Frozen Embryo Transfer Cycle

What you need to know

What is a frozen embryo transfer cycle?

A frozen embryo transfer (FET) cycle is a process to become pregnant using your frozen embryos. During the FET cycle, your frozen embryos are thawed and transferred into your uterus at the right time in your menstrual cycle.

You will be given hormones to prepare your endometrium (lining of your uterus) to receive the embryos. When you are taking the hormones, you will be monitored using:

- **Transvaginal ultrasounds** to view your reproductive organs. In this type of ultrasound, a probe (called a transducer) is placed inside your vagina. The probe transmits images of your uterus and ovaries to a monitor in the exam room.

- **Venipuncture** (taking blood from a vein) to get blood samples.

Usually, there are 1 to 2 monitoring visits during your FET cycle. Your health care team will give you detailed instructions about this process. **Follow all instructions closely** for the best chance of success.

What can I expect before and during the FET cycle?

- You will start taking oral contraceptives on day 1 of your menstrual cycle before your FET cycle.

- After taking oral contraceptives for 2 weeks, you will take oral estrogen (Estrace) to begin preparing your endometrium.

- A transvaginal ultrasound and blood work will be done after you have taken Estrace for 2 weeks. These tests will show how much your endometrium has thickened.

- If the thickening has occurred as hoped, you will be told to start using progesterone. Progesterone can be given as an injection or as a gel or tablets that are inserted into your vagina. Your doctor will determine the best method for you. **Make sure you understand when to start the progesterone.** The timing is very important. It is related to when your frozen embryos are thawed and transferred.
• You will also be told when to start taking the 2 other medicines that are usually given around the time of embryo transfer:
  - Medrol, a steroid that is taken for a few days. It is thought this helps with embryo implantation.
  - An antibiotic, to reduce the risk of infection.
• You will keep taking oral estrogen (Estrace) and using progesterone until we do a pregnancy test 2 weeks after your FET.
• If you achieve pregnancy, then Estrace and progesterone will be continued until your 10th week of pregnancy.

**What happens to the embryos during this process?**

You will be told when to start your progesterone based on when your embryos were cryopreserved (frozen) and your FET date. Embryos are cryopreserved at different times of development: the day after fertilization (day 1), at cleavage stage (days 2 to 4), or as blastocysts (days 5 to 7).

Depending on how your embryos were cryopreserved, they may need more culture and development in the embryology lab before they can be transferred into your uterus. Your FET team will tell you if these extra steps are needed and how they affect your FET cycle. These extra steps, if needed, will add more cost.

Your embryos were cryopreserved either 1 at a time or in groups. They were frozen inside vials or straws. The number of vials or straws that will be thawed for FET depends on:

• Your age
• The quality of your embryos
• The number of embryos cryopreserved in each vial or straw
• Other factors that were present when your embryos were frozen

The number of embryos chosen for thawing and transfer will allow for both the best chance of pregnancy and the lowest chance of multiple gestation (being pregnant with more than 1 baby at the same time). Not every frozen embryo will survive the freeze and thaw process.

Your FET team will talk with you about how many embryos they will thaw and transfer, and why.

**What are the benefits of FET?**

You might receive the following benefits from this treatment:

• Pregnancy
• Control over the number of embryos that are transferred into your uterus
Questions?

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

University Reproductive Care: 206-598-4225

Website: www.obgyn.uwmedicine.org/URC

University Reproductive Care (URC) doctors and staff cannot guarantee that any of the steps in the process will succeed, that the treatment process will result in pregnancy, or that pregnancy will result in delivery of a healthy full-term newborn. Only you can decide if the possible benefits of having FET are worth the risks.

What are possible risks and complications of FET?

- It is possible that none of your cryopreserved embryos will survive the freeze and thaw process. This will mean we have no embryos to transfer.

- Using hormones such as estrogen and progesterone may increase your risk of blood clots. Blood clots may require treatment with blood-thinners for a period of months. Very rarely, blood clots may cause more serious complications such as pulmonary embolus (blood clots in the lungs), stroke, or death.

- The embryo transfer procedure may cause some cramping, discomfort, and a small amount of bleeding. Rarely, infection occurs where the catheter was inserted. This may require additional antibiotic treatment.

- Transferring more better quality embryos to the womb may lead to a higher chance of success with FET. But, FET in general puts you at higher risk of multiple gestation. This risk is higher when more embryos are transferred.

The risks of multiple gestation include:

- Premature labor.

- Premature infants who need intensive care and may have long-term complications from being born prematurely.

- Premature labor and delivery may place you at greater risk for Cesarean section, bleeding, and infection.

- Obstetrical complications may occur. One of these is preeclampsia, a serious condition that includes a sudden rise in blood pressure.

- Sometimes it takes longer than we expect for your endometrium to develop after you begin taking hormone medicines. This may change the exact date of your FET. Extra hormones and monitoring may be needed.

What are the alternatives to this process?

You may decide not to have an FET cycle. You may decide to continue other fertility treatments, such as fresh in vitro fertilization (IVF). Other choices include adoption, foster parenting, or remaining childless.