



# Your Comprehensive Guide to Fertility Treatments (UK)

By [Family First Fertility](#)

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**Updated: April 2025**

Whether you're considering in vitro fertilisation (IVF), egg freezing, or surrogacy, this resource provides detailed, up-to-date information to help you make informed decisions. Based on guidelines from the Human Fertilisation and Embryology Authority (HFEA) and the NHS, **this guide covers treatment options, processes, timelines, costs, and emotional support.**



Our goal is to empower you with knowledge, whether you're just exploring options or ready to start treatment. We offer [free 15-minute consultations](#) with fertility experts to answer your questions and help you choose the best path forward.

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## Introduction: Your Fertility Journey

Fertility treatment can feel like a big step, but you don't have to navigate it alone. At Family First Fertility, we're here to support you from your first consultation to the moment you hold your baby. This guide provides detailed information on the most common fertility treatments, including what's involved, how long they take, what to prepare for, and what to expect afterwards. We've also included costs, pre-procedure tests, and questions to ask your clinic to help you feel confident and informed.

Inspired by real patient experiences, this guide is designed to be a helpful resource for anyone considering or undergoing fertility treatment.



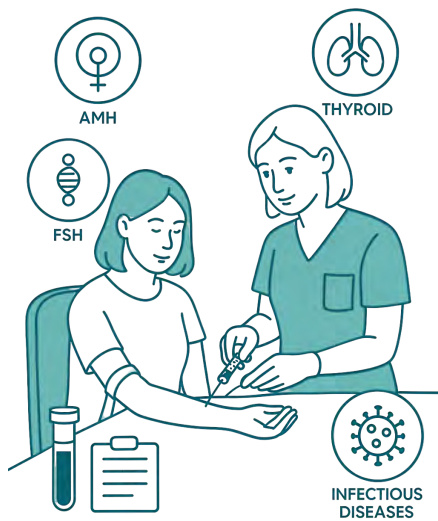
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# Pre-Procedure Tests: What to Expect

Before starting any fertility treatment, you'll need to undergo a series of tests to assess your fertility and overall health. These tests help your clinic create a personalised treatment plan. Here's what's involved:

## Common Pre-Procedure Tests



### Blood Tests

**What They Do:** Measure hormone levels to assess ovarian function, thyroid health, and general health:

- **AMH (Anti-Müllerian Hormone):** Indicates your ovarian reserve (egg supply).
- **FSH (Follicle-Stimulating Hormone):** Assesses how your ovaries respond to stimulation.
- **Oestradiol:** Checks ovarian activity.
- **Thyroid Function Tests:** Ensures your thyroid is working properly (thyroid issues can affect fertility).
- **Infectious Disease Screening:** Tests for HIV, Hepatitis B/C, and other infections (required by HFEA for safety).

**How They're Done:** A simple blood draw, usually from your arm, done at the clinic or a lab.

**Cost:** On the NHS, these are free. Privately, expect £50–£150 per test, or £200–£400 for a full panel.

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## Pelvic Ultrasound



**What It Does:** Examines your ovaries, uterus, and fallopian tubes to check for issues like fibroids, cysts, or blocked tubes:

- Counts antral follicles (small sacs in the ovaries) to estimate egg supply.
- Assesses the uterine lining for abnormalities.

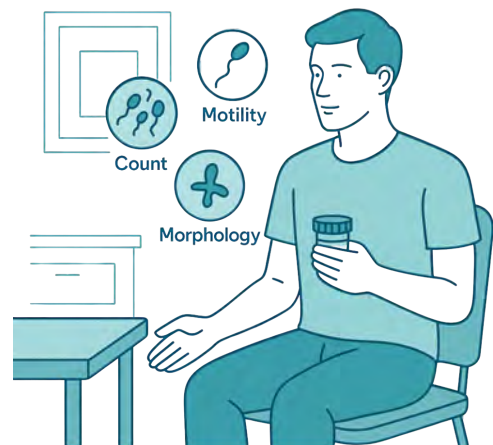
**How It's Done:** A trans-vaginal ultrasound (a small probe is inserted into the vagina) is performed by a sonographer. It takes 10–15 minutes and may feel slightly uncomfortable but isn't painful.

**Cost:** Free on the NHS. Privately, £100–£250.

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## Semen Analysis

**What It Does:** Evaluates sperm count, motility (movement), and morphology (shape) to assess male fertility.



**How It's Done:** The male partner provides a semen sample (via masturbation) at the clinic in a private room. The sample is analysed in a lab. Abstinence of 2–5 days is recommended before the test for accurate results. Some clinics do offer 'create your sample at home' and bring in within 45 mins, or even test at home kits. But the most reliable is to create the sample at the clinic to get the most accurate results.

**Cost:** Free on the NHS. Privately, £100–£200.

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## Hysterosalpingogram (HSG) or HyCoSy

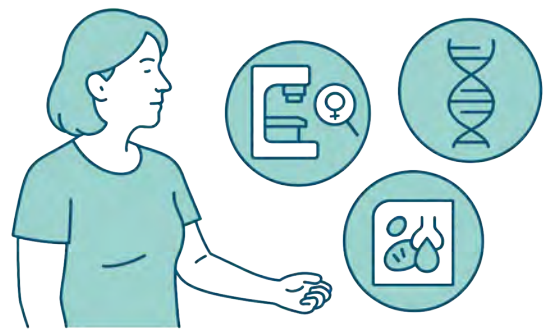
**What It Does:** Checks if your fallopian tubes are open (needed for IUI or natural conception).

**How It's Done:** For HSG, a dye is injected through the cervix, and an X-ray tracks its flow through the tubes. For HyCoSy, a saline solution with air bubbles is used, and an ultrasound monitors the flow. Both take 15–30 minutes and may cause mild cramping.

**Cost:** Free on the NHS. Privately, £300–£500.

### Additional Tests (if needed)

- **Mammogram/Pap Smear:** Recommended for women over 40 to ensure general health.
- **Genetic Screening:** Tests for conditions like cystic fibrosis if there's a family history.



**Cost:** Mammogram (£50–£150), Pap smear (£50–£100), genetic screening (£200–£500).



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## Preparation for Pre-Procedure Tests

- Schedule tests early in your menstrual cycle (days 2–5) for hormone tests and ultrasounds, unless otherwise advised.
- Bring a list of medications you're taking to your appointment.
- For semen analysis, follow the clinic's abstinence guidelines (2–5 days).
- Stay hydrated and wear comfortable clothing for ultrasound appointments.



## What to Expect After Tests

- Results are usually available within a few days to a week.
  - Your doctor will discuss the findings and recommend the best treatment based on your results.
  - If issues are found (e.g., low ovarian reserve, blocked tubes), your treatment plan may be adjusted (e.g., moving straight to IVF instead of IUI).
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# Fertility Treatment Options: Processes and Timelines

Below, we detail the most common fertility treatments, including the process, timeline, preparation, post-procedure care, and expectations. Costs are covered in the next section.



## In Vitro Fertilisation (IVF)

**What It Is:** Eggs are collected from the ovaries, fertilised with sperm in a lab, and the resulting embryo(s) are transferred to the uterus. Often used for blocked fallopian tubes, male infertility, or unexplained infertility.

### Process and Timeline

A full IVF cycle takes **6–8 weeks** from start to pregnancy test:

1. **Initial Consultation and Tests (1–4 weeks):** Complete pre-procedure tests (see above).
2. **Ovarian Stimulation (10–12 days):** Daily injections of follicle-stimulating hormone (FSH) (e.g., Gonal-f, Menopur) to produce multiple eggs. Regular clinic visits for ultrasound scans and blood tests monitor follicle growth. A “trigger” injection (e.g., Ovitrelle) is given 36 hours before egg collection.
3. **Egg Retrieval (Day Procedure):** A minor procedure under sedation. A needle collects eggs via the vagina (15–20 minutes). The male partner provides a sperm sample (or donor sperm is thawed).
4. **Fertilisation (1–6 days):** Eggs are fertilised in the lab (via conventional IVF or ICSI). Embryos are cultured for 5–6 days to the blastocyst stage.
5. **Embryo Transfer (Day Procedure):** One or two embryos are transferred to the uterus via a catheter (like a smear test, no sedation needed).
6. **Two-Week Wait (14 days):** Wait for a pregnancy test. Continue progesterone support (pessaries, gel, or injections).



## Preparation



- Start a prenatal vitamin with 400 mcg folic acid.
- Maintain a healthy BMI (<30), quit smoking, and limit alcohol/caffeine.
- Arrange time off work for egg retrieval and embryo transfer. Organise transport (you can't drive after sedation).
- Sign consent forms for treatment, embryo storage, and what to do with unused embryos.

## Post-Procedure

- **After Egg Retrieval:** Expect mild cramping and bloating for 1–2 days. Rest for a day, avoid heavy activity, and use a heating pad if needed.
- **After Embryo Transfer:** No bed rest is required, but avoid strenuous exercise. Continue progesterone as prescribed.
- **Emotional Support:** The two-week wait can be stressful. Plan distractions (e.g., light hobbies) and consider joining a support group.

## Expectations

- **Success Rates:** 32% live birth rate per cycle for women under 35 (2019 UK data), dropping to 11% for ages 40–42. Multiple cycles may be needed.
- **Risks:** Rare risks include ovarian hyper-stimulation syndrome (OHSS) (severe bloating, nausea—report to your clinic immediately) and a small chance of infection or bleeding from egg retrieval (<1%).
- **Emotional Impact:** IVF can be an emotional rollercoaster. It's normal to feel anxious or disappointed if a cycle fails. Counselling can help.



If you have questions, book a [free 15-minute consultation](#) with one of our fertility experts. Let's explore your options together.



## Egg Freezing

**What It Is:** Eggs are collected and frozen for future use, often for women delaying parenthood or facing medical treatments (e.g., cancer) that may affect fertility.

### Process and Timeline

Egg freezing takes **4–6 weeks** from consultation to freezing:

1. **Initial Consultation and Tests (1–2 weeks):** Complete pre-procedure tests to assess ovarian reserve.
2. **Ovarian Stimulation (10–12 days):** Daily FSH injections to produce multiple eggs, with regular ultrasound monitoring. A trigger injection matures the eggs.
3. **Egg Retrieval (Day Procedure):** Eggs are collected under sedation (same as IVF).
4. **Freezing (Same Day):** Eggs are vitrified (rapidly frozen) and stored in liquid nitrogen at  $-196^{\circ}\text{C}$ .

### Preparation



- Schedule the cycle during a less busy month, as you'll need frequent clinic visits.
- Start a prenatal vitamin and optimise your health (healthy diet, no smoking).
- Sign consent forms for storage duration (up to 55 years in the UK, with periodic renewals).
- Budget for annual storage fees (see costs below).

### Post-Procedure

- **Recovery:** Mild bloating and cramping for a few days. Rest for 1–2 days and avoid heavy activity.
- **Storage:** Eggs are stored securely. Update your contact details with the clinic for future consent renewals.
- **Future Use:** When ready, eggs are thawed, fertilised via ICSI, and transferred as in IVF. About 75–90% of eggs survive thawing.

## Expectations

- **Success Rates:** Depends on age at freezing. Eggs frozen before 35 have a 5–10% chance per egg of resulting in a live birth. Aim for 15–20 eggs for a good chance of success.
- **Risks:** Similar to IVF (e.g., rare chance of OHSS). No pregnancy is initiated, so OHSS risk is lower.
- **Emotional Impact:** Freezing eggs can provide peace of mind, but some feel bittersweet about delaying parenthood. Support groups can help.



## Intrauterine Insemination (IUI)

**What It Is:** Sperm is placed directly into the uterus around ovulation. Used for mild male infertility, unexplained infertility, or when using donor sperm.

## Process and Timeline

An IUI cycle takes **4 weeks** (one menstrual cycle):

1. **Cycle Monitoring (Days 1–12):** If ovulating naturally, use ovulation predictor kits or clinic monitoring (ultrasound/blood tests) to pinpoint ovulation. If stimulated, take low-dose medications (e.g., Clomid) and monitor follicle growth.
2. **Sperm Preparation (Day of IUI):** The male partner provides a sample (or donor sperm is thawed). The sperm is “washed” to concentrate healthy sperm.
3. **Insemination (Day 12–14):** A catheter inserts the sperm into the uterus (5–10 minutes, no sedation).
4. **Two-Week Wait (14 days):** Wait for a pregnancy test. Progesterone may be prescribed in stimulated cycles.

## Preparation



- Confirm at least one fallopian tube is open (via HSG/HyCoSy).
- For the male partner, abstain from ejaculation for 2–5 days before IUI.
- If using donor sperm, order it in advance and sign consent forms.
- Schedule the IUI around ovulation (be flexible with your schedule).

## Post-Procedure

- **Recovery:** Mild cramping or spotting for a day. Resume normal activities immediately.
- **Luteal Phase:** Avoid early pregnancy tests if you had a trigger shot (can cause false positives). Test after 14 days as advised.
- **Emotional Support:** The wait can be anxious. Plan light distractions and lean on support networks.

## Expectations

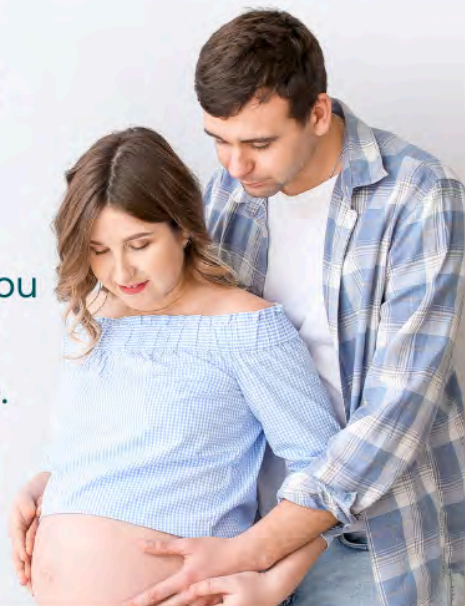
- **Success Rates:** 10–20% per cycle for women under 40. Cumulative success after 6 cycles can reach 50–75% in optimal cases.
- **Risks:** Low risk of infection (<1%) or multiple pregnancies (if more than one egg is produced—clinics may cancel if >2 follicles).
- **Emotional Impact:** IUI is less invasive than IVF, but repeated cycles can be emotionally taxing. Be prepared for multiple attempts.

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## Frozen Embryo Transfer (FET)

**What It Is:** A previously frozen embryo (from an IVF cycle) is thawed and transferred to the uterus. Used for additional attempts or future pregnancies.

### Process and Timeline

An FET cycle takes **4–6 weeks**:

1. **Uterine Preparation (2–4 weeks):**

- **Natural Cycle:** Track ovulation via ultrasound or LH kits. Transfer is timed 5 days after ovulation (for a day-5 embryo).
- **Medicated Cycle:** Take oestrogen (pills/patches) for 10–14 days to grow the uterine lining, then progesterone (pessaries/injections) for 5 days before transfer.

2. **Embryo Thaw (Day of Transfer):** The embryo is thawed (90%+ survival rate with vitrification).

3. **Embryo Transfer (Day Procedure):** The embryo is placed in the uterus via a catheter (5–10 minutes, no sedation).

4. **Two-Week Wait (9–12 days):** Wait for a pregnancy test. Continue progesterone support.

### Preparation



- Ensure your uterus is healthy (a recent ultrasound may be required if embryos were frozen long ago).
- Decide how many embryos to transfer (usually one to avoid twins).
- Have oestrogen and progesterone medications ready if on a medicated cycle.
- Arrange a support person for transfer day (optional but helpful).

## Post-Procedure

- **Recovery:** No bed rest needed. Avoid heavy exercise and continue progesterone as prescribed.
- **Side Effects:** Progesterone may cause bloating or mood swings (these mimic pregnancy symptoms—don't overthink them).
- **Emotional Support:** The wait can be as intense as IVF. Use coping strategies like journaling or support groups.

## Expectations

- **Success Rates:** 30–40% per transfer for women under 37 (if embryos are untested). 50–60% if embryos are chromosomally normal (PGT-A tested).
- **Risks:** Minimal (similar to IVF transfer). No stimulation, so no OHSS risk.
- **Emotional Impact:** FETs can feel “easier” than IVF (no egg retrieval), but a negative result can still be disappointing.



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# Cost Comparison: NHS vs. Private Treatments

Below is a table comparing the costs of fertility treatments in London (as of April 2025).

Treatment	NHS Cost	Private Cost
Pre-Procedure Tests	Free (blood tests, ultrasound, semen analysis). Waiting times vary.	£400–£500 for a full package (blood tests, ultrasound, semen analysis).
In Vitro Fertilisation (IVF)	Free if eligible (NICE: 3 cycles for <40, 1 for 40–42, but varies locally).	£4,000–£6,000 per cycle + £1,000–£1,500 meds. Total: £5,000–£7,500.
ICSI (Add-On to IVF)	Included in IVF if needed.	£800–£1,500 extra.
Intrauterine Insemination (IUI)	Limited funding; often self-funded for 6 cycles before IVF eligibility.	£800–£1,600 per cycle. Add £700–£1,000 for donor sperm.
Egg Freezing	Funded only for medical reasons (e.g., cancer).	£3,000–£4,500 per cycle + £500–£1,500 meds. Storage: £200–£350/year. Future IVF: £2,000–£3,000. Total: £7,000–£8,000.
Frozen Embryo Transfer (FET)	May be covered if part of funded IVF cycle.	£1,500–£2,500 per cycle + £300 meds. Storage: £300/year.
Surrogacy	Not fully funded; IVF may be covered if eligible.	£20,000–£50,000 (IVF: £5,000–£8,000, surrogate expenses: £7,000–£15,000, legal fees: £1,000–£3,000).

## Note



- NHS eligibility varies by region. Check your local Integrated Care Board (ICB) policy.
- Private clinics may offer multi-cycle packages or financing plans. Ask for itemised quotes to avoid surprises.
- Some employers offer fertility benefits—check if yours does.

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## Frequently Asked Questions

Here are answers to common questions, inspired by real patient concerns:

### How long does fertility treatment take?

- IVF/FET/IUI: 4–8 weeks per cycle, but multiple cycles may be needed (6 months to over a year).
- Egg Freezing: 4–6 weeks for the freezing process; future use depends on when you're ready.
- Surrogacy: 12–18 months, including finding a surrogate and pregnancy.

## **Are fertility treatments painful?**

- IVF/Egg Freezing: Injections are manageable (small needles). Egg retrieval is under sedation (no pain), with mild cramping after. Embryo transfer feels like a smear test.
- IUI/FET: Minimal discomfort (like a smear test).
- Surrogacy: The surrogate experiences pregnancy as usual; intended parents undergo IVF (if using their eggs).

## **What are the side effects of fertility medications?**

- IVF/Egg Freezing: Bloating, mood swings, fatigue during stimulation. Rare risk of OHSS (severe bloating, nausea—report immediately).
- IUI: Mild side effects (e.g., hot flashes with Clomid).
- FET/Surrogacy: Progesterone may cause bloating or mood swings.

## **How many embryos should we transfer?**

UK guidelines recommend one embryo to avoid twins (higher risk). Two may be considered if you're over 40 or have had failed cycles. Discuss with your doctor.

## **What can I do during the two-week wait?**

Follow your clinic's advice (e.g., take progesterone, avoid heavy exercise). There's no proven way to boost implantation, so focus on staying relaxed with hobbies or light activities.

## **What if treatment fails?**

It's normal to need multiple attempts. Take time to grieve, then discuss adjustments with your doctor. Counselling and support groups can help. Many succeed on their second or third try.

## **How can I improve my chances?**

- Quit smoking and limit alcohol/caffeine.
- Maintain a healthy BMI and eat a balanced diet (e.g., Mediterranean-style).
- Take folic acid (400 mcg daily) and ensure adequate vitamin D.
- Engage in moderate exercise (e.g., walking, yoga).



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## Questions to Ask Your Clinic

Here are questions to help you feel informed and confident:

- What are my chances of success based on my test results and age?
- How many cycles do you recommend before moving to another treatment (e.g., IUI to IVF, or IVF to donor eggs)?
- What's included in the treatment cost (e.g., medications, blood tests, storage)?
- How often will I need to visit the clinic during treatment?
- What are the clinic's success rates for my specific treatment?
- What support do you offer during the two-week wait or if a cycle fails?
- Are there any add-ons (e.g., embryo glue, PGT-A) you recommend, and what's the evidence for them?
- For egg freezing: How many eggs should I aim to freeze for a good chance of success?
- For surrogacy: Can you recommend a surrogacy organisation, and how do you support the process?

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## Next Steps and Support

You've taken the first step by exploring your options. Here's what to do next:



### **[Book a Free Consultation:](#)**

Schedule a 15-minute chat with a fertility expert to discuss your situation and treatment plan.



### **[Connect with Support:](#)**

Join online communities or local support groups to share experiences.



**Revisit This Guide:** Use this resource whenever you need clarity or encouragement.

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# Family First **FERTILITY**

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