

4. Instructions for embryo transfer

Sit Back and Relax During Your Embryo Transfer

After ovarian stimulation, egg retrieval and embryo development in the lab, it's finally time for the embryo to be transferred back into the patient's uterus. The embryo transfer is a simple procedure that takes about 5 minutes to complete. There's no anesthesia or recovery time needed. This experience will be similar to the mock embryo transfer performed prior to starting the cycle. The 'mock' transfer provided a map of the uterine anatomy, the physician will use that road map to place the embryo in the correct location to help increase the odds of implantation.

When your transfer is scheduled, your nurse will notify you, and provide specific instructions on when to arrive and how to prepare. You need to have a full bladder for the procedure and will be asked to drink a specific amount of liquid 30-40 minutes ahead of time. If you have a long drive to the center, you'll be advised to wait until you get in the car to begin drinking. Having a full bladder can be uncomfortable while waiting for the procedure, so you don't want to start drinking too soon.

Prior to the start of your embryo transfer the chain of custody procedure resumes. When you arrive for an embryo transfer, our staff will fit you with an ID bracelet containing your individual identifying medical records number, along with your name and date of birth. Patient will be informed regarding the number and quality of embryos and the availability of remaining embryos for freezing.

Inside the Laboratory, the transfer catheter is loaded with the appropriate number of embryos and the inner catheter loaded with embryos will be handed over to the clinician. The procedure will be done under trans abdominal ultrasonography guidance. The doctor will insert the catheter into the uterus and push the embryo through with a small puff of air. The procedure is guided visually on a monitor with an abdominal sonogram.

Once transferred, the doctor will slowly remove the catheter to eliminate or decrease any uterine contractions. Since the embryo is invisible to the naked eye, the embryologist will then check the catheter under a microscope to make sure the embryo was released. You will be asked to lie quietly for 5 minutes after the procedure. Then, you'll be given instructions for the following two weeks until it's time for the pregnancy test.

How Many to Transfer

The transfer procedure is simple, but sometimes, the decision about how many embryos to transfer is more complicated. The goal of this decision is to give you the best chance for pregnancy with the lowest chance for multiples - twins or triplets. Some patients are unaware that multiple pregnancies are high risk and can lead to a number of complications both during the pregnancy and delivery. The morning of the transfer, the embryologist will make a final assessment of your embryos and provide a recommendation on the number to be transferred. These recommendations are based on overall embryo quality and the age of the embryo, day 3 or day 5-7 blastocyst stage embryo. The doctor will use the information provided by the embryology department and other factors related to your case such as your age and experience with previous treatments to make this recommendation.

Implantation Support

After the transfer, there are several things you can do to help the embryo have the best possible chance of implanting. The first is to continue medications that support the uterine lining and help to maintain a pregnancy. These are usually estrogen and progesterone through either pill, injection, or vaginal

suppository. Patients will be recommended to continue their prescribed prenatal vitamins. Additionally, you'll be asked to do 4 hours of "couch rest" after the embryo transfer - take the day off, put your feet up and rest as much as possible. After the first 24 hours, patients should continue to take it easy for additional three or four days. You can go back to work and lead your normal life, but strenuous exercise, chores and even sexual relations and intercourse should be avoided. Anything that causes uterine contractions could affect the implantation process. We also tell patients that it's best to avoid travel so that they'll be near their doctor should any complications, such as bleeding, arise. Also, many aspects of travel, such as time zone changes and carrying luggage, can stress a woman's body and mind. If you have to travel, check with your medical team about what kinds of precautions you can take.

The Two Week Wait

The period of time between your transfer and the pregnancy test that determines if the cycle has resulted in a pregnancy is known as the two week wait. Many patients find it to be the hardest part of their cycle. The most important part of this time is to stay positive and occupied to help pass the time.

Pregnancy Test

Included in the instructions you receive at the embryo transfer will be the date for your pregnancy test, which will be around 12-14 days after your embryo transfer. Patients are encouraged to call their local office to schedule their pregnancy blood test. This blood pregnancy test is named as "beta hCG" blood test.

When the Test is Positive

If your beta hcg test is positive, your doctor or nurse will tell you the hCG level that your test showed. The hcg test result is stated as a number that indicates the level of hCG found in the blood. This number will increase fairly rapidly in healthy pregnancies, so multiple beta tests will be ordered over the next several days to confirm the pregnancy is proceeding normally.

A blood hCG level over 100 is a good first result but many, many ongoing pregnancies start out with a beta hCG level below that number. You'll be asked to repeat the test in 2 to 3 days. The goal is to have the level of hCG double every 3 days. If it does, another beta will be ordered for 2 to 3 days later.

If all three betas indicate a healthy pregnancy, then a vaginal ultrasound will be scheduled between the 6 to 8 weeks of the pregnancy. At that time, your doctor will be looking for a heartbeat and a gestational sac to confirm the pregnancy. Most patients will continue to take hormone medications throughout this period to support the developing pregnancy. At the end of 12 weeks, you will be released back to your regular ob/gyn to begin normal prenatal care, after a 11th week scanning for nuchal translucency.

If the Results are Negative

If you get a negative result on your pregnancy test, it's very disappointing. It's important to remember, though, that you have a treatment plan with options for trying again. Your medical team will support you in every way they can. They will start by instructing you to stop your medications and schedule a consultation with your doctor. At that time, you'll discuss what happened during the cycle, how you want to proceed and any changes you might make to your protocol. Some patients may start a new IVF cycle on their next menstrual cycle while others may have to wait a month or two longer. Patients should remember that not everyone is successful on their first cycle but that doesn't mean that success in subsequent attempts is out of the question.

The Finish Line

While there are several phases to an IVF cycle with many details to consider, it's an exciting time filled with hope and possibility. Whether you are about to start an IVF cycle or you're just exploring fertility treatment in general, don't hesitate to ask all your questions and express your concerns. You'll find that everyone at ARMC, whether they are assigned to your medical team or not, will give you unwavering support. We know it can be difficult when you're in the middle of the journey, but we have seen how amazing the results can be.