

Frozen Embryo Transfer



Concept
Fertility
Centre

12.3.6 V13 Jan 2021

Concept Fertility Centre has been freezing embryos since 1985 and the subsequent transfer of these embryos has resulted in the birth of many healthy babies.

MANAGEMENT OF THE CYCLE

A frozen embryo transfer cycle is relatively non-invasive compared to an egg collection cycle. The embryos can be transferred either in a natural cycle or in a hormonally treated cycle depending on whether natural ovulation usually occurs.

The timing of your embryo transfer will depend on the timing of ovulation (unless a Progynova treated cycle, see below), the stage at which the embryo was frozen and the thickness of the lining of the uterus (endometrium).

MONITORING THE CYCLE

Blood tests will commence close to the expected time of ovulation to determine the optimal time for embryo transfer, except in a Progynova treated cycle, where ultrasounds monitoring the thickness of the endometrium will be used instead.

If optimal conditions do not arise within the expected time then the cycle will be cancelled and you will be asked to consult with your doctor on what treatment changes need to be made to achieve a better outcome with the next cycle. Your embryo(s) will not be thawed until optimal conditions are confirmed.

CONSENT

Before the laboratory can thaw any of your embryos, both partners (if applicable) must have signed the Consent Form for Frozen Embryo Transfer (13.1.44).

EMBRYO THAWING

You will be asked to contact the Coordinator on the planned day of embryo thawing to find out the status of the embryo(s). The embryo(s) will then be incubated for 24 hours before transfer to ensure that cell division is occurring.

Not all embryos survive the freeze/thaw process or go on to have cell division. It is estimated that 10% of embryos won't survive this process. Sometimes, several embryos may need to be thawed to achieve one suitable for transfer. Occasionally the cycle may need to be cancelled if no embryos are suitable for transfer.

EMBRYO TRANSFER

The embryo transfer procedure is the same as for transfer of an embryo generated from an IVF cycle. This is a minor procedure not usually needing pain relief or anaesthesia that involves the Gynaecologist placing an outer catheter through the cervical canal. The embryo is loaded into another catheter by the embryologist. This catheter is then placed into the outer catheter and the embryo is expelled gently into the uterus, in a very small drop of embryo culture media. In some circumstances your doctor may also use an ultrasound during the procedure.

AFTER EMBRYO TRANSFER

You will be asked to rest quietly for 30 minutes. You will be at Concept for approximately 2 hours. -In most FET cycles the hormone progesterone will be prescribed to help support an early pregnancy until the placenta has become established. This is usually administered as a single daily pessary (a lower dose than that needed in an IVF cycle) administered vaginally, though sometimes injections (pregnyl) are given.

Approximately two weeks after ovulation, a blood test for progesterone and hCG (pregnancy hormone) will be carried out in order to determine whether there is early evidence of pregnancy. Menstruation does not necessarily mean that a pregnancy is not developing. You must continue blood tests and progesterone support until a final outcome is known.



THE SUCCESS RATE OF FET

The live birth rate using frozen/thawed embryos varies considerably with the age of the female, cause of infertility and lifestyle factors. Live birth rates are presented in 12.1.12.

EMBRYO STORAGE

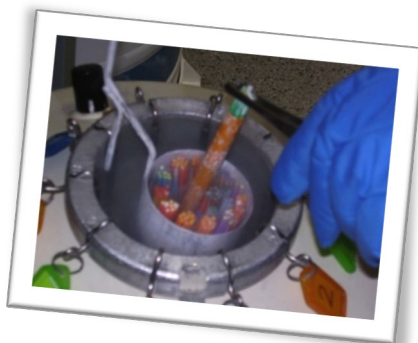
Embryos can be frozen after 24 (pronuclear), 48 (Day 2), 72 (Day 3) or 96 (Blastocyst stage) hours in culture. Once embryos have been frozen they can be stored for a maximum of ten years by law. If you decide you no longer wish to have your embryos kept for yourselves you have the choice of donating them to another couple/ person, donating to staff training or quality assurance purposes or disposing of them. A combination of these choices is also available.

At the time of embryo freezing a consent form (13.1.3) is completed relating to instructions on what to do if Concept is unable to make future contact, in the event of separation and in the event of death. Any disputes regarding the respective rights of the embryo(s) are dealt with through the courts. The Commissioner of Health can direct Concept to continue storage of the embryos on request from one member of the couple until the matter is resolved through the court.

Twelve months before your embryo storage period is due to expire, Concept will send you a letter of notification regarding your embryo's expiry date and the options available. You are asked to contact Concept regarding your choice:

1. Transfer before expiry date.
2. Apply for an extension of period for storage (special circumstances only).
3. Donate to another couple/person.
4. Donate to staff training or quality assurance purposes.
5. Remove from storage and allow to succumb.

An application to extend the storage time needs to be submitted to the Reproductive Technology Council at least two months before your embryo(s) expiry date.



Stages involved in a frozen embryo transfer cycle

Cycle Monitoring

The optimal time for embryo transfer to the uterus is determined by doing blood tests or ultrasound to monitor hormone levels.

Embryo Thawing

Embryos are taken from storage and thawed 24-48 hours before your scheduled embryo transfer.

Embryo Transfer

This is a minor procedure which involves the Gynaecologist placing an outer catheter through the cervical canal. The embryo is loaded into another catheter by the embryologist. This catheter is then placed into the outer catheter and the embryo is expelled gently into the uterus, in a very small drop of embryo culture media.

After Embryo Transfer

You will be asked to sit quietly for at least 30 minutes following the embryo transfer. In most frozen embryo transfer cycles the hormone progesterone is given to help support the early pregnancy.

Contact Us

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