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‘We are committed to providing the highest quality care for all patients so that everyone treated at Chelsea and Westminster Hospital has an excellent patient experience.’
Welcome to the Assisted Conception Unit

Fertility problems affect one in six couples. Thanks to our experience in treating more than 1,000 couples a year since the birth of the ACU at Chelsea and Westminster Hospital in 1995, we understand the inevitable stress and anxiety of fertility treatment so we are committed to support you at every step of the way.

This brochure is a guide to provide couples with the information to help make an informed choice when making the decision to undertake fertility treatment at The Assisted Conception Unit.

What is assisted conception?

Assisted conception is a wide term that includes all the various treatments and interventions that help conception happen. They range from very simple treatments, such as taking tablets to help the egg grow, to more complex treatments, where the eggs are extracted and fertilised in the laboratory.

The Assisted Conception Unit team

If you are finding it difficult to conceive, the professional and friendly team at the Assisted Conception Unit are here to help.

All our team consistently reflect and demonstrate the Trust values of kindness, respect, excellence and safety in all aspects of their role. From your first consultation through to your treatment and aftercare, our experienced team will work to give your treatment the highest chance of success while doing everything they can to ensure the whole experience is stress-free.

Continued overleaf
Administration Team

The administration team will help coordinate your fertility treatment with the ACU and are the people you should speak to if you have questions in regard to:

- Your referral from your GP
- Booking appointments
- Payments for treatment
- Coordinating or arranging NHS funding for your treatment if you are eligible
- Organising your medical records and sending them to you if necessary
- Coordinating the communication between you and your GP or other specialists who look after you

Nurses

The specialist fertility nursing team at Assisted Conception Unit are trained to provide you with information, support and advice throughout your fertility treatment and they will be the people who will support the consultant by doing the following:

- Blood tests
- Ultrasound scans
- Counselling on medication and consent forms
- Assist consultants in fertility treatments
- Coordinating the treatment, according to the Consultant’s instructions, to ensure that your treatment runs smoothly
- Ensuring that all necessary investigations are completed on time and the results are available in the notes for treatment to take place.
- Updating the records of the HFEA as necessary
- Being available to answer queries by phone or email on a daily basis
- Participating in patient information evenings and support group sessions
- Coordinating the infectious patient and Ovarian ageing program under the supervision of the consultants
Consultants

Mr Julian Norman-Taylor  MBChB MRCOG

Profile
Mr Julian Norman-Taylor is a Consultant Gynaecologist and a Specialist in Reproductive Medicine.

Mr Norman-Taylor is also a lead clinician in the management of fibroids with Myomectomy, Laparoscopic Myomectomy, Transcervical Resection of Fibroids and Fibroid Embolisation. Mr Norman-Taylor graduated from Leicester University with a degree in Medicine and he is a Fellow of the Royal College of Obstetrics and Gynecology. He has held posts at Hammersmith Hospital and later the Royal London Hospital in which he performed East London’s first successful ovum donation pregnancy. He has taken sabbaticals in both Paris and Hong Kong and Mr Norman-Taylor’s interests outside medicine include Modern and Oriental Art and a passion for Fulham Football Club.

Other contributions
Medical Director of the Chiltern Hospital Fertility Unit which is the leading centre offering fertility treatment in Buckinghamshire since 1997. Mr Norman-Taylor was part of the team that created Hong Kongs first pregnancy with ICSI.

Memberships
- British Fertility Society

Spoken languages
- English

Continued overleaf
Mr Dimitrios Nikolaou  MD MRCOG DFFP Cert Advanced Endoscopic surgery

**Professional expertise**
- Leads the ovarian ageing and fertility programme as well as the infectious disease programme. Special interest in the management of infertility in older woman (late thirties and forties).
- Offers a holistic approach to the management of infertility including psychological and philosophical perspectives

**Profile**
Mr Dimitrios Nikolaou is a Consultant Gynaecologist and Specialist in Reproductive Medicine. He is the director of the sub-specialty training program in reproductive medicine and leads the ovarian ageing and fertility program as well as the infectious disease program. He is a graduate of the University of Athens Medical School, Greece, and has worked in the United Kingdom continuously since 1994, becoming a member of the Royal College of Obstetricians and Gynaecologists in 1997. Mr Nikolaou is a recognised authority in the areas of infertility in the late 30s and in the 40s, as well as the assessment of the ovarian reserve and management of the early onset of infertility in younger women (early ovarian ageing). He has lectured internationally on these topics and leads an active research team. He was part of the working group of the Royal College of Obstetricians and Gynaecologists on Reproductive ageing and he co-edited the relevant RCOG book, as well as the current guidelines and recommendations for clinical practice and research. In his free time Mr Nikolaou enjoys cycling, restoring vintage bicycles, abstract painting and sculpture, walking and reading.

**Other contributions**
Director of the sub-specialty training programme in Reproductive Medicine and Surgery. Introduced ‘early ovarian ageing’ as a clinical entity and was the first to introduce the concept of screening for early ovarian ageing in asymptomatic young women in the general population.

**Memberships**
- Royal College of Obstetricians and Gynaecologists
- British Fertility Society
- European Society of Human Reproduction and Embryology
- Amercian Society of Reproductive Medicine
- British Society of Gynaecological Endoscopy

**Spoken languages**
- English
- Greek
Embryologists

Dr Paula Almeida  BSc PhD DipRCPath

Profile
Paula is the Laboratory Director and a Consultant Embryologist at Assisted Conception Unit, a post which she took up in 2000. She has been working in the field of infertility for over 20 years. She has a PhD in Cytogenetic studies in human eggs and embryos from King’s College Hospital London, and has published widely in this field. She is a Diplomate of the Royal College of Pathologists, and a National Assessor for the UK Association of Clinical Embryologist (ACE) Training Committee.

She is also the ACU’s Quality Manager. In this role she is responsible for ensuring that a high quality of service is provided through regular audits and questionnaires. From 2012 she became the Lead Healthcare Scientist for Chelsea and Westminster Hospital for London Scientific and Diagnostic network. This newly formed NHS network of senior Healthcare Scientists will be critical to inform and shape local initiatives for the Scientific and Diagnostic services commissioning.

Memberships
- Alpha
- Association of Clinical Embryologist
- The British Fertility Society
- The British Society for Developmental Biology
- European Society of Human Reproduction & Embryology
- Progress Educational Trust

Spoken languages
- English
- Cantonese
- Portuguese

Counselling Services
Due to the emotional nature of fertility treatments we see counselling as an integral part of your treatment plan and encourage all couples to see a counsellor. Please speak to our team, or your consultant, who will be able to assist you in booking this invaluable complimentary service.
Where to find the ACU at Chelsea and Westminster Hospital

The Assisted Conception Unit (ACU) is located at:

4th Floor
Lift Bank D
Westminster Wing
Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

T: 020 3315 8585
F: 020 3315 8921
E: acu@chelwest.nhs.uk

Opening hours

Monday – Friday 9am – 5pm

Being part of a larger hospital unit is an advantage for our patients as it enables us to be committed to continuity of care prior, during and following fertility treatment, the Assisted Conception Unit has close links with all services including gynecology and maternity.

In addition to the hospital services we provide Chelsea and Westminster Hospital also have a private maternity unit, the Kensington Wing, which many of our patients choose for their maternity care following conception, if you are interested in visiting this unit please speak to a member of our team.
Why choose us

95% of the couples who have undertaken fertility treatment at the Assisted Conception Unit would recommend other couples to our service.

Founded in 1995, the Assisted Conception Unit at Chelsea and Westminster Hospital is a centre of excellence for the management of infertility and widely recognised as a leading fertility centre in the UK. Our staff are experts in this highly-specialised field and our active research programme ensures treatment is based on the most up-to-date scientific evidence.

The success of a fertility centre is its pregnancy rate. Our current pregnancy rate in women under the age of 35 is 55% (the national average in 2011 was 36%).

In addition to our experience and successful outcomes there are other reasons to choose the Assisted Conception Unit at Chelsea and Westminster Hospital:

- Our consultants are experts in the management of women over 40 seeking fertility treatment
- Our consultants have particular expertise in successful conception of young women with early ovarian ageing.
- We are a centre of excellence in the management of male factor infertility.
- We have a comprehensive reproductive surgery service
- We are the UK’s only centre for the management of infertility in couples with blood borne viral infections such as HIV or Hepatitis B or C.

If you are considering fertility treatment with the Assisted Conception Unit but would like further reassurance we would encourage you to contact us to arrange a visit so that you can meet the team and see the unit before making this decision, please contact us on 020 3315 8585 or email us at acu@chelwest.nhs.uk to arrange.
About Chelsea and Westminster Hospital

The Assisted Conception Unit is based in the Westminster Wing on the 4th Floor of Chelsea and Westminster Hospital, in the heart of West London.

The hospital was opened in 1993 by Her Majesty the Queen. It is a modern hospital with a light and airy atria and an outstanding art collection on display which makes it feel very different from the average NHS hospital.

Chelsea and Westminster Hospital is one of London’s Premium Hospitals and if you choose to have your fertility treatment at the Assisted Conception Unit you can be assured of our commitment to ensuring quality, safety and care.

Quality

We are committed to quality and Chelsea and Westminster is rated ‘Excellent’ for hospital hygiene by the National Patient Safety Agency.

If you are successful on becoming pregnant after treatment in the Assisted Conception Unit, you can benefit from continuity of care by continuing to have your baby at Chelsea and Westminster as we are specialists in maternity services with over 5700 babies being born a year at Chelsea and Westminster Hospital.

Safety

Chelsea and Westminster Hospital is the safest NHS hospital in the UK, according to the 2011 Dr Foster Hospital Guide and is one of the safest places for a women to have their baby according to the Confidential Enquiry into Maternal and Child Health.

Care

Our patient satisfaction surveys in Assisted Conception Unit show that more than 95% of the couples we treat would recommend us to other couples, and across the hospital 89% of patients would rate Chelsea and Westminster as ‘Excellent’, ‘Very Good’ or ‘Good’ in the NHS annual patient survey.

Chelsea and Westminster Hospital is located in a prime West London location with an on-site car park, good public transport links, and a wealth of shops, restaurants and cafes within easy reach of the hospital.
Our range of services

Initial consultation

Before you can start on any form of treatment in the ACU, you need an initial consultation. At this visit, one of our fertility specialists will review your medical history, ensure that all the necessary investigations have been completed, and advise you about the best treatment options for you.

Many couples are referred by their GP and baseline investigations are arranged before the first visit to the hospital. If these have been undertaken elsewhere previously, please ensure that you bring any results with you.

Baseline investigations

Baseline investigations carried out before treatment starts include:

*Pelvic Ultrasound Scan*
This identifies any abnormalities in the uterus (womb) or ovaries. It should be carried out between the second and fifth day of a woman’s monthly cycle as this is the best time to visualise the ovaries and check the linings of the womb.

*Hormone Profile & Viral Screen*
A blood test is carried out on the same day as the pelvic ultrasound scan to check blood count, hormone levels as well as a viral screen.

*Semen Analysis*
At least one semen analysis must be analysed in the IVF laboratory before treatment can be planned.

Fertility treatment options

This is a brief summary of the treatment options that we can provide – more detailed information sheets on specific treatments are available on request.

*Ovulation Induction*
This treatment option can be appropriate for women who have an irregular cycle and don’t produce an egg each month. Provided the semen analysis is normal and the fallopian tubes are open, we generally advise ovulation induction as first line treatment. This involves taking a simple fertility drug called Clomifene (Clomid) for five days from day 2 of the cycle and we arrange ultrasound scan ‘follicle tracking’ from day 8 or 9 of the cycle to check the ovaries are responding to the drug and producing a follicle. We then advise timed intercourse.

When there is no response to Clomifene or if conception has not occurred after six cycles, we recommend treatment with injectable fertility drugs called gonadotrophins. These drugs are more potent than Clomifene and require close ultrasound scan monitoring every cycle, as the risks of a multiple pregnancy are much higher.

If you are significantly overweight or underweight you are unlikely to respond well to ovulation induction treatment (or any fertility treatment). Your doctor will check your Body Mass Index and may recommend deferring treatment.
**Intrauterine Insemination (IUI)**
This treatment involves the insertion of prepared sperm from the male partner, or a donor, into the womb at the woman’s most fertile time.

Insemination using sperm from a male partner can be appropriate when there is unexplained infertility, a mild degree of abnormality in the sperm, or difficulties with intercourse.

The treatment may be carried out with or without the use of fertility drugs, depending on your circumstances. Ultrasound scan ‘follicle tracking’ is used from day 8 or 9 of the female partner’s cycle to time insemination accurately.

**In Vitro Fertilisation (IVF)**
In this treatment, eggs are removed from the ovaries, fertilised with sperm in a laboratory dish and allowed to grow before being replaced in the woman’s womb. IVF literally means ‘fertilisation in glass’, giving us the familiar term ‘test tube baby’.

IVF can be appropriate in the following circumstances:
- if a woman has damaged or blocked fallopian tubes which stop sperm from reaching the egg
- if a man has sub-optimal sperm quantity or quality which reduces the chance of fertilisation
- if there is unexplained fertility or resistance to conventional ovulation induction techniques

**Intracytoplasmic Sperm Injection (ICSI)**
ICSI involves injecting a single sperm directly into an egg in order to fertilise it. The fertilised egg (embryo) is then transferred to the woman’s womb.

It can be a suitable treatment when sperm quantity or quality is so poor that conventional IVF would lead to low or no fertilisation. For the woman, the treatment protocols, egg collection and embryo transfer techniques are the same as for IVF.

The only difference occurs in the laboratory after egg collection when, rather than allowing the egg and sperm to interact in the dish, a single sperm is injected into the centre of each egg using a micro-injection needle.

**Assisted Hatching**
An egg is surrounded by a shell which is still present in the early embryo. To implant in the womb, the embryo has to break through this outer coat – a process known as hatching.

It has been suggested that sometimes hatching fails to occur which may provide an explanation, at least in part, as to why some couples fail to achieve a pregnancy.

Assisted hatching is a procedure that involves a hole being made in the shell of the developing embryo, generated from either an IVF or ICSI treatment, to aid the natural process of hatching.

*Continued overleaf ➤*
Our range of services (continued)

This is performed on day 3 following egg collection, approximately 30 minutes before the embryos are transferred.

**Blastocyst Culture**
It is now possible to keep embryos growing in the laboratory up to the blastocyst stage which is reached five days after egg collection. These blastocysts can then be transferred to the uterus on day 5.

The potential advantage of this is that by day 5 the embryologist has a much clearer idea of which blastocysts have the best growth potential.

It is therefore a non-invasive method of embryo self-selection which leads to a better chance of successful pregnancy. However, the attrition rate for the embryos is high and many women hoping to have a blastocyst transfer have no surviving embryos.

**Surgical Sperm Retrieval**
Some men have no sperm in their ejaculate because it has been intentionally blocked by surgery (vasectomy), blocked by infection, or congenitally blocked. It is commonly possible to obtain sperm from the man in these situations which can be used for an IVF or ICSI cycle.

The procedure is usually performed under anaesthetic in advance of any egg collection. The sperm are then frozen and stored for future use.

**Egg Freezing**
There are occasions when a woman is not ready to have a pregnancy and needs to freeze her eggs. We have facilities to freeze eggs at short notice should this be necessary.

**Embryo Freezing**
While it is technically possible to freeze human eggs, it is a difficult process with few resulting live births worldwide.

However, when there are several embryos of good quality it is generally worth freezing those that are not used. These embryos can be used at a later date should the original cycle not be successful or should there be a live birth and the couple want to have another child.
The process is much easier (and less costly) than a fresh cycle. Usually we monitor the woman’s cycle with ultrasound. When the stage is reached at which a naturally occurring embryo would be ready to implant, we defrost the embryos for a transfer similar to that for an IVF cycle.

Unfortunately, not all embryos survive the freeze/thaw process but it is generally worth freezing spare embryos should the option arise.

**IMSI**

The shape of the sperm (morphology) is important in diagnosing male fertility problems and in predicting fertilization and pregnancy outcomes. Studies have shown that selecting better shaped sperm does improve your chances of a success clinical outcome.

Intracytoplasmic morphologically selected sperm injection (IMSI) is a variation of ICSI that uses a higher-powered microscope to select sperm. Normally, the ICSI technique is performed with a 200x – 400x light microscope. For IMSI it is required a latest generation light microscope (enhanced by digital imaging) with a magnification of up to 2,700x. This allows the embryologist to detect subtle structural alterations in sperm and select spermatozoa with the most normally shaped-nuclei (which contain the sperm’s genetic material).

**EmbryoGlue®**

During IVF and ICSI fertility treatment a fertilised embryo will be transferred into the women’s uterus. The aim of the treatment is that the embryo will successfully implant itself onto the lining of the uterus where it will grow and develop. However, sometimes the embryo does not implant and the fertility treatment cycle is unsuccessful.

EmbryoGlue® is a medium developed to closely resemble the environment in the uterus at the time of implantation. It is not a glue in the common sense, but acts as an adhesive by increasing the chance of implantation of the embryo to the uterus. The embryos are placed in the solution and allowed to soak in it for a fixed duration of time prior to the transfer.

*It is important for you to make an informed decision on what option is right for you, fertility treatment has no guarantee of success and the decision to embark on treatment is a personal one. You should consider carefully the risks and the chances of success that our expert staff will discuss with you at consultation. Be reassured, if you become pregnant after fertility treatment, your pregnancy carries no more risks than if you had conceived spontaneously.*
Couples who come to the Assisted Conception Unit often ask “Is there anything we can do to improve our chances of success?”

The simple answer is “Yes”.
How to improve your chances of success

Couples who come to our unit often ask “Is there anything we can do to improve our chances of success?” The simple answer is “Yes”.

Stop smoking
Chemicals in cigarette smoke are harmful to both eggs and sperm. Smokers take up to 30% longer than non-smokers to conceive naturally and studies show that smoking reduces the chances of IVF working by 50–70% per attempt. It reduces the response to stimulation and the rate of fertilisation.

Don’t take recreational drugs
There is very good evidence that both male and female fertility can be seriously impaired by illicit drugs. In addition, smoking can cause serious permanent damage to a foetus during pregnancy.

Watch your weight
Being underweight or overweight may reduce your response to treatment to the point that you do not respond to stimulation at all. Your fertility specialist will measure your weight in kilograms divided by your height in metres squared – this is a ratio called the Body Mass Index (BMI). If your BMI is less than 19kgs/m² or more than 30kgs/m², you will be advised to delay your treatment until your BMI is within this range.

Reduce your alcohol consumption
Although the effects of alcohol on conception are less clearcut than with smoking, heavy drinking does affect sperm production and motility. In the case of the woman, heavy alcohol intake during early implantation and pregnancy will expose the foetus to toxins which could lead to foetal abnormalities – this is called foetal alcohol syndrome. During assisted conception we encourage both the man and woman to avoid alcohol as some studies suggest that even small amounts can reduce pregnancy rates.

Take folic acid
Folic acid, which can be obtained over the counter from any chemist, reduces the risk of your baby having a neural tube defect such as anencephaly or spina bifida. You should take 400mcg of folic acid for three months before conception and for the first three months of your pregnancy.

Check that you are immunised against rubella
Most women now trying to get pregnant were immunised against rubella when they were at school (this is now part of the MMR jab given to children). If you are not immune and catch rubella when pregnant, the baby can develop problems with hearing and mental development.

Take gentle exercise
Although the woman should avoid strenuous exercise during the IVF programme, gentle exercise for 20–30 minutes 3–4 times per week is encouraged in both partners to improve health and help cope with the stress of investigations and treatment.
How to access our services

NHS referral

If you are having trouble conceiving, you can ask your GP to refer you to the Fertility Clinic in Gynecology Outpatients at Chelsea and Westminster Hospital.

At this appointment baseline investigations will be arranged for both male and female partners. Following the results of these tests, a care plan will be determined and, if appropriate, you may be referred to the Assisted Conception Unit.

Private Patient Service

If you are having trouble conceiving, you can self refer by calling the administration team or ask your GP to refer you to a consultant at the Assisted Conception Unit for a consultation with one of our fertility consultants. At this appointment you will need to register with ACU and baseline investigations will be undertaken for both male and female partners and from this point a treatment plan will be established between yourself and your consultant.

If you are ready to self refer then please contact The Assisted Conception Unit on 020 3315 8585 or email us acu@chelwest.nhs.uk

Overseas Patients

Couples looking towards private fertility treatment at the Assisted Conception Unit should arrange a private consultation with the consultant a week before the onset of the women’s period. This will enable us to look towards starting a treatment cycle once the initial investigations and testing has been carried out.

We are happy to provide a letter of support in relation to visa applications, but please make sure that appointments are confirmed before commencing travel for assessment and treatment. To confirm your appointment, please contact The Assisted Conception Unit on 020 3315 8585 or email us acu@chelwest.nhs.uk

Eligibility

In order to be eligible for fertility treatment in the Assisted Conception Unit, you must fulfil the following criteria:

- The female partner must be less than 46 years old by the time that treatment is carried out
- The female partner should have a Body Mass Index (BMI) of less than 35kg/m²
- A ‘Welfare of the Child’ assessment must be carried out

Funding

When it comes to paying for fertility treatment, there are two options:

- You may be eligible for funding from the NHS
- You can choose to access our private patient service
How to access our services (continued)

NHS-funded treatment
If eligible, NHS funding can cover the costs of assisted conception treatment.

If you are hoping to have fertility treatment on the NHS you will need a referral from your GP to the Fertility Clinic in Gynecology Outpatients.

The National Institute for Health and Clinical Excellence (NICE) has published a guideline on fertility treatment which covers what levels of funding should be available throughout England. For more detailed information, please visit www.nice.org.uk.

In order to know whether you are able to access NHS funding in England contact your local health commissioner, speak to your GP, or contact the National Infertility Awareness Campaign (NIAC) via email at niac@infertilitynetworkuk.com. You can find contact details for your local health commissioner in your local telephone directory or by visiting www.nhs.uk.

If you are eligible for NHS funded treatment, you will still have to pay normal prescription charges for your fertility drugs (unless you are exempt from paying prescription charges).

Private treatment
If you are not eligible for funding from the NHS, or would like to be seen sooner then the NHS waiting list allows you can choose to have private treatment with one of our consultants.

Pricing for private fertility treatment
An up-to-date price list for private treatment is available on our website or upon request from the Assisted Conception Unit by contacting:

T: 020 3315 8585
F: 020 3315 8921
E: acu@chelwest.nhs.uk
Further information

For further information about our Assisted Conception Unit, please contact us on 020 3315 8585 or email us at acu@chelwest.nhs.uk
The Assisted Conception Unit