



Dear All,

As I prepare to step back from my much-loved role of Medical Director at IVFAustralia, I am delighted to announce that Dr Frank Quinn has been appointed to take on the position. Dr Quinn is one of our longest serving fertility specialists at IVFA, and his appointment to this position is a testament to his hard work, dedication, and expertise in the field.

Frank is an esteemed fertility specialist on Sydney's North Shore, and he brings years of experience and a wealth of knowledge to this position.

Frank's expertise in genetics and chromosome assessment, including Advanced Embryo Selection, puts him at the forefront of the latest advancements in fertility diagnosis and treatment.

He is also passionate about expanding options for fertility preservation and working with single women and same-sex couples through the IVFAustralia donor program.

Dr Quinn's strong relationships with many Obstetricians and Gynaecologists on the North Shore are highly regarded, and his attention to detail, compassion, and experience make him an asset to IVFAustralia. He is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and has completed his training in Reproductive Endocrinology and Infertility in both Australia and the UK.

We are excited to have Dr Quinn take on the role of Medical Director, and we look forward to the incredible contributions he will make to the field of fertility in this position. Please join me in welcoming Dr Quinn to his new role.

Best regards,

Dr Peter IllingworthMedical Director
IVFAustralia



Dr Frank Quinn

IVFAustralia's new AI algorithm sparks hope for infertile men



IVFAustralia embryologist, Dale Goss, alongside NeoGenix Biosciences have collaborated to create a revolutionary Al algorithm. This extraordinary tool can detect sperm in severely infertile men within a matter of seconds, potentially revolutionising the process that used to take up to six long hours for scientists to accomplish.

This astonishing advance opens up a world of possibilities for men who dream of having a biological child, but face the challenge of having no sperm in their semen. With the help of this AI algorithm, new hope is now within reach.

Read Now

Clinical trial shows 10% boost to developing ICSI embryos

Our Virtus Health family truly is at the forefront of fertility innovation!

Melbourne IVF's recent clinical trial reveals a significant 10% enhancement in the development of ICSI embryos. Groundbreaking Australian research conducted by Melbourne IVF has discovered that the inclusion of antioxidants in an embryo culture medium can boost fertilisation rates by 10% among patients undergoing intracytoplasmic sperm injection insemination (ICSI). The clinical trial, led by Professor David Gardner, Virtus Health's Director of ART, Scientific Research and Innovation, employed a randomised controlled approach (RCT). The trial results, which showcased the remarkable impact of antioxidants on IVF culture media, demonstrated a rise in fertilisation rates for ICSI patients from 58% to 68%.

We couldn't be prouder to support this important research!

Read Now

Q&A with Dr Frank Quinn

In this edition of the Fertility Update, Dr Frank Quinn explains AMH, why it's important, and when you should use it with your patients.

When should I send someone for an AMH test?

You may recommend an AMH (Anti-Mullerian Hormone) test to assess a woman's ovarian reserve if she's trying to conceive, experiencing hormonal imbalance, over 35 and considering fertility treatments or planning cancer treatment. It's important to interpret the test alongside other diagnostic tests and medical history and a referral to a fertility specialist may be necessary.

My patient's AMH is within a sound range, what next?

If your patient's AMH is sound, other factors such as age and medical history should still be considered. For patients trying to

conceive, suggest optimal timing for intercourse, discuss lifestyle factors, suggest nutritional supplements, and recommend further diagnostic tests if necessary. For patients not trying to conceive, discuss potential benefits and risks of fertility treatments and provide them with all necessary information to make informed decisions.

When should I refer on to IVFA?

Consider referring a patient to a fertility specialist if any of the following factors are present: low AMH level, age-related infertility for those over 35, other medical conditions like PCOS, endometriosis, or autoimmune disorders, or previous unsuccessful attempts to conceive.

IVFAustralia Pathway to helping people have a family

Couple present who want to start or grow their family

History and examination of both

- Age of couple?
- Time trying to conceive?
- Timing and frequency of intercourse?
- Cycle history (normal 23-35 days)
- Pregnancy history?
- Recurrent miscarriage?
- Genetic conditions in family?
- Drug and occupational history?
- Advice to both partners
- On smoking, alcohol, weight and diet
- Timing of intercourse
- Basal temperature charts, consider urine LH Predictor kits, increased mucus
- Sexually transmitted disease and genital infections

For LGBTQIA+ patients, please refer them directly to IVFAustralia where we can best guide them before they start treatment.

Female

- Check rubella status
- Folate 500 ug/day
- Check cervical screening

Screening tests

- Hepatitis B,C
- ♦ HIV
- VZV
- Syphilis
- ♦ Blood group & antibodies
- ♦ FBE
- Chlamydia
- Anovulation (day 2)
- LH, FSH, E2, PRL, TSH Pelvic ultrasound if long
- cycle (? PCOS) Anti-Müllerian Hormone
- (AMH) Rubella

- Hx of post pubertal mumps
- Undescended testes
- Genital infections

Screening tests

- ◆ Semen analysis If results poor, repeat in 4-6 weeks at IVF andrology lab
- Sperm antibodies
- Hepatitis B.C.
- HIV

Consider early referral if:

- ♦ Age >35 years
- Oligo-amenorrhea
- Previous pelvic surgery
- Previous STD / PID
- Abnormal pelvic exam
- Low progesterone
- Low AMH
- When you or the patient has concerns

Consider early referral if:

- Poor semen analysis
- Presence of sperm antibodies
- Previous genital pathology
- Previous urogenital surgery
- Previous STD
- Varicocele
- Sign of systemic illness
- Abnormal genital exam

Discuss results and management plan

Discuss results and management plan for the male or female patient If female is under 35 and has been trying for more than 12 months - refer to IVFAustralia Fertility Specialist If female is over 35 and has been trying for more than 6 months – refer to IVFAustralia Fertility Specialist For same sex couples, please refer them directly to an IVFAustralia Fertility Specialist. 1800 111 483

