



Introducing
Dr Simon Nothman



At Genea, we maintain a proud tradition of investing in research and development, a commitment that means our fertility clinics are able to offer truly world leading science to patients across Australia.

Welcome to Genea, Australia's leading IVF and fertility treatment clinic

At Genea, we care about every patient and their needs as individuals. We are committed to providing the best services and treatments available, through our caring team and innovative technology, to give your patients the best chance of success.

Genea has been at the cutting-edge and pioneered many new techniques and technology in fertility for over 38 years, and that's why we are world-leaders in this space.

Genea boasts proprietary innovative technology - The Geri® time-lapse incubator, which is exclusive to Genea in Australia. It's this innovative technology, together with our highly qualified and trained fertility specialists, embryologists and nurses who give Genea patients the highest chance of pregnancy success.

58%

patients who achieved a live birth and returned for a frozen transfer have had a second child with just one fresh IVF cycle.¹

8 out of 10

patients who started treatment elsewhere wish they came to Genea first.²

24%

better chance at pregnancy compared to traditional incubators, giving more embryos to transfer or freeze.³

What we do

- Fertility health assessment
- Ovulation tracking bulk-bill
- IUI and ovulation induction
- IVF and ICSI
- PGT-M & PGT-A (genetic testing of embryos)
- Genetic carrier screening
- Egg freezing
- Fertility and genetic counselling
- Andrology and male fertility testing
- Donor and surrogacy – Sperm available immediately
- Supporting LGBTQIA+ fertility needs
- AMH testing

¹ 1st Stim Cycle between 01 Jan 2012 – 31 Dec 2013 (3573 patients). Following subsequent Cryos through to 2015. Autologous patients only (no donor oocytes or surrogates). Sites from Kent St Liverpool, Canberra, Bella Vista, Illawarra. Excludes oocyte vitrification patients.

² Of those patients who responded to the Genea patient survey conducted between 1 January 2017 and 31 December (223 patients).

³ Foetal heart pregnancies. Study performed in Genea's Canberra laboratory, 2015-2018.

Initial fertility investigation guideline

Female Investigations

Preconception screen:

- BMI (incl. height + weight)
- FBC + iron studies (and Thalassaemia screen as indicated)
- Rubella, Varicella, Syphilis, Hepatitis B/C and HIV serology
- TSH (aim for < 2.5)
- Vitamin D, Prolactin, Free Androgen Index (FAI)
- Karyotype

Fertility Hormones:

- FSH, LH, Oestradiol (all day 2-6 of cycle), AMH
- Progesterone in the second half of the cycle (luteal phase)

Ultrasound:

- Pelvic ultrasound and request Antral Follicle Count

Male Investigations

Preconception screen:

- Hepatitis B/C and HIV serology
- Syphilis
- Karyotype

Semen analysis:

Element	Reference
Volume	≥ 1.5mL
Concentration	≥ 15 million/mL
Progressive motility	≥ 32%
Normal morphology	≥ 40%
Antisperm antibodies	> 50%

Dr Simon Nothman

BB.Sc, M.B.B.S (Hons), MPH, MHLthLead&Mgt, FRANZCOG, Isr.Subspec.Reprod.Med

Fertility Specialist



Consulting locations:

Level 3, 321 Kent St,
Sydney NSW 2000

Suite 1605A, Level 16,
Westfield Tower 2, 101 Grafton Street,

Bondi Junction NSW 2022

Suite 101, 10 Norbrik Dr,
Bella Vista NSW 2153

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au Website: drsimonnothman.com.au

Languages:

English, Hebrew

Dr Simon Nothman is a distinguished Fertility Specialist, Women's Health Specialist, and Medical Educator dedicated to patient-centred care. He integrates a holistic approach that addresses his patients' biopsychosocial needs alongside conventional medical therapies.

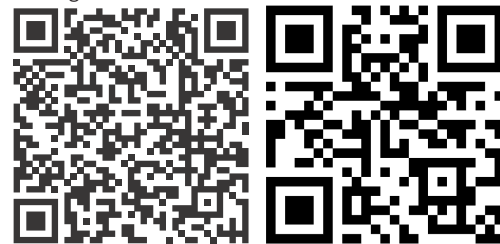
He holds an Honours Degree in Medicine and Surgery from the University of Sydney. He continued his training in Israel, completing specialty training in Obstetrics, Gynaecology, and Fertility Medicine, followed by a sub-specialty Fellowship in reproductive medicine. He worked in Israel as a specialist and subspecialist for five years, with a focus on infertility management, PCOS, fertility preservation, and male infertility.

Dr Nothman recently completed a Master of Public Health and a Master of Health Leadership and Management at UNSW,

which he now applies in his role as Lead Clinical Consultant to the Genea Donor Program. He was previously Director of Women's Health Education at Technion American Medical School, where he was recognised for teaching and mentorship. His deep understanding of the emotional and physical aspects of fertility care guides his commitment to personalised, compassionate care.

Genea Patients
seen by Dr Nothman
will all have access to
Genea's world leading
technology and latest
fertility treatments.

To learn more about Dr Nothman
please scan the QR code on the left, or
for a referral form scan the code on
the right.



Start fertility investigations if your female patient is:

**Over 35 trying to
conceive for 6 months**

**Under 35 trying to
conceive for 12 months**



Consider common fertility factors

Endometriosis

Around **1 in 7 women**
live with Endometriosis

PCOS

PCOS contributes to approximately
40% of female infertility.

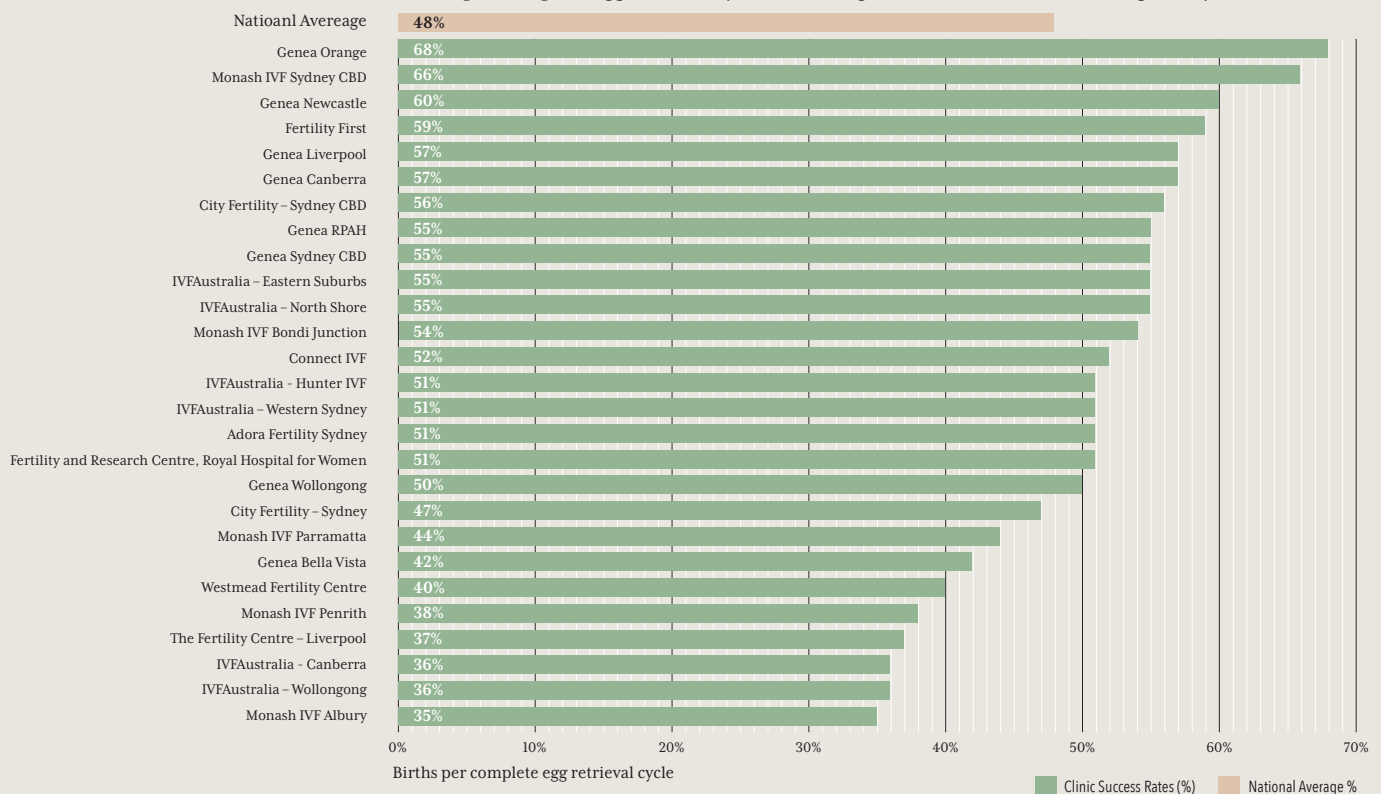
Sperm

In about **40% of cases**
where couples have trouble conceiving,
the problem lies with the man.

IVF success rates by clinic NSW/ACT

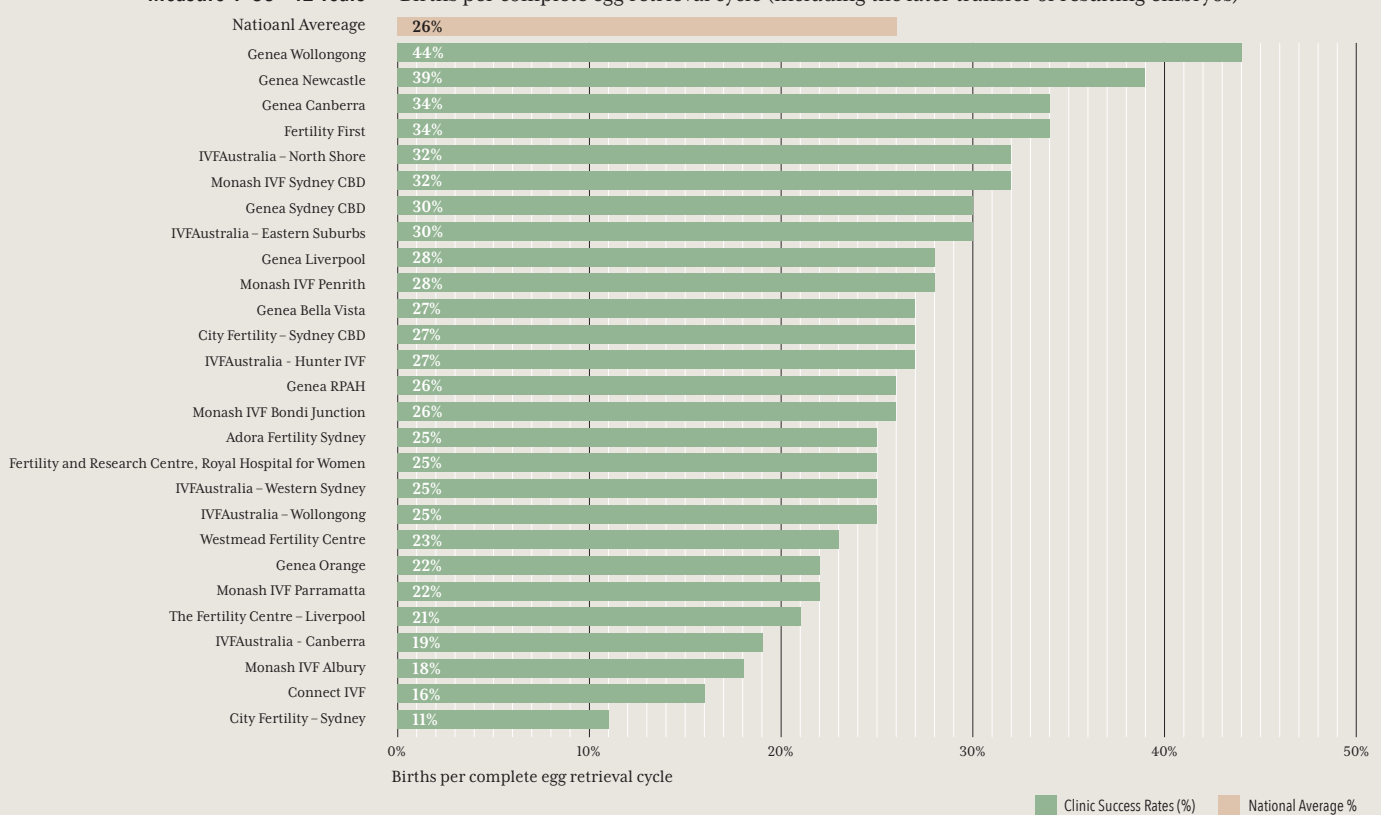
Measure 1 < 35 Years

Births per complete egg retrieval cycle (including the later transfer of resulting embryos)



Measure 1 35 - 42 Years

Births per complete egg retrieval cycle (including the later transfer of resulting embryos)



Individual Genea clinic data independently audited and provided by NPESU in November 2024, which has been calculated by Genea to produce a combined total. Measure is from completed egg retrieval cycles performed in one year at all Genea Clinics in 2021 with follow-up period to 2022. Age is female age at time the cycle was initiated. Data includes autologous cycles only (where a woman intended to or used her own eggs).

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genea.com.au

The information in this brochure does not replace medical advice. Medical and scientific information provided in print and electronically by Genea might or might not be relevant to your own circumstances and should always be discussed with your own doctor before you act on it.

