

APPENDIX ONE

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FEE INFORMATION

The costs for IN-VITRO FERTILIZATION are as follows:

In-Vitro Fertilization (IVF) Non Insured

Treatment cycle	\$5100.00
With Intracytoplasmic Sperm Injection (ICSI) add	\$1000.00
With Ultrasound guided Transfer add	\$175.00

(Above prices do not include the cost of Medications)

If your cycle is cancelled there is a non-refundable fee of \$1500.00

In-Vitro Fertilization (IVF) Ohip Insured

Ohip will cover IVF for patients with blocked fallopian tubes for a maximum of three cycles

Treatment Cycle	\$3300.00
With Intracytoplasmic Sperm Injection (ICSI) add	\$1000.00
With Ultrasound Guided Transfer add	\$175.00

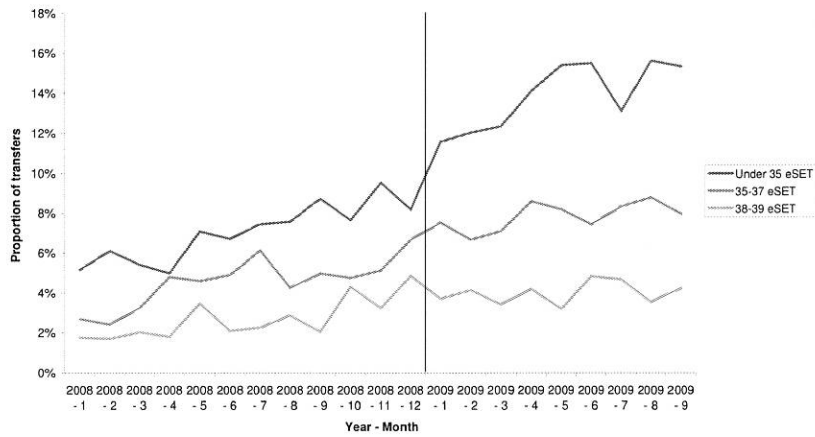
(Above prices do not include the cost of Medications)

If your cycle is cancelled there is a non-refundable fee of \$500.00

Payments must be paid in full on the day of pre-Lupron ultrasound

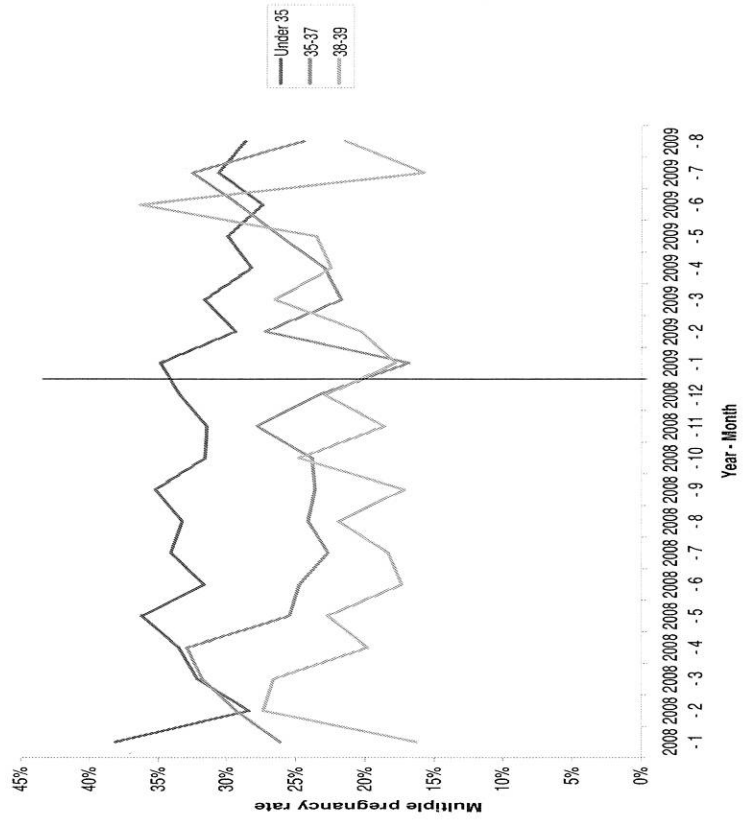
APPENDIX TWO

Figure 1. Women under 35, 35-37, 38-39: elective single embryo transfers
Proportion of fresh, stimulated, own egg IVF & ICSI embryo transfers by patient age that are elective single embryo transfers (eSET) UNVERIFIED DATA



APPENDIX THREE

Figure 5. Women under 35, 35-37, 38-39: multiple pregnancy rate
 Multiple pregnancy rate per pregnancy for fresh, stimulated, own egg IVF & ICSI embryo transfers by patient age UNVERIFIED DATA



APPENDIX FOUR



SCHOOL OF HUMANITIES
AND SOCIAL SCIENCES
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CERTIFICATE OF ETHICAL APPROVAL

School/Academic Unit:

Department of Sociology and Philosophy, School of Humanities and Social Sciences,
University of Exeter

Title of Project:

Implementation of policy for IVF clinics

Name(s)/Title of Project Research Team Member(s):

Victoria Coven

Project Contact Point:

Email: vjc208@exeter.ac.uk

Brief Description of Project:

This project investigation seeks to discover how public policy regarding the provision of patient support in the form of counselling is implemented in fertility clinics offering IVF.

This project has been approved for the period

From: July 2010

To: July 2011

School Ethics Committee approval reference: 14.07.10/iii

Signature..... *H. Farrimond* Date *19th July '10*
(Hannah Farrimond – Chair HuSS School Ethics Committee)

APPENDIX FIVE

GUIDE INFORMATION/CONSENT FORM FOR INTERVIEWS

Title of Research Project

Implementation of Policy for IVF clinics: Interviews with counsellors to investigate their perceptions of how HFEA policies concerning counselling, support and multiple births are being addressed in UK, IVF clinics.

Details of Project

This project aims to discover how IVF counselling is conducted in a sample of clinics in the UK. I wish to discover how patients use counselling services and what kinds of topics are discussed. To do this I intend to interview counsellors working at IVF clinics. A summary of these interviews would be used in my final PhD thesis. I am a self-funded student.

Contact Details

For further information about the research or your interview data, please contact:
Victoria Coven, Department of Sociology, Exeter University, Devon UK. Tel 00 44 (0) 1392 263240, vjc208@exeter.ac.uk

If you have concerns/questions about the research you would like to discuss with someone else at the University, please contact: Susan E. Kelly, Senior Research Fellow, ESRC Centre for Genomics and Society (Egenis), University of Exeter. Email: S.E. Kelly@exeter.ac.uk

Confidentiality

Interview tapes and transcripts will be held in confidence. They will not be used other than for the purposes described above and third parties will not be allowed access to them (except as may be required by the law). My supervisors and I will have sole access to the data. However, if you request it, you will be supplied with a copy of *your* interview transcript so that you can comment on and edit it as you see fit (please give your email below). Your data will be held in accordance with the Data Protection Act for a period of no longer than one year.

Anonymity

Interview data will be held and used on an anonymous basis, with no mention of your name or of the IVF clinic that you are associated with.

Consent

I voluntarily agree to participate and to the use of my data for the purposes specified above. I can withdraw consent at any time by contacting the interviewers.

TICK HERE:

DATE.....

Note: Your contact details are kept separately from your interview data

Name of interviewee:.....

Signature:

Email/phone:.....

Signature of researcher.....

2 copies to be signed by both interviewee and researcher, one kept by each

APPENDIX SIX

Interview Questions for IVF Counsellors in UK

I wished to assess the counsellors' perceptions of:

- 1) What additional support services are provided at the clinic that they are attached to?
- 2) How many IVF patients at the clinic use counselling: What would the estimated percentage of patients be who attend the clinic and use the counselling service?
- 3) Why are some patients not using counselling: What do you as a counsellor perceive are the barriers for patients accessing counselling services at the clinic where you work?
- 4) What kind of topics are most frequently discussed in a) implications counselling b) support counselling and c) therapeutic counselling?
- 5) Are there any specific stages of the IVF cycle that produce a higher demand for support counselling?
- 6) Is the issue of the likelihood of treatment resulting in a multiple birth raised in counselling? If so in what stage of counselling, by whom, and in what manner?
- 7) Is counselling directive with regards to multiple births or non-directive?
- 8) How would you best describe the majority of patient's attitudes and feelings about the likelihood of their treatment resulting in a multiple birth?
- 9) Current HFEA policy has specified that every IVF clinic reduce the multiple pregnancy rate from April 2010 to 20% or less in its facility. Has this directive had any implications for the type of advice that counsellors give to patients about their treatment?

APPENDIX SEVEN

Table 5.1
How many embryos can be transferred?

How ART is governed	Country	Limits on number transferred	Penalty for violation
Covered by statute	Abu Dhabi	3 if <35y; 4 if >34y	Confinement ± fine
	Belgium	2 if <36y; 3 if <40y; 40+y no limit	None as yet ?future
	Brazil	2 if <35y; 3 if 36+y, max. 4 regardless of age	None
	Bulgaria	Age and previous failures	Practice restriction 3-12 m
	China	2 if <35y; 3 for others	No
	Denmark	1 if <35y in first 1-2 cycles	Not known
	Estonia	Up to 3	Financial restriction
	Germany	2 if <38y; maximum 3	3 years jail
	Greece	3 up to 40y; >40y up to 4	Fine, licence lost for 6 m
	Hungary	2-3; above 40y, 4	Loss of licence
	Iceland	1 if <35y; 1-2 if >35y if poor embryos	Loss of licence
	Israel	2 if <35y	No
	Kosovo	3 maximum	
	Latvia	3 maximum	None
	Slovenia	3 by law; 2 by practice, usually 1<36y	Fine
	Spain	3 maximum	Fine or clinic closure
	Sweden	1 is the norm; 2 maximum	Licence loss
	Switzerland	3 maximum	Fine or prison
	Taiwan	4 or less	Fine
	Turkey	Up to 3	Loss of licence
Covered by guidelines	Argentina	2 good quality ≥35y, more if poorer quality or older	
	Australia	Only state that steps should be taken to minimise multiple pregnancy	
	Austria	Age and number of failed previous cycles	
	Chile	2 if <40y; 3 if >40y; ? occasionally ? diagnosis	
	Croatia	Can only fertilise 3 oocytes, so all transferred	
	Egypt	2-4 according to age	
	Ghana	2 if <38y; 3 if >39y	
	Hong Kong	Not more than 3, but 4-5 >35y	
	India	3 unless exceptional circumstances	
	Japan	Single embryo transfer, >35y and repeat cycles 2	
	Netherlands	Maximum 2	
	New Zealand	1 for 1 and 2 cycle, maximum 2 if <39y	
	Nigeria	2 if <35y; more if >35y	
	Poland	2 if <35y; more if >35y	
	Saudi Arabia	2-3 if <40y, 4 or more if >40y or if >3 previous IVF	
	Singapore	2 with reimbursement, 4 if >35y with 2 failures	
	Sri Lanka	2 preferred; max. 3, single in very selected cases	
	Ukraine	2 if <35y; 3 if >35y	
	UK	2 maximum <40y; 3 maximum >40y; maximum 2 for donated eggs or embryos. All clinics must have a multiple birth minimisation strategy aiming for <10%	Conditions may be placed on the clinic's licence
	None	Venezuela	1-2 embryos in 60%
Cuba		2 with 3 over 38	
Ecuador		2-3 depending on age and embryo quality	
El Salvador		2-3 if <35y; 3-4 if >35y	
Ethiopia		Decided by clinician	
Jamaica		2, HFEA Guidelines, maximum 3	
Kenya		Usually 3, maximum 4	
Mali		2, maximum 3	
Romania		3	
Swaziland		2	
Trinidad/Tobago	2 <30y; 2-3 according to age and embryo quality		
Uruguay	1-2 if <30y; 2-3 if 31-38y; 4 >39y		

SART: Society for Assisted Reproductive Technology; HFEA: Human Fertilisation and Embryology Authority

Table V. Number of embryos transferred after IVF and ICSI

	All transfers	1 embryo	%	2 embryos	%	3 embryos	%	4 embryos	%
Belgium	8015	852	10.6	3744	46.7	2727	34.0	692	25.4
Czech Republic	5638	577	10.2	1064	18.9	2983	52.9	1014	18.0
Denmark	NA	NA		NA		NA		NA	
Finland	3999	842	21.1	2994	74.9	215	5.4	1	0.0
France	30 459	4200	13.8	12 878	42.3	11 340	37.2	2041	6.7
Germany	41 490	4623	11.1	15 468	37.3	21 399	51.6	0	0.0
Greece	5209	523	10.0	1041	20.0	1677	32.2	1968	37.8
Hungary	1729	134	7.8	293	16.9	823	47.6	479	27.7
Iceland	325	36	11.1	220	67.7	69	21.2	0	0.0
Ireland	972	80	8.2	214	22.0	654	67.3	24	2.5
Italy	10 198	1148	11.3	3167	31.1	4166	40.9	1720	16.9
Netherlands	NA	NA		NA		NA		NA	
Norway	NA	NA		NA		NA		NA	
Poland	1794	292	16.3	1149	64.0	266	14.8	87	4.8
Portugal	1302	167	12.8	397	30.1	595	45.7	143	11.0
Russia	2819	338	12.0	563	20.0	635	22.5	1283	45.5
Slovenia	1275	287	22.5	795	62.4	193	15.1	0	0.0
Spain	8355	722	8.6	1366	16.3	3809	45.6	2458	29.4
Sweden	6247	699	11.2	5268	84.3	280	4.5	0	0.0
Switzerland	2415	312	12.9	1378	57.1	679	28.1	46	1.9
UK	NA	NA		NA		NA		NA	
Ukraine	738	49	6.6	114	15.4	136	18.4	439	59.5
All	132 979	15 881	11.9	52 113	39.2	52 646	39.6	12 395	9.3

NA = not available.

The sum of all transfers and the sum of transfers with 1,2,3 or 4 embryos differ by 56. This is due to an unknown number of embryos being transferred in some cases.

Assisted reproductive technology (ART) in Europe, 2005

Table V Number of embryos transferred after IVF and ICSI in 2005

Country	All transfers	1 embryo	%	2 embryos	%	3 embryos	%	4+ embryos	%
Albania	136	28	20.6	48	35.3	43	31.6	17	12.5
Belgium	13 853	6652	48.0	5992	43.3	1018	7.3	191	1.4
Bulgaria	716	61	8.5	161	22.5	245	34.2	249	34.8
Croatia	1983	185	9.3	1722	86.8	76	3.8	0	0
Czech Republic	3176								
Denmark	7977	2604	32.6	5013	62.8	360	4.5	0	0
Finland	4169	2072	49.7	2082	49.9	14	0.3	0	0
France	44 839	7868	17.5	26 503	59.1	8375	18.7	2093	4.7
Germany	35 660	4119	11.5	23 359	65.5	8182	22.9	0	0
Greece	7394	987	13.3	1620	21.9	3677	49.7	1110	15.0
Hungary	2466	280	11.3	1091	44.2	839	34.0	256	10.4
Iceland	330	81	24.5	216	65.5	33	10.0	0	0
Ireland	1859	161	8.7	1477	79.5	218	11.7	3	0.2
Italy	25 402	4743	18.7	7851	30.9	12 808	50.4	24	0
Lithuania	67	5	7.5	9	13.4	29	43.3	24	35.8
Macedonia	473	102	21.6	148	31.3	167	35.3	56	11.8
Montenegro	157	32	20.4	38	24.2	59	37.6	28	17.8
Norway	4415	1890	42.8	2504	56.7	21	0.5	0	0
Poland	3571	464	13.0	2213	62.0	848	23.7	46	1.3
Portugal	2910	455	15.6	1911	65.7	522	18.0	22	0.8
Russia C.I.S.	12 504	1773	14.2	7002	56.0	2882	23.0	742	5.9
Serbia	159	26	16.3	38	23.9	53	33.3	42	26.4
Slovenia	1901	571	30.0	1103	58.0	227	11.9	0	0
Spain	22 834	3283	14.4	12 306	53.9	7245	31.7	0	0
Sweden	8062	5596	69.4	2465	30.6	1	0.0	0	0
Switzerland	2967	369	12.4	1819	61.3	713	24	0	0
The Netherlands	12 348								
Turkey	23 737								
Ukraine	2488	244	9.7	809	32.3	878	35.0	557	22.2
UK	27 188	2697	9.9	23 183	85.3	1308	4.8	0	0
All	236 480	47 348	20.0	132 683	56.1	50 841	21.5	5436	2.3

Data restricted to those transfers where the number of embryos transferred are known. Finland: no data available for one ICSI cycle. Russia: no data available for 102 IVF cycles and 3 ICSI cycles. Switzerland: no data available for 66 cycles.

APPENDIX TEN

Table III Number of embryos transferred and deliveries after ART in 2009.

Country	NF + ICSI						FER					
	Transfers	1 embryo (%)	2 embryos (%)	3 embryos (%)	4+ embryos (%)	Deliveries	Twin (%)	Triplet (%)	Deliveries	Twin (%)	Triplet (%)	
Austria	5875	22.5	68.2	8.6	0.7	1039	21.8	0.8	1020	11.0	0.2	
Belgium	16 089	48.9	40.7	8.6	1.8	3275	10.3	0.2	1020	11.0	0.2	
Bulgaria	1443	9.1	32.3	47.5	10.9	415	12.5	2.7	14	14.3	14.3	
Croatia	2774					586	18.4	2.7				
Cyprus						411						
Czech Republic	10 146	19.9	72.8	7.2	0.1	2056	16.0	0.0	334	17.1	0.0	
Denmark	9664	42.0	52.1	6.0	0.0	998	8.4	0.1	586	9.2	0.0	
Finland	3981	65.7	34.1	0.2	0.0	11 292	18.0	0.3	2287	9.9	0.3	
France	47 822	27.1	61.8	10.3	0.8	6717	20.1	0.8	1643	14.9	0.5	
Germany	45 476	13.3	68.1	18.7	6.4	219	27.6	2.8	23	28.6	9.5	
Greece	1481	21.7	31.0	40.9	2.6	89	14.6	0.0	43	9.3	0.0	
Hungary	5693	14.5	55.7	27.2	0.0	627	21.9	1.0	114	8.0	0.0	
Iceland	389	43.2	56.8	0.0	0.0	21.1	2.4	1.7	54	18.5	0.0	
Ireland	2487	25.7	65.9	8.3	0.0	20.4	1.5	0.1	357	7.9	0.3	
Italy	37 301	19.0	33.6	44.8	2.6	1450	11.6	0.1	485	15.9	0.0	
Kazakhstan	886	13.9	43.5	39.1	3.6	1866	16.9	0.8	124	15.3	0.8	
Latvia	440	23.0	63.9	13.2	0.0	1006	22.1	0.9	1	0.0	0.0	
Lithuania	114	9.6	13.2	36.0	41.2	30	33.3	6.7	2	0.0	0.0	
Macedonia	1703	14.9	29.5	55.6	0.0	208	21.2	1.4	13	7.7	0.0	
Moldova	554	8.7	25.1	54.5	11.7	137	20.4	1.5	6	16.7	0.0	
Montenegro	398	16.3	29.1	49.5	5.0	11.6	1.6	0.1	357	7.9	0.3	
Norway	5451	53.4	45.7	0.9	0.0	1866	16.9	0.8	485	15.9	0.0	
Poland	6884	20.7	67.4	11.3	0.6	1006	22.1	0.9	124	15.3	0.8	
Portugal	3877	20.6	71.2	7.9	0.3	46	28.3	4.3	1	0.0	0.0	
Romania	875	14.1	39.9	34.3	11.8	6308	25.6	1.3	655	15.5	0.6	
Russia	29 208	16.4	60.5	19.4	3.6	329	31.0	6.4	100	9.0	0.0	
Serbia	1092	15.7	20.7	42.4	21.2	734	17.6	0.1	1038	17.9	0.5	
Slovenia	2513	30.4	66.9	2.6	0.0	2580	5.9	0.2	962	5.3	0.0	
Spain	26 583	15.6	68.2	16.1	0.0	903	19.7	0.1	883	7.9	0.3	
Sweden	9614	70.7	29.3	0.0	0.0	11.2	1.2	0.1	278	21.9	0.4	
Switzerland	4170	16.9	64.9	18.2	0.0	24.4	2.4	1.9	1703	17.1	0.1	
The Netherlands	13 888					1667	24.4	0.4	1703	17.1	0.1	
Ukraine	5334	10.6	50.4	35.2	3.7	10 749	22.4	0.4	13 369	12.7	0.3	
United Kingdom	36 594	22.7	72.1	5.3	0.0	19.4	0.8					
All ^a	340 799	24.2	57.7	16.9	1.2	72 327	19.4	0.8	13 369	12.7	0.3	

ART, assisted reproductive technology; FER, frozen embryo replacement; ICSI, intracytoplasmic sperm injection.

^aTotals refer only to these countries where data on the number of transferred embryos and on multiplicity were reported.

APPENDIX ELEVEN

INTERVIEWS WITH CLINICIANS IN TORONTO

INTERVIEW WITH OBSTETRICIAN AT SUNNYBROOK AND WOMEN'S COLLEGE HOSPITAL IN TORONTO

I asked this clinician is

1) If a licensing apparatus comes into place in Canada that oversees the operation of fertility clinics, do you feel that regulations limiting the number of embryos transferred during an IVF cycle would be a positive measure?

Yes, definitely. I feel strongly that this would be a good measure.

2) What is the maximum number of embryos that you feel would be appropriate to transfer during any one cycle?

Two. This is in line with other UK countries – i.e. the UK and Germany. Research shows that success rates are not increased with higher numbers according to many studies.

3) Do you feel that such a measure would result in a significant decrease in patients who are experiencing multiple births in your practice?

There would definitely be a decrease in triplets. There would be a slight decrease in twin births although these figures may remain largely unchanged by a reduction in the transfer of embryos. Twins are a result of the widespread increase in all types of fertility treatment.

4) In addition to the health and social disadvantages to parents and children and the costs to the health system of delivering and caring for multiple infants, what are the other disadvantages of having a multiple pregnancy over a single one?

There are social disadvantages that influence the structure of the family. The divorce rate increases and numerous studies have revealed other social problems. One study suggested that child abuse was more prevalent in homes where there were multiple births.

5) Why do clinics implant large numbers of embryos during IVF procedures?

Clinics are under pressure from their customers. They also feel that it is a cost-efficient method to improve chances of conception. Due to the high cost of treatment, patients will only return to the clinic for a limited number of cycles. If Government funding covered IVF, then I believe that the implantation of high numbers of embryos would not be so widespread. Customers of the service are often in a desperate situation and are willing to increase their chances of conception at any cost. They are not perceptive to the wider disadvantages of doing so. At present the IVF process is such that using one single embryo for a transfer would not be suitable or sufficient. Studies are in progress to improve the culture of the embryos so that they can be implanted at a later stage.

INTERVIEW WITH AN IVF PRACTITIONER FROM A PRIVATE CLINIC

The second doctor that I was able to speak to about IVF and multiple births was someone who I am personally acquainted with who runs a private IVF clinic in downtown Toronto. I asked him:

1) How do you feel about proposed legislation that would introduce an apparatus to regulate fertility clinics?

I feel that this is unnecessary and would be interference to practise. Presently practitioners may use their discretion to alter treatment to suit an individual's circumstance.

2) What about unscrupulous practitioners who lack concern for the welfare of the individual and the child?

This doesn't occur. All IVF practitioners are conscientious and need to be so in order to develop a good reputation. Legislation to regulate fertility clinics is not necessary. The advantage to leaving physicians and scientists to regulate themselves is that they see the difficulties of the clinical practise of IVF that outsiders are not able to see or are not interested in seeing. To physicians, IVF is a medical craft. They are in a unique position to see which methods should be appropriate to suit an individual case. Group consciousness develops in hospitals. The Government cannot always be familiar with this.

**PREGNANCY AND PARENTING
AFTER INFERTILITY**

FINALLY PREGNANT AFTER TREATMENT?
HAVE NEW ISSUES REPLACED THE OLD?

COME MEET WITH OTHER WOMEN
TO DISCUSS FEELINGS, ISSUES,
AND SOLUTIONS IN A SUPPORTIVE,
CONFIDENTIAL ENVIRONMENT.

WHEN: THIRD WEDNESDAY OF
EVERY MONTH

TIME: 5:30 - 7:30 P.M.

PLACE: WOMEN'S HEALTH CENTRE
790 BAY STREET, 8TH FLOOR