

Media Kit

OLIVE FERTILITY CENTRE

Founded in 2013 by Dr. Jason Hitkari, Dr Gary Nakhuda, Dr. Al Yuzpe, and Dr. Beth Taylor, Olive Fertility is one of Canada's leading fertility centres, offering IVF and innovative programs including specialized genetic testing, egg freezing, fetal diagnostic testing, third-party reproduction and 2SLGBTQIA+ support.

media@olivefertility.com



OLIVE *fertility centre*



OLIVE
fertility centre

Olive Fertility offers comprehensive fertility care for patients, with a flagship clinic in Vancouver and additional locations in Surrey, Victoria, and Kelowna.

OLIVE FERTILITY is dedicated to empowering patients and the public with the most up to date evidence-based information on fertility care and treatment. Internationally recognized as thought leaders, Olive's fertility specialists offer regular public talks and are frequently featured in the media, speaking on a range of fertility topics.

Our Vision

The Olive Difference

“The vision for Olive from the beginning was that it was going to be patient-centered. We really try and live and breathe the idea that we put the patient at the center of care. Every decision that we make about how we provide our care is focused on how it will affect the patient – not only their physical experience but their emotional experience as well.”

Dr. Beth Taylor, *co-founder and co-director* **Olive Fertility Centre**

“And we wanted to make Olive as high-tech a center as possible. We are very proud that we have among the highest IVF success rates in North America. When we’re doing the more advanced treatments, like IVF and egg freezing, where we rely on a group of experts in managing eggs and sperm and embryos, the quality of the lab is absolutely critical to achieving success.”

Dr. Jason Hitkari, *co-founder and co-director* **Olive Fertility Centre**

———— Paths to Parenthood

Family Building for All

Families come in all shapes and sizes. At **Olive Fertility Centre** we affirm and celebrate diversity and are dedicated to supporting everyone on their path to parenthood. Our dedication to progressive and individualized treatment is more than just a theory at Olive, it is how we treat every patient. The physicians at Olive are honoured to have been helping 2SLGBTQIA+ couples and individuals build their families for over 20 years.



5 Common Causes

Understanding the Causes of Infertility

The following are five of the most common causes of infertility—factors that can often be identified through a fertility assessment and, in many cases, addressed through lifestyle changes, medication, or assisted reproductive technologies such as IVF.

1. Age and fertility

Age is the biggest single factor affecting a woman's chance to conceive and have a healthy baby.

Women are born with all the eggs they will ever have, and as they age, both the number and quality of these eggs decrease.

Fertility starts to decline around age 30, with a sharper drop after 35. By 40, getting pregnant naturally becomes much harder. Men also experience a decline in fertility with age, though it happens more slowly. While medical treatments can help, the chances of success decrease with age, making early awareness and planning important.

2. Polycystic ovary syndrome (PCOS)

Polycystic ovary syndrome (PCOS) is a hormonal disorder that affects ovulation and is one of the most common causes of infertility. It's characterized by irregular menstrual cycles, high androgen levels and multiple small cysts on the ovaries. Some of the symptoms of PCOS include weight gain, acne, excessive hair growth and difficulty conceiving. While there is no cure, making lifestyle changes, taking medications like ovulation stimulants and enrolling in assisted reproductive treatments can help manage infertility in women with PCOS.

5 Common Causes

Understanding the Causes of Infertility

3. Male infertility factor

In Canada, 30% of sole infertility cause is the male factor, and is a contributing issue 20% of the time. Various factors contribute to male infertility, including hormonal imbalances, genetic conditions, lifestyle habits and medical conditions. Similar to PCOS, treatments for infertility in males include lifestyle changes, medications and assisted reproductive technologies.

4. Endometriosis

Endometriosis is a condition where tissue similar to the endometrium (lining of the uterus) grows outside the uterus. These growths, called implants or lesions, can occur in various areas of the body, typically in the pelvic region, including the ovaries, fallopian tubes, and behind the uterus, and can affect fertility.

Surgical intervention or assisted reproductive techniques like IVF may be recommended for those with more severe disease.

5. Blocked fallopian tubes

The fallopian tubes play a crucial role in reproduction as they transport the egg from the ovary to the uterus. If one or both tubes are blocked due to infection, pelvic inflammatory disease, prior surgeries or endometriosis, this can prevent fertilization. Depending on the severity of the blockage, treatment options may include reparative surgery or IVF treatments

————— **Our Doctors**

Founders and Directors



“ I love my work. I like the challenge, the science and the chance to help people achieve their dream of a child. ”

Dr. Beth Taylor MD, FRCSC

Co-founder and co-director of Olive Fertility Centre and clinical professor at UBC.

Dr. Taylor is a Clinical Professor at UBC. She is also a consulting staff member at Vancouver General Hospital. Dr. Taylor has published several papers in peer-reviewed journals and has written three book chapters.

Dr. Taylor leads Olive's surrogacy program and has helped hundreds of couples achieve a child through surrogacy.

————— **Our Doctors**

Founders and Directors



“ It is important to me to create an environment with time to understand what patients are going through. ”

Dr. Jason Hitkari MD, FRCSC

Co-founder and co-director of Olive Fertility Centre and a clinical professor at UBC, Dr Hitkari was President of the Canadian Fertility and Andrology Society (CFAS) 2020-2021.

Dr. Hitkari has a special interest in education and is currently involved in reproductive and infertility education for medical students at UBC. He coordinates the Reproduction Seminars for the Obstetrics and Gynecology resident physicians, and he also lectures extensively throughout the year to family practitioners, family practice residents, allied health professionals, and gynecologists.

————— **Our Doctors**

Founders and Directors



“ I never tire of the sense of satisfaction that I get each time I do my small part to help build a family. ”

Dr. Gary Nakhuda MD, FACOG

Co-founder and co-director of Olive Fertility Centre.

Dr. Nakhuda’s areas of expertise include polycystic ovarian syndrome, fertility preservation, recurrent pregnancy loss, and embryology laboratory technology. Preimplantation genetic testing (PGT) is another major focus, and he is currently studying the numerous reasons for implantation failure in apparently normal embryos. Dr. Nakhuda has served as the primary investigator in several clinical trials, and is dedicated to research and data analysis for quality control and improvement.

Dr. Nakhuda is board-certified in both ob-gyn and reproductive endocrinology and in infertility by the American Board of Obstetrics & Gynecology.

————— **Our Doctors**

Founders and Directors



“I’m dedicated to making sure that each of my patients gets the individual treatment, care, and support they need to help them through their fertility journey.”

Dr. Niamh Tallon MB, BCh, BAO, FRCSC

Co-director of Olive Fertility Centre.

Dr. Tallon is an infertility and egg freezing specialist with a special interest in egg freezing and the impact of aging on fertility. She co-authored guidelines for fertility preservation in reproductively aged women.

Originally from Singapore and Dublin, Dr. Tallon completed her honors degree in microbiology at Trinity College Dublin and her medical training at the Royal College of Surgeons in Ireland. After meeting her Canadian husband, she moved to Canada and completed her residency in Obstetrics and Gynecology at the University of Saskatchewan, followed by a fellowship in Gynecologic Reproductive Endocrinology and Infertility at UBC.

In addition to private practice, she is a Clinical Associate Professor at UBC and works with BC Women’s Hospital on early pregnancy complications. Dr. Tallon is committed to providing personalized care to her patients, drawing from her own fertility challenges for empathy and understanding.

Our Patients

Yasaman Madanikia: After three failed IUIs and two IVF retrievals they received life changing news.



“This journey tested me in ways I never imagined, but it brought us the most beautiful gift. I’m so thankful to the incredible team at Olive Fertility Centre who supported us every step of the way.”

Yasaman

A self-described Type A personality, Yasaman had always believed that with enough hard work and determination, anything was possible. But when it came to conceiving naturally, that belief was deeply challenged. She and her husband began their fertility journey at age 33, and much of her 34th year was spent navigating the emotional and physical toll of fertility treatment.

After a year and a half of trying, including three failed IUIs, two IVF retrievals, and one embryo transfer, the couple finally received the life-changing news that they were pregnant. Today, as they hold their 2.5-month-old son, Pars, they are filled with overwhelming gratitude.

Our Patients

Alicia's Choice: Preserving Her Future Through Egg Freezing



After breaking up with her long-time boy friend Alicia decided at 33 to proactively preserve her option to have a child in the future by freezing her eggs. She was fortunate that the extended medical benefits she had through her workplace covered the cost of egg freezing.

With a referral from her family doctor to Olive Fertility Centre, she was able to get a complete fertility assessment and to then go through the process of egg freezing where the eggs are stimulated, retrieved from the ovaries and flash frozen for later use.

Alicia doesn't know if she will ever need to use the eggs, but it gives her peace of mind to know that she has done everything she can to ensure that she can children at a later date.



———— Fertility Facts

Statistics

Infertility is defined as the inability to get pregnant after one year of unprotected sex.

One in six couples (more than 350,000 Canadian couples) suffer from infertility.

Infertility in Canada has doubled since the 1980s.

www.doi.org/10.1093/humrep/der465

Male Fertility declined by 50-60% between 1973-2011.

www.doi.org/10.1093/humupd/dmx022

Fertility Facts

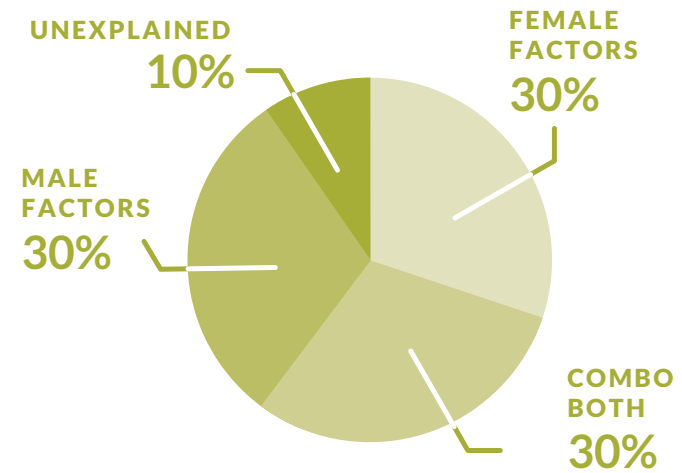
Statistics

30% PER CENT of the time infertility is caused by female factors.

30% PER CENT of the time by male factors.

30% PER CENT by a combination of both.

10% UNEXPLAINED factors.



Fertility Factors

———— Fertility Facts

Age and Fertility

The average age of women in Canada having their first child has been increasing since the late 1960s, reaching 27.3 years in 2001 and 29.2 years in 2016. A growing number of couples in Canada are delaying childbirth. Since 1984, the percentage of first-born children whose mother is 35 or older has tripled to 11%.

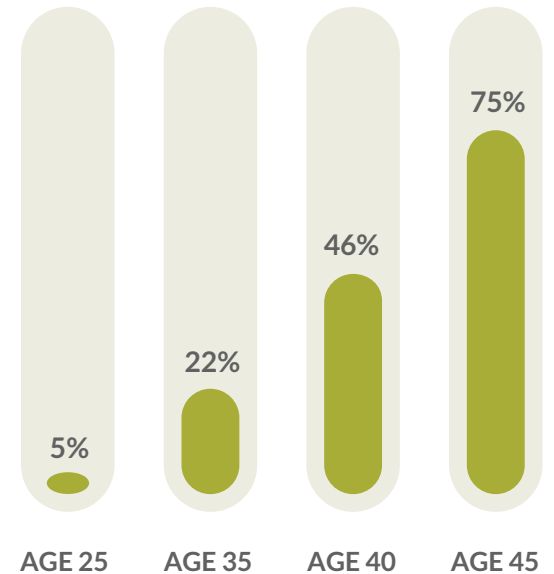
www.statcan.gc.ca

The national average in 2016 was 29.2, compared to 1966, when the average was under 24.

According to Statistics Canada, the average age of first-time mothers in BC is the highest of any province at 31.6 in 2016.

www150.statcan.gc.ca/n1/pub/11-630-x/11-630-x2014002-eng.htm

Fertility starts declining around 35 while the risk for chromosomal abnormalities, miscarriage and complicated pregnancy and birth rises.



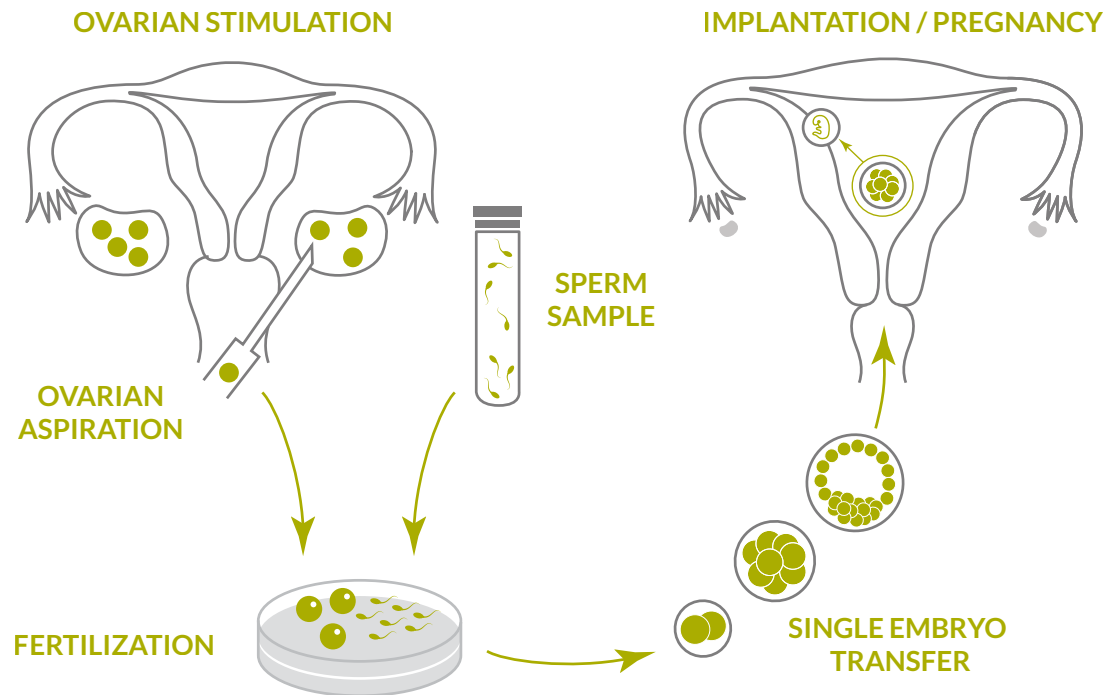
Percentage of female patients experiencing infertility by age

———— Fertility Facts

In Vitro Fertilization (IVF)

Since the procedure was first developed in 1978, over 8 million babies worldwide have been conceived via in vitro fertilization (IVF).

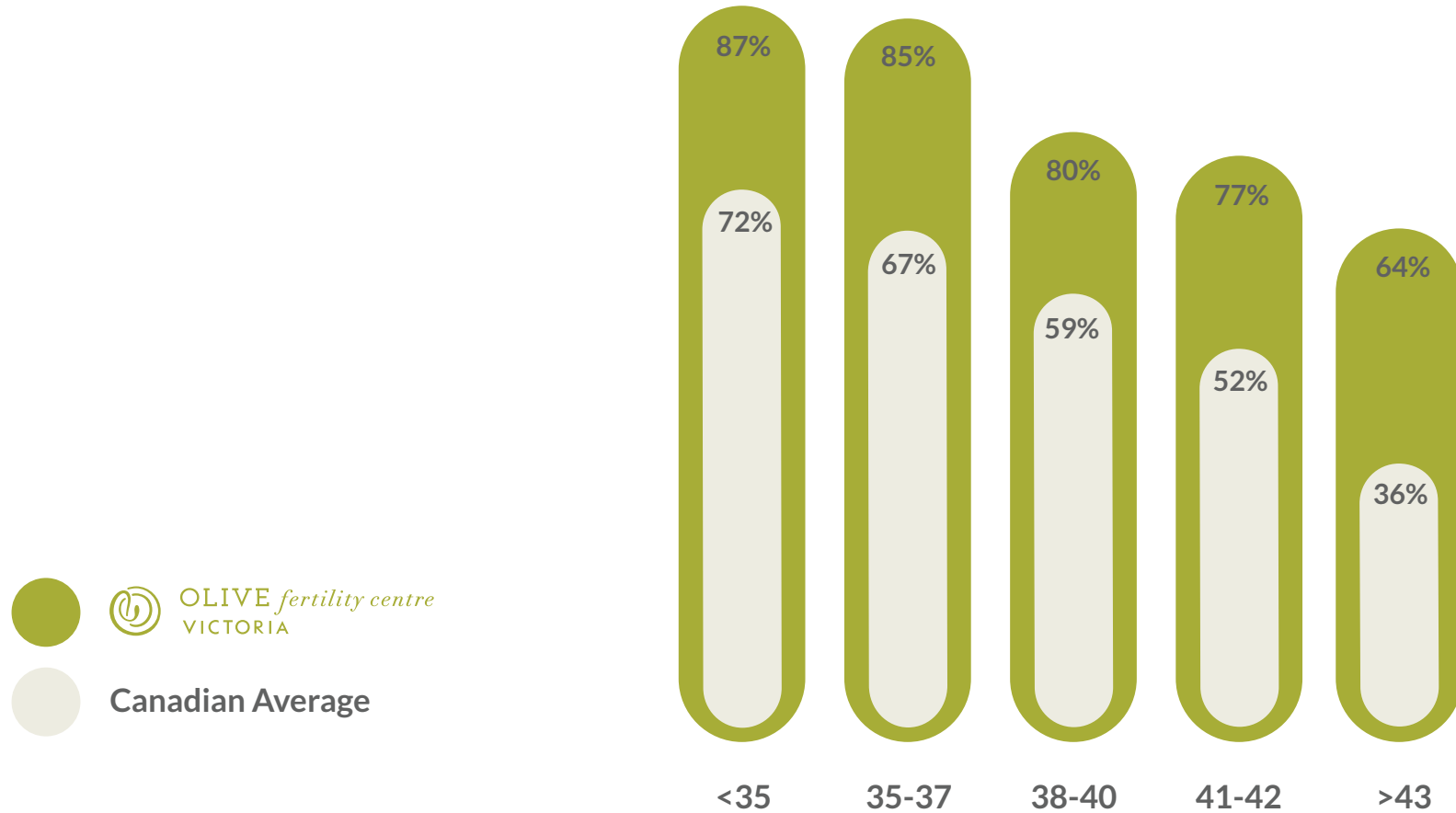
IVF is one of the most effective and widely used treatments for infertility.



Fertility Stats

2022-2023 Cumulative Chance of Pregnancy Per Retrieval that Resulted in At least One Embryo Transfer

(PGT-A, Patient's Own Eggs)



 OLIVE fertility centre
VICTORIA

 Canadian Average

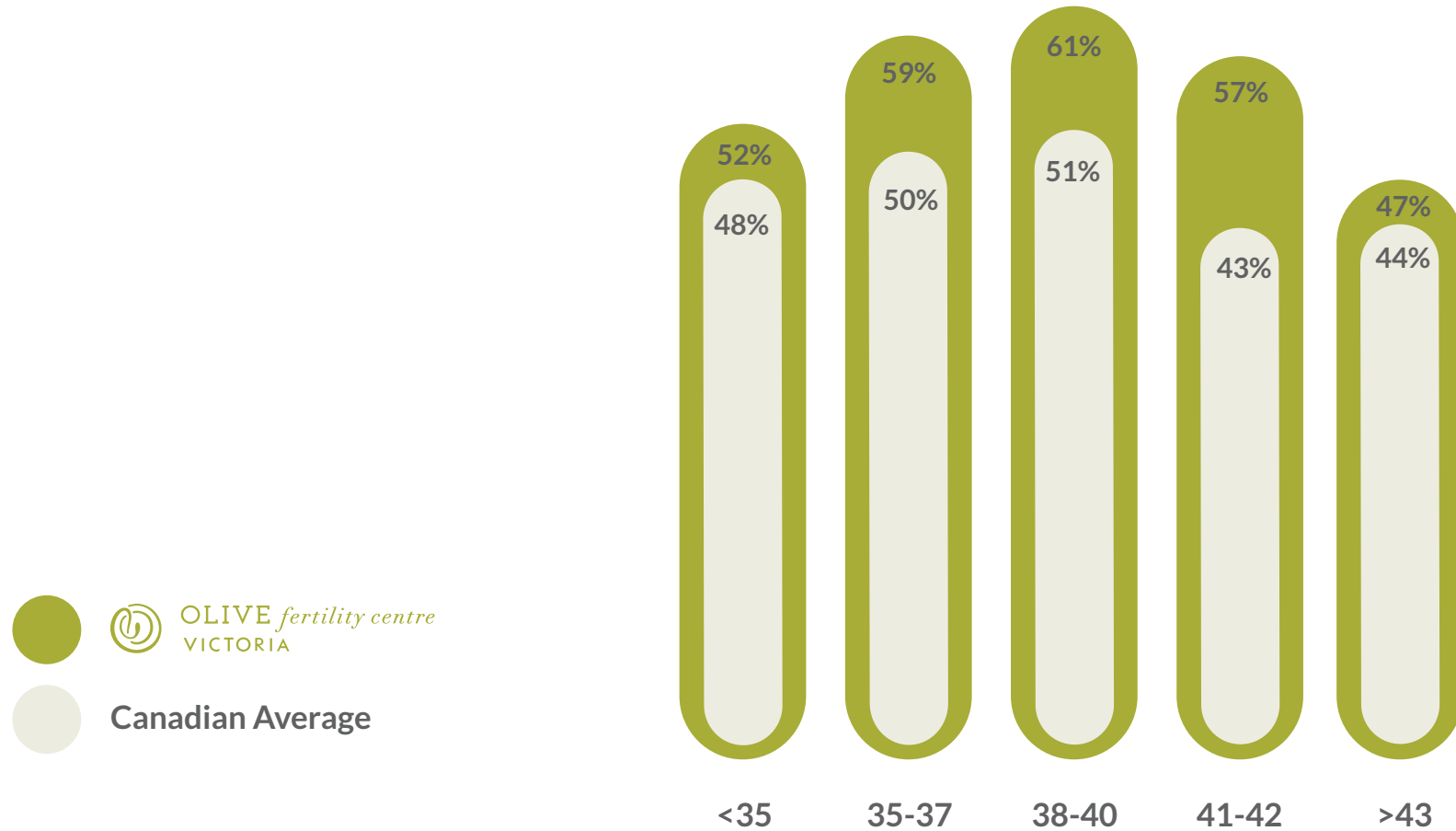
Reported 2023 CARTR Plus rates



Fertility Stats

2022-2023 PGT-A Clinical Pregnancy Rates Per Embryo Transfer

(Patient's Own Eggs)



 OLIVE fertility centre
VICTORIA

 Canadian Average

Reported 2023 CARTR Plus rates



 OLIVE fertility centre

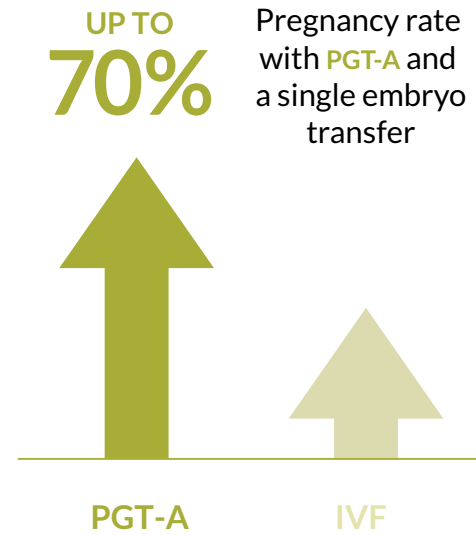
State of the Art

Advances in Reproductive Technology

PREIMPLANTATION GENETIC TESTING FOR ANEUPLOIDY (PGT-A)

Preimplantation genetic testing for aneuploidy (PGT-A) is a screening technique used with IVF that identifies chromosomally healthy (euploid) embryos for transfer during an IVF procedure.

This has resulted in an increase in IVF implantation and pregnancy rates, with a success rate of up to 70%.



Olive Fertility | Success Rates with PGT-A

	<35	35-37	38-40	41-42	43+
OLIVE FERTILITY SUCCESS RATES	73%	75%	73%	71%	72%

———— State of the Art

Advances in Reproductive Technology

ENDOMETRIAL RECEPTIVITY ARRAY (ERA)

ERA is a test that helps identify more precisely when the endometrium (lining of the uterus) is receptive to implantation by an embryo, increasing chances of a successful pregnancy.

ENDOMETRIAL MICROBIOME METAGENOMIC ANALYSIS (EMMA)

EMMA is a screening test that quantifies the abundance of healthy bacteria (*Lactobacillus*) in the endometrium.

ANALYSIS OF INFECTIOUS CHRONIC ENDOMETRITIS (ALICE)

ALICE detects the presence of unhealthy flora that causes chronic endometritis (CE), a low-level infection that causes persistent inflammation of the endometrial lining, and recommends antibiotic and probiotic treatment.

———— Future of Reproductive Medicine

B.C.'s publicly funded IVF therapy

For those struggling with infertility, financial barriers often make treatments inaccessible. B.C.'s new publicly funded in vitro fertilization (IVF) program, with applications opening **July 2, 2025**, aims to ease the burden of the costs associated with IVF.

Designed for eligible B.C. residents, this initiative covers **up to \$19,000** in expenses for people between the **ages of 18 and 41**.

In order to qualify, participants must:

1. Be enrolled in MSP when applying and during treatment.
2. Get a referral from their family doctor or walk in clinic for consultation with an IVF specialist at a participating B.C. fertility clinic.
3. Complete a consultation with a B.C. fertility specialist.
4. Complete any recommended diagnostic testing or mandatory treatments as determined by their B.C. fertility specialist.
5. Complete other fertility treatments first, if recommended by their B.C. fertility specialist.



Definitions

Glossary of Reproductive Technology Terms

Assisted Reproductive Technology (ART)

Techniques to help individuals or couples conceive, including IVF, IUI, and ICSI.

In Vitro Fertilization (IVF)

A process where an egg is fertilized by sperm in a lab dish. The fertilized egg (embryo) is then transferred to the uterus.

Intracytoplasmic Sperm Injection (ICSI)

A specialized IVF method where a single sperm is injected directly into an egg, often used when sperm quality or quantity is an issue.

Intrauterine Insemination (IUI)

A fertility treatment that places sperm inside a patient's uterus close to ovulation to aid fertilization.

Oocyte Cryopreservation / Egg Freezing

The freezing and storing of eggs for future use, often for medical or personal fertility preservation.

Embryo Cryopreservation / Freezing

Freezing embryos for future use, commonly done in IVF cycles to store extra embryos.

Ovarian Reserve

The capacity of the ovary to provide eggs capable of fertilization for a healthy pregnancy.

Gestational Carrier (Surrogate)

An individual who carries and delivers a baby for another person or couple, using an IVF-created embryo.

Preimplantation Genetic Testing (PGT)

Testing embryos during IVF for genetic abnormalities before implantation, including PGT-A (for aneuploidy).

Laparoscopy

A minimally invasive surgery to diagnose or treat fertility-affecting conditions like endometriosis or blocked fallopian tubes.

Frozen Embryo Transfer (FET)

Thawing and transferring frozen embryos to the uterus in an IVF cycle.

Blastocyst

An embryo developed for five to six days, ready for implantation in the uterus.

Embryo Transfer (ET)

Placing an embryo into the uterus after IVF, aiming to lead to pregnancy.

Donor Eggs/Sperm

Eggs or sperm donated for use in assisted reproductive technology by those facing fertility challenges.

Reproductive Endocrinologist (RE)

A specialist diagnosing and treating fertility and reproductive hormone disorders.

Semen Analysis

A test evaluating sperm health, including count, motility, and morphology.

Recurrent Pregnancy Loss (RPL)

Two or more consecutive pregnancy losses, requiring investigation into genetic or uterine factors.

———— Olive Fertility Centre

Media Requests

For interviews or more information, contact:

Mairi Campbell at media@olivefertility.com

Phone 778-885-5300