

Frozen Embryo Transfer (FET)

Many of you will be aware that it

Transfer of Frozen Embryos/Blastocysts

has been possible for some time to freeze (cryopreserve) embryos/blastocysts that are not used during your first treatment attempt. These embryos/blastocysts can be thawed later and transferred back to the womb after suitable preparation of the lining of the womb.

Transfer of these frozen/thawed embryos give you an additional chance to achieve a pregnancy without having to undergo the full course of injections to stimulate the ovaries and the egg recovery procedure.

If there are a enough fertilised eggs from your fresh cycle it is usually possible to freeze the spare embryos/blastocysts for future use.

They can be frozen at three different stages of development:

- At 16 hours of age before the fertilised egg has divided (pro-nucleate stage)
- When the embryos divide into between 2 to 4 cells (early cleavage stage).
- At five days after fertilisation (blastocysts) but only a small number of embryos survive to this stage.

Most embryos are frozen at the blastocyst stage, 5/6 days following your egg collection

At present approximately 31% of women have sufficient embryos to allow freezing.

Where women produce a large number of eggs and are at risk of ovarian hyperstimulation syndrome, we will freeze all of the embryos to reduce the risk of you becoming unwell.

We can arrange for transfer of the frozen embryos fairly soon after your initial “fresh” treatment. There is no evidence that embryos are affected by the length of time they are frozen.

There is always a risk that when the frozen embryos are thawed, they may not survive that process, although this is rare it is a risk and unfortunately as the embryos are not thawed until the day of transfer, you will have already undergone the necessary preparation of your body beforehand.

Following your initial attempt where the fresh embryos are transferred you will be asked to attend the fertility clinic either at Calderdale Royal Hospital or an outreach clinic, to discuss further options. In general, we prefer it if you have all your frozen embryos transferred prior to contemplating any further fresh IVF cycles.

Instructions for Frozen Embryo Transfer

For the transfer of frozen embryos to be successful, the embryos must be put back into the womb when the womb lining (endometrium) is ready to receive the embryos. There are two ways of achieving this, either in a natural cycle or during an artificial cycle.

Natural cycle embryo replacement is relatively simple

and requires monitoring. Your endometrial development, measured by ultrasound scan, combined with ovulation predictor kits (which tests hormones released into your urine), tells us when you are about to release an egg. With a combination of these tests, we can tell when the lining of the womb is ready to receive the embryo.

Replacing the embryos in natural cycles, however, is not as successful as replacing the embryos in an artificial cycle. We, therefore, usually advise frozen embryo replacements during an artificial cycle.

There are 2 ways in which we do a stimulated cycle short or long.

In a long cycle your natural hormones are suppressed with an injection administered on the 21st day of your cycle. This injection lasts approximately one month.

Once your own hormones are suppressed, we ask you to commence oestrogen tablets or skin patches to make the womb lining thicken, and later in the

cycle you will be given progesterone, either vaginal pessaries or a daily injection to make the womb lining ready to receive the embryos.

For a short cycle, you will start the oestrogen on the 2nd of your cycle and then several days later commence the progesterone.

The clinical team will decide which is likely to be the best for you

How do we start?

When you are ready for your treatment. The Administration team will ring you to arrange an appointment for you (and your partner) to attend Yorkshire Fertility to sign the appropriate consent forms. At this appointment the nurse will discuss with you when your treatment starts.

It is important that you do not have unprotected sex from day 1 of your period when starting a frozen embryo cycle. Please either abstain during this time or use condoms.

You will need to collect your medication from the hospital

pharmacy before you are due to start the treatment

We as a small workforce cannot guarantee that the same person will carry out all of your scans but if you would like to be seen by the same person, please ask if they are available.

Ultrasound scans

You will need attend for a number of ultrasound scans throughout your treatment to monitor your womb lining. If you are a long protocol those scans will start on day 21 of your menstrual cycle, for short treatment you will attend on day 2 of your cycle.

Once your womb lining is the appropriate thickness the nurse will plan with the laboratory to contact you with instructions for starting the progesterone pessaries or injections

Advising Patients about Single Embryo Transfer (SET)

A single healthy baby should be the goal of all fertility treatment and we know that a multiple pregnancy is the biggest risk to

the health of babies conceived by IVF.

The current practice is to thaw a single embryo and transfer it. We do not transfer more than 1 embryo unless there have been exceptional circumstances as to why we would transfer 2, this decision will have been made ahead of treatment with discussions with the clinical and laboratory team.

More detailed information about the risks to mothers and babies of a multiple pregnancy can be found

at: www.multiplebirths.org.uk

and www.oneatatime.org.uk

This fact sheet is produced by Fertility Network UK, in conjunction with One at a Time and the Multiple Births Foundation. The Department of Health has provided funding for this project.

The embryo transfer and after:

The transfer itself is identical to previous embryo transfers you will have had. You should continue your oestrogen tablets/

patches and progesterone pessaries/injections on the same dose as before until the results of your pregnancy test come through. We will ask you to ring Yorkshire Fertility following your embryo transfer to arrange your pregnancy blood test. A member of the nursing team will contact you with the result later that morning

Results

If the test is negative, you will be advised to discontinue all your tablets and pessaries/injections, and you will be given an appointment to see one of our doctors in the clinic 2 to 4 weeks later. If the result is positive, you must continue your medication for a further 10 weeks. This is to provide the pregnancy with the support it needs until it becomes self-sufficient. We will also organise further blood tests/scans to check on the progress of your pregnancy. There are some occasions where your pregnancy test is inconclusive, in these situations we will ask you to continue with your medication and attend for a further blood test 2 days later.

Pre Conceptual Advice

1. Smoking: There is a good deal of evidence that suggests smoking is harmful both to male and female fertility. Put into real terms, if a woman smokes 20 cigarettes per day she reduces her natural fertility by over 20%. Smoking is also harmful to the developing foetus both in the short term during the pregnancy as well as long-term - with an increased risk of heart attacks and strokes in mid-life.

Finally, there is good evidence that a smoker in the family increases the risk of a cot-death. Therefore, it is advisable to stop smoking prior to starting your IVF treatment.

2. Alcohol: Alcohol in excess can again cause problems with both male and female fertility.

A high alcohol intake in pregnancy can result in foetal abnormality. Ideally stop drinking alcohol.

3. Prevention of spina bifida and other neural tube defects: There is evidence that a small dose of folic acid (400mcg) is helpful in lowering the incidence

of foetal abnormalities such as spina bifida. All women going through IVF should consider taking this small daily dose of folic acid before commencing treatment. Please note that any women on anti-epilepsy drugs or those women with a BMI over 30 should take an increased dose of 5mg daily available on prescription.

4. Vitamin D: A significant proportion of the UK population have low levels of vitamin D. This has resulted in a rising number of reported cases of Rickets in children and osteomalacia in adults. Those most at risk are pregnant and breastfeeding women.

Our body creates most of our vitamin D from modest exposure to UVB sunlight. People living in the UK do not get adequate exposure. It can also be found in foods such as oily fish, eggs and meat. Some manufacturers add it to cereals, soya products and low fat spreads, however it is difficult to obtain enough this way.

It is therefore recommended that you take 10 microgram/day of

vitamin D whilst trying to conceive and throughout pregnancy and breast feeding.

Our dietician recommends the use of Healthy start vitamins as this contains vitamin C and D as well as folic acid. These can be obtained from your GP or your local pharmacist.

5. Cervical smears: Regular cervical smears lower the incidence of cervical cancer. In the United Kingdom women routinely have smears performed every 3 years.

Change of Details

It is essential that you notify the unit of any change of address, telephone number/s or G.P. prior to or during your treatment. This will ensure that any communication to you or your G.P. will be directed to the most appropriate place.

Support Services

Some couples find the thought of IVF quite scary and feel that they would like help to cope with this very stressful time in their lives. We have several ways that we try to help with this:

- **An independent fertility counsellor (see details)**

- **Our fertility nurses at Yorkshire Fertility**

Advice and support during treatment should be directed to Yorkshire Fertility on 01422-261344.

For urgent problems between 4pm and midnight Monday to Friday, Weekend, and bank holidays 8am to midnight you can contact switchboard on 01422 357171 and ask for the Gynaecology ward. After midnight if you have made an injection error contact the gynaecology ward on 01422 224415.

Complaints - If you have any complaints, please put them in writing, addressed to the Clinical Lead Nurse Helen Marvell.

We are always happy to receive any comments or suggestions that could help improve our clinic.

You can also visit our website on **www.yorkshirefertility.co.uk**

The HFEA

The Human Fertilisation & Embryology Authority exists to regulate any clinic which carries out assisted conception procedures involving the removal of eggs and sperm from the body and the transfer of any resulting embryos. It is there to make sure that patients' best interests are looked after, and that the clinic maintains a high standard of practice at all times. Every IVF clinic is registered with the HFEA. At Yorkshire Fertility, we form part of the Leeds Reproductive Medicine Unit registration (registration number is 0314) and CARE at Manchester (registration number is 0185). The HFEA produce a range of leaflets about treatments involving eggs and sperm as well as a detailed patient guide that contains important information about all clinics in the United Kingdom.

Many of these leaflets are available on our website www.yorkshirefertility.co.uk. If you wish to contact the HFEA, you can telephone them on 020 7291 8200 or you can access their website on www.hfea.gov.uk

Welfare of the child: We have a legal requirement to consider the welfare of any child born as a result of infertility treatment. In making this assessment we consider both of your medical histories, your age and an independent assessment from your G.P. Any concerns will be discussed with you before treatment is offered. You will be asked to sign a declaration concerning the welfare of the future child.

Counselling

What is counselling?

Counselling is a confidential and sensitive relationship where the Yorkshire Fertility Counsellor meets with individuals and couples to discuss the personal, psychological, or social effects of their treatment. The counsellor is impartial and wishes only to offer you the psychological support you deserve.

What is counselling in the context of my treatment?

It is recognised that fertility treatment can cause a great deal of stress and anxiety. This often affects both partners and can

impact on one's ability to cope with domestic, social and working life. Sometimes very difficult decisions have to be made and difficult questions asked.

People often feel a range of confusing or unusual emotions such as depression, anxiety, anger or hostility, guilt, tearful, feelings of grief and loss, problems with sleeping or eating and difficulties in coping in social and work situations.

The role of the counsellor in this context then is to offer you emotional and psychological support at a time when you need it, to help you answer difficult questions for yourself. The counselling service aims to be sensitive and caring and you are entitled to take advantage of it. Your psychological well-being is therefore of primary concern to the counsellor. It is offered freely, and you should not feel hesitant to ask for it even if it is not offered.

When can I ask for counselling?

You can request to see the counsellor any time you like -

before, during or after your treatment. You will be offered counselling by staff at the Unit, and they can make arrangements for you.

Does it cost me anything?

No. The service is provided by Yorkshire Fertility.

Will I/we be seen as weak or a nuisance if I/we ask for counselling?

Absolutely not, if this were thought to be so, the counselling service would not be available for you. We all recognise the psychological stress that treatment causes and difficult decisions that need to be made.

What might I/we hope to gain from seeing the counsellor?

This is difficult to say as different people benefit in different ways. Counsellors through attentive listening and a sense of empathy help you to clarify and understand the circumstances that affect your life and your relationships. They are able to help you to make choices and decisions and to give you the support you need throughout

your treatment. They also demonstrate a capacity for offering support within a non-judgmental and respectful relationship.

But I never talk about personal things - how will counselling help?

It is the responsibility of the counsellor to assist you in a sensitive and caring way to talk. You will not be pushed to discuss anything you do not wish to. The counsellor is there simply to offer the opportunity in an unhurried and relaxed, safe environment to make it comfortable and safe for you to talk.

Do I have to see the counsellor? No, but if you are unsure if it will help, please contact the counsellor and ask.

How long does counselling take?

Each session usually lasts up to 1 hour. In many circumstances one or two sessions may be enough to support you over the immediate crisis. If, however, you or the counsellor feel further time is needed this will be discussed and arranged at the time.

How do I contact the counsellor?

An appointment can be made to see the counsellors by telephoning Yorkshire Fertility on 01422 261344

Useful Telephone Numbers

CARE Fertility, Manchester

Reception: 0161 249 3040

Mobile: 07714845039

(out of hours)

CARE Fertility, Sheffield

Reception: 01142 506067

Mobile: 07917147663

(out of hours)

Care Fertility Leeds

Reception: 0113 206 3111

Switchboard: 0113 243 3144

(out of hours)

Manchester Fertility

Switchboard: 0161 300 2730

Further information may be obtained from our website visit:

www.yorkshirefertility.co.uk

If you have any comments about this leaflet or the service, you have received please contact:

Clinical Lead Nurse

Yorkshire Fertility
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