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MEMBER LOGIN



IVF

If you are researching fertility treatment such as IVF, or your doctor has suggested it as an option to conceive, then your first step is to get familiar with the processes that are involved. Infertility is not an inconvenience; it is a disease of the reproductive system that impairs the body's ability to perform the basic function of reproduction. Below is an overview of the basic information about fertility treatment put together by The Fertility Society.

What is IVF?

IVF or in vitro fertilisation is a series of procedures to assist you with conception. In many cases it is used when you can not fall pregnant because of fertility problems or because of an underlying genetic disorder. IVF can also be considered as a treatment in a number of other situations: if you are single and wish to become a parent, if you are in a same sex relationship or for the purpose of fertility preservation (<https://www.fertilitysociety.com.au/fertility-preservation-australia-new-zealand/>).



"In a normal menstrual cycle your ovaries produce 1 egg every month. With IVF your fertility specialist will prescribe medications to stimulate the follicles in your ovaries so they produce multiple eggs. You will be closely monitored with blood tests and ultrasounds to see how the follicles are developing."

Your fertility specialist will keep an eye on how your eggs are growing and what size they are. When they are ready, it is time for egg retrieval or egg pick up. This happens in theatre under anaesthesia.



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"When the eggs are retrieved, the fertility specialist will look at the eggs under the microscope. As not all eggs will have matured, they will pick the ones that are mature, and these eggs will be fertilised with sperm."



The fertilisation happens on the same day as the egg retrieval. Typically, about three to five days later, the fertilised egg (embryo) is placed back in the uterine cavity. In other cases, the embryo is frozen and will be placed back at another point in time. The embryo transfer is a simple procedure, similar to a pap smear test. It takes about five minutes and there is no anaesthetic required.

The IVF journey explained

IVF is a step-by-step process and one IVF cycle coincides with one menstrual cycle.

> Step 1: Blood test

On day one of your menstrual cycle you will call your fertility clinic to let them know that your period has started. You will also have a blood test in the morning. When your menstrual cycle starts in the afternoon, the following day will be considered your day one.

> Step 2: Hormone stimulation

On the second or third day of your menstrual cycle, your hormone stimulation treatment will start. This means you will start taking medication that stimulates your follicles so they produce multiple eggs. You will do this until the eggs are a certain size. For some women this happens after 8 days, others will take longer.

> Step 3: Trigger shot

Once the eggs have reached a certain size, you will give yourself a trigger injection. The shot contains hCG hormone, or Human Chorionic Gonadotropin, which triggers your ovary to mature and release an egg.

> Step 4: Egg retrieval

About 34-36 hours after the trigger shot, your eggs will be retrieved either in a procedure room or operating theatre. It is a short procedure performed under sedation or anaesthetic. Your fertility specialist will use a thin needle within an ultrasound guide. The thin needle will go through your vagina wall into the follicles to retrieve the eggs. If the fertility specialist cannot access your follicles using a transvaginal ultrasound, you will be scheduled for egg retrieval via laparoscopic surgery.

> Step 5: Semen sample

In case you are using your partner's fresh sperm, he will be asked to produce a semen sample on the same day of the egg collection. In some cases it is not possible to retrieve sperm from the ejaculate and a surgical procedure is performed to extract sperm directly from the testicles.

In some cases you may use frozen donor sperm (<https://www.fertilitysociety.com.au/donor-programme-australia-new-zealand/>), for example in case you are single or in a same sex relationship.

> Step 6: Fertilisation



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In case of conventional IVF, fertilisation occurs in a dish and incubated overnight. In some cases your fertility specialist might recommend ICSI or Intra Cytoplasmic Sperm Injection as the procedure type. This is when a single healthy sperm is injected in each mature egg. ICSI is typically used when the sperm quality is low.



> Step 7: Embryo transfer

About three to five days after egg retrieval, your fertility specialist will transfer an embryo into the uterine cavity. Uncommonly more than one embryo is transferred. In some cases your fertility specialist will wait to transfer an embryo. Your surplus good quality embryos will then be frozen and brought in the next month or at another time depending on your individual circumstances.

> Step 8: Pregnancy test

Once the embryo has been transferred a two-week wait starts before you can test for a pregnancy. This is done via a blood test because it is more reliable than a home pregnancy test.

When is IVF recommended?

If you have issues with infertility, in vitro fertilisation might be an option. IVF might be for you if any of the following conditions occur:

- Your ovarian tubes are blocked,
- You ovulate irregularly,
- You are a man with very low sperm counts,
- Your sperm mobility is low,
- You have PCOS or endometriosis, You are a woman with low egg counts,
- You have fibroids,
- You ovulate irregularly, Your sperm size and shape are abnormal,
- You or your partner have a genetic disorder which you do not want to pass on to your child and therefore choose IVF and preimplantation genetic testing (PGTm),
- You or your partner will start cancer treatment that may affect your fertility in the future (<https://www.fertilitysociety.com.au/fertility-preservation-australia-new-zealand/>).

IVF might be also an option when you are in a same sex relationship, or when you are single and have a child wish.

When is ICSI recommended?

ICSI is used when infertility is caused by a male factor such as low sperm count, poor sperm morphology or poor sperm motility. In some cases a blockage may prevent the sperm from getting out. Your fertility specialist will then perform a testicular biopsy and in that case ICSI will be used to fertilise the egg. Sometimes ICSI will be used when previous attempts with standard IVF have failed.

IVF success rates

In 2017, the number of ART cycles reported in Australia and New Zealand was **82,215**. That resulted in **15,405** babies who were born using ART treatment.

IVF risks



IVF is an effective treatment and ~~the~~ however, in vitro fertilisation is not without risks. world to start a family.

The treatment



The medication that is used to stimulate the ovaries to produce multiple eggs is not without risks. In some cases women may develop ovarian hyperstimulation syndrome (OHSS). Most symptoms are mild but in severe cases, large amounts of fluid are built up in the abdomen and lungs. This can cause very enlarged ovaries, dehydration, trouble breathing, and severe abdominal pain. In very rare cases, OHSS can lead to blood clots and kidney failure.

During egg retrieval you will require an anaesthetic, which incurs the general risks associated with anaesthesia. In some cases the procedure may cause complications when bleeding or infection occurs. The instances of these complications are rare, but it is important that you and your partner are well-informed about the risk factor of IVF treatment.

The pregnancy

When a pregnancy follows after IVF treatment, the risks associated with the pregnancy are not very different to a pregnancy that happened naturally.

Having a multiple pregnancy is uncommon with IVF as in most cases a single embryo is transferred. Transferring two embryos means there is an increased chance of a multiple pregnancy. A multiple pregnancy, regardless of whether conceived with IVF or naturally) carries risks:

- Preterm labor and delivery
- Complications of prematurity for the newborns
- Delivery by c-section
- High blood pressure during pregnancy
- Gestational diabetes
- Haemorrhage after delivery

Children born from IVF

Data about children that are born via IVF, compared to those that are not, show a subtle increase in birth defects in those that were conceived via IVF. It is not fully understood whether these birth defects or genetic diseases are caused by the infertility treatment itself or the underlying reason for infertility. Patients having IVF treatment are different to those becoming pregnant naturally. Women are on average older which is also a risk factor for some of these issues.

IVF donors

Egg donor

When you cannot use your own eggs in an IVF cycle, you may consider egg donation. The success rates for egg donor IVF are good, especially when using a de-identified screened **egg donor** (<https://www.fertilitysociety.com.au/donor-programme-australia-new-zealand/>), as opposed to a friend or a family member.

When opting for egg donor IVF as a mother, you will not be genetically related to your child, but the intended father will be, unless you are also using donor sperm.

Male gay couples interested in IVF will always need an egg donor. Typically one of the intended fathers will be genetically related to the child.  **FERTILITY SOCIETY OF AUSTRALIA AND NEW ZEALAND** to the child, a **surrogate mother** (<https://www.fertilitysociety.com.au>) will be required.

(/) Sperm donor

When you cannot use your own sperm in an IVF cycle, you may consider sperm donation. You can use sperm from a friend/family member or from a de-identified screened sperm donor.

When trying to fall pregnant using donor sperm, you will be inseminated (**IUI** (<https://www.fertilitysociety.com.au/iui-treatment-australia-new-zealand/>)) or go through IVF using ICSI.

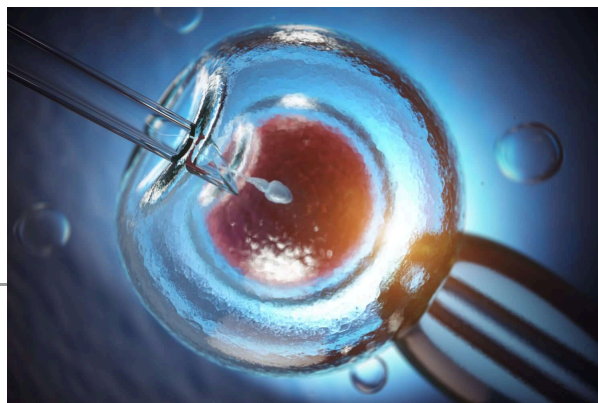
Lesbian couples wanting to build a family will always need a sperm donor. Typically one of the intended mothers will be genetically related to her child.

Embryo donor

When you want to build a family and you cannot use your own eggs and sperm, embryo donation is an option. This means none of the intended parents will be genetically related to their child.

Cost of IVF

The cost of IVF depends on many factors, including the country or state you're living in, as well as the clinic you choose. It is best to talk to your clinic or fertility doctor to understand the costs involved in the procedure.



"Please note that the information provided is not medical advice. To obtain personalised information about suspected infertility, please contact your qualified fertility specialist."

Useful Links

VARTA: Assisted Reproductive Treatment (ART) (<https://www.varta.org.au/fertility-treatment>)

Access Fact Sheet: IVF and ICSI (<https://access.org.au/wp-content/uploads/2010/01/17-ivf-and-icsi.pdf>)

Access Fact Sheet: How to choose an IVF clinic (<https://access.org.au/wp-content/uploads/2021/02/20-How-to-choose-an-IVF-clinic-and-understand-success-rates-2.pdf>)

ABOUT US

About FSANZ (<https://www.fertilitysociety.com.au/about/about-01/>)

Board Members (<https://www.fertilitysociety.com.au/about/about-02/>)



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<https://www.fertilitysociety.com.au/about/about-03/>

(/) Special Interest Groups (<https://www.fertilitysociety.com.au/about/special-interest-groups/>)

Media (<https://www.fertilitysociety.com.au/about/media-news/>)



PROFESSIONAL GROUPS

SIRT (<https://www.fertilitysociety.com.au/professional-groups/pg-01/>)

FNA (<https://www.fertilitysociety.com.au/professional-groups/pg-02/>)

ANZICA (<https://www.fertilitysociety.com.au/professional-groups/anzica/>)

IVF Medical Directors (<https://www.fertilitysociety.com.au/professional-groups/ivf-medical-directors/>)

DART (<https://www.fertilitysociety.com.au/professional-groups/dart/>)

ART REGULATION

RTAC (<https://www.fertilitysociety.com.au/art-regulation/rtac/>)

ANZARD (<https://www.fertilitysociety.com.au/art-regulation/anzard/>)

TRAINING & EVENTS

FSA Conference 2025 (<https://www.fertilitysociety.com.au/annual-conference/registration/>)

START Course (<https://www.fertilitysociety.com.au/training-events/start-2025/>)

MEMBERS

Membership (<https://www.fertilitysociety.com.au/membership/>)

Members Login (<https://www.fertilitysociety.com.au/members/>)

RESOURCES

Patient Centred Care (<https://www.fertilitysociety.com.au/resources/patient-centred-care/>)

Health Professionals (<https://www.fertilitysociety.com.au/resources/health-professionals/>)

Online Shop (<https://www.fertilitysociety.com.au/resources/online-shop/>)



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Please address all correspondence to FSANZ Office:

Phone: +61 3 9586 6060 (tel:+61 3 9586 6060)

Email: office@fertilitysociety.com.au (mailto:+61 3 9586 6060)



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