews a couple
- Pretreatment tests and preparation
- Couple is referred to MEFC
- Counselling session at MEFC to orientate the couple on what needs to be done
- Stimulation and monitoring of follicle growth
- Oocyte (egg) retrieval
- Sperm collection
- Insemination, fertilisation and embryo culture
- Blastocyst transfer
- Blastocyst vitrification if required
- Pregnancy testing
- Antenatal care

WHAT IS AN IVF CYCLE LIKE?

Your specialist will choose the combination of drugs deemed to give you the best possibility of success.

However, the woman's ovarian function and state of health will also affect the numbers of days of stimulation and the number of eggs retrieved.

OOCYTE RETRIEVAL

You should have fasted for at least 6 hours before the oocyte (egg) retrieval. You are required to arrive 45 minutes prior to your procedure, at MEFC. Our staff will escort you to the IVF operating theatre.

In the operating theatre, you will be administered with moderate sedation to ensure that you are comfortable prior to the extraction of eggs from your follicles. The procedure usually lasts for 30 minutes.

SEMEN COLLECTION

A semen sample should be collected prior to or after the eggs are retrieved. If the man anticipates having difficulties collecting a semen sample, a frozen sample should be stored prior to the egg collection.

If necessary, a special semen collecting device can be used to assist with sperm collection.

INSEMINATION, FERTILISATION AND EMBRYO CULTURE

Once the eggs are collected, they will be placed in culture dishes and cultured in a time-lapsed incubator. Insemination is performed using washed sperm and the state of fertilisation is assessed 24 hours later. The health and progress of the embryos are tracked daily. The day of transfer is usually the 5th day after oocyte retrieval.

Our embryologist will call you 1 day after the oocyte retrieval to provide you with the fertilisation details of your embryo(s).

EMBRYOSCOPE TIME-LAPSE SYSTEM

The Embryoscope time-lapse system is an innovative technology that is used to closely monitor the development of embryos. It pairs with an incubator, a high resolution camera and computer software to provide minute-by-minute microscopic video, documenting the growth of an embryo without disruption.

BLASTOCYST TRANSFER (EMBRYO TRANSFER)

The blastocyst is transferred into the cavity of the uterus using a very fine catheter which is passed through the cervix.

The procedure is similar to a routine pap smear and is almost identical to an IUI. The procedure is performed under abdominal ultrasound scan guidance to ensure accurate placement of the embryos. You are encouraged to rest after the embryo transfer and refrain from strenuous activities or exercise over the next 2 weeks.

BLASTOCYST VITRIFICATION

Any excess blastocyst of good quality will be stored for future use.

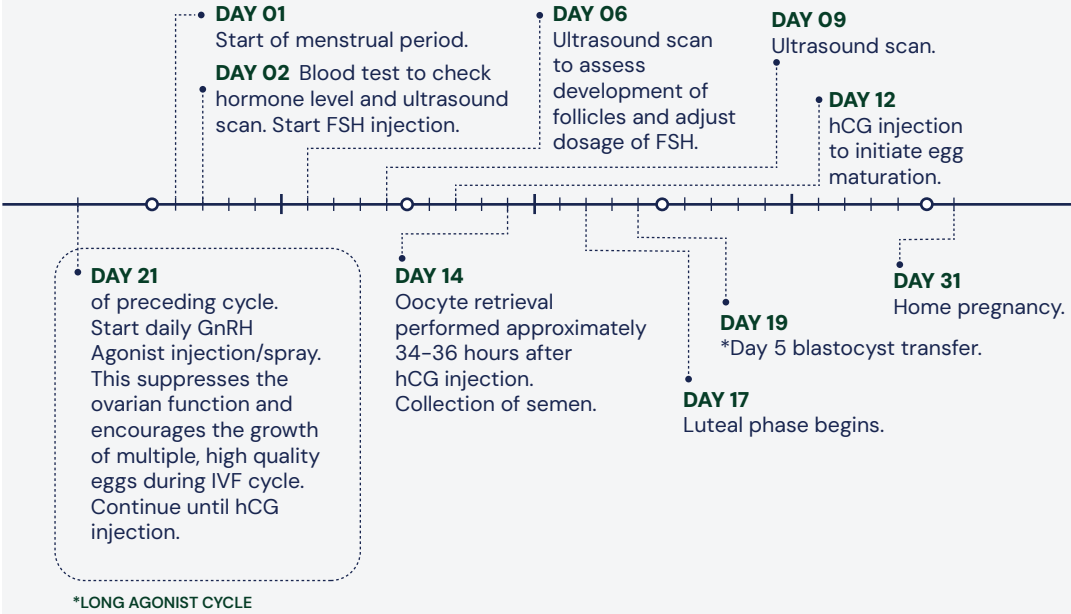
PREGNANCY TESTING

A routine urine or serum test for pregnancy will be performed 2 weeks after the embryo transfer.

FIRST ULTRASOUND TO DETERMINE VIABILITY

A fetal viability scan may be performed 2 weeks after the pregnancy test has shown to be positive.

SAMPLE OF AN ANTAGONIST SCHEDULE
(INDIVIDUAL VARIATION MAY OCCUR)



*LONG AGONIST CYCLE

*DAY 5 BLASTOCYST TRANSFER

The embryologist and your doctor will discuss with you the benefits of doing the day 5 transfer.

01 On day 3, good quality embryos have generally 6 - 8 cells.

02 On day 4, good quality embryos would have developed into morulae or cavitating blastocysts.

03 On day 5 or 6, good quality embryos would have developed into blastocysts.

WHAT IS A BLASTOCYST?

- An embryo that has developed for 5 to 6 days after fertilisation and has 2 distinct cell types and a central cavity filled with fluid blastocoel cavity.
- The cells in a blastocyst have just started to differentiate.
- The surface cells that surround the cavity (just under the outer shell) are called the trophectoderm and will later develop into the placenta.
- A more centrally located group of cells, the inner cell mass, will become the fetus.

POLICY ON TRANSFERRING OF EMBRYOS

For women under 37 years of age, the maximum number of embryos that can be transferred is 2. This is in accordance with the guidelines from the Ministry of Health, Singapore. For women above 37 years, 3 embryos can be transferred after a failed previous cycle, provided that the embryos to be transferred are not blastocysts.

For subsequent cycles, we will discuss with you again the number of embryos that can be transferred to help you maximise your chances.

IVF MEDICATIONS

It is necessary to take certain medications during the IVF cycle in order to prepare the body for the treatment. The dosage and type of medication will vary from patient to patient. Your needs will be reviewed closely to determine which medications to use, what dosage to take, when to administer the medications and how long to take them for.

ANTAGONISTS
Orgalutran, Cetrotide

Antagonists of GnRH are used to prevent premature ovulation.

These medications are given by injection and are usually given from Day 6 of the cycle onwards. Most common side effects include headaches, nausea and lethargy. Redness, swelling, bruising, and itching at the injection site may also occur.

GONADOTROPINS
Gonal-F, Menopur, Pergoveris

Gonadotropins are taken as subcutaneous injections that provide stimulation to the follicles containing the eggs during the stimulation phase.

Most common side effects include fatigue, headaches, nausea, vomiting, mild stomach / abdominal pain, bloating and redness / pain at the injection site. Breast tenderness / pain may also occur.

CLOMIPHENE CITRATE
Clomid, Serophene

If your basic infertility work-up indicates that you are not ovulating regularly or if you are ovulating very late or early in the cycle, your doctor may suggest a clomiphene citrate cycle.

Most common side effects include headaches, breast tenderness, hot flushes, mood swings, nausea and abdominal pain.

hCG
Ovidrel, Single bolus GnRH Agonist

hCGs are taken as an intramuscular or subcutaneous injection and are used to induce the final maturational changes in the eggs and prepare them for retrieval. The most commonly prescribed hCGs are Pregnyl or Ovidrel.

Most common side effects include feelings of restlessness, headaches, slight abdominal discomfort at the time of ovulation and redness / pain at the injection site.

PROGESTERONE
Crinone, Duphaston, Utrogestan, Cyclogest, Natural Progesterone

Natural Progesterone may be taken as a daily intramuscular injection beginning 2 days after egg retrieval and continuing until the placenta is making adequate amounts of progesterone. Progesterone can also be given in the form of oral medications (Duphaston, Utrogestan), vaginal gel (Crinone) or vaginal suppositories (Cyclogest).

Most common side effects include bloatedness, breast tenderness, uterine pain or cramping, abdominal discomfort, nausea, diarrhea and vomiting.

Please see your doctor if you experience any other side effects or if these side effects persist.

For more information on medication, please refer to www.mims.com

Potential Risks & Complications of IVF

FAILURE TO COMPLETE TREATMENT

Sometimes, IVF treatment has to be put on hold as a result of

- Poor follicular response
- Absence of eggs during oocyte retrieval
- Total fertilisation failure
- Poor embryo quality
- Poor embryo survival and / or development (Post-Thaw Embryos)
- Deferment of embryo transfer due to:
  - Ovarian hyperstimulation
  - Poor endometrial lining

OVARIAN HYPERSTIMULATION SYNDROME (OHSS)

This is a potentially dangerous medical condition which only occurs in women who have had gonadotropin injections for ovulation treatment or IVF.

IVF is an ovarian stimulation cycle. OHSS implies that there is an excessive response to the medication.

WOMEN WITH INCREASED RISK OF OHSS ARE THOSE:

- With polycystic ovarian syndrome (PCOS)
- With hyperprolactinemia
- Below 30 years of age
- Who weigh less than 47kg

In cases where there is a risk of OHSS, the clinician might postpone the embryo transfer and all good quality blastocysts are vitrified. The embryo transfer will then occur in a subsequent menstrual cycle, when the symptoms of OHSS have subsided.

OHSS severity is graded as mild, moderate or severe according to clinical symptoms.

MILD OHSS

Mild abdominal swelling and pain.

MODERATE OHSS

More pronounced abdominal pain, nausea, vomiting.

SEVERE OHSS

Pronounced abdominal pain and distension, breathlessness, nausea / vomiting, dehydration and reduced urine frequency. These symptoms indicate severe fluid imbalance and increased risk of clotting problems e.g. strokes.

Please seek medical attention immediately if you have these symptoms.

It is helpful to consume soft boiled egg whites when you encounter OHSS symptoms. You may consume up to a maximum of 6 egg whites per day.

Avoid frying if possible. Alternatively, high protein shakes can be taken as an alternative to egg whites.

OPERATIVE RISKS

As with any procedure, there are always operative risks associated with it. These risks may include infection or unintended bleeding, nausea and vomiting due to anesthesia, restlessness and tiredness, pain and soreness.

RISKS OF MULTIPLE PREGNANCIES

Although raising twins or triplets can be a joyful experience, you should consider the possible effects on your emotional and financial resources, which are often overlooked.

FINANCIAL

Although it may seem unimportant compared with the arrival of the children you have longed for, the financial burden of multiple births can present serious problems. Child care costs and possibly the need for a bigger house and car, in addition to daily needs, should also be considered.

- Having twins may affect one or both parents' ability to work, particularly to work away from home.
- A recent US study found that with each additional multiple birth child, the odds of having difficulty meeting basic material needs more than tripled.

PSYCHO-SOCIAL

Having a new baby brings its own stresses as well as joys, and the emotional challenges of dividing care and attention between two children can be unexpectedly difficult.

- A number of studies have shownthat parents who have twins after fertility treatment find it harder to cope than parents of naturally conceived twins. It is not clear whythis is so, but it has been suggested that because IVF patients have wanted children so much, it makes them feel less entitled to complain about being exhausted or overwhelmed.
- Some mothers and families with twins experience severe parenting stress, particularly first-time parents.
- Depression in mothers of twins is more common than in mothers of singletons. This is not just after the birth, but in the early years as well. Social isolation and fatigue may be contributory factors.
- Parents of twins are more likely to go through marital stress and divorce after the birth of the children than parents of singleton babies.
- Research shows that parents of singleton babies are more likely to enjoy family life and feel confident about parenting.

CONGENITAL ABNORMALITY

As women approach 40 years of age, the risk of chromosomal abnormalities (e.g. Down Syndrome) in their offspring increases and fertility declines.

There are tests available during pregnancy to detect these abnormalities:

SCREENING TESTS

First Trimester Screening Tests using a combination of Nuchal Translucency and Serum Beta-hCG and PAPPA between 11 to 14 weeks of pregnancy can detect up to 90% of Down Syndrome affected pregnancies.

DEFINITIVE TESTING IS OFFERED

if the screen for Down Syndrome is positive.

01 Chorionic Villus Sampling (CVS) performed at 11 - 12 weeks

02 Amniocentesis - performed at 16 - 18 weeks

Please discuss your options with your doctor.

PREGNANCY RELATED COMPLICATIONS

With any pregnancy, there is a chance of an ectopic pregnancy, whereby an embryo is implanted in the fallopian tubes, outside the cavity of the womb, which has to then be removed surgically.

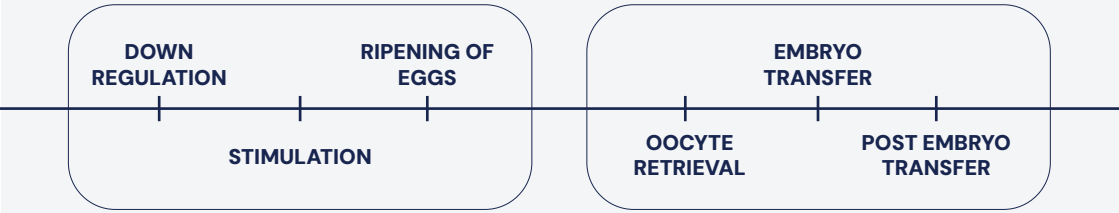
Miscarriages can also occur for various known or unknown reasons.

FINANCIAL COSTS

For Singaporean Citizens and Permanents Residents, you are entitled to claim the following amounts from your Medisave Account for IVF Treatment:

1ST CLAIM	2ND CLAIM	3RD CLAIM
$6,000	$5,000	$4,000

The IVF journey can be summed up in the following diagram.



Estimated cost of medication, tests and consultation at Doctor's clinic will be advised by your Doctor

Mount Elizabeth Fertility Centre Charges ~ $16,000

HOW TO HELP YOURSELF DURING THE CYCLE

EATING HEALTHY

REST ADEQUATELY

HYDRATE LIBERALLY

STAYING POSITIVE

TAKE YOUR PRENATAL SUPPLEMENTS

WHO DO YOU CALL FOR HELP

If you have questions regarding the timings of various medications or procedures please contact:

CALL CLINIC EMERGENCY NUMBER | **CALL CLINIC**

BLEEDING

- Day 1 of menses
- After positive pregnancy test:
  - Spotting
  - Heavy bleeding
- Heavy fresh bleeding (post egg collection)
- Bleeding while using progesterone vaginal pessaries prior to taking the pregnancy test on Day 16

PAIN

- Before egg collection
- Severe pain after egg collection
- Vomiting (unable to keep fluids down)

DRUG SUPPLIES

- Insuffcient medication
- Insufficent FSH (Puregon / Gonal F) for next dose
- No hCG injection available for that evening

MEDICAL ADMINISTRATION

- Queries despite reading information booklet
- Insufficient needles / syringes for evening injection

RESULTS

- Results not obtained for blood test or ultrasound on that day
- Fertilisation results
- Unsure of egg collection / embryo transfer timing

SUMMARY OF IVF PROGRAMME

01 A photocopy of both the husband and wife's NRIC, or passport if one or both spouses is a foreigner, a photocopy of the marriage certificate will also be required.

02 A set of IVF consent forms will need to be signed by both husband and wife.

03 The IVF screening test must be carried out in Singapore or overseas, at any overseas laboratory which has been accredited by any MOH-approved accrediting bodies and is valid up to 6 months.

WIFE	HUSBAND
VDRL	VDRL
Hepatitis B Ab/Ag	Hepatitis B Ab/Ag
Hepatitis C Ab	Hepatitis C Ab
HIV	HIV
Rubella IgG	

04 The husband needs to do a semen test, known as a semen analysis.

05 Sperm freezing is needed if:

- The husband's sperm count is less than or equal to 2 million
- The husband is not in Singapore during the oocyte retrieval
- The husband has difficulty with collection on the day of oocyte retrieval
- Others

The husband will have to personally submit the sample to MEFC.

06 **Maximum number of treatment cycles**

There is no longer any restriction on number of cycles. However, for patients considering their 11th treatment cycle and beyond, they need to be counseled on the following:

- The risks of undergoing more treatment cycles based on the patient's age;
- The relative success rates of assisted reproductive (AR) procedures of different age group; and
- The fact that there is no guarantee of successful pregnancy with more treatment cycles.

07 Cost of IVF / ICSI programme from $16,000 per cycle.

INCLUDES	EXCLUDES (PRICES BEFORE GST)
Lodger stay for oocyte retrieval	Medication for stimulation
Lab charges for oocyte retrieval, embryo transfer and embryology	Blood investigations for stimulation to check medication response
ICSI	Clinical ultrasound monitoring and consultation charges during IVF stimulation
Anaesthetic drugs	One time registration and counselling fee
Embryo freezing & storage for 2 or 3 years	**All pre-IVF investigations such as:** a) Husband's sperm test & blood investigations b) Wife's lab, histopathology tests & hysteroscopy & laparoscopy
Embryo culture or embryo blastocyst culture	**Ovarian hyperstimulation** eg. hospitalization / Albumin Infusions / Abdominal tapping
	Embryo assisted hatching
Doctor's fee for oocyte retrieval and embryo transfer	Sperm freezing & storage for 3 months
Anaesthetist's fee for oocyte retrieval	Take-home medication
	Pregnancy test
	After hours surcharge for laboratory & operating theatre surcharge
	Lodger stay for embryo transfer
	Recovery bed
	Anaesthetic drugs and Anaesthetist's fee for embryo transfer (if required)

08 **Collection of deposit by MEFC (will be collected on / before oocyte retrieval day)**

- Without Medisave = $10,000
- With Medisave = $5,000
- $1,350 - $2,500 of the amount will be for embryo freezing & storage for 2 years
- Medisave deduction per couple:
  $6,000 for 1st claim, $5,000 for 2nd claim, $4,000 for 3rd claim

09 **Number of embryo / blastocyst transfers**

- No more than 2 embryos may be transferred at any one time
- 3 embryos may be transferred if the patient:
  - Is at least 37 years of age
  - Has undergone one unsuccessful stimulated cycle or none of the embryo(s) are blastocyst

Contact us

FOR ENQUIRIES AND APPOINTMENT

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