No longer having to simply endure

Concrete options to prevent and relieve pain, with an informed choice for every woman.

Gynéco sans douleur calls for pain to be anticipated, appropriate options to be explained and genuinely accessible, and every woman to be able to choose what suits her with her care team, without pressure to accept or refuse medication.

Options exist

Depending on the procedure and situation, local anaesthesia, certain medications or sedation may be discussed. Less painful techniques can also improve care. A method that works for one procedure is not necessarily effective for another. No option guarantees complete absence of pain.

Choice is part of care

The discussion should cover expected benefits, risks, contraindications, availability and alternatives. The person must be able to report pain, request a pause and discuss another plan if relief is inadequate.

Comfort measures can complement care if wanted. They must not automatically replace appropriate pain relief or be used to ask someone simply to endure.

Concrete collective action

We want pain relief to be part of care, not something people must find the courage to request. This initiative also seeks realistic organization for teams and equitable access to care.

gynecosansdouleur.ca
contact@gynecosansdouleur.ca

General information and a citizen perspective. This document is neither a care protocol nor a professional clinical validation. Historical dossier pages are retained after this supplement. English translation of the French update; no new clinical review.

English translation. Clinical, legal and educational reviews pending.

What the studies show

IUD placement: local anaesthesia may help

A 2018 randomized trial involving 64 women who had never given birth found median insertion pain of 33/100 with a paracervical block, versus 54/100 without a paracervical block (sham procedure). Both groups received a small amount of anaesthetic at the tenaculum site. The injection itself can be painful. This result does not guarantee the same benefit for everyone. [1]

Endometrial biopsy: an option in outpatient care

A 2022 trial involving 123 participants studied a paracervical block with a one- or three-minute wait. Pain control was better than in the comparator groups studied. This is relevant to feasibility, not proof of savings or of no effect on access delays. [2]

Hysteroscopy: technique matters too

A review of seven trials published in 2020 found that vaginoscopy, performed without a speculum or tenaculum in appropriate situations, reduced average pain, procedure duration and vasovagal episodes compared with the comparator technique. It does not remove the need to discuss pain relief. [3]

Another 2020 meta-analysis found an average reduction in pain with local anaesthesia during hysteroscopy. The protocols studied were heterogeneous. [4]

Gas: procedure-specific findings

A 2026 trial in office operative hysteroscopy found less pain with nitrous oxide. This does not prove its effectiveness for all gynaecological care or its cost-effectiveness in Québec. Equipment, training and monitoring matter. [5]

Targeted, non-exhaustive research among publications from the past ten years. Recent reviews may include older trials. Average effect, satisfaction and technical success are different outcomes. No self-medication dosages are proposed.

English translation. Clinical, legal and educational reviews pending.

Relieving pain while preserving access to care

Must we choose between relieving one patient’s pain and seeing the next patients?

Pressure on appointments and resources is real. But presenting pain relief and access as systematically incompatible does not reflect all the options. Some improvements in technique or organization may support both goals. This must be evaluated, not assumed.

Concrete options without excessive promises

Adapt the technique: the vaginoscopy review found both less pain and shorter procedures. It did not directly measure waiting times or cancer diagnoses. [3]

Offer options in clinic: local blocks can be considered for some procedures without routinely using general anaesthesia. They nevertheless require skills, equipment and the ability to manage adverse effects. [1, 2, 4]

Arrange another option when necessary: some people or procedures warrant more time, sedation or another care setting. The least expensive option must not be imposed at the expense of consent or safety.

What we cannot claim

The selected studies do not show that better pain relief will never affect waiting times or that the number of cancer diagnoses will remain identical. Nor do they allow savings for Québec to be quantified. An economic review favours the outpatient setting for certain costs, but also reports more postoperative pain: savings alone are not a sufficient indicator. [6]

Measure the whole care journey

A pilot project could jointly track pain, adverse effects, choice and sense of control, interrupted or repeated procedures, total time, recovery, access delays and costs. This evaluation proposal is an organizational possibility, not a study finding.

Our position: improving access to care and providing appropriate pain relief are two goals to pursue together. Savings must not depend on an obligation to endure.

English translation. Clinical, legal and educational reviews pending.

Elsewhere: documented options

Switzerland: a hospital example

Geneva University Hospitals state that some diagnostic hysteroscopies can be performed with MEOPA, an oxygen and nitrous oxide mixture with analgesic and anxiolytic effects. This documented service does not represent all Swiss practice.

Source: HUG, patient information on diagnostic hysteroscopy

United Kingdom: choice of care setting

The RCOG describes the option of hysteroscopy under general or regional anaesthesia, or sedation, in a setting other than the outpatient clinic. It also notes that patients can ask for the procedure to stop. Professional information does not prove uniform access everywhere.

Source: RCOG, Outpatient hysteroscopy

United States: an individualized plan

The 2025 ACOG consensus recommends individualized discussion of options for office cervical and uterine procedures. It is distinct from a clinical trial and does not guarantee availability of every option.

Source: ACOG, Clinical Consensus No. 9 (2025)

What we propose for Québec

Draw on these options, adapt them to local resources and skills, and jointly measure pain, safety and access. This does not mean that none of these options exist in Québec, nor does it promise zero pain or no effect on waiting times.

Institutional examples accessed November 13, 2026. They complement the studies without replacing professional clinical validation.

English translation. Clinical, legal and educational reviews pending.

Sources and scope of the update

[1] Mody et al. (2018). Paracervical Block for Intrauterine Device Placement Among Nulliparous Women. Randomized trial.
https://pubmed.ncbi.nlm.nih.gov/30095776/

[2] Effectiveness of paracervical block in endometrial sampling procedures (2022). Randomized trial.
https://pubmed.ncbi.nlm.nih.gov/35894487/

[3] De Silva et al. (2020). Vaginoscopy for office hysteroscopy. Systematic review and meta-analysis.
https://pubmed.ncbi.nlm.nih.gov/32645643/

[4] De Silva et al. (2020). Local anaesthesia for office hysteroscopy. Systematic review and meta-analysis.
https://doi.org/10.1016/j.ejogrb.2020.05.062

[5] Nitrous Oxide for Pain Management in Office Hysteroscopy (2026). Randomized trial.
https://pubmed.ncbi.nlm.nih.gov/41955620/

[6] Bennett et al. (2019). Effectiveness of Outpatient Versus Operating Room Hysteroscopy. Systematic review and meta-analysis.
https://pubmed.ncbi.nlm.nih.gov/30528838/

Additional professional recommendation

ACOG, Clinical Consensus No. 9 (2025): discussion of pain-management options for office cervical and uterine procedures. This consensus is distinct from the trials above.

https://pubmed.ncbi.nlm.nih.gov/40373312/

Scope: supplement added to the two general dossiers. Previously sent documents are not automatically resent. Resources for other care pathways and the toolkits do not become clinically validated protocols through this addition.

English translation. Clinical, legal and educational reviews pending.

Resources and practical steps

My body. My care. My voice.

Promoting more humane gynecological care that addresses pain and anxiety while respecting consent, dignity and bodily autonomy. An independent citizen initiative focused primarily on Québec.

This guide adds information on emergency contraception, abortion, sexually transmitted and blood-borne infections (STBBIs), and support to the previous institutional dossier, retained in full as a historical appendix. The new information is dated November 12, 2026; the appendix retains its original date.

Choose a pathway

My sexual and reproductive health

Emergency contraception

Abortion

After sex: pregnancy and STBBIs

Pain, anxiety and respect

After sexual violence

What about my sexuality?

Medical and citizen glossary

General information and guidance: this movement does not provide care, diagnosis, therapy or a guaranteed immediate response. Your care team's instructions take priority. Documentary checks have been carried out; no independent medical review is claimed.

English translation. Clinical, legal and educational reviews pending.

Emergency contraception

Act quickly, without judgment

Contact a pharmacy after unprotected sex or a contraceptive failure if you do not want a pregnancy. Emergency contraception prevents pregnancy; it does not end an established pregnancy. It does not protect against STBBIs.

Levonorgestrel

An oral option to use as soon as possible, up to 120 hours under the Québec protocol. The choice depends on the situation.

Ulipristal acetate

Up to 120 hours; generally preferred after 72 hours when appropriate. Recent use of hormonal contraception may affect the choice.

Copper IUD

The most effective option, requiring assessment and insertion. The Québec protocol allows insertion up to 7 days after intercourse; international guidance often describes 5 days. Discuss pain and pain-relief measures.

Clarify these points with the pharmacy

Mention your medications, recent contraception and whether you are breastfeeding. Ask for a private space, the cost, and a plan for restarting contraception and using additional protection. After ulipristal, methods containing a progestin are generally started on day 6; instructions vary by method. Do not combine options on your own.

Nausea, fatigue and spotting are possible. If you vomit soon after taking it, contact the pharmacy. If your usual period has not occurred within 3 to 4 weeks after oral emergency contraception, a pregnancy test is indicated. Seek care for significant pain, feeling unwell or concerning bleeding.

Read the pathway and its sources: INSPQ 2024, 2025 errata, WHO

English translation. Clinical, legal and educational reviews pending.

Abortion and support

Methods and access

Medication abortion generally uses mifepristone and misoprostol. Procedural abortion uses instruments, often suction. The choice takes account of health, stage of pregnancy, preferences and available services. Ask what sensations to expect and about options for pain and anxiety with each method.

In Québec, no medical referral is needed to contact a service. RAMQ or IFHP coverage provides access to the services offered free of charge. Without coverage, confirm costs and available assistance. Each facility's limits must be checked.

Québec.ca: steps and service directory

Preparing for comfort and going home

Ask about the pain-management plan, possible local anesthesia or sedation, accompaniment rules, a clinical phone number and written instructions. You can state your limits without disclosing trauma. Follow-up and tests after medication depend on the service's protocol.

Do not wait when warning signs appear

Bleeding that soaks at least two large pads per hour for two consecutive hours requires urgent assessment. Also seek care for significant pain despite medication, persistent or late-onset fever, worsening symptoms or feeling unwell. Do not wait for a threshold if you faint or feel very weak. Severe illness or difficulty breathing: call 911.

Emotions, fertility and intimacy

Reactions vary; there is no required emotional response. Fertility returns quickly; contraception can be discussed if wanted. Resuming intimacy depends on your comfort and your team's instructions. Published timelines are not uniform. Persistent difficulties may warrant sexological or psychological support.

SOS Grossesse | SOS Grossesse Estrie | Grossesse Secours

Full pathway: methods, pain and sources

English translation. Clinical, legal and educational reviews pending.

STBBIs: tests tailored to the exposure

A one-night encounter does not automatically require testing. The choice depends on sexual practices, protection, exposed sites, symptoms and a known infection in a partner. An HPV or Pap test does not replace STBBI testing.

An urgency to assess: potential HIV exposure

Seek an assessment immediately, ideally within the first few hours and before 72 hours, to determine whether post-exposure prophylaxis (PEP) is indicated. Do not wait for a result or symptoms. Go to an emergency department or a service able to assess PEP; Info-Santé 811 can provide guidance. Even after this time limit, seek care for follow-up and other possible measures.

Window periods

Chlamydia and gonorrhea

Samples can be taken at the consultation, then repeated from 14 days onward if an early first test is negative. The exact window for gonorrhea is uncertain; INSPQ recommends this 14-day reference point.

Syphilis

An initial blood test may need to be repeated up to 12 weeks. A lesion calls for immediate assessment.

HIV

After a specific exposure, Québec's guide provides for an initial test, then around 3 weeks with a fourth-generation laboratory test and up to 12 weeks. Rapid tests, self-tests and PEP may alter the schedule.

Hepatitis and other infections

A schedule specific to the exposure, vaccination and tests is needed. There is no universal test on a single date.

These reference points are not waiting periods before seeking care. A urine sample alone does not cover every exposure; throat, rectal, vaginal or blood samples may be indicated. A symptom warrants assessment even after a negative test.

Québec.ca: services and testing process | Pathway and detailed references

English translation. Clinical, legal and educational reviews pending.

Respectful care and support

After sexual violence

You can receive support without telling the movement about your experience or deciding immediately whether to report to police. Immediate danger: 911. Sexual Violence Helpline: 1 888 933-9007; Info-Santé 811 can also direct you to a designated centre.

Designated centres offer care, support and, with the applicable consent, forensic evidence collection. Some measures are time-sensitive: seek help promptly. Support remains possible even later. Ask about confidentiality limits, especially for a minor.

INSPQ: resources and specialized organizations | The separate support pathway

Pain, anxiety and consent

Asking for an explanation before each step, a pause signal, a trusted person and a pain-relief plan can help you take part in decisions. An anti-anxiety medication does not always replace pain relief. You do not have to disclose trauma to ask for a gentle approach.

Sexology and psychological support

Sexplique: sexual-health information and support

Ordre professionnel des sexologues du Québec

Ordre des psychologues du Québec

Desire, pleasure and intimacy after care

Participate at your own pace

Citizen accounts are not representative clinical data. Not asking for a name or email does not guarantee technical anonymity. Do not enter identifying details. Responses remain private and no sensitive quotation is published automatically. Withdrawal and retention limits are explained on the website.

Share my experience | Privacy | Sign the petition

Facebook: GynécoSansDouleur

English translation. Clinical, legal and educational reviews pending.

Annotated references

1. INSPQ

Québec contraception protocol, 2024 update. 2024; 2024 and 2025 errata.

Québec clinical guidance: choices, time limits and follow-up for emergency contraception.

Read the original source

2. INSPQ

Errata for the Québec contraception protocol. October 6, 2025.

Clarifications on hormonal contraception and additional protection after ulipristal.

Read the original source

3. WHO

Emergency contraception. November 9, 2021.

General information: mechanisms, adverse effects and relative effectiveness. Local IUD time limits follow the Québec protocol.

Read the original source

4. Québec.ca

About abortion services. November 13, 2024.

Public information: methods and pro-choice resources.

Read the original source

5. Québec.ca

Access to abortion services. Editorial date not confirmed; accessed November 12, 2026.

Access without a medical referral, RAMQ/IFHP coverage and availability by facility.

Read the original source

Documentary review: November 12, 2026. Unconfirmed dates are identified. Guidance and service resources are distinguished from personal accounts. The MSSS 2019 guide was consulted through indexed excerpts; full access was blocked. An independent clinical review remains desirable for sensitive passages.

English translation. Clinical, legal and educational reviews pending.

Annotated references

6. Québec.ca

Obtaining an abortion service. Editorial date not confirmed; accessed November 12, 2026.

Practical steps and guidance toward local resources.

Read the original source

7. WHO

Abortion care guideline, 2nd ed. August 24, 2025.

International recommendations; adaptation to the Québec context is necessary.

Read the original source

8. WHO

Clinical practice handbook for quality abortion care. June 15, 2023.

Information, consent, pain, follow-up and return to activities; professional guide, not an individual prescription.

Read the original source

9. CHU de Québec–Université Laval

Abortion. Editorial date not confirmed; accessed November 12, 2026.

Local instructions, symptoms and warning signs. The displayed gestational limits are specific to this service, not a universal limit.

Read the original source

10. Québec.ca

STBBI testing. Editorial date not confirmed; accessed November 12, 2026.

Samples, choice of tests, consent and service locations.

Read the original source

Documentary review: November 12, 2026. Unconfirmed dates are identified. Guidance and service resources are distinguished from personal accounts. The MSSS 2019 guide was consulted through indexed excerpts; full access was blocked. An independent clinical review remains desirable for sensitive passages.

English translation. Clinical, legal and educational reviews pending.

Annotated references

11. INSPQ

Chlamydia trachomatis infection and gonococcal infection: general information.

Current FAQ; no editorial date displayed; accessed November 12, 2026.

Current 14-day reference point for these two infections; do not use the old 7-day period for gonorrhea.

Read the original source

12. MSSS

Québec STBBI screening guide. 2019 update; indexed excerpts accessed November 12, 2026.

HIV and syphilis windows; schedule adapted to tests and PEP. Full retrieval blocked (403); no complete validation claimed.

Read the original source

13. MSSS

Person exposed to an STBBI: what to do? Document 19-308-06W; accessed November 12, 2026.

Immediate assessment and HIV prophylaxis before 72 hours; read through an indexed excerpt.

Read the original source

14. Québec.ca

Medical and forensic examinations after sexual assault. Editorial date not confirmed; accessed November 12, 2026.

Designated centres, consent to procedures and possible sample collection without a prior decision to report to police.

Read the original source

15. Québec.ca

HIV/AIDS. Editorial date not confirmed; accessed November 12, 2026.

Prompt referral for PEP assessment; access to testing.

Read the original source

Documentary review: November 12, 2026. Unconfirmed dates are identified. Guidance and service resources are distinguished from personal accounts. The MSSS 2019 guide was consulted through indexed excerpts; full access was blocked. An independent clinical review remains desirable for sensitive passages.

English translation. Clinical, legal and educational reviews pending.

Preserved institutional dossier

The following pages reproduce the dossier dated November 11, 2026, with its references and original pagination. They document the mission, requests and pre-existing pathways. Historical figures are not live counters.

For new pathways and current links, use the first part of this guide and the functioning canonical domain: gynecosansdouleur.ca. Clickable links in the appendix have been directed to this address; historical printed labels are preserved.

Structured HTML version of the new information: My sexual and reproductive health. The PDF contains selectable text and links; PDF/UA compliance is not certified.

Translation note: this English edition preserves all unique content; pagination may differ from the French source. This is a translation, not a new independent clinical review.

English translation. Clinical, legal and educational reviews pending.

My body. My care. My voice.

GynécoSansDouleur

A citizen initiative for more humane gynecological care

GynécoSansDouleur is an independent citizen movement founded in Québec. Its mission is to promote better recognition and management of pain and anxiety before, during and after gynecological examinations and procedures, with respect for free and informed consent.

The initiative recognizes the work of care teams and aims to offer useful tools, make information accessible and foster shared decision-making. It seeks to reconcile humane support and access to care, without imposing a single treatment.

The origin of this commitment: a patient's journey

Dominique Guay's commitment is rooted in a journey marked by cervical cancer and various experiences of gynecological care. A difficult postoperative awakening after a hysterectomy in November 2026, involving intense pain, vulnerability and a feeling of not always being sufficiently informed, heard or supported, strengthened her determination to act.

This personal account explains the initiator's motivation; it is not, on its own, evidence of systemic failure.

Our vision

Everyone should be able to understand proposed care, express concerns and limits, take part in decisions, and discuss appropriate pain-relief and follow-up options. The priority is Québec's health system, with openness to exchanges across Canada.

www.gynecosansdouleur.ca

English translation. Clinical, legal and educational reviews pending.

Our six priority requests

1. Inform patients before procedures

Explain what will happen, possible pain, risks, choices and pain-relief options. For non-urgent care, discuss preparation or postponement when relevant. [1, 2]

2. Assess pain and anxiety

Invite patients to express their concerns, experiences and preferences, without requiring disclosure of trauma. [3]

3. Discuss pain-relief options

Present evidence-based measures appropriate to the procedure: local anesthesia, non-drug measures and, depending on indications and resources, sedation or referral to a better-equipped setting. [1]

4. Train and equip teams

Strengthen skills in communication, consent, procedural pain and trauma-informed care. Promote simple tools that can be used in practice. [2, 3]

5. Provide support after procedures too

Pay attention to postoperative pain, intimacy, understanding of treatments, and recovery and help-seeking instructions. Include concerns about sexuality. [12, 13]

6. Measure and improve practices

Review protocols and collect experiences ethically and confidentially. Use results to guide improvements without treating a voluntary consultation as a representative survey.

These requests are proposals for improvement. They are not a description of identical obligations in all settings, nor a clinical protocol.

English translation. Clinical, legal and educational reviews pending.

Guidance for different experiences

My first gynecological care

Prepare for a first appointment, understand procedures and why they are indicated, discuss pain and anxiety, and express limits. The appearance of the hymen cannot prove a history of sexual intercourse; “virginity tests” have no scientific validity. Minors' consent to care depends on applicable rules. [2, 4-6]

Pregnancy and childbirth

Address consent, respect, pain-relief choices and needs after birth. Availability of methods varies by birth setting and clinical situation. [2, 10, 11]

Understanding hysterectomy

Understand removal of the uterus, the distinctions between cervix, fallopian tubes and ovaries, recovery and the word's history. Removal of the ovaries is a separate procedure. [12, 18, 19]

What about my sexuality?

Make room for desire, pleasure, sensations, body image and intimacy. An instruction prohibiting penetration does not necessarily prohibit all intimacy: limits must be clarified with the team. Timelines depend on the care received and healing. [11-17]

Menopause and hormones

Distinguish removal of the uterus from removal of the ovaries and discuss symptoms, dryness and options appropriate to the medical history. Choosing hormone treatment requires an individualized assessment. [12, 17, 20]

New to Québec

Find guidance on coverage, services and interpretation. RAMQ and IFHP conditions depend on status and eligibility; no immediate universal coverage is promised. [21-24]

English translation. Clinical, legal and educational reviews pending.

Sources, with their limitations

Pain and anxiety: an individualized approach

ACOG's consensus recommends discussing pain-management options for office-based gynecological procedures and tailoring measures to the person and procedure. Effectiveness for one procedure does not automatically carry over to another. [1]

Research on intrauterine device insertion, endometrial biopsy and colposcopy sheds light on specific experiences. Populations, methods and contexts differ; the results must not be turned into universal rates for all patients in Québec. [7-9]

Sexuality is part of quality of life

The 2023 meta-analysis of hysterectomy for benign indications finds no significant overall average change in sexual function, but the studies are heterogeneous. This average does not predict an individual's experience and does not automatically apply to cancer care. Persistent difficulties deserve assessment and support. [14, 16, 17, 26]

Understanding the history of “hysterectomy”

The word combines a Greek root referring to the uterus and an element meaning removal. “Hysterical” shares a root related to the uterus, embedded in a history of medical representations of women. This does not mean that “hysterectomy” literally means removing hysteria. [18, 19]

The citizen consultation explores words considered clearer or more respectful, including keeping the current term. It is separate from the petition and does not by itself change medical nomenclature. A summary may be presented to the relevant bodies, which remain free to decide whether to act on it.

The cited resources inform the initiative. They do not replace individualized clinical, sexological or legal advice. The cited organizations are not presented as partners of the movement.

English translation. Clinical, legal and educational reviews pending.

Participate and move the movement forward

Two ways to actively support the initiative

Sign the petition for better management of pain and anxiety: change.org/GynecoSansDouleur. The count of 362 signatures is dated November 10, 2026; it is not a live counter.

Vote on the words used to describe removal of the uterus: participate in the terminology consultation. The public ranking concerns preferences collected with the notice authorizing their publication in aggregate form. One confirmed vote equals one point; only one active participation per browser is allowed, without a guarantee of unique identity.

Citizen consultation and Observatory

The questionnaire “My body. My care. My voice.” is open and asks for neither a name nor an email address. Statistics on care experiences require confidentiality thresholds and human validation before publication. They are separate from the ranking of terms. Open suggestions and individual responses are not published automatically.

The mutual-support network is under development: receiving or offering a supportive presence according to availability, with no guarantee of a match. Contact and accompaniment forms are separate. Collection, retention and withdrawal procedures are described on the website: privacy and data retention.

Collaborations sought

Exchanges with elected officials, institutions, care teams, professional orders and associations, community organizations, researchers and patients. We seek existing tools, feasible approaches and guidance toward appropriate contacts, in a constructive manner that respects each party's expertise.

Dominique Guay | Initiator of the citizen movement

contact@gynecosansdouleur.ca

www.gynecosansdouleur.ca

Facebook | GynécoSansDouleur

Independent citizen initiative. This dossier does not claim incorporated nonprofit status or institutional affiliation.

English translation. Clinical, legal and educational reviews pending.

Recommendations, rights and studies

[1] ACOG

Pain Management for In-Office Uterine and Cervical Procedures. Clinical Consensus no 9 (2025).

Original source | Recommendations and rights

[2] Collège des médecins du Québec

Women's health: what are your rights?

Original source | Recommendations and rights

[3] SOGC

Trauma- and Violence-Informed Care: Clinical Encounter Checklist.

Original source | Recommendations and rights

[4] Légis Québec

Civil Code of Québec, particularly articles 10 to 16 on care and consent.

Original source | Recommendations and rights

[5] SOGC

No. 385 - Indications for pelvic examination (2019). PMID: 31331611.

Original source | First care

[6] WHO, UN Women and OHCHR

Eliminating virginity testing - An interagency statement (2018).

Original source | First care

[7] Prospective study

Intrauterine contraception in nulliparous women: a prospective survey. PMCID: PMC4717389.

Original source | Scientific studies

[8] Study on endometrial biopsy

Pipelle endometrial biopsy for abnormal uterine bleeding: do patient’s pain and anxiety really impact on sampling success rate? (2021). PMID: 34772384.

Original source | Scientific studies

[9] Systematic review

Adverse psychological outcomes following colposcopy and related procedures: a systematic review. PMID: 26099164.

Original source | Scientific studies

References are grouped by use: recommendations, law, scientific studies, patient information and service guidance. The date above is an access date, not necessarily a publication date.

English translation. Clinical, legal and educational reviews pending.

Pregnancy, recovery and sexuality

[10] INSPQ - Mieux vivre

Medications to relieve pain during childbirth.

Original source | Pregnancy and childbirth

[11] INSPQ - Mieux vivre

Sexuality after birth.

Original source | Pregnancy and childbirth

[12] CHUM

Going home after a hysterectomy. Patient information sheet.

Original source | Hysterectomy and sexuality

[13] CHUM

Sexual activities after surgery.

Original source | Hysterectomy and sexuality

[14] Systematic review and meta-analysis

Hysterectomy and sexual function: a systematic review and meta-analysis (2023). J Sex Med, 20(4), 447-466. DOI: 10.1093/jsxmed/qdac051.

Original source | Hysterectomy and sexuality

[15] CHUM

Colposcopy: the procedure and precautions after the examination.

Original source | Hysterectomy and sexuality

[16] CHUM

Pain in the vulva, perineum and vagina.

Original source | Hysterectomy and sexuality

[17] CHUM

Vaginal dryness.

Original source | Hysterectomy and sexuality

[18] Académie française

Hysterectomy. Dictionary, 9th edition.

Original source | Etymology

References are grouped by use: recommendations, law, scientific studies, patient information and service guidance. The date above is an access date, not necessarily a publication date.

English translation. Clinical, legal and educational reviews pending.

Terminology, hormones and access to care

[19] Académie française

Hysterical. Dictionary, 9th edition.

Original source | Etymology

[20] National Defence - Canada

Women's and diversity health guide: menopause. General resource published in a military context.

Original source | Menopause and hormones

[21] RAMQ

Medical services: coverage and conditions.

Original source | Access to care in Québec

[22] Immigration, Refugees and Citizenship Canada

Temporary health-care coverage - Interim Federal Health Program.

Original source | Access to care in Québec

[23] Government of Québec

Services for people from ethnocultural communities: language interpretation.

Original source | Access to care in Québec

[24] INSPQ

Sexual and reproductive health resources - Health in a migration context (January 2026).

Original source | Access to care in Québec

[25] Sexplique

Information, education and support in sexual health.

Original source | Support resources

[26] Ordre professionnel des sexologues du Québec

When and why to consult.

Original source | Support resources

References are grouped by use: recommendations, law, scientific studies, patient information and service guidance. The date above is an access date, not necessarily a publication date.

English translation. Clinical, legal and educational reviews pending.

Miscarriage: pain, dignity and intimacy

A now-distinct pathway, connected to pregnancy, sexuality and resources: Miscarriage and pregnancy loss.

Expected care: pain assessment and relief, explained choices, consent, privacy, written instructions and follow-up. Home management may be appropriate when safe and supported.

Sexuality: respect personal pace, consent and the team's instructions. Desire may fluctuate; closeness does not oblige anyone to resume intercourse. Persistent pain, fear or distress: seek assessment and sexological or psychological support.

France-Québec: French measures and citizen requests. The French law of 2023 provides for a multidisciplinary care pathway; its existence does not demonstrate uniform implementation. Local Québec studies document gaps without measuring all emergency departments today.

Requests: accessible regional pathways; a pain-management plan and reassessment; a clinical contact and follow-up; accessible psychological and sexological support; public indicators of experience and continuity.

Government of Québec - Miscarriage - Public information: signs, options and support.

De Montigny et al., 2020 - Organization of care in four Québec emergency departments - Study of 198 records, 2014-2015 data; does not measure the situation in all emergency departments today.

Larivière-Bastien et al., 2019 - Women's Experiences of Miscarriage in the Emergency Department - Qualitative study of 48 women: information and support.

Farren et al., 2020 - Post-traumatic stress, anxiety and depression after early loss - British cohort including miscarriages and ectopic pregnancies; screening questionnaires and follow-up attrition.

CMAJ, 2024 - Diagnosis and management of early pregnancy loss - Canadian synthesis of care, pain and follow-up.

SOGC, 2025 - Clinical Practice Guideline No. 460 - Diagnosis and management of early intrauterine pregnancy loss.

NICE NG126 - Management of miscarriage - Recommendations: choice, information, pain relief and follow-up.

France - Law of July 7, 2023 - Multidisciplinary pathway, information, training and psychological support.

French health insurance - Violence during care - Institutional recognition of violent behaviours related to care.

RCOG - Early miscarriage - Physical and emotional recovery and resuming sexuality.

INSPQ - Miscarriage and grief - Reassurance against self-blame and Québec resources.

CNESST - Leave in the event of pregnancy termination - Employment rights; check conditions and personal circumstances.

English translation. Clinical, legal and educational reviews pending.

Finding testing: several entry points

Supplement to the existing toolkit. Previous pages, posters and cards are retained. When directing someone to STBBI testing, also present community and paid private options, without assuming that the person wants or can afford to pay.

Dépistapp - Club Sexu

Public, community and private - All regions

Search by postal code and needs filters; check arrangements with each clinic.

Portail VIH/sida du Québec map

Public, community and private - All regions

Map distinguishing community resources, the public network and private clinics. The Portail notes that its map is not exhaustive.

Clic Santé - appointments

With and without fees - Depending on available locations

Search for STBBI testing, enter your postal code and include options with and without fees. Check accepted ages and symptoms.

Québec.ca - service points

Public / RAMQ - Depending on institutions

CLSC/SIDEP, family medicine groups (GMFs), youth clinics, sexual-health and family-planning clinics. School or campus services also exist, depending on the setting.

Website directory: public, community and private options

For young people: from age 14, it is generally possible to consent independently to testing and treatment. Ask about confidentiality arrangements for messages, results and invoices. A family insurance plan may leave a record of the claim.

Source: Québec.ca - STBBI testing

English translation. Clinical, legal and educational reviews pending.

Private options and fees

Prelib

RAMQ with fees / private laboratory option - Several cities; choose a clinic

Advertised choice: public laboratory, transportation fees of $5 to $15; private laboratory, $150 to $375 depending on tests. Eligibility and coverage must be confirmed.

Biron

Private, paid - Network of locations in Québec

Testing without a prior prescription for eligible asymptomatic people. For people with symptoms: prescription required according to their FAQ. Confirm total cost before booking; check private reimbursement.

Cliniques médicales Lacroix

Private, paid - Network of clinics in Québec

Private STBBI samples and tests: ask about laboratory fees, any consultation, the required prescription and follow-up.

Clinique de Soins Infirmiers de Lévis

Private, paid - Lévis / Chaudière-Appalaches

Testing and online appointments. Displayed prices: $114 or $133 depending on the panel; confirm total and eligibility criteria. With symptoms, assessment and a prescription may be needed.

Before booking: ask about total cost, included tests, required prescription, accepted age, symptoms handled and follow-up of a positive result. RAMQ and private insurance: confirm coverage. Displayed prices may change; no prompt appointment is guaranteed.

Possible HIV exposure: immediate assessment for post-exposure prophylaxis, without waiting for testing. Symptoms, fever, significant pain or feeling unwell: seek appropriate clinical assessment.

Abortion: FQPN - resources and support for free choice. Miscarriage and intimacy: new website pathway.

Non-exhaustive selection, without commercial partnership. Sources: provider websites and directories linked above, accessed November 12, 2026. To search all regions: Dépistapp, Portail VIH/sida du Québec and Clic Santé.

English translation. Clinical, legal and educational reviews pending.

I want to have a child, but it is not happening

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

You do not have to carry this hope alone. A negative result says nothing about your worth. This guidance is for people pursuing parenthood on their own, couples of all genders, people who need donated gametes, and people experiencing secondary infertility after a pregnancy.

You can seek help, take a break or stop treatment. Every form of parenthood, and a life without children, deserve respect.

Understanding my fertility

When to seek help and whom to contact

Tests and treatments

Hormones and injections

IVF and insemination

Pain, consent and rights

Effects on my sexuality

Protecting my relationship and intimacy

Supporting someone

Psychological support

Unsuccessful treatment, miscarriages and decisions

Clinics and organizations in Québec

Understanding my fertility

The cycle begins on the first day of a period. Ovulation releases an egg; the fertile window generally covers the five days before ovulation and the day of ovulation. Timing varies: an app cannot predict your ovulation with certainty.

Urine tests detect an LH surge, without guaranteeing ovulation or pregnancy. Misleading results are possible, particularly with PCOS. Tracking should remain a tool, rather than an obligation that takes over your life.

Sources: ASRM — fertile window (2022) · ASRM — fertility evaluation (2026) .

When should I seek help?

Under 35: usually after 12 months of regular attempts without a pregnancy.

Ages 35 to 39: after 6 months.

From age 40: discuss an assessment promptly, without waiting for these time frames. ASRM particularly emphasizes immediate evaluation over age 40.

Earlier if periods are absent or irregular, endometriosis is known or suspected, there is a tubal or sperm-related problem, repeated losses, sexual difficulties, or treatment that may affect fertility.

English translation. Clinical, legal and educational reviews pending.

These time frames mainly apply to attempts through sexual intercourse. A person pursuing parenthood alone or a couple needing reproductive assistance can seek care right away, without having to “try” in a way that does not fit their plans.

Sources: ASRM — fertility evaluation (2026) .

Many possible causes, without blame

Difficulties may involve ovulation, the fallopian tubes, the uterus, sperm or several factors. Sometimes an assessment finds no cause: this does not mean the difficulties are imaginary. Endometriosis and polycystic ovary syndrome (PCOS) may play a role. Age influences the possibilities, but cannot on its own predict an individual outcome.

When both partners contribute gametes, the assessment should involve both: medical history, ovulation assessment and appropriate tests, including semen analysis when indicated. AMH is neither a fertility score nor a guarantee of pregnancy.

Sources: ASRM — fertility evaluation (2026) .

Whom can I contact in Québec?

A family doctor, a nurse practitioner or primary care services can help guide the process; a specialized assessment takes place with a doctor or an assisted reproduction centre. Ask the centre which documents and referral are needed before booking. If you cannot access a professional, 811 can direct you to available services.

Find a centre or organization Understand coverage

Sources: Québec — accessing services · Santé Québec — 811 .

Your experience matters

A fertility journey, miscarriage or decision to stop treatment can also be part of your experience of gynecological care. You choose what you want to share.

Participation is voluntary. Do not include names, precise dates, clinics or details that could identify anyone in an account. No personal account is published automatically. Privacy and retention . These forms are not monitored continuously.

Every situation is different. This information does not replace a medical or sexology consultation. Your care team's instructions take priority. There is no promise of pregnancy or freedom from pain. The resources listed are not official partners.

ASRM — fertile window (2022)

ASRM — fertility evaluation (2026)

Québec — accessing services

Santé Québec — 811

Source and resource links

ASRM — fertile window (2022)

ASRM — fertility evaluation (2026)

Québec — accessing services

Santé Québec — 811

English translation. Clinical, legal and educational reviews pending.

Fertility tests, hormones and treatments

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

Understanding procedures before consenting

Assessment and treatments are chosen according to your situation. Not every test is necessary for everyone; you can ask how a result would change the decision.

Blood tests and semen analysis

Why and how?

Identify factors useful to the assessment. Blood is drawn; a semen sample may be analysed according to the laboratory's instructions.

Possible sensations and risks

A blood draw may sting or leave a bruise; producing a sample may be stressful. One result does not sum up your reproductive potential.

Options and questions before consenting

Ask whether a test or repeat sample is truly indicated.

Which tests, when, and how will my results be explained?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Transvaginal ultrasound and follicle monitoring

Why and how?

Examine the ovaries, follicles and uterus. A covered, lubricated probe is inserted into the vagina; several appointments may be offered during stimulation.

Possible sensations and risks

Pressure, discomfort, pain or reactivation of a traumatic experience are possible. Report any significant pain; the limitations of the examination should be explained.

Options and questions before consenting

An abdominal ultrasound may sometimes help, with different limitations. Ask for a pause, gradual insertion, or whether you can guide the probe.

Why this approach? Can I have a support person? What signal will we use to stop?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Assessment of the fallopian tubes and uterine cavity

Why and how?

English translation. Clinical, legal and educational reviews pending.

Look for a blockage if the assessment warrants it. A substance may be introduced through the cervix for an X-ray or specialized ultrasound.

Possible sensations and risks

Cramping and pain of varying intensity are possible. Depending on the procedure: bleeding, infection or a reaction to the substance.

Options and questions before consenting

The choice depends on the context; ask about alternatives and the pain relief offered.

Which substance? Which pain medication or anaesthesia? When should I call after the examination?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Sources: ASRM — fertility evaluation (2026) .

Ovarian stimulation and ovulation medication

Stimulation, induction and hormone injections

Why and how?

Encourage ovulation or follicle development, depending on the treatment. Tablets or injections, followed by monitoring and sometimes a trigger injection at a precise time.

Possible sensations and risks

Stinging, bruising, bloating, headaches, fatigue and mood changes may occur, depending on the medication. Multiple pregnancy, an excessive ovarian response and cycle cancellation are among the risks to discuss.

Options and questions before consenting

Monitoring, adjustment of the protocol or another strategy depending on the diagnosis; never change doses yourself.

What is the goal? What is my personal risk? Whom should I call for a missed or incorrect dose?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Sources: ASRM — IVF journey · ASRM — ovarian hyperstimulation (2023) .

Making injections easier to manage

Ask for a demonstration and written instructions specific to the medication and device.

Prepare a calm space, check the prescribed name, dose and timing, and use your team's calendar.

Follow their instructions for storage, preparation, injection sites and site rotation.

Do not reuse needles; ask for an appropriate container and a safe disposal process.

Someone close to you can help if you wish, after receiving the necessary instructions.

If you miss a dose, notice a leak, are unsure or make an error: contact your team; do not double a dose on your own.

Technique varies by product. This list helps you prepare questions and does not replace nursing instruction.

English translation. Clinical, legal and educational reviews pending.

Insemination and in vitro fertilization

Intrauterine insemination

Why and how?

Bring sperm closer to the egg when this option is appropriate. Prepared sperm from a partner or donor is placed in the uterus through a thin catheter.

Possible sensations and risks

The speculum and catheter may cause discomfort or cramping. Risks associated with any stimulation are in addition to those of the procedure.

Options and questions before consenting

Waiting, another treatment or IVF depending on the assessment; no method guarantees pregnancy.

What difference does stimulation make? What support is available if the examination is painful?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

IVF and egg retrieval

Why and how?

Enable fertilization in the laboratory when this approach is indicated. After stimulation, eggs are retrieved using a needle guided by transvaginal ultrasound, then brought together with sperm, sometimes through microinjection.

Possible sensations and risks

Egg retrieval requires a prior discussion of pain relief, sedation or anaesthesia; cramping and pain after the procedure are possible. Bleeding, infection, organ injury, sedation complications and hyperstimulation should be discussed.

Options and questions before consenting

Other treatments or a break depending on the assessment; discuss proposed add-ons and their demonstrated benefit.

Who monitors sedation? What is the plan if I am in pain? What are the instructions after retrieval, and what number can I call after hours?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Embryo transfer

Why and how?

Place an embryo in the uterus. A catheter passes through the cervix; the transfer may use a fresh or thawed embryo.

Possible sensations and risks

The speculum or catheter insertion may be uncomfortable; experiences vary. Implantation failure, ectopic pregnancy and multiple pregnancy are possible, depending on the strategy.

English translation. Clinical, legal and educational reviews pending.

Options and questions before consenting

Discuss the number of embryos and the value of a delayed transfer for your situation.

What sexual and physical precautions should I take? When should I test? Which symptoms should be reported?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Sources: ASRM — IVF journey · ASRM — risks of IVF .

Gamete storage and donation

Preserving eggs or embryos

Why and how?

Preserve future possibilities, particularly before treatment that may impair fertility. Eggs or embryos are frozen and stored under specialized conditions.

Possible sensations and risks

Egg retrieval involves the sensations and risks described above. Storage does not guarantee survival after thawing or a birth.

Options and questions before consenting

Discuss sperm storage, other options and no treatment.

For how long? What are the annual fees? What does the consent agreement provide for in the event of separation, death or a decision to stop pursuing parenthood?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Using donated sperm or eggs

Why and how?

Address medical needs or the circumstances of a plan for parenthood. Assessment, donor selection and checks, followed by insemination or IVF depending on the plan.

Possible sensations and risks

Procedures depend on the person receiving treatment. Genetic, psychological, legal and family implications should be discussed.

Options and questions before consenting

Discussion with a competent team and psychosocial support; there is no obligation to continue.

What are the rules concerning donor origins? What screening, bank fees and consents are involved?

Costs: coverage varies with your eligibility and the service. Ask for an itemized estimate, including medication, anaesthesia, laboratory services and storage. Costs and RAMQ information .

Sources: ASRM — IVF journey · Québec — accessing services .

When should I seek help promptly?

English translation. Clinical, legal and educational reviews pending.

During or after stimulation: contact your clinic promptly for increasing abdominal pain, a very swollen abdomen, persistent vomiting, rapid weight gain or reduced urination. These signs may suggest ovarian hyperstimulation, but do not allow a diagnosis at a distance.

Difficulty breathing, chest pain, feeling seriously unwell or sudden severe pain: an emergency; call 911 if your condition requires it. After a procedure, also report fever or heavy bleeding according to the instructions provided. Do not wait for a response from the movement.

Sources: ASRM — ovarian hyperstimulation (2023) .

Pain, consent and respect

For a person capable of consenting, care requires free and informed consent, subject to the exceptions provided by law. You can ask questions, refuse or withdraw your consent. Ask how to stop a procedure safely and what the consequences of postponing it would be.

Before: describe your needs, without having to recount trauma; ask about risks, alternatives and options for pain and anxiety.

During: agree on a stop signal, ask for an explanation before each step and report pain.

After: receive written instructions, a team contact and warning signs.

You have the right to understandable information and dignified treatment. Pain relief options depend on the procedure and your condition; freedom from pain cannot be promised.

Preparing for care and consent · Understanding my options

Sources: Civil Code of Québec — article 11 .

Your experience matters

A fertility journey, miscarriage or decision to stop treatment can also be part of your experience of gynecological care. You choose what you want to share.

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Every situation is different. This information does not replace a medical or sexology consultation. Your care team's instructions take priority. There is no promise of pregnancy or freedom from pain. The resources listed are not official partners.

ASRM — fertility evaluation (2026)

ASRM — IVF journey

ASRM — ovarian hyperstimulation (2023)

ASRM — risks of IVF

Québec — accessing services

Civil Code of Québec — article 11

Source and resource links

ASRM — fertility evaluation (2026)

ASRM — IVF journey

ASRM — ovarian hyperstimulation (2023)

ASRM — risks of IVF

English translation. Clinical, legal and educational reviews pending.

Québec — accessing services

Civil Code of Québec — article 11

English translation. Clinical, legal and educational reviews pending.

Fertility, sexuality and psychological health

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

What about my sexuality?

Scheduled intercourse, waiting for results and repeated examinations can reduce spontaneity. Some people experience lower desire, performance anxiety, erection or ejaculation difficulties, or pain. Fatigue, body image, treatments, a sense of failure and tensions may overlap. These experiences are not universal and are nobody's fault.

Studies observe links between infertility and sexual difficulties; they do not prove that every sexual problem comes from treatment. Many studies involve heterosexual couples: their results do not describe every family.

Read the studies and their limitations

Protecting my relationship and intimacy

Set aside time without a reproductive goal: a walk, a meal or closeness you choose.

Explore touch, tenderness, massage or sensuality without any obligation for penetration or orgasm.

Ask “what do I feel like today?” and accept a refusal, including during a fertile window.

Share calls, scheduling and tasks; the person receiving treatment should not carry everything.

Allow yourselves different desires or emotions without comparing suffering.

If sexuality becomes a source of distress, seek sexology support; if it hurts, also ask for a medical assessment.

Individual instructions take priority. Stimulation, enlarged ovaries, egg retrieval and other stages may require restrictions. Ask which activities are allowed, for how long and why, rather than assuming intercourse is always safe or always prohibited.

Sexuality after care · For my partner

Sources: ESHRE — psychosocial care in fertility · ASRM — ovarian hyperstimulation (2023) .

I feel alone on my journey

Waiting, anger, jealousy at a pregnancy announcement, shame or sadness may coexist with affection for others. Exhaustion may be emotional, social and financial. You can limit family questions, decline a difficult invitation or ask someone close to you to share updates.

Support may take the form of a peer group or a consultation in psychology, psychotherapy, social work or sexology. Its goal is your well-being: reducing stress does not guarantee pregnancy.

Info-Social 811, option 2 : free and confidential psychosocial assessment and referral. In immediate danger or if anyone's safety is threatened, call 911 or go to the emergency department. This site does not provide an emergency response.

Sources: Santé Québec — 811 · ESHRE — psychosocial care in fertility .

Unsuccessful treatment, miscarriages and difficult decisions

English translation. Clinical, legal and educational reviews pending.

A negative test, a pregnancy loss and having no embryo to transfer are different experiences, each of which can be deeply upsetting. Ask for a review appointment: what do we know, what do we not know, and what would another treatment change?

You can continue, pause or stop, with the time and support you need. Discussing other paths to parenthood or a life without children does not erase grief. After a loss, help is also available to partners and loved ones.

Miscarriage and perinatal grief Grief resources

Sources: ESHRE — psychosocial care in fertility .

Your experience matters

A fertility journey, miscarriage or decision to stop treatment can also be part of your experience of gynecological care. You choose what you want to share.

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Every situation is different. This information does not replace a medical or sexology consultation. Your care team's instructions take priority. There is no promise of pregnancy or freedom from pain. The resources listed are not official partners.

ESHRE — psychosocial care in fertility

ASRM — ovarian hyperstimulation (2023)

Santé Québec — 811

Source and resource links

ESHRE — psychosocial care in fertility

ASRM — ovarian hyperstimulation (2023)

Santé Québec — 811

English translation. Clinical, legal and educational reviews pending.

I am supporting someone on a fertility journey

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

Supporting without pressure

Ask “would you like me to listen, help with practical tasks or come with you?” The person chooses what to share and who attends appointments. Ask for their consent before speaking to their team or loved ones.

Offer transportation, meals, company or help with scheduling without taking control of decisions.

For injections, ask the team for a demonstration and follow instructions; do not improvise.

After a negative result: “I am here” and “what would help you today?” may be enough.

Make room for anger and sadness without trying to correct them or promising that “it will work eventually”.

Avoid “just relax”, comparisons and unsolicited advice about the body or treatments.

Partners need support too

You may experience fear, helplessness or grief differently and at a different pace. Talk about your emotions without asking the person receiving treatment to comfort you constantly. Support for yourself may help. Preserve moments without medical discussion, respecting consent and differences in desire.

Male infertility may affect self-esteem, the experience of masculinity, erection or ejaculation. A semen analysis is not a measure of virility. Medical and sexology assessments may help; avoid immediately attributing the difficulty to anxiety.

This guidance is for partners of all genders, friends and family. Pursuing parenthood alone also deserves a chosen support network.

Sources: ASRM — fertility evaluation (2026) · ESHRE — psychosocial care in fertility .

Find support for myself

Groups and professionals in Québec · Sexuality, relationships and decisions · Accompanying a loved one during care .

Services may be individual, for couples or peer-based. Check infertility expertise, fees, insurance and remote availability.

Your experience matters

A fertility journey, miscarriage or decision to stop treatment can also be part of your experience of gynecological care. You choose what you want to share.

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Every situation is different. This information does not replace a medical or sexology consultation. Your care team's instructions take priority. There is no promise of pregnancy or freedom from pain. The resources listed are not official partners.

English translation. Clinical, legal and educational reviews pending.

ASRM — fertility evaluation (2026)

ESHRE — psychosocial care in fertility

Source and resource links

ASRM — fertility evaluation (2026)

ESHRE — psychosocial care in fertility

English translation. Clinical, legal and educational reviews pending.

Costs, RAMQ and treatment funding

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

How much do fertility treatments cost in Québec?

Private does not mean entirely out of pocket. At an authorized centre, some services may be insured; others remain at your expense. Have your eligibility confirmed and request an estimate before starting.

Subject to conditions, the program provides one IVF cycle in a lifetime, up to six inseminations per live birth, and certain stimulation and donation services. Medication follows the rules of the applicable prescription drug insurance plan; deductibles or contributions may still apply. Embryo storage beyond the insured period and some banking services may involve fees.

Sources: Québec — medically assisted reproduction program .

Eligibility: have your situation checked

Conditions include Québec health insurance, a minimum age of 18 at the start of treatment, criteria relating to plans for parenthood, and rules concerning services already received and voluntary sterilization. The portal states an age limit of one day before the 41st birthday to begin treatment and one day before the 42nd birthday for embryo transfer. Specific rules apply to donation, genetic diseases, preservation and surrogacy.

These administrative criteria are not a judgment on your plans. The centre checks your situation with RAMQ; do not assume eligibility based on this information sheet alone.

Sources: Québec — medically assisted reproduction program .

Questions to ask before paying

What is insured, excluded, reimbursed or billed separately?

Does my public or private insurance cover medication?

What do testing, anaesthesia, gamete banking, transportation and storage cost?

Which fees remain payable if a cycle is cancelled, the response is insufficient or there is no embryo?

What demonstrated benefit does each proposed add-on provide?

Which receipts should I keep for insurance and tax returns?

No universal price can be promised. Ask for a dated written estimate; the movement does not verify waiting times or prices.

Tax credit and other assistance

Revenu Québec provides a refundable tax credit for certain eligible infertility treatment expenses and, subject to conditions, advance payments. The tax year, income, nature of expenses and reimbursements received matter. Consult the rules and forms for the relevant year: paying at a private clinic does not automatically qualify you for the credit.

Also check your group insurance and support offered through your workplace. No amount, loan or reimbursement is guaranteed here.

Sources: Revenu Québec — tax credit .

English translation. Clinical, legal and educational reviews pending.

Your experience matters

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Every situation is different. This information does not replace a medical or sexology consultation. Your care team's instructions take priority. There is no promise of pregnancy or freedom from pain. The resources listed are not official partners.

Québec — medically assisted reproduction program

Revenu Québec — tax credit

Source and resource links

Québec — medically assisted reproduction program

Revenu Québec — tax credit

English translation. Clinical, legal and educational reviews pending.

Find a clinic or support in Québec

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

Starting points checked against official sources on November 12, 2026. This directory does not rank clinics or guarantee availability or outcomes. Find detailed contact information and hours on the official website. “To be confirmed” means that this point has not been verified.

Sources: Québec — assisted reproduction centres .

RAMQ — list of authorized centres, updated April 28, 2026

MUHC Reproductive Centre

Montréal · Public

Assessment and assisted reproduction, including IVF

Cost / coverage

Insured services subject to eligibility; fees may apply

Medical referral

No medical referral required to request an appointment

Format

In person; remote options to be confirmed

Official website and contact information · Checked: November 12, 2026

CHU Sainte-Justine

Montréal · Public

Assisted reproduction centre, including IVF

Cost / coverage

Subject to RAMQ eligibility

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

CHU de Québec — CHUL

Capitale-Nationale · Public

Assessment and medically assisted reproduction services

Cost / coverage

English translation. Clinical, legal and educational reviews pending.

Subject to RAMQ eligibility

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Hôpital de Chicoutimi

Saguenay–Lac-Saint-Jean · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Hôpital Fleurimont

Estrie · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

CHUM

Montréal · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Centre hospitalier affilié régional — Trois-Rivières

Mauricie–Centre-du-Québec · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Hôpital Sainte-Croix — Drummondville

Mauricie–Centre-du-Québec · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Hôpital régional de Rimouski

Bas-Saint-Laurent · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Centre hospitalier régional du Grand-Portage

Bas-Saint-Laurent · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Hôpitaux d’Amos, Rouyn-Noranda, La Sarre et Val-d’Or

Abitibi-Témiscamingue · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Hôpitaux de Gaspé et de Chandler

Gaspésie · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

English translation. Clinical, legal and educational reviews pending.

Hôpital de l’Archipel

Îles-de-la-Madeleine · Public

Assessment or regional services; exact services to be verified

Cost / coverage

Depending on eligibility and service

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Centre de fertilité de Montréal

Montréal · Private

Fertility services; verify the treatment location

Cost / coverage

Some procedures may be insured; an estimate for uncovered fees is required

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Clinique ovo

Montréal · Private

Fertility services; verify the treatment location

Cost / coverage

Some procedures may be insured; an estimate for uncovered fees is required

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Miacleo

Montérégie · Private

Fertility services; verify the treatment location

Cost / coverage

Some procedures may be insured; an estimate for uncovered fees is required

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

OriginElle

Montréal · Private

Fertility services; verify the treatment location

Cost / coverage

Some procedures may be insured; an estimate for uncovered fees is required

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Ovo Gatineau

Outaouais · Private

Fertility services; verify the treatment location

Cost / coverage

Some procedures may be insured; an estimate for uncovered fees is required

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Procrea Québec

Capitale-Nationale · Private

Fertility services; verify the treatment location

Cost / coverage

Some procedures may be insured; an estimate for uncovered fees is required

Medical referral

To be confirmed

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Association Infertilité Québec

Throughout Québec · Community

Information, support and peer referral

Cost / coverage

Cost or membership to be confirmed

Medical referral

Direct contact

Format

Groups and formats to be confirmed

Official website and contact information · Checked: November 12, 2026

Ressources-Naissances

Chaudière-Appalaches · Community

Fertility support meetings in Lévis; centre@ressources-naissances.com

Cost / coverage

Fee to be confirmed

Medical referral

Direct contact

Format

Meetings; format to be confirmed

Official website and contact information · Checked: November 12, 2026

Fertility Matters Canada

Throughout Québec · Community

Group directory, including Montréal; resources also for people pursuing parenthood alone

Cost / coverage

Depending on the group

Medical referral

Direct contact

Format

Depending on the group, online or in person

Official website and contact information · Checked: November 12, 2026

Ordre professionnel des sexologues du Québec

Throughout Québec · Professional directory

Search by desire for a child / infertility; verify authorization to practise

Cost / coverage

Fees and insurance to be confirmed

Medical referral

Usually direct contact; verify

Format

Depending on the professional

Official website and contact information · Checked: November 12, 2026

Ordre des psychologues du Québec

Throughout Québec · Professional directory

Psychologists and psychotherapy permit holders; ask about infertility expertise

Cost / coverage

Fees and insurance to be confirmed

Medical referral

Depending on the professional

Format

Depending on the professional

Official website and contact information · Checked: November 12, 2026

Info-Social 811, option 2

Throughout Québec · Public

Psychosocial referral, for yourself or a loved one

Cost / coverage

Free

Medical referral

No referral

Format

English translation. Clinical, legal and educational reviews pending.

Telephone

Official website and contact information · Checked: November 12, 2026

INSPQ — perinatal grief resources

Throughout Québec · Institutional directory

Organizations and support for parents and loved ones

Cost / coverage

Depending on the organization

Medical referral

Depending on the organization

Format

Depending on the organization

Official website and contact information · Checked: November 12, 2026

Ressources-Naissances — perinatal grief

Chaudière-Appalaches · Community

Individual, peer and group support

Cost / coverage

To be confirmed

Medical referral

Direct contact

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

Coalition des familles LGBT+

Throughout Québec · Community

Information and referral on LGBTQ+ family experiences; current services to be confirmed

Cost / coverage

To be confirmed

Medical referral

Direct contact

Format

To be confirmed

Official website and contact information · Checked: November 12, 2026

English translation. Clinical, legal and educational reviews pending.

Before booking

Ask whether your situation is welcomed, which services are insured, whether a referral is needed and which appointments can take place remotely. Procedures such as egg retrieval require attendance in person. Compare written fees and pain relief options, rather than only an advertised success rate.

Your experience matters

A fertility journey, miscarriage or decision to stop treatment can also be part of your experience of gynecological care. You choose what you want to share.

Participation is voluntary. Do not include names, precise dates, clinics or details that could identify anyone in an account. No personal account is published automatically. Privacy and retention . These forms are not monitored continuously.

Every situation is different. This information does not replace a medical or sexology consultation. Your care team's instructions take priority. There is no promise of pregnancy or freedom from pain. The resources listed are not official partners.

Québec — assisted reproduction centres

RAMQ — list of authorized centres, updated April 28, 2026

Official website and contact information

Official website and contact information

Official website and contact information

Official website and contact information

Official website and contact information

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Source and resource links

Québec — assisted reproduction centres

RAMQ — list of authorized centres, updated April 28, 2026

Official website and contact information

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English translation. Clinical, legal and educational reviews pending.

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English translation. Clinical, legal and educational reviews pending.

Fertility: studies and references

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

Targeted, non-exhaustive literature search checked on November 12, 2026. The summaries below use accessible records and abstracts; they are not an original systematic review or an independent clinical validation. Findings on heterosexual couples are not generalized to all families. No pregnancy success statistics are claimed.

Sexual dysfunction and disorders as a consequence of infertility: a systematic review and meta-analysis

Leeners B, Tschudin S, Wischmann T, Kalaitzopoulos DR · 2023

Type and population: Systematic review and meta-analysis; individuals and couples experiencing infertility.

Findings: Sexual difficulties are associated with the experience of infertility. The authors call for their assessment to be integrated into care.

Limitations: Heterogeneous, often observational studies; uncertain direction of causality and limited representation of diverse families.

For you: Seek sexology support before distress becomes severe.

DOI and publication

Efficacy of psychological interventions for mental health and pregnancy rates among individuals with infertility: a systematic review and meta-analysis

Dube L, Bright K, Hayden KA, Gordon JL · 2023

Type and population: Systematic review and meta-analysis of psychological interventions in infertility.

Findings: Interventions may support mental health; the size of the benefit varies.

Limitations: Diverse interventions and populations, bias and uncertainty; no finding guarantees an individual pregnancy.

For you: Support benefits the person, regardless of the reproductive outcome.

DOI and publication

Psychological and educational interventions for subfertile men and women

Verkuijlen J, Verhaak C, Nelen WLDM, Wilkinson J, Farquhar C · 2016

Type and population: Cochrane review of randomized trials involving individuals or couples experiencing fertility difficulties.

Findings: The evidence does not allow firm conclusions on all benefits of the interventions.

Limitations: Low quality, heterogeneity and older research, with searches ending in 2015; read alongside more recent work.

For you: Distinguish desired support from therapeutic promises.

English translation. Clinical, legal and educational reviews pending.

DOI and publication

Sexual Life Experiences of Infertile Individuals: A Meta-Synthesis Study

Yavaş G, Akman G · 2024

Type and population: Meta-synthesis of 12 English-language qualitative studies.

Findings: Describes changes in sexual experiences, coping strategies and unmet information needs.

Limitations: Language selection and varied cultural contexts; no causal measurement or representative estimate.

For you: Open a conversation about intimacy and each person's needs.

DOI and publication

Guidelines and institutional sources

ASRM — fertility evaluation (2026)

ASRM — fertile window (2022)

ASRM — IVF journey

ASRM — risks of IVF

ASRM — ovarian hyperstimulation (2023)

ESHRE — psychosocial care in fertility

Québec — assisted reproduction centres

Québec — medically assisted reproduction program

Québec — accessing services

Revenu Québec — tax credit

Civil Code of Québec — article 11

Santé Québec — 811

ASRM 2026: guidance on seeking care, tailored assessment and assessment of partners. ESHRE: identifying psychosocial needs throughout the journey; this guideline does not demonstrate uniform implementation in clinics.

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Source and resource links

DOI and publication

English translation. Clinical, legal and educational reviews pending.

DOI and publication

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ASRM — fertility evaluation (2026)

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English translation. Clinical, legal and educational reviews pending.

Practices elsewhere: possibilities for Québec

Gynéco sans douleur · Supplement dated November 12, 2026

Read the Web version and its active links

These practices already exist elsewhere: let us make them accessible here and measure patients' experiences.

A proposal from the movement for Québec: provide information before appointments, discuss pain relief, respect consent and follow up on what people actually experienced. International examples are practical possibilities, not a ranking of health systems.

Verifiable commitments

United Kingdom - hysteroscopy

The 2024 RCOG recommendations call for advance information on pain and anaesthetic alternatives, and for stopping the procedure when it becomes too painful or distressing. Another care arrangement can be organized. They do not recommend routine sedation for everyone.

Source: RCOG, Green-top Guideline 59.

Denmark and Norway - examples from institutions

Hvidovre describes hysteroscopy under local or general anaesthesia, to be discussed with the doctor. The University Hospital of North Norway indicates that local anaesthesia may be available on request. This information does not establish that all patients in these countries receive these options.

Hvidovre - hysteroscopy · UNN - hysteroscopy.

Australia - comprehensive support

The 2024 standard for heavy menstrual bleeding includes quality of life, preferences, consent and psychosocial needs. It is a quality framework, not evidence of uniform care.

Australian Commission - Clinical Care Standard.

France - one example of an abortion care pathway

For procedural abortion under local anaesthesia in a health centre, the framework provides for a chosen support person and referral to a facility offering other anaesthetic options if desired. This example applies to that specific setting.

Public Health Code - R2212-12-1.

Measure the experience, not only the procedure

The movement proposes documenting: information received before care; pain-relief options explained and accessible; respect for consent and requests to stop; reported pain; chosen support; and instructions and contact after care. These proposed indicators are not yet a validated evaluation programme.

A voluntary citizen consultation can bring needs to light. It is not representative of all patients and cannot, by itself, compare countries or establish professional misconduct.

Your experience matters

English translation. Clinical, legal and educational reviews pending.

A fertility journey, a miscarriage or a decision to stop treatment may also be part of your experience of gynecological care. You choose what you wish to share.

Participation is voluntary. Do not include a name, exact date, clinic or any detail that could identify a person in a personal account. No testimony is published automatically. Privacy and retention. These forms are not monitored continuously.

Every situation is different. This information does not replace a medical or sexological consultation. Your care team’s instructions take precedence. There is no promise of pregnancy or freedom from pain. The resources cited are not official partners.

Source and resource links

RCOG, Green-top Guideline 59

Hvidovre - hysteroscopy

UNN - hysteroscopy

Australian Commission - Clinical Care Standard

Public Health Code - R2212-12-1

English translation prepared November 14, 2026. This is a faithful translation of the existing November 12 supplement, not a new clinical, legal, service-availability or pricing review. References retain their original destinations and may be in French. The French original is preserved.