



病人教育

大學生殖保健部



胚胎冷藏

胚胎冷藏是什麼以及如何進行

本手冊解釋胚胎冷藏以及你可能需要選擇這個方案的原因。

在你同意接受 IVF 手術時，將會要求你說明你是否想將可養活的胚胎冷藏起來。

如果你對胚胎冷藏有任何問題，請諮詢你的醫生。

什麼是胚胎冷藏？

在進行輔助生殖技術 (ART) 周期，我們建議每次最多將 2 個至 3 個胚胎植入子宮。因為植入更多胚胎會大大增加你生多胞胎的風險，但卻不會增加你懷孕的機會。

然而，體外人工受精 (IVF) 周期經常會產生 2 個或 3 個以上質量良好的優質胚胎。如果將這些可能會養活的胚胎冷凍（冷藏）起來，它們便可以供將來使用。胚胎冷藏是將沒有用於植入的胚胎冷凍起來的過程。

胚胎冷藏有哪些好處和風險？

冷藏可以讓你能有另一次實現懷孕的機會，而無需再做一次昂貴且要求苛刻的 IVF 周期。此外，如果在實際的 IVF 周期中，醫生建議不要植入胚胎或胚胎植入不可行時，也可以將胚胎冷藏。

在國內，使用冷凍胚胎植入的懷孕率為 20 至 30%（100 個中有 20 至 30 個）左右。每個診所的懷孕率各不相同，但我們知道，冷凍胚胎植入造成懷孕的效果和新鮮胚胎植入的效果相同。

與自然懷孕比較，這些懷孕的流產率或出生缺陷率並無增加。目前對用冷藏胚胎生出的嬰兒的長期健康正在進行研究。

質量良好的優質胚胎存活率較高。通常，在冷凍和解凍過程中，有超過 80%（100 個有 80 個）的胚胎可以存活下來。

如何選擇要冷藏的胚胎？

在你的周期中，可以在不同階段將胚胎冷凍。你的醫生將決定哪個階段最適合於你。

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有任何問題嗎？

你的問題很重要。如果你有任何問題或疑慮，請致電你的醫生或其他 UWMC 保健提供者。

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206-598-4225

網站：
[www.uwmedicine.org/
uwfertility](http://www.uwmedicine.org/uwfertility)

通常，所有正常受精的胚胎都被培養至**胚泡階段**（取卵後第 5 天），以便可以選擇最好質量的胚胎進行移植。任何已發育的，沒有用來移植且質量良好的胚胎將被冷凍。

冷凍胚胎的存活率與胚胎的質量直接相關，所以，只有那些顯示出正常生長和良好形態（外形）的胚胎才會被選來冷藏。這有助於確保在以後的周期中獲得良好的結果。

胚胎可以冷藏多長時間？

冷凍胚胎貯存在 -321°F (-196°C) 的液態氮中。我們不知道冷凍胚胎可以保持活著（能夠生存）多長時間。

已有冷凍數年的胚胎生出健康的孩子。其他哺乳動物亦用貯存了長達 10 年的胚胎生出健康的後代。

我還需要瞭解些什麼？

- 用自己的卵子和精子產生胚胎的夫婦完全有權決定如何處理他們的胚胎。請閱讀**胚胎冷藏附件**（另一資訊頁），更詳細瞭解有關這方面的資訊。
- 你需要與“大學生殖保健部”保持聯繫，讓他們知道你希望怎樣處理你沒有移植的任何冷凍胚胎。你可以要求我們：
 - 貯存這些胚胎以備將來使用。如果伴侶雙方都過世，貯存的胚胎將被丟棄。
 - 將這些胚胎捐給另一對想懷孕的夫婦，或捐出來作研究用途。如果你不想將這些胚胎用於自己將來懷孕，請向你的醫生諮詢有關捐贈你的冷凍胚胎的事宜。
- 在女方 51 歲之前，必須將所有胚胎移植，因為過了這個年齡懷孕存在一些尚未清楚的醫療風險。
- 胚胎冷藏是一個正在發展的醫學領域。其風險仍未被人們完全瞭解和確定。

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Embryo Cryopreservation
Chinese - Traditional
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Embryo Cryopreservation

What it is and how it is done

This handout explains embryo cryopreservation and why you may want to choose this option.

When you consent to the IVF procedure, you will be asked to state whether you want viable embryos to be cryopreserved.

Please talk with your doctor about any questions you have about embryo cryopreservation.

What is embryo cryopreservation?

During an *assisted reproductive technology* (ART) cycle, we advise that no more than 2 or 3 embryos be transferred to the uterus at one time. This is because transferring more embryos greatly increases your risk for giving birth to multiples, but does not improve your chances of becoming pregnant.

But, more than 2 or 3 good quality embryos often result from an *in vitro fertilization* (IVF) cycle. These potentially viable embryos can be used later if they are frozen (*cryopreserved*). *Embryo cryopreservation* is the process of freezing the embryos that are not transferred.

What are the benefits and risks?

Cryopreservation allows you another chance of achieving a pregnancy without having to go through another expensive and demanding cycle of IVF. It may also be done if embryo transfer is not advised or is not possible during the actual IVF cycle.

Nationally, pregnancy rates are about 20 to 30% (20 to 30 out of 100) using frozen embryo transfer. Pregnancy rates vary from clinic to clinic, but we know that frozen embryo transfer is just as effective as fresh embryo transfers in creating a pregnancy.

There is no increased rate of miscarriage or birth defects in these pregnancies compared to natural pregnancies. The long-term health of children resulting from cryopreservation is being reviewed.

Good quality embryos have a high survival rate. Usually, more than 80% (80 out of 100) survive the freezing and thawing process.

How are embryos chosen for cryopreservation?

Embryos may be frozen at various stages during your cycle. Your doctor will determine what is best for you.

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Questions?

Your questions are important. Call your doctor or other UWMC health care provider if you have questions or concerns.

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Usually, all normally fertilized embryos are cultured to the *blastocyst stage* (day 5 after egg retrieval) to allow us to select the highest quality embryos for transfer. Any good-quality blastocysts that develop, that are not transferred, will be frozen.

Survival rates of frozen embryos relate directly to embryo quality, so only those that show normal growth and good *morphology* (appearance) will be chosen for cryopreservation. This will help ensure a positive outcome in later cycles.

How long can embryos be cryopreserved?

Frozen embryos are stored in liquid nitrogen at -321°F (-196°C). We do not know how long frozen embryos can stay *viable* (are able to live).

Healthy children have resulted from embryos that have been frozen for several years. Other mammals have had healthy offspring from embryos that have been stored as long as 10 years.

What else do I need to know?

- Couples whose eggs and sperm create embryos have full control over what happens with their embryos. You will read more about this in the embryo cryopreservation rider (another information sheet).
- You will need to stay in contact with University Reproductive Care about what you wish to have done with any frozen embryos you do not have transferred. You can ask us to:
 - Store them for future use. Stored embryos will be discarded if both partners die.
 - Donate them, either to another couple to create a pregnancy or for research. Please talk with your doctor about donating your frozen embryos if you do not wish to use them for your own future pregnancies.
- All embryos must be transferred before the woman's 51st birthday because of unknown medical risks of pregnancy beyond this age.
- Embryo cryopreservation is a developing area of medicine. Not all risks are understood or have been identified.

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