

Frozen Embryo Transfers



**AUSTRALIAN
CONCEPT
FERTILITY
CENTRE**

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

MANAGEMENT OF THE CYCLE

The frozen embryo replacement cycle is relatively non-invasive compared to an egg collection cycle. The embryos can be replaced 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).

A hormonally treated cycle may either consist of;

- a) Administration of Progynova (oestrogen) tablets in order to stimulate growth of the endometrium for implantation or
- b) Ovulation induction with either tablets (usually Clomid) or injections (Gonal F or Puregon).



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 must have signed the Consent Form for Embryo Transfer.

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. 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, usually requiring no anaesthetic, which will be undertaken by your gynaecologist unless they are committed elsewhere. It is a little like having a pap smear performed. A speculum is passed into the vagina, the cervix is washed with fluid that is non-toxic to embryos and then an outer catheter is placed into the cervical canal. Once your doctor is happy with the positioning, the embryologist will bring through your embryo loaded in a second catheter. This catheter is then passed through the outer catheter. Once the doctor is happy with the positioning of this catheter, the embryo is expelled into the uterus. The procedure takes approximately 15 minutes.

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.