



THE FACTS ON FERTILITY.

SPRING 2017

NOT ALL IVF UNITS ARE CREATED EQUAL.

by Dr Hamish Hamilton.

Welcome to our new look newsletter, 'The Facts on Fertility'. I know you will find this issue informative in light of recent changes to the Assisted Reproduction and Technologies Legislation in South Australia which will have a direct and positive effect for many of your patients.

I thought I would take the opportunity to highlight what is different about Repromed compared with other IVF units as I am often engaged in discussion on this subject.

Live Birth Rates.

July was a very exciting month for Repromed as we formally released our Live Birth Success Rates for the year 2015. The Repromed Team are extremely proud of the outcomes presented in this data as they are truly world class and represents a continuation of the standard that have placed Repromed in the top quartile of live birth rates for Australian IVF units since data was collected.

At Repromed we have also taken the initiative to have our pregnancy data audited by an independent body. This gives our patients added confidence that what we are reporting is accurate.

I encourage you to review, ask questions and compare Repromed's live birth outcomes against other IVF units both in South Australia and indeed throughout Australia. Our Live Birth Rates and Pregnancy Rates can always be found on our website (repromed.com.au). Our counsel to those who are considering or have commenced treatment with an

IVF unit who does not publish their live birth rates for at least a 12 month period on their website, would be to ask for this information directly. If their clinic is unable to provide this information, it is a concern as they are either not monitoring their pregnancy rates carefully, or perhaps they have something to hide?

Repromed, as part of the Monash IVF Group, support a policy of transparent and honest reporting. Dr Richard Henshaw's article within this newsletter discusses this issue in greater depth. However in essence, the better the live birth rates are at an IVF unit, the less number of treatment cycles your patient will have to experience to achieve their desired outcome of having a healthy baby. This has the flow-on effects of reduced cost to Medicare, less financial cost and emotional toll for your patients.

How does Repromed achieve such consistently strong live birth success rates?

Repromed is able to consistently achieve high success rates year on year by having world leading Specialist Clinicians and Scientists that implement the very latest technologies and advancements into the clinical program. We have nine PhD Scientists working within our unit. This high level of knowledge across Embryology, Andrology, Genetics and Reproductive Endocrinology ensures that our treatments are cutting edge and our patients are provided with the best outcomes.



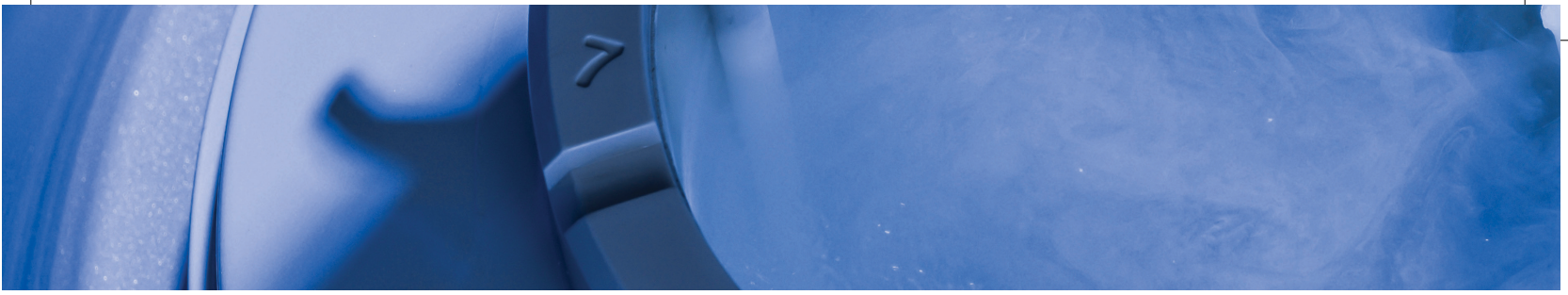
HAMISH HAMILTON.

General Manager

Dr Hamish Hamilton has worked as a scientist in reproduction for almost 20 years.

Having worked in senior scientific roles across SA and NT, he maintains a strong interest in embryo and oocyte cryopreservation.

Dr Hamilton is proud to lead a strong and talented group of clinical, scientific, nursing and customer service staff who work together to provide a world-class fertility service that is second to none in Australia.



Our systems are tested regularly to ensure that our patients' eggs, sperm and embryos are never put in a situation where their viability is impacted in any way. ””

A current example of our strive for progressive scientific advancements; Professor Michelle Lane has commenced a clinical trial to test the validity of Preimplantation Genetic Screening (PGS) of embryos using cell free DNA technology. We have some very promising data and if successful this could mean we will be able to perform PGS for patients without their embryos having to undergo a biopsy as this new technique is non-invasive. This would be a significant advancement and a world first.

Safety of our patients' gametes and embryos.

Our highly developed Quality Management Systems and Disaster Planning have long ensured that Repromed is prepared and has planned for any and every eventuality. This means that in Darwin we are prepared for cyclones and in Adelaide we are prepared for frequent power outages.

Our back up generators and UPS batteries ensure that we can run independently and at full capacity (including our theatres, transfer rooms and ultrasound services) for more than 24 hours without our generator requiring refuelling. We also have strict systems in place which will sustain our laboratories at full and optimal operational levels well beyond 24 hours.

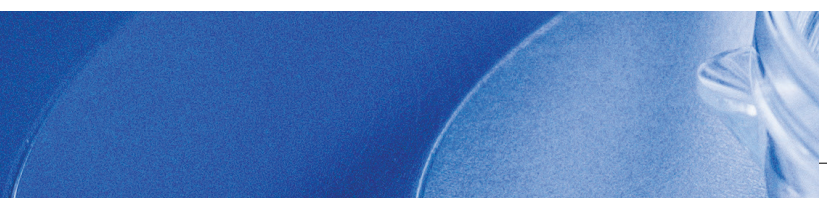
Our systems are tested regularly to ensure that our patients' eggs, sperm and embryos are never put in a situation where their viability is impacted in any way.

I am proud to say that Repromed also has carefully designed workflows to ensure our patients' eggs, sperm and embryos are exposed to minimal fluctuations in temperature, pH or toxins. Eggs and embryos are particularly sensitive and whilst some IVF units permit eggs to travel long distances by road, our strict ethos and policies ensure that at all times our patients' eggs, sperm and embryos remain in the safe and sterile confines of our laboratories.

So when considering an IVF unit for your patient/s I encourage you to consider Repromed if you do not already do so. We are this state's leading fertility clinic as we have leading industry voices, leading technologies and leading success rates.

Kind regards,

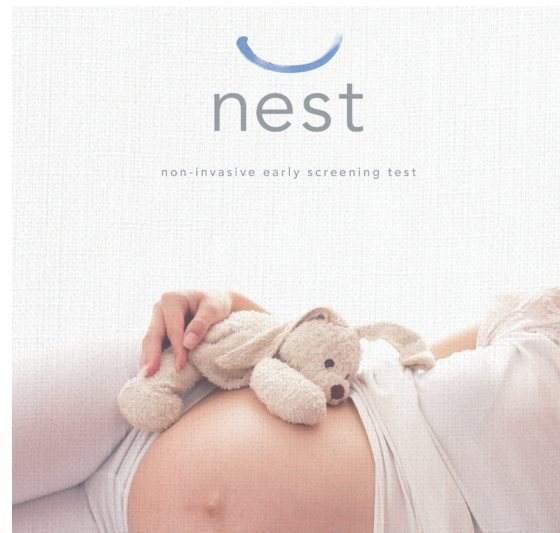
Dr Hamish Hamilton
General Manager Repromed



REPROMED REDUCES TREATMENT BARRIERS & OPTIMISES PATIENT JOURNEY.

For a patient or couple to have a diagnosis of infertility - it is often a challenging and overwhelming experience. At Repromed we recognise this and endeavour to make this time less burdensome for our patients by:

- Providing their first appointment with us as a **no out of pocket experience**. This means they are able to see, at no charge, one of our fertility experts and get as much information as they need to help them decide what the best and next course of action is.
- Accessing all necessary testing and services, including a full size theatre, ultrasound and phlebotomy rooms at **one single, convenient location**. Our Dulwich facility was purpose built to ensure patients have access to a complete range of highly personalised care, support and fertility treatment options, in the one convenient location. To this day, Repromed is still the only IVF unit in Australia able to offer this complete level of care.
- Ensuring they have regular access to our fertility experts regardless of where they live in the state. Repromed is the only IVF unit whose specialists **regularly visit regional areas** throughout South Australia including; Berri, Mount Barker, Mount Gambier, Port Augusta and Port Lincoln.
- Providing the most **extensive and proven range of treatment options** from Cycle Tracking and Ovulation Induction through to IVF with Preimplantation Genetic Screening.
- Having **extended and evening clinic times** during the week as well as weekend appointments.
- Providing treatment offices both north (Mawson Lakes) and south (Clovelly Park) of the city improves **accessibility and convenience**. Patients are therefore not required to travel into Adelaide's inner metro suburbs for tests or consultations that can easily and conveniently be done closer to where they live or work.
- Providing an **on-site Pharmacy**. This convenient service ensures our patients are not only able to have their medication dispensed quickly and securely but also affords them the opportunity to talk directly with a pharmacist who has specialist knowledge of fertility medication.



NEST PROVIDES YOUR PATIENTS THE REASSURANCE THEY NEED.

Performed in South Australia by Repromed's world class genetic scientists - **nest** represents a major Australian advancement in prenatal screening.

Able to be requested as early as 10 weeks gestation, **nest** (non invasive prenatal screening test) provides highly sensitive and specific answers about fetal chromosomal health, without the risks associated with invasive procedures.

nest utilises whole genome sequencing technology and has the lowest test failure rate of any NIPT test performed in Australia.

nest is not restricted by maternal BMI, ethnicity or donor egg conception.

With **nest** 99.9% of your patients will receive a result.

Results are reported within 3-5 business days from receipt of sample and our genetic counselling service is available to assist you with interpreting of your results - at no additional cost.

To request a **nest** information pack (containing resources for you as a requesting clinician as well as supporting information for your patients) please contact **nest** laboratories today on 08 8333 8172 or email enquiries@nestscreen.com.au



WOMEN'S ULTRASOUND.

Repromed recently welcomed Dr Jane Woolcock – an Obstetrician and Gynaecologist with subspecialty qualifications in Ultrasound (COGU).

Dr Woolcock's extensive knowledge and experience has already significantly improved Repromed's diagnostic ultrasound capabilities as we are now able to perform Tubal Patency Testing (Hy-Co-Sy) and scanning for deep endometriosis.

Dr Woolcock is also a staff specialist Obstetrician, Gynaecologist and Ultrasonologist at the Women's and Children's Hospital in addition to regularly operating at both Calvary North Adelaide Hospital and Burnside War Memorial Hospital. As a senior lecturer at the University of Adelaide, Dr Woolcock has many publications in peer-review journals and is currently Co-Chairman of the Australian Association of Obstetric and Gynaecological Ultrasound.



Dr Jane Woolcock



QI&CPD Education Program
Category 1 Activity 40 Points

PARTNERS IN FERTILITY

Saturday 28th October 2017
National Wine Centre,
Hackney Road, Adelaide

To receive further information or to register your interest simply contact Stephanie Pollock via email spollock@repromed.com.au or SMS 0419 854 722 or Sue Opie via sopie@repromed.com.au or SMS 0411 523 528

SAFETY IS A KEY PRIORITY AT REPROMED.

As a stand alone clinic, Repromed has full oversight and physical management of our safety systems, alarms and back up power source and our strict safety protocols mean that in the event of a power disturbance or outage, our Dulwich facility can continue to fully function with unlimited and uninterrupted power.

We carefully plan for all extenuating scenarios to ensure there is no impact on the operational capabilities of our;

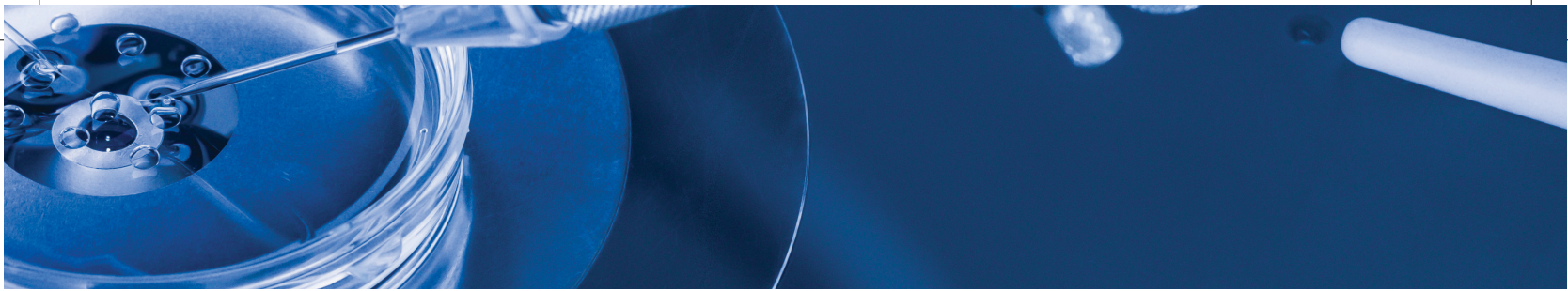
- cryopreservation tanks
- incubators

- laboratory equipment
- patient treatments and/or
- any other area within our Dulwich facility

Our purpose-built facility at Dulwich ensures our patients' eggs, sperm and embryos remain solely on-site in highly regulated and controlled environments. Our state-of-the-art facility also ensures minimal movement of and disturbance to eggs, sperm and embryos, which remain under the guardianship of a Repromed Scientist at all times.

REGIONAL COMMITMENT.

Repromed is committed to providing quality care for all patients regardless of where they live. Our fertility specialists regularly consult in the regional centres of Berri, Mount Barker, Mount Gambier, Port Augusta and Port Lincoln.



PATIENTS PAY A SIGNIFICANT EMOTIONAL AND FINANCIAL PRICE FOR IVF AND HAVE EVERY RIGHT TO INFORMATION THAT PROMOTES BEST OUTCOMES.

by Dr Richard Henshaw.

There are many myths surrounding IVF clinics across the country so I would like to take this opportunity to dispel a few of them.

Myth 1: All IVF clinics have the same rate of success.

Fact: There are wide variations in success rates in IVF (defined as live birth rate) between different clinics within Australia.

Although the identified outcomes are published, success rates that identify clinics are not released to the public, therefore patients have no way of comparing how one clinic stacks up against another.

By law, every clinic in Australia and New Zealand has to report IVF outcomes to a central data base (known as the

Australian and New Zealand Assisted Reproduction Database), which processes and publishes data in an Annual Report. Google **ANZARD** for a copy of this report.

The latest ANZARD report, published in September 2016, reveals very significant differences between clinics in live birth rates - specifically live delivery rate in % per initiated non freeze-all autologous fresh cycle.

Overall the worst performing clinics have a live birth rate of 9.5% per initiated IVF cycle, compared with the best clinics which have a live birth rate of 24.8% (see below table as well as page 16, Table 13 of the ANZARD report).

The 100th centile is the highest performing clinic and the 0th centile the worst. Age refers to female age at the start of a treatment cycle.

Age (years)	0th	25th	50th	75th	100th	Overall
> 35	12.5	23.0	25.8	36.4	27.6	ow.
35-39	6.7	15.5	17.3	20.9	27.6	17.8
≥ 40	1.5	4.5	5.6	7.8	12.5	6.1
All	9.5	15.1	17.6	20.7	24.8	17.7



RICHARD HENSHAW.

Medical Director

Dr Henshaw has practiced as a specialist in the field of Reproductive Medicine for over 20 years in both the United Kingdom and Australia as well as being the Medical Director at Repromed's clinics in both Adelaide and Darwin for over 10 years.

Dr Henshaw is also the Medical Director of Hobart IVF, and is a Board Member of Monash IVF. In the past he has served as Chair of the IVF Medical Directors of Australia and New Zealand, and on numerous committees for the Fertility Society of Australia and the Royal Australian and New Zealand College of Obstetrics and Gynaecology.

His clinical interests encompass all aspects of care for clients living with fertility issues in both metro and rural areas.





Myth 2: Worldwide, easily accessible success rates are not the norm.

Fact: In the UK and the USA, patients have open access to individually named clinic success rates.

Open access to success rates enables patients and their health care professionals in the UK and the USA to have an informed choice!

There are variations in success in IVF clinics in Australia, UK and USA. Whilst there are patient factors that influence outcome (case mix-age, differing pathologies) that clinics cannot control, there are also process factors.

Handy search TIP

Browse the HFEA website: www.hfea.gov.uk or search http://www.sart.org/SART_Success_Rates/ for more information about success rates both in the UK and USA.

Case mix factors tend to even out in clinics treating higher numbers of patients; process factors do not.

Process factors include clinics with superior approaches to clinical management, complemented with embryology laboratories that have better skills at procedures such as ICSI, blastocyst culture and other advanced techniques. This is why Repromed has a strong research program.

Myth 3: Patients and referring doctors are able to easily compare IVF clinics.

Fact: Clinics' live birth rates are deliberately kept hidden from Australian patients.


The general public and their referring doctors have no reliable data to guide their choice of clinic.

How does the clinic you refer to compare? Where would you want to have treatment?

Fingers crossed you are referring to a clinic in the 100th centile! Or would more data be helpful to enable a more informed decision?

These are questions the Fertility Society of Australia has yet to answer.



Why are infertile Australian patients kept in the dark, whilst their UK and USA peers have access to open source data? 



GREG PHILLIPSON JOINS REPROMED.

MBChB, FRANZCOG, CREI

Dr Phillipson is a highly regarded specialist with over 25 years experience in the fields of infertility medicine, IVF, Obstetrics, Gynaecology and Microsurgery. He has worked as visiting medical specialist at Christchurch's Women's Hospital and Clinical Director appointments with fertility clinics in both Adelaide and Christchurch.

Dr Phillipson is a member of the Fertility Society of Australia, American Society of Reproductive Medicine and ESHRE.

His particular areas of clinical interest and research are male fertility, pre-pregnancy health and genetic factors involved in early pregnancy.



MALE INFERTILITY

When speaking about infertility the focus is often on female factors, however 30% of infertility is due to male factors alone. After a female's age, male factor infertility is the second most common reason a couple may experience difficulty conceiving.

Professor Kelton Tremellen helps dispel some myths about male infertility.

Q: What is infertility?

A: Infertility is commonly described as the inability to conceive after a year of unprotected intercourse.

Q: Do most people fall pregnant within a year?

A: In general, half of all couples will fall pregnant within the first 2-3 months and 85% will fall pregnant within the first 12 months of trying.

Q: How common is male infertility?

A: The vast majority of couples will fall pregnant naturally within the first 12 months of trying however for

approximately 1 in 6 couples they will experience difficulties trying to conceive. Research tells us that of the couples struggling to fall pregnant, 40% will be due to problems with sperm function, so called male factor infertility.

Q: What are some of the possible causes of male infertility?

A: Many factors can lead to a man becoming infertile. For a small minority there is a significant genetic issue causing poor sperm production such as breaks in chromosomes or parts of the male Y chromosome missing. For others there are hormonal causes, infections damaging the sperm outflow channels or problems with the testis such as testicular cancer or failure of the testis to descend into the scrotum early in life (cryptorchidism).

Several medications can also negatively impact on sperm production and quality. However for the vast majority of men no major cause is found. In these cases "lifestyle issues" such as obesity, stress, excessive consumption of alcohol, smoking or exposure to



KELTON TREMELLEN.

Fertility Specialist
Reproductive
Endocrinology And
Infertility Sub-specialist
MBBS(Hons), PhD
FRANZCOG, CREI,
Grad Cert Mgmt

Professor Tremellen completed his training in Obstetrics and Gynaecology in 2001, topping the MRANZCOG examination in Australia and NZ. Following his specialty training, he completed sub-specialty training in Reproductive Endocrinology and Infertility (CREI).

His clinical interests include male infertility and recurrent miscarriage. He also conducts all fertility related surgery (such as; micro-surgical reversal of female sterilisation, removal of fibroids and correction of congenital uterine abnormalities such as a uterine septum).

Professor Tremellen also consults monthly at the Port Augusta Hospital.





heat can all have an impact on a man's fertility. Some times when these lifestyle factors are removed, a man will regenerate healthy sperm after approximately 3 months.

Q: Can heat affect a man's fertility?

A: The testis are located within the scrotum because it is at least 2 degrees cooler than core body temperature, since sperm production occurs best at these cooler conditions. Overheating a man's genital region can therefore have a negative impact on his fertility. Saunas, spas and hot baths or occupational exposure to heat (smelters) all result in heating of the testicles and can damage a man's fertility. Even working for long periods with a computer on the lap can overheat a man's genitals. Nature has designed a man in such a way that when his body is too hot or cold it will aim to preserve his fertility by adjusting the position of his scrotum, however if his body is subjected to excessive and prolonged external heat then this natural cooling mechanism will not be sufficient.

Q: It is widely known that a women's fertility starts to decline in her early to mid 30s, do men have a similar biological clock?

A: We know that male fertility slowly decreases with age, although not to the extent seen in women. We often hear through the media of men fathering children well into their 'golden years', however on average men who are older than 50 take five times as long to make their young partners pregnant compared to men who are under 25 years of age. A man who is over the age of 50 will

generally have lower semen volumes and the concentration and motility of his sperm will also be lower than that of a 25 year old male. And a man who is over the age of 80 will have a 50% chance of having poor sperm quality, so while men can father children in their later life, it certainly becomes more challenging to conceive a healthy child. Even more concerning is that there is now good evidence suggesting the DNA quality of sperm declines with age and this may explain why children conceived by older fathers have a higher risk of health problems such as Autism and Schizophrenia.

Q: Will a man know if he is infertile?

A: Generally speaking, a man will only know he has fertility potential after he has had a semen analysis and that test has confirmed he has sperm present, unless he has had children previously. Being in peak physical condition and good health is not a guarantee of fertility. Therefore we suggest that anyone who has concerns about their fertility status should see a doctor and possibly have testing.

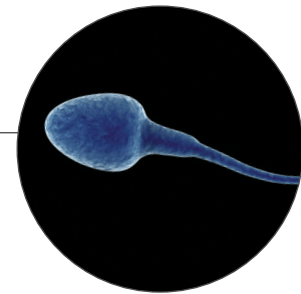
Q: How do you determine a man's fertility?

A: The most effective way to assess a man's fertility is via a Semen Analysis.

Q: If a couple has been trying to conceive for a while without success, what should they do?

A: If the female partner is under 35 years old and they have not fallen pregnant after 12 months, or if the female partner is over

36 years old and they have been unsuccessful after six months, I would suggest they seek advice from their GP or a Fertility Specialist. However if it is clear that fertility is compromised, such as a history of infertility in a prior relationship or absence of menstrual periods, then obviously early presentation is warranted. There are a range of tests that will provide insight into a couple's fertility and not all couples will require IVF to fall pregnant.



Male Fertility Testing

A Semen Analysis is the single most important piece of information needed to assess male fertility and is therefore crucial to obtain an accurate analysis.

The test (which requires a referral) can give accurate information about:

- **motility** – how many sperm can swim
- **morphology** – shape of the sperm
- **count** – how many individual sperm in the sample
- **vitality** – how healthy the sperm are and their chance of survival



by **Dr Deirdre Zander-Fox.**

As women age the incidence of chromosome errors in their eggs significantly increases.

This is seen by the increased risk of having a child born with a chromosome error, such as Down Syndrome, as a woman gets older. For example the occurrence of Down Syndrome for a woman aged 25 is 1:1100 where as a woman aged 42 has a risk ratio of 1:45. By the time a woman is aged 45, the occurrence is at 1:20.

Coupled with this increased risk of chromosome errors is the increased occurrence of miscarriage and implantation failure as many chromosome errors are lethal and completely prevent implantation from occurring. Due to this fact many women trying to conceive in their mid 30's or older may struggle to fall pregnant or may have increased frequencies of miscarriage and are therefore referred to fertility clinics for assistance with conceiving.

Unfortunately there is no way science can prevent the increase in chromosome errors seen in eggs as they age. The

reason this happens is currently not well understood and therefore the ability to repair this issue is not yet possible.

We do however have the ability to screen out embryos that contain a chromosome error and therefore only transfer embryos with the correct numbers of chromosomes by utilising embryo biopsy and preimplantation genetic screening (PGS).

PGS technology has been around for many years and has undergone much advancement. The process of PGS starts with the biopsy of the preimplantation embryo (either at cleavage stage where one or two cells are removed or at blastocyst stage where approximately five cells are removed from the trophectoderm layer).

Initially fertility clinics utilised a technology known as fluorescent in situ hybridisation (FISH) which attached fluorescent probes to the chromosomes inside the nucleus of a cell from the cleavage stage embryo. These probes were tagged with different colours which attached to specific chromosomes. Initially



**DEIRDRE
ZANDER-FOX.**


Scientific Director

Dr Zander-Fox is the Regional Scientific Director for the Monash IVF Group and is responsible for clinics throughout Australia and Malaysia, including Repromed. She is also a visiting research fellow and lecturer in the University of Adelaide

With a keen interest in optimising scientific technology, Dr Zander-Fox was instrumental in designing/implementing new laboratory protocols that resulted in significant increases to Repromed's pregnancy rates and was awarded the FSA-BFS Exchange Award at the World Congress of Human Reproduction.

She has a keen interest in genetics and oversees Repromed's onsite Genetics Laboratory which performs preimplantation screening/diagnosis as well as non-invasive prenatal testing (NIPT).





the first round of probe hybridisation flagged errors in chromosomes linked to affected live birth such as Down Syndrome (trisomy 21) or Edwards Syndrome (trisomy 18) as well as sex chromosome disorders such as Turner Syndrome (XO) or Klinefelter Syndrome (XXY).

If these chromosome numbers were correct the probes would be washed off and a second round of probes could be applied to flag issues with chromosomes associated with miscarriage (such as trisomy 16). The issue with this technology was that the more rounds of hybridisation that were used the more chance of the fragile cell being damaged - which likely resulted in errors with diagnosis.

A pivotal study subsequently demonstrated that utilisation of this technology actually resulted in a decrease in pregnancy rates compared to embryos transferred without biopsy and screening and therefore this technology should not be used anymore.

Following this, a new technology was developed called array comparative genome hybridisation (a-CGH) which revolutionised PGS.

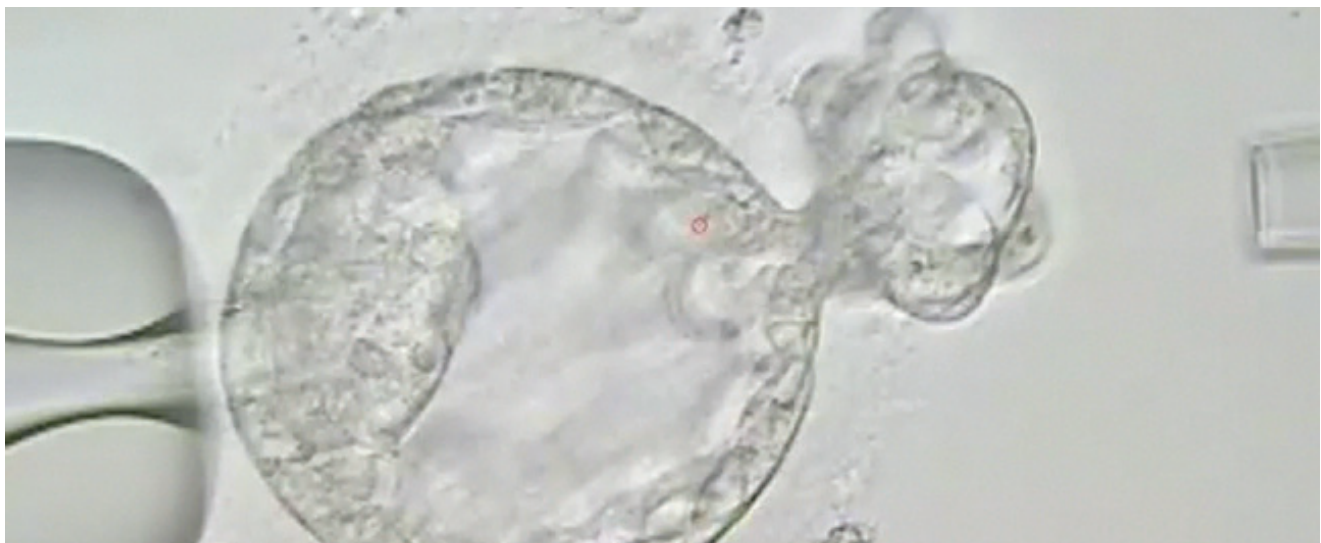
In 2012 Repromed implemented this screening technology which allowed all 23 chromosome pairs to be screened at once. Studies were finally published showing that the use of this technology resulted in increased pregnancy rates from IVF.

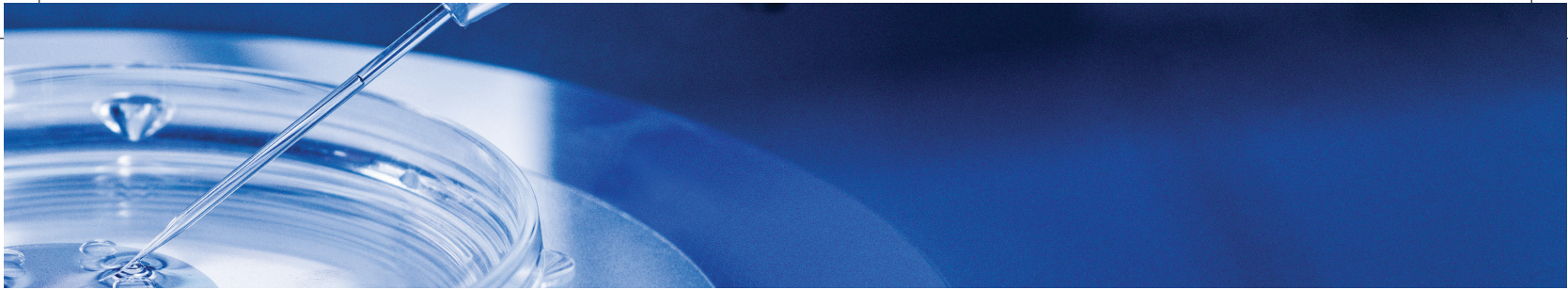
This new screening technology utilises colour change by labelling the embryo chromosomes with green dye and a reference cell line chromosomes with red. These two samples are then mixed together and hybridised to a slide containing complementary strand segments of DNA along each chromosome and the mixed samples compete for binding. If they compete equally the spots on the slide would appear yellow indicating an equal number of chromosomes. If the spots turn green this indicates more of the patient's chromosome compared to the reference chromosome and therefore the embryo contains a trisomy. If the spots turn red this indicates the reverse, that is too little of the chromosomes in the patient's sample compared to the reference and therefore the embryo contains a monosomy.

Although this technology revolutionised PGS, it has been superseded by next generation

sequencing (NGS). At Repromed we have installed the latest in NGS PGS technology (EmbryoScreen) which allows the sequencing of chromosome fragments, alignment to the human genome and determination of chromosome copy number by precisely counting the number of chromosomes within each cell. This technology is more elegant and precise than a-CGH and is also better able to determine the presence of mosaicism in the embryo. It also has the potential for advancement compared to a-CGH as well as being able to better detect translocation, microdeletions and also gene specific disorders. This technology is also utilised at Repromed for non-invasive prenatal testing (NIPT) where we use cell free DNA in the maternal blood stream of all pregnant women to determine whether their pregnancy may be affected by a chromosome disorder.

“ PGS has undergone significant advancement at Repromed and is highly beneficial for women of advanced maternal age or who have experienced recurrent miscarriage or repeat implantation failure. ”





FAQS.

Q: Do I need to perform any tests / investigations on my patient before I refer to Repromed?

A: No, once Repromed receives your referral our New Patient Coordinators (who are Registered Nurses) will organise any initial tests and investigations before your patient/s first appointment with us.

Q: Do I need to refer my patient to a particular doctor at Repromed?

A: You can if you wish, or you can address the referral to 'Dear Doctor' and our New Patient Coordinators will allocate a doctor depending on your patient's clinical requirement. If you are referring a couple, please include both patients' names on your referral.

Q: What is the general waiting time to see a doctor at Repromed?

A: Generally 2-3 weeks waiting times. Tests are conducted prior to the appointment to reduce waiting times.

If your patient requires fertility preservation prior to oncology treatment, an urgent appointment can be made within 24 – 48 hours.

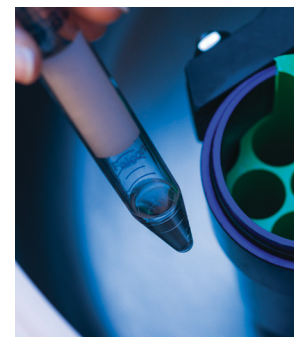
Q: Will my patient need to undergo IVF?

A: Not necessarily. Only 30% of our patients undergo IVF. Many have fertility counselling or other forms of treatment such as ovulation induction with oral medication or simply intercourse timing or ovulation tracking.



Repromed is proud to be the only IVF unit in Australia who can offer patients access to all of their necessary services in one single, convenient location. Our patients are not forced to organise tests themselves or purchase medications at external pharmacies. Our Dulwich purpose built facility has the most comprehensive combination of fertility support services including:

- Clinical Consulting
- Women's Ultrasound
- Endocrine Laboratory
- Andrology Laboratory
- Embryo Laboratory
- Genetics Laboratory
- Day Surgery
- Pharmacy



FREE PREPARING FOR PREGNANCY SEMINARS.

Repromed regularly holds free seminars in Adelaide and Darwin designed to give hopeful parents-to-be all of the information they need to start their family.

Presented by one of our Fertility Specialists, these seminars provide advice on everyday things which can increase someone's chances of falling pregnant. We also cover causes and treatment of miscarriage and infertility, and the steps to take if someone feels it is taking too long.

For details on up and coming seminars or to register simply visit our website at repromed.com.au and click on the link to our Preparing for Pregnancy Seminars.





South Australia

Adelaide
180 Fullarton Road
Dulwich SA 5065
P 08 8333 8111
F 08 8333 8188

Clovelly Park
Bedford Medical Clinic
1284 South Road
Clovelly Park SA 5042
P 08 8333 8111
F 08 8333 8188

Mawson Lakes
8b Light Common
Mawson Lakes SA 5095
P 08 8333 8111
F 08 8333 8188

Also Consulting in
Berri, Morphett Vale,
Mount Barker,
Mount Gambier,
Port Augusta and
Port Lincoln.

enquiries@repromed.com.au

repromed.com.au

Northern Territory

Darwin

Darwin Private Hospital
Rocklands Drive
Tiwi NT 0810
P 08 8945 4211
F 08 8945 4255
darwin@repromed.com.au

repromed
Fertility Specialists.