FERTILITY PATIENT JOURNEY 1-9 FROM TRYING TO CONCEIVING



Already tried conceiving naturally (eg, ovulation predictor kit; 12–18 months) and sought advice from primary care provider/ObGyn (3-6 months)



Doctors, nurses, and support groups are there for the patient throughout the process to lean on for support



REPRODUCTIVE ENDOCRINOLOGIST OFFICE

(2–6 months)

Fertility tests and diagnoses

Fertility testing involves:

- Females: Patient history, focusing on reproduction; physical exam; ovarian reserve testing (eg, AMH, Day 3 FSH, AFC, tubal patency, uterine health, blood tests, inherited disease screening)
- Males: Patient history, focusing on reproduction; physical exam; semen analysis

The diagnosis process can take some time. Infertility affects men and women equally.¹⁰

After diagnosis the doctor and patient will decide the best treatment course.



The patient's treatment journey starts here. Which path the patient takes is dependent on the patient and the doctor's decision. Doctors should prepare patients for the psychological impact this journey may bring

Pre-treatment assessment, establishment and discussion of treatment plan, prescription filling Treatment(s) include:

- Ovulation induction with or without intrauterine insemination
- *In vitro* fertilization

The time it takes for the patient to finish their journey is individual to the patient, and often does not align with their expectations. Several factors can impact the patient's journey, including age, infertility history, diagnosis and prognosis, psychological factors, treatment fatigue, and financial reasons.^{3,11} Do not compare patient journeys. This infographic is not intended to diagnose, recommend, or suggest medical treatment for any specific patient.



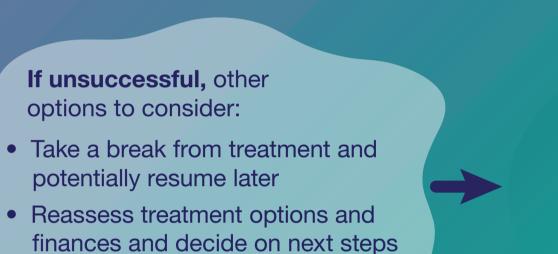
OVULATION INDUCTION (OI) WITH/WITHOUT INTRAUTERINE INSEMINATION (IUI)



Patients stop treatment for a variety of reasons. In a survey of 330 participants who discontinued treatment, the main reasons for treatment discontinuation were financial (38%),

psychological burden (38%), and poor prognosis (16%).12

Patients are encouraged to talk to their doctors, nurses, and support groups throughout their journey about their thoughts and feelings. They can discuss with the team on their plans to help them achieve their goal of family building.



Pregnancy test (positive/negative) 2 weeks after embryo transfer



Induce ovulation WITH oral/injectable medication with/without IUI

If unsuccessful, other

- options to consider: Discontinue treatment
- Take a break from treatment and potentially resume later
- Reassess treatment options and finances • Decide if IVF is an option



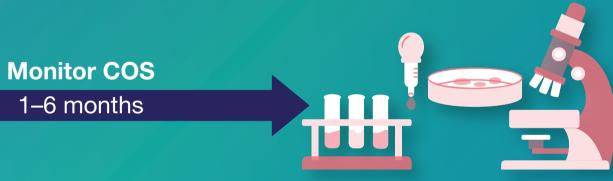
2 weeks after embryo transfer

OPTION 2: Start with IVF

IN VITRO FERTILIZATION (IVF) (FRESH OR FROZEN **EMBRYO TRANSFER)**



Undergo controlled ovarian stimulation (COS): Fertility drug treatment administration and follow-up tests



Undergo IVF lab procedures: Sperm sample collection; oocyte retrieval; endometrium preparation; fresh/frozen embryo transfer, with/without genetic testing, to uterus with prepared lining

Ovarian stimulation 1–6 months

Undergo IVF clinical procedures:

 Take a break from treatment and potentially resume later Start a new round of COS/IVF • Change treatment plan Reassess treatment options and finances

or child-free living)

Pregnancy test

If unsuccessful, other options to consider:

• Consider other options (donor egg/sperm,

gestational carrier, embryo or child adoption,

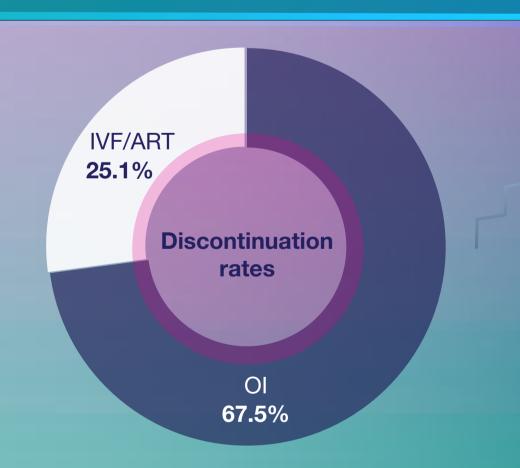
(positive/negative)

2 weeks after embryo transfer

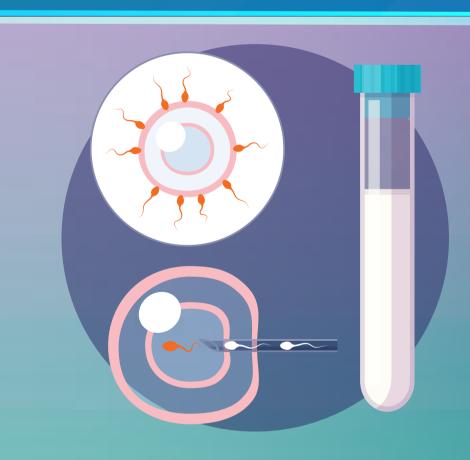
TREATMENT BURDEN



In patients who have not been treated and who repeated the same approach, the chance of pregnancy was higher with one IVF/ART cycle than with repeating 3-4 cycles of ovulation induction.¹³



More patients who started ovulation induction discontinued treatment without becoming pregnant.¹³

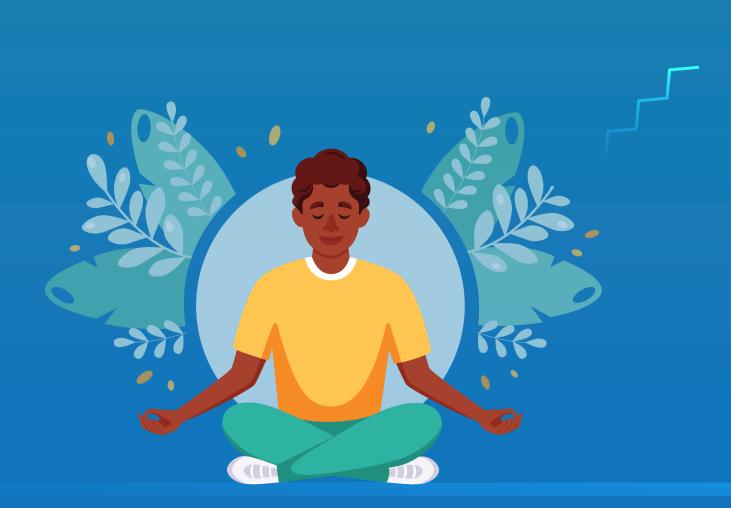


Treatment with IVF can increase pregnancy rates, reduce treatment cycles, decrease time to pregnancy, and reduce treatment discontinuation rates. 11,14



The journey for a fertility patient may take a long time, and patients may discontinue treatment due to financial concerns, physical burden of care, mental/emotional stress, or perceived ineffectiveness of treatment due to a lack of success.¹⁻⁴

TO HELP EASE THE STRESS OF FERTILITY TREATMENTS, IT IS IMPORTANT TO BE COMPASSIONATE AND GENTLE WITH ONESELF^{15,16}



Self-care options for patients include:

- Find a trusted friend or a support group where feelings can be shared
 - Eat a healthy diet, be well rested, and get appropriate exercise
 - Limit smoking and alcohol consumption
 - Continue to do the things that bring joy



This journey is a part of one's life, not apart from one's life

1. Gameiro S et al. Hum Reprod Update 2012;18:652–69; 2. Verberg MFG et al. Hum Reprod 2008;23:2050–5; 3. Domar AD et al. Fertil Steril 2018;109:1121–6; 4. Malcolm CE, Cumming DC. Fertil Steril 2004;81:269–70; 5. Land JA et al. Fertil Steril 1997;68:278-81; 6. Schröder AK et al. Reprod Biomed Online 2004;8:600-6; 7. McDonnell J et al. Hum Reprod 2002;17:103-6; 8. Roque M, Simon C. Fertil Steril 2020;113:522-3; 9. Centers for Disease Control and Prevention. https://www.cdc.gov/art/artdata/index.html [Accessed April 25, 2022]; 10. American Society for Reproductive Medicine. https://www.reproductivefacts.org/news-and-publications/patient-fact-sheets-and-booklets/documents/fact-sheetsand-info-booklets/defining-infertility/ [Accessed March 31, 2022]; 11. Collura B et al. ASRM 2019 [P-743]; 12. Collura B et al. ASRM 2021 [P-615]; 13. Mahony MC et al. ASRM 2019 [P-734]; 14. Collura B et al. ASRM 2019 [P-737]; 15. Centers for Disease Control and Prevention. https://www.cdc.gov/art/patientresources/preparing.html [Accessed March 28, 2023]; 16. CCRM Fertility. https://www.ccrmivf.com/blog/self-care-tips-ivf/ [Accessed March 28, 2023]