



Welcome

On behalf of the entire Denver Fertility-Albrecht Women's Care staff, we would like to take this opportunity to welcome you as a new member of our family. We realize that this is a stressful time for you and your partner, and we are here to help.

At Denver Fertility, we pride ourselves in finding the root cause of infertility with the most affordable and least invasive method possible. The joy of planning a pregnancy and starting a family can be both rewarding and discouraging for couples dealing with infertility. Our team is honored to help you along your journey to becoming parents. We specialize in helping couples unlock the miracle of life through compassion, understanding, and unequalled support.

The Denver Fertility team prides themselves in offering one on one personalized, competent, and compassionate care to all patients. The office is small and intimate, and patient care is the most important part to insuring success.

We hope this welcome packet will assist you during your fertility journey and help you understand all of the services that we provide.

We will aim to fully answer any questions that you have throughout your time at our office.

Office Information

Address: 9780 Pyramid Ct, #260
Englewood, CO 80112

Phone: 720.420.1570

Fax: 866.657.9471

Website: www.albrechtwomenscare.com

Office Hours: Monday – Friday 7:30a – 4:30p; closed for lunch from 12:00p – 1:00p

- We are open on Saturdays and Sundays for patients in active treatment cycles and emergencies only.
- After 4:30pm on weekdays or anytime on the weekend, please dial the main phone number to reach the provider on call **(THIS IS FOR EMERGENCIES ONLY)**.

Laboratory Hours (blood draws): Monday – Friday 7:30am – 11:30am and 1:00pm – 3:30pm

- Same day blood test results must be drawn before 9:30 am on weekdays.
- Auto-Immune Thrombophilia Panel **CAN NOT** be drawn on Fridays.

Ultrasound Hours: Monday – Friday 7:30am – 11:30am and 1:00pm – 2:00pm

Services

✓ Fertility Evaluation

- Diagnostic laboratory evaluation and interpretation
- Pelvic Ultrasound
- Fallopian tube assessment
- Uterine Evaluation
- Male Evaluation

✓ Recurrent Pregnancy Loss Evaluation

✓ Female Pelvic Surgery

✓ PCOS Evaluation and Management

✓ LGBTQ Family Building

✓ Health and Wellness

- Psychological Therapy & Support
- Stress Management
- Acupuncture
- Nutrition

✓ Treatment

- Intrauterine Insemination
- In Vitro Fertilization
- Reproductive Endocrine Disorders
- Ovulation Induction
- Comprehensive Chromosomal Screening
- Donor Egg, Donor Sperm, and Gestational Carriers (Third Party Reproduction)
- Fertility Preservation
 - Cancer Patients (both male and female)
 - Elective (Social) Egg Freezing
- Early Pregnancy Monitoring

Infectious Disease Testing

Infectious disease testing (IDT) is strongly recommended for all patients that seek fertility treatment. It affords a reduced risk to you, the patient, and to your unborn child. Infectious disease testing is required if you pursue In Vitro Fertilization (IVF).

IDT panels can be submitted to your insurance with a pre-conception medical code. This may allow IDT to be covered by your insurance plan; however, we recommend that you check with your individual plan directly to verify coverage. Please ask our billing coordinators for any diagnosis and laboratory codes to give to your insurance company.

Female and Male Testing:

- HIV I/II
- Hepatitis B Surface Antigen and Hepatitis B Core Antibody
- Hepatitis C Antibody
- RPR with reflex titers
- Gonorrhea and Chlamydia
- Blood type and RH factor
- Complete Blood Count
- Cytomegalovirus Antibody
- Rubella and Varicella Immunity Status (female only)
- HTLV (male only)

Genetic Carrier Screening

Genetic carrier screening is strongly recommended for all patients that seek fertility treatment.

Genetic screening is a powerful tool that can determine if you or your partner is a carrier of an inherited genetic condition. You can be a carrier without having the condition itself — in fact many people may carry genetically inherited conditions — any one of which we can pass on to our children. You could be a carrier of a common genetic condition without even knowing it. Regardless of your family history, ethnicity, age, or personal health; the only way to know for sure is to be screened.

The ideal time to undergo carrier screening is prior to pregnancy. By doing so, you can get information to help you plan your reproductive journey. However, even couples who are already pregnant can benefit from what screening can reveal.

Denver Fertility screens for all the diseases that are recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Geneticists (ACMG).

Denver Fertility uses NxGenMDx for genetic carrier screenings. Please refer all billing inquiries to NxGen MDx directly. For additional information on NxGenMDx and their company, or a list of diseases that are tested, go directly to their website at: www.nxgenmdx.com

If you or your partner should test positive for a specific genetic disorder, you will have a consultation with a genetic counselor to discuss your results.

Semen Analysis

A semen analysis is used to determine whether a man might be infertile —unable to get a woman pregnant. The semen analysis consists of a series of tests that evaluate the quality and quantity of the sperm and the environment they reside in, the semen.

Semen analysis, also known as a sperm count test, analyzes the health and viability of a man's sperm. Semen is the fluid containing sperm (plus other sugar and protein substances) that is released during male ejaculation. A semen analysis measures three major factors of sperm health: the number of sperm, the shape of the sperm (morphology), and the movement of the sperm (motility).

In an evaluation of a man's fertility, each aspect of the semen analysis is considered. Each part of the semen analysis either contributes to confirming male fertility or, if abnormal, lessens it. While abnormal results decrease the chances of fertilization, some couples with poor results may still conceive, with or without assistance, and those with apparently good results may experience difficulties.

Several factors can affect the sperm count or other semen analysis values, including use of alcohol, tobacco, caffeine, many recreational drugs, prescription drugs, and some herbal medicines, as well as lubricants and heat exposure to the testicles.

What you need to know...

SCHEDULING

- You **MUST** schedule an appointment.
- Analysis appointments can be scheduled Monday, Tuesday, or Thursday from 7:30a-1:00p
- Please call **720-420-1570** for an appointment.

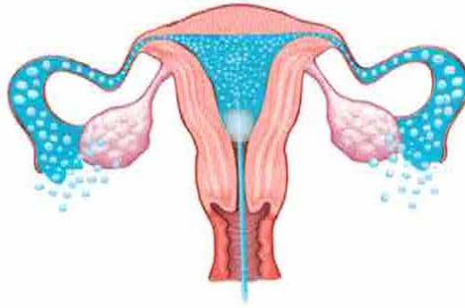
PREPARATION

- You should have between 2-5 days of abstinence prior to the analysis (this includes ejaculation by any means).

COLLECTION

- It is recommended that the specimen is collected at Denver Fertility/Albrecht Women's Care; however, if home collection is desired, a sterile collection container can be obtained from your physician or from our office.
- The specimen is obtained by masturbation. **No lubricant, including saliva, may be used.**
- The entire ejaculate must be collected in a sterile screw-cap container. Because most condoms contain spermicidal chemicals, their use for this purpose is to be avoided.
- To ensure best viability of semen specimen, delivery is recommended within 60 minutes of collection. Temperature extremes during transit must be avoided (<70 or >100 degrees F). Patients can place the container in a paper bag or keep close to their person (ex. inside shirt or pocket or between legs).

Uterine Evaluation



A FemVue or Hysterosalpingogram (HSG) is a procedure performed to determine whether the fallopian tubes are open and to see if the shape of the uterine cavity is normal. These procedures are considered outpatient procedures and can be performed in less than one half-hour. It is usually done after menses has ended, but before ovulation, to prevent interference with an early pregnancy.

A FemVue is the most recommended in-office procedure at Denver Fertility for the initial workup of a sub fertile couple. It allows for a complete pelvic assessment, immediate results, is well tolerated, and safe.

A FemVue begins like the first part of a pap smear, with a vaginal speculum gently inserted into the vagina to visualize the cervix. A thin flexible balloon catheter is inserted through the opening of the cervix, so that the catheter lies within the uterine cavity. The vaginal speculum is then removed, with the catheter remaining inside the uterus. A transvaginal ultrasound probe is inserted to conduct the internal scan through the vagina. The uterine cavity is evaluated by distending the cavity with sterile saline and allowing the contour and shape to be assessed under ultrasound. Then, the FemVue device is used to introduce a saline and air-bubble mixture through the catheter, allowing the tubes to be evaluated for patency with tiny bubbles.

A Hysterosalpingogram or **HSG** is an x-ray procedure used to see whether the fallopian tubes are patent (open) and if the inside of the uterus (uterine cavity) is normal. HSG is an outpatient procedure that usually takes less than 15 minutes to perform. Please go to ASRM for more information: http://www.reproductivefacts.org/globalassets/rf/news-and-publications/bookletsfact-sheets/english-fact-sheets-and-info-booklets/hysterosalpingogram_hsg_factsheet.pdf

For both procedures, we recommend taking 600-800mg of Ibuprofen one hour prior to the procedure to help minimize discomfort and cramping.

Ovulation Predictor Testing

Getting pregnant can be as simple as good timing. Ovulation Predictor Kits (OPKs) work by letting you know your most fertile time – the days in each menstrual cycle when you are most likely to conceive.

They work similar to pregnancy tests – you take easy-to-use urine tests that detect the hormonal changes in your body when you approach ovulation. The easy to read results are shown on the product display.

OPKs detect the Luteinizing Hormone (LH) surge which occurs approximately 36 hours prior to ovulation. This is how they help you pinpoint the 2 best days of your cycle to conceive a baby - the day before ovulation and the day of ovulation itself. So, if you have sex on these two days, you'll be giving yourself the best chance of getting pregnant.

In general, since the average length of a menstrual cycle is approximately 28 days, you may begin testing with OPKs around day 10 of your menstrual cycle (day one being your first full-flow day of bleeding). Perform 1 test each day over a 7-day period or until the LH surge has been detected. Do not use first morning urine samples as LH is synthesized in your body early in the morning. We recommend that you test for your LH surge between 12 and 2pm each day. Try to be consistent with your testing to gain the most accuracy. If you do not know your cycle length, or have irregular cycles, please ask us about individualizing your OPK testing.

If you have been instructed to do so, please call us with your ovulation surge. We will likely perform an ultrasound at that time and schedule you for progesterone laboratory evaluations in the latter part of your menstrual cycle.

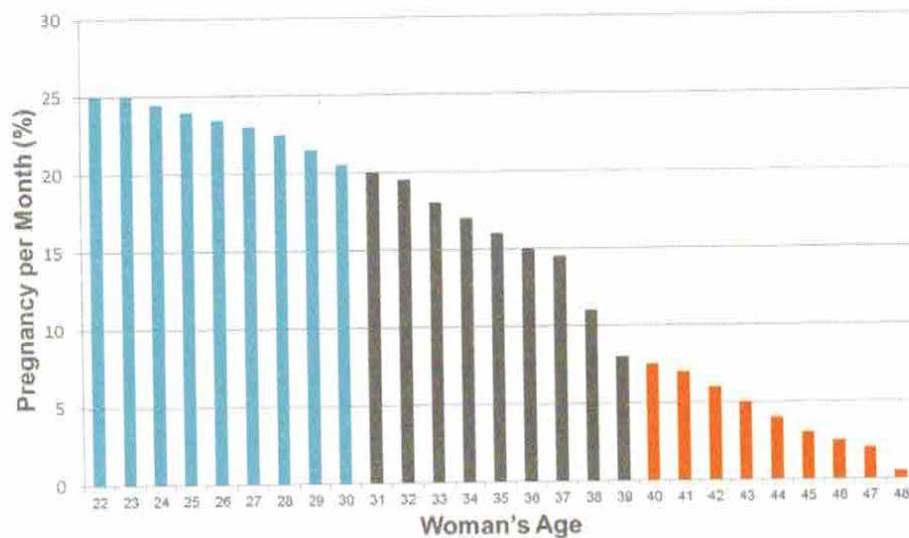
Supplementation

We, at Denver Fertility, know how difficult this journey can be. We also recognize that health is an important first step towards enhancing your fertility. There are a few supplements and vitamins that we recommend to all of our patients. They include the following;

- CoQ10 600mg every morning with a protein
- Omega 3 (fish oil) 1000mg once a day
- Vitamin D3 2000IU once a day
- Prenatal Vitamin with DHA & folic acid

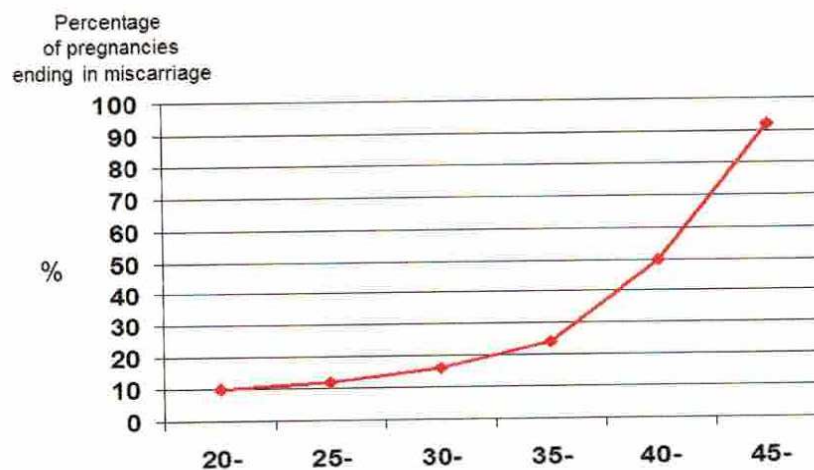
Please speak with us about additional supplements you can take during your fertility journey.

Fertility Statistics



The above chart details the chances of pregnancy per month naturally based on age. Beginning at age 22, the peak chances are a 25% chance of pregnancy each month. The chances begin to drop at an accelerated rate beginning at age 30. At age 40, the rate of decline decelerates until the chances of pregnancy drop below 5%

Spontaneous abortions or miscarriages, by age of mother

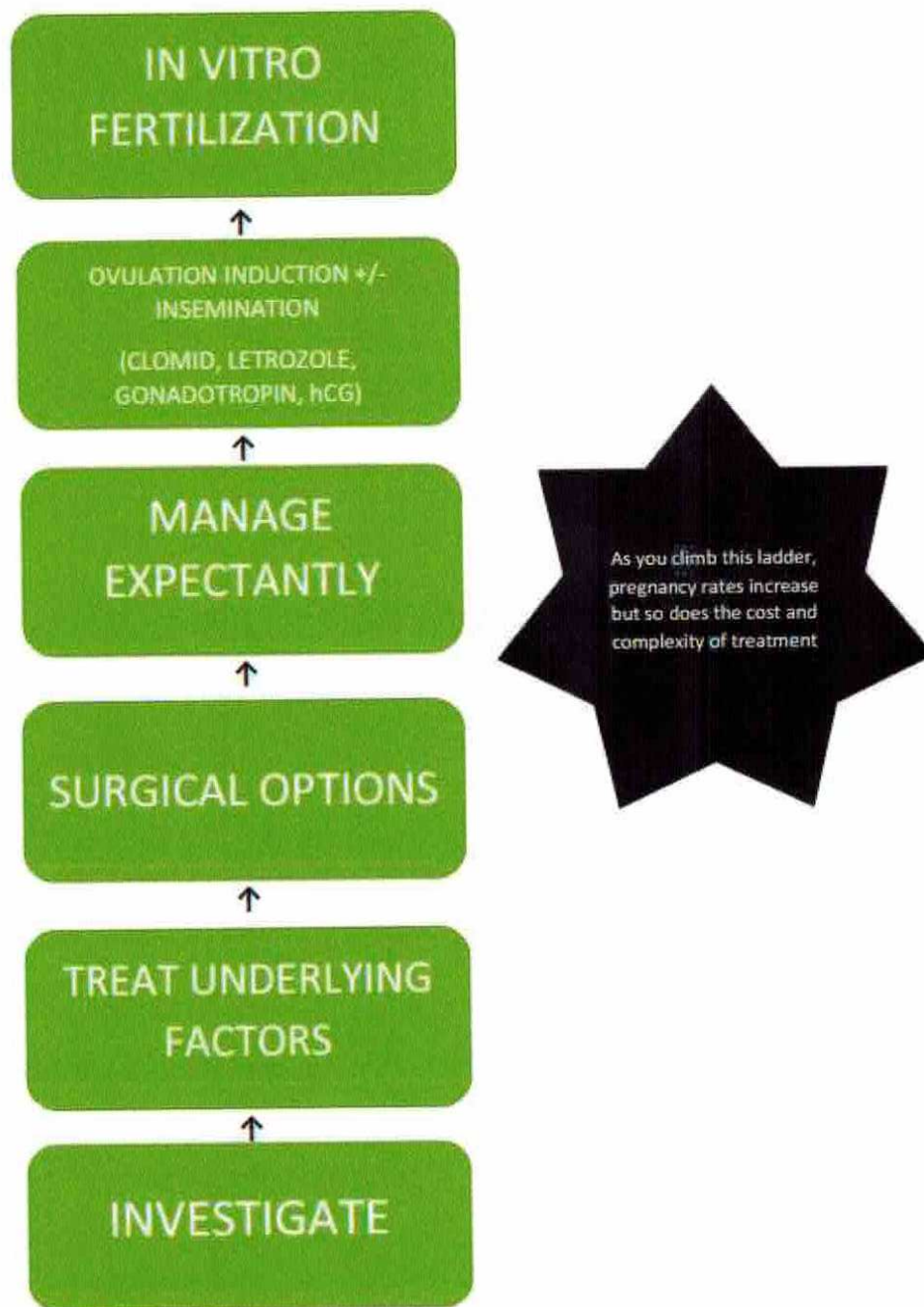


Source: Heffner, L.J. Advanced maternal age: how old is too old?
New England Journal of Medicine 2004; 351(19): 1927-1929

Conversely, as women age, the risk of miscarriage increases. At 20 years old, there is a 10% risk of miscarriage; however, at age 40, the miscarriage rate can be as high as 50%.

Approach to Infertility Evaluation and Treatment

We strive to treat each couple individually; therefore, your care will be focused around you and your partner. Below, is a general guideline of treatment options that can be followed during the infertility journey.



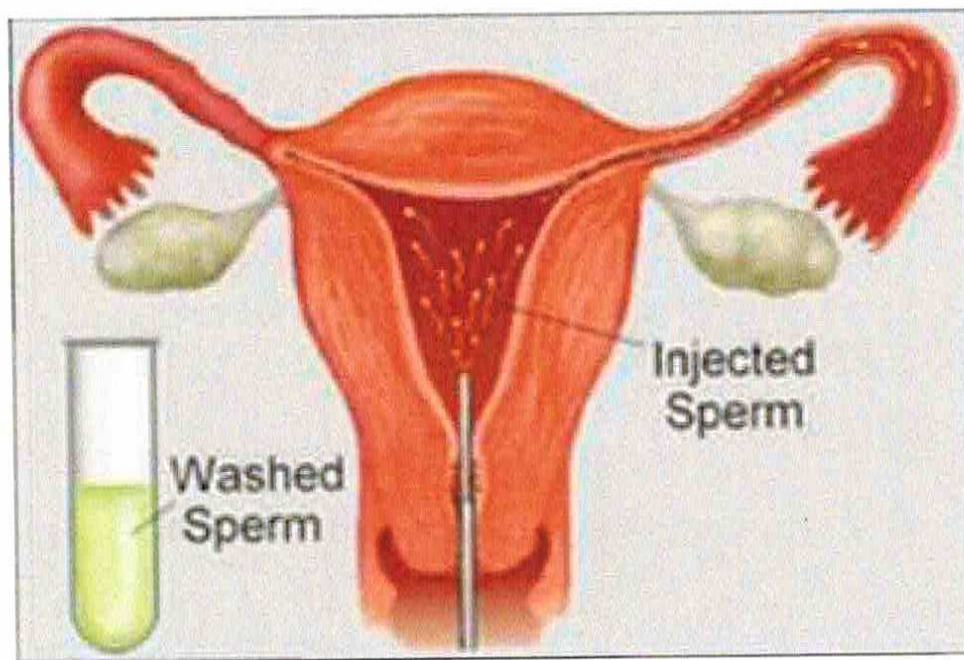
Ovulation Induction with Intrauterine Insemination (IUI)

Clomiphene or Letrozole (oral medications that help treat irregular or absent ovulation) are often the first-line therapy for many women. Typically, these medications are taken for five days during the cycle to induce ovulation.

We may decide to monitor your cycle with bloodwork and ultrasound. This can identify development of the egg and determine the exact time of ovulation. You would come to the office for two to five monitoring appointments in order to better identify when ovulation may be occurring.

Intrauterine Insemination (IUI) is often used as an initial treatment for infertility depending on a woman's age, hormone evaluation, fallopian tube status, and semen analysis parameters.

IUI bypasses the cervix and places the sperm in the upper portions of the uterus, and thus, closer to the egg. IUI is often used by couples with male factor infertility, single women, or same sex couples.



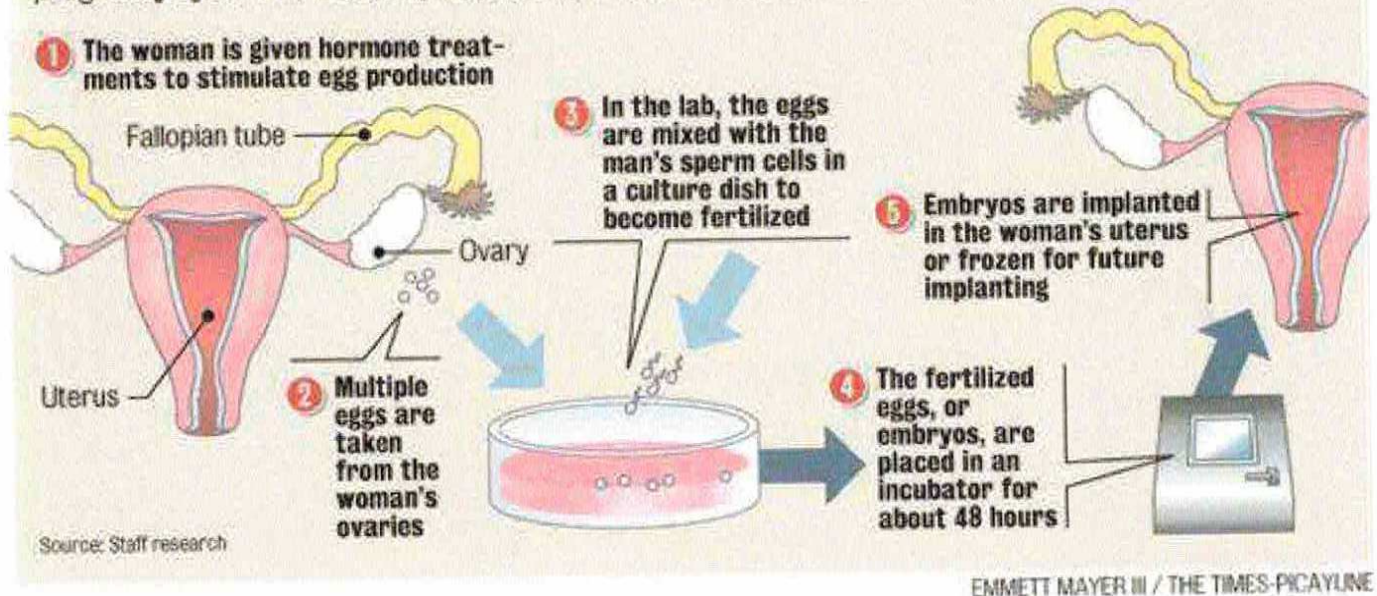
If a treatment cycle does not result in a pregnancy, you will meet with your physician to review your cycle (Regroup) and discuss how to proceed. Your physician will provide information about the success rates and other available data so that you can make the most informed decision about a possible next treatment option.

In general, the success rates for IUI appear to plateau after approximately four cycles. However, please keep in mind that every patient/couple is unique and recommendations will be tailored to each specific patient/couple.

In Vitro Fertilization (IVF)

THE IN VITRO FERTILIZATION PROCESS

Used as a remedy for infertility, a woman's egg cells are combined with a man's sperm cells outside the uterus. The fertilized egg is then implanted in the woman's uterus and, if successful, begins the pregnancy cycle. The first baby realized from this fertilization method was born in 1978.



When it comes to infertility, IVF may be an option if you or your partner have been diagnosed with:

- Endometriosis
- Low sperm counts
- Problems with the uterus or fallopian tubes
- Problems with ovulation
- Antibody problems that harm sperm or eggs
- The inability of sperm to penetrate or survive in the cervical mucus
- An unexplained fertility problem
- Other fertility treatments have failed to work

IVF is never the first step in the treatment of infertility. Instead, it's reserved for cases in which other methods such as fertility drugs, surgery, and artificial insemination haven't worked.

This treatment method is extremely individualized and there are many options to choose from when it comes to IVF. Please discuss your particular diagnoses with your physician.

Resources

Women's Health: www.womenshealth.gov 1-800-994-9662

RESOLVE: The National Infertility Association Phone Number(s): (888) 623-0744 Internet Address: <http://www.resolve.org>

American Fertility Association Phone Number(s): (888) 917-3777 Internet Address: [ttp://www.theafa.org](http://www.theafa.org)

Fertile Hope Phone Number(s): (888) 994-HOPE Internet Address: <http://www.fertilehope.org>

Food and Drug Administration (FDA) Phone Number(s): (888) 463-6332 Internet Address: <http://www.fda.gov>

The Centers for Disease Control Division of Reproductive Health Phone Number(s): (800) CDC-INFO Internet Address: <http://www.cdc.gov/Reproductivehealth/DRH/index.htm>

American College of Obstetricians and Gynecologists (ACOG) Resource Center Phone Number(s): (800) 762-2264; Internet Address: <http://www.acog.org>

American Society for Reproductive Medicine Phone Number(s): (205) 978-5000 Internet Address: <http://www.asrm.org/>