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THE Dandelion

THE NEWSLETTER OF FERTILITY NEW ZEALAND, A REGISTERED CHARITY SUPPORTING PEOPLE WITH FERTILITY ISSUES

SUMMER 2021



'Celly' Tayler's story

When my wife and I met some years ago, our only non-negotiable in a forever partner was to want children. Both coming from small families (and being the only children of our combined parents who could and would give them grandchildren), all we ever wanted was hundreds of kids... or just a few...

As a couple of wives, we self-identified our first barrier... sperm. We went to a fertility clinic in 2018 to get an idea of how this process might look for us, made some decisions about the use of a clinic provided donor and started our side of the medical testing. No issues detected at this stage, and we were on the waiting list.

Fast forward 28 months, a marriage and a house purchase later, we went back in for our "you're at the top of the waitlist medical check up". It was all go, well, once we found a donor. Unfortunately, at

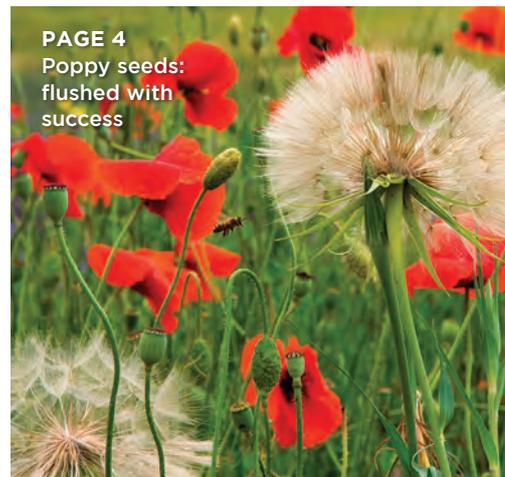
this stage there were no donors to view. As you can imagine when you've been waiting for 28 months, are married with the white picket fence and have a small house deposit put aside to pay for this sh*t, any delay took its toll emotionally.

A couple of months later we were given profiles to view and we found the one. Like, not just someone we thought seemed all good... both of us agreed that we could be friends with this donor, it could have easily been one of us writing the answers we were reading from his profile. Next steps were some paper work and there were definitely babies at the end of the Intrauterine Insemination (IUI) tunnel. We, foolishly, decided to keep our journey secret and made sure we kept everyone (friends, family, and foe) a step behind where we were really

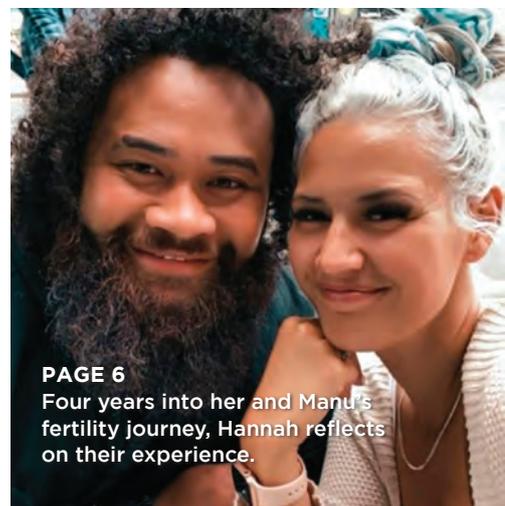
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Poppy seeds:
flushed with
success



PAGE 6
Four years into her and Manu's
fertility journey, Hannah reflects
on their experience.



Welcome Notes

Welcome to *The Dandelion* newsletter.

The past few months have again been challenging times as most of the country has been in strict Covid-related lockdowns. For those on a fertility journey, a sense of loss of control is common and Covid has really exacerbated that. Front of our minds has been how our community is coping and how we can best serve you during this time. If you haven't yet utilised our free resources and services – recordings of this year's information webinars, our helpline and support network, I warmly welcome you to do so.

Fertility Week, our annual awareness campaign held at the beginning of September. 'I am one in four' was the theme this year, which aimed to start the conversation and help normalise the experience of infertility and all that it involves. It was great to connect with so many of you during our webinars and on

our social media channels, and we are especially grateful to all those people within our community who shared their stories to help others. Two of these people are Tayler and Hannah; Tayler shares her and her wife's experience of trying to conceive as a same sex couple on page 4; and Hannah shares her and husband Manu's story, and decision to share in order to help remove the stigma of infertility within their own Māori and Pasifika communities on page 6. Thank you to Tayler and Hannah for so generously sharing their ongoing stories in this issue, we wish her the best of luck for the rest of her journey. Read more about Fertility Week: I am one in four on page 3.

Understanding and making decisions about fertility treatment options can feel overwhelming, as there are a multitude of treatments, procedures and options.

In this issue Professor Neil Johnson walks us through the newly available Lipiodol HSG procedure and what it can mean for improving fertility outcomes, especially for those with Endometriosis.

If you aren't yet a member of Fertility NZ, join us today (free of charge). You will receive *The Dandelion* via email, plus you can be informed of groups and events near you. Importantly, your membership supports our advocacy work – the larger our membership, the stronger our voice!

Wherever you are on your journey, we are here to walk alongside you. Contact your local group (see the back page) or call our Helpline. Connect with us today, and let us know how we can help you.

Warm regards
Juanita Copeland – Chair

About Fertility New Zealand

Fertility New Zealand walks alongside all people facing fertility challenges.

Fertility NZ was founded in 1990 and is a registered charity. It operates on a national level and much of its work is undertaken by dedicated volunteers. Fertility NZ provides assistance for people with fertility issues through the following channels:

• **Support** A network of regular support gatherings, workshops and contact groups throughout the country; an 0800 line and email address for enquiries, and infertility forums on our website where members can provide support to one another.

• **Information** Fertility NZ's website www.fertilitynz.org.nz is the focal point of information; informative fact sheet brochures are available for members and through clinics; regular publication of *The Dandelion* newsletter and email updates to members; conferences and information events. An annual campaign to raise awareness of infertility and fertility issues.

• **Advocacy** Representing the voice of people affected by infertility on medical, ethical and policy issues.

Our vision

Fertility NZ has a vision of a 'fertility friendly' and fertility-aware New Zealand where:

- Infertility is recognised, understood and supported;
- All New Zealanders faced with the medical condition of infertility have access to appropriate, timely and fully-funded medical treatment;
- Men and women have all the information necessary to enable them to make informed decisions regarding their fertility;
- Young New Zealanders learn about fertility preservation;
- Fertility and all alternative forms of whānau-building are respected and valued.

‘Celly’— Tayler’s story

◀ From page 1

at. We didn’t tell people we chose a donor until three months after we had. We thought this way, one day my wife would be 12 weeks pregnant, we would break the news and it would all be balloons and confetti...

Day one of my wife’s cycle came around, she called the fertility clinic, and she was in the system. Blood test day ten... how super incredibly easy, and the nurses were just so lovely.

HOW SUPER INCREDIBLY NOT EASY as the next day’s blood test and scan revealed that there was no follicle development and her hormones indicated that she would not ovulate. Cancelled cycle number one in the books. Our fertility doctor had been really great and encouraging with this whole process, which we owe our current emotional stability to. A quick phone consult with Dr Fertility herself and it was decided that Letrozole was going to be the best option given my wife’s known Polycystic Ovarian Syndrome (PCOS). The risk of ovarian hyper-stimulation (also causing a cancellation of the cycle) is higher in PCOS so this drug was the safest option for us. After this cycle-not-cycle, I managed to lie my way through a family dinner interrogation about our baby making journey.

Attempted round two – Day one and my wife calls in. Day three I believe she started her dosing, that day she also had severe nausea, vomiting, diarrhoea, abdominal cramping and extreme lethargy. In turn, this brought on dehydration and muscle cramps. Needless to say she wasn’t making it to the city for her blood test and scan on day ten. Oh, did I mention that we live an hour or more out of Wellington city, and earlier blood tests proved that if results were needed before midday, we/my wife the trooper needed to make this drive?

Anyway, apparently all these side effects were worth it because this cycle had follicles, had ovulation, and finally had the first treatment. Two

weeks later this cycle also had a period, and an HCG (pregnancy hormone) that was inconclusive initially, confirmed to be a negative result a few days later. At least now we had worked out what medications were going to work best and that sure wasn’t our good friend, Letty (letrozole).

Celly, the cells which will become our hypothetical baby, was given another chance to grace us with her presence at the next day one. We/Dr Fertility had decided on Clomiphene as the drug du jour and dosing began day three again. This round and the next looked much the same; follicles, ovulation and treatment. Again; period, inconclusive blood test and then a further negative pregnancy test. At this stage, some 25 blood tests, 5 scans, three inseminations with Celly’s boyfriend Semey, hours of driving and missed sleep, and around \$10,000 later we decided a catch up with the doc was in order.

This meeting was actually really refreshing We discussed some further testing we could do to rule out causes of infertility, the worst case scenarios and the possibility of public funding. Due to the requirement of having to ‘try’ for a baby and failing in order to get public funding, same sex couples are heavily disadvantaged... so ‘trying’ to us looks like six rounds of self-funded IUI (or the discovery of a cause of infertility).

Rearing to go, on day one again... this time with the unveiling of a blocked fallopian tube under our belts. Because of said fallopian tube, we were now eligible for publicly funded in-vitro fertilization (IVF) in 9-12 months’ time when we got to the top of the next waiting list. The relief that in 9-12 months’ time we could access finances was... will... be a relief, in 9-12 months.

We decided three more self-funded, clomiphene driven IUI attempts would bide some time so we could feel like we were giving this our best shot. Day one; the call. Day three; the drugs. Day ten; bloods and scan. Day eleven; cycle cancelled due to the medications not having any/the desired effect. So that’s where we are at currently. We’re patiently waiting for the beginning of our next IUI cycle. There is the option of self-funded IVF but no treatment



“Due to the requirement of having to ‘try for a baby and failing’ in order to get public funding, same sex couples are heavily disadvantaged.”

is guaranteed to result in a positive pregnancy so we are quite hesitant to drop 8-15k on something that’s realistically only 20% more effective than IUI, and we will eventually get that sweet, sweet public funding. There is not one single thing romantic about artificial insemination or being besties with your fertility nurses. Making this baby doesn’t involve a good aphrodisiac and some old school RnB, and to be honest it will be a relief to hear some positive news. We’ve toyed with the idea of swapping the uterus involved but I can imagine that only adds fatigue and emotional confusion so for now, we’re sticking with uterus A (also known as my wife’s womb). My wife has apologised numerous times for not being able to give us a baby, despite none of this being her fault and I could never rob someone I love of the chance to carry a child. One day I will begin this process, but we will be doing everything in our power (financially, physically, emotionally) for uterus A to house the first born. ▶

‘Celly’— Tayler’s story

◀ “Oh but at least there’s two of you... that’s a nice CHOICE to have”

“In the scheme of things, you’ve ONLY been trying for 7 months... that’s actually not too bad”

“Hah, you could just do it the old fashioned way”

I won’t get started on that word ‘choice’, a word overused by many a homophobe. There is nothing about this process that is normal, let alone sexy, nothing about it is easy, and the only thing about this failing journey that brings you together is fatigue, frustration and sadness. The ray of light for us both is that one day we will have children, we will be great mothers (although my wife is being left with the responsibility of the dad jokes because I don’t do funny) and that we have each other through this unpredictable time. Over my dead, lesbian body would we have initially done this the oLd fAsHiOnEd WaY and the ship of ‘simple conception without fertility problems’ has sailed for us, so this is our reality. I don’t want to write a sob story because vicarious trauma isn’t something I’m into. I’m not trying to scare people off, that’s not what this is about. My wife and I just want people to know what infertility is like and how from the outside, it may seem like ONLY a few appointments, some medications and wham, bam, thank you ma’am (our inseminating nurses being the ma’ams), but it really impacts all aspects of life and it’s a topic that should be normalised. No person should feel at fault for not being able to bring a baby into this world, nor should they even feel like they need to have a child to prove their woman/man/adulthood. Our family and friends know now what has happened, are up to date with our journey and we have become very open with our story and it’s helped...

AND LET ME TELL YOU – the day that we do, finally, break the news of the baby hotel’s occupation, there will be so, so much confetti. I will be filling the joint with balloons... and I’m adding glitter, so get ready. ■



Dandelion and poppy seeds

Gynaecologist, Professor Neil Johnson explains why this cross fertilisation is leaving us FLUSH with success.

Lipiodol, a contrast medium used in radiology for various reasons over a century, curiously comprises iodised poppy seed oil. We discovered, through our renowned research in New Zealand known as the FLUSH Trial, that a hysterosalpingogram (HSG) using lipiodol significantly improves fertility, but that it typically has a dramatic fertility enhancing effect for women with endometriosis related infertility¹. Lipiodol HSG, originally intended solely as a diagnostic test to assess the fallopian tubes, has been confirmed in a large Dutch multicentre study known as H2Oil to have significant fertility advantage over HSG with water based contrast². This research provided much momentum for international interest in lipiodol, such that this is no longer an enigmatic intervention supported by a small New Zealand randomised trial and undertaken in few settings other than New Zealand – there is now considerable

international interest in the fertility enhancing value of lipiodol. And in 2021, the indication for lipiodol has been expanded in many countries, including New Zealand, to cover its use in “infertility work-up”.

“We have had many successful outcomes, commonly among patients who had tried other treatments without success.”

The Dutch maintain that lipiodol’s main mechanism of effect is likely to be ‘tubal flushing’, but our group has shown that there are key immuno-biological changes that happen not only in the pelvic cavity but also in the endometrial lining when it is exposed to lipiodol that could be contributing to the fertility

enhancing effect of lipiodol by improving endometrial receptivity – we have called this ‘uterine bathing’³ – and our team has also queried whether the iodine content of lipiodol might be responsible for its fertility benefit⁴ and we have ongoing research investigating this.

The key message is that a lipiodol HSG is a simple, minimally invasive treatment, that is very safe and is a cost effective method of improving natural fertility, the impact lasting for at least six months, but most dramatic in the first three cycles following a lipiodol procedure. The main recognised side effect is a minor thyroid disturbance that is transient and usually does not require any treatment, typically settling spontaneously, but thyroid blood testing is now recommended for monitoring post-lipiodol. It can also be used in a programme of treatment in which attempts to become pregnancy naturally may be alternated with IUI treatment.

We have had many successful outcomes, commonly among patients who had tried other treatments without success. Patients have come to Auckland from all over New Zealand as well as from overseas to undergo a lipiodol procedure – we have ‘Auckland lipiodol babies’ as far afield as USA, UK and Africa. Although our group has been lipiodol enthusiasts for almost two decades, access to lipiodol HSG has recently started to open up in New Zealand and most fertility specialists offer to refer their patients to radiology facilities that are able to undertake lipiodol HSG procedures. ■

– Professor Neil Johnson, Gynaecologist and REI Subspecialist at Auckland Gynaecology Group and Repromed Auckland

1 <https://academic.oup.com/humrep/article/19/9/2043/782329>

2 <https://www.nejm.org/doi/full/10.1056/nejmoa1612337>

3 <https://www.worldscientific.com/doi/pdf/10.1142/S2661318219500063;file:///C:/Users/Neil/Downloads/s2661318219500018.pdf>

4 <https://pubmed.ncbi.nlm.nih.gov/33289034/>

Fertility Week in Review

‘I am one in four’ – Kiwis share their stories to help you feel less alone.

Up to one in four New Zealanders will face fertility challenges during their lifetime. Infertility can affect any of us, regardless of gender, ethnicity, education, religion, urban/rural, and sexual orientation, which is why the 2021 Fertility Week campaign aimed to start a conversation, to help normalise the experience of infertility and all that it involves.

During Fertility Week, 6-12 September, many of you joined us for informative webinars; read the stories and advice on www.fertilityweek.org.nz and engaged with us on social media. You followed our information and advice on mental, emotional and social aspects of infertility.

Infertility is one of life’s toughest challenges, often defined by a sense of loss of control, feelings of isolation and even self-blame, and high stress. Fertility Week provided guidance and support for all New Zealanders wanting to create whānau or support someone doing so. This information was widely read during the campaign and we sincerely hope that it helped many whānau across New Zealand.



Many stories from our community were included as part of the Fertility Week campaign, with the aim of sharing experiences and helping others on a similar journey feel less alone.

If you missed any of these stories or webinars during Fertility Week, they are available to view at www.fertilityweek.org.nz

- Whānau building in the Rainbow community. With Christian Newman (parent via surrogacy, and Love from your Dads), and Stewart Dalley (Barrister and Solicitor)
- Optimising mens’ fertility through lifestyle. With Jo Barnett (registered medical herbalist and FNZ board member)
- Add-ons and research update. With Professor Cindy Farquhar (Medical Director, Fertility Plus)
- The cost of infertility. With Dr Greg Phillipson (Fertility Specialist and FNZ Board Advisor) ■

Thank you Good Registry!



A huge THANK YOU to all of you who voted for Fertility New Zealand in the recent giveaway run by The Good Registry.

We just missed out on being in the top five for the giveaway however, The Good Registry Trustees made some additional donations to other charities and we were lucky to receive some extra goodness! We’re so grateful and love our partnership with this amazing organisation spreading kindness. So, thank you for voting and supporting our mahi. ■

Hannah and Manu's story updated.

Living our lives the best way we can

In 2018, my husband and I shared our story for the first time. At that time, we had just received our letter advising we were nearing the top of the public funding waiting list and had no idea what was coming our way.

For a bit of background, Manu and I were married in 2015. After a few months of marriage, we decided to just “see what happens” and not plan, but “try” and get pregnant. We both came from big families so assumed that it wouldn't be long until we started our own. This couldn't be further from the truth.

After a year of trying and no luck, we sought help from our local GP. Following that appointment, we were referred to see a specialist and subsequently qualified for public funding for fertility treatment. We were told that we would be on that list for 12–18 months until our treatment would start. True to their word, right on 18 months was when we first started treatment.

After our first round, we got 19 eggs at egg collection; 12 fertilised initially but only five made it to freezing. This meant we had five chances to get our miracle baby. After the first three not “sticking” we were losing hope but still persevered. We had decided we would continue until we couldn't anymore.

On our fourth try we were lucky enough to get that first positive test. At this point we were four years into our TTC journey and 18 months into our IVF journey. We were so happy. We shared the news with our family and close friends and just couldn't believe our turn had finally come. Little did we know that happiness was short lived. At 5 weeks and 3 days, we lost our baby.

After our miscarriage, I didn't feel ready to try again. In all honesty, I didn't know if I would ever feel ready to try again. But, after a year of healing, we finally felt ready to give it another go with our fifth and final embryo. In March of this year we transferred our final embryo. To our delight, it stuck.

I would like to say that at this time we were full of so much joy and excitement and hope, but I'd had no idea how much the miscarriage from 2019 really affected me. All during this pregnancy I was anxious, doubtful and did not connect at all to the fact I was pregnant – because I didn't believe it would work. This was how I felt the whole time. At 8 weeks we went in for our scan and saw our baby

“While we both wish we didn't have to have a journey this hard, we won't ever stop until we don't have any other choice.”

for the first time. We saw the heartbeat and then came the words, “I'm sorry, but the heartbeat is very slow and you're measuring 2 weeks behind. It is not likely this pregnancy is viable.” My world stopped. I had just seen a heartbeat, seen a little baby, and now it was all going to end? There had to be some mistake.

Sadly, they were correct. At a follow-up scan a few days later, no heartbeat was detected. Sometime over Mother's Day weekend, our little miracle had

died. Heartbroken did not even begin to describe what we felt.

The following two weeks were the worst weeks of our IVF journey to date. It took two weeks for our baby to pass my body. Two weeks of pain, physically, emotionally and mentally. Hospital visits, stays and medicine. And a further week of pain following retained tissue and a subsequent infection. Then came the surgery. At that time, three weeks had passed and still I was suffering from the effects of our miscarriage. Finally, at what would have been 15 weeks, most symptoms have finished and I'm almost “back to normal”.

So now you're caught up. But that's not the end.

Over our four years of IVF life, we have had a lot thrown at us. The challenges and decisions along the way have hurt us, but also taught us a lot about ourselves and each other. One of the biggest challenges over our time, has been the number of babies being born around us. Our younger siblings having multiple children in the time we are trying to have one; friends who have been together less time than us – and trying less than us – getting pregnant and having babies. To constantly be surrounded by babies, pregnancy and families while you're being met with disappointment after disappointment, heartache after heartache and failure after failure, does something to your soul that changes you. I became bitter, jealous, angry and hurt. I stopped interacting with people, distanced myself from these people, stayed away from social media. I turned into someone I didn't even



“Another decision we consistently make is to stay together. This journey can destroy relationships, marriages – but it won’t destroy ours.”

know I could be. All because everyone else had what I so desperately wanted. Everyone else had it so easy – and then there was me. I can’t say that I’ve dealt with this challenge. At least not fully. My “dealing” is to distance myself from the “trigger” until I feel ready to change that. Unfortunately, in this journey, no way, is the right way to deal. It’s what is right for you.

A decision we have had to face more than once during our journey is whether or not to continue. With each loss, a part of us changes. I feel like a small part dies with each loss we have had. After this last loss, my husband, for the first time since we started this journey, said, “I don’t think I can do this anymore. I can’t watch you suffer. I can’t sit by, watching you take pill after pill, needle after needle, visit hospitals, be in pain, and

then all to have your baby taken away, I don’t think I can do it anymore.” We have never let anything stop us from trying, no matter how hard it’s been. And while we both wish we didn’t have to have a journey this hard, we won’t ever stop until we don’t have any other choice.

Another decision we consistently make is to stay together. Yes, it’s true, we could just break up and try to have children with someone else, but we don’t want that. I would rather have no child with my husband, then have one without him. I choose him first – everything I endure is because I have him. This journey can destroy relationships, marriages – but it won’t destroy ours.

Being Māori and Pasifika, our cultures find it hard to talk about anything regarding sex, bodily health and things that are deemed “uncomfortable” or taboo. Since the start of our journey, we made a conscious choice to change that for ourselves. To our families, we have been open, vocal and unashamed of our journey. We share our journey on

social media, we document our journey on YouTube. We are going against everything our cultures know to show couples like us that it’s okay to talk about it. That it’s not something that is embarrassing. We show everything so that others know that they aren’t alone. So they can look at us – two “brown, Polynesian and Māori people” – and see themselves. We want to start conversations. We want to change the norm. And in our now five years on TTC, four years of IVF, we are seeing the changes being made.

To be in the IVF journey, means every area of life is impacted. I mentioned relationships earlier, but it also affects your work and social life. I used so many sick days and annual leave days to combat the effects of IVF and recover. Late starts, early finishes, short days... so much scheduling to fit in: scans, blood tests, phone calls, medication. It’s a full-time job going through IVF. Your social life takes a hit too. Planning get togethers around taking pills, making sure you’re feeling okay not only physically but mentally as well.

IVF has changed me, it has changed my husband and it has changed our relationship. Our views on life have changed, our priorities, our goals – everything we do and are, has been shaped by the experiences we’ve had while undergoing IVF. While I wish this wasn’t our path, we would not be as strong as we are as a couple without it.

After five cycles of IVF we are still where we started at the beginning, just the two of us. But we have so much knowledge behind us, so many stories to tell and so much more to gain.

We are in the process of getting started on round two. While we don’t know what the next round will bring, we do know that, as long as we go through it together, we will make it out the other side. Our greatest desire in life is to be parents. No matter what, we will do everything we can to get there. It may take another five years, or may even be in the next few months, but either way, we’ll get there. Until then, we will continue living our life the best way we can and enjoying being the number one aunty and uncle in our nieces and nephews lives. ■

noticeboard

Contact your local Support Volunteers for details of group meeting and any questions.

AUCKLAND

CASUAL COFFEE GROUP, MT EDEN
Group meets monthly on Wednesdays at 7pm: 17 November, 16 February 2022

CASUAL COFFEE GROUP, NORTH SHORE
Group meets monthly on Tuesdays at 7.30pm: 18 November, 17 February 2022

CASUAL COFFEE GROUP, PUKEKOHE
Group meets monthly on Mondays at 7.30pm: 8 November, 15 February 2022

PREGNANT AFTER FERTILITY TREATMENT
Group meets monthly on Sundays: 7 November, 13 February 2022

SINGLE MOTHERS BY CHOICE
Group meets monthly: 28 November. Group will resume in February 2022. Please email for details: singlewomensupport@fertilitynz.org.nz

SECONDARY INFERTILITY
Please email for details: secondarysupport@fertilitynz.org.nz

AUCKLAND FERTILITY SUPPORT SERIES
Semi-structured course ideal for couples and single persons who have yet to conceive. Resuming in 2022, dates to be confirmed

HAMILTON
Group meets every 3rd Saturday at 10am: 20 November, 19 February 2022

TAURANGA

Group meets every two months on a Saturday at 10am: 13 November

TARANAKI
Group meets monthly on the first Tuesday of every month at 7pm: 2 November, 1st February 2022

WELLINGTON
Support and Connect group meet every six weeks on a Wednesday. Resuming in 2022, dates to be confirmed. Virtual Support and Connect meeting held on the first Thursday of each month via Zoom: 2 December. Group will resume in 2022

CHRISTCHURCH
Group meets on the last Tuesday of every month 6.30–8pm: 30 November. Group will resume in 2022

SINGLE MOTHERS BY CHOICE
Group meets every 6 weeks on a Sunday: 14 November. Group will resume in February 2022. Please email for details: singlewomensupportchch@fertilitynz.org.nz

DUNEDIN
Group meets every 6 weeks on a Tuesday 7.30–8.30pm: 30 November. Group will resume in 2022

QUEENSTOWN
Group meets monthly on a Tuesday 6–7.30pm: 9 November, 8 February 2022

INVERCARGILL
Group meets on the fourth Wednesday of every month. Resuming in 2022, dates to be confirmed

Support information

How can we help you?



Fertility NZ support contacts

Auckland

Central/Mt Eden and Pregnant After Fertility Treatment
aucklandsupport@fertilitynz.org.nz

North Shore
northshoresupport@fertilitynz.org.nz

South Auckland/Pukekohe
support@fertilitynz.org.nz

Secondary Infertility
secondarysupport@fertilitynz.org.nz

Secondary Infertility
singlewomensupport@fertilitynz.org.nz

Fertility Support Series
fssauckland@fertilitynz.org.nz

Hamilton
hamiltonsupport@fertilitynz.org.nz

Tauranga
taurangasupport@fertilitynz.org.nz

Taranaki
taranakisupport@fertilitynz.org.nz

Wellington
wellingtonsupport@fertilitynz.org.nz

Christchurch
christchurchsupport@fertilitynz.org.nz
singlewomensupportchch@fertilitynz.org.nz

Queenstown
queenstownsupport@fertilitynz.org.nz

Dunedin
dunedin-support@fertilitynz.org.nz

Invercargill
invercargillsupport@fertilitynz.org.nz

Find your local group on Facebook - <https://www.facebook.com/FertilityNewZealand/groups>

Taranaki — we are here for you

Our wonderful volunteers, Jodene and Karley, facilitate regular support gatherings in Taranaki. The free-of-charge sessions are held monthly and open to anyone experiencing infertility. Karley and Jodene were members of the group a few years back and found the support incredibly valuable and now want to give back to their community.

Join us for no-obligation gatherings as we walk alongside you on your journey. We look forward to welcoming you, your partner or support person to our friendly, casual, safe and positive group. Contact us on taranakisupport@fertilitynz.org.nz to enquire or register your interest.



This material is supported by way of an educational grant from Bayer New Zealand Limited. The information submitted is intended to assist health care professionals and patients in forming their own conclusions and making decisions, but may not represent a comprehensive listing of all available information on the subject. The views and opinions expressed by the individual presenters do not necessarily represent the opinion of Bayer New Zealand Limited.

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