DEV RATI

Before You Say Yes to IVF

A very simple guide to checking the clinic, understanding your treatment, and protecting your body, your money and your choices. For every woman in India, and Indian women abroad.

FREE GUIDE · SAVE IT · SHARE IT

From Dr.Ratii & the Dev Rati family
Fertility mentors for over 20 years
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Believe to Conceive®

A LETTER FROM DR.RATII

My Dear Sweetheart,

If you are holding this guide, you may be tired. Maybe you have tried for a long time. Maybe a doctor has said the word “IVF”, and your heart is full of hope and fear at the same time. I want you to know you are not alone.

First, let me be very clear: **at Dev Rati, we see IVF as a very useful medical technology.** It has brought joy to many, many families. When IVF is truly needed, it should be used to its **best potential**, with the right clinic, the right information and a body and mind that are ready for it.

Why this knowledge matters

IVF asks a lot from a woman: her body, her time, her savings and her emotions. Yet many women tell us, “*Nobody explained anything to me. I just signed where they told me to sign.*” When you do not know your rights, it is easy to feel rushed, confused or small. When you **do** know them, you can check the clinic, understand your treatment, ask the right questions, and make choices with a calm and clear mind. That is why we made this guide. You can want a baby very deeply and still ask difficult questions. Asking questions does not make you a difficult patient.

Why is Womb Cleansing Therapy a must before planning IVF?

IVF is all about helping **conception**, the moment when egg and sperm meet and a tiny embryo is made. But after that, it is **your womb** that has to hold and nourish your baby for **nine months**.

So if IVF is your only option, I gently ask you: **first prepare your womb**, so it is ready to welcome your child in a safe and nurturing environment.

This matters even more after the age of 35. Doctors widely agree that the risk of miscarriage rises as a woman gets older. That is one more reason to care for your body and mind **before** you begin.

Our **Womb Cleansing Therapy by Dev Rati®** is a 90-day routine built on four pillars:

- **Customised Ayurvedic herbs**
- **Stress management**
- **Diet & lifestyle**
- **Prana Kala®**, an ancient Vedic practice to harmonise mind, body and soul, and help you become more receptive

Together, they help you walk into your IVF journey with a prepared body and a peaceful mind. We work alongside your IVF doctor, never against them.

Preparation supports your wellbeing and peace of mind. It is **not a guarantee**. And if a cycle does not succeed, it is **never** because you did not believe or prepare enough.

With love and faith,
Dr.Ratii
Dev Rati · Believe to Conceive®

BEFORE WE BEGIN

How to use this guide

- We have written it very simply, as if we are sitting next to you with a cup of tea. You do not need to know anything before you start.
- Read one chapter at a time. There is no hurry.
- Look out for these boxes:

THINK OF IT LIKE THIS

An easy example from daily life.

REMEMBER

The most important point of that page.

ASK THIS

Questions you can say to the clinic, word for word.

RED FLAG

A warning sign. Stop and think.

PLEASE READ THIS FIRST

This guide is for learning only. It is **not** medical advice and **not** legal advice. We are not lawyers. The law information was checked in **September 2026** from the ART (Regulation) Act, 2021, the ART (Regulation) Rules, 2022 and official government websites (listed at the end). Laws and websites can change.

Where you see this tag **Please double-check**, we could not confirm the point from an official source, so check it yourself before you rely on it. For your own case, always ask your doctor and, if needed, a lawyer.

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CHAPTER 1

What is IVF?

Let us start from zero. No difficult words.

To make a baby, two tiny things must meet:

- An **egg** from the woman. It is very, very small, smaller than a grain of salt.
- A **sperm** from the man.

When they join, they become the first seed of a baby, called an **embryo**. The embryo sticks to the inside wall of the **womb** (uterus) and slowly grows into a baby. Sometimes egg and sperm cannot meet on their own. That is where IVF can help.

THINK OF IT LIKE THIS

Imagine two friends who cannot find each other in a crowded market. IVF is like bringing both friends to a quiet room so they can meet. Once they have become friends (the embryo), we gently take them back home (the womb).

IVF in 5 simple steps

1. **Medicines**
   The woman takes injections for some days so her body makes more eggs than usual.
2. **Collecting eggs**
   The doctor takes the eggs out with a thin needle, usually while she is asleep under medicine.
3. **Meeting in the lab**
   In a lab, the eggs and sperm are put together in a small dish ("in vitro" means "in glass").
4. **Growing**
   For a few days, the lab watches the embryos grow.
5. **Going home**
   One or more embryos are placed inside the womb. About two weeks later, a blood test shows if pregnancy has started. Extra embryos can be frozen for later.

Remember: IVF is not magic. It does not always work the first time, and no honest doctor can promise you a baby.

CHAPTER 2

Small words, big meaning

Clinics use many short words. Come back to this page whenever you feel lost.

ART	**Assisted Reproductive Technology.** The big umbrella name for all ways of helping a baby happen with medical help, such as IVF and IUI.
IVF	**In Vitro Fertilisation.** Egg and sperm meet in a lab dish. The embryo is then placed in the womb.
ICSI	A type of IVF where **one sperm is injected straight into one egg** with a very fine needle. It usually costs more than plain IVF.
IUI	**Intra-Uterine Insemination.** Cleaned sperm is put directly into the womb with a thin tube. Simpler than IVF. No lab dish.
Egg / Oocyte	The woman's egg. "Oocyte" (say: *oh-oh-site*) is the doctor's word for egg.
Gamete	A general word for egg or sperm.
Embryo	The first seed of a baby, made when an egg and sperm join.
Stimulation	The days of medicines and injections that help the body make more eggs.
Embryo transfer	The moment the embryo is gently placed into the womb.
Frozen embryo transfer (FET)	Embryos frozen earlier are warmed and placed in the womb later.
Cryopreservation	A big word for **freezing and storing** eggs, sperm or embryos.
OHSS	**Ovarian Hyperstimulation Syndrome.** When the ovaries react too strongly to the fertility medicines. It can be mild or serious. (See **Chapter 11**.)

Donor	A person who gives eggs or sperm to help someone else have a baby.
ART bank	A registered place that collects, checks and stores donor eggs and sperm, and supplies them to clinics.
PGT	**Pre-implantation Genetic Testing.** Testing an embryo for certain inherited diseases before it goes into the womb.
Add-on	An **extra** test or treatment offered on top of normal IVF, usually at extra cost.
Consent	Your **"yes", given with full understanding.** In IVF, it must be written and signed.
Commissioning couple	The law's name for an **infertile married couple** taking ART treatment (Section 2(e)). A **single woman** is covered separately by the law as a "woman" (Section 2(u)).
Appropriate Authority	The **government office** in each State/UT that registers ART clinics and can act on complaints.

CHAPTER 3

Yes, there is a law that protects you

Many women do not know this. In India, IVF clinics must follow a special law.

The law is called the **Assisted Reproductive Technology (Regulation) Act, 2021**. We will simply call it **"the ART Act"**. The government has also made the **ART Rules, 2022**, which give more details.

THINK OF IT LIKE THIS

The ART Act is like the **driving licence and traffic rules for IVF clinics**. It says who may work, how to work safely, and what happens if they break the rules.

This means IVF is **not** a "private deal". It is a **regulated medical service**, and the clinic has legal duties towards you.

What does the ART Act do?

- **Every IVF clinic and every ART bank must be registered** on a national government list. *(ART Act)*
- The registration is valid for **5 years**. It can be suspended or cancelled if the clinic breaks the rules. *(Sections 16, 18)*
- It gives **you** clear rights: written consent, counselling, being told the cost and risks, privacy, and more. *(Sections 21, 22)*
- It **bans** unfair practices, such as offering to choose a baby's sex. *(Section 26)*
- It sets **punishments** (heavy fines and jail) for breaking the law.
- A baby born through ART is treated by law as the couple's child ("deemed" their biological child), with all the rights of any other child. *(Section 31)* This is about **legal parenthood**. It is not a DNA test or proof of a genetic link.

Who is covered?

- **Infertile married couples**. The law calls them the "commissioning couple". *(Section 2(e))*
- **Single women** are also within the ART law. The Act defines "woman" as any woman above 21 who comes to a clinic for its services. *(Section 2(u))*
- **Surrogacy** (another woman carrying the baby) is covered by a **separate law** with its own rules. This guide does not cover surrogacy.

CHAPTER 4

Is your clinic registered?

This is the **first** thing to check. It is free and needs no login.

The government keeps an online list called the **National ART & Surrogacy Registry**.

How to check, step by step

1. ### Open the list of registered clinics
   Go to **registry.artsurrogacy.gov.in** and click **"Registered ART Clinics"**. The address should end in **.gov.in**, which means it is a real government website. (The page design may change over time.)

2. ### Search
   Type the state, city or clinic name, or the registration number.

3. ### Match three things with the clinic's certificate
   The **name**, the **address** and the **registration number** must match exactly.

4. ### Check the dates
   Registration lasts **5 years**. Make sure it is still **valid today**. Under a 2026 amendment, clinics must apply for renewal at least **60 days before** it expires. If the date is close or has passed, ask whether the renewal has been **approved**.

5. ### Take a screenshot
   Save it with your treatment papers.

"APPLIED FOR" IS NOT "REGISTERED"

Some clinics say "our registration is applied for" or show an **application number**. That is **not** proof of approval. The registry keeps **applications received** and **registrations** as separate lists.

For example, when we checked in September 2026, the registry showed about **8,100 applications received** from ART clinics, but only about **4,700 registered**. These numbers change over time.

Level 1 and Level 2

The ART Rules, 2022 put clinics into two levels:

LEVEL 1

IUI only. No IVF.

LEVEL 2

Egg collection, lab work with eggs and sperm, embryo transfer, and freezing/storage.

So **for IVF, the clinic must have Level 2 registration.** The rules also say the clinic must **display its registration certificate** at a place where you can easily see it.

Check where each step will actually happen

Sometimes you meet the doctor in one place, but the egg collection or the lab work happens somewhere else. Every place that handles your eggs, sperm or embryos matters.

ASK THIS

"Will my **egg collection**, **laboratory work** and **embryo transfer** all happen here? If any step happens somewhere else, please give me the name of that place and its registration details."

IF SOMETHING DOES NOT MATCH

If the online list and the certificate on the wall do not match, or the clinic cannot show a certificate, **do not pay any money yet**. You can ask your State's **Appropriate Authority** (see **Chapter 19**) to confirm the registration first.

ALSO CHECK

- If donor eggs or sperm are used, the **ART bank** must also be registered. The registry has a separate list of registered ART banks.
- A branch of a big hospital chain may have its own registration. Check the **exact branch** you visit.

REMEMBER

Registration is only the **starting check**. It tells you the clinic is allowed to work. It does **not** tell you how good the clinic is, or what **your** chances of having a baby are.

CHAPTER 5

Why IVF, for me?

Before you agree to IVF, you should understand **why** it is being suggested for **you**.

Difficulty in having a baby can come from:

- the **woman's** body,
- the **man's** body,
- **both**, or
- no clear reason at all (doctors call this "unexplained").

REMEMBER: IT IS NOT ALWAYS "THE WOMAN'S PROBLEM"

In our society, women are often blamed first. But when there is a male partner, **he should be tested too**. The treatment should be based on what the tests of **both** of you show.

ASK THIS

- "What is our **diagnosis**? Which test results show this?"
- "Has my partner been tested (where applicable)? What did the tests show?"
- "Why is IVF right for us **now**?"
- "Are there **other options**? What are their disadvantages?"
- "Is there a medical reason to hurry? What would change if we waited a little?"
- "Who makes the decisions about my treatment: **the doctor**, or a package salesperson?"

THINK OF IT LIKE THIS

If a mechanic says "change the whole engine", you would ask "why, and what did you find?" before you pay. Your body deserves at least that much care.

IVF may truly be the best option for you. That is fine. But **you should leave the clinic understanding the reason**, not just the price.

CHAPTER 6

Your big rights

These come directly from the ART Act. Keep these pages with you.

1 The right to say "yes" in writing, only after you understand

The clinic must not do **any** treatment or procedure without the **written informed consent** of everyone involved. "Informed" means it has been explained and you have understood.

Section 22(1)

2 The right to change your mind

Either partner can **take back their consent** at any time **before** the embryo or the eggs/sperm are placed in the womb. If you and your partner disagree, talk to the doctor about it quickly.

Section 22(4)

3 The right to proper counselling

The clinic must give **professional counselling** about **all the implications and your chances of success**. That means an honest talk, not a sales talk.

Section 21(c)

4 The right to know the good, the bad and the cost

The clinic must tell you the **advantages, disadvantages and cost**, the **side effects** and the **risks**, including the risk of twins or triplets.

Section 21(c)

5 The right to privacy

Your information must be **kept confidential**. Treatment details may go only to the government's National Registry database, not to anyone else.

Section 21(e)

6 The right to a discharge certificate

The clinic must give you a **discharge certificate** listing the procedure performed. Always collect it.

Section 21(h)

7 The right to complain

Every clinic and bank must keep a **grievance cell** to receive complaints. (See **Chapter 19**.)

Section 21(f)

8 Your child's full rights

A child born through ART is **legally** the child of the couple or woman, with all the rights of any other child. A donor has **no** parental rights. This is legal parenthood, not proof of a genetic link.

Section 31

How to use these rights in real life

- **Ask for the consent forms in advance** and read them at home, calmly.
- Ask for the forms to be explained **in a language you understand**, such as Hindi or your mother tongue.
- **Never sign a blank or half-filled form.** Cross out empty spaces if needed.
- **Keep a copy** of every form you sign.
- If **anyone** is pressuring you to go ahead (a relative, even your partner), you can tell the doctor **privately**. Your consent must be your own.

ABOUT YOUR RECORDS

The ART law makes the clinic **keep records for at least 10 years** *(Section 23)*.

Separately, the **Code of Medical Ethics Regulations, 2002** (Regulation 1.3.2, published by the National Medical Commission) says that when a patient asks for her medical records, the request should be acknowledged and the documents **issued within 72 hours**. So ask **in writing**, and keep proof of the date. **Chapter 15** shows what to collect, and **Chapter 21** has a ready message.

Your own treatment records are yours to request. A **donor's identity** is different: the law keeps it confidential.

The NMC notified newer conduct regulations in 2023, but we understand they were put on hold. **Please double-check** the current position with a lawyer.

CHAPTER 7

Things a clinic is never allowed to do

If you see any of these, it is not just "bad service". It may be against the law.

Offer to choose a boy or a girl

Offering a child of a chosen sex is banned *(Section 26; penalty under Section 34)*. **Advertising** it, even online, carries **5 to 10 years in jail**, a fine of **₹10–25 lakh**, **or both** *(Section 32)*.

Transfer more embryos than the rules allow

The normal rule is **1 or 2 embryos** per cycle, depending on your medical condition. **Three** is allowed only in **exceptional** cases, such as advanced age, repeated miscarriages or repeated implantation failure. **Never more than three.** (See **Chapter 11**.)

Section 24(b); ART Regulations, 2023

Misuse embryo testing, or mix sperm

Genetic testing of embryos is only for **known inherited or genetic diseases** *(Section 25(1))*. A clinic must **never mix semen from two men** *(Section 24(d))*.

Get donor eggs or sperm from anywhere except a registered bank

Collecting, screening and supplying donors is done **only by a registered ART bank**.

Section 27(1)

Sell or buy embryos, eggs or sperm

This, and exploiting couples, women or donors, and **importing** embryos or gametes, are offences. For a first offence the fine is **₹5 lakh to ₹10 lakh**. For repeat offences, the punishment is **3 to 8 years in jail** and a fine of **₹10 lakh to ₹20 lakh**.

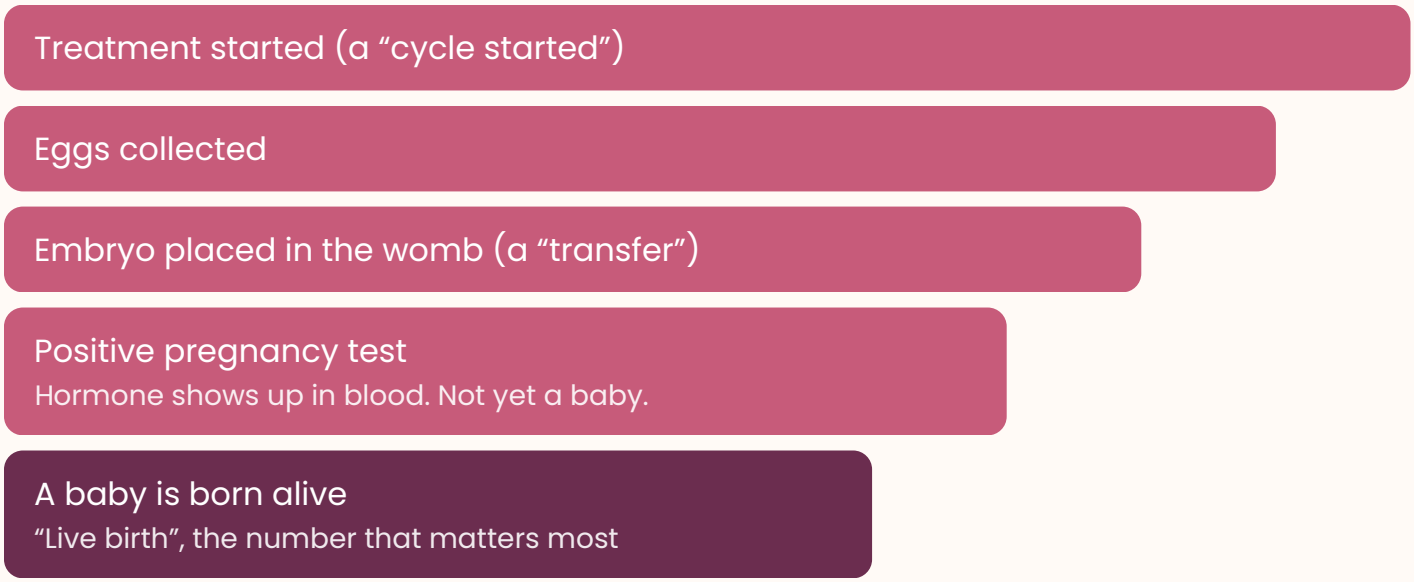
Section 33

CHAPTER 8

The truth about “success rates”

“Our success rate is 70%!” sounds wonderful. But 70% of *what*?

A success rate is just a number. What matters is **what was counted**. One IVF journey has many “finish lines”:



(A “live birth” means a baby was born alive. It does not, by itself, tell you about the baby’s health.)

At each step, some journeys stop. Some cycles are even **cancelled** before egg collection. So a clinic can show a bigger number by counting an earlier step, or by leaving out the women who dropped out.

An easy example with numbers

Imagine **100 women** start treatment. **50** of them reach embryo transfer. **20** of them give birth to at least one live baby. (Twins are counted once, as one birth.)

How the clinic counts	Result
Women with a live birth ÷ women who **started** (20 ÷ 100)	**20%**
Women with a live birth ÷ women who reached **transfer** (20 ÷ 50)	**40%**

Same women. Same births. But one number is **double** the other. This is only an example to explain the idea. It is not real data.

ASK THIS, EVERY TIME

- "Does this number mean **pregnancy** or **live birth**? Do you count twins as one birth or two?"
- "Is it per **cycle started**, per **egg collection**, or per **transfer**?"
- "Are **cancelled cycles** included?"
- "Is it for **women my age**, using **their own eggs**?"
- "Are **donor egg** results mixed in?" (These can raise the average.)
- "Which **time period** is it for, and **how many patients**?"
- "What does this number mean for **someone like me**?"
- "Can you give it to me **in writing**?"

THINK OF IT LIKE THIS

A school says "90% of our students passed!". Then you learn they only counted students who *sat* the exam, not those who were asked to leave before it. The number was true, but it did not tell the whole story.

REMEMBER

The law says the clinic must counsel you honestly about your **chances of success** *(Section 21(c))*. A good doctor will talk about **your** chances, not the clinic's best advertisement.

CHAPTER 9

Money: protect your savings

Many families spend years of savings on IVF. A little care now can save a lot of pain later.

The law says the clinic must tell you the **cost of the procedures** *(Section 21(c))*. Before you pay anything, ask for a **written, itemised estimate**: every item listed with its own price, not one big number.

Your estimate should cover

- [ ] Consultations, blood tests, scans and **medicines** (medicines can be a big extra)
- [ ] Egg collection, anaesthesia and lab charges
- [ ] **IVF or ICSI**: which one, and the price difference
- [ ] Embryo transfer
- [ ] Freezing, **yearly storage fees**, and later frozen transfers
- [ ] Donor services or genetic testing, if suggested
- [ ] Cost of **managing complications**, if any happen
- [ ] **Cancellation charges and refunds**

ASK: WHAT DO I PAY IF…

- …**no eggs** are collected?
- …**no embryos** are good enough to transfer?
- …the doctor decides to **postpone the transfer**?
- …exactly what is included in "**one cycle**"?

"Guaranteed" and "money-back" packages

- Read **every condition**: who can join, what is **excluded**, and what counts as "success". Ask how much is returned, and **when**, in writing.
- A refund promise is a **money** promise. It does **not** tell you your **medical chance** of having a baby.
- Always get a **proper receipt**, and pay by bank, UPI or card. Never sign a **loan or EMI** form in a hurry.

CHAPTER 10

Extra tests and “add-ons”

Clinics may offer extra tests or treatments on top of normal IVF. Some may help some women. Many cost extra.

For **every** extra thing offered, you can ask one simple, powerful question:

ASK THIS

“What proof shows this improves my chance of having a **baby**, in my situation? What are the **risks**, the **extra cost**, and what happens if I **say no**?”

- For some add-ons, the scientific proof is **limited** or **mixed**. How useful they are can depend on the type of patient and on what is being measured.
- A fancy name, an “advanced” label, or a happy patient’s video is **not proof** that something works for you.
- The UK’s fertility regulator (the HFEA) has a public web page that rates common add-ons by the strength of their evidence. It can help you understand them, but it is a UK body and does **not** decide Indian law.

THINK OF IT LIKE THIS

When buying a phone, the shop may offer screen guards, covers and extended warranties. Some are useful for you, some are not. You decide after asking what each one really gives you. Add-ons are the same, except the stakes are much higher.

CHAPTER 11

Safety first: before the first injection

Your health matters as much as the result. Talk about safety **before** treatment starts, not after something goes wrong.

Monitoring: during the injection days, clinics usually check you with scans and blood tests. Ask how often, and who reviews the results.

What is OHSS?

Sometimes the ovaries react **too strongly** to fertility medicines. This is **OHSS**. It is often mild, but can sometimes become serious.

Signs that doctors commonly ask women to report include: a **very swollen or painful tummy**, **feeling sick or vomiting**, **gaining weight quickly**, **passing less urine**, or **difficulty breathing**. Your clinic should give you **its own list**, in writing.

ASK THIS

"How will you reduce my risk of OHSS? Am I at higher risk? What will you do if it happens?"

How many embryos?

The ART Regulations, 2023 say clinics should transfer **1 or 2 embryos**, depending on your medical condition. **Three** is only for exceptional cases, and never more than three (Section 24(b)). More embryos can mean **twins or triplets**, which bring **more risks** for the mother and the babies. Ask: **"How many embryos do you suggest for me, and why?"**

Your emergency plan, in writing

If you feel very unwell during treatment, get medical help first. Bills and questions can wait. Before treatment starts, ask the clinic to give you, **on paper or by message**:

- [ ] Which **symptoms** mean I must get checked **urgently**
- [ ] Who answers my calls **at night and on holidays** (name and number)
- [ ] Where I should go in an **emergency**, and which **hospital** will care for me if the clinic cannot
- [ ] How emergency treatment will be **billed**

CHAPTER 12

Donor eggs and donor sperm

Sometimes a doctor may suggest using another person's egg or sperm. This needs its own separate conversation.

What the law says

- Donor eggs and sperm must come **only through a registered ART bank**, never through a private "contact" or agent. *(Section 27(1))*
- Egg donors must be **23 to 35 years** old; sperm donors **21 to 55 years**. *(Section 27(2))*
- An egg donor can donate **only once in her life** *(Section 27(4))*. The aim is to collect **no more than 7 eggs** in that cycle. But the 2023 Regulations also say clinics **"shall retrieve all formed follicles"**, so the number actually collected can depend on how her body responds. *(Section 27(4); ART Regulations, 2023)*
- The **commissioning couple or woman** must buy **12 months of insurance for the egg donor**, covering complications from the egg collection. *(Section 22; ART Rules)*
- The donor does **not** become a parent of the child, and donor details are kept confidential.

IMPORTANT

The donor's insurance protects the **donor**. It does **not** mean **your** own IVF treatment is insured.

ASK THIS

- "Why do you think we need a donor? Which test results show this?"
- "Which **registered ART bank** is the donor from? What is its registration number?"
- "What **screening** was done on the donor, and what papers can I see (while keeping the donor's identity private)?"
- "How is the donor insurance arranged, and is it included in my cost?"

CHAPTER 13

Age rules

Under Section 21(g) of the ART Act, clinics provide ART services to:

WOMEN

Above 21 and below 50 years

MEN

Above 21 and below 55 years

COURTS ARE STILL DECIDING SOME CASES

In 2026, two High Courts looked at special cases about these age limits:

- **Delhi High Court** (*Shewta Tuteja v. Union of India*, 25 May 2026) allowed a 50-year-old woman to use embryos frozen **earlier**, while she was within the age limit.
- **Gujarat High Court** (*X v. Chief Medical Officer*, 2 September 2026) held that the age limit applies to **each partner separately**, not to the couple together.

Every case is different, and courts decide on the facts in front of them. **If you or your partner (where applicable) are close to these ages, speak to a lawyer about your own situation.** Please do not rely on news headlines alone.

CHAPTER 14

Your stored eggs, sperm and embryos

Extra embryos, eggs or sperm can be frozen and stored. They are a precious part of **your** family's story.

THE 10-YEAR LIMIT

The law says embryos and donor gametes can be stored for **not more than 10 years**. After that, they are allowed to perish, or can be donated to a registered research organisation **only with the consent** of the couple or woman. *(Section 28(2); Rule 16)* This consent is given on Forms 9 and 10, so read them carefully.

Narrow exception: eggs and sperm (not embryos) may be stored beyond 10 years for cancer patients and similar conditions, only with the National Board's permission (Rule 13(1)(b)).

STAY IN TOUCH WITH YOUR CLINIC

The freezing consent forms (Forms 9 and 10) say that if the clinic does not hear from you for **12 months**, or you do not reply to its letters within **90 days**, it may treat your samples as **abandoned** and discard them or use them for research. **Always keep your phone number, email and address up to date with the clinic.** *(ART Rules, 2022, Forms 9 and 10)*

Before you agree to storage, have every unfamiliar line explained, and get written answers to:

- [ ] **What** exactly is being stored, **how many**, and **where**?
- [ ] What **ID/reference number** is on my samples, and will I get a written **list** of what is stored?
- [ ] What are the **storage charges**, how do I renew, and what if a payment is **missed**?
- [ ] What happens if we **separate**, **disagree**, if one of us **dies**, or becomes unable to decide?
- [ ] If we **change clinics**, what is the process, which permissions are needed, and what does it cost?
- [ ] What happens if the clinic **closes**? And how does the lab **check identity** at every step, so samples are **never mixed up**?

CHAPTER 15

Keep your own treatment file

One file (a folder at home, plus photos on your phone) can protect you more than anything else. **Papers are your strength.**

Ask for, and save, copies of:

- [ ] All **test results** and **prescriptions**
- [ ] Your **injection/stimulation schedule**
- [ ] Every **signed consent form** and the **agreed cost estimate**
- [ ] **Bills, receipts** and **package terms**
- [ ] Reports of **egg collection**, **fertilisation**, **embryo growth**, **transfer** and **freezing**
- [ ] The **discharge certificate** and follow-up instructions
- [ ] Any important **promise or explanation** the clinic gave in writing (including WhatsApp messages and emails)
- [ ] Your **registry screenshot** (**Chapter 4**)

ASK THIS

"If I want **another doctor** to review my case, how do I get copies of my records?"

A SIMPLE HABIT

Keep a small notebook. Write the **date**, your **question** and the **answer** you were given. Do this especially when the **treatment plan changes**.

CHAPTER 16

Red flags: pressure that needs a pause

If you notice even **one** of these, pause. Ask for an explanation **in writing**. An unexplained answer is a reason to look deeper, or to get a second opinion.

- [ ] "**Pay today** or you will lose your only chance", with no medical reason given.
- [ ] They **promise** a baby or a "100% result".
- [ ] They will not show **registration papers**, or will not say **where** procedures happen.
- [ ] They give **success percentages** but cannot say what the number means.
- [ ] They ask you to sign **blank or incomplete forms**, or forms you don't understand.
- [ ] New **procedures or charges** appear without explanation.
- [ ] They offer to help you have a **boy** (or a girl), openly or with hints.
- [ ] They ask for **cash only**, or will not give a proper bill.
- [ ] They suggest **donor eggs or sperm quickly**, without showing test results.
- [ ] You mostly meet a **package salesperson**, and hardly ever the doctor.
- [ ] They **pressure you** to give a testimonial, post a review, or appear in their advertising.
- [ ] They share your photos or story **without your permission**.
- [ ] They become **dismissive or angry** when you ask about risks or want a second opinion.
- [ ] They will not tell you **how many embryos** were made, transferred or frozen.

REMEMBER

A good clinic **welcomes** questions. Asking questions does not make you "difficult". It makes you **wise**.

CHAPTER 17

Questions to ask before you sign

Print these pages or take a screenshot. Tick each question once you have a clear answer, and write the answer down.

About the clinic

- [ ] What is your ART registration number? Is it Level 2? Is it valid today?
- [ ] Will egg collection, lab work and transfer all happen here? If not, where, and is that place registered?
- [ ] Which doctor is responsible for my treatment? Will I meet them at every key step?
- [ ] Who runs your grievance cell, and how do I reach them?

About why IVF

- [ ] What is our diagnosis, and which results show it?
- [ ] Has my partner, where applicable, been fully tested?
- [ ] Why IVF, why now? What are the other options?

About safety

- [ ] How will you monitor me? What is my OHSS risk?
- [ ] How many embryos will you transfer, and why?
- [ ] Who do I call at night in an emergency? Which hospital will I go to?

About success

- [ ] What is your live birth rate for women my age, using their own eggs?
- [ ] Is it per cycle started or per transfer? Are cancelled cycles included?
- [ ] What are my personal chances, honestly?

About money

- [ ] Can I have a written, itemised estimate?
- [ ] IVF or ICSI? What is the price difference?

- [ ] What do I pay if no eggs are collected, no embryos are suitable, or the transfer is postponed?
- [ ] What is not included? What is your refund and cancellation policy?
- [ ] What are the freezing and yearly storage charges?

About add-ons and donors

- [ ] For each extra test: what proof shows it helps someone like me? What if I say no?
- [ ] If a donor is suggested: why, and from which registered bank?

About papers and storage

- [ ] Can I take the consent forms home before signing? Can you explain them in my language?
- [ ] What happens to stored embryos if we separate, change clinics, or the clinic closes?
- [ ] Will I get copies of all reports and a discharge certificate?
- [ ] How will you keep my information private?

CHAPTER 18

After an unsuccessful cycle

A negative result can break your heart. Please give yourself time to feel it before you decide anything about the next step.

FIRST, PLEASE HEAR THIS

An unsuccessful cycle does **not** mean you lacked faith, positivity or preparation. It is **not your fault**.

1. Ask for a review meeting

Ask your doctor to sit with you (and your partner, where applicable) and go through **each stage** of the cycle:

- [ ] **Medicines:** how did my body respond?
- [ ] **Egg collection:** how many eggs were collected, and how many were mature?
- [ ] **Fertilisation:** how many eggs fertilised?
- [ ] **Embryo growth:** how many embryos grew, and what was their quality?
- [ ] **Transfer:** how many embryos were transferred? Did anything unusual happen?
- [ ] **Freezing:** how many embryos are still stored?

2. If they suggest changes, ask why

ASK THIS

- "What **exactly** will you change next time, and **why**?"
- "What evidence shows this change can help **someone like me**?"
- "Are you adding new tests or add-ons? What does each one add, and what does it cost?"

3. Ask for fresh numbers, in writing

- A **new, itemised cost estimate** for the next cycle.
- An **updated, personal** chance of success, given what happened this time. It may be different from what you were told at the start.

4. When to get an independent opinion

Seeing another doctor is **your right**. It is not disloyal. It may help if:

- [ ] the explanations were **unclear** or did not make sense to you,
- [ ] the plan is changing **a lot**, or many new paid extras are being added,
- [ ] more than one cycle has **not worked**,
- [ ] you feel **pressured** to start again straight away, or
- [ ] you simply want **peace of mind** before spending more.

Take your treatment file (**Chapter 15**) with you, so the new doctor can see everything.

YOU ARE ALLOWED TO PAUSE

You can take a break. You can change clinics. You can decide that you do not want another cycle. All of these are **valid choices**, and they are yours to make.

CHAPTER 19

If something goes wrong

First, breathe. You are not alone, and you have options. Complaining is not "creating trouble". These paths were made **for you**, and using them protects the next woman too.

HEALTH FIRST

If your health is at risk, **get urgent medical care first**. Everything else can wait.

Your options

Talk

Speak to the doctor calmly. Some problems are misunderstandings. Ask for an explanation and note down what is said.

Clinic

Complain to the clinic's grievance cell. Every clinic and bank must have one. The ART Rules give a form for this, called **Form 5**. Write the facts with **dates**, attach copies of your papers, and say what solution you want. **Keep proof** that you submitted it.

Government

Contact the Appropriate Authority. For worries about registration, or if you think the ART law was broken, contact your **State/UT or district Appropriate Authority**. On receiving a complaint, the authority can issue a notice to the clinic and can suspend or cancel its registration *(Section 18)*. Find your State's office at **artsurrogacy.gov.in** → "State ART & Surrogacy Appropriate Authorities". For a **serious** concern, you do **not** have to wait for the clinic's reply first.

Advice

Get independent advice if you want **compensation**, or believe there was **professional misconduct**. A lawyer can tell you the right route for your case, such as a consumer commission or a medical council. **Please double-check** the right route for you with a lawyer.

Good to know: a criminal prosecution **under the ART Act** can begin only on a complaint by the National Board, a State Board or their authorised officer (Section 35(1)). This does **not** stop you using other routes, such as a consumer commission or medical council.

CHAPTER 20

Coming to India for IVF from abroad

This chapter is for women who live outside India and plan to have treatment at a clinic **in India**. Everything in this guide applies to you, plus these extra points.

- **Check the registration from abroad.** The registry website works from anywhere. Check before you book flights.
- **Ask for a full timeline.** Ask exactly **which days you must be in India**, and which early tests can be done in your country.
- **Keep flight dates flexible.** Treatment dates can move depending on how your body responds.
- **Plan your emergency care** (**Chapter 11**), especially if you will fly soon after a procedure. Ask the doctor when it is safe to travel.
- **Plan the frozen embryos** (**Chapter 14**): storage fees, renewal from abroad, and the 10-year limit.
- **Moving embryos, eggs or sperm between countries** is controlled by law and can be complex. Never agree to an informal "arrangement". Under the ART Act, **importing** embryos or gametes is listed as an offence (Section 33). A 2023 amendment to the ART Rules added a provision for transferring gametes and embryos for **personal use**, but it has conditions. **Please double-check** the current rules with the clinic and a lawyer.
- **Consent forms:** where there is a partner, both usually need to sign. If one partner cannot travel, ask the clinic **in advance** how this is handled legally.
- **Keep digital copies** of every report (**Chapter 15**), so a doctor in your country can see them too.

THINK OF IT LIKE THIS

Treat IVF in India like planning a wedding from abroad. The more you check and confirm in writing **before** you arrive, the calmer you will be when you are here.

CHAPTER 21

Ready-to-use templates

Copy these, fill in the blanks, and send. You do not need to find the right words. We have written them for you.

Template 1: Asking for your records

Send by email or WhatsApp so you have a dated record. Under the Code of Medical Ethics Regulations, 2002 (Regulation 1.3.2), requested medical records should be issued within **72 hours**.

Dear _____ team,

I, _____ (patient ID: _____), had treatment at your clinic from _____ to _____.

As per Regulation 1.3.2 of the Code of Medical Ethics Regulations, 2002, kindly share copies of the following within **72 hours**:

- All test results, scan reports and prescriptions
- My injection/stimulation schedule
- Egg collection, fertilisation, embryo development, transfer and freezing reports
- All consent forms I signed, and my discharge certificate
- All bills and receipts

Please also confirm how many embryos are stored in my name, and their storage reference number.

Please send these to _____ (email).

Thank you,
_____ (name) · _____ (phone) · _____ (date)

Template 2: Complaint to the clinic's grievance cell

The ART Rules, 2022 provide **Form 5** for complaints. If the clinic gives you Form 5, please use it. This template follows the same kind of information: who you are, which clinic, what happened, your documents, and what you want.

To: The Grievance Cell, _____ (clinic name)
Address: _____
ART registration no.: _____

From: _____ (your name)
Address: _____
Phone: _____ Email: _____

Subject: Complaint about _____

1. My treatment: (what treatment, dates, doctor's name)

_____

_____

2. What happened: (facts only, in date order)

_____

_____

_____

3. Documents attached: (bills, reports, messages)

_____

4. What I am asking for: (explanation, records, refund, correction)

_____

Signature: _____ Date: _____

Keep proof that you sent it (an email, or a stamped copy). For serious concerns, you can also go straight to your State's Appropriate Authority (**Chapter 19**).

Template 3: Comparing two clinics

Fill this in after visiting each clinic. Seeing answers side by side makes the choice clearer.

Question	Clinic A	Clinic B
Registration number, and Level 2?		
Registration valid until?		
Where do egg collection, lab work and transfer happen?		
Which doctor will treat me?		

Success rate: live birth? Per cycle or per transfer? For my age?		
Written, itemised estimate given? Total?		
What is NOT included?		
Cost if no eggs / no embryos / transfer postponed?		
Yearly storage fee?		
Emergency number and hospital?		
Consent forms given to read at home?		
Did they answer my questions patiently?		
My gut feeling		

CHAPTER 22

Your one-page checklist

Before you pay or sign anything, try to have **all** of these:

- [ ] **Registration checked** for the exact place where each procedure will happen (Level 2 for IVF, valid today)
- [ ] A **clear reason** why IVF is suggested for **you**, with both partners tested
- [ ] An honest, **personal talk** about your chances of success and your risks
- [ ] A **written, itemised estimate** with cancellation and refund terms
- [ ] Consent and storage forms that you have **read and understood**
- [ ] **Emergency contact** details and a hospital plan
- [ ] A way to **get copies** of your records

You are allowed to decide that a treatment, a cost, or one more cycle is **more than you want to take on**.

Your worth does not depend on becoming pregnant.

CHAPTER 23

Take care of your heart, too

IVF is not only about the body. It touches your mind, your marriage, your family and your faith.

Many women tell us the hardest part was not the injections. It was the **waiting**, the **worry**, the **questions from relatives**, and feeling alone.

IT IS NEVER YOUR FAULT

If a cycle does not work, it does **not** mean you lacked faith, positivity, or preparation.

The American Society for Reproductive Medicine (ASRM) says it is **not known** whether high stress can prevent pregnancy, and that less stress **may not, by itself,** result in a pregnancy. What stress support **can** do is help you feel better, feel more in control, and make clearer decisions. That alone is worth it.

Small things that help

- **Talk.** Share your feelings with your partner, a trusted friend, or a counsellor.
- **Eat simple, fresh, home-cooked food** and drink enough water.
- **Sleep well** and keep a gentle daily routine.
- **Move gently**, in the ways your doctor says are safe for you.
- **Limit "Google doctor" time.** Reading scary stories at midnight rarely helps.
- **Set boundaries.** "We will share good news when we are ready" is a full answer.
- **Tell your IVF doctor** about any herbs, supplements or other therapies you are taking.

How Dev Rati can walk with you



For over two decades, Dr.Ratii and the Dev Rati family have supported women on their journey to motherhood, completely online, wherever they live.

Our **Womb Cleansing Therapy by Dev Rati®** is a 90-day routine built on four pillars: **customised Ayurvedic herbs** guided by Dr.Ratii, **stress management**, **diet & lifestyle**, and **Prana Kala®**, an ancient Vedic practice to harmonise mind, body and soul, and help you become more receptive.

Whether you are preparing for IVF, taking a break from it, or looking for a natural path, we are here to listen, without judgement and without pressure.

www.devrati.com · Instagram & Facebook: **Dev Rati**

Believe to Conceive®

Dev Rati does not claim to replace medical treatment. Always keep your treating doctor informed about everything you are doing.

CHAPTER 24

Where this information comes from

You should be able to check everything yourself. These are our sources (checked in September 2026):

1. **The Assisted Reproductive Technology (Regulation) Act, 2021** (No. 42 of 2021). All section numbers in this guide come from this text.
   icmr.gov.in: ART Act 2021 (PDF)
2. **The ART (Regulation) Rules, 2022**: Level 1 and Level 2 clinics, certificate display, Form 5 complaints, donor insurance, Rule 13 (longer storage), Rule 16 and Forms 9–10 (storage consent and abandonment).
   artsurrogacy.gov.in: ART Rules 2022 (PDF)
3. **The ART (Regulation) Amendment Rules, 2023**: provision for transfer of gametes and embryos for personal use (as reported).
   SCC Online summary, 28 Feb 2023
4. **Assisted Reproductive Technology Regulations, 2023**, G.S.R. 269(E), 5 April 2023 (National ART & Surrogacy Board): 1 to 2 embryos (3 only in exceptional cases), and donor egg retrieval ("all formed follicles").
   Gazette notification (PDF)
5. **Code of Medical Ethics Regulations, 2002**, Regulation 1.3.2: medical records to be issued within 72 hours.
   nmc.org.in
6. **The ART (Regulation) Amendment Rules, 2026**, G.S.R. 491(E), 17 June 2026: registration renewal.
   artsurrogacy.gov.in: Amendment Rules 2026 (PDF)
7. **National ART & Surrogacy Registry**: registered clinics and banks; applications vs registrations (checked September 2026).
   registry.artsurrogacy.gov.in · List of registered ART clinics
8. **State ART & Surrogacy Appropriate Authorities**
   artsurrogacy.gov.in: Appropriate Authorities directory
9. **National ART & Surrogacy Portal FAQs** and the **Department of Health Research** overview
   artsurrogacy.gov.in/faqs · dhr.gov.in overview (PDF)
10. **Shewta Tuteja v. Union of India**, 2026 SCC OnLine Del 4606 (Delhi High Court, decided 25 May 2026)
    SCC Online report
11. **X v. Chief Medical Officer**, 2026 SCC OnLine Guj 6712 (Gujarat High Court, decided 2 September 2026)
    SCC Online report
12. **American Society for Reproductive Medicine (ASRM)**: Stress and Infertility
    reproductivefacts.org

13. **UK Human Fertilisation and Embryology Authority (HFEA)**, used for general understanding only. It does not decide Indian law.
Treatment add-ons · Risks of fertility treatment · Outcome measures

IMPORTANT DISCLAIMER

This guide is for general awareness and education only. It is not medical, legal or financial advice, and it does not create any doctor–patient or lawyer–client relationship. Laws, rules and government websites can change, and courts may interpret them differently in different cases. Before making any decision, please consult a qualified medical professional and, where needed, a qualified lawyer. Dev Rati does not name, rate or accuse any particular clinic. The only aim is to help women ask better questions.

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