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

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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**

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 women'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 the 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.

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 Laboratory

State-of-the-Art IVF

At Olive Fertility's new Victoria lab, we've integrated the most advanced technologies and practices to ensure patients receive exceptional care and the highest possible chances of success. Our state-of-the-art IVF lab was meticulously designed to optimize every aspect of the fertility journey, from precision handling of delicate procedures to the latest in cryopreservation and monitoring systems.

Here's a closer look at what sets our lab apart:

1. Skilled and Dedicated Andrologists and Embryologists: The expertise and dedication of our andrologists and embryologists are paramount. Their skills and experience in handling delicate procedures, such as in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI), significantly impact success rates. Continuous training and staying updated with the latest advancements in reproductive medicine are essential.

2. State-of-the-Art- Incubators: Our lab is equipped with the most advanced incubators that replicate the natural environment for embryo culture. These incubators maintain optimal conditions, such as temperature, humidity, and gas levels, ensuring the best possible environment for embryo development.

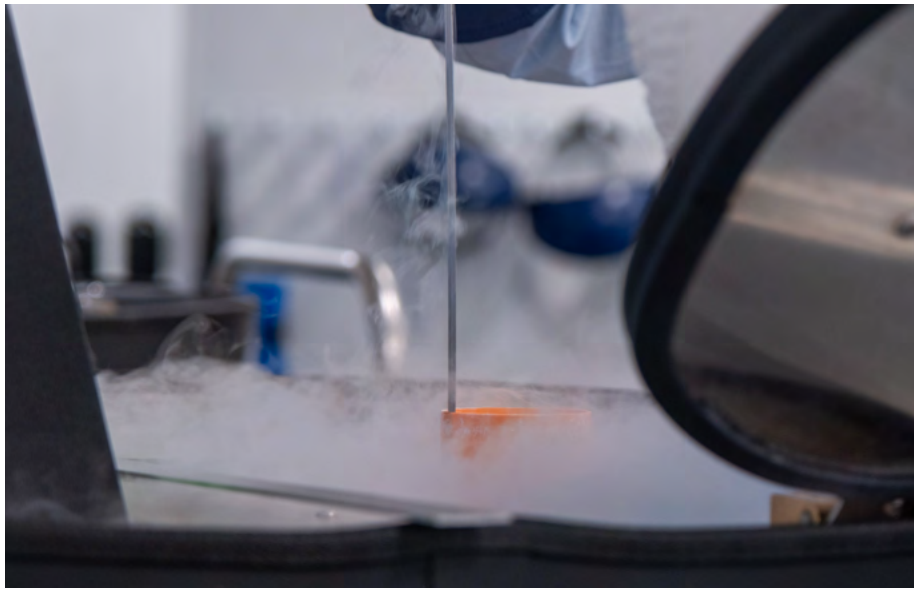
3. Cutting-Edge Micromanipulation Technology: We utilize the latest micromanipulation technology for procedures like ICSI and embryo biopsy. This includes advanced lasers for assisted hatching, which can improve the chances of embryo implantation and successful pregnancy.

Our Laboratory

State-of-the-Art IVF

4. Advanced Cryo Tanks: Our cryo tanks are designed to self-measure and self-fill with liquid nitrogen as needed, ensuring that the stored embryos and gametes remain at the correct temperature. These tanks are also equipped with alarms that alert us to any temperature changes, allowing us to respond immediately.

5. Comprehensive Monitoring Systems: We have an alarm system that monitors all laboratory equipment 24/7. If any issues arise, the system calls out to an on-call embryologist who can respond immediately. This ensures that any potential problems are addressed promptly, maintaining the integrity of our lab environment.



Our Laboratory

State-of-the-Art IVF

6. Clean Air Handling Unit: Our air handling unit delivers the cleanest and purest air into the embryology laboratory. This minimizes the risk of contamination and ensures a sterile environment for all procedures.

7. Radio Frequency Identification (RFID) Tags: Each dish in our lab is equipped with RFID tags for electronic witnessing. This technology ensures that eggs and embryos are accurately tracked and moved to new dishes without any mix-ups, maintaining the highest standards of accuracy and safety.

These elements combined create an environment where patients receive the best possible care and have the highest chances of achieving a successful pregnancy.

What Makes an IVF Lab Excellent

Jeffery Caudle, the lab manager for Olive Fertility Victoria's new IVF lab, talks about what makes an Olive lab superior. Video is approximately 4 minutes in length.

Scan to view lab video.

Trouble scanning? Visit olivefertility.com/what-makes-an-ivf-lab-excellent

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.

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Our Doctors

Clinic Director / Victoria

Dr. James Graham MD, FRCSC

Clinical Director / Olive Fertility Victoria

After receiving his medical degree from Memorial University in St. John's Newfoundland, Dr. Graham went on to complete his fellowship in Obstetrics and Gynecology at Dalhousie University. Inspired by mentors in the field, Dr Graham decided to specialize in infertility and subsequently completed a Royal College Certified Fellowship in reproductive endocrinology and infertility (REI) at the University of British Columbia.

Dr Graham practiced in Halifax and Calgary prior to moving to Victoria in 2013 where he joined Victoria Fertility Centre. In addition to practicing reproductive endocrinology, Dr. Graham is also an Assistant Professor in the Department of Obstetrics and Gynecology at UBC.

What Dr Graham finds especially gratifying about being a fertility doctor is the opportunity to get to know his patients and support them during each step of their fertility journey. Aside from medicine his other passion is sailing. And when he is not treating patients, he can be found on his boat with his sailing companions – his two golden retrievers.

Our Doctors

Medical Director / Victoria

"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

Medical Director / Olive Fertility Victoria

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 Doctors

Reproductive Endocrinologist (REI) / Victoria

"I am committed to better understanding how we can best support our fertility patients."

Dr. Riki Dayan MD, FRCSC

Dr. Dayan completed medical school and Obstetrics and Gynecology residency at the University of British Columbia (UBC). After personally experiencing infertility and recurrent pregnancy loss, she pursued fellowship training in Gynecologic Reproductive Endocrinology and Infertility at McMaster University. She is certified by the Royal College of Physicians and Surgeons of Canada in both specialties.

Her research focuses on the role of mindfulness meditation in infertility and the impact of air pollution on fertility. Dr. Dayan is also dedicated to medical education, contributing to research and teaching as a Clinical Instructor at UBC.

She feels privileged to support her patients on their fertility journeys, believing each one is unique. Dr. Dayan enjoys building personal relationships with her patients and staying updated on advancements in fertility care.

Our Doctors

Reproductive Endocrinologist (REI) / Victoria

Dr. Alannah Smith MD, FRCSC

Dr Alannah Smith (she/her) completed her Bachelor of Science, medical school and Obstetrics in Gynecology residency at the University of Alberta. She moved to Halifax to complete a Gynecologic Reproductive Endocrinology and Infertility fellowship at Dalhousie University. She has a Burwin Institute course certificate in obstetric and gynecologic ultrasound.

Dr Smith is committed to providing complete and compassionate fertility care to all her patients. She feels privileged to get to know her patients and support them during their unique fertility journey. Dr Smith has clinical interests in reproductive genetics, fertility preservation and early pregnancy care.

When not in the clinic, Dr Smith enjoys hiking, reading, and spending time with her family, friends and cat. She has fond memories spending her summers visiting Vancouver island (especially Hornby Island) and is lucky to call this beautiful place home.

Our Doctors

Laboratory Manager/ Victoria

"Bringing the Lab Excellence of Olive Fertility to Vancouver Island."

Jeffrey Caudle MSc

Laboratory Manager

After graduating with an MSc in Biomedical science, Jeffery Caudle, has worked as embryologist at the Olive Fertility Centre in Vancouver for almost a decade, alongside lab director Dr. Salah Abdelgadir, PhD. Now lab manager for Olive Fertility Victoria's new IVF lab, Jeff brings a wealth of experience in the tried and tested protocols that Vancouver's award-winning IVF lab is renowned for.

Our Patients

Laura's Journey: A Story of Hope and Perseverance

Laura and her husband, Paul, always dreamed of starting a family. After moving from Ottawa to Victoria in 2020 and settling into their new home in Langford, they were ready to begin their journey to parenthood. However, after a year of trying to conceive without success, they sought a referral to Olive Fertility Centre in Victoria.

At just 31, Laura was surprised to learn she had low ovarian reserve, meaning her body wasn't producing enough eggs. Their fertility specialist, Dr. Graham, carefully explained their options, recommending IVF as their best chance of success.

Though the financial and emotional challenges were daunting, Laura and Paul committed to the process. Over the next few months, they navigated the ups and downs of treatment, which included daily injections, travel to Vancouver for egg retrieval and embryo transfer, and unwavering hope.

Their perseverance paid off—Laura's first embryo transfer was a success. Today they are the delighted parents of their beautiful baby boy who arrived in November 2024.

Our Patients

Mariah's Journey: A Path to Parenthood

After a year of trying to conceive, a sought answers at Olive Fertility Centre in Victoria. Following a comprehensive fertility evaluation, they were diagnosed with unexplained infertility—a challenging diagnosis with no clear cause.

Their journey began with fertility-stimulating medications, but after several months without success, they transitioned to intrauterine insemination (IUI). When this too proved unsuccessful, they faced the difficult decision to proceed with in vitro fertilization (IVF).

Their determination paid off. After their first embryo transfer, Mariah and her husband were thrilled to learn they were expecting. Today, they are overjoyed parents to a beautiful little girl, grateful for the compassionate support and expertise they found at Olive Fertility Centre.

Our Patients

Danica's Journey: One tiny embryo made their dream come true

"After years of trying, it was hope—and one tiny embryo—that carried us through. Miles is living proof that even the smallest chance can lead to the greatest joy."

Danica

After years of heartbreak, one embryo gave Danica and Sean the miracle they had been dreaming of. With help from their niece—and the team at Olive Fertility—their little "scientist baby" became the greatest joy of their lives.

For Danica and her husband Sean, becoming parents was a dream they held onto tightly throughout their 15-year relationship. After two emotionally difficult years of trying to conceive on their own, while loved ones around them welcomed children, they made the decision to seek help.

At Olive Fertility, they found not only a team of experts, but also a renewed sense of hope. With their Victoria team's guidance and support, Danica and Sean navigated several medicated cycles before turning to IVF. Their journey led them to Vancouver for an egg retrieval that resulted in one viable embryo. "It only takes one," Sean reminded Danica—a sentiment that carried them through the transfer with a mixture of fear and hope.

Their story has a joyful ending with the birth of their son, Miles James, who they lovingly call their "embryo baby" and greatest dream come true. Along the way, Danica drew strength from a very special supporter—her young niece Eva, who, while bravely facing her own battle with leukemia, encouraged her aunt through treatments and proudly shares the story of her cousin being a "scientist baby."

The love and support from family and friends made Danica and Sean's journey not only successful but deeply healing.

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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

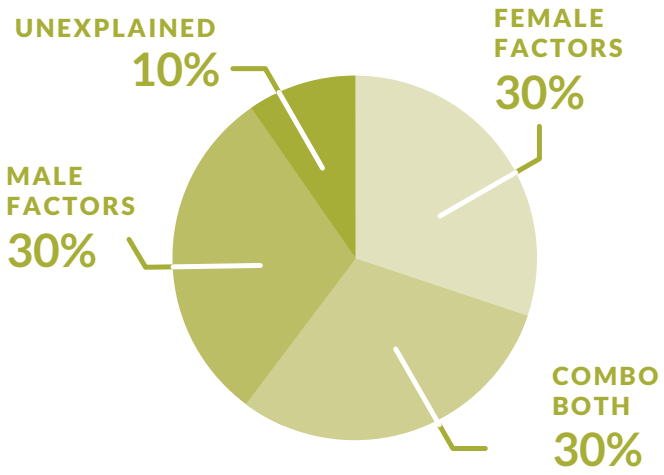
Statistics

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%.

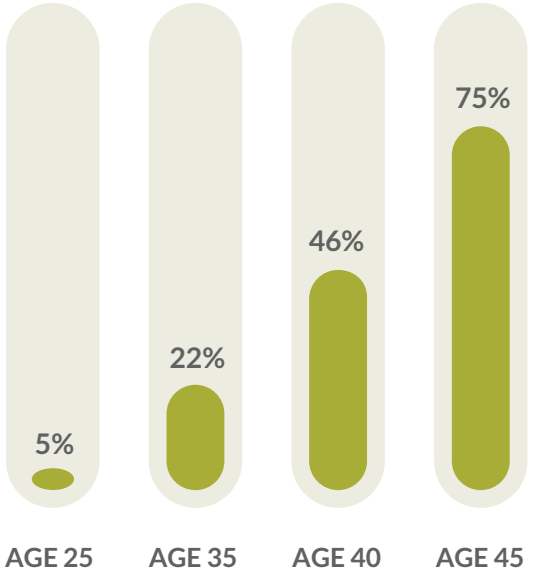
www.statcan.gc.ca

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 b irth rises.



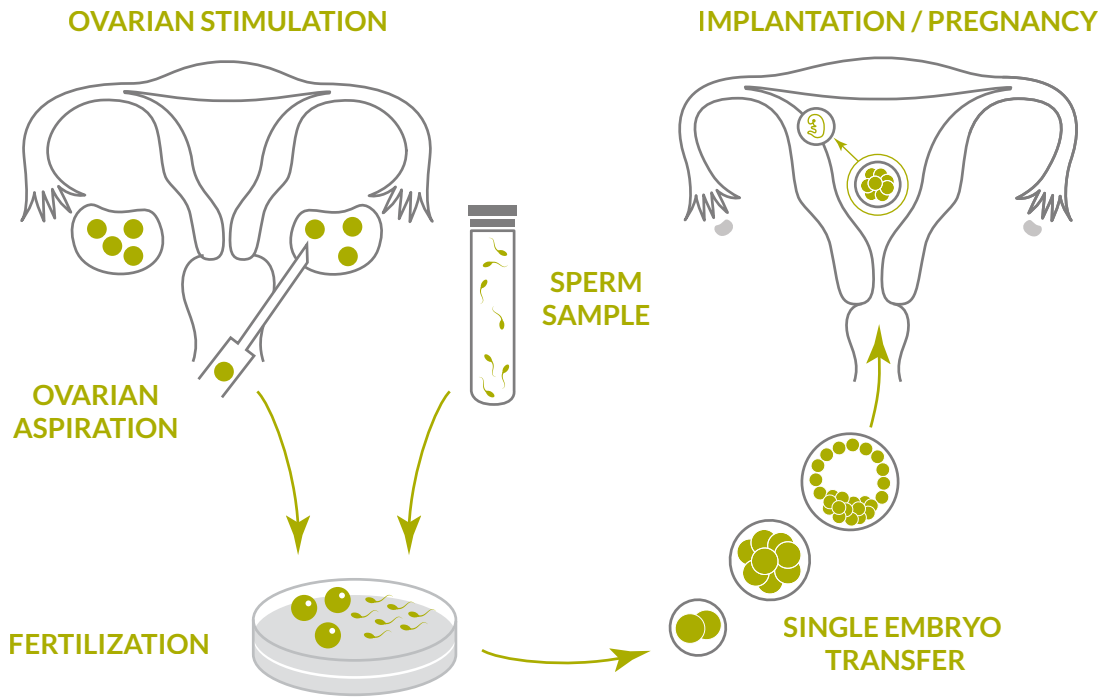
Percentage of female patients experiencing infertility by age

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.



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 IVFspecialist 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.

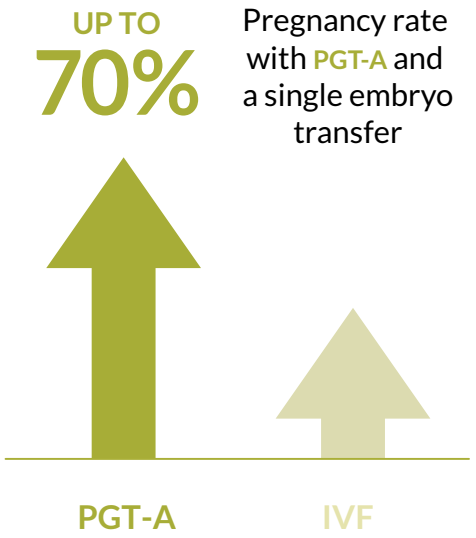
State of the Art

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%.



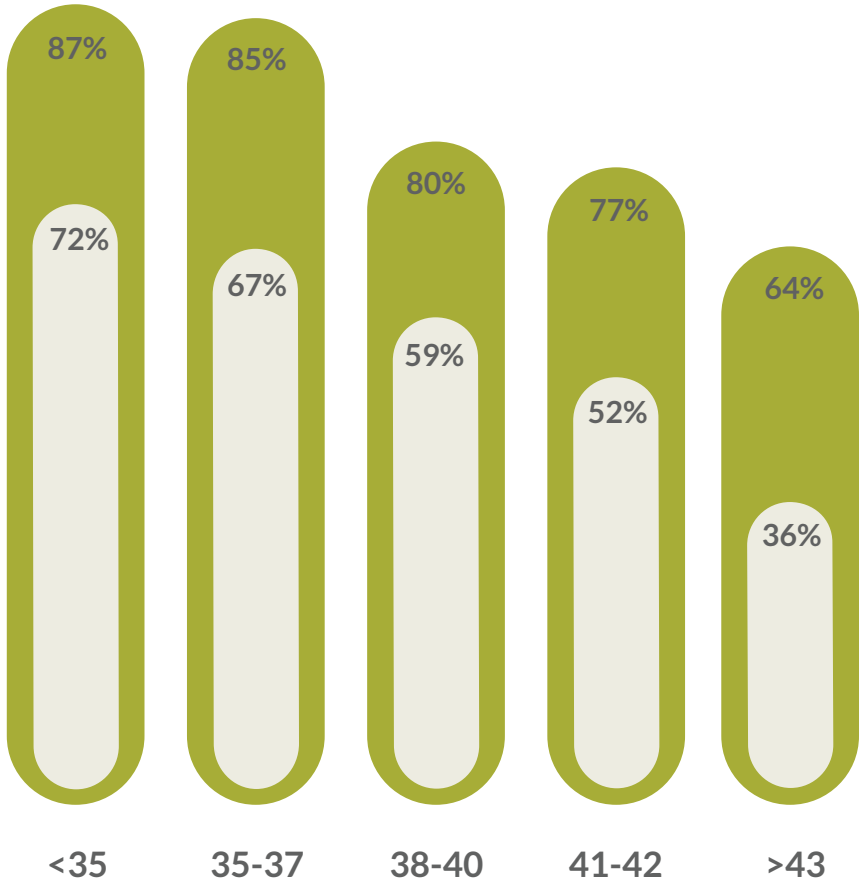
Olive Fertility | Success Rates with PGT-A

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

Fertility Stats

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

(PGT-A, Patient's Own Eggs)



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Canadian Average

Reported 2023 CARTR Plus rates

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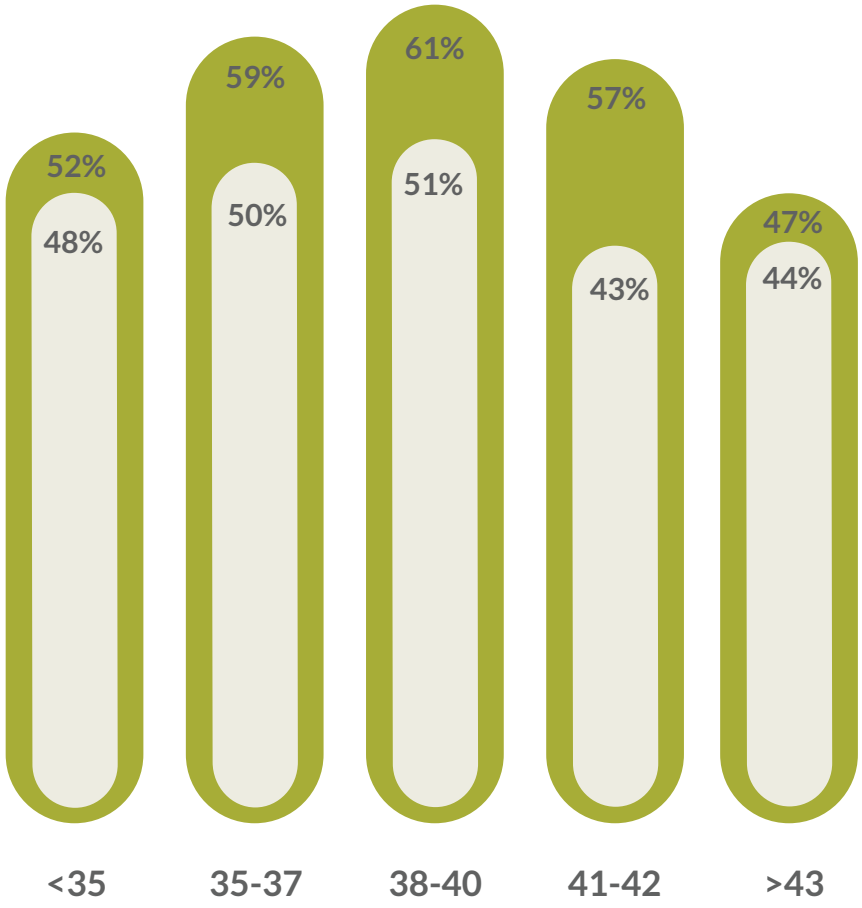
Fertility Stats

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

(Patient's Own Eggs)



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Canadian Average

Reported 2023 CARTR Plus rates

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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.

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:

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