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**CONCEPT** OPENS A 21ST CENTURY FACILITY

# faced with infertility

THE DECISION TO HAVE CHILDREN CAN BE DAUNTING – BUT IT CAN BE EVEN MORE SCARY FOR COUPLES TO DISCOVER THEY MAY BE INFERTILE. UNFORTUNATELY, 15 PER CENT OF COUPLES IN THEIR REPRODUCTIVE YEARS CANNOT FALL PREGNANT NATURALLY AFTER 12 MONTHS OF TRYING.

**M**ost couples tend to go to their family doctor or gynaecologist first and are then referred to a fertility clinic. Usually some general, fairly non-invasive testing is done and 90 per cent of couples will know why they are having trouble conceiving.

There are two degrees of infertility: complete, when a couple definitely cannot get pregnant without help, and incomplete, when the odds of conceiving naturally are reduced and more unlikely.

Couples who have tried unsuccessfully to have a child for over a year are subfertile, couples that have never been able to conceive have primary infertility and couples that are struggling after having previously had a child suffer from secondary infertility.

Females and males are individually responsible in 40 per cent of cases, both partners in 10 per cent of occurrences and a further 10 per cent is unexplained.

According to Concept Fertility Centre scientific director Dr Peter Burton, usually both partners come in for an appointment. “We find out how long they’ve been trying to conceive and ask questions about their medical history and assess lifestyle factors such as the frequency of intercourse, if they’re overweight, smoking or taking medications,” he says.

In males, infertility can be the result of a low sperm count, poor sperm mobility and coital difficulties, while in females it can be caused by hormonal disorders, blocked fallopian tubes and endometriosis. Lifestyle factors can make a huge difference.

“Advancing age is also certainly part of it,” Peter says. “The number of female patients over the age of 40 increased in 2009 and has been slowly increasing over time. Now we know the age of the male is also important and there is an increased number of male patients in their 40s and 50s.”

Sometimes it can be as simple as couples not having intercourse at the right time of the month; one partner may work away and may not be home at the right time. Blood tests can predict the most fertile time of the month and the couple will be advised when to have intercourse – the timed intercourse procedure does work, particularly in couples where the cause of infertility is unknown.

“That is often the first step for couples with unexplained sub-fertility, depending on the couple’s ages, they might try this for three to six months. Otherwise, older couples or those with a known cause go straight on an IVF (In Vitro Fertilisation) or ICSI (Intracytoplasmic Sperm Injection) program,” Peter says.

While IVF and ICSI essentially have the same process, the fertilisation technique is very different. IVF involves placing around 50,000 sperm with each egg whereas with ICSI one sperm is injected directly into an egg. Peter says ICSI has revolutionised the treatment of male infertility, because only one sperm is needed per egg.

Both IVF and ICSI cycles start with medication to stimulate the ovary so that around 10 eggs develop. The eggs are collected when they are mature and fertilised using ICSI or IVF techniques. The fertilised eggs become embryos which are allowed to grow and develop in the laboratory. One embryo is then transferred to the woman’s uterus three or five days after fertilisation. Any excess embryos can be frozen and stored for future use.

Trying for a baby can be a very emotional and a stressful time and Peter expresses how important it

TRYING FOR A  
BABY CAN BE AN  
EMOTIONAL TIME –  
BEING FULLY INFORMED  
AND HAVING VERY GOOD  
EMOTIONAL SUPPORT  
IS IMPORTANT.

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## STAFF MEMBER PROFILE

### LIZ BEADLE – Coordination Manager

"I organise the patients for their meetings and appointments, have a morning clinic where we do injections and I do all the patient interviews so they are ready to start on the program – I send the paperwork and can explain the whole process to them," coordination manager Liz Beadle explains.

"I also do donor insemination and partner insemination, ovulation tests, post-coital tests, tests to see if women have hostile mucus and I chat to a lot of patients about getting referrals and making appointments with their gynaecologist."

Basically a go-to person for the patients, Liz – who has been with Concept for an amazing 23 years after beginning her career as a theatre nurse – loves being able to tell a couple they're pregnant and is often visited by past patients with their new bundles of joy.

"We do form relationships with the patients; a lot visit or ring you if they have

any problems at all," she says. "Sometimes they just need a general chat. It's always a matter of directing people to the right places, to gynaecologists or counsellors."

## HOW DO WE GET STARTED?

The most common question Liz answers is 'how do we get started?' Step one is getting a referral from a general practitioner; they'll then see a Concept gynaecologist and a counsellor if necessary.

"A lot of people are increasing counselling, which can help with emotional support," Liz explains.

"We don't assess that as meaning there is anything wrong; we make it clear to patients counselling can help with education, relaxation and stress. We're not here to judge, some people think seeing a counsellor may mean we'll say no to them and they won't be allowed to start treatment, but we just want to help with the emotional side of treatment."



is for couples to have adequate information and emotional support. "We don't actively encourage patients to tell people they are trying or having difficulty conceiving – some people do tell everyone, but others are more private," he says. "It's a personal choice."

Concept offers and encourages counselling for all couples, included as part of the fee for treatment. "We have trained counsellors and clinical psychologists at Concept, but all staff play a role in providing emotional support," he says. "People feel their stress during different stages of the treatment. Research from Concept and The University of Western Australia showed the most stressful days of an IVF cycle are the day of the egg collection and the day of the embryo transfer."

## Concept Fertility Centre's Gynaecologists

Dr Lucy Williams .....	9382 9462
(Medical Director)	
Dr Rob Mazzucchelli.....	9381 5290
Dr George O'Neil.....	9381 1333
Dr Erica Shellabear.....	9481 1581
Dr Graeme Thompson.....	9382 2679
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## concept from birth

CONCEPT FERTILITY CLINIC WAS THE FIRST PRIVATE IVF PROGRAM IN AUSTRALIA, STARTED BY CURRENT MANAGING DIRECTOR AND REPRODUCTIVE BIOLOGIST BRUCE BELLINGE IN 1982. BRUCE HAS ALWAYS HAD A PARTICULAR INTEREST IN EARLY FOETAL DEVELOPMENT.

**H**aving evolved from a small room in the Avro Hospital, Concept is back on Nicholson Road in Subiaco, but this time with a state-of-the-art facility.

At the forefront of technology, Concept offers a range of reproductive services in-house and a high quality and continuity of care for its patients. Over the years, Concept was involved in a number of firsts for Western Australia – the first GIFT (Gamete Intrafallopian Transfer) procedures, the first ICSI (Intracytoplasmic Sperm Injection), the first assisted hatching procedures and the first pre-implantation genetic diagnostic work.

“Getting our first pregnancy at the beginning of 1982 was the first highlight,” Bruce recalls. “And every time we’ve done a new procedure and managed to get the first successful pregnancy from those procedures is a highlight.”

Though Concept began at the Avro Hospital, it was only there a few years before moving in 1985 when the hospital failed to comply with the higher hospital standards. After a yearlong stint at Bicton Hospital, Bruce struck up

a relationship with King Edward Memorial Hospital, where Concept remained for 22 years.

“In that time we developed and established a philanthropic program where we subsidised a number of people who were financially disadvantaged, to help them have children – and we continue to do that here,” Bruce says.

“What we have set up here now is a facility that can not just assist in reproduction. One of our

philosophies here is to provide a full range of assisted reproductive services – everything, including procedures done infrequently. So we provide the full range of services and as long as patients have health insurance they will pay nothing out of their pocket for the hospital services.

“We run our own hospital here, we run our own pathology practice and we run

“THE NEW FACILITY IS A VAST IMPROVEMENT ON WHERE WE WERE; WE HAVE THE BEST FACILITIES OF ANY UNIT IN WA.”

DR GRAEME THOMPSON  
fertility specialist,  
gynaecologist and obstetrician

our own out-patient clinic. We also have our own ultrasound equipment here, so patients coming through for assisted reproduction don’t have to go anywhere else for any component of their treatment; it’s all done in the one location.

“In the IVF field, the evolution of the new technology has been very, very rapid. I’ve taken on some very intelligent and vibrant people who have pushed it forward; my nursing and science staff are all very competent professional people.

## How to find funds for sustainable growth

In recent years, healthcare practitioners specialising in fertility services have experienced growing demand. And the evidence suggests this trend will continue.

Australia is undergoing a mini baby boom. According to the Australian Bureau of Statistics, our birth rate increased from 1.7 to 1.9 births per woman over the last

four years. Yet the age of parents at birth is also increasing, with the median age of mothers reaching 30.7 in 2008.

Western Australia Head of Healthcare Specialists at the Commonwealth Bank Trent Carter says all of this is good news for fertility practices, especially those looking to grow,

either by expansion or acquisition. However growth is something that needs to be managed carefully.

“Nothing tests the strength of a business like rapid growth,” Trent says. “As patient numbers increase, practitioners need to invest more back into their businesses — hiring staff, buying new equipment or moving to

larger premises. That’s when financial processes and cash flow both come under pressure.

“The key is to secure flexible access to funds for sustainable growth. In the past, that was sometimes difficult for practitioners who were unable or unwilling to offer substantial assets, such as residential

I've had some people who have been with me a long time – six people have been with Concept for over 20 years and 13 people who have been here over 10 years, so we've got good people who have been with us a long time.

"I'm very proud of the people who have worked with me to help evolve the technology.

"Every baby that's born is a highlight, it's wonderful to see a successful outcome for a couple where there is the potential for heartache."

Bruce says many people have a tremendous disbelief when they first find out they're not fertile because they have spent years suppressing their fertility. "So, there's a natural expectation that when they lift off that suppression they will be able to conceive – but one couple in six will not be able to conceive naturally," he explains. "It's a shock initially, then they get very angry and upset – that's when we can provide them with another avenue.

"Most of the couples who persist will conceive as long as they're prepared to keep the process up."

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"NOW THE NEW PREMISES CAN OFFER A WIDER RANGE OF SERVICES ASSOCIATED WITH IVF, GYNAECOLOGY HEALTH AND PRE-GYNAECOLOGY SURGICAL WORK. WE CAN HAVE A CLOSER APPROACH WITH OUR PATIENTS AND WITH OUR OWN THEATRES AND BIOCHEMISTRY, WE CAN DO THE WHOLE PROCESS AND KEEP IT AS A FAMILY UNIT."

JENNY BROWNE, director of nursing

At this stage, Bruce believes Concept is the largest facility of its kind in WA. "I would like to see us at the forefront of providing services and going forward we want to maintain our position," he says.

"I like to think we will be able to contribute to the WA community going forward and would like to ensure we are at the cutting edge of any new technology that evolves. I'd also like to make sure we pick up and develop new techniques in-house as well."

"WORKING HERE IS SO FANTASTIC I JUST LOVE IT. PATIENTS USUALLY WOULD BE REFERRED TO A FERTILITY CENTRE, BUT HERE THEY ARE GIVEN THE NAMES OF THE GYNAECOLOGISTS WHO WORK HERE AND CAN SEEK OUT WHOMEVER THEY WISH TO BE REFERRED TO... GYNAECOLOGISTS CAN GIVE PERSONAL CARE TO THEIR PATIENTS AND I LIKE BEING ABLE TO FOLLOW UP MY OWN PATIENTS."

DR ROB MAZZUCHELLI, gynaecologist

property, as security for a loan. But now many practitioners have the option of using cash flow lending solutions to boost their borrowing power without offering a physical asset as security.

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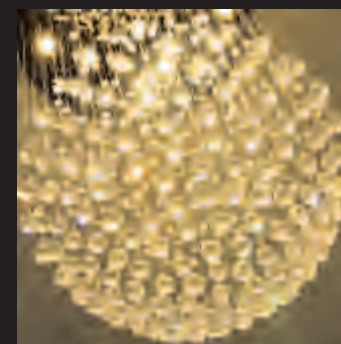
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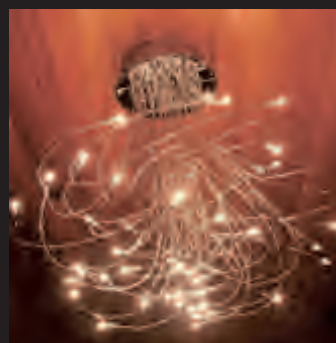
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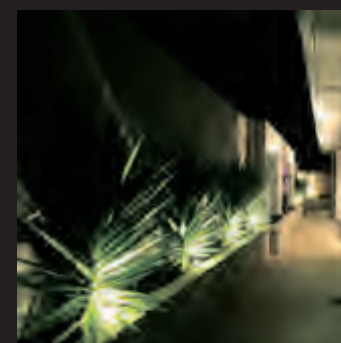
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## growing pains: IVF success

After achieving a successful pregnancy and birth, Sarah\* is trying once again for a baby. She says children are the best thing that even happen to you. While she always thought she would be a career woman and would never want children, she says she just had a feeling something was wrong with her body.

“For me, my story really begins watching the Sunday program when I was about 28 – they had this story about women waiting until 35 to have children,” Sarah says. “As a working professional I thought I would just have kids at 35, do IVF if I had to. But my husband and I saw this show and didn’t think we could wait that long.

“We started trying when I was around 30 years old, two years before I saw my doctor.”

After having a simple blood test, Sarah found out she didn’t ovulate and she and her husband were wasting their time. Six months later the couple saw their gynaecologist at Concept.

“He didn’t suggest IVF straight away; we went through timed intercourse – you ring up and they basically say have sex now – but that didn’t work.

“I’m very lucky in that I seem to respond well to drugs, I don’t really get many side effects, but looking back now I can’t really remember how awful it really was. I do remember one day bawling my eyes out when I found out I wasn’t pregnant.

“I was working, I was really happy in my job, but it’s a real challenge because you have to be happy with both lives, but after a two-and-a-half year battle, you can’t help but start to struggle in your work life. In order to have a baby you have got to be prepared to give away your job for a period of time – at least three months if that’s what you want – but you can’t be like a man and just take a week off, so some women struggle.”

The next step for Sarah was to try artificial insemination. She knew it was the first chance they had to start to produce, but each time she went back to Concept nothing had happened.

“I had to go there before work because I was worried telling people would jeopardise my job,” she explains.

“I would go in feeling low, and people with babies would let them come up to me – and I wanted to tell the parents I don’t want your children in my face.

“I was very lucky, I didn’t expect it but I got pregnant during the first cycle. I didn’t actually believe I was pregnant, because I didn’t have any symptoms, and when I went for my first ultrasound I didn’t actually want my husband in the room. I went through everything on my own; I could handle myself being disappointed but not having him upset. But when we saw the little heartbeat the staff went to get him. I then went to the obstetrician, who said my chances of miscarriage were only one per cent, the same as everyone else, unless there was a physical reason I couldn’t carry a child.”

Looking back, Sarah says she was never excited about being pregnant and puts it down to being her body’s way of protecting her from the disappointment. “While I’m not a worrier, I don’t count my chickens before they hatch. My best friend had IVF before me, my cousin after, and both experienced the same.

“I didn’t feel excited, but I look back and it really was the best day of my life. I had an amazing birth of only two hours – I was so lucky – but I didn’t get that super bond with my daughter.

“I remember saying at three weeks, I’m so grateful to have gone through this, even if something were to happen to my baby. Not wishing, but that’s the negativity you feel and I still didn’t want to count my chickens.”

But by three months, Sarah felt like any mother does and believes she is the luckiest person around.

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“There are lots of great stories of IVF,” she says. “Women going through this google and look at everything, anything to get them through the two week wait. There’s injections, ultrasounds, it’s not just waiting for a pregnancy test. You do your bloods, ring, have the ultrasound looking for follicles, then embryo pickup. You ring every day and then find out from 10 eggs half didn’t fertilise. It’s endless.

“I bought a bottle of Moët for my doctor six months after giving birth as that’s when I felt like going around again. I remember saying, ‘thank you,

### THE FOLLOWING ARE SOME OF CONCEPT’S SERVICES:

- IVF (In Vitro Fertilisation)
- GIFT (Gamete Intra Fallopian Transfer)
- ICSI (Intro Cytoplasmic Sperm Injection)
- Oocyte/embryo cryopreservation
- Oocyte/embryo donation
- Ovulation monitoring
- Hormone evaluation
- Semen evaluation
- Infertility counselling
- Gynaecological surgery
- Intra uterine sperm insemination
- Donor sperm bank/donor insemination
- Semen storage
- Ultrasonic diagnosis
- Assisted hatching
- Blastocyst culture
- Pre-implantation genetic screening/diagnosis
- Surrogacy
- Fertility preservation procedures

because if you didn't go and study and do everything you did; if you didn't work seven days a week, come in at 7am and be there on Sunday, I wouldn't have my baby'.

"My best friend in the eastern states paid at least double the price we paid, so there is no price comparison. Money wasn't an issue for us, but I can't comprehend a failed cycle; paying money for not only nothing but not the most pleasant experience in the world."

Sarah says she knew it would take a while and was impressed by the ethical decisions of her doctor. Rather than rushing into IVF, as her friends had done, she tried more natural approaches first.

"One of the most important things to do, as an 18-year old woman, is go and have everything checked out," she emphasises. "It's such wasted time when you're older."

"I'm naturally quite a fit and healthy looking person, but I can't fall pregnant naturally. It was harder because I knew it wasn't a skill. You look around, it seems idiots can have children – I saw them get the baby bonus!"

"I didn't tell anybody, only close friends after I'd started IVF. I got pregnant in July and it wasn't until March or April I'd even mentioned I'd been trying. For me, that was extra pressure and disappointment and everybody feeling sorry for you makes it worse."

"I told people if there was news I'd say something, but please don't ask."

"I've looked for more information this time and wrote on lots of forums because you can really say all the things you feel. Boys don't really understand – they don't go through it."

This time when coming into Concept Sarah is mindful of her baby and how others can feel emotional and upset. "I try to be more sensitive and don't coo or make a fuss – I know how it feels. Semi-regularly I was in the waiting room quietly crying. If I can avoid taking the baby I will, but don't have anywhere to mind her."

Sarah says while the doctors are good at Concept it is the support team that make it happen. "When I rang up I thanked the receptionist as well. When you're an emotional wreck it's the people you're in contact with you whinge to and they'll let you have that space even though they've heard the same story 50 times before."

## CONCEPT FERTILITY CENTRE AND DAY HOSPITAL

### FACILITIES INCLUDE:

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Four treatment rooms  
Scientific laboratories  
Fifteen recovery beds/recliners with TVs  
Ample free patient parking  
Ample free consultant parking  
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### SERVICES IN ADDITION TO ASSISTED REPRODUCTIVE TECHNOLOGY AND FERTILITY TREATMENT INCLUDE:

Laparoscopy  
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Colposcopy  
Wide range of gynaecological procedures



### CONCEPT DAY HOSPITAL ALSO PROVIDES:

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## what Concept has to offer

ONE OF THE BIGGEST DIFFERENCES BETWEEN CONCEPT AND OTHER FERTILITY CLINICS IS THE CONTINUITY OF CARE CONCEPT OFFERS. YOUR SPECIALIST WILL OVERSEE AND MANAGE ALL ASPECTS OF YOUR TREATMENT PROGRAM, USUALLY ALSO PERFORMING THE EGG COLLECTION AND EMBRYO TRANSFER PROCEDURES.

Concept's clients not only have contact with their doctor, but their patient coordinator, counsellor and the scientists in the team. Rather than just being a number in a clinic, Concept endeavors to know each and every patient on a personal level and offers the full range of support.

Concept's consulting gynaecologists have between 10 and 27 years of infertility management experience. Thirteen staff members have been with Concept for more than 10 years six for over 20 years.

**AT CONCEPT, AROUND ONE IN THREE COUPLES ARE PREGNANT ON THEIR FIRST ATTEMPT AND PREGNANCY IS USUALLY ACHIEVED WITHIN A FEW CYCLES.**

It is also very important to understand how much your treatment is going to cost. "We don't require upfront payments and don't charge an ongoing storage fee for embryos, eggs or sperm," Dr Burton explains. All the necessary information about the Medicare Safety Net is also available.

For the first IVF treatment, the full price is \$5750 – but with the Medicare rebate of \$2499 and the extra safety net rebate of \$1550, the range of out-of-pocket expenses is between \$1701 and \$2813. While the second treatment is the same for full care, the extra safety net rebate is much higher, so the out-of-pocket expense is only \$1162. Other common treatments include ICSI (\$750 for full

care as part of IVF, a total expense of \$314 to \$414 after the rebates) and embryo freezing (\$500, no rebates are allocated). Concept's fees have remained unchanged in 2010.

Having just moved into the new state of the art building in Subiaco, Concept now has a day hospital facility.

Concept Fertility Centre scientific director Dr Peter Burton says. "The day hospital is available for gynaecology day procedures. The hospital facility has an A Class Private Hospital License, so our range of services can go above and beyond fertility treatments."

With 24-hour telephone service and support, Concept understands how difficult the IVF procedure can be. A full counselling service is provided as part of the fee, because a strong support network is the best foundation for couples undergoing treatment – and not everyone is comfortable talking to family or friends about their treatment.

Open on Saturdays and Sundays, Concept is also affiliated with collection centres around the metropolitan area so those undergoing blood tests early in the morning can still make it to work on time by visiting their local collection centre.



**LUCY WILLIAMS –**  
Medical Director

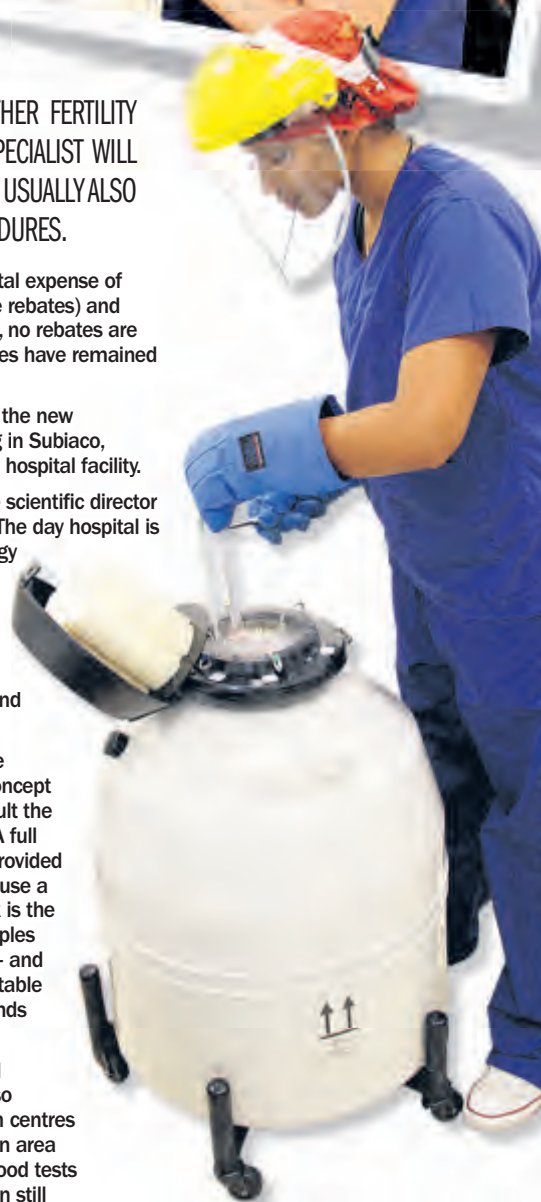
Concept medical director Dr Lucy Williams oversees the medical processes at the centre, ensuring the high standard of care is maintained. Lucy also provides the government with feedback on new legislation impacting on fertility care, such as the Surrogacy Act, and as a member of the Medical Directors group of the Fertility Society of Australia, she has been highly active in lobbying the federal government for improvements in Medicare support for fertility patients.

"At Concept I oversee training of new gynaecologists to the unit in the specialised procedures involved in IVF and management of fertility problems," Lucy says. "I always highlight the importance of dealing with the people involved and listening to their personal stories."

**"EACH NEW INDIVIDUAL WALKING ACROSS THE THRESHOLD OF CONCEPT HAS ALREADY SUFFERED CONSIDERABLE HEARTACHE TO REACH THIS POINT. ONCE THEY ARE IN OUR CARE, IT IS OUR JOB TO MAKE SURE THEY RECEIVE AS MUCH SUPPORT AT A CLINICAL AND ALSO A PERSONAL LEVEL."**

The doctors at Concept meet monthly to keep up-to-date with any new developments and confer on difficult to manage cases. "At Concept everyone has their own gynaecologist who they see as their private patients," Lucy explains. "I find this works very well – patients really appreciate being able to maintain a personal relationship with their doctor. As doctors, we can also take advantage of the collective expertise of the group, which ends up giving our patients the best of care."

Lucy loves gynaecology and the fertility industry because of the constant developments in the field. "I think this is a fantastic specialty; the science is amazing, there is continually new exciting developments and I get to work as part of a multidisciplinary team with highly experienced embryologists, nurses and counsellors," she says. "My patients are a wonderful group of people – I feel I can really make a difference and help them. My patients just want a healthy child of their own and it's really exciting to help them achieve that."



# the science of a new life

SCIENTIFIC DIRECTOR **DR PETER BURTON'S** ROLE COVERS THREE MAIN AREAS. HE DIRECTS THE SCIENCE DEPARTMENT BY OVERSEEING THE MANAGEMENT OF THE, EMBRYOLOGY, SEMENOLOGY, BIOCHEMISTRY AND GENETICS LABORATORIES, COORDINATES CONCEPT'S RESEARCH PROGRAM AND PROVIDES EDUCATION.

Scientific director Dr Peter Burton oversees the management of the embryology, semenology, biochemistry and genetics laboratories, coordinates Concept's research program and provides education to the public.

"I make sure we're using up-to-date technology and review new procedures and new techniques to make sure we're offering our patients an up-to-date service," Peter says. "If a new technique or procedure becomes available we review the literature and then make a decision whether to implement it or not."

For Peter there's also the education side of things. He provides lectures for second and third year reproductive biology students at The School of Anatomy and Human Biology at The University of Western Australia (UWA), third year reproductive biology students at the School of Biomedical and Sports Science at Edith Cowan University (ECU) and third year biomedical science students at the University of Notre Dame.

Concept Fertility Centre also has education/information evenings which Peter runs along with the information stands at the Every Woman Expo,

and a GP education day. He is asked to lecturer various groups.

Part of Peter's role at Concept is to coordinate the research program. He collaborates with researchers at UWA and Edith Cowan University and currently co-supervises two students who are doing their honours projects and two students doing their PhDs.



"IT'S EXCITING DOING RESEARCH, GETTING RESULTS AND PUBLISHING YOUR WORK IN JOURNALS."  
DR PETER BURTON scientific director

"There's a lot of data that gets published in the area of fertility," Peter says. "There are many different research journals so I do a lot of reading and attend international and national conferences to keep up-to-date with research and break-throughs."

As a university student, Peter's favorite subject was reproductive biology. "I had a liking for reproduction, so I did a science degree with a major in human

biology followed by a PhD in the reproductive biology unit of the School of Anatomy Human Biology at UWA," he says.

"I had been doing research at UWA for a long time but I wanted to move closer to the clinical side of things and be closer to patients and couples coming through instead of being at a distance in a research lab. Even though the research I was doing was exciting and important, it felt like it was a long way from the clinical interface.

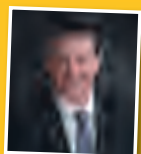
"My interest was always in reproductive biology and in the 80s at university the area was just starting to emerge. As a student at the time it was extremely exciting IVF was available.

"Initially I spent more time in the embryology lab and now its evolved away from that into management, education and research and spending more time talking to patients and reviewing their files." Peter also talks to patients if they're having problems and answers questions about their treatment.

Peter enjoys seeing couples have success with their fertility treatments, particularly when they've tried for a long time. He also takes some solace and comfort being able to help unsuccessful couples move on and make the decision to stop treatment.

"What I try to do is be honest and provide useful information to help them (the couple) make decisions about their treatment and to listen to what they're saying about their experiences," he says.

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**Determined** to be different

## STAFF PROFILE

**DR GRAEME THOMPSON** – Fertility Specialist, Gynaecologist and Obstetrician

It will be a sad day for fertility specialist, gynaecologist and obstetrician Dr Graeme Thompson when he retires from obstetrics. Highlights for him in his every day work are every baby he's ever delivered, especially if the baby is a result of assisted conception.

"My role is to consult patients at Concept," Graeme says. "I got into the fertility field as I was initially interested in surgical work. I completed a fellowship in Flinders at the University of South Australia and worked with a micro-surgeon there."

Graeme says the best help Concept can give their patients is to get them pregnant. "We need to be supportive and empathetic," he says. "The most important thing the patient wants is a friendly ear and somebody who doesn't treat them as though they're just a number."

The opening of the new building is something Graeme has always envisaged. "Our goals for the future are to be as good as we can be, to hold market share and ensure the facilities and equipment remain sharp, good looking and up to date," he says.



**WE NEED TO BE SUPPORTIVE AND EMPATHETIC.**

**CLAIRE ELLERY** – Theatre Manager

Concept Fertility's new theatre manager Claire Ellery was responsible for buying equipment, setting up the theatre and hiring staff for the new facility. "As we were at King Edward before, the move involved setting up this new equipment, buying equipment and getting the theatres fully stocked ready for procedures," Claire says.

"At King Edward we couldn't do general anaesthetics but now that we have a procedure room and a theatre room, we can perform general anaesthetics. This gives us the opportunity to perform diagnostic procedures for any of the fertility gynaecologists or diagnostic laparoscopy.

"The service is now more comprehensive as we look diagnostically for things that may affect fertility and how pregnancies fail to follow through. It's a fantastic facility, it looks fantastic and I think patients are very happy with it."

Claire graduated in nursing as a mature age student in 2004. "I think being mature age makes you a better nurse in some ways," she says. "I always wanted to do nursing in my 20s but it took me a while to get back to university to do it – it's been a fantastic career move."

After graduating Claire worked at St John of God hospital in Subiaco where she moved to theatre straightaway. She took a theatre course, studied a post-graduate in preoperative nursing at Curtin, completed her Diploma last year and is currently studying her Masters.

**JENNY BROWNE** – Director of Nursing

Longstanding employee of Concept Fertility, director of nursing Jenny Browne has been with the Clinic since 1992. "When I first came on board we had the main centre at King Edward and I started up three sub-centres, which I staffed, coordinated and marketed," she says.

Jenny came back to the main centre as the company grew and is now responsible for overseeing the functions of nursing staff, staff management, quality control and monitoring of systems.

"I'm a midwife by trade so I've always loved women's health and after I had my babies we moved from Toodyay down to Perth," Jenny says. "I applied for a midwifery position at Rockingham

"I enjoy expanding my knowledge base, finding out the latest information and technologies and applying it to my work setting," she says. The most rewarding part of the job is feedback that patients we've had come through are now pregnant."

Claire's goal is to have the new theatre and procedure room at capacity all the time. "At the moment we've started discussions with doctors to bring any type of day gynaecology procedures here, so we're hoping to expand the fertility side as well as give a comprehensive range of fertility treatments."

**THE MOST REWARDING PART OF THE JOB IS FEEDBACK THAT PATIENTS WE'VE HAD COME THROUGH ARE NOW PREGNANT.**



Hospital and then this position – I saw an ad in the paper and thought it sounded a bit different, and something I would be interested in learning about.

“The new facility has been extremely rewarding since the process began in December 2007 when the Health Department said King Edward wasn’t big enough for us anymore and it’s time to move on. From that point on I’ve been involved in putting this building together and that’s certainly been a very rewarding process as well.”

“Patients are given questionnaires and often comment they aren’t just a number at Concept and they felt welcome and that’s one

of the rewarding things. We even get feedback from couples whose outcome may not end up with a baby but were happy with the overall process and treatment they received.”

Jenny says it’s a very rewarding field and place to work. “The team is not too big or too small, so it’s a lovely size,” she says. “It’s got a good family feel here and an excellent CEO in Bruce Bellinge. He nurtures staff like they’re his family and gives it a nice flow around the place.”

**IT’S GOT A GOOD FAMILY FEEL HERE AND THE TEAM IS NOT TOO BIG OR TOO SMALL.**

## KYLIE MOORE – Lab Manager

Newly appointed lab manager Kylie Moore is in charge of the embryologists and liaising between doctors and patients. She has worked at Concept Fertility as an embryologist for five years.

Kylie never really knew this kind of job existed. “I went to university and completed a genetics degree,” she says. “I kind of didn’t know this was possible but I saw an ad in the newspaper and it’s great because you get the science side of things in reproduction but also get to deal with people so you feel like you’re helping them.

“I completed my degree and worked for only a short time in genetics as you work on a tiny part of something and no one understands what you’re talking about. When I got this job I learnt so much and to this day I’m still learning more as you’re always making decisions because every patient has a unique case and that’s what I like about it.

“I enjoy helping people and seeing those who’ve tried for ages finally get pregnant

and bring their babies in. It’s different every day; we do different things and make decisions every day so no two days are ever the same.”

Kylie wants to keep challenging herself and as soon as she got the job as an embryologist didn’t want to do anything else. “I’m happy here, it’s a great place to work, we all get along really well and there’s a great working environment,” she says.



**YOU’RE ALWAYS LEARNING AND MAKING DECISIONS BECAUSE EVERY PATIENT HAS A UNIQUE CASE.**



**WHEN I PUT THEORY INTO PRACTICE, THE KNOWLEDGE TENDS TO STICK!**

When I decided to study Human Biology, I knew I was in for a challenge. Without the help of the ECU staff, and their flexible approach to students, it would have been impossible even to get started. The open door policy means you can just walk in and talk to some of the nation’s most respected academics! The laboratory work is also really helpful. When I put theory into practice, the knowledge tends to stick!— Adam Hayward, ECU Human Biology student.

ECU Human Biology takes a multi-disciplinary approach, incorporating traditional interests of Human Biologists— Genetics, Anatomy and Physiology and Evolution, and a biomedical analysis of the human condition. With access to inspirational lecturers, state-of-the-art laboratories, and the chance to pursue postgraduate studies, it’s not surprising that a number of ECU Human Biology graduates are currently valued members of the Concept Fertility Centre and Day Hospital team.

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ECU Human Biology students speak for themselves





## DR ROB MAZZUCHELLI – Gynaecologist

Gynaecologist Rob Mazzucchelli graduated as a specialist obstetrician/gynaecologist in 1970 and went into private practice in 1974. It was then he first developed an interest in infertility – specifically relating to the issue of infertile males and the use of donor sperm.

Rob became a prime mover in the use of frozen sperm, which he would import from Monash Hospital in Melbourne. “At one stage, I had probably one of the biggest donor insemination practices in Australia,” Rob says. “I was one of the prime movers behind the push to establish the frozen sperm unit at Sir Charles Gardiner Hospital’s reproductive medical centre.

**“I JOINED CONCEPT FERTILITY CENTRE IN 1983 AND IT HAS BEEN MY PRIME INTEREST SINCE THEN. I DELIVERED MY LAST BABY IN 1990 AND GAVE UP ALL GYNAECOLOGY WORK ABOUT THREE YEARS AGO. THIS HAS ENABLED ME TO DEVOTE 100 PER CENT OF MY WORKING TIME TO IVF AT CONCEPT.”**

“To be part of the team at Concept where we have everything at our fingertips – blood testing, sperm testing, counselling and an operating theatre – is a great privilege. IVF is not a full time practice for most of the doctors at Concept, but for me it is; I was lucky to be offered such a position.”

A typical day for Rob starts with ultrasound scanning of egg development. From there he may have a couple of theatre cases such as egg collection or embryo replacements. He will then see new and follow up patients for three hours, three times a week.

Rob likes being associated with the Concept Fertility Centre. “As far as I know, it is the only clinic in WA with a seven day per week service,” he says. “Concept gynaecologists give personal care to their patients and carry out the majority of procedures themselves rather than being on a roster system.

“I enjoy working with young healthy people who are well motivated. Most people are on-side, are willing to be treated and are highly motivated to give it their best chance.

“The joy from success on achieving a pregnancy outweighs the disappointments and frustrations we feel for patients who do not manage to become pregnant. We are acutely aware of the huge financial costs and sense of personal failures and grief of which people go through after several failed attempts.”

Rob loves the team he works with and of course now the new centre. “I love coming to work – every pregnancy is a highlight,” he says.



## seeing a new patient

THERE ARE TWO WAYS OF REFERRAL TO CONCEPT FERTILITY CENTRE; EITHER A GP REFERS A PATIENT TO A GYNAECOLOGIST WHO WORKS AT CONCEPT, OR PATIENTS CAN MAKE A REQUEST. ONCE ALL THE NECESSARY PAPERS ARE COMPLETE, THE COUPLE WILL COME IN FOR AN INITIAL CONSULTATION WITH A GYNAECOLOGIST, WHICH QUITE OFTEN WILL BE ROB.

“First of all, you have to establish the reasons why they’re not getting pregnant – and for a lot of patients they don’t have a reason,” Rob says.

“Then, you have to ascertain what they personally want to do about the situation. Not everyone who comes to see you wants to go through IVF.”

Quoting a piece of research he had come across last year, Rob says almost 50 per cent of patients worldwide who have their first interview never actually follow up and go through IVF for various reasons.

“They’re scared, put off by the costs, put off by the emotional trauma it’s going to involve, some of the relationships might not be quite that strong,” he explains. “There are lots of reasons why, but those figures seem to be very constant around the world and they are disturbing. You know you can help people but because of their own reasons they don’t take it up.

“You have to try and find a reason for the fertility problem and what the couple wishes to do. If they’ve elected to go through the IVF program, I discuss what’s involved.”

Everything from the ground up, the need for counselling, testing, side effects and the likelihood of success can be discussed. Rob says another common question is how much time the female patient will need to take off work, which is not really very much.

“We try to keep these problems to a minimum, not having people come back for unnecessary blood testing or unnecessary ultra-sounds all

the time. We try to keep disruption to their life to a minimum as possible. People have to come a long way and having to come in frequently, especially if you work full time, is very difficult and we are mindful of that.

“Most want to know about side effects and medications – that’s a very real concern. We have a special leaflet that describes the side effects, but I also go through all that in person. Patients can be reassured the majority of side effects are not serious and are self-limiting.

“From there, they have whatever investigations are required, be it blood testing, sperm analysis, meeting with a counsellor and their coordinating sister and they will start on the program we have devised.”

While some patients may take longer, Rob allows a full half hour with a new couple.

“People really care about their situation, they’re on-side so it’s not as if you’re dealing with things like drug addiction – these people want to give it their best chance,” he says. “In general, most people are very lovely and I like working with them.

“Following up is something very important to me; at a lot of clinics patients don’t see their doctor afterwards, they’ll only see a nurse or get a telephone call. But I think it is important to see them as individuals.

“When it’s bad news, what more can you do other than say sorry and express your condolences? But every successful pregnancy is a highlight.”

# current research programs at Concept

COLLABORATING WITH THE UNIVERSITY OF WESTERN AUSTRALIA (UWA) AND EDITH COWAN UNIVERSITY (ECU) CONCEPT'S RESEARCH PROJECTS COVER THREE MAIN AREAS; GAMETE AND EMBRYO DONATION ISSUES, THE ROLE OF OXIDATIVE STRESS IN MALE INFERTILITY AND CLINICALLY REVIEWING ASPECTS OF FERTILITY TREATMENT THAT INFLUENCE TREATMENT OUTCOMES.

**T**he collaboration with the UWA's School of Anatomy and Human Biology has spanned over 20 years, with Concept specifically working with Assistant Professor Kathy Sanders currently. The School of Exercise, Biomedical and Health Sciences, Edith Cowan University has worked alongside Concept over the last 10 years.

## PROJECT ONE: attitudes to release of information in donor programs

Whether donor-conceived children should be informed of their method of conception and how much information about the donor should be released to the child are questions continually debated. Parents, donors and offspring have different interests and views on these issues and few studies have looked at this issue in Australia. "The purpose of this study is to identify attitudes of donors, recipients and donor conceived offspring to the issues surrounding the release of information about a child's origin," Concept Fertility Centre scientific director Dr Peter Burton says. "We aim to identify what information is important to each party – donors, recipients and offspring."

Current sperm, egg and embryo donors; recipients of donated sperm, eggs or embryos; and individuals conceived through the use of donated sperm, eggs or embryos can participate. Donor conceived individuals aged 12 years or older are particularly needed to help complete this study.

"Participants complete an online self-administered questionnaire," Peter explains. "A paper version is also available at Concept Fertility Centre on request."

Those interested in participating in the research project are encouraged to visit [www.openidentity.com.au/survey.html](http://www.openidentity.com.au/survey.html).

This project is being conducted by Iolanda Rodino, Assistant Professor Sanders and Dr Burton. Iolanda is a clinical psychologist with a specialty in infertility counselling. Some preliminary findings from this work were presented at the Fertility Society of Australia annual conference in 2009.

## PROJECT TWO: Oxidative stress in male infertility

Male infertility is present in one third of couples attending IVF clinics in Australia and combined male and female causes occur in another 40 per cent of couples. In a high number of these cases the cause of the male infertility is not known.

"In recent years it has become apparent that a harmful process known as oxidative stress can cause male infertility," Peter explains. "Specifically, increased oxidative stress levels are associated with abnormal sperm movement, increased sperm DNA damage and decreased fertility levels."

Oxidative stress occurs in the body when damage to the cells (including sperm) is caused by the production of harmful molecules called 'free radicals'. Male fertility is also known to decrease with advancing age and 40 per cent of females who had IVF treatment at Concept in 2009 had partners who were aged over 40 years and five per cent were over 50. "So, in study one in this series we will examine the role of oxidative stress in the relationship between age and male infertility," Peter says.

"This study specifically investigates the question of whether oxidative stress in the sperm increases in older men. We will also examine whether the level of oxidative stress in the sperm is related to successful IVF outcomes and if this is affected by the age of the male partner."

"It has recently been shown high levels of sperm DNA damage is associated with lower pregnancy rates following IVF. In study two of this series we will examine sources of DNA damage in the sperm of fertile and infertile men, and the association between types of DNA damage and lifestyle factors such as smoking and length of the abstinence period."

Psychological stress is known to adversely affect fertility in both animals and humans, but the mechanisms through which stress affects fertility are not known.

"In study three of this series we aim to find out whether the stress effect on male fertility is due to

stress hormones causing an increase in oxidative stress in the sperm as they do in other areas of the body," Peter says. "In this experiment we will test whether cortisol, a stress hormone also present in semen, directly increases oxidative stress in human sperm. We will examine whether cortisol levels in the semen are related to oxidative stress levels in fertile and infertile men."

These projects are being conducted by UWA PhD student Su-Ann Koh, UWA honours student Nicole Marjanovich and UWA honours student Gerard Chan under the supervision of Dr Peter Burton and Assistant Professor Sanders.



"In another related PhD project recently completed by Dr Gwyneth Gladstones in collaboration Dr Roberts and myself we showed stress hormones cause oxidative stress in the epididymis (sperm maturation and storage area) which may affect the ability of sperm to mature and be able to fertilise the egg," Peter adds.

"At Concept we conduct clinical reviews of aspects of fertility treatments to ensure our clinical protocols offer our patients the best possible outcomes."

"For example in 2009, Dr Mazzucchelli, Assistant Professor Sanders and my research on the administration of progesterone during frozen embryo transfer cycles was awarded the best poster at the annual Fertility Society of Australia conference."

**Research team front row L to R:**  
*Gerard Chan, Nicole Marjanovich, Su-Ann Koh.*

**Back row L to R:**  
*Assistant Professor Kathy Sanders, Dr Peter Roberts, Iolanda Rodino, Dr Peter Burton.*



# moving forward

THE NEW CONCEPT FERTILITY CENTRE FACILITY ON NICHOLSON ROAD, SUBIACO WAS BUILT WITH AN INSIGHTFUL IDEA. DESIGNED BY MEYER SHIRCORE & ASSOCIATES AND BUILT BY PERTH BUILDING COMPANY, MANAGING DIRECTOR BRUCE BELLINGE'S BRIEF WAS TO INCORPORATE AS MANY ENERGY EFFICIENT PRODUCTS AS POSSIBLE UNDER THE HEALTH DEPARTMENT'S GUIDELINES.

**B**uilding and IT manager Terrence Brownlie says Bruce has a very proactive and keen philosophy to try and make the building as environmentally friendly as possible and minimise the overall footprint – something Concept Fertility Centre takes very seriously.

The building boasts 46sqm of solar panels on the roof and was built with low volatile organic compound emission materials. There are no fumes, which is both environmentally friendly and friendly to staff, patients and embryos, which are sensitive to those chemicals.

All lights are motion sensitive and the air conditioning is time managed based on room loading, so both automatically turn off when the office isn't being utilised.

"We had the opportunity of moving into a new building and purchasing all new furniture but we actually brought across as much as could be reused," Terrence says. "The new office chairs are 100 per cent recyclable and furniture was built with a cradle-to-cradle method so it can be used for other functions."

"Big office furniture items such as the boardroom table and waiting room chairs are made of renewable plantation timbers and there is environmentally friendly carpet. All the desks are chipboard which does not emit any organic compounds."

Terrence acted as Concept's project liaison person working with Terry Pilbeam, Concept's project manager during construction. They worked with Perth Building Company's construction project manager Terry Berryman who was responsible for making sure the building was up in time.

"The most difficult building for a construction project manager to build is a hospital because of the complexities of the parties involved. There is the Health Department and the Science Department which have their demands and requirements; there is the functionality of the science department and then the requirements of power and air conditioning."

Terrence has never been involved in a construction project of this size before or in the construction of a building so it's been a unique learning curve for

him. "I think it's come out very, very well," he says. "The final result is a very easy building to work in and a nice environment to work within."

"We were very lucky because we built during the global financial crisis when extra trades people were available. We managed to get our roof on before the winter rains hit last year and once they did hit we were constructing under the roof. It came down to some excellent project managing and time managing by Perth Building Company and Terry Pilbeam."

Before the new Concept Fertility premises was built, the land was a vacant block. Meyer Shircore and Associates had drawn up plans and had them approved for the previous owner in the form of an office building before it was sold to Dr Bellinge.

Planning for Concept Fertility on the 1100sqm site began in late 2007 and construction began in November 2008. Architect director Mark Baker says Dr Bellinge came to Meyer Shircore to discuss the fertility clinic as MSA had already undertaken considerable investigation of the site and its potential uses with the City of Subiaco.

"We were the architects for the whole process," he says. "Our role was to design and document the building

and meet the regularity requirements of the Health Department and local council. Our interior designer was also responsible for the internal fit out of the building."

There are three parts to the new building; consulting and administration downstairs and operating rooms on one side and the laboratory, offices and research on the other side upstairs.

THE BIG THING DR BELLINGE WANTED IT TO HAVE WAS A WELCOMING ATMOSPHERE SO HE MADE THE COLOUR SCHEME SOFT AND WELCOMING AND WE FOLLOWED THAT WITH THE REST OF THE INTERIOR  
MARK BAKER, architect director

"The big thing Dr Bellinge wanted it to have was a welcoming atmosphere so he made the colour scheme soft and welcoming and we followed that with the rest of the interior," Mark says.

"There was a desire by our client to have a measure of efficiency in terms of sustainability, however you are limited in a facility like this as there are constraints on

the materials and methods you can employ due to the overriding Health Department requirements.

"As the clinic offers day surgery the building differed from a medical centre and an office building as you have another layer of approvals to go through. All the issues of infection control and patient recovery come into it."

Mark enjoyed the detailed planning that went into building the clinic because it took a lot of work to get it done. "We were very tight on space and it took a lot of time to get it down to where it was working properly," he says.



Meyer Shircore and Associates is a multidisciplinary architectural practice specialising in all kinds of commercial projects. It has offered project management, architectural and interior design services for over 40 years.

Once design was finalised Perth Building Company was given the job to build the new clinic. PBC had recently completed a medical facility on Cambridge Street and was introduced to Dr Bellinge by the doctor at that facility.

Managing director Adrian Ridderhof says they got involved by telling Concept about the experience on the other project. "One of the major issues was ensuring it was approved by the Health Department," he says. "There was a tight program and a number of changes during the course of construction.

"It's a very tight site as it's between two existing buildings. We had to create a full basement with retaining walls all the way around, excavate that and then start construction. There was limited access from Nicholson Road and we couldn't interfere with the day-to-day trading of the two buildings on either site."

The building is fairly conventional with concrete walls and floors, high class fit outs on good ceilings and entry statements in the lobby.

"The hardest thing we came across was the construction of the operating theatre as most of the equipment was

coming from overseas so we didn't know its size and measurements until late and then the equipment coming over from old premises couldn't arrive until they were ready for changeover," Adrian says.

"It was able to be installed just in time to be put in and finished in order to be approved. It had to be installed, operated, disinfected and sterilised prior to inspection by the Health Department."

PCB built a strong relationship with the two adjoining owners. "We were able to lease their backyard to leave our equipment, have an office, parking, toilets and a lunchroom," he says.

PBC is a mid sized building company specialising in retail and recently medical facilities. "We've had a close relationship with the architects for 25 years so dealing with them was really good in resolving issues," Adrian says.

A stand out feature of the new Concept Fertility Centre is its crystal chandeliers provided by HS Reflections. Owned and operated by Daniel Ho, HS Reflections was given a vision by the architects for an elegant and energy efficient design.

"We supplied all four crystal chandeliers," Daniel says. "They wanted to get the energy rating down so we modified the chandeliers and converted them all to LED.

"LED globes have a very low energy consumption and are the latest phase at the moment. Basically the hospital is keeping up with the market trends of

## MEYER SHIRCORE WAS THE ARCHITECTS FOR THE WHOLE PROCESS

**"OUR ROLE WAS TO DESIGN AND DOCUMENT THE BUILDING AND MEET THE REGULARITY REQUIREMENTS OF THE HEALTH DEPARTMENT AND LOCAL COUNCIL. OUR INTERIOR DESIGNER WAS ALSO RESPONSIBLE FOR THE INTERNAL FIT OUT OF THE BUILDING."**

energy efficiency while still installing a stylish item."

Daniel says the project's outcome has substantially improved the clinic's general outlook, whilst creating a welcoming atmosphere. "Obviously it's a wow factor they wanted and I'm very happy with the overall outcome and effect," he says.

HS Reflections specialises in residential lighting but also caters to the commercial market with an extensive range of crystal chandeliers, down lights, LED lights, modern and outdoor lighting products. Daniel has extensive experience in lighting design and making lighting accentuate people's home and living environment.

Curtains, blinds and furnishing designs by Lois supplied all the roman blinds, roller blinds and bedscreen curtains in the new Concept Fertility Clinic.

Lois worked closely with the designer on products that provided the clinic with a relaxed, modern, functional and aesthetically pleasing environment. "After working on the project for six months it was very satisfying to see the end result," she says.

With over 20 years in the industry working with architects, designers and private clients Lois' experience can provide professional assistance with the selection and supply of custom made curtains, blinds, shutters and all soft furnishings for commercial or residential projects.

# *Trying to get Pregnant?*

- Established in 1982
- Centrally located in Subiaco
- Over 40 sub-centres in metro and regional WA
- Extensive consultant Gynaecologist experience each with 10 – 27 years with Concept
- Extensive staff experience, 13 staff each with over 10 years at Concept
- Green star facility



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