



**Family & Friends—Raising  
Awareness Booklet**

**Charity Registration No. SC035955**

## Introduction

The contents of this booklet are aimed at those supporting their loved ones through infertility and fertility treatment. We hope to provide you with a simple guide to fertility treatment.

Providing emotional support can be one of the most valuable contributions that you may offer, but also displaying awareness and understanding of the circumstances can make an enormous difference to the person going through this painful time, whatever the outcome.

As an organisation, Cradle aims to enable those affected by infertility, to feel positive about the choices they make.

## Discovering Someone Close to You Has a Fertility Problem

The possibility of fertility problems is not usually something that we immediately think of when we know someone close to us is trying to start a family. We assume everything will be fine and it can often come as a great shock when we discover that problems have arisen.

A son/daughter, sibling or friend may have confided from an early stage that everything was not progressing as planned or he/she may have remained very private for some time and may still find it difficult to discuss this very intimate matter.


In some circumstances, it may have been known for a while that fertility treatment is the only option available. This can also be difficult, as we are never sure when they may take the decision to investigate their options, if at all.

**Remember:** Discussing infertility can be difficult and sensitivity is important, but it is often more difficult to remain silent when someone needs to talk. For some, it may be normal in their relationship with the person to talk about “everything”, but now he/she may need some more privacy or feel less able to discuss things. They may also be very aware and protective of their partner’s feelings at this time.

## Understanding a Diagnosis of Infertility


We may be aware of infertility in someone close to us as they may have a **genetic problem**, such as Growth Factor Hormone disorders, which was identified at a younger age. In some circumstances and especially in women, problems which became evident earlier eg teenage difficulties with menstruation, may also have been identified. Potential reproductive problems may have been identified, such as **endometriosis, polycystic ovarian syndrome, a ruptured ovary or blocked fallopian tubes**. All are sub-fertility problems which may be assisted by either drug therapy, IUI or IVF. **Male sub-fertility** is often much less apparent and is often not identified until later stages when fertility problems are suspected. Male infertility is caused by problems with sperm production, such as low, abnormal or immobile sperm. In some cases no sperm—azoospermia, is diagnosed and further tests need to be initiated in order to determine if sperm can be retrieved surgically to enable a couple to embark on ICSI. These cases of infertility are sometimes caused by childhood illnesses such as mumps. ICSI will also be used for the former mentioned male factor sub-fertility problems or in cases where no eggs fertilise under IVF.

A diagnosis of **Unexplained Infertility** is given when both partners are investigated as far as medically possible, and no pathological problems can be identified in either.





In these cases, it is common for women to feel responsible as the male partner has been given a “normal” semen analysis. The woman has also been given a “clean bill of health” so it is actually Unexplained Infertility and no cause can be linked to either of them.

As a family member or friend, it is very important that you support the couple by helping them to accept that neither of them is to “blame”, whether a cause of infertility has been found or not. Couples need to work together through assisted conception treatment in the hope of ultimately having a baby together. It is important that they focus on their options and treatment, and not on any feelings of blame.



Infertility will often be seen as completely foreign to the couple, especially if many others around them have conceived without difficulty. It can be of little importance, if brothers, sisters and parents have conceived without difficulty. Every couple’s reproductive systems works uniquely together and is different from any others. Therefore, although well-intended, it would be unhelpful to make comparisons.



## The Four Main Types of Fertility Treatment Currently Offered in Scotland

In most instances if a couple has been trying for a child for more than 2 years and no specific problems have been identified, "Unexplained Infertility" is diagnosed. A series of cycles of **IUI** (Intra-Uterine Insemination) will usually begin. The number of cycles of IUI a couple will go through will depend on their health board if NHS treatment or discussed with their consultant if Private. Somewhere between 3-6 cycles is often offered before moving on to more invasive treatment.

**IVF (In Vitro Fertilisation) or ICSI (Intra Cytoplasmic Sperm Injection)** may be offered to couples who have very specific fertility problems such as endometriosis, blocked fallopian tubes, male factor infertility or unsuccessful IUI. ICSI is more often used in cases where both partners have some fertility problems but always when there is male factor infertility. It involves injecting the sperm directly into the egg rather than surrounding it with several millions of sperm as with conventional IVF.

**Egg Donation** is an option when a woman is either unable to use or is not producing her own eggs. An altruistic or a known donor will go through partial IVF to provide the donation.

**IUI with DI (Donor Sperm)** is available to couples where male factor infertility does not allow the use of the male partner's sperm at all. If a female problem was also present then IVF with Donor sperm would be a possible option.

## Diagrammatic Cycle of IUI

Female is scanned at the beginning of a normal cycle to check there is no activity around the ovaries.

SOME CLINICS **DOWN REGULATE** THEIR PATIENTS TO GAIN GREATER CONTROL OVER THEIR NATURAL HORMONE CYCLE

Female patient begins to D.R with drugs in the form of a nasal spray

No D.R Required

Patient begins a course of injections (approx 7-14 days) of Follicle Stimulating Hormones (FSH) to stimulate the ovaries to produce a small number of eggs.

Ongoing scans will determine if the ovaries are responding to the FSH and monitor the number of follicles which are growing. Too many follicles will either require a clinic to perform a follicle reduction or abandon the cycle as proceeding to the insemination may result in multiple births.

Most clinics would require 2-5 follicles to proceed

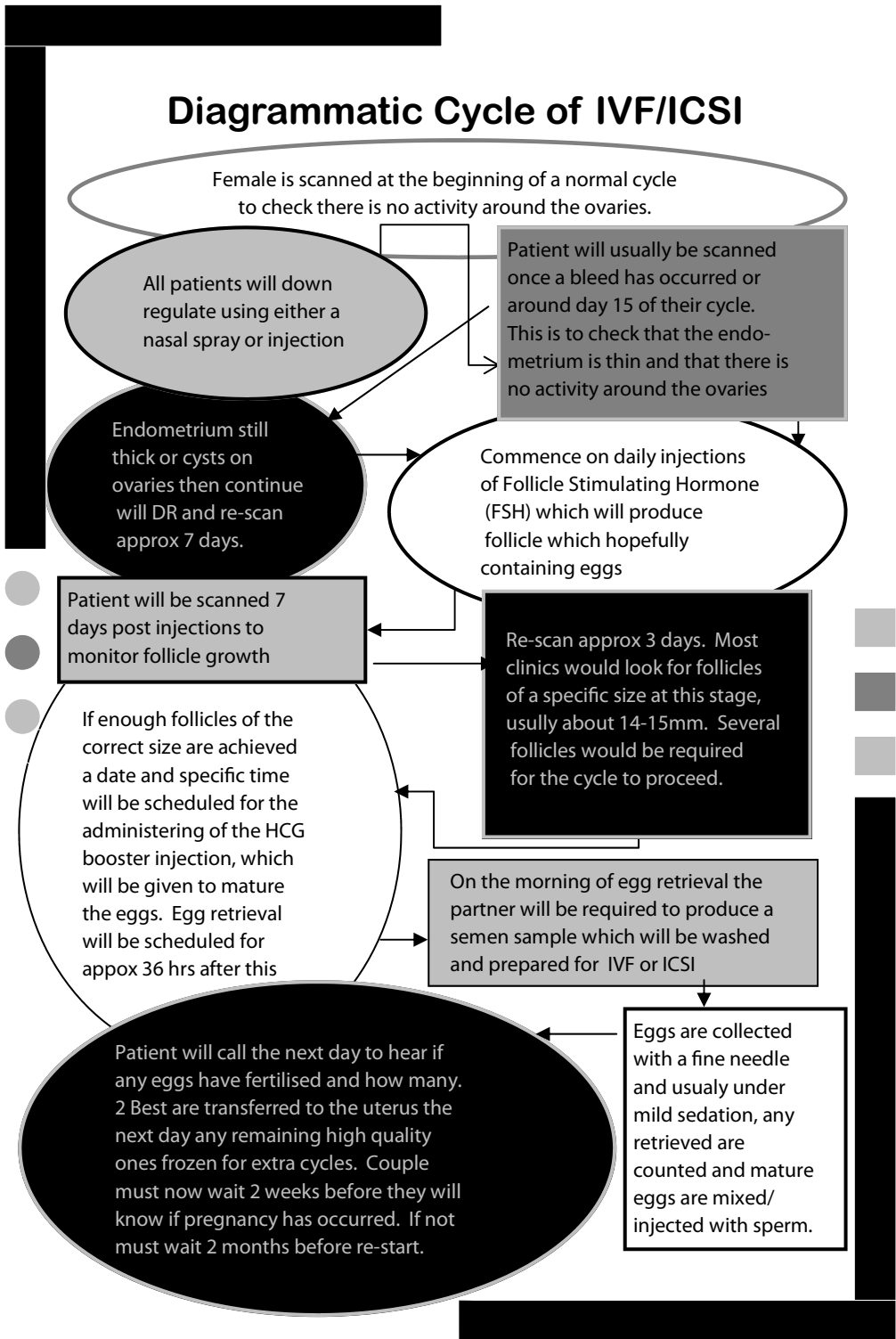
A booster injection of HCG is given to mature the eggs approx 24-36hrs before insemination.

Male partner will produce a semen sample at the clinic. Sample will be collected, washed and prepared for insemination.

Sperm will be transferred into the uterus using a small sterile catheter

The couple must now wait for approximately 14 days before they will know if their treatment has resulted in a pregnancy. If the result is negative they will usually commence a back to back cycle if possible.

## Diagrammatic Cycle of IVF/ICSI



## Emotions Someone May Experience When Going Through Infertility and Fertility Treatment


**M**any people, both men and women, grow up with the assumption that they will have children, and they believe that they will have a choice as to when to conceive.

When this choice is suddenly taken away, it can be devastating. Almost instantly, it seems that everyone they know is either pregnant or has just had a baby.


Everywhere they go they see babies, pregnant women and every time they turn on the T.V they are there and it can feel like torture.

Being presented with these situations on a daily basis can be challenging emotionally in a way that never seemed possible. Feelings of jealousy, envy, hatred, for example, “why not us, why them” guilt, anger, anguish, frustration, helplessness, inadequacy and dislike of ourselves for feeling this way are all normal but can be very difficult to contain and even more difficult to explain to others.


It is also most common for couples to experience feelings of deep grief, as each failed attempt to become pregnant can bring on a real sense of loss. This is often on top of the grief many will already have encountered when they could not conceive in an ordinary way. All these feelings are perfectly normal when it seems that so many others can conceive so easily, and in some cases without even having to try.





These are also feelings which may be very difficult to express publicly and they can often be kept hidden. Feelings such as those described will often surface in waves and at different times, often unexpectedly, perhaps as a result of particular circumstances e.g. the announcement of a pregnancy. The feelings, and sometimes behaviour which may occur, are unwished for and painful and it does usually help if those around can support without judgement or expressing disapproval (grief in the form of envy or bitterness is unattractive but very normal).




As friends and family, it is helpful for you to understand that many of these feelings are likely to exist, even if, on the face of it, the couple appears to be coping. It is important that your support is given even at times when it may not be obvious that the couple is feeling sad or negative. Remember – this is not a problem which just goes away, and it can often surface for the couple, at times for many years, including for many years after (unsuccessful) treatment has been completed.



It will be useful for you to be aware that, in a couple relationship, the two partners in the couple can often have very different experiences of their situation, notwithstanding that they are sharing the same overall journey at this time. The partner who is not undergoing treatment will need to be there to support the other and this could create an additional burden which he or she may find difficult.






At the same time as experiencing feelings of sadness or grief, a man may have to support his female partner who may be expressing deep feelings of insecurity and self-doubt, since, as a woman, she is the one who is not becoming pregnant.

When supporting a couple, it is helpful to remember that the couple is made up of two individuals who will each be coping and handling things in their own way, as well as together. Another emotion which a couple (or an individual within a couple) may feel is ambivalence about whether they should even be trying to have a child in the first place. This can seem odd, as you might not understand how someone, on the one hand, will try so hard to have a baby and, at the same time, not be entirely sure whether this is the right thing for them, or the right way to go about it. However, this type of ambivalence and uncertainty is, for some couples and individuals, a quite normal but challenging emotion to experience.

**Remember** – so many people have children without really having to give it too much thought. If you are in a situation of not being able to have children in an ordinary way, having to have clinically invasive treatment/drugs, loss of privacy and intimacy to “make” a baby and having to try and try without success, it might be understandable that some people might question the idea of having children in the first place. This does not mean that they are spared the grief of being childless. There are often confusing and unexpected feelings at this time, and the couple will need empathy and support whilst they work through this situation.





## Emotions You May Experience When Dealing with Infertility In the Family




**W**hen infertility is diagnosed within a family, this is an emotional crisis which members will deal with in different ways. Some may feel a sense of relief that they at least know what is happening. There is now some action, a diagnosis, although feelings of relief are unlikely where the diagnosis is unexplained infertility. Feelings similar to those discussed on the previous pages may be experienced but for different reasons. As a parent/sibling/friend you may feel guilt at the relative ease with which you conceived and helpless at not being able to help those you care for so dearly.

You may feel angry, as you may very much want to have grandchildren or nieces and nephews and feel unable to show this emotion for fear of desperately upsetting those involved. Feelings of despair, frustration and grief are all normal. Whilst it is important to acknowledge these feelings, you must try not to burden the couple with guilt in turn about how you feel and they should understand that you are not angry or frustrated with them but with the situation and you want to support them.

It can be helpful to acknowledge grief together, however, as the couple will often have feelings of letting down parents, as potential grandparents, and sadness that they will not be able to share the joy of a new baby in the family.

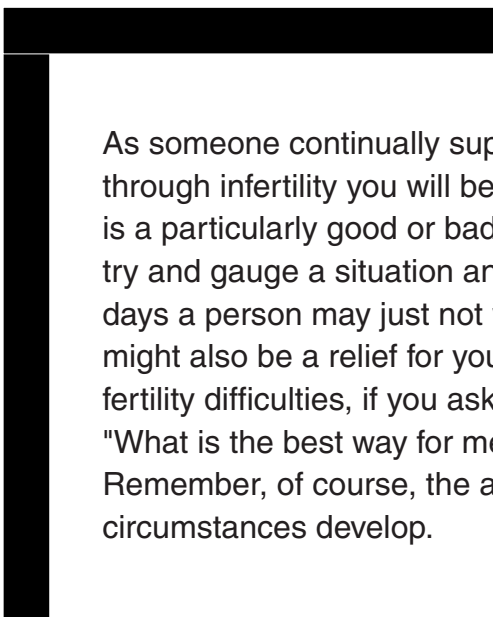


A particularly difficult time is if another son/daughter or family member becomes pregnant or has a child. Balancing joy whilst still supporting the person going through treatment can be difficult. It will most likely be helpful to acknowledge this discomfort and reassure the couple that you are aware that this is a difficult situation for them. It can also be very helpful for the person who has become pregnant or gives birth to show understanding and support rather than to avoid discussing the situation. At least a brief acknowledgement can make a difference and possibly help to avoid the growth of awkwardness. A great challenge for anyone with fertility problems is trying to continue with normally joyful events such as weddings, christenings, Christmas. Just taking a moment to acknowledge the courage it might have taken to turn up can help. The impact of a discreet small hug or a subtle squeeze of a hand can not be underestimated.



## Becoming Informed about Infertility and Fertility Treatment

Learning more about infertility can be very important when providing support to a family member or friend struggling with infertility or going through fertility treatment. If talked about openly, with the couple's agreement, the subject and the issues around it can be "normalised". Feeling so very "different" from everyone else who has children or is pregnant or is trying to conceive can be amongst the most stressful emotions experienced. It is not usual practice to discuss the details of family planning with even those closest to us in normal circumstances. It may, therefore, still be advisable to respect privacy about certain issues. Sometimes people feel that they don't want to discuss the step by step details of a particular cycle of treatment, when previously they may have been very open. As someone who is supporting a person or couple, you should not try to be "pushy" for information from them but continually show an interest by asking generally how things are going, what's next, reading books, possibly accessing the internet and relaying information that you have come across, in a positive fashion. However, it is important to be careful about the information you share with the couple. For example, stories of people who have successfully undergone treatment may not necessarily be the most supportive or helpful information, as it can sometimes underline the feelings of failure on the part of the couple, particularly where they have already undergone treatment which has not been successful.

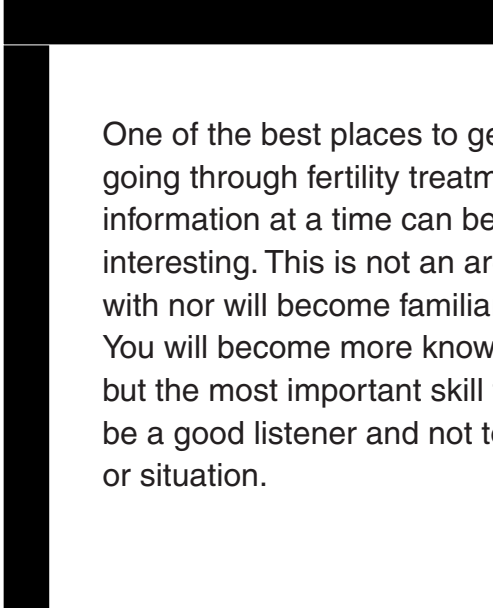


As someone continually supporting a loved one or friend through infertility you will become better at knowing when is a particularly good or bad time. It is often a good idea to try and gauge a situation and remembering that some days a person may just not want to talk about it at all. It might also be a relief for you and for the person with fertility difficulties, if you ask, in a straightforward way, "What is the best way for me to support you with this?" Remember, of course, the answer can change as their circumstances develop.



## Where You can Access Good Factual Information

You only have to open a daily newspaper or turn on the TV most days to read or hear the latest updates on fertility treatment. Some of this information may be sensationalised and it is very important not to assume these accounts are accurate, as it is one of the most frustrating issues that those going through fertility treatment have to endure. Be guided by the indications or clues you are given by the couple whether new information or e.g. cut out articles sent/given from newspapers or magazines are welcome. Being well informed is helpful though, as the couple is likely to be very well informed. For example, you could find out up to date information about realistic success rates and just how common infertility is (more common than many people imagine). Good factual information can be retrieved from a number of websites, a list of which can be found at the back of this booklet. Waterstones and Borders bookshops have a host of new and updated books on infertility and fertility treatment. You can also request a book from us. Please contact us for further details or advice on a book that you may wish to buy. [www.assistedconception.org](http://www.assistedconception.org)



One of the best places to get information is from those going through fertility treatment. Asking for a little information at a time can be very informative and interesting. This is not an area that most of us are familiar with nor will become familiar with unless we experience it. You will become more knowledgeable as time goes on, but the most important skill to have is to remember to be a good listener and not to judge anyone's decisions or situation.



## How to use this Information — Displaying Awareness

**D**isplaying awareness of infertility can help enormously those who are experiencing problems. You've found out as much as you can about your family member or friend's situation and you have as much information on the subject as you can. Now where do you go from here? People often find themselves at a dead end and don't know what more they can do. Simply just talking openly but sensitively about the subject is probably the most helpful thing to do. You don't always have to discuss their personal situation, rather the subject in general in a positive manner.

If the couple are happy for you to be open about their situation with others, you might be able to discuss it with someone else who might tell you of someone they know who is going through the same thing. This can also be a major support for you, as often you may feel very isolated about the subject and it will probably help to feel that you are not alone. Ultimately, this will enable you to offer better support. If you're not sure of how to deal with a specific subject – such as announcing pregnancies, your own or others - then talk to others who know the person well, and ask what they think and seek their support.

You will almost never get supporting someone completely right and this is because much is dependent on the individuals involved and how they are feeling on a particular day. Infertility can make emotions very raw and volatile and reactions are often difficult to manage.

## Wanting to Offer Support but Never Knowing What to Say

There can come a time when even the most supportive of people will not know what more to do or say. It is important not to feel that you are not being helpful but to try and think of a way of dealing with it. Not knowing what to say to those going through infertility and fertility treatment is a very common problem. Remember – you can't sort this one out or solve the problem. The fact that you are reading this booklet does show that you want to help. It's not rocket science, it's simply a case of making the first move and being brave enough to ask about what you know is a very personal situation for those you care about.

You may want to think about asking a question about fertility treatment in general. You'll probably find that the answer will often lead to something specific about a personal situation. If you make the first move then that will sometimes be reciprocated by a discussion on the subject. They know you care but it may be hard for them to go through such a difficult stage in their life without feeling that you might feel very uncomfortable about the subject too. If they want to be open then they are usually asking for you to be open with them, but if not then respect their privacy.

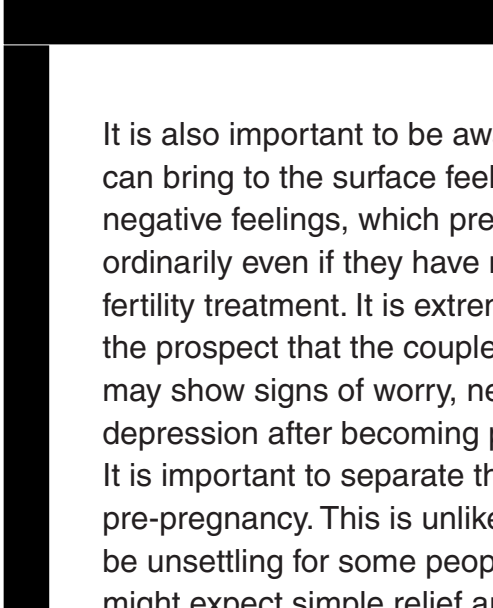
Sometimes just saying "Please let us know if there is anything we can do", and really meaning it, can be enormously comforting and reassuring.

## Dealing With Positive Outcomes




**A** positive outcome from fertility treatment can create a new set of emotions. These will usually take the form of complete relief and joy that at last the waiting is over. More often than not those supporting couples through infertility will feel that a great burden has been lifted. However, ways in which couples deal with a good outcome varies enormously.

Some are wildly excited and want to tell everyone. Others remain very cautious of this new situation, particularly because of all that has preceded it. As someone close to those involved, you too may feel wildly excited and feel frustrated about a particular negative air that you feel the couple are now experiencing.

Others may feel cautious of the pregnancy when your loved ones are telling the whole world about their good news. There is no other way to deal with this situation than to take the lead from the couple. It is sometimes very difficult to understand unless you have experienced it, but it can occur that the couple, the women in particular, feels extremely vulnerable and emotionally volatile when they become pregnant after years of infertility or fertility treatment and it can take time to become used to the idea of being pregnant even though it is something they have longed for. Accompanying anxiety may be present until a baby is actually born and the person is physically holding it in their arms. This is completely normal.



It is also important to be aware that becoming pregnant can bring to the surface feelings of anxiety, and even negative feelings, which pregnant women can feel ordinarily even if they have not experienced infertility or fertility treatment. It is extremely important to be aware of the prospect that the couple, and the woman in particular, may show signs of worry, negativity or even mild depression after becoming pregnant or having a child. It is important to separate this from the earlier experiences pre-pregnancy. This is unlikely to be long lasting but can be unsettling for some people around the couple who might expect simple relief and joy.



## Dealing With Negative Outcomes

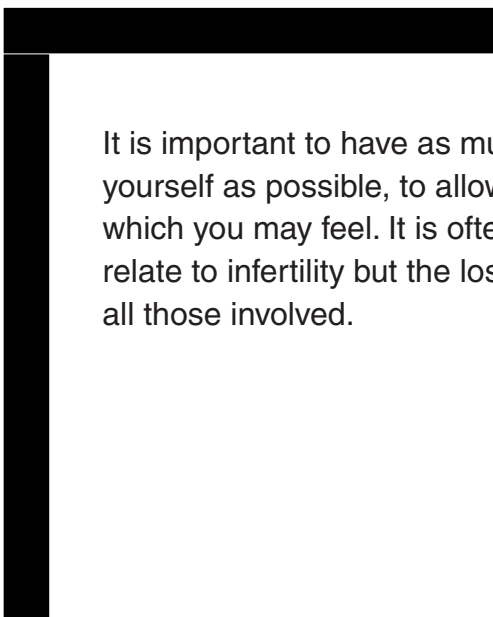
A negative outcome from a cycle of fertility treatment will be interpreted differently. Some will not complete a cycle. For example, a cycle of IUI is abandoned as there are too few or too many follicles or IVF/ICSI abandoned because of a poor response. Couples may progress right through IVF but have no eggs fertilised or no embryos created for transfer.

All of these examples can feel like a negative result and therefore are very upsetting. More commonly, a negative result is interpreted from a complete cycle which has not resulted in a pregnancy. As someone on the outside of this event it can often be the most difficult thing to deal with. Every negative outcome, regardless of the treatment, is difficult to understand and it can be hard to console or offer any kind of explanation. For those going through IVF/ICSI, it often feels like the loss of a baby as embryos existed for a little while but did not develop further. If this continues it can be very distressing. This is one of the most difficult situations to deal with during treatment as greater hope is aroused so much more after embryo transfer. Many people going through IVF will naturally regard every embryo as the beginning of a much longed for baby and feel a deep loss at this time. Failure of treatment at any stage can be experienced as a real sense of grief, and for some, the loss of a much hoped for pregnancy/baby. This might be a very different perception from friends and family who, more removed from the process, might only begin to think about the reality of a baby, once a pregnancy is established.

## Coping With Miscarriage After Treatment

Every baby, regardless of how it is conceived is the most precious experience in the world for those involved. Pregnancy after fertility treatment will often be experienced as a couples only chance to have a baby, regardless of whether they plan to try for more. When miscarriage occurs after fertility treatment, it can be shattering. Couples who experience this will often feel that their only opportunity to have a family has been destroyed and they will possibly feel, at this time, that their chances of a pregnancy occurring again are very slim. This is mainly because anyone going through fertility treatment feels the low success rate is still their major battle. The reality of the situation is that in nature as well as assisted conception, miscarriage sadly occurs and there is often nothing we can do to stop it unless it is due to a very specific medical cause which can be managed. The fact that a pregnancy has occurred can actually—although difficult as it may seem—be regarded as a positive, from a treatment point of view and the chances of a pregnancy occurring again are a little better. Remaining positive with those involved is the only thing you can do but to also balance this with the knowledge that a further attempt may not be successful either.

It is also important, particularly for the parents of a son or daughter, to acknowledge their own feelings, as would be grandparents, that the loss of a baby at this stage can be very painful.



It is important to have as much personal support for yourself as possible, to allow you to manage any grief which you may feel. It is often difficult to understand and relate to infertility but the loss of a baby will deeply touch all those involved.



## Understanding Progression Through Continuous Treatment Cycles

A couple's course of fertility treatment will be determined from their initial diagnosis. If a course of several IUI's are recommended in the first instance and this is not successful then progression to IVF is often next (or sometimes ICSI).

It can be difficult to watch someone close to us go through so many attempts to become pregnant, especially when it seems to be so easy for others. IUI usually only presents a couple with an increased chance by "setting the scene" so to speak for the eggs and sperm. Sometimes this is not a suitable treatment and IVF/ICSI is recommended from the outset. This is often because of a more specific fertility problem.

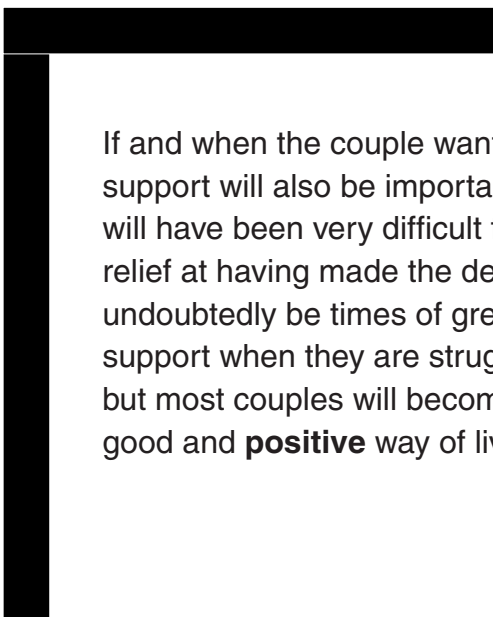
It is important to remember fertility treatment often requires more than one cycle before a pregnancy will occur. This can be very frustrating and upsetting for everyone involved, but it is wise to remember that even for most people who are trying to conceive naturally, a number of attempts are usual before a pregnancy occurs. This should be comparable with a number of specific cycles. Providing continuous support involves being aware that a couple's expectations of treatment may change from cycle to cycle and from treatment to treatment. Some couples become very disheartened with IUI after a few attempts (or even one or two attempts) and wish to move rapidly on to a more "informative" treatment such as IVF. This is simply the knowing whether embryos are at least created, which is unknown with IUI.

## Wanting to Say STOP!




**I**t is difficult for anyone to watch someone close to them suffer with infertility. Fertility treatment is not an exact science. Natural conception itself is fairly restricted but those for whom it happens easily, will not usually be aware of this. It can often take several attempts of fertility treatment before a pregnancy will occur, if at all, and result in a live birth.

As the parent, sibling or friend of someone going through fertility treatment, it can be a very difficult situation – not knowing what to do or being able to offer a solution. The urge to want to tell them to stop can be very strong at times, as you no longer want them to suffer. You may feel that they can and will move on if they bring it all to an end. Couples going through treatment rarely sit down with their family and friends at the beginning of treatment and explain that this could and often does take a long time, possibly some years. Everyone hopes and wants it to work first time and thus try to focus on this. You should continue and try to be supportive and do not suggest the couple stops something which they are desperately trying so hard to work towards. It can be extremely demoralising, although not meant in this way. If the person going through treatment feels you believe they should stop, this can make it difficult for them to seek your support as you “disapprove” or you have “compassion fatigue”.

It is helpful if you can support the person until she/he is emotionally ready to move on, which is a very individual journey.



If and when the couple want to stop treatment your support will also be important to them. Making the decision will have been very difficult for them. There may be some relief at having made the decision but there will undoubtedly be times of great sadness and they will need support when they are struggling. It can take some time, but most couples will become more resilient and find a good and **positive** way of living.




## Understanding a Couples Decision to Move on to Alternative Parenting and Offering Your Support


**A**doption and donor gametes, i.e. eggs, sperm or embryos, are two of the forms of alternative parenting. The first is, of course, parenting someone else's child and the second involves usually one parent parenting a child who is not biologically their own but is legally (from birth) their child. Most couples do not make the decision to move on to adoption or egg/sperm/embryo donation easily and much thought and consideration has usually preceded the decision. As someone supporting a couple in this situation, it is important to discuss this decision as fully as they wish and supportively. If there are specific areas that you are unsure of and uneasy with it is better to have an open discussion about them, which will hopefully enable you to understand better what is happening and where you may fit in.

Both methods of alternative parenting essentially will affect all those family members who wish to be involved in any future child's life. It is therefore important to develop a readiness and willingness to help the couple through this next stage of trying to build a family.



It is important not to suggest that alternative parenting is some sort of "magical solution" to the problem of infertility.



When a couple is going through fertility treatment, the focus will be on the treatment itself, and whilst the couple is likely to be aware of alternative opportunities to parent, it is unlikely to be viewed as an easy alternative at that time. On the contrary, in many ways, donor conception or adoption can be even more emotionally demanding.



For parents of the person involved, any form of alternative grand-parenting will involve an emotional leap, whilst also trying to support your son or daughter. Books and websites are available to help you understand these options. It is also helpful to have a trusted family member or friend who can allow you to share your feelings or fears. Check with the couple first, the degree of privacy they might desire at any stage.



## Understanding and Respecting a Couples Choice to End Treatment and Not Explore Alternative Parenting

**F**or some couples or an individual in a relationship, fertility treatment can seem like an endless opportunity to have a much longed for family and the decision to stop can be a very hard one to make. For others who are continually unsuccessful in treatment, an end is reached and mutually agreed by both parties and their consulting physician. As a family member or close friend who has been involved for some time, this can be another stage which is difficult to deal with. Knowing that a couple have tried so desperately hard to have a child will always make such a situation emotionally traumatic.

The temptation to encourage the couple to continue can be a very normal instinct. The reality is, we never know when is the right time to stop or whether the next attempt will be successful. It may have been, but once this very hard decision has been reached, it must be respected and the couple need to be supported in beginning to rebuild their lives in a positive way.

As a parent or sibling, if you are finding this decision hard to accept or your own sadness is difficult to contain, it may be helpful to talk to someone close to you, or approach a counsellor experienced in the field of infertility and bereavement who will understand that you too are experiencing loss.

## Acknowledgements

We would firstly like to thank all of our members of Cradle for their continuous openness and honesty about their relationships with family and friends on the subject of infertility. It has been immensely helpful in producing this booklet and will hopefully be a good source of information for those whom we hope will read it. I would also like to thank Isobel O'Neill, Infertility Counsellor at Glasgow Royal Infirmary and Glasgow Centre for Reproductive Medicine for reviewing the information for us and providing additional material in parts, for which I am very grateful. Isobel, in turn, would like to thank Giles and Jeanette for reviewing the booklet and for their considerable contribution.

We wish everyone still trying to conceive the very best of luck and all our recent members who are expecting babies happy days ahead. We also add our support to those who have decided not to pursue treatment or who have ended treatment.

**Thank You**

**Sam MacCuish**

## Recommended Websites

[www.assistedconception.org](http://www.assistedconception.org)

[www.fertilityconnect.com](http://www.fertilityconnect.com)

[www.ngdt.co.uk](http://www.ngdt.co.uk)

[www.hfea.gov.uk](http://www.hfea.gov.uk)

[www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

[www.fertilityfriends.co.uk](http://www.fertilityfriends.co.uk)

[www.fertilityuk.org](http://www.fertilityuk.org)

[www.mindbodyfertility.assistedconception.org](http://www.mindbodyfertility.assistedconception.org)

[www.bica.net](http://www.bica.net) (for infertility counselling provision)

[www.dcnetwork.org](http://www.dcnetwork.org)

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

[www.shetrust.org.uk](http://www.shetrust.org.uk) (for endometriosis)

[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk) (for premature menopause)

