



Center for Fertility, Endocrine and Menopause

Patient Guide to IVF and Injection Training



CFEM

Center for Fertility, Endocrine and Menopause



CFEM Locations

Winston Salem

111 Hanestown Ct, Suite 351

Winston Salem, NC 27103

336.716.6476 (P)

336.716.0194 (F)

Greensboro

3903 N. Elm St.

Greensboro, NC 27455

(Blood work only)

Ultrasound Monitoring Hours

Monday- Friday 8am-11:30am

Lab Hours

Monday- Friday 730am-11am

Please be sure that your MYCHART account is functioning, and that you check messages regularly. Feel free to use MYCHART to reach the staff during normal business hours Monday- Friday

- For all urgent after-hours/weekend requests, please page the doctor on call at 336.716.2011
- Please note that we are a group practice. Although your primary physician at CFEM may not perform your procedures, he/she will guide your treatment plan



REQUIRED PRE-TESTING

**In preparation for your IVF cycle, you will be required to complete the following:
(All labs and testing must be completed within 1 calendar year of IVF cycle start)**

Female

Infectious Disease Testing:

- HIV Antibody I/II
- Hepatitis B Surface Antigen
- Hepatitis C Antibody
- RPR (Syphilis)
- GC/Chlamydia

Other Testing:

- Blood Group/Type
- Rubella
- TSH
- Vitamin D
- AMH
- Uterine Evaluation (SIS or HSG)
 - Sometimes deferred until after egg retrieval

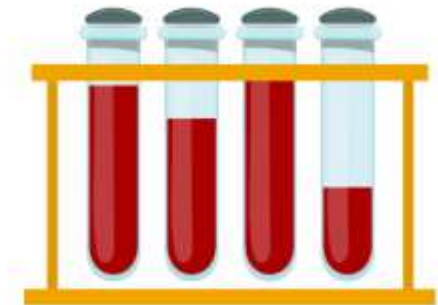
***Male Partner* (if applicable/providing fresh sperm at retrieval)**

Infectious Disease Testing:

- HIV Antibody I/II
- Hepatitis B Surface Antigen
- Hepatitis C Antibody
- RPR (Syphilis)
- GC/Chlamydia

Other Testing:

- Semen Analysis



Consent Forms

Types of Consents

Consent for IVF:

- *Required for all patients planning IVF with the intent of creating embryos*
 - ICSI Consent – sperm injection for assisted fertilization
 - Assisted Hatching- primarily used for Day 3 transfers (rare) and frozen embryos that have not been subject to PGT
 - Embryo Cryopreservation – freezing of remaining embryos (includes disposition of embryos)
 - Preimplantation Genetic Testing (PGT)- embryo trophectoderm biopsy to determine chromosomal abnormalities. (only sign if you plan to proceed with this test)

Consent for IVF/Oocyte Cryopreservation:

- *Required for all patients planning IVF with the intent of freezing oocytes (eggs)*
 - Oocyte Cryopreservation – freezing of remaining oocytes for future use (includes disposition of oocytes)

Consent for Frozen Sperm/Donor Sperm:

- *Consent forms collected by the andrology lab upon receipt of frozen/donor sperm*

How to Sign Consents

- Signatures can be witnessed in the office with proper identification
- Signatures can be signed with a Public Notary if signed off-site
- Both partners (if applicable) are required to sign consent forms



Introduction to Advanced Reproductive Technologies (ART)

Advanced Reproductive Technologies (ART) is a term used to describe a number of various techniques that have been developed to assist patients in becoming pregnant. These technologies include:

- In vitro fertilization (IVF)
- Embryo transfer/Frozen embryo transfer (ET/FET),
- Egg freezing (Oocyte Cryopreservation)
- Micromanipulation
 - Micromanipulation refers to special techniques used by the ART laboratory to manipulate sperm, eggs, and/or embryos. These techniques include; intracytoplasmic sperm injection (ICSI), and trophoctoderm biopsy for preimplantation genetic testing (PGT).



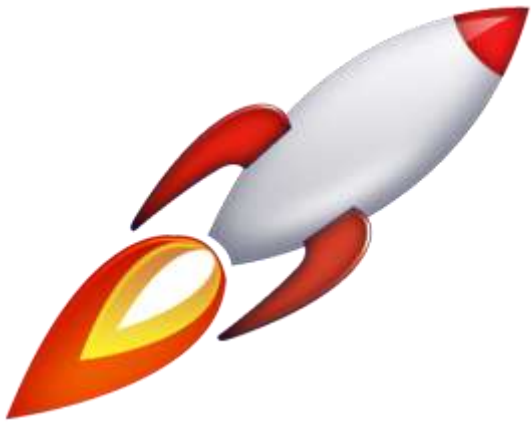
What is In Vitro Fertilization (IVF)?

- A treatment plan that includes the administration of fertility medications (gonadotropins) to stimulate the development of multiple eggs (follicles) in the ovaries
- Using both blood work and ultrasound, the follicles (fluid filled sac that may contain an egg) are evaluated for development and maturity
- Once follicles reach maturity, the eggs are surgically retrieved from the ovaries via transvaginal ultrasound guided aspiration in the IVF operating room
- Eggs are evaluated for maturity, and mature eggs are fertilized with sperm in the embryology lab
 - *In some cases, patients may choose to cryopreserve (freeze) unfertilized eggs for future use*
- Embryos undergo a series of cell division in the lab for 5-6 days
 - If you are a candidate for a “fresh embryo transfer”, an embryo will be selected for transfer on the 5th day of embryo development
 - If you are planning for Preimplantation Genetic Testing (PGT), viable embryos will be biopsied on day 5 or 6, and then cryopreserved (frozen) for future use



Getting Started

- IVF cycles are coordinated during certain weeks each month. Contact your IVF Nurse Coordinator on day 1 of your menstrual cycle. You may be instructed to start a course of birth control pills on day 2 or 3 of your period. Birth control pills are used for ovarian suppression and timing purposes.
- You will be provided with a tentative calendar for the IVF cycle. The calendar shows when to stop the birth control pills, when your period is expected to start, when you will begin your ovarian stimulation hormones, and when you will be expected to come to the clinic for ultrasound/blood work monitoring visits.
 - *Please note that these visits, including your egg retrieval date, are tentative, and will ultimately be determined by how your ovaries respond to the injections.*
- On your injection (Gonadotropin) start date, please plan to come to the clinic for baseline blood work and ultrasound monitoring. We will confirm instructions for starting injections at that time.
 - *We will provide written instructions for the first few days of your treatment protocol*
 - *We will schedule your subsequent monitoring visits*
 - *Please check MYCHART for medication instructions following each monitoring visit*



Stimulation and Monitoring

Stimulation

- Injectable medications stimulate the production of follicles in the ovary (follicles are fluid filled sacs that may contain an egg)
- Most injections are self administered in the evening between 7-10pm (***choose a time for injections and be consistent***)
- Average time frame for injections: 8-12 days
- During ovarian stimulation and after egg retrieval, you should refrain from high-impact exercise
- Do not use NSAIDs (Ibuprofen, Advil or Motrin products)
- You can use Tylenol as needed

Common Side Effects:

- * Bruising or discomfort at injection sites
- * Bloating and/or weight gain
- * Mood swings
- * Fatigue
- * Headaches

Monitoring

- Frequent monitoring including blood work and ultrasound is expected
- Ultrasounds are performed by CFEM Sonographer
- A nurse will review your progress and be available to answer any questions you may have following each monitoring visit
- Medication instructions will be sent via MYCHART following each monitoring visit
- Keep a medication log that ensures you have enough medications for each day.
 - All medications have multiple refills- you can call the pharmacy directly to obtain medications



Medications

Your nurse will order your medications from a specialty pharmacy. An inventory list will be sent to you via MYCHART. Once you receive your medications, please review your inventory to be sure that you have received all medications that have been ordered.

Common Medications



<i>Common Name</i>	<i>Actual Name</i>	<i>Purpose</i>
Ganirelix® Cetrotide®	GnRH antagonist	Prevent spontaneous release of eggs
Lupron®	GnRH agonist	<ul style="list-style-type: none">• Prevent spontaneous release of eggs• Can be used to trigger ovulation in preparation for egg retrieval
Follistim® Gonal-F®	Gonadotropins (FSH only)	Stimulate ovaries to develop multiple eggs
Menopur®	Gonadotropins (FSH and LH)	Stimulate ovaries to develop multiple eggs
Novarel® Pregnyl®	hCG	Final injection before egg retrieval, used to mature eggs



Tips for Saving Money on Fertility Medications

Tip 1: Understand how the process works

- Understanding the medications and the discount programs offered by drug manufacturers can help make navigating the financial options easier. Your physician may prescribe injectable medication such as a “trigger shot” during your fertility treatment cycle. You may also be prescribed follicle stimulating hormone (FSH) medications to recruit, develop, and grow multiple follicles. For most patients, the stimulation medication makes up the bulk of their medication cost.
- **Common “Trigger” Medications:**
 - Ovidrel® – manufactured by EMD Serono
 - hCG (Novarel®- manufactured by Ferring, Pregnyl® – manufactured by Merck)
- **Common FSH/Antagonist Medications:**
 - Gonal-f ®– manufactured by EMD Serono
 - Follistim® – manufactured by Merck
 - Menopur®– manufactured by Ferring
 - Cetrotide® - manufactured by EMD Serono
 - Ganirelix ® - manufactured by Ferring
- ***Does brand Matter?*** While there are several pharmaceutical companies that manufacture stimulation medications used during fertility treatment cycles, extensive medical research has shown no benefit to choosing one brand over another from a medical standpoint. Studies have proven them to each be effective for ovarian stimulation.

Tip 2: Be your own advocate

- ***Call your insurance company:*** It is important to understand your insurance coverage. Many insurance companies dictate which pharmacies can fill your prescriptions through your plan coverage. When planning to use your insurance benefits to pay for medications, be sure to let your nurse know which fertility pharmacy you need to use. Your insurance may place a limit on the amount of money you can spend on fertility treatment if you have combined medical and prescription coverage. In some cases, it is more cost effective to pay out of pocket for your medications.
- ***Know your medication protocol:*** This step is important for patients planning to pay out-of-pocket. Many mail-order pharmacies will contact the patient directly to provide a quote for the medication before filling the prescription. They will also explore your insurance benefits and assist you in knowing how to best manage your coverage versus out-of-pocket expenses. Knowing the type of medication prescribed can help expedite this process, saving both time and money.



Tips for Saving Money on Fertility Medications

TIP 3: Consider a pharmaceutical financial program for medication

- Some manufacturers offer discounts on injectable medications for out-of-pocket patients who meet certain criteria.
- **EMD Serono's Compassionate Care Program**
 - Discounts on Gonal-f, and Ovidrel
 - Program offers a four-tier discount program (10%, 25%, 50%, or 75%) based on income and other factors.
 - 25% discount for all military active duty, veterans, and retired- no income verification required.
 - Submit registration and income verification documents
 - Approved participants will receive a discount card to present to the pharmacy
 - Visit www.fertilitysavings.com for more details
- **Merck ReUnite Discount Program**
 - Discounts on Follistim and Pregnyl
 - Program offers a discount based on income and other factors
 - 25% discount for all military active duty, veterans, and retired
 - Submit registration and income verification documents
 - Only available at participating pharmacies
 - Visit www.reuniterx.com for more details

TIP 4: Have your medication ready!

- Know what you need ahead of your monitoring appointments and have your medications ready at home. Please call or message the office if you are having trouble obtaining your medications.
- Be sure that you have received appropriate needles/syringes and a sharps container from your pharmacy.

TRUSTED PHARMACIES FOR SELF PAY PATIENTS:

- Mandells Clinical Pharmacy – 1.877.252.0553
- Freedom Fertility Pharmacy – 1.800.660.4283
- SMP (South Miami Pharmacy)- 1.877.212.0515



Gonal F[®]

- Gonal-F[®] contains FSH (Follicle Stimulating Hormone)
- FSH is a hormone typically produced by the pituitary gland to recruit follicles (eggs) during the menstrual cycle
- During your IVF cycle you will use Gonal-F[®] is to stimulate growth and maturation of eggs

SIDE EFFECTS:

- Occasional headaches, water retention, moodiness

ADMINISTRATION SITE:

- Subcutaneous injection

**** PLEASE NOTE, YOU WILL RECEIVE EITHER FOLLISTIM[®] OR GONAL-F[®], NOT BOTH****



Please click
<http://www.freedommedteach.com/videos/eng/gonal-f-rff-rediject-pen.mp4>
to watch
Gonal-F[®] video

Follistim[®]

- Follistim[®] contains FSH (Follicle Stimulating Hormone)
- FSH is a hormone typically produced by the pituitary gland to recruit follicles (eggs) during the menstrual cycle
- During your IVF cycle you will use Follistim[®] to stimulate growth and maturation of eggs

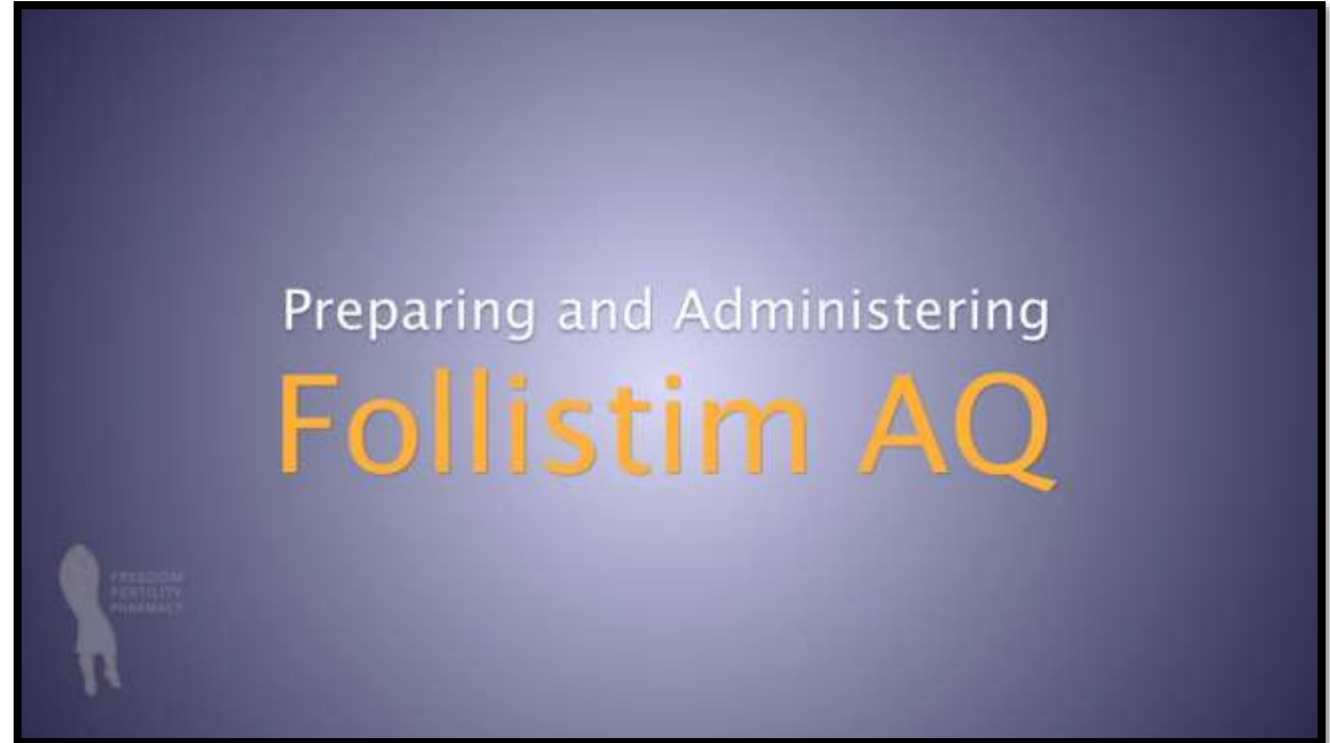
SIDE EFFECTS:

- Occasional headaches, water retention, moodiness

ADMINISTRATION SITE:

- Subcutaneous injection

**** PLEASE NOTE, YOU WILL RECEIVE EITHER FOLLISTIM[®] OR GONAL-F[®], NOT BOTH****



Please click
[http://www.freedommedteach.com/videos/eng/follistim.
mp4](http://www.freedommedteach.com/videos/eng/follistim.mp4)
to watch Follistim[®] video

Menopur®

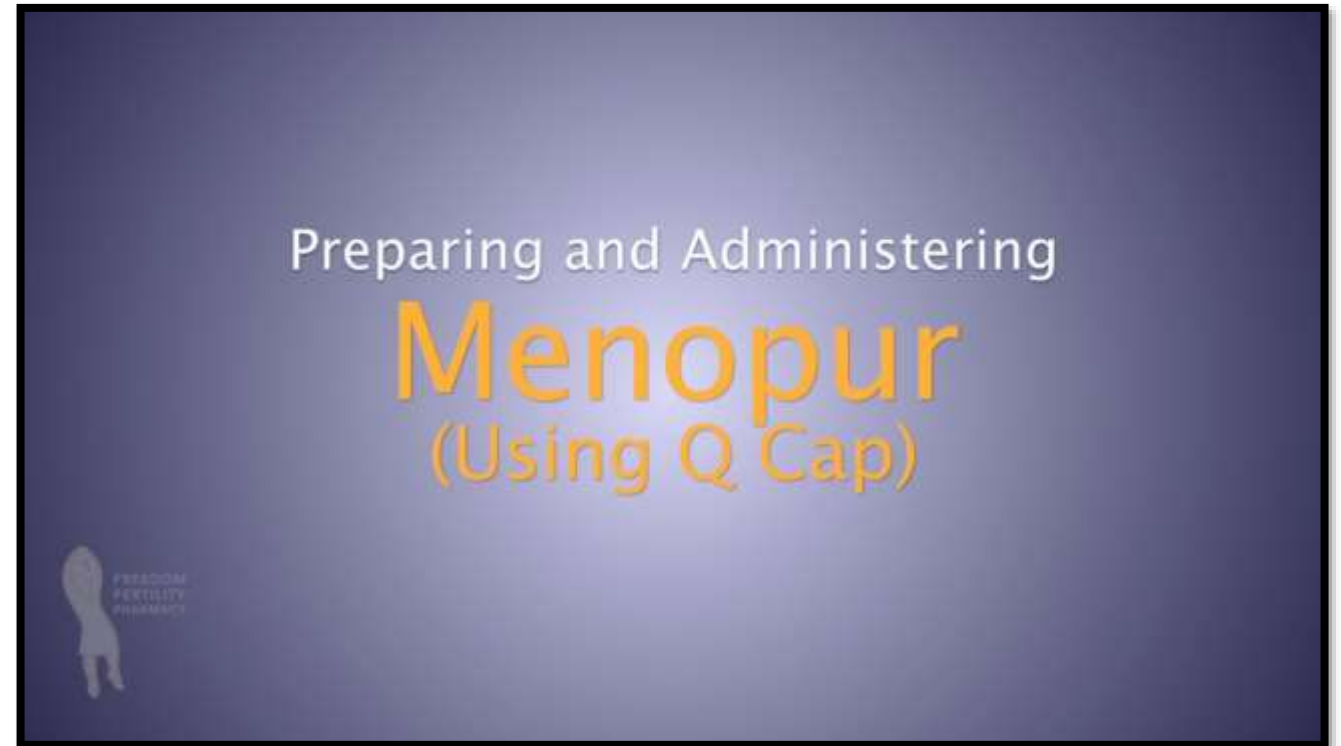
- Menopur® contains FSH (Follicle Stimulating Hormone) and LH (Luteinizing Hormone)
- FSH and LH are hormones typically produced by the pituitary gland to recruit follicles (eggs) during the menstrual cycle
- During your IVF cycle you will use Menopur® to stimulate growth and maturation of eggs
- *Please note- you may be asked to administer more than one vial of Menopur® . Please refer to the step by step instructions provided by your nurse.*

SIDE EFFECTS:

- Occasional headaches, water retention, moodiness

ADMINISTRATION SITE:

- Subcutaneous injection



Please click
[http://www.freedommedteach.com/videos/eng/menopur
_draw_up_qcap.mp4](http://www.freedommedteach.com/videos/eng/menopur_draw_up_qcap.mp4)
to watch Menopur® video

Omnitrope®

- Omnitrope® (Somatropin) is human growth hormone
- Used to enhance egg quality in women with advanced maternal age (>40 years old), Diminished Ovarian Reserve (DOR), and those with poor IVF cycle outcomes
- Omnitrope® is used in conjunction with your stimulation injections

SIDE EFFECTS:

- Occasional headaches, water retention, moodiness

ADMINISTRATION SITE:

- Subcutaneous injection

****PLEASE NOTE: NOT ALL PATIENTS USE OMNITROPE AS PART OF THEIR IVF PROTOCOL. PLEASE REFER TO THE INSTRUCTIONS PROVIDED BY YOUR NURSE****

Omnitrope® Instructions

- *1. Draw out entire contents of diluent (1.14ml) using orange capped insulin syringe*
- *2. Inject contents of diluent onto vial of Omnitrope powder*
- *3. Once dissolved, draw out 20 units of mixed solution using orange capped insulin syringe*
- *4. Inject 20 units to lower abdomen or outer thigh*
- *5. Once reconstituted, each vial should last for 5 doses*
- *6. Store remaining solution in the refrigerator between uses*

Ganirelix®

- Ganirelix® is a GNRH (Gonadotropin Releasing Hormone) Antagonist
- During your IVF cycle you will use Ganirelix® to prevent premature ovulation
- Only start using Ganirelix® when instructed by your nurse

SIDE EFFECTS:

- Occasional headaches, bruising/redness at injection site

ADMINISTRATION SITE:

- Subcutaneous injection

**** PLEASE NOTE, YOU WILL RECEIVE EITHER GANIRELIX® OR CETROTIDE®, NOT BOTH****



Please click
[http://www.freedommedteach.com/videos/eng/ganirelix
acetate.mp4](http://www.freedommedteach.com/videos/eng/ganirelix_acetate.mp4)
to watch Ganirelix® video

Cetrotide[®]

- Cetrotide[®] is a GNRH (Gonadotropin Releasing Hormone) Antagonist
- During your IVF cycle you will use Cetrotide[®] to prevent premature ovulation
- Only start using Cetrotide[®] when instructed by your nurse

SIDE EFFECTS:

- Occasional headaches, bruising/redness at injection site

ADMINISTRATION SITE:

- Subcutaneous injection

**** PLEASE NOTE, YOU WILL RECEIVE EITHER GANIRELIX[®] OR CETROTIDE[®], NOT BOTH****



Please click
[http://www.freedommedteach.com/videos/eng/cetrotide.
mp4](http://www.freedommedteach.com/videos/eng/cetrotide.mp4)
to watch Cetrotide[®] video

Novarel®/Pregnyl®/hCG

- Novarel®/Pregnyl®/hCG is your “trigger shot”
- hCG stimulates ovulation and completes the maturation process of the eggs
- During your IVF cycle you will use hCG to prepare your ovaries for egg retrieval
- Only take hCG when instructed by your nurse
- ***Please note- hCG is time specific. Please refer to the instructions provided by your nurse for administration time***

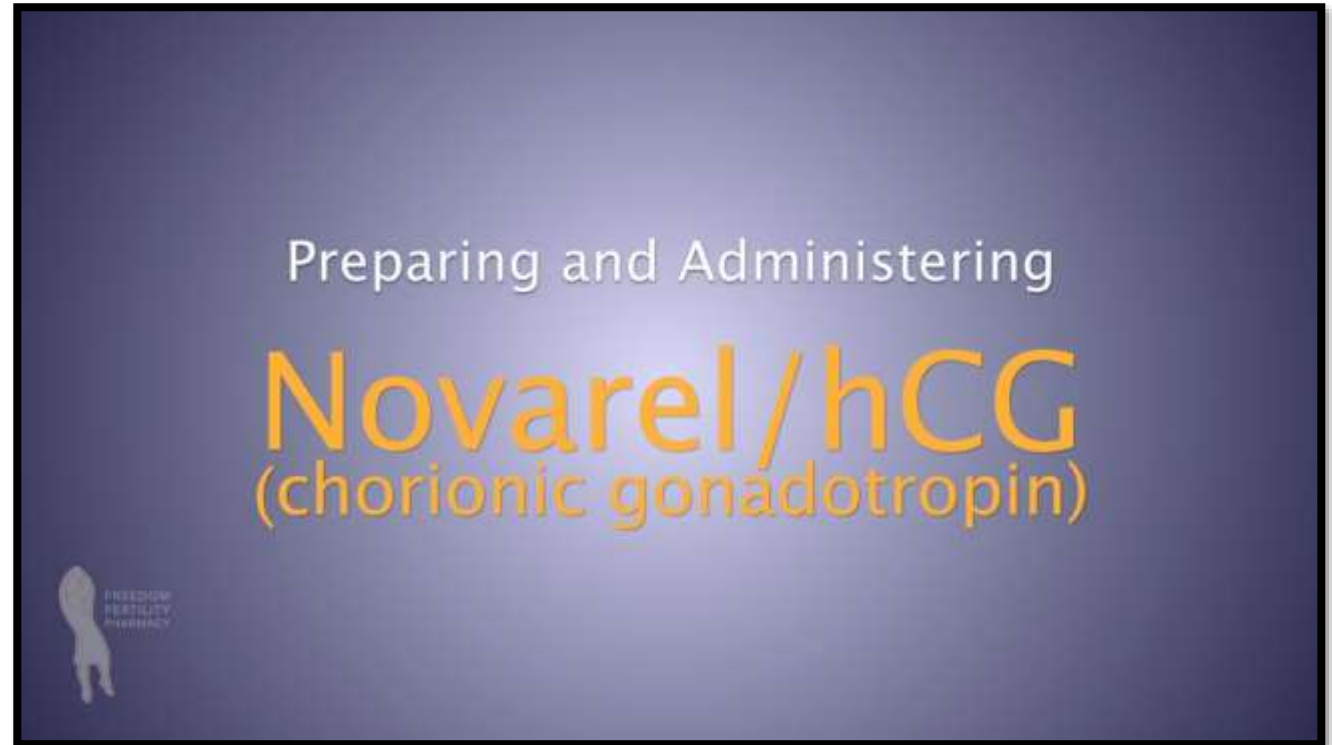
SIDE EFFECTS:

- Occasional lower abdominal (pelvic) discomfort

ADMINISTRATION SITE:

- Subcutaneous injection

**** PLEASE NOTE, YOU WILL RECEIVE EITHER NOVAREL®, PREGNYL®, OR GENERIC hCG. YOU MAY RECEIVE ONE 10,000 UNIT VIAL OR TWO 5,000 UNIT VIALS- PLEASE NOTIFY YOUR NURSE WHEN YOU ARE PROVIDED WITH hCG INSTRUCTIONS****



Please click

http://www.freedommedteach.com/videos/eng/novarel-hcg_draw_up.mp4

to watch hCG video

Leuprolide[®] *(Lupron) Trigger*

- Lupron is a GNRH (Gonadotropin Releasing Hormone) Agonist
- When administered as a “trigger”, it stimulates the body’s LH surge to stimulate ovulation and complete the maturation process of the eggs
- During your IVF cycle you may be instructed to use a Lupron trigger with or without hCG to prepare your ovaries for egg retrieval
- Only take Lupron when instructed by your nurse
- ***Please note- Lupron is time specific. Please refer to the instructions provided by your nurse for administration time***

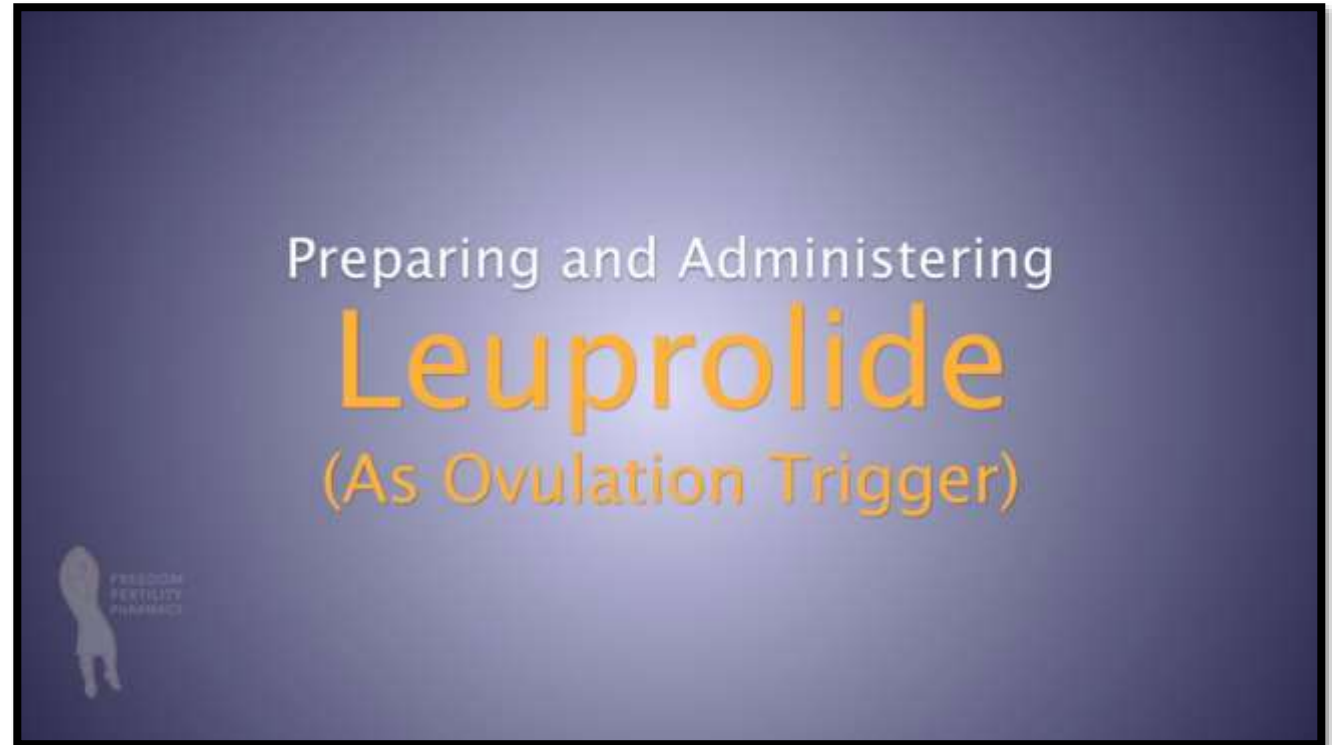
SIDE EFFECTS:

- Occasional lower abdominal (pelvic) discomfort

ADMINISTRATION SITE:

- Subcutaneous injection

**** PLEASE NOTE, YOUR NURSE MAY PROVIDE YOU WITH YOUR LUPRON TRIGGER****



Please click
[http://www.freedommedteach.com/videos/eng/leuprolid
e_trigger.mp4](http://www.freedommedteach.com/videos/eng/leuprolide_trigger.mp4)
to watch Lupron Trigger video

Egg Retrieval

Once the majority of your follicles meet criteria, you will be instructed to take a one time “trigger” shot of hCG and/or Lupron to complete the maturation process of the eggs and prepare your ovaries for egg retrieval. hCG/Lupron trigger is a time specific injection- it is critically important to take your trigger shot at the assigned time.

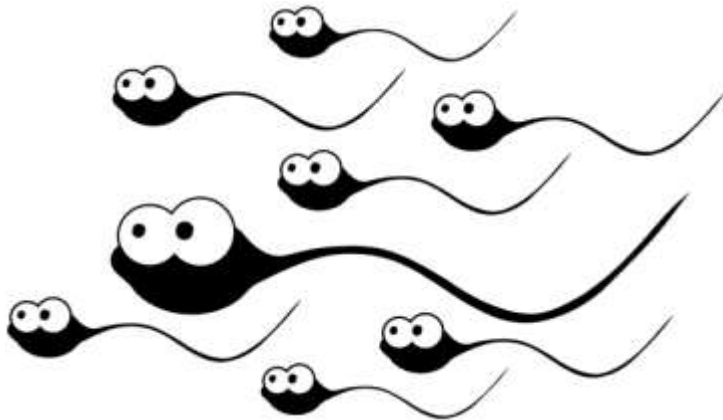
- On the morning of your egg retrieval, you will be instructed to arrive to the Hanestown Clinic at an assigned time
 - ***You will need to have an empty stomach- NOTHING TO EAT OR DRINK AFTER MIDNIGHT ON THE MORNING OF THE PROCEDURE***
 - ***Please do not wear contact lenses, jewelry, perfume, or perfumed lotions***
- If your partner is providing a semen specimen on the day of egg retrieval, we will provide a collection/drop off time
- Egg retrievals are performed via transvaginal ultrasound guided aspiration in our IVF Operating Room
- Physicians rotate coverage daily. You will have an opportunity to discuss any questions or concerns you may have prior to sedation administration
- Anesthesia nurses will administer IV sedation to ensure comfort and safety
- The procedure takes approximately 30 minutes
 - ***Eggs are retrieved in the OR and taken to the embryology lab for fertilization or cryopreservation***
 - ***Following egg retrieval, you will be transferred to the recovery suite for approximately 30 minutes- 1 hour***
 - ***You will be discharged to your partner or an adult over the age of 18***
 - ***Please note that you are not permitted to drive or work on the day of egg retrieval***



Sperm Source Considerations

Fresh Semen Sample:

- Produced the day of the procedure either in the clinic or off-site with approved collection container
- Abstinence period of 2-5 days prior to retrieval
- Specific arrival time for collection/drop off will be provided



Frozen Semen Sample:

PARTNER:

- Cryopreserved in anticipation as back-up (recommended for severe male factor infertility)
- Surgically retrieved in the past (TESE)

DONOR:

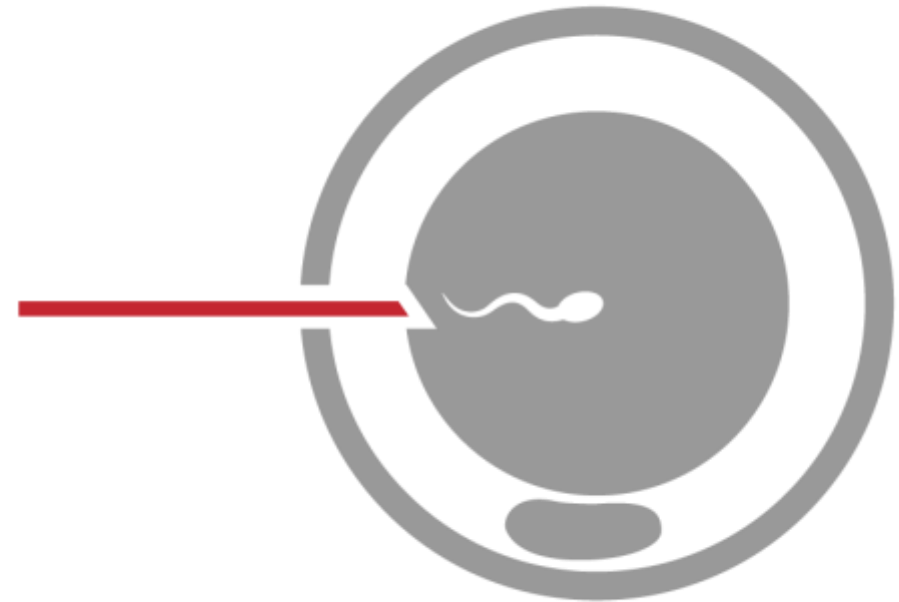
- Stored in CFEM Andrology Lab from approved commercial lab
- 2 vials of ICI or IVF preparation recommended
- Contact andrology lab 336-716-3677 for questions regarding donor sperm specimen
- Please note – your donor sperm specimen must be received by CFEM andrology lab prior to stimulation start.

Fertilization

Intracytoplasmic Sperm Injection (ICSI)

- Involves injecting a single sperm into the interior (cytoplasm) of an egg
- Used in nearly all IVF cases, and especially for those patients with male factor infertility, low oocyte yield, history of failed fertilization with conventional insemination, and patients planning PGT

Please note, there is no guarantee that ICSI will result in either fertilization or pregnancy



Post Egg Retrieval

- You will be provided with an initial egg count following the procedure. The embryology lab will provide an update the day after the egg retrieval, including number of mature eggs, number of fertilized embryos, method of fertilization, and any other pertinent data
 - *If you are planning a Fresh (Day 5) embryo transfer, the embryology lab will provide you with embryo transfer instructions*
 - *If you are planning for Preimplantation Genetic Testing (PGT) or embryo cryopreservation without PGT, you will receive an embryo update on Day 6 of embryo development*
- Comprehensive instructions will be provided upon discharge
 - *Rest at home following your procedure.*
 - *You can resume your regular diet. It is important to drink plenty of fluids throughout the day.*
 - *You may experience mild cramping, abdominal discomfort, and/or vaginal spotting*
- If you are planning a Fresh Day 5 Embryo transfer, you can take Tylenol as needed for discomfort (NO IBUPROFEN PRODUCTS)
- If you are planning PGT or Embryo Cryopreservation without PGT, you can alternate Tylenol and Ibuprofen products as needed
- Contact CFEM if the following occurs:
 - *Extreme pain that is not controlled by Tylenol or Ibuprofen products*
 - *Heavy bleeding- soaking more than a pad an hour*
 - *Inability or lack of urination*
 - *Fever >101 degrees*
 - *Weight gain of > than 5lbs above baseline (weigh yourself on the day after retrieval for baseline)*
- Avoid placing anything vaginally (tampons, intercourse, tub baths, swimming, etc)



If you are planning a Fresh Embryo Transfer

FRESH DAY 5 EMBRYO TRANSFER

- If you are planning for a **Fresh Day 5 Embryo Transfer** following your egg retrieval, you will need to meet certain criteria
 - Appropriate estradiol and progesterone levels during IVF stimulation phase
 - Appropriate endometrial pattern and thickness
 - Physician approval
- You will need to begin taking Medrol (8mg twice daily by mouth) the day after egg retrieval
- You will need to begin taking **daily intramuscular progesterone injections** two days after egg retrieval
- Embryo transfer will occur on the 5th day of embryo development
- Embryo transfers take place in the IVF OR suite
- No anesthesia required for transfer
- You can eat and drink before the procedure (you will be given specific instructions to keep a full bladder prior to the procedure)

Embryo Development



FOLLOWING EMBRYO TRANSFER

- Rest for 20 minutes in the IVF OR suite
- Refer to “Post Embryo Transfer” instructions provided on the day of the procedure
- Couch rest is encouraged
- Nothing in the vagina until the pregnancy test (no tampons, tub baths, intercourse, swimming, etc)
- Continue all medications as instructed
- Pregnancy test will be scheduled 8 -10 days after the embryo transfer (not performed on weekends or holidays)
- The embryology lab will provide an update regarding cryopreservation of remaining viable embryos
- **If your pregnancy test is positive:**
 - You are 4 weeks pregnant at the time of your pregnancy test
 - Instructions for additional blood work and ultrasounds will be provided
 - Continue progesterone injections until 8 weeks gestation
- **If your pregnancy test is negative:**
 - Instructions for discontinuing medication will be provided
 - Schedule a follow up with your primary CFEM physician to review the cycle and discuss next steps

Progesterone in oil

- Progesterone in oil is used for luteal support in preparation for embryo transfer
- Standard Progesterone preparation is compounded in sesame oil. If you have a sesame allergy or an intolerance to Progesterone in sesame oil, you can purchase an alternate compound in ethyl oleate
- You will be instructed to start Progesterone injections 2 days after egg retrieval if you are having a fresh transfer. If you are planning a frozen embryo transfer (FET), you will be instructed to start Progesterone at a later date
- ***Please note- Progesterone injections are to be taken in the morning between 7-10AM. Pick a time and be consistent.***

SIDE EFFECTS:

- Discomfort/bruising at the injection site
- Drowsiness/fatigue

ADMINISTRATION SITE:

- Intramuscular injection



Please click
http://www.freedommedteach.com/videos/eng/progesterone_in_oil.mp4
to watch
Progesterone in oil video

Preimplantation Genetic Testing (PGT)

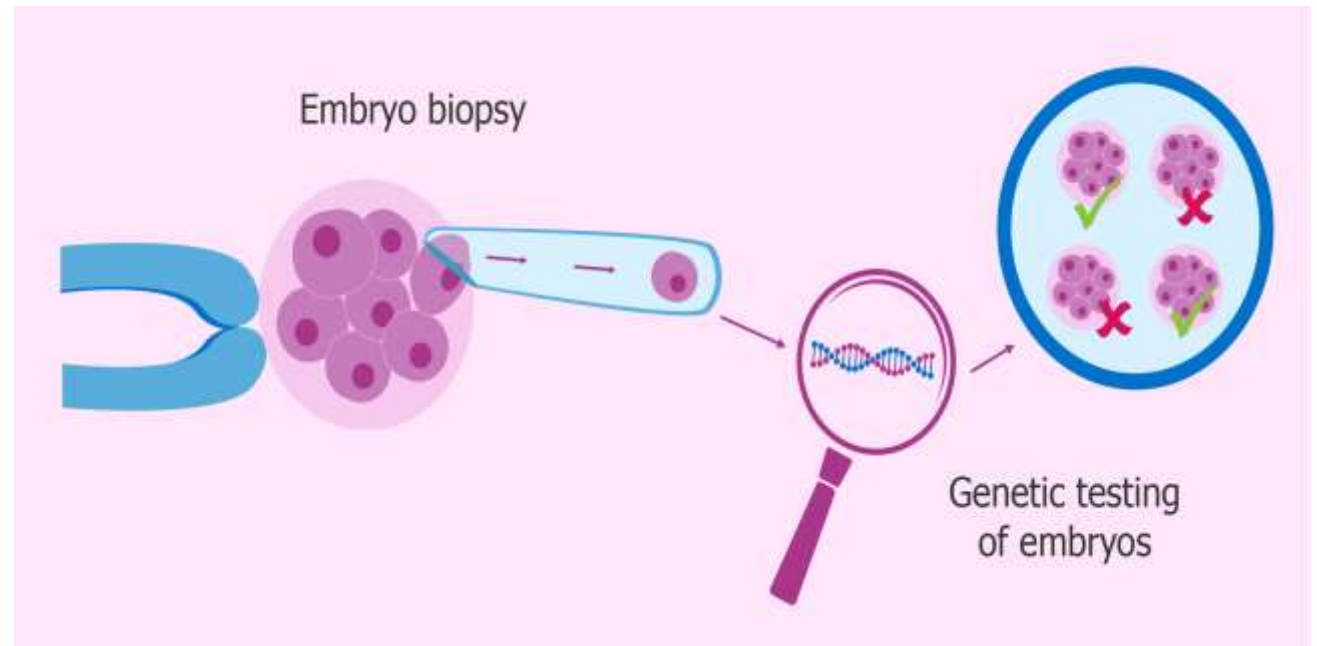
PGT-A:

- An IVF procedure designed to examine embryos for chromosomal abnormalities
- Involves taking a biopsy of 5-7 cells from the trophectoderm (outer cell layer) of a Day 5/6 embryo (blastocyst) and analyzing the genetic material for chromosomal abnormalities
- Embryos are frozen following embryo biopsy
- Improves pregnancy and live birth rates by allowing for single embryo transfers of chromosomally normal embryos

PGT-M:

- An IVF procedure designed to screen for single gene disorders
- Involves a genetics consult and probe creation to identify the specific gene.
- This can take an average of 6 months to complete
- A biopsy is taken from the trophectoderm of a blastocyst
- Embryos are frozen following embryo biopsy
- Biopsied cells are analyzed for genetic mutation
- Improves pregnancy and live birth rates for carriers of specific genetic conditions by allowing for single embryo transfers of unaffected embryos

** Please note: All patients planning PGT will undergo a Frozen Embryo Transfer (FET) of viable embryos at a later date**

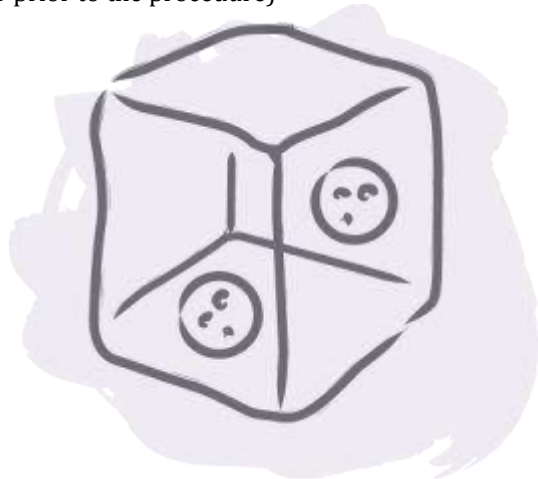


PGT results will be available roughly 10 days after the embryo biopsy. A phone call will be arranged to discuss results with your CFEM Physician.

Frozen Embryo Transfer (FET)

FROZEN EMBRYO TRANSFER (FET)

- If you are planning for PGT or embryo cryopreservation without genetic testing, you will undergo an FET at a later date
- Types of FET cycles (Protocol determined by your primary CFEM physician):
 - *Programmed FET using estrogen pills/estrogen patches/medrol/IM progesterone*
 - *Stimulated FET using low dose gonadotropins/hCG trigger/medrol/IM progesterone*
 - *Natural FET using hCG trigger/Medrol/IM progesterone*
- FET medications typically begin on day 2 of menstrual cycle in a month following your egg retrieval
- Embryo is thawed on the day of the embryo transfer
- Embryo transfers take place in the IVF OR suite
- No anesthesia required for transfer
- Just prior to the embryo transfer, you and your partner will meet with the physician and embryology lab to discuss your embryos, including the one for transfer.
- You can eat and drink before the procedure (you will be given specific instructions to keep a full bladder prior to the procedure)



FOLLOWING EMBRYO TRANSFER

- Rest for 20 minutes in the IVF OR suite
- Refer to “Post Embryo Transfer” instructions provided on the day of the procedure
- Couch rest is encouraged
- Nothing in the vagina until the pregnancy test (no tampons, tub baths, intercourse, swimming, etc)
- Continue all medications as instructed
- Pregnancy test will be scheduled 8 -10 days after the embryo transfer (not performed on weekends or holidays)
- The embryology lab will provide an update regarding cryopreservation of remaining viable embryos
- **If your pregnancy test is positive:**
 - You are 4 weeks pregnant at the time of your pregnancy test
 - Instructions for additional blood work and ultrasounds will be provided
 - Continue progesterone injections until 8-10 weeks gestation (determined by FET protocol)
- **If your pregnancy test is negative:**
 - Instructions for discontinuing medication will be provided
 - Schedule a follow up with your primary CFEM physician to review the cycle and discuss next steps

Pregnancy Follow-Up

When the Pregnancy Test is Positive

- If your pregnancy test is positive, your doctor or nurse will tell you the hCG level that your test showed. The 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 pregnancy tests will be ordered over the next several days to confirm the pregnancy is developing normally.
- A blood hCG level over 50 is a good first result but many, many ongoing pregnancies start out with an hCG level below that number. You'll be asked to repeat the test in 2 to 4 days. The goal is to watch the trend of your hCG to confirm that it is rising appropriately.
- If both blood tests indicate a healthy pregnancy, then a vaginal ultrasound will be scheduled between 7-8 weeks gestation. At that time, your doctor will be looking for a gestational sac and fetal heart tones to confirm the pregnancy.
- Most patients will continue to take hormone medications throughout this 8-10 week period to support the developing pregnancy. After a good confirmatory ultrasound at 7-8 weeks gestation, you will be released back to your regular OB/GYN to begin normal prenatal care.



***We wish you the best of luck on your fertility journey,
and thank you for choosing Wake Forest Baptist Health
Center for Fertility, Endocrine and Menopause***