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

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

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Understanding my fertility

When should I seek help?

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Where does my sexuality fit in?

Tests during a fertility journey: an experience worth hearing

IVF: your pain and your experience deserve a response

You do not have to choose between your plans and being heard. Examinations, injections, egg retrieval, waiting and difficult results can take a toll. You can ask for pain relief, support or a break without having to justify your suffering.

This information does not replace your care team. Gynéco sans douleur is not an emergency service and cannot guarantee immediate support.

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.

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 .

English translation. Clinical, legal and educational reviews pending.

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.

Read or print

A supplement to the existing information package; includes sources and links.

Sources and content tracking

Status: Clinical, legal and educational reviews pending. This page includes documentary references; this audit does not attest to a clinical review of the page as a whole.

Sources consulted and references included on this page

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ASRM — fertile window (2022)

ASRM — fertility evaluation (2026)

Québec — accessing services

Santé Québec — 811

Traceability notice added on November 13, 2026. This date does not constitute a clinical review of the content. Earlier dates on the page remain those of the existing content; the date of its last full substantive review is not attested. Our approach · Report an error .

Editorial lead: Dominique Guay, citizen initiative. Approach and selection of sources

Where does my sexuality fit in?

The fertility journey: make room for chosen intimacy, emotions and your relationship beyond the treatment calendar.

Questions to bring: what might change for me? Which activities are comfortable or should be avoided? Whom can I consult if pain or a concern persists?

Read detailed guidance on sexuality and intimacy

After a procedure, follow your team’s personalized instructions before resuming sexual activities. Persistent pain deserves assessment.

Clinical, legal and educational reviews pending.

Tests during a fertility journey: an experience worth hearing

A public personal account

The author describes a particularly painful examination of the inside of the uterus with tissue sampling, followed by feeling unwell. This account invites us to plan support and the return home after examinations as well.

Québec · account published on Vie de Parents · Vie de Parents · personal account . Paraphrased individual account; it does not represent everyone’s experience.

Source and resource links

ASRM — fertile window (2022)

ASRM — fertility evaluation (2026)

Québec — accessing services

Santé Québec — 811

Vie de Parents · personal account

English translation. Clinical, legal and educational reviews pending.

Fertility tests, hormones and treatments

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

On this page

My pain-relief and support plan

Understanding procedures before consenting

Blood tests and semen analysis

Transvaginal ultrasound and follicle monitoring

Assessment of the fallopian tubes and uterine cavity

Ovarian stimulation and ovulation medication

Stimulation, induction and hormone injections

Making injections easier to manage

Insemination and in vitro fertilization

Intrauterine insemination

IVF and egg retrieval

Embryo transfer

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Fertility: a plan for each procedure

Tests during a fertility journey: an experience worth hearing

My pain-relief and support plan

Before egg retrieval, ask for a plan suited to your situation. Sedation and pain relief have different roles: being relaxed or drowsy does not necessarily mean being pain-free.

Before: “What pain-relief, sedation or anaesthesia options do you offer? What are the benefits, risks and alternatives?” Mention previous severe pain or distress without sharing more than you wish.

During: “How will you assess my pain? What will you do if relief is inadequate? How can I request a pause?” Discuss consent and boundaries before sedation, as well as whether a trusted person

English translation. Clinical, legal and educational reviews pending.

may be present.

Going home: ask for written instructions, expected symptoms, medicines your team authorizes and an after-hours contact number. Severe or worsening pain warrants assessment.

After a difficult cycle: request a review, explanations and support. Continuing, pausing or stopping should be discussed without blame.

A phrase to bring: “I need us to agree on a plan if I am in pain, and to know whom to contact if I am unwell afterwards. Could you write it down for me?”

No pain-relief method is best for everyone. The choice depends on the procedure, your preferences, medical history and clinic resources. Read the evidence and its limitations .

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?

English translation. Clinical, legal and educational reviews pending.

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?

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.

English translation. Clinical, legal and educational reviews pending.

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.

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.

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?

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 .

English translation. Clinical, legal and educational reviews pending.

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.

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Sources and content tracking

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ASRM — fertility evaluation (2026)

ASRM — IVF journey

ASRM — ovarian hyperstimulation (2023)

ASRM — risks of IVF

Québec — accessing services

Civil Code of Québec — article 11

Traceability notice added on November 13, 2026. This date does not constitute a clinical review of the content. Earlier dates on the page remain those of the existing content; the date of its last full substantive review is not attested. Our approach · Report an error .

Editorial lead: Dominique Guay, citizen initiative. Approach and selection of sources

Fertility: a plan for each procedure

These links organize the information already available in the care pathway. Options depend on each procedure and your situation; no method guarantees zero pain.

What it is

Identify examinations and treatments

What I might experience and possible care

Egg retrieval: different from embryo transfer

Distinguishing procedures

Testing the fallopian tubes

Distinguishing procedures

Embryo transfer

Discussing pain relief and questions to ask

Prepare a plan for before, during and after

When to seek care promptly

Recognize warning signs

Sources and useful words

References remain alongside the detailed sections linked above. Read the glossary additions .

Share my experience

Go to the experience-sharing page

Documentary references checked on November 18, 2026. General information, not a prescription. Clinical, legal and educational reviews pending. Documentary checks and translation do not replace these reviews.

Tests during a fertility journey: an experience worth hearing

A public personal account

The author describes a particularly painful examination of the inside of the uterus with tissue sampling, followed by feeling unwell. This account invites us to plan support and the return home after examinations as well.

Québec · account published on Vie de Parents · Vie de Parents · personal account . Paraphrased individual account; it does not represent everyone’s experience.

Source and resource links

ASRM — fertility evaluation (2026)

ASRM — IVF journey

ASRM — ovarian hyperstimulation (2023)

ASRM — risks of IVF

Québec — accessing services

Civil Code of Québec — article 11

Vie de Parents · personal account

Fertility, sexuality and psychological health

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

On this page

What about my sexuality?

Protecting my relationship and intimacy

I feel alone on my journey

Unsuccessful treatment, miscarriages and difficult decisions

Sources and content tracking

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) .

English translation. Clinical, legal and educational reviews pending.

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

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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ESHRE — psychosocial care in fertility

ASRM — ovarian hyperstimulation (2023)

Santé Québec — 811

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Editorial lead: Dominique Guay, citizen initiative. Approach and selection of sources

Source and resource links

ESHRE — psychosocial care in fertility

ASRM — ovarian hyperstimulation (2023)

Santé Québec — 811

I am supporting someone on a fertility journey

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its 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

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English translation. Clinical, legal and educational reviews pending.

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Source and resource links

ASRM — fertility evaluation (2026)

ESHRE — psychosocial care in fertility

Costs, RAMQ and treatment funding

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

On this page

How much do fertility treatments cost in Québec?

Eligibility: have your situation checked

Questions to ask before paying

Tax credit and other assistance

Sources and content tracking

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?

English translation. Clinical, legal and educational reviews pending.

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 .

Your experience matters

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Québec — medically assisted reproduction program

Revenu Québec — tax credit

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Editorial lead: Dominique Guay, citizen initiative. Approach and selection of sources

Source and resource links

Québec — medically assisted reproduction program

Revenu Québec — tax credit

Find a clinic or support in Québec

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

On this page

I am struggling right now: where do I start?

Something went wrong: proceed at your own pace

Sources and content tracking

I am struggling right now: where do I start?

Physical symptoms after treatment

Contact your fertility team promptly for new or worsening symptoms, especially after stimulation or egg retrieval: a very swollen abdomen, vomiting, reduced urine or breathlessness. Ovarian hyperstimulation may require assessment. For major breathing difficulties or serious illness, seek emergency medical help; do not wait for a reply to the movement’s form.

For non-urgent health questions in Quebec: Info-Santé 811, option 1 . For IVF-related warning signs: MUHC information .

I feel overwhelmed or alone

Info-Social 811, option 2 provides free, confidential psychosocial support around the clock, year-round (except in Nunavik and the Cree Territory of James Bay). Ask your clinic about referral to psychology, social work or sexual-health support, including waiting times, fees and eligibility. The MUHC describes its fertility support ; check eligibility directly.

Emotional support complements physical care: it does not mean stress caused an unsuccessful cycle, or that feeling better guarantees pregnancy. You do not have to share a testimonial to ask for help.

Something went wrong: proceed at your own pace

Receiving care, asking for explanations and making a complaint are separate steps. You can look after yourself first and decide later what you want to do. A suspected incident or error is not an established finding of fault.

Keep a private record

Record dates, procedures, symptoms, requests and responses.

Describe concrete effects and your current needs. Separate observations from questions or assumptions.

Keep documents you already have and ask your clinic how to access your medical record. Store your chronology privately.

English translation. Clinical, legal and educational reviews pending.

Where can I turn in Quebec?

Public system: the service quality and complaints commissioner can direct you. Complaints about medical acts go to a medical examiner; a subsequent appeal may go to a review committee.

Private clinic: check whether it has an agreement with the public system and which commissioner has jurisdiction. Otherwise, clinic management and the relevant professional order are starting points depending on the issue.

Help with the process: complaint assistance and support centres (CAAP) provide free, confidential assistance within the complaints system. Disciplinary proceedings at the Collège des médecins do not award financial compensation.

Complaints system and assistance · Public and private care: pathways · Collège des médecins process

Share to improve care without exposing yourself

Seeking support is separate from participating in the Observatory. Providing contact details for a reply is not anonymous. Do not post medical records, clinicians' names or identifying details in public comments. Read the privacy information and check what you consent to: recontact, grouped results and permission to use an excerpt are distinct choices.

Contributions can help identify needs and raise awareness, but do not represent all patients or establish the frequency of medical errors. No private testimonial is reproduced here without permission.

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

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

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

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

English translation. Clinical, legal and educational reviews pending.

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

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.

Sources and content tracking

Status: Clinical, legal and educational reviews pending. This page includes documentary references; this audit does not attest to a clinical review of the page as a whole.

Sources consulted and references included on this page

These references come from the existing content. Bringing them together does not mean that every document and claim was checked again on November 13, 2026.

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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Traceability notice added on November 13, 2026. This date does not constitute a clinical review of the content. Earlier dates on the page remain those of the existing content; the date of its last full substantive review is not attested. Our approach · Report an error .

Editorial lead: Dominique Guay, citizen initiative. Approach and selection of sources

Source and resource links

Info-Santé 811, option 1

MUHC information

Info-Social 811, option 2

MUHC describes its fertility support

Complaints system and assistance

Public and private care: pathways

Collège des médecins process

Québec — assisted reproduction centres

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

Official website and contact information

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Fertility: studies and references

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

On this page

IVF pain relief and support: what the evidence can tell us

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

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

Psychological and educational interventions for subfertile men and women

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

Guidelines and institutional sources

IVF pain relief and support: what the evidence can tell us

Evidence update: November 14, 2026. These studies inform discussions without identifying a universal solution or replacing individual assessment.

Kwan et al., Cochrane, 2018 : 24 randomized trials, 3,160 participants; low- or very-low-quality evidence, with no sedation/analgesia method superior in every situation.

Buisman et al., 2022 : methodological review of 51 trials; varied pain measures limit comparisons. This is not evidence that a particular method works.

D’Angelo et al., ESHRE, 2019 : good-practice recommendations for egg retrieval, information, pain relief and follow-up; several recommendations rely on observational evidence or expert opinion.

Dube et al., 2023 : meta-analysis of psychological interventions for infertility. Support addresses distress and quality of life; it does not guarantee pregnancy.

Poulter et al., 2026 : Canadian trial with 173 participants, seven-week self-guided intervention; improved well-being measures without a significant pregnancy difference. Self-reported outcomes and a waitlist/usual-care comparison limit generalization.

Official sources for services and complaints are linked in the support pathway . Suggested questions are a practical preparation tool, not a validated treatment.

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.

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.

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.

Editorial lead: Dominique Guay, citizen initiative. Approach and selection of sources · Formatting checked on November 13, 2026; date of last clinical review not attested. General information: does not replace medical advice.

Source and resource links

Kwan et al., Cochrane, 2018

Buisman et al., 2022

D’Angelo et al., ESHRE, 2019

Dube et al., 2023

Poulter et al., 2026

DOI and publication

DOI and publication

DOI and publication

DOI and publication

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

English translation. Clinical, legal and educational reviews pending.

Practices elsewhere, possibilities for Québec

Gynéco sans douleur · English edition of the French guide

Read the Web version and follow its links

Pain relief: practical examples abroad

Nitrous oxide and oxygen at HUG, a choice of care setting in the United Kingdom, individualized plans in American recommendations: distinguish services, recommendations and study findings.

See the sourced examples and what Québec can learn from them →

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

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

Commitments that can be checked

United Kingdom — hysteroscopy

The 2024 RCOG guidelines call for advance information about pain and anaesthesia alternatives, and stopping the procedure when it becomes too painful or distressing. Alternative care can be arranged. They do not recommend routine sedation for everyone.

Source: RCOG, Green-top Guideline 59 .

Denmark and Norway — institutional examples

Hvidovre describes hysteroscopy under local or general anaesthesia, to be discussed with the physician. The University Hospital of North Norway indicates that local anaesthesia may be available on request. This information does not demonstrate that every patient in these countries receives these options.

Hvidovre — hysteroscopy · UNN — hysteroscopy .

Australia — comprehensive support

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

Australian Commission — care standard .

France — an abortion care pathway example

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

Public Health Code — R2212-12-1 .

English translation. Clinical, legal and educational reviews pending.

Measuring the experience, beyond the procedure

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

A voluntary citizen consultation can reveal needs. It is not representative of all patients and cannot, on its own, compare countries or establish professional misconduct.

Your experience matters

A fertility journey, miscarriage or stopping treatment can also form part of your experience of gynecological care. You choose what you wish to share.

Participation is voluntary. Do not include a name, specific date, clinic or any detail that could identify someone in an account. No personal story 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 team's instructions take precedence. No pregnancy or absence of pain is promised. The resources cited are not official partners.

Editorial lead: Dominique Guay, citizen initiative. Method and source selection · Formatting checked on November 13, 2026; the date of the last clinical review is not verified. General information: does not replace medical advice.

Practical pain relief options

Local anaesthesia, adapted techniques and other options: studies exist. Understand their findings and limitations, and consider access to care that does not depend on an obligation to endure.

Explore options, studies and the resource argument → · PDF summary

Source and resource links

RCOG, Green-top Guideline 59

Hvidovre — hysteroscopy

UNN — hysteroscopy

Australian Commission — care standard

Public Health Code — R2212-12-1

English translation. Clinical, legal and educational reviews pending.