



Information And Consent For Treatment With IVIg

IVIg Is Used To Treat

Patients with a history of recurrent miscarriage or repeated IVF failure with:

1. Elevated immune cell (NK Cells) activity
2. Elevated levels of immune (NK Cells) cells
3. Elevated levels of immune cell chemical messengers (TH₁/TH₂)
4. High levels of immune system antibodies
5. Slow growth of the fetus
6. Low amniotic fluid volume
7. Bleeding under the placenta seen on scan

What Is IVIg?

IVIg (Intravenous Immunoglobulin G) is a preparation of human-derived antibodies, made from pooled donor blood.

IVIg works by modulating abnormal responses of the immune system, in particular by decreasing the toxic activities of Natural Killer (NK) cells. Elevated NK cells can damage the cells that will create the placenta, and can cause implantation failure, miscarriage or slow fetal growth. IVIg and other immune supportive therapy for recurrent miscarriage and repeated IVF failure remains controversial and the evidence is still debatable. **IVIg is not licensed for reproductive immune therapy** and is therefore prescribed on a named patient basis (off-label).

What Happens At The Clinic?

IVIg is administered at the clinic by intravenous drip infusion, over a period of approximately 2 hours.

You will have immune supportive therapy alongside your IVF protocol or your cycle if you are trying naturally. The first infusion is administered a few days before ovulation / egg collection, the second after a positive pregnancy test, the third after a viable pregnancy has

been confirmed by ultrasound scan at 6-7 weeks of gestation. You will then have a further assessment of your immune system and will be given further immune support accordingly.

What Are The Risks And Side Effects?

Side effects can include headache, muscle pain, fever, chills, low back pain, and rarely thrombosis (blood clots), kidney failure and anaphylaxis (a bad allergic reaction to the drug).

We do not encourage or recommend indiscriminate use of any of the immune supportive medications. We would suggest that some patients may benefit from NK cell and other immune testing if they have a suggestive history. Only if they have immune system imbalance would we then consider treatment.

HFEA view: <https://www.hfea.gov.uk/treatments/explore-all-treatments/treatment-add-ons/>

I have read and understand the controversy of the immune testing and immune therapy evidence and I request to have IVIg treatment.

Print Name:

Patient Signature:

Date:

Clinic staff name:

Clinic staff signature:

Date: