

CONSENT FOR FROZEN EMBRYO TRANSFER (FET):
Island Reproductive Services / Reproductive Center of Central New Jersey
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You have elected to undergo an FET cycle. You have embryos which have been previously cryopreserved and during this cycle your body will be prepared to receive those embryo(s) after the embryo(s) is/are thawed.

MEDICATIONS: To prepare your body, you will use estrogen pills to thicken the uterine lining and increase your blood hormone levels. Side effects include unscheduled bleeding, headache, breast tenderness, nausea, and risk of blood clot or stroke, although these are very unlikely to occur. You will take injections to prevent your own ovulation. Potential side effects include hot flashes, vaginal dryness, bone loss (long term use), muscle aches, nausea, vomiting, and local skin reactions at the injection site. No serious side effects are known. You will also use progesterone in the form of pills, shots, vaginal formulations, or even a combination. Side effects may include sleepiness, depression, nausea, risk of blood clot, or allergic reaction. You may need to use birth control pills to suppress ovulation or to schedule a menstrual period. Side effects include unscheduled bleeding, headache, breast tenderness, nausea, and risk of blood clot or stroke. Antibiotics will be given, which may be associated with allergic reactions, yeast infection, nausea, diarrhea, rashes, and sensitivity to sunlight. Steroids, heparin, or aspirin may be included in your treatment on an individualized basis. The progesterone and estrogen may be continued for up to 12 weeks in pregnancy.

EMBRYO CRYOPRESERVATION AND THAWING: After being thawed in the laboratory and allowed to grow after the thawing process, one or more embryos are placed back inside the uterus. The FET is done under ultrasound guidance with a small, thin catheter similar to a fresh IVF transfer. Complications are exceedingly rare but can include infection or damage to the embryo(s).

Our practice uses a rapid freezing technique called vitrification for embryo cryopreservation that seems to cause much less damage to embryos. Although the chance that any single embryo will survive the freezing and thawing technique is very high, there is no guarantee that the embryo will be viable or will produce a pregnancy. At this time there is no indication that children born from frozen embryos have higher rates of abnormalities compared to fresh embryos.

It is possible that after taking hormones to prepare your body for the FET, no embryos will survive the thawing process and you will not have embryos available for your FET. Pregnancy rates for FET vary between patients but are lower than pregnancy rates from fresh cycles. This may be the result of the freezing process. Often embryos frozen are not the best embryos produced since the best embryos were already often transferred.

The pregnancy rate and risk of multiple pregnancies are related to the number of embryos transferred. A woman's age and the quality of the embryos significantly affect pregnancy and miscarriage rate. It is possible to develop more pregnancies than the number of embryos placed, but this is uncommon (1-2%). The number of embryos transferred will be discussed between you and your physician in accordance with national guidelines set forth by the American Society for Reproductive Medicine (ASRM).

RISKS TO THE WOMAN: All pregnant women have risks in pregnancy. Those include risks of exacerbating an underlying medical condition, developing a pregnancy induced medical condition, and risks of complications related to delivery of a baby. These risks may be life threatening. Pregnancies that occur with FET may be associated with increased risks of conditions such as pregnancy induced high blood pressure, abnormal implantation of the placenta (previa and/or accreta), premature separation of the placenta (abruption), diabetes, and cesarean delivery. This list is not all inclusive.

Initials: Patient _____ Partner (if Applicable): _____

Approximately 30% of all IVF/FET pregnancies result in multiple pregnancies. The result is most often twins but triplets or more can occur. Identical twinning can also occur with a higher frequency. As a result, many FET pregnancies result in children born before their due date.

While embryos are transferred directly into the uterus with FET, it is possible to develop a pregnancy outside the uterus called an ectopic pregnancy. Occasionally, an ectopic pregnancy may coexist with an intrauterine pregnancy, called a heterotopic pregnancy. Pregnancies outside the uterus are not normal, do not develop into an ongoing pregnancy, and are life threatening. They can be treated medically or surgically.

RISKS TO THE OFFSPRING: Many studies have tried to assess the health of children born after IVF/FET. Some studies have questioned whether overall risks to children born from IVF/FET are equivalent to children conceived naturally. This area of research is very difficult to conduct. It is very difficult to compare patient groups since the comparison group is not all women but women with infertility. Even studies that show increased overall risks show that increase to be small.

The overall risk of birth defects is 2-3%. This risk may be slightly higher, up to 4%, in children born through IVF/FET, for unknown reasons. Certain rare disorders, called imprinting disorders, are related to the regulation of genes in the body, and whether the genes are regulated by the maternal or paternal gene. Some but not all studies have found an increased risk of imprinting disorders in children born through IVF/FET. Studies of the long-term development of children born through IVF/FET have been reassuring. These studies are exceedingly difficult to perform and interpret. Some studies have shown a slightly higher risk of cerebral palsy and developmental delay, but most seemed to result from prematurity and multiple pregnancies.

Multiple Pregnancies: Maternal complications associated with multiple pregnancies include, but are not limited to, preterm labor, preeclampsia, diabetes, cesarean delivery, and placental problems. Other problems can include anemia, excess weight gain, excessive nausea and vomiting, gastric reflux and constipation, back pain, hernias, skin problems and bleeding at or after the time of delivery. The death of a fetus is increased with multiple pregnancies and with each additional pregnancy. However, the overall risk is exceedingly low. Pregnancies with more than 2 fetuses have an excessive amount of increased risks for both the mother and the babies. The risks become higher with each additional fetus. Patients with high order pregnancies are faced with continuing a dangerous pregnancy, terminating an entire pregnancy, or selectively reducing one or more fetuses. The main risk of this procedure is pregnancy loss of the entire pregnancy.

I/We understand the FET process, its risks and benefits. I/We have had all of my/our questions answered. We hereby consent to proceed with a frozen embryo transfer cycle.

PLEASE CHECK ONE OF THE FOLLOWING BOXES AND FILL OUT APPROPRIATELY:

I/We elect to thaw ____ (number/#) embryos for the purpose of transferring ____ (number/#) embryos with the final number to be confirmed on the day of FET

I/We have not yet determined how many embryos we wish to thaw/transfer and will let Dr. Knochenhauer or Dr. Traub know prior to the day of thaw

Patient Signature

Patient Printed Name

Date

Partner Signature

Partner Printed Name

Date

Witness/NOTARY Signature

Witness/NOTARY Name

Date
