

Episode 5: What to know about IVF
with Rachael Casella advocate for IVF, genetic screening, child loss and fertility

What to know about IVF

Tiffany: Hi, everyone. In this week's episode, we'll be discussing all things IVF, what IVF is, and how it works. I'd like to welcome our guest today, Rachael Casella, mum to Mackenzie and Zac, advocate for IVF, genetic screening, child loss, fertility, and the author of *And Driving Force Behind Mackenzie's Mission*. Thanks so much for joining me, Rachael. It's such an honour to have you on today.

Rachael: Honestly, thank you so much for wanting to speak to me. It's always a bit of a privilege to have people want to hear what I have to say.

Tiffany: So before we jump right in, Rachael, thanks so much again for joining. It's going to be so great chatting today. I think we're all going to learn a lot about IVF, and your personal journey is quite powerful. So it's always great to hear firsthand someone's journey and why they've become such an advocate for a particular area, which of course today we're talking about IVF. So if you wouldn't mind telling us a little bit about your journey, that'd be wonderful.

Rachael: Yeah, of course. It's quite a long story. So I will do my best to try to convey everything that happened to us. But on the 11th of March 2017, my husband, Jonny, and I had our first baby, the most beautiful, perfect little girl that we called Mackenzie. So she was very, very wanted. We had actually had a pregnancy before Mackenzie that had ended in miscarriage. Yeah, Mackenzie was very planned for, and it was just perfection, just love at first sight. Anyone who's had a baby knows that your world just changes in an instant. We did everything. I'm very much a researcher and I looked into everything we possibly should or needed to do in order to get pregnant with a healthy baby.

We did fertility tests before we even started trying. Like I said, I'm quite Type A, so we did health checks, I took prenatal supplements, so did Johnny. We did all the recommended ultrasounds. We did the non-invasive prenatal test or the NIPT. And so tested our babies chromosome abnormalities, and everything was perfect as far as we knew. But when she was just 10 weeks old, just out of nowhere, everything that we knew was just completely ripped away from us. At 10 weeks old, a lactation consultant noticed that she wasn't moving the way that she should and referred to her as being floppy. Very quickly, took her to a GP within that next hour, then was quickly referred to a pediatrician. And so within two days we were told that Mackenzie had spinal muscular atrophy, which is a genetic condition. And we were told that it was terminal.

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Tiffany: Wow.

Rachael: We were, yeah, 10 weeks with her when she was diagnosed, and we were told that she would potentially only live to eight months old. SMA is neuromuscular disorder, so what it means is that the motor neurons are not able to tell the muscles to move, so they get weak and atrophy. So we were told that Mackenzie would lose the ability to move her arms and her legs, and then eventually she would lose the ability to swallow and to breathe. Pretty much we were described the most horrific situation and our world just shattered. I can't even put it into words. I don't know how we survived. People often ask us, and I actually don't know. All I know is that initially we fell apart and then we looked at her and realized we were all she had for the time that she was here and we needed to make sure every moment was just as happy and as amazing as it could be for her. So I guess that's how we got through it was for her.

On the 22nd of October 2017, she passed away lying between Johnny and I. We gave her a life filled with love and laughter, and that's all we felt like we could do for her. The pain is indescribable of losing a child, and it's taken me a really long time, but I'm able to look at elements of what's happened to us as a gift because Mackenzie taught me more lessons than I could possibly ever convey to people, and I feel like she was the biggest gift because I'm a far better person now than I was before, even though I wasn't bad before, but she was a gift of life and lessons. But naturally we wanted to know how this happened to us with everything that we did, how this happened to her.

So we found out that SMA is a recessive genetic condition. So that means that Johnny and I actually unknowingly carried like a defective being in our DNA because both Johnny and I have it, and it's a recessive genetic condition. That means that each time we have a child, there's a 25% chance of that baby being affected by SMA, a 50% chance of them being a carrier, like what Johnny and I are, and a 25% chance of they will be not affected or a carrier. So we have no family history of SMA, but it's just been carried through our families for generations. And when we looked into it more, every single one of us carries on average three to five genetic conditions. So what happened to us could happen to anyone. It all comes down to who you have a baby with as to whether their genes and your genes combined has a potential for a baby to be born with a genetic condition. And there are thousands of genetic conditions out there.



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Rachael: (cont...) So learning this, we also found out that 1 in 20 babies is born with a genetic condition or a birth defect. So learning all of this, we kind of went from, well, rather than asking ourselves why us, it's like people should be asking why not us? It is actually so much more common than people talk about it, but we did ask ourselves, "Well, could we have done anything?" And it turned out that there's actually already a simple saliva test or blood test, but yeah, just a simple saliva test that can be actually sent to you in the mail for you to do. And if we had known about that, and if we had done that, we would've found out that combined, we have a chance of having a baby with this terminal condition.

And so we were so angry. We're so thankful we got that time with Mackenzie, but we were so angry that why is this not well known? If there are thousands of babies being affected with severe genetic conditions and even dying from them, why are we not aware of this simple saliva test? So we started pushing. It turned out that people only with the family history were being told about this test and off it did, but four out of five children born with the genetic condition have no family history. So that was a really flawed practice and really dangerous. So my family talked about changing this for Australia. So I wrote a letter to parliament and we addressed it as a family to all 275 members of parliament and told them our story and asked them to create change in this space around genetic carrier testing, to look at offering this test to everyone for free, and explaining to people, not just that the test exists, but why, why it exists and why they should take it, and then let them have the choice.

Because you can privately pay for it, but many Australians can't afford that. They can't afford the chromosome test or the NIPT. They can't afford to add some of these tests on, and you shouldn't be able to only have access to a healthy baby if you have money.

So we campaigned to the government and we are very, very lucky we had a wonderful response from a number of members of parliament, but particularly from the federal health minister, Greg Hunt. So we started campaigning the month after Mackenzie was diagnosed. We lost her in October, and then by the next May in 2018, Greg Hunt asked us down to Canberra and he announced in the budget that there was going to be a huge amount.

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Rachael: (cont...) There was going to be \$500 million that was going to be put towards the genomic health within Australia, and the first research project was going to be called Mackenzie's Mission, which was going to look into how we could bring this genetic carrier screen into Australia and be offered free to all Australians.

Tiffany: Wow.

Rachael: We are exceptionally proud of our little girl and the change that she has made, her legacy. I already know of so many couples who have found out that they were high risk through Mackenzie's Mission, and also heard of children who have been able to get early access to treatments that they would not have been able to if it wasn't for this genetic testing. So yeah, we're coming to the end of Mackenzie's Mission in the next, I think, six months, and then we're looking to see, hopefully, if it's rolled out to all of Australia.

In her 7 months and 11 days that she got to live, she changed Australia and hopefully the world will follow suit. Yeah. So we went through IVF to give Mackenzie a sibling, and that was really, really hard, really unexpectedly hard because we have no fertility issues and we were going through IVF to be able to genetically screen our babies. We were really naive, and like a lot of people thought that you go in and you come out with a baby. And that's just not the case. I mean, I had friends that were going through IVF, so I knew that it was difficult, but I suppose I didn't think because we had no fertility issues, I didn't think it would be difficult for us.

I remember speaking to Johnny about what we were going to do without extra embryos, and I feel so, so ridiculous for having that conversation because we had nine rounds of IVF back to back over three years. We got pregnant twice and one was naturally and one was through IVF, and both babies had to be medically interrupted in the second trimester due to severe illness. So we lost another two babies. We had about seven chemical pregnancies. I got deep vein thrombosis and endometriosis from it as well. Finally, we had our little boy, Isaac or Zac who has just turned 10 months old yesterday, and he's a dream. I think he was sent by his sister, as he has a little bit of her magic. And we're just about to start another round of IVF to see if we can have one more. So unfortunately, I am very well-versed in IVF.



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Tiffany: Yeah. Wow. What an incredible story? And the mission that you've created through Mackenzie's Mission and the legacy that she obviously leaves behind and all the work you've put in is just incredible. So heartfelt and so incredibly passionate, you both are, to create this change. So congratulations to you. And I take my hat off and I'm very honored to speak to you today and having my own children and knowing how much I love them and how I'd do anything for them. I can't imagine what it would've been like to have lost a child. So it's incredible. And obviously having all these other pregnancies too, which would've been having to terminate and having all of these things happen to you must have been such a challenge. And you're incredibly strong to get through this fast.

So thank you again for sharing your incredible journey, particularly when it comes to IVF, because I know that we are talking about that today. And that legacy that you're leaving there and all the passion that comes with that is clearly shining through, and creating this government funding that you've done making it a reality is such an incredible achievement. So congratulations again on that.

Rachael: Oh, thank you. All of this has just changed me profoundly, and I found a really intense passion for genetics and reproductive health and patient advocacy in IVF. Yeah, I really feel very strongly about it.

Tiffany: Yeah. I can hear that, and we can see that based on your actions as well, and actions speak louder than words as they say, so well done to you. So Rachael, I think it'd be really nice for everyone listening today to find out a little bit more about why people typically choose to do IVF. I know we've talked a little bit about your situation, but if you could talk us through that a little bit, it'd be really great for everyone out there today, I think, to hear.

Rachael: I think firstly, unfortunately, most people are forced into the world of IVF. It's definitely not a path, I think, anyone would choose. There's a variety of reasons why people are sort of forced onto that path, and that could be because they're in a same sex relationship, or they're finding themselves having fertility problems. There can be people who are going through cancer and they're going through chemo and they need to freeze their eggs or sperm before they go through treatment. So it's a vast array, I think, of reasons that people go down that path, but it's definitely a hard way to get a baby and not by choice. So for us, we were put into the IVF path because of the genetic condition that we lost Mackenzie from.

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Rachael: (cont...) I'm so thankful for IVF though, and I found it fascinating that for us, it was about creating embryos that once they got to day five or day six and started hatching out of their shell in order to what would naturally be implanting in the uterine wall, that's when they're able to take a couple of cells from that embryo and test it for the genetic condition that Mackenzie had, so SMA. And they were able to screen which embryos we could put back and were going to lead to a baby that was going to be able to live. So, so thankful for it, but yeah, there's a wide range of reasons for it.

Tiffany: Yeah, I can imagine it's such a complex process as well, Rachael. If you could describe a little bit about the process and how it works and the stages of IVF for everyone, I think that might be really beneficial as well.

Rachael: IVF can be really different for each person. I think it's also really important to note that not everyone who sees a fertility specialist will actually end up doing IVF. There's a whole range of other options and stages that people can go through before they get to IVF. I think it's just naturally assumed that if you go to a fertility specialist, that's what you'll end up doing, but there are a whole lot of stages before the actual technical IVF. So there's a combination of medications, timings, therapies, techniques. So there isn't a one-size-fits-all process, but I can give you a general understanding of the IVF process. Usually your fertility specialist will ask to find out when you start your period. So you'd start your period and you'd contact your IVF clinic, then check your levels. And once they were at the level that they would want them, they would ask you to start taking the medication. And that medication's aim is to stimulate all the women's follicles into producing an egg.

So what usually happens in a woman's cycle is you've got a number of follicles and they'd all start creating an egg, but you'd have one that would sort of pull ahead and would be sort of the one for the month. And the rest of them would sort of drop off and you would ovulate that one egg. So the first round of medication stimulates all those follicles so they're all able to produce potentially an egg, so they can collect multiple eggs from you as opposed to just that one. But it just increases your chances. Then at a time that's determined by your specialist, you'll begin taking a second medication and that stops your body from actually ovulating those eggs because they don't want you to ovulate and for them to miss those eggs. So it actually stopped your body from ovulating.

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Rachael: (cont...) During this time, they will get you in for lots of scans and lots of blood tests. And that's because they're trying to find the exact right time to be able to go in and collect those eggs. So they'll be measuring those follicles, and when they're measuring them and that's through a transvaginal ultrasound and they're measuring those follicles, they'll get to a size. They're looking for a whole bunch of those follicles all together to try to get to the right size. They will tell you to take what's called the trigger shot. And that's an injection that does the final stage of maturation for the egg. Once that's done, egg retrieval occurs exactly 36 hours after that trigger injection. So it's very time specific.

So 36 hours after that trigger, you'll go into the IVF clinic. It'll be a day surgery. Usually you'll be given medication like a twilight sedation. The eggs are collected with a probe and a suction. They drain the follicles of the liquid that's in the follicle, which will also contain the egg. They'll be handed to the embryologist who's in the room and will identify if that fluid contains an egg, and then you'll wake up. They'll tell you how many eggs are collected. And then it's very much a waiting game. And this, for me, was the hardest part, not the hormones, but the wait, because they'll watch those embryos. They'll put together the egg with the sperm and then they'll watch them for the next five to six days. And you'll slowly get a drop off, unfortunately, because not every egg fertilises, not every fertilized egg gets to day three or day five, and only strong blastocyst can really be frozen and thawed successfully. So the drop off rate can be really upsetting, and it's really stressful and agonizing wait.

Sometimes a healthy blastocyst will be transferred straight away in what's called a fresh transfer. However, often embryos are frozen and transferred later. And that's during that time when they can also be tested for chromosome abnormalities or genetic conditions. So that's sort of IVF in a nutshell, bearing in mind, I come from a patient side of things as opposed to an IVF specialist.

Tiffany: Yeah. Really good hearing your experience and how you went through it as a patient, because that's obviously what most people are going to be doing after listening to this episode. And if they are interested in IVF, that's the sort of stuff they need to know and want to know, I think, and I personally haven't been through it myself. So it was really interesting to find out a bit more about that whole process, I think, And so that you could prepare yourself mentally a little bit for what might happen. I think if you know going into something what you can expect, I think that helps a lot as well in that whole process.

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Rachael: Yeah. Like I said, it was surprising because you hear a lot about the hormone injections and mostly the effects of the hormones. And everyone's different, but for me, that just was not the issue, it was the mental game very much so. So definitely good to be prepared and have your support network around you.

Tiffany: Yeah, of course. And obviously being such a big process and so much involved, I can imagine the cost would be quite high. How much does it typically cost to go through an IVF round? Like if we're just talking about one round here, how much does it typically cost a family?

Rachael: Everyone is different in terms of costs, so I can only really give you a general, but IVF is expensive. There are public fertility clinics in Australia, and I don't have any experience with them because I do believe that there are some waiting times, and that's just not a situation that we were able to be in due to our age and our circumstances. So I do believe a lot of people go through private clinics due to those wait times and sometimes due to the success rates, depending on where you go. The average IVF round costs about \$6,000 out of pocket. You do get some government subsidies, but it's my belief, and a lot of others, that government subsidies and the cost of IVF really isn't good enough.

I don't want to sound ungrateful for what we currently get, and I'm sure there are countries that have a much better system and some that have a much worse system. So I feel thankful in a lot of ways, but I really think that the Australian government needs to look at what they can do to further help people go through IVF because they're already being hurt financially, mentally, emotionally, physically to be able to find a way to help people through it. And I think that's really been highlighted even more recently with COVID and with the pandemic and the fact that when things have got difficult in our healthcare system, one of the things that's counted as elective or feels to be not as understood by our politicians is IVF, because even though it's elective in that it is not life or death, it is not elective. In any way, no one chooses for it to be elective. And I can tell you when you are classified as a mature, or I think they call it a geriatric mother, you don't have the time.

So I think IVF needs to be viewed very differently in Australia, and that includes with its funding because there are also additional add-ons that cost patients, and it can really expand out.

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Rachael: (cont...) I know that we wouldn't have been able to afford it if we hadn't had the donations and support that we did through people, because I think I've probably had about \$110,000 worth of IVF. And there's no way that we would've been able to afford that. And that's not fair that this is what we have to do to get a baby

Tiffany: Yeah, absolutely. And I think what you've brought up there, that topic around not being elective is absolutely right. And I think the power of the people have proven that in making that change, and you are one of those people who have actively gone out there, taken action, and created change. So you are one of those people who have stood up and done something, and I'm sure you've inspired all these people who have just done the same. So incredible work your end, again, for being an advocate and standing up for what you think is right, and trying to push for positive change here. And like you said, I think the costs as well, I would completely agree the costs are completely unreachable for the average person. And you're so fortunate to have had a bit of support, getting through a lot of support by the sounds of it financially. And as you said, you probably wouldn't have gotten that far if you hadn't had that financial support. So it must be so tough for some families out there who literally just can't even go forward with IVF because they can't afford it.

Rachael: I actually feel a lot of guilt around how much assistance we got. I feel very thankful, but I think of all those people who are in the same position as us, who all they want is a child, like just to even fathom that someone is not able to get a child, something that you kind of feel is almost a right in life, and that you have to rely on someone else. I put on my Instagram the other day about the fact that I don't get to have that private, beautiful process with my husband or looking at a positive pregnancy test and knowing I'm pregnant. That's just not my reality. I have a whole village that it takes to get me pregnant. And there shouldn't be that hurdle of costs and process. We should be helping the families in Australia. So yeah, I am very much hoping that we see change in that space.

Tiffany: Yeah, for sure. So when it comes to knowing whether it's worked or not, what's the process there? How do you know if IVF has actually worked? What's the process there, or how do you find out, Rachael?

Rachael: So IVF success can be measured in a few different ways. Mostly, I think clearly a successful round of IVF is if a couple or a single person gets pregnant.

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Rachael: (cont...) So if you have a healthy baby born at the end of a pregnancy, then that IVF round was successful, but there are some other measures. So that can be, if the aim was to develop healthy embryos for future use, that can be a measure of success, how many embryos were frozen? Even just the identification of your fertility issue can be a measure of success because people go through months and months or years and years of trying and not knowing, sometimes you just want to know, well, what's wrong so then we can actually tackle the issue. It's the 'not knowing'. So that can even be a successful measure of IVF. But the process of finding out, like I said, the emotions are there. You basically just get a phone call to say that you're pregnant by a scientist or a nurse.

So it is, you do one of the other many, many mental barriers that you have to work through is the fact that what you see on television is just not your story. I've had many positive pregnancy tests that we've just gone, "Oh, okay. Well, we'll see what happens here." You get that joy somewhat taken away because you've had so many losses before potentially that you can't believe good news. You are told over the phone by someone that you don't know as opposed to sitting in your house with your partner, or. So yeah, it's a different way of finding out success, but you're still exceptionally, exceptionally happy when you do hear it.

Tiffany: Yeah, I can imagine. It seems like there's so many different things that determine the success of IVF. So I guess that is something to consider when you're going into it as to what you are going to define as being a success and what sort of challenges you are facing individually as a couple, as you said, because, like you said, there can be a number of reasons why people need to go down that path of IVF. Yeah, I guess for each individual it's so different. So thanks for sharing that though. I think that's really interesting to know as well, because I think from that side of perspective, you don't often think about those things. They don't realize that they can be some of the reasons why people might need to go down that path of IVF. So what are some of the IVF success rate factors there, Rachael? Because I think, again, it's really good to sort of know a bit more about what those factors are when it comes to the success rates there.

Rachael: IVF success rates can differ between different clinics and between different fertility specialists. So there's not, I don't think, precise numbers, but it can depend on a lot of things, including the couple's age. Yeah, the couple's age, usually, unfortunately, it is the woman's age that's mostly the dictator.

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Rachael: (cont...) And like I said, the clinic, the specialist. So on average, there's about a 40% success rate of a birth from an embryo that was transferred within a cycle. So a woman aged between 35 and 39 who's starting to get into that, what they call geriatric mother, although I think they've maybe hopefully changed that term because it's quite offensive.

Tiffany: Yeah, absolutely.

Rachael: So yeah, a woman aged between 35 and 39 years old has a 23% live birth rate from IVF. So it does drop as they say from 35 onwards, but yeah. So 23 to 40, depending on when you start, and obviously it depends on how many rounds you've had. I think a lot of people think that it's going to work the first go, and for some people that is the case, but for a lot of people, it can take quite a few. Like I said, it took us nine to get Zac. So, yeah.

Tiffany: Yeah. Well, it's good to know some of these factors coming into it, I think, for the listeners out there. So thanks so much for sharing, because again, unless you know what you know, you don't know, you don't know, as I always say, but this can be quite a costly process. And as you mentioned, there are some things covered by Medicare and private health insurance. Is that correct? What are some of the things there just so that everyone knows?

Rachael: Yeah. So I don't know the full breakdown, but there are definitely some Medicare rebates, which I'm very grateful for, but please, Australian government, do more because we need some more help. I do highly recommend just as information to people, if you think you are going to need fertility treatment, or if you're starting to try for a baby, I would highly recommend getting the top cover hospitals with private health insurance. I mean, personally, we don't bother with the extras. It's just the top hospital because that covers fertility treatments as well. And so one of the huge cost factors that private health helps to cover is the day surgery for some of the egg collections.

And so I would highly recommend private health insurance. So it does help dramatically, but yeah, you are still out of pocket by a few thousand dollars.

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Tiffany: Yeah. Well, that's good to know though. It's great to hear from someone who's been there and done that when it comes to tips around that, because again, if you've got private health insurance just topping, it might make a huge difference for what you've said there. Yeah. So how long does the whole process typically take? I know that you've said you had lots of rounds, but just one round of IVF, for example, how long does that typically take?

Rachael: So a round of IVF, if you include a fresh embryo transfer, takes a month between starting the medications. So you have the medications, you have the egg collection, you have that period of time where a blastocyst is being created, and then you have the transfer, and then like all it's that two week, dreaded two week wait between transfer and implantation, getting that positive pregnancy test or knowing whether it worked or not. If you are doing chromosome testing, it changes the terms. So it's PG, PGT, PGT. So that's just testing the chromosomes or a genetic condition. That'll add on an extra month because it usually takes about two or four weeks for the results to come back. And so you wouldn't be able to transfer in that cycle. You'd have to wait for another cycle, so another month. Then it obviously depends on how many rounds you need.

Some IVF practices let you do back to back rounds, some like you'd have a month in between. Then if you need to have other testing, like laparoscopies to remove endometriosis, that adds on time as well. So it can be quite time exhaustive. And in terms of your day to day during a round, you really do have to make sure that you are staying at home, as in not leaving in your city for that time, because there are regular scans and blood tests. You have to get up most mornings and go to your clinic during that round before work. Yeah, it's quite a commitment.

Tiffany: So yeah, it sounds like there's so much involved and it's very much dependent on, like you said, how many rounds you have to undergo and all that sort of thing. So what happens after you've undergone that IVF process typically? What's the process afterwards, Rachael?

Rachael: After IVF, if the woman is pregnant, then they usually stay under the care of the fertility specialist just for a little while, just for the specialist to actually confirm that pregnancy. So they'll keep doing some tests, some blood tests usually, they'll check the pregnancy hormones, so hCG, and check that it's doing the right thing, so that it's doubling in the right amount of time.

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Rachael: (cont...) Once they've confirmed that it looks like it is a healthy, ongoing pregnancy at that stage, they'll be transferred to either the obstetrician, the hospital, depending on the care that the woman has chosen, and it's treated from then onwards. Usually it is a natural conception, so you are not high risk just because it's an IVF pregnancy. Obviously that depends on why you've gone to IVF. And if it's a twin pregnancy, there are other factors, but usually it's just then into normal care, which can be nice after all of that.

After all the medical intervention and the assistance, sometimes it's then nice to go back into that normal space. If the IVF round is unsuccessful, then usually the fertility specialist will speak to the woman or the couple, and they'll say where maybe they think that it fell down, like it could be the quality of the embryo, so then they would discuss what they would do for the next round, whether that be additional supplements that they would have to take, or if they needed to try a different medications because the women either stimulated too fast or too slowly. So they would discuss what the next plan would be for another round of IVF or what they were going to do differently in the future.

Tiffany: So it seems, once again, very much dependent on that individual situation and whether it's successful or unsuccessful as to what happens next and what that whole process is afterwards. So what are your top tips for when undertaking IVF, Rachael? Because as someone who's taken on many rounds, I'm sure you're very versed in what the whole process is, and you'd have some great tips for everyone listening today.

Rachael: I would say my number one is don't go it alone. I really, really recommend strongly that you tell people. I have met, through my last few years, a number of women or couples that haven't told anyone because they just don't want to be seen as doing IVF. It's still got that little bit of stigma or taboo where they don't want to know that they needed help. And it's so important that you know that it is so common and that you need people to be able to support you through it. That's more important than projecting this perfect ideal that just isn't everyone's story, and it doesn't have to be everyone's story. So tell people, don't go it alone. Like I said, don't be ashamed of going through IVF. Almost 1 in 20 babies is born through it. So you are not alone.

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Rachael: (cont...) Don't automatically expect IVF to work. I say this to a lot of people who I want to save, I guess, from the shock that I had, where I thought that the first round would work. In the first round, the specialist is usually trying to see how your body is going to react, because everyone is so different, and so individual, they need almost a baseline. So don't expect the first round to work. And then if it does, then it's amazing, but go into it knowing that it may take more than one cycle. So be mentally prepared. Also know, in terms of payment, there are payment plans. I think that's kind of really good for people to know. Like I said, I think finances need to change, but there are options and ways if you feel like it's out of reach.

I was really interested to learn that you can actually prepare your body for IVF. Different specialists have different opinions, but I've done a lot of research and there's one particular book called *It Starts with the Egg*, where it explains that for both the egg and the sperm, they have a 90 days or three-month life cycle. So what you did three months ago can affect what the egg that you are ovulating this month is like in terms of health. So there are things that you can do, vitamins that you can take, some of the food impacts like the Mediterranean diet. So there are things that you can do. So look into that. And I know for me, I really liked having something to do, something I could control. So I think for a lot of people going through IVF where they feel like their control's taken away, that's something that was really positive for me.

Be kind to yourself through the process. A lot of people beat themselves up when they have to go through IVF, because they feel like their body has failed, and that's not the right way to go into it. Your body is trying so hard and you need to be kind to it. And I really have something for people who aren't going to go into IVF in terms of tips. If you know someone that's going through it, please be understanding and please be gentle. Be interested in where they're at and don't get bored with them or frustrated. And if they can't turn up to an event, especially baby showers or kids' birthdays, don't take it personally. Just be kind to them. It's one of the hardest things that anyone will ever have to do.

Tiffany: Thanks so much for sharing that, Rachael. It's really great insights there, and I think those tips all sound wonderful. And obviously with all your experience that is going to really support people coming into it.



Episode 5: What to know about IVF
with Rachael Casella advocate for IVF, genetic screening, child loss and fertility

Tiffany: (cont...) So thank you again for sharing your wealth of knowledge about all things IVF, telling us about your personal story as well, and all the incredible work you've put in to help create a different and better future for other parents and families out there through Mackenzie's Mission. Bringing not only awareness, but actually creating change on such a big scale is truly inspiring.

Rachael: Honestly, like I said, I feel honored when people want to hear about Mackenzie and our story. I'm very grateful.

Tiffany: Well, thank you again. I hope you've enjoyed listening today. If you'd like to learn more about Rachael's journey with IVF, genetic screening, child loss, and fertility, you can follow her on her Insta at [@mylifeof_love](#). Or if you'd love to know more about Mackenzie's Mission, you can head to www.mackenziesmission.org.au