

Following an Embryo Transfer / Intrauterine Insemination

Please note the following instructions:

- If the transferred embryo has undergone PGD/PGS testing, you must continue to practice protected intercourse for 7 days post-embryo transfer
- Commence listeria precautions
- Continue taking folic acid
- Continue medications as instructed by your Fertility Specialist and Nursing team.

Pregnancy Blood Test:

You are required to attend a pregnancy blood test. The date you will need to attend can be found on the pathology slip provided to you at your Embryo transfer.

For same day blood test results, please ensure you attend a Virtus Pathology Collection Centre prior to 10am.

Please inform your nursing team if you attend a local pathology collection centre for your blood test.

Please note if attending an external pathology provider, results will most likely be available the following day.

Please call your nursing team on (03) 9473 4444 if you experience any bleeding prior to this date.

Frequently Asked Questions

If you have any other questions or concerns following your Embryo Transfer / Intrauterine Insemination, please do not hesitate to contact your nursing team or early pregnancy nurse.

Can I take any medications?

Medications should only be taken if medically indicated. Prior to commencing any new medications, please notify your pharmacist or fertility specialist who will be able to advise you as to what is safe to take during pregnancy. Under normal circumstances Panadol (paracetamol) can be safely used when the manufacturer's instructions are followed.

Can I jog or play sport?

Following your procedure, you may continue with your normal sporting activities. If you had a recent egg collection, your ovaries may be tender and swollen and you are therefore advised to limit activity to gentle exercise. If you feel any abdominal or vaginal discomfort, do not exercise until you feel comfortable to do so.

Caffeine, drug and alcohol use

Throughout the duration of your IUI or IVF cycle, we advise you minimise caffeine intake. Please abstain from alcohol, smoking and recreational drug use at all times.

Can I have a bath tonight?

Yes, you may have a warm bath following an embryo transfer. It is advisable to avoid spas and saunas at this time.

Can we have sex today?

This is a personal choice. There is no evidence to suggest that intercourse interferes with implantation.

Can I fly in an aeroplane following an embryo transfer?

Flying is generally acceptable unless there is a medical indication why this should not occur. Long haul flights are a special case due to lack of access to medical care in the event of a pregnancy-related complication. With all long haul flights, there is a risk of developing a clot or DVT and this risk may be increased following an egg collection procedure as a result of increased hormone levels. If a long-haul flight is necessary, please discuss this with your fertility specialist. The general guidelines of remaining well hydrated and performing regular calf and leg exercises should be followed.

Information about your pregnancy test

Your pregnancy test will measure the levels of hCG (human Chorionic Gonadotropin) hormone, which is produced by implantation of the embryo.

Your nurse will advise the date of your pregnancy blood test. It is important that your test is performed on this day in order for the result to be accurate.

Positive Pregnancy Test

A positive pregnancy test is confirmed by a level of hCG 150iu/L or greater. If your test is positive, the nurses will request that you arrange an appointment with your Fertility Specialist (or your Fertility Specialist's preferred ultrasound provider) for an ultrasound scan normally at around 6 weeks gestation. The scan will confirm viability of the pregnancy. There are several other possible outcomes from your pregnancy test:

Low levels of hCG

A low level of hCG is more likely to be associated with a poor outcome such as:

- A Biochemical Pregnancy where implantation does occur however only low levels of hCG are produced
- A Blighted Ovum where implantation occurs, a sac and the placenta develop however an embryo does not develop
- An Ectopic Pregnancy where the embryo implants outside the uterus, usually in the fallopian tube.

In some circumstances, the hCG levels can fluctuate. If this occurs, a series of blood tests and or an ultrasound scan will be performed as indicated.

Where your hCG level is less than 150iu/L your pregnancy test will need to be repeated (usually every 2 – 3 days) to determine if the hCG levels are increasing or decreasing. It may take several blood tests over a number of days until an outcome is confirmed.

An ongoing successful pregnancy can still occur.

Increasing levels of hCG

The blood tests aim to determine the rate at which the hCG is increasing. There is no exact level that the hCG should reach however the rate of increase is more important. The levels of hCG should at least double every 48 – 72 hours. Once the hCG has reached an appropriate level an early pregnancy scan will be ordered to confirm viability of the pregnancy.

Decreasing levels of hCG

If the level decreases, testing continues until a negative result (<5iu/L) is achieved. Bleeding is usually associated with decreasing levels of hCG. If you get a negative (<5iu/L) and DO NOT have a bleed within 7 days, please contact the Nursing Team to arrange a blood test.

If you experience any severe abdominal pain with or without bleeding, please attend the Royal Women's Emergency Department, Epworth Richmond or local emergency department as soon as possible.

You may find it helpful to consider organising a review consultation with your Fertility Specialist approximately 3 weeks after your embryo transfer when the outcome of your treatment is known. This would minimise any delay in discussing and agreeing the next steps in your treatment.

Early Pregnancy Nurse

The Early Pregnancy Nurse is a dedicated role within the nursing team responsible for managing the care of patients in the early stages of pregnancy, particularly those who have experienced low levels of hCG in their pregnancy test result. The Early Pregnancy Nurse will liaise with your Fertility Specialist to provide you with further information and advice regarding your ongoing treatment.

Listeria Fact Sheet

(RETRIEVED FROM: www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-listeria-fs.htm)

What is Listeriosis

Listeriosis, is a rare but serious disease caused by the bacteria *Listeria monocytogenes* (*L. monocytogenes*) that can survive and grow on certain high-risk foods. While it is probably common for people to eat foods contaminated with a small amount of the bacteria, only some people are at risk of becoming sick. The people who do get sick may require hospitalisation and it may lead to death.

What are the symptoms?

Listeriosis can cause different symptoms depending on which part of the body has been affected and the usual health of the person. Symptoms can include fever, muscle aches, and sometimes nausea and diarrhoea. Infection with *L. monocytogenes* may also cause septicaemia (blood poisoning) and meningitis (inflammation of the outside of the brain), and death can occur because of these complications.

Pregnant women generally experience mild symptoms themselves; however infections during the pregnancy can lead to miscarriage, stillbirth or infection of the newborn baby.

Symptoms usually start between 3 to 70 days (average 21 days) after eating food contaminated with the bacteria.

How is it spread?

L. monocytogenes is commonly found in the environment (such as soil) and some raw foods. Unlike many other bacteria, *L. monocytogenes* are unusual because they can grow in the refrigerator. Eating foods that contain *L. monocytogenes* does not cause illness in most people however some can become sick. Babies can be born with listeriosis if their mothers eat contaminated food during the pregnancy.

Listeriosis does not spread from person-to-person.

Who is at risk?

Eating foods that contain *L. monocytogenes* does not cause illness in most people. The disease mainly affects the elderly, pregnant women and their unborn and newborn babies, and people with weakened immune systems due to illness or medication (for example, people on cancer treatment or steroids, and people with diabetes, kidney disease, liver disease and HIV infection).

How is it prevented?

If you (or someone in your household) have a weakened immune system or are pregnant, the best way to avoid *L. monocytogenes* is to eat freshly cooked or freshly prepared food.

Try to avoid foods that have a higher risk of *L. monocytogenes* contamination such as:

- chilled seafood such as raw oysters, sashimi & sushi, smoked ready-to-eat seafood and cooked ready-to-eat prawns
- cold meats from delicatessen counters and sandwich bars, and packaged, sliced ready-to-eat meats
- cold cooked ready-to-eat chicken (whole, portions, or diced)
- rockmelon
- pre-prepared or pre-packaged fruit or vegetable salads, including those from buffets and salad bars
- soft, semi-soft and surface-ripened cheeses such as brie, camembert, ricotta, blue and feta
- refrigerated paté or meat spreads
- soft serve ice cream
- unpasteurised dairy products.

You can further reduce your risk by:

- avoiding food that is past its best before or use by date
- refrigerating leftovers promptly and using them within 24 hours, or freezing them
- cooking food thoroughly
- reheating food until it is steaming hot.

The NSW Food Authority provides further information on [foods to eat and avoid during pregnancy](#).

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Listeria Fact Sheet Continued

How is it diagnosed?

The diagnosis of listeriosis can be confirmed by blood or other tests requested by a doctor.

How is it treated?

Treatment for listeriosis involves antibiotics and supportive care. When infection occurs during pregnancy, antibiotics can often prevent infection of the unborn baby or newborn.

Listeria in Australia

While listeriosis can be a very severe illness, the number of cases reported in Australia each year is relatively low, with around 80 cases reported each year. Most people infected with listeriosis are not connected to an outbreak, however outbreaks can occur. Outbreaks caused by listeriosis have been associated with rockmelon, delicatessen meats, raw milk, soft cheeses, pre-prepared salads (for example, from salad bars), unwashed raw vegetables, pâté, cold diced chicken and pre-cut fruit and fruit salad.

Preventing the spread of listeria in Australia

Listeriosis is mainly acquired by eating contaminated foods. Food safety standards in Australia are designed to minimise the contamination of food with bacteria including *L. monocytogenes*. It is difficult to completely remove the risk as this bacteria is so widespread in the environment. Cases of listeriosis are reported to public health authorities so outbreaks can be identified and managed, and particular causes detected.

Further Information

Talk to your doctor about preventing listeriosis if you are pregnant or if you think you might be at increased risk due to illness or medications.

More information on listeriosis can also be found by contacting your state or territory health department.