

ANALYZING CHALLENGES IMPACTING IVF CONVERSION AT THE HOSPITAL

Dissertation Submitted to



The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision and Guidance of

Dr. Sarthak Sengupta

2025

CERTIFICATE

This is to certify that TEJAL PRIYA in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at Cloudnine, Kanakapura during Mar 10 - May 31, 2025.

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CERTIFICATE

This is to certify that dissertation titled **Analyzing challenges impacting IVF conversion at the hospital** is a record of the research work undertaken by **Tejal Priya** in partial fulfillment of the requirements for the award of the degree of **MBA (Hospital and Health Management)** from the **IIHMR University**, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

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Date: 16th June, 2025

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Analyzing challenges impacting IVF conversion at the hospital** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.


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Date 16/06/2025

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Abstract

Introduction:

In vitro fertilization (IVF) is a complex and emotionally significant journey for many patients seeking fertility treatment. While initial consultations may be promising, a substantial number of patients do not proceed to treatment, resulting in low IVF conversion rates at many hospitals. This dissertation aims to analyse the key challenges that impact IVF conversion at a hospital level, identifying both clinical and non-clinical factors contributing to patient drop-off between consultation and treatment initiation. The study employs a mixed-methods approach, combining quantitative data analysis of patient records with qualitative insights from interviews with healthcare providers and patients. Findings reveal that factors such as high treatment costs, emotional stress, lack of timely follow-up, inadequate patient counselling, and institutional workflow inefficiencies play significant roles in IVF attrition. By identifying these barriers, the research offers strategic recommendations to enhance patient support systems, optimize operational processes, and ultimately improve IVF conversion rates within hospital-based fertility programs.

Objective:

The study will aim at evaluating the status of IVF conversion in the selected hospital, potential challenges affecting the conversion and providing strategies for increasing conversion and reducing drop off.

Methodology:

Evaluating this study will require cross-sectional observational study design including the review of guidelines, interviews among the fertility department stakeholders and self-administered questionnaires among couple in fertility journey.

Key Results:

It will compare the conversion rates and the various procedures. That are hospital based and usefulness, satisfaction and acceptability by the patients. SWOT analysis is constructed to point out the strength, weakness, opportunities and threats of the IVF conversions.

Conclusion:

This study identified key challenges impacting IVF conversion rates at the hospital, including financial constraints, emotional stress, limited patient support, and operational inefficiencies. Findings suggest that improving patient counseling, streamlining administrative processes, and enhancing staff coordination are essential to increasing conversion rates. Addressing these barriers can lead to better patient outcomes, higher treatment uptake, and more efficient fertility care delivery.

About Cloudnine

Cloudnine Hospitals is a premier healthcare provider in India, specializing in maternal, neonatal, and fertility care. Established in 2007 by Dr. R. Kishore Kumar, an internationally renowned neonatologist. Cloudnine has grown to become one of the most trusted names in woman and child healthcare and fertility. With over 1,50,000 births across 40 facilities in six cities—including Bengaluru, Chennai, Gurugram, Pune, Mumbai, Navi Mumbai, Chandigarh and Lucknow; the hospital network boasts a 500+ bed capacity and a workforce of over 3,000 professionals .

Vision:

To be the kind of leader in the space of women and child health that India has not yet witnessed yet, by providing premier quality healthcare to women and children.

Mission:

Our aim is the pursuit of excellence in providing the best maternal and neonatal care by setting higher standards for ourselves and striving constantly to achieve them.

Quality:

Achieve clinical excellence by inculcating a culture of continuous quality improvement across all domains with the center of focus being patient safety.

The scope of services are:

- Pregnancy care
- Infertility care
- Gynecological care
- Neonatal care
- Pediatric care
- Newborn intensive care
- High risk pregnancy care

Technological advancements:

- Preimplantation Genetic Screening (PGS): Offering genetic screening to select the healthiest embryos for implantation.
- Laser-Assisted Hatching (LAH): Employing laser technology to assist embryos in hatching,

improving implantation chances.

Core services:

Cloudnine offers a comprehensive range of services, including:

- Maternity Care: Tailored maternity packages, prenatal and postnatal care, and high-risk pregnancy management.
- Neonatal Intensive Care: Level III NICU equipped with advanced technology to care for premature infants as early as 24 weeks gestation.
- Fertility Services: A full spectrum of fertility treatments, such as IVF, ICSI, IUI, PGS, and Laser-Assisted Hatching, supported by state-of-the-art infrastructure and experienced specialists.
- Paediatrics: Comprehensive paediatric care, including routine check-ups, immunizations, and specialized treatments for chronic conditions.
- 24*7 Emergency Services: Round-the-clock emergency care for mothers and newborns, ensuring immediate medical attention when needed.

Cloudnine is committed to delivering personalized and compassionate care. The hospital emphasizes transparency, ethical practices, and patient education, ensuring that every individual receives the highest standard of care. With a focus on continuous improvement and innovation, Cloudnine remains a leader in maternal and child healthcare in India.

Chapter – 1: Introduction

Infertility, defined as the inability to conceive after one year of unprotected intercourse, is a growing concern globally, affecting an estimated 10-15% of reproductive-age couples. The emotional, psychological, and social burden of infertility often compels couples to seek assisted reproductive technologies (ART), with in-vitro fertilization (IVF) emerging as one of the most advanced and widely utilized options. IVF has revolutionized reproductive healthcare by offering hope to millions, particularly when other fertility treatments have failed. Yet, despite the growing acceptance and availability of IVF, many healthcare institutions report a persistent gap between patient inquiries or consultations and the actual initiation of IVF treatment cycles. This phenomenon is referred to as the IVF conversion gap.

This study focuses on understanding and analyzing the factors responsible for low IVF conversion rates at a 50-bedded maternity, pediatric, and fertility hospital. Conversion rate, in this context, refers to the percentage of patients who, after initial consultation, proceed with IVF treatment. A significant drop-off in this metric not only indicates lost clinical opportunities but also affects the hospital's revenue streams, resource allocation, and patient trust. The implications are twofold: while patients may experience distress from unmet expectations, the institution may face challenges in justifying the continued investment in fertility infrastructure and personnel.

Several challenges may influence IVF conversion rates. These include operational issues such as appointment delays, inadequate counselling, and fragmented follow-up systems; financial concerns such as high treatment costs, limited insurance coverage, and lack of affordable payment plans; psychological deterrents like fear, anxiety, and social stigma; and systemic gaps in staff training and patient education. Understanding how these factors interplay within a real-world hospital setting is critical to designing effective interventions.

The importance of this study lies in its potential to bridge the gap between patient intention and action, thereby improving not only the success of the fertility program but also patient trust and satisfaction. Furthermore, improving conversion rates has direct implications for the hospital's operational planning, resource utilization, and financial sustainability.

The research uses a structured approach to address this issue. It involves analysing secondary data on patient flow and treatment trends over a four-month period, conducting qualitative interviews with fertility department staff, and evaluating strengths, weaknesses, opportunities, and threats (SWOT) within the department. The objective is to comprehensively map out the patient journey, identify critical drop-off points, and offer data-driven strategies to improve patient conversion rates.

Ultimately, this study seeks to provide actionable insights that can enhance patient care and operational efficiency while strengthening the hospital's competitive positioning in the fertility care market.

Understanding this issue is important for several reasons:

- To improve patient care continuity and satisfaction.
- To enhance clinical and administrative efficiency.
- To optimize resource utilization—such as lab availability, medication stock, and staff deployment.
- To support financial sustainability and business growth for the hospital's fertility department.

While numerous studies globally have examined success rates and clinical protocols for IVF, relatively fewer studies focus on the operational and psychosocial hurdles that affect conversion rates, especially in the Indian hospital context. This study intends to fill that gap by using a mixed-method approach, integrating quantitative trends from secondary hospital data and qualitative insights from staff interviews and process observations.

Chapter – 2: Literature Review

Authors (Years)	Study Location	Sample Size	Sampling Techniques	Salient Features
Griffin Jones (2020) “Boosting IVF Conversion Rates” Inside Reproductive Health (IRH)	United States	100	Random Sampling	• Emphasizes the uses of marketing funnel and CRM tools. • Highlights the clinics with robust follow-up.
Hui Ye, Jing Zhao, Yujie Zou, Xiaorun Song, Mi Xu, Yu Zhang, Lili Zhang & Gaohua Wang (2019) “Correlations Among Hope, Fertility Quality of Life and Negative Emotions...” BMC Reproductive Health	China	386	Stratified Random Sampling	• Found strong correlations between hope levels and fertility quality of life. • Psychological stress and anxiety were significant predictors of whether couples decided to proceed with or abandon IVF.
L.L. Davidson, D.H. Barlow, J. Henderson, L.J. Davis(2018) “Economic Implications of Assisted Reproductive Techniques: A Systematic Review” Oxford Academic	Global	33 Studies	Systematic Review	• Reviewed cost-effectiveness, funding structures, and patient access . • Clinics with partial or full subsidies showed higher treatment.

Chapter – 3: Methodology

This chapter includes questions addressed, study design, the context or setting of the study, the population of interest, the methods employed, the sample size, the type of sampling used or the sampling frame, the instruments of data collection, definitions of key or operational variables, analytical techniques, qualitative data collection methods, and consideration of the research's ethical implications.

3.1: Research Questions

1. What is the current trend of IVF conversion?
2. What are the hinderances and challenges in IVF conversion?

3.2: Objectives of the study

- To identify key challenges impacting IVF conversion rates.
- To conduct trend analysis using secondary data from the hospital.
- To study SWOT of fertility department.
- To propose strategies to improve IVF conversion rates at the hospital.

3.3: Study Design

This study adopts a cross-sectional, observational (mixed method) study design, strategically selected to provide a comprehensive understanding of the challenges impacting IVF conversion at the hospital. A cross-sectional study involves the collection and analysis of data at a single point in time or over a short and fixed period. In this study, data was collected over a 4-month period to assess the current status of IVF conversion rates and identify barriers within the operational framework of the hospital. This is a non-interventional observational study, meaning no alter or influence on the patient journey or hospital operations but simply observed and recorded existing practices and interactions. A mixed-method design allows for triangulation, where findings from one method validate or enhance the findings from another, strengthening the reliability of results. Because IVF conversion is influenced by both measurable factors (e.g., number of patients starting treatment) and subjective aspects (e.g., psychological comfort, quality of counseling).

3.4: Study setting

The study was conducted at a 50-bedded hospital specializing in maternity, pediatrics, and fertility services. The hospital's fertility department provides comprehensive services including ovulation induction, IUI, IVF, ICSI, and embryo cryopreservation. Despite a good outpatient footfall, the department experiences a low conversion rate from initial consultation to IVF treatment. The study setting included a multidisciplinary team comprising fertility specialists, embryologists, nurses, and administrative staff, with infrastructure such as an IVF lab, Fertility OT and procedure rooms. The research took place over a four-month period and involved reviewing hospital records, observing departmental operations, and conducting staff interviews to identify barriers affecting IVF conversion.

3.5: Study Respondents

The study respondents include:

- Couples undergoing fertility treatment, couples undergoing IVF cycle at the fertility department.
- Employees, doctors and nurses working in the fertility department.

3.6: Study Procedures/Approaches

1. Quantitative assessment

Sample size calculation: The actual IUI failed, expected IVFs and patients counselled is 100 based on pilot study calculated using the sample size formula for a 95% CI with 5% error margin.

$$n = \frac{Z^2 * p * (1-p)}{E^2}$$

Where;

n= required sample size

Z= Z score corresponding to the desired confidence level (for 95% confidence level)

p= Estimated proportion of the population

E= Margin of error

Data collection method and tools:

- Review of conversion data sheet.
- Review of lead sheet data.
- In depth interview with fertility department staff, doctor and nurses.

- Exit interview with the couples undergoing fertility treatment and the patients counselled for fertility treatment.

Operational definitions

- IVF Conversion Rate: The percentage of patients who proceed from initial fertility consultation to initiating an IVF treatment cycle.
- Patient Drop-Off: Patients recorded in the lead sheet, IUI failed sheet or had a consultation but not progressing to IVF.
- Facilitating Factors: Conditions or elements that encourage or support patients to proceed with IVF treatment.
- Hindering Factors / Challenges: Obstacles or conditions that prevent patients from proceeding to IVF treatment.
- Guidelines and Procedures: Observed and recorded based on hospital policy documents and staff, nurse and doctors practices in the fertility department.
- Current Status of IVF Cycle: Categorized from hospital records into stages like- consultation only, investigation phase, IUI failed, IVF planned, or IVF initiated.

2. Qualitative Methods:

Thus, thematic analysis is used to analyze the qualitative data received during the interviews and consider the special features in the fertility department.

3.7: Ethical considerations

- Informed Written Consent: All participants give and document their written informed consent before the study. They understand the objective of the study, the activities to be carried out in the study and their liberty to opt out of the study at any given time without any explanation required.
- Voluntary Participation: There is no force in encouraging the participants to participate in the study nor are there any offers of any incentives given, which maintains ethical soundness.
- Data Security and Confidentiality: To ensure that the privacy of the participant data is protected measures are put in place. The names of participants are not included and data is kept very secure in password protected files and only the research team can access them thus

avoiding compromised data.

3.8: Procedures in fertility department:

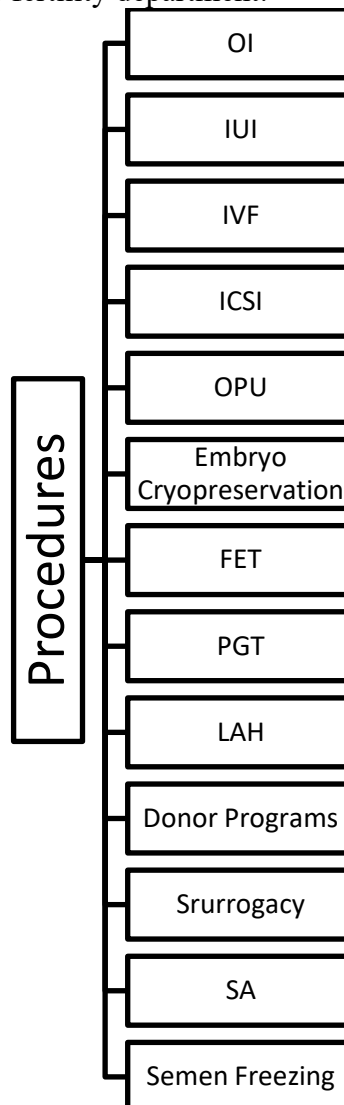
- OI - Ovulation induction
- IUI - Intrauterine Insemination
- IVF - In Vitro Fertilization
- ICSI - Intracytoplasmic Sperm Injection
- OPU - Ovum Pick – UP
- Embryo Cryopreservation
- FET - Frozen Embryo Transfer
- Fresh Embryo Transfer
- PGT - Preimplantation Genetic Testing
- LAH - Laser-Assisted Hatching
- Donor Programs
- Surrogacy
- SA - Semen Analysis
- Semen Freezing

Chapter - 4 : Results

The results of the study for increasing the conversion rates of IVF for the hospital is outlined in this chapter. Hence, this section presents the framework (procedures, legal considerations and organizational guidelines), current status of conversion to IVF, strength, weakness, opportunities and threats, and alternative strategies accordingly.

Framework

Figure 1: Types of procedures in the fertility department:



Legal considerations:

- Mandatory Documents for IUI, ICSI, OPU, and FET Procedures:

Aadhar Card (Photocopy)

PAN Card (Photocopy)

Marriage Certificate (Photocopy)

Signed Consent Form

Serology Reports(Husband and Wife)

Semen Analysis Report

These documents must be submitted prior to initiating the procedure.

- Donor Programs:

If donor involvement is required, a legally notarized consent must be presented to the hospital before proceeding.

- Surrogacy:

Surrogacy involves extensive legal documentation, including:

- Medical certificates for both the intended couple and the surrogate, signed by:
 - The hospital doctor
 - A government-authorized medical officer
- Two notarized consents:
 - One between the couple
 - One between the couple and the surrogate

Ensure all required documents are complete and properly signed before initiating any procedure. Incomplete documentation may result in delays or inability to proceed.

Organizational guidelines:

- A couple has to go through ovulation induction before proceeding for any fertility procedure.
- A consultation of a fertility doctor is required for proceeding with any procedures line of treatment.
- Adherence to doctors' advice is mandatory and any non-compliance leading to failure in treatment will not be a blame to hospital or doctor.
- No fertility treatment ensures turning into positive outcome. There is a possibility of turning into a negative outcome also.
- All necessary legal documentation is mandatory to present before going for treatment.

Figure 2: Process of fertility treatment

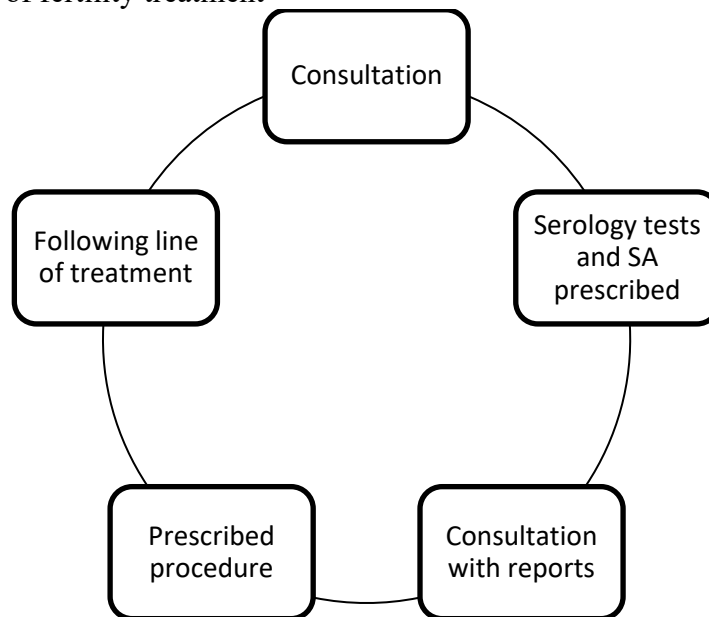


Figure 3: IVF Cycle Process

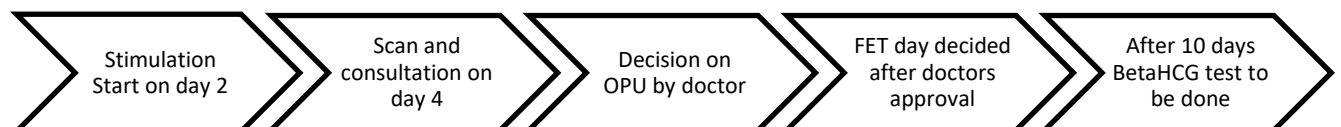
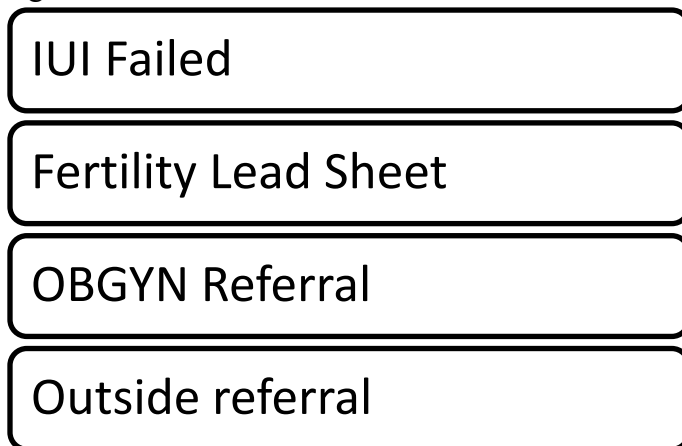


Figure 4: IVF leads are from:



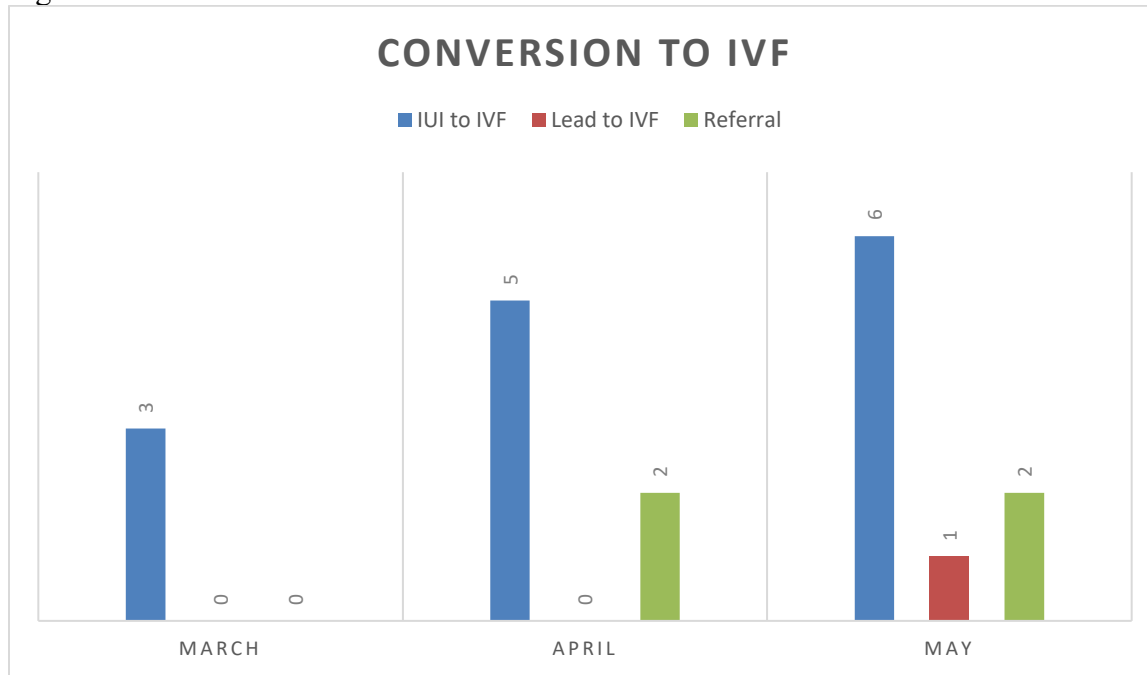
Current status of IVF conversions:

According to secondary data, the IVF conversions are not efficient and therefore, on one to one conversation with prospected IVF couples was done in person and on calls to follow up on IVF treatment with the failed IUI and IVF leads and counselled patients. This was started from mid-march to mid-may 2025. Before this the conversion was just 20% for the month mid-march and mid-may 2025.

The lead for IVF majorly comes from the failed IUI data sheet, fertility leads data sheet, OBGYN referral and outside doctor referral. So, month wise analysis was done to understand the trend during the current period. Because during this period the personal communication and phone calls with intending couple which are already registered and new registrations were followed up.

The results show that during first month a total of 10 prospected couple of these 30% was converted to IVF. There is a variation in respond of the customers but it can be noted that after follow up call and personal counselling the chances of conversion increases and the intending couple start their IVF journey at the hospital.

Figure 5: Month wise trend of IVF conversion



The chart shows that in March, all three IVF conversions came from patients transitioning from IUI, with no conversions from leads or referrals. In April, there was a shift, with two conversions coming from referrals and one from IUI. By May, the only IVF conversion was from a lead, with no contributions from IUI or referrals. Overall, each month saw a different primary source of IVF conversions, indicating a changing pattern in patient referral or treatment paths. Additionally, there was a downward trend in total IVF conversions over the three months, dropping from three in March and April to just one in May.

Table 1: Current status of IVF conversions

Total IVF Leads = 80
IUI Failed = 69 ; Converted to IVF = 21%
Fertility Lead Sheet (Only IVF) = 4 (Converted to IVF)
Referral = 1 (Converted to IVF)

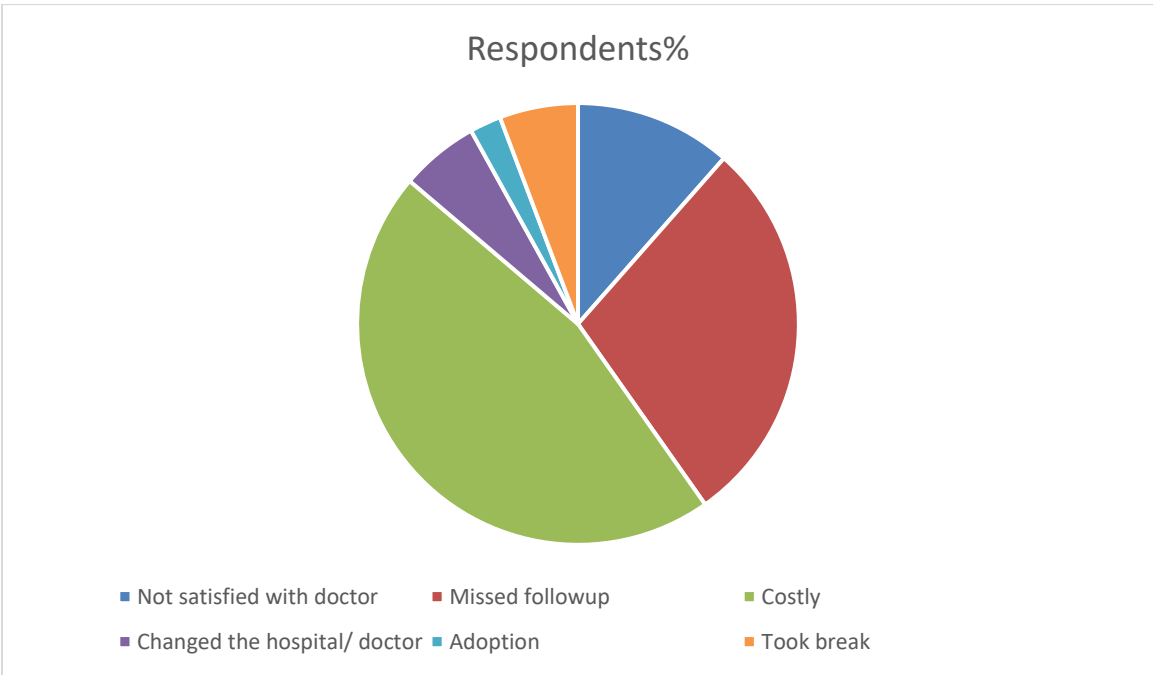
To summarize, the results reveal a difference of 5 between two months due to extensive follow up made.

Table 2: Difference in results between two months before and after

15/03/2025 to 15/04/2025	20%
15/04/2025 to 15/5/2025	30%

In addition, during interviews with the stakeholders, several hindering factors were identified that may be affecting the progress of the conversions. These factors, as reported by the stakeholders, include challenges that limit success, such as resource constraints, communication gaps and lack of training. Understanding these obstacles is crucial for developing targeted solutions and improving overall outcomes.

Figure 6: Challenges impacting IVF conversion



The pie chart highlights the various reasons why patients discontinued or delayed their fertility treatment, with corresponding percentages. The most commonly cited reason was that treatment was too costly, accounting for approximately 45% of respondents. This indicates that financial burden is a major barrier, underscoring the need for more accessible financial support options, such as payment plans or insurance coverage. The second most reported reason was missed follow-ups, making up around 30% of the responses, which may point to challenges such as scheduling issues, lack of reminders, or personal circumstances that hinder continuity of care. Dissatisfaction with the doctor was noted by about 10% of respondents, emphasizing the importance of a positive patient-

provider relationship and effective communication. Meanwhile, 8% of respondents reported that they changed their hospital or doctor, suggesting a potential concern with service quality or the search for better treatment experiences. A smaller group, around 5%, indicated that they took a break from treatment, possibly due to emotional fatigue or personal reasons. Finally, approximately 2% of respondents stated that they chose adoption as an alternative to continuing fertility treatments. Overall, the chart illustrates that financial, emotional, and service-related factors significantly impact patient decisions, calling for a more patient-centred and supportive approach in fertility care.

SWOT analysis of fertility department

As part of the comprehensive evaluation of IVF conversion challenges at the hospital, a SWOT analysis was conducted to systematically assess the Strengths, Weaknesses, Opportunities, and Threats within the fertility department. This framework helps to identify internal capabilities and limitations, as well as external factors that may impact service delivery and patient outcomes. By analysing these four key dimensions, the SWOT analysis provides strategic insights into how the hospital can leverage its strengths, address internal inefficiencies, capitalize on emerging opportunities, and mitigate potential threats.

<u>Strengths</u> • Legal compliance • Advanced technology procedures • Accreditation and compliance with (NABH)	<u>Weakness</u> • Shortage of trained executive • Requirement of proper counsellor • Tracking of follow up is not monitored • Lack of coordination between OBG doctor and fertility doctor
<u>Opportunities</u> • Experienced consultants with great network • Specialised in fertility treatment	<u>Threats</u> • Competitors providing same services at lower cost. • Competition with some pioneers of fertility.

The findings identify both the 'best practices' and 'opportunities for improvement,' providing a starting point for designing strategies to build on this information to strengthen and increase the conversion of IVF. This study also revealed several issues in the fertility department.

Table 1 details the findings made with regard to change in practices in fertility department. Strategies to increase the IVF conversion.

- Customized training and using this data to iterate SOPs.
- Advocacy for Patient-Centred Care and timely follow up.
- Set up in-person or online peer support groups moderated by counselors or doctors.

Alternative strategies increase the IVF conversion:

- Introduce Tiered or Flexible Payment Models - pay as you go packages for different stages of IVF.

Chapter – 5: Discussion

This study examined the challenges impacting IVF conversion rates at a fertility-focused hospital and identified key operational, financial, and emotional barriers. The initial IVF conversion rate was low (20%) but improved to 30% after proactive follow-up and counselling, highlighting the effectiveness of patient engagement.

The primary barrier was the high cost of treatment (45%), followed by missed follow-ups (30%), and dissatisfaction with services. These factors point to the need for financial support options, better CRM systems, and improved staff-patient communication.

A SWOT analysis revealed internal weaknesses such as a lack of trained counsellors and poor inter-department coordination. However, strengths like advanced technology and experienced consultants offer potential for improvement.

To address these gaps, the study recommends:

- Implementing fertility navigator programs
- Offering flexible payment plans
- Using digital follow-up systems

Through interviews and internal evaluations, the study surfaced critical gaps:

- Limited trained staff for patient counselling and follow-up.
- Weak coordination between departments (especially between OB-GYN and fertility).

At the same time, the hospital's strengths—including advanced reproductive technologies, a skilled consultant network, and legal compliance—offer a strong foundation to build on.

In conclusion, IVF conversion is influenced by more than just medical readiness. Emotional support, financial flexibility, and operational efficiency are critical. A shift towards a patient-centred, proactive approach can significantly improve conversion rates and patient satisfaction.

Chapter – 6: Conclusion

This study aimed to investigate the challenges impacting IVF conversion rates at a specialized fertility hospital and propose strategic interventions to improve outcomes. The IVF conversion gap—the disconnect between initial consultation and treatment initiation—was found to be influenced by a combination of clinical, operational, emotional, and financial factors.

Quantitative data and qualitative insights revealed that treatment cost (45%) was the most significant barrier, followed by missed follow-ups (30%), dissatisfaction with service, and emotional fatigue. The lack of a structured follow-up system, poor coordination between departments, and limited patient counselling further contributed to the low conversion rate, which initially stood at 20%. However, proactive engagement, such as follow-up calls and personalized counselling, led to an increase to 30%, highlighting the impact of direct communication and patient support.

A SWOT analysis identified internal strengths, including advanced technology and experienced consultants, as well as weaknesses like inadequate tracking and staffing. Opportunities to grow lie in better integration of services, while threats from low-cost competitors stress the need for differentiation through quality and support. To address these challenges, the study recommends introducing Fertility Navigator programs, offering flexible financial plans and establishing psychological support services. These interventions aim to create a more supportive, patient-centred journey.

Overall, this research emphasizes that IVF conversion is not just a clinical metric but a reflection of holistic patient care. Hospitals must adopt a multidisciplinary approach that combines empathy, financial flexibility, and operational excellence. By doing so, not only can patient outcomes improve, but hospitals can also strengthen their reputation and sustainability in an increasingly competitive fertility care landscape. This study provides a foundation for further research and practice reforms aimed at optimizing IVF conversion rates and enhancing the overall fertility treatment experience.

References

1. Cloudnine internal data sheets. 2025 March-May..
2. Griffin J. Inside Reproductive Health. [Online].; 2020. Available from:
<https://insidereproductivehealth.com>.
3. Hui Ye ZJ,ZY,SX,XM,ZY,ZL,&WG. BMC Reproductive Health. [Online].; 2019. Available from:
<https://doi.org/10.1186/s12978-019-0660-0>.
4. Davidson LL,BDH,HJ,&DLJ. Oxford Academic – Human Reproduction. [Online].; 2018. Available from:
<https://doi.org/10.1093/humupd/dmx035>.
5. Hammarberg K,KM,&FJ. Medical Journal of Australia. [Online].; 2016. Available from:
<https://doi.org/10.5694/mja15.01152>.
6. Cousineau TM,&DAD. Best Practice & Research Clinical Obstetrics & Gynaecology. [Online].; 2007.
Available from: <https://doi.org/10.1016/j.bpobgyn.2006.12.003>.