

ovofertility




Our *family* serving yours

clinique ovo is a Québec-based medical clinic founded in 2003 by five obstetricians-gynecologists working in the field of reproductive health and obstetrics.

ovo *fertility* provides comprehensive assisted reproduction services to help Quebecers fulfil their dream of starting a family, by always striving for excellence and innovation in its relationships with its patients.

We're known not only for our expertise and our high success rate, but also for our warm, compassionate and personalized service. As a patient of ovo *fertility*, you'll benefit from the skill and undivided attention of our medical team. We support you throughout the process and do everything in our power to make your experience a memorable one.



ovo fertility is associated with the obstetrics and gynecology department of the University of Montreal.

The first steps

When to consult?

Heterosexual couples under the age of 30 should consider visiting a fertility clinic after one year of unsuccessful attempts, and over the age of 30, after 6 months.

Members of the LGBTQ+ community and single people are welcome to come see us whenever they're ready!

Do I need a referral?

No you don't need a referral from your gynecologist or family doctor to make an appointment. Simply reach out to us directly.

Consultations covered by RAMQ

Consultations with fertility specialists (gynecologists, urologists, endocrinologists, geneticists, cardiologists and embryologists) are covered by the RAMQ.



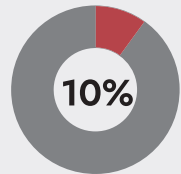
Understanding infertility

What is infertility?

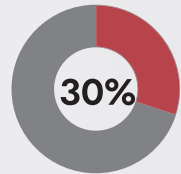
Infertility is the inability to conceive after 12 months of unprotected sexual intercourse or the inability to carry a pregnancy to term (repeated miscarriages).

What causes infertility?

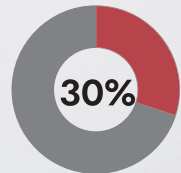
Social infertility aside, 10-15% of couples in Canada, or more than half a million people, are directly or indirectly affected by decreased fertility or infertility.



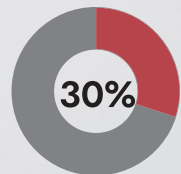
Unexplained cause



Male causes



Female causes



Mixed causes



Before your first appointment



Book your appointment on our website. If you are a couple, both partners need to attend the first visit.



Once your first appointment is booked, you will be sent a request asking you to create your file on clinique ovo's patient portal.



To make sure your file is complete before your appointment, it's important that you upload all relevant medical records (previous tests or infertility treatments) to the patient portal as soon as possible.

If you have a referral from your doctor, you can upload it to the patient portal before your first visit, but this isn't mandatory.



Before your first visit, you will be asked to fill out your medical history on the patient portal. During your video appointment with your doctor, make sure you have all the documents on hand.

Your first appointment

Meeting with the doctor



Your first appointment will involve a consultation with one of our fertility specialists or nurses to discuss your situation. They will give you an initial recommendation and prescribe certain diagnostic tests. The first consultation takes about 25 minutes and is covered by the RAMQ. There is no charge for opening your file. The consultations are done by Zoom.

Meeting with the nurse



You will then meet with the nurse, who will go over the plan with you, give you more explanations if needed, and answer any questions you might have about the diagnostic tests. These consultations are mostly done by Zoom.

Before your second appointment

Have the diagnostic tests that were prescribed for you. You can have them done in the public system (for example, at a CLSC or a hospital) or right at **clinique ovo**.

Preconception work-up



Part of the preconception work-up is blood tests for both partners, where applicable. For women, gynecological tests (Pap or HPV) and a urine test (chlamydia) will be done.

Ovarian reserve test



To determine your ovarian reserve, your doctor must perform an endovaginal ultrasound between days 2 and 5 of your menstrual cycle, with day 1 being the first day of heavy bleeding. This ultrasound must be done by a fertility specialist, which is why it's best to have the test done at **ovo fertility**.

Semen analysis



A semen analysis, also known as a sperm count, lets us measure the number and quality of your sperm. Your semen sample must be produced by masturbation only. There is a strict procedure to follow during a semen analysis, and having it done by the specialized lab at **clinique ovo** will ensure more accurate results.

Sonohysterogram



This test checks the patency of your Fallopian tubes. It can be done at a hospital, a radiology clinic, or at **ovo fertility**. When this test is performed at a hospital or a radiology clinic, it's usually called a hysterosalpingogram, and it's done with iodine. However, some hospitals and radiology clinics do perform sonohysterograms, which are done with saline. You can contact them and follow the instruction they give you.



Contact us to schedule your second appointment.

Second appointment

Visit with the doctor for results and discussion

Once all your tests are completed, you'll see the doctor again so they can go over your test results with you. You may need to meet with other specialists (urologist, endocrinologist, etc.) to come up with a treatment plan together.

Meeting with the nurse

Once your treatment has been prescribed, you'll meet with a nurse who will walk you through the different steps. She will send you some documentation and consent forms to sign. The consultations are done by Zoom.

EngagedMD platform

Engaged® is an online tool with explanatory videos to help guide you and answer your questions during your fertility journey. It also lets you sign consent forms securely and electronically using the DocuSign feature.

Treatments for everyone

Heterosexual couple

You will undergo several tests, including an ovarian reserve test, a sperm analysis, and a tubal patency test (sonohysterogram). The right treatment for you will then be prescribed; this could be a simple medication, intrauterine insemination (IUI), or *in vitro* fertilization (IVF).

Single female or lesbian couple

When you are ready to have a child, you will need to meet with one of our psychologists, choose a sperm donor (external bank or a friend), and then undergo IUI or IVF.

Single male or gay couple

You will need to meet with one of our psychologists, choose an egg donor (external bank or a friend), and find a gestational carrier.

ovo r&d, *clinique ovo's research and development department*

ovo r&d coordinates all research and development activities at clinique ovo, translating scientific discoveries into medical advances, thereby giving patients more options.

If you agree to take part in a clinical study, the ovo r&d team will guide you through the process, which is governed by strict research standards designed to protect you.

A multidisciplinary team

You'll be seen by a multidisciplinary team of OB-GYNs specialized in fertility, urologist-andrologists, geneticists, internists, endocrinologists, nutritionists, as well as a team of embryologists, psychologists and nurses.

Our doctors are all involved in research and attend specialized conferences to stay on top of the latest innovations and best practices in their field.



Nutrition consultation

Depending on your prescribed treatment, our nutrition specialists can give you a diet to increase your chances of conceiving.

Urology-andrology consultation

When couples are having trouble conceiving, in more than 30% of cases, male infertility is the problem. The urologist plays a key role in treating male infertility. [ovo fertility](#) also performs male reproductive surgical procedures.

Genetics consultation

If your fertility treatments require genetic testing, the geneticists at [ovo fertility](#) are here to guide you. They perform screening tests for any genetic conditions that could explain your infertility struggles.

Psychology consultation

Our team of psychologists specializing in fertility is here to guide you through these difficult times:

- To support you after you're given the diagnosis and during your treatment
- To give you a safe space to talk about the decisions you'll face (using an anonymous or known egg donor; telling your child about how they were conceived)
- To manage your expectations and help you cope with failures.

Embryology consultation

During your IVF journey, you can ask to meet with one of our embryologists, who will:

- Explain what happens in the lab, after the egg retrieval
- Review your file and explain the techniques that will be used
- Review your previous cycle (if this isn't your first IVF cycle).

Assisted reproduction treatments

Ovulation induction

When it comes to infertility, the root cause is very often a hormone imbalance that affects ovulation. There are medications that can restore this natural process.

Artificial insemination (intrauterine insemination, or IUI)

Intrauterine insemination involves injecting the sperm directly into the uterus. IUI needs to take place on ovulation day and may require prior ovarian stimulation. It's done using sperm from the spouse or a donor.

In vitro fertilization (IVF)

In vitro fertilization involves fertilizing eggs with sperm outside of the body, in the lab. In most cases, medication will be prescribed to stimulate the ovaries to produce more follicles. The eggs will be retrieved and then fertilized with sperm in the lab to create embryos.

Embryo transfer

There are two possibilities:

- * Fresh embryo transfer: Usually performed on day 5 after the egg retrieval.
- * Frozen embryo transfer: Performed during a subsequent cycle. This option is used when:
 - More than one embryo developed and the unused ones were frozen for future use.
 - The conditions for a fresh transfer are suboptimal. For example: risk of ovarian hyperstimulation, high hormone levels, preimplantation genetic diagnosis.

Complementary treatments

Preimplantation genetic testing (PGT-A and PGT-M)

Preimplantation genetic testing (PGT-A and PGT-M) PGT involves biopsying a few cells from the embryo to screen for chromosomal and/or genetic abnormalities before it's transferred to the uterus.

In the case of advanced maternal age, repeated implantation failure, or recurrent pregnancy loss, the PGT-A analysis prioritizes the transfer of a healthy embryo (without chromosomal abnormalities) to maximize the chance of pregnancy and reduce the risk of miscarriage.

In the case of an inherited genetic condition carried by one or both biological parents, the PGT-M analysis identifies the unaffected embryos; it can also be combined with PGT-A.

Once the results are available, the selected embryos are thawed and transferred to the patient's uterus.

Time Lapse incubator

The time-lapse incubator lets embryologists constantly monitor embryos by producing a "video" of its different developmental stages. Not only does the incubator give staff an accurate picture of how the embryo is developing, it also offers a constant stable environment for the embryo, leading to a higher implantation rate and fewer miscarriages.

ZyMōt™

Preparing the sperm prior to IUI or IVF is crucial to maximizing the quality of the sperm used to fertilize the eggs. Studies show that ZyMōt™ allows the selection of sperm with very low levels of DNA fragmentation; significantly higher euploid embryo rates have also been observed with ZyMōt™ processed samples. Based on the pregnancy rate with IUI, ZyMōt™ can also be helpful with this treatment.

adhesio 3.1

adhesio_{3.1} is an endometrial receptivity test used in conjunction with conventional assisted reproduction techniques. It lets doctors tailor your embryo transfer to the precise moment your endometrium is most receptive. This synchronization between a viable embryo and a receptive endometrium increases your chance of a successful pregnancy.

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