IVF at UCSF: Everything You Need to Know
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
Our Doctors

MARTHA NOEL
PAOLO RINAUDO
MARCELLE CEDARS
VICTOR FUJIMOTO
EVELYN MOK-LIN

HAKAN CAKMAK
YANETT ANAYA
MITCHELL ROSEN
THALIA SEGAL
HEATHER HUDDLESTON
ELENI JASWA
Your Doctor’s Team

Each doctor heads up their own dedicated team of at least one:

- Nurse
- Administrative coordinator
- Medical assistant
- Financial navigator

Along with your primary doctor, this team is there to help you navigate the IVF process.

Nurse practitioners and clinical fellows are also often involved in your care.
How Our Doctors Work Together

Your **primary doctor** will:

- Be your main point of contact
- Help you with treatment choices
- Set your treatment plan
- Make the daily decisions as you go through your IVF cycle
How Our Doctors Work Together

However, all doctors work together to:

• Perform procedures such as retrievals and transfers
• Perform IVF monitoring ultrasounds
• Address urgent patient issues if the primary doctor is unavailable
• Collaborate on challenging cases
  • Weekly case conferences
  • Group discussions of new/emerging research in fertility and IVF
Additional Services

Your doctor can arrange for additional support services as needed:

- Genetic counseling
- Male reproduction/urology
- Psychology/counseling
- Third party reproduction
- LGBTQ-specific care
- Fertility preservation

Our in-house genetic counselors are available to work with you and your doctor to help guide you through decisions regarding genetic screening and preimplantation genetic testing.
Additional Services

Your doctor can arrange for additional support services as needed:

• Genetic counseling
• Male reproduction/urology
• Psychology/counseling
• Third party reproduction
• LGBTQ-specific care
• Fertility preservation

We work closely with reproductive urologists at UCSF and in the larger Bay Area. We take a team approach to addressing male factor infertility and other male reproductive health issues.
Additional Services

Your doctor can arrange for additional support services as needed:

- Genetic counseling
- Male reproduction/urology
- Psychology/counseling
- Third party reproduction
- LGBTQ-specific care
- Fertility preservation

Our clinic psychologists specialize in reproductive health and infertility. They are available to help you manage stress, make decisions about treatment options, and to assist with third party reproduction.
Additional Services

Your doctor can arrange for additional support services as needed:

- Genetic counseling
- Male reproduction/urology
- Psychology/counseling
- Third party reproduction
- LGBTQ-specific care
- Fertility preservation

UCSF recruits and screens our own pool of in-house egg donors. Our dedicated donor team includes a physician, psychologists and genetic counselors who are here to help you understand your options, whether you choose one of our donors or use an outside agency. Additionally, we offer assistance for patients using sperm donors or gestational surrogacy.
Your doctor can arrange for additional support services as needed:

- Genetic counseling
- Male reproduction/urology
- Psychology/counseling
- Third party reproduction
- LGBTQ-specific care
- Fertility preservation

UCSF has a strong commitment to the principles of diversity, equality and inclusivity. We also have decades of experience caring for reproductive needs of the LGBTQ community. Additionally, we partner with UCSF’s pediatric and adult endocrinologists to address transgender patients specifically, including egg cryopreservation and pregnancy via assisted reproductive technology.
Additional Services

Your doctor can arrange for additional support services as needed:

- Genetic counseling
- Male reproduction/urology
- Psychology/counseling
- Third party reproduction
- LGBTQ-specific care
- Fertility preservation

UCSF’s Fertility Preservation Program was started in 2005 in order to provide reproductive options to men and women diagnosed with cancer. Since then, we have helped hundreds of patients freeze eggs, embryos and sperm before undergoing chemotherapy and/or radiation.
We are an Academic Practice

As a non-profit academic institution, UCSF:
- Practices rigorously evidence-based medicine
- Develops and utilizes innovative technologies
- Is the referral center for complex cases
- Performs individualized, patient-centered care
- Is a world leader in clinical, basic and translational research

We are not incentivized to:
- Recommend IVF unnecessarily or too quickly
- Turn away patients with a lower likelihood of IVF success
- Otherwise influence our IVF outcomes data
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
The IVF Process: Roadmap

1. COMPLETE YOUR CHECKLIST
2. OVARIAN STIMULATION
3. EGG RETRIEVAL
4. FERTILIZATION AND EMBRYO CULTURE
5. EMBRYO ASSESSMENT
6. EMBRYO TRANSFER OR FREEZE
The IVF Checklist

- Labwork (FDA screening, hormonal testing, preconception testing)
- Saline sonogram
- Semen analysis with strict morphology
- Genetic carrier screening
- Genetic consultation (PGS/PGD only)
- IVF injection class

Your nurse and administrative coordinator will help you to complete your checklist.
Your checklist must be completed before we can start ovarian stimulation for IVF.
The Reproductive System

Pituitary gland

- Located at the base of the brain; a regulator of many hormonal systems including reproduction

Ovaries

- Your ovaries contain antral follicles – eggs in their latest stage of development
- Each woman has a set # of antral follicles present each month
- This number goes down over time but is relatively consistent from month to month

Uterus

- Endometrium is the lining of the uterus, where implantation of an embryo occurs
A Typical Menstrual Cycle

PITUITARY GLAND

FSH

DOMINANT FOLLICLE

ESTROGEN
A Typical IVF Cycle

PITUITARY GLAND

FSH

FSH
Your Ovaries in an IVF Cycle

- Goal is for follicles to grow at the same rate with similar sizes
- Your doctor will monitor you closely with ultrasounds and blood tests to make sure you the appropriate number of follicles are developing
- Once the follicles reach a certain size, the eggs inside are able to be extracted
Your Schedule During Your Cycle

Your doctor sets your IVF protocol, which will determine your specific routine of injections, medicines, and office visits.

This protocol is based on your:

- Age
- Follicle count
- BMI
- Any prior IVF cycles

**EXAMPLE PROTOCOL:**

<table>
<thead>
<tr>
<th>DAY:</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>1</th>
<th>3</th>
<th>5</th>
<th>7</th>
<th>9</th>
<th>11</th>
<th>13</th>
<th>15</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>“LEAD-IN” CYCLE</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>STIMULATION CYCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Schedule During Your Cycle

Your doctor sets your IVF protocol, which will determine your specific routine of injections, medicines, and office visits.

This protocol is based on your:
- Age
- Follicle count
- BMI
- Any prior IVF cycles

**EXAMPLE PROTOCOL:**

<table>
<thead>
<tr>
<th>DAY:</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>1</th>
<th>3</th>
<th>5</th>
<th>7</th>
<th>9</th>
<th>11</th>
<th>13</th>
<th>15</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;LEAD-IN&quot; CYCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>STIMULATION CYCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Medications to suppress your body’s own FSH
Your Schedule During Your Cycle

Your doctor sets your IVF protocol, which will determine your specific routine of injections, medicines, and office visits.

This protocol is based on your:
- Age
- Follicle count
- BMI
- Any prior IVF cycles

**EXAMPLE PROTOCOL:**

<table>
<thead>
<tr>
<th>DAY:</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;LEAD-IN&quot; CYCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Daily injections (about 2-3 per day) which can include:
- FSH
- Menopur (HMG)
- Lupron/Ganirelix/Cetrotide

Medications to suppress your body’s own FSH
Your doctor sets your IVF protocol, which will determine your specific routine of injections, medicines, and office visits.

This protocol is based on your:
• Age
• Follicle count
• BMI
• Any prior IVF cycles

**EXAMPLE PROTOCOL:**

Medications to suppress your body’s own FSH

About 5-6 office visits for blood tests and ultrasound monitoring

<table>
<thead>
<tr>
<th>DAY:</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td>“LEAD-IN” CYCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STIMULATION CYCLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1 | 3 | 5 | 7 | 9 | 11 | 13 | 15 | 17 |
Your Schedule During Your Cycle

Your doctor sets your IVF protocol, which will determine your specific routine of injections, medicines, and office visits.

This protocol is based on your:
- Age
- Follicle count
- BMI
- Any prior IVF cycles

**Example Protocol:**

<table>
<thead>
<tr>
<th>DAY</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>1</th>
<th>3</th>
<th>5</th>
<th>7</th>
<th>9</th>
<th>11</th>
<th>13</th>
<th>15</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Lead-in&quot; Cycle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulation Cycle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medications to suppress your body’s own FSH

Trigger shot, given at home, to prepare the eggs for the retrieval
Your Schedule During Your Cycle

Your doctor sets your IVF protocol, which will determine your specific routine of injections, medicines, and office visits.

This protocol is based on your:
- Age
- Follicle count
- BMI
- Any prior IVF cycles

### EXAMPLE PROTOCOL:

<table>
<thead>
<tr>
<th>DAY: 24 25 26 27 28</th>
<th>1 3 5 7 9 11 13 15 17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>&quot;LEAD-IN&quot; CYCLE</strong></td>
<td><strong>STIMULATION CYCLE</strong></td>
</tr>
</tbody>
</table>

- **Medications to suppress your body's own FSH**
- **Egg retrieval** (36 hours after trigger)

*Example: Day 27 - Egg retrieval (36 hours after trigger)*
What to Expect at Home – Medications

Medications are injected daily:

• Between 1-3 shots per day, depending on your protocol

• Given subcutaneously (just under the skin) in the lower abdomen

• We will teach you how to mix and inject medications before your cycle starts

• Most patients learn to inject themselves; you can also have a partner or friend help. Private nurses are available to give injections if you need them.
What to Expect at the Office – Ultrasounds & Blood Tests

During the 2 weeks of injections, you will come into the clinic about 5-6 times:

• All appointments will be first thing in the morning, 7:00a – 9:30a
• The appointment typically takes about 15-20 minutes
• You’ll receive an ultrasound (to monitor growth and number of follicles), and get your blood drawn (to track your hormone levels)

Ultrasounds are performed by nurse practitioners, clinical fellows and attending physicians.
Your Egg Retrieval

The egg retrieval is done transvaginally using an ultrasound to guide us into each follicle

- We try to estimate timing, but won’t know the exact day until 2 days prior
- Plan to be at the hospital ~3 hours in total (procedure itself only takes 15-30 minutes)
- You’ll be under anesthesia, so you will not feel or remember the procedure
- Plan to take the rest of the day off – anesthesia will make you drowsy
- Expect to be bloated and crampy for about 3-5 days after the retrieval

**Reminder: we are a collaborative practice. All physicians cover each other for egg retrievals and embryo transfers.**
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
What Happens in the Embryology Lab

Day 0:
• Egg retrieval
• Insemination

Day 1:
• Fertilization assessment

Day 2 - 5:
• Embryo assessment
• Embryo transfer and/or freeze
Where the Magic Happens
Conventional Insemination vs. ICSI

Your doctor will determine whether to fertilize eggs with conventional insemination or ICSI based on:

- Semen analysis results
- Prior IVF history
- Number of eggs expected

**Day 0:**

**Conventional Insemination**

Thousands of sperm are placed on top of the eggs and work their way into the egg on their own.

**Day 1:**

**Intracytoplasmic Sperm Injection (ICSI)**

Embryologist selects an individual sperm and injects it directly into the egg.

**Day 2 - 5:**
ICSI – A Closer Look
How We Assess Your Embryos

Cleavage Stage

Blastocyst Stage
How We Assess Your Embryos

- Number of cells
- Cell symmetry
- Cell fragmentation

Cleavage Stage

- Day 1
- Day 1-2
- Day 2
- Day 3

Blastocyst Stage

- Day 4
- Day 5

Excellent  Good  Poor
How We Assess Your Embryos

Cleavage Stage
- Number of cells
- Cell symmetry
- Cell fragmentation

Day 1
Day 1-2
Day 2
Day 3
Day 4
Day 5

Blastocyst Stage
- Cavity expansion
- Trophectoderm
- Inner cell mass

Excellent
Good
Poor

Excellent
Good
Poor
Not All Normally Fertilized Embryos Survive In Culture

On average, we expect:

- 50-60% of eggs to fertilize normally (2PN embryos)
- 90% of 2PN embryos to survive to Day 2/3 (cleavage stage)
- 40-60% of cleavage-stage embryos to survive to Day 5/6 (blastocyst stage)

Embryos that do not survive in culture are often, *but not always*, chromosomally abnormal.

If you have 10 eggs:

- Expect about 5 cleavage stage embryos…

...or 2-3 blastocysts
Options for Preimplantation Genetic Testing (PGT)

Pre-implantation Genetic Diagnosis
- If you and/or your partner are carriers for certain inherited conditions, we can screen your embryos to identify which test negative

Pre-implantation Genetic Screening
- Tests if an embryo has a normal number of chromosomes (46)
- Can identify embryos with chromosomal abnormalities that can still result in a pregnancy (for example, Down’s syndrome)
- Can also tell you sex of the embryo
Is Preimplantation Genetic Testing (PGS/PGT) Right For You?

**Advantages of PGT**

- Can screen for large chromosomal abnormalities (e.g., Down’s Syndrome)
- May reduce miscarriage risk (primarily for women over 37)
- Can reduce odds of twins or triplets by allowing for elective single embryo transfer

**Risks & Challenges of PGT**

- Even PGT-screened embryos can still fail to implant or result in miscarriage
- Some chromosomally normal embryos may not survive the extra 2-3 days of culture that are required for testing
- Doesn’t improve a chromosomally normal embryo’s chances of implanting

PGT does not guarantee a pregnancy. **Pregnancy rate with a PGT-screened embryo ≈ 65%.**

**Bottom line:** We do not believe that PGT is appropriate for everyone. Your doctor will help decide if PGT is right for you, taking into account your age, ovarian reserve, and pregnancy / IVF history.
Techniques to Optimize Success

In some cases, embryos need a little extra help:

• **Co-culture** – growing your embryos on top of other cells obtained at the time of retrieval to improve cell division and growth

• **Assisted hatching** – piercing the zona pellucida (“shell”) around the embryo to help it implant
Cryopreservation

Embryos that aren’t transferred right away are frozen for later use:

• Can be frozen at cleavage or blastocyst stage of development
• Stored in liquid nitrogen at -196°C, they can be kept frozen as long as you need
• Frozen embryos perform just as well as “fresh” embryos

Our embryo storage tanks are protected by backup generators and multiple alarm systems; an embryologist is on call 24/7 in case of emergency
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
How Many Embryos Should You Transfer?

Your doctor will help to determine how many embryos to transfer, and which day to transfer them, based on:

- Your age
- # of viable embryos
- Previous IVF history
- Whether or not genetic screening was performed

We want to maximize your chances of pregnancy from a single transfer, while minimizing the risk of a multiple gestation.

<table>
<thead>
<tr>
<th>EGG AGE</th>
<th>CLEAVAGE (DAY 2/3)</th>
<th>BLASTOCYST (DAY 5/6)</th>
<th>PGS-TESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 35</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>35 - 37</td>
<td>1-2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>38 - 40</td>
<td>≤3</td>
<td>≤2</td>
<td>1</td>
</tr>
<tr>
<td>41-42</td>
<td>≤4</td>
<td>≤3</td>
<td>1</td>
</tr>
<tr>
<td>≥ 43</td>
<td>5+</td>
<td>3+</td>
<td>1</td>
</tr>
</tbody>
</table>
Your Embryo Transfer

What to expect:

• Plan to be at the hospital ~45 minutes in total (transfer itself takes 10-15 minutes)
• Come with a full bladder
• You’ll be awake during the transfer, but will have taken a Valium one hour prior (to prevent uterine contractions)

After the procedure, you can go about your normal activities with minimal restrictions:

• No intercourse or strenuous exercise for 2 weeks

You will do an HCG blood test 9-14 days after the transfer to find out if you are pregnant
You’ll Be Able to Watch the Transfer As It Happens

A TRANSFER ROOM

YOUR EMBRYOS
TRANSFER CATHETER

FULL BLADDER
AIR BUBBLES
ET CATHETER
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
There Are Risks to the IVF Process

A. Risks while going through an IVF cycle

B. Risks specific to IVF pregnancies

C. Risk of multiple gestation: twins, triplets (or more)
Risks of the IVF Cycle

Common side effects:
• Bloating, cramping
• Fatigue
• Mood changes

Major complications (1-5%):
• Ovarian Hyperstimulation Syndrome (OHSS)
• Ovarian torsion

The egg retrieval is minimally invasive, and carries a very low risk (<1%) of significant bleeding or infection.

Studies have shown no increase in breast, ovarian or other cancers after IVF.
There are pregnancy risks attributable to infertility, as well as to the IVF process itself. The **ABSOLUTE** increase in risk is relatively small (~1-4%).

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-IVF Pregnancy</th>
<th>IVF Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectopic Pregnancy</td>
<td>1 - 1.5%</td>
<td>2 - 3%</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>3 - 5%</td>
<td>4 - 6%</td>
</tr>
<tr>
<td>Very Low Birthweight</td>
<td>5.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Preterm Delivery</td>
<td>6.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Very Preterm Delivery (&lt;32 WKS)</td>
<td>0.9%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Internal data and from MOSART Study, 2015
Risks for Multiples is Higher with IVF when Multiple Embryos are Transferred

All pregnancy complications are higher with multiple gestation

Preterm delivery is very common and can lead to NICU admission and possibly lifelong complications for the baby

Selective reduction is recommended for higher order multiples (triplets or more):
- Performed at ~10 weeks
- Carries a small (~5%) risk of miscarrying all fetuses

<table>
<thead>
<tr>
<th>Risk of Complications</th>
<th>Singleton</th>
<th>Twins</th>
<th>Triplets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm Delivery</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Gestational Diabetes</td>
<td>0%</td>
<td>0%</td>
<td>80%</td>
</tr>
<tr>
<td>Pregnancy Induced Hypertension</td>
<td>0%</td>
<td>0%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Lastly, There May be Other Risks We’re Unaware Of...

With only 40 years of evidence, it’s possible that other long-term complications exist that we haven’t encountered or been able to study yet.

At UCSF, this is a very active area of both clinical and basic science research.
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
Part of caring for our patients with the latest technology is conducting research that leads to new treatments.

Our dedicated research team works on clinical and translation research projects in many areas, including: recurrent pregnancy loss, IVF outcomes, genetics, hormonal imbalances, PCOS and ovarian aging.

Research that has been published by UCSF fellows and faculty have led to improvements in how IVF is practiced here and around the world.
Insulin resistance is associated with depression risk in polycystic ovary syndrome

How much does the uterus matter? Perinatal outcomes are improved when donor oocytes are transferred to gestational carriers compared to intended parent recipients

High-density lipoprotein metabolism and the human embryo

Premature recruitment of oocyte pool and increased mTOR activity in Fmr1 knockout mice and reversal of phenotype with rapamycin

Human Endometrial Fibroblasts Derived from Mesenchymal Progenitors Inhibit Progesterone Resistance and Acquire an Inflammatory Phenotype in the Endometrial Niche in Endometriosis
UCSF CRH Research: Tomorrow’s Medicine Today

If you have questions about research, would like to participate, or for a complete list of available studies, please email us at: CRH.Research@ucsf.edu

In Vitro Fertilization (IVF) Studies

- 3M Study | Media, Morphokinetics and Mosaicism Study
- CHIP Study | Sperm Selection by Microfluidic Separation Improves Embryo Quality in Patients with a History of Poor Embryo Quality
- DESCRT Study | Developmental Epidemiological Study on Children born through Reproductive Technology
- INVOcell Study | Intravaginal Culture of Embryos
- hESC Study | Human Embryonic Stem Cell Study
- PrISICE Trial | Pre-Implantation Screening and Investigation on the Cryopreservation of Embryos
- CLeAR Study | Cytokines, Lipids, and Reproduction (CLeAR) Study
What We’re Talking About Today

1. Intro to UCSF
2. The IVF Process
3. The Lab
4. The Embryo Transfer
5. Risks of IVF
6. UCSF Research
7. Getting Started
We are looking forward to working with you!

We know this process can be stressful. Our goal is to make it as smooth and easy as possible.

For new patients:
• Call 415-353-7475 to schedule your initial consultation

For existing patients:
• Please contact your care team if you have questions about your next steps
• Your primary doctor is happy to answer any questions you have that were not addressed here or are specific to your individual care