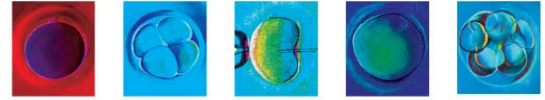


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# FERTILITY FACT SHEET

San Ramon / Orinda / San Jose

## Frozen Embryo Transfer (FET)

Prior to undergoing your frozen embryo transfer, you should have a re-consultation with your physician. The discussion at that time will include any additional testing to be performed prior to the frozen embryo transfer, the use of hormone medication and how many embryos will be thawed and transferred. You and your partner will need to obtain and sign a new consent for Frozen Embryo Transfer before each cycle. Photo ID will be required at various points throughout the cycle.

Most FET cycles use hormone medications. The pregnancy rate with the use of hormone medications is higher than trying to do a transfer in a natural cycle. Estrogen is started on the second or third day of menses. It can be taken as an oral pill, vaginal tablet, intramuscular injection or skin patch. Estrogen stimulates the growth of the uterine lining and also inhibits your natural ovulation. An ultrasound to check the uterine lining is performed 7-10 days after the start of estrogen and a blood level checking estradiol and progesterone is performed. Once the endometrial lining is appropriate, progesterone is begun. The progesterone medication is usually both an intramuscular (IM) injection and a vaginal tablet. The IM progesterone is recommended because the pregnancy rates are better compared to vaginal tablets alone. The embryos are thawed and transferred 4-6 days after the start of the progesterone, depending on the developmental stage of the embryos.

Embryos are typically thawed the morning of the transfer and can be thawed fairly rapidly so that if the desired number does not survive the thaw, additional embryos can be thawed in a short period of time prior to the scheduled embryo transfer. Approximately 70% of good quality day 3 embryos and 95% of Blastocyst embryos survive the thaw. The embryo is considered to “survive” when least 50% of that embryo’s cells are intact after the thaw. Embryos with less than complete cell survival can result in a normal pregnancy but the probability of a pregnancy is lower.

In general, you should consider transferring a similar number of cryopreserved embryos as you transferred fresh embryos. Multiple pregnancies can result from frozen embryo transfers. In order to make available the number of embryos you wish to transfer, it may be necessary to thaw more embryos than that number you wish to be transferred. Some embryos that are thawed and are of poor quality after the thaw may not be transferred and cannot be re-frozen.

### FET INSTRUCTIONS

- After your reconsultation with your physician, please inform your Nurse Case Manager (NCM) when you plan to be doing your frozen embryo transfer cycle. Your financial coordinator will contact you to let you know when your fees are due.

- Your Nurse Case Manager will send you a FET packet including appropriate consent forms, any required lab testing to be done prior to cycle and a tentative schedule. Please make an appointment for both you & your partner to come into the office to sign consents unless you plan to have them notarized. Photo ID will be required
- Call your NCM when your period begins. If your period starts on a weekend, leave a message on her voicemail or call Monday morning. Please inventory your cycle related medications on hand and alert your nurse regarding any missing medications or refills needed.
- Based on the tentative schedule given to you earlier and on the medications prescribed by the physician, your NCM will inform you when to begin your estrogen medication and when to return to the office for a sonogram and blood tests.
- All medications should be taken continuously without stopping unless your NCM specifically gives you instructions to stop. Do not take or insert Estrace /Estrogen on mornings you are having blood tests until *after* your blood is drawn.
- After the ultrasound and blood test, your NCM will inform you when to begin Progesterone and what day the embryo transfer will be scheduled.
- Two days prior to the embryo transfer, your NCM will call to give you the specific time to arrive at the clinic.

The embryo transfer is done on an examination table and is not painful. You must have a full bladder for the transfer. You will be asked to arrive 10-15 minutes prior to your scheduled transfer. Please bring your photo ID's to your transfer appointment. You may eat and drink prior to the transfer. You will be in the office approximately 30 minutes before being discharged. You will rest quietly for approximately 15 minutes immediately after the transfer before being discharged home. At home, we encourage rest for the next 36 hours. Limit heavy lifting and excessive walking. Do not take a tub bath on the day of transfer and for the next 2 days.

You may return to normal activity after 36 hours with exception of intercourse and high impact aerobics.

The pregnancy blood test will be scheduled 9 or 11 days post transfer, your NCM will confirm when to schedule your blood test. Occasionally patients will start to bleed prior to the blood test; you must still come in for the blood test regardless of bleeding.

All medications are to be continued without break or stopping through pregnancy test unless you are specifically instructed to stop by a physician or NCM.