



MASSACHUSETTS  
GENERAL HOSPITAL

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FERTILITY CENTER

# IN-VITRO FERTILIZATION BASICS

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## Pre-Treatment Recommendations

Many factors that influence your fertility are not within your control but there are some things that you can do to optimize your chance for success as you prepare for treatment. Please follow these lifestyle recommendations.

- Take a multivitamin supplement containing at least **400 mcg of folic acid** each day.
- Eat a well-balanced diet.
- Do not smoke, use nicotine products, drink alcohol, or use recreational drugs.
- Limit your caffeine intake to one 12-ounce beverage each day.
- Do not take aspirin or ibuprofen (Motrin or Advil). Take Tylenol for pain.
- Avoid all herbal products and supplements, including soy, unless advised by your primary fertility specialist.
- **When you receive your medications for treatment, open the box and verify that all the medications are correct.**

Please call your nurse on the **first or second day of your period** to start your IVF cycle. The nurse will discuss your treatment plan, including your medication order, and give you specific instructions regarding your medication schedule.

**We do all our teaching through EngagedMD online. You will need to complete all assigned modules before you can be submitted for insurance approval or payment for IVF cycle.**

## Medication Overview

### **OCP – Oral Contraceptive Pills or Birth Control Pills: Desogen®, Ortho Cyclen®, Apri®, NuvaRing®**

It may seem strange that we want you to be on OCPs (Oral Contraceptive Pills) to help you conceive, but there are many reasons why we recommend them for most of our patients and why it is incorporated into many of our treatment plans. First, it helps regulate your cycle prior to beginning your ovarian stimulation. Second, it helps prevent the formation of ovarian cysts, which can affect your response to medications. Third, it may help in recruiting a more consistent and better group of eggs for your treatment cycle. Lastly, OCPs give you, and us, some flexibility in the day we start your stimulation medications. You may be instructed to take one OCP by mouth each day starting cycle day 1,2, or 3 for approximately 2 – 4 weeks. Your nurse will give you the exact dates that you should take your pills.

If you are instructed to take more than 21 days of OCPs and you receive a 28-day pack of pills, please disregard the last seven different colored inactive pills. You should take 21 active pills and start a new pack of pills on day 22. It is important to take a pill each day. Do **NOT** miss a day. It is **NOT** unusual to experience some vaginal spotting while taking OCPs. You should continue taking a pill each day until your “last OCP date” as instructed by your nurse.

## Lupron/Leuprolide Acetate

Lupron®/Leuprolide Acetate belongs to a class of medication called GnRH (gonadotropin releasing hormone) agonists. It prevents the release of FSH and LH from the pituitary gland in the brain. LH is hormone that “surges” mid-cycle to trigger ovulation, the release of the egg from the follicle. Lupron® suppresses the LH surge which prevents eggs from being released before they are mature for egg retrieval.

We use Lupron® as part of the ovarian stimulation process. The first is the **luteal**, suppressed regimen, where you start Lupron® during the last few days of your OCPs or 7-8 days after ovulation to suppress FSH and LH secretion. This allows your physician to start the ovarian stimulation medication with exact precision, adjust during your treatment, and not have to worry about your pituitary altering the response. Another regimen is the **flare protocol**, where Lupron® is started after your menses on day 2. When administered this way, the Lupron® stimulates your pituitary to make more FSH, followed by suppression of ovulation. This increase in FSH, along with the FSH we give you in your medication will help stimulate your ovaries.

We also use Lupron®, often in lieu of the typical hCG trigger or combined with it, to help prepare your eggs for the egg retrieval. It can only be used this way in patients who are doing a GnRH antagonist protocol. The dose is usually much less than what is used for the ovarian stimulation part of your cycle.

### **Administration:**

#### For Ovarian Stimulation

Lupron®/Leuprolide Acetate comes as a premixed solution in a multi-dose vial. It does not require mixing and should be stored in the refrigerator after opening. **DO NOT FREEZE.** Your IVF nurse will give you specific instructions on your Lupron start date and dose. It is given **subcutaneous/SC injection every morning in your thigh.** You will continue to inject the Lupron® every morning **until told to stop**, usually the day you are instructed to take you hCG. There are several different Lupron® protocols. Your nurse will give you specific instructions on your protocol.

#### For Trigger Shot (pre-egg retrieval)

Lupron®/Leuprolide Acetate can be used as an alternative to HCG for patients who are at risk for Ovarian Hyperstimulation Syndrome (OHSS)

#### Possible Side Effects

- Headaches – You may take Tylenol (acetaminophen)
- Hot Flashes
- Irritation at the injection site

These side effects are temporary and should disappear once you start stimulating your ovaries with the gonadotropin injections.

## **Ganirelix Acetate Injection / Cetrotide**

Ganirelix Acetate® and Cetrotide® belong to a class of medications known as GnRH Antagonists. They can be used instead of GnRH agonist. They produce a rapid reversible suppression of LH and FSH secretion by the pituitary gland in the brain. These medications will prevent a premature LH surge allowing eggs to reach the level of development needed for fertilization. You will be instructed to start Ganirelix Acetate® or Cetrotide® **after you start gonadotropins**, when your largest follicles are larger than 12 millimeters or if your estrogen levels rise to a high level. RN will advise you to bring your Ganirelix Acetate® or Cetrotide® with you when you come for your morning ultrasound as you may be instructed to take your first injection after your ultrasound. Once started, you will take this as a **subcutaneous/SC injection daily until you are told to stop**, usually when you are instructed to take your hCG.

### **Administration:**

Ganirelix Acetate 250mcg comes in a disposable, prefilled 1 ml glass syringe with a 27 ½ inch needle attached. **It should be stored at room temperature and protected from light.**

Cetrotide 0.25 mg comes in a vial with powdered medication, a prefilled syringe of diluent, a mixing needle and an injection needle. The 22G needle is for mixing and then change the needle to a 27G for injection. **It should be stored in the refrigerator and mixed just before injection.**

### **Possible Side Effects:**

- Abdominal pain
- Nausea
- Headache – you may take Tylenol (acetaminophen)
- Vaginal Bleeding
- Injection site reaction (redness and itching)

## **Gonadotropins: Gonal F, Follistim, Repronex, Menopur, Luveris**

Gonadotropins are the injectable hormone medications that stimulate the ovaries to produce eggs. The two hormones are FSH (follicle stimulating hormone) and LH (Luteinizing Hormone). These medications can be produced in two ways.

Urinary byproducts (Bravelle<sup>®</sup>, Repronex<sup>®</sup>, Menopur<sup>®</sup>) are highly purified preparations extracted from the urine of patients who are postmenopausal. These come as vials of powdered medication and vials of diluent to be mixed together and injected with subcutaneous (SC) or intramuscular (IM) using a syringe and a needle.

Recombinant FSH Products (Gonal F<sup>®</sup> and Follistim<sup>®</sup>) are manufactured using biotechnology. Gonal F comes as a prefilled ready to use pen, a multi dose vial or a vial of powdered medication with a prefilled syringe of diluent. Follistim<sup>®</sup> comes as an AQ cartridge for with the Follistim<sup>®</sup> pen or as aqueous vials for use with a syringe and needle.

Your nurse will give you specific instructions as to your medication, your dose, and your start date. These medications are taken in the evening, at a consistent time between 5p - 11p for an average of 8-12 days. Your dose and numbers of days stimulation will be prescribed by your doctor and may change based on the results of your ultrasounds and blood work.

There are some possible side effects listed below. Please read the information on OHSS (ovarian hyperstimulation syndrome). The IVF team of physicians will be monitoring your response by bloodwork and ultrasounds to observe for this.

### **Possible Side Effects**

- Discomfort, bruising, or swelling at site.
- Rash
- Allergic Sensitivity
- Headache – You may take Tylenol (acetaminophen)
- Mood Swings
- Abdominal discomfort and bloating
- Chance of multiple pregnancies
- Ovarian Hyperstimulation Syndrome – OHSS (See below)

## Ovarian Hyperstimulation Syndrome

Ovarian hyperstimulation can result in enlargement of the ovaries with leakage of fluid into the abdomen and rarely into the lungs. Hyperstimulation can occur five or more days after hCG injection and egg retrieval. It can be mild, moderate or rarely severe. If the warning signs are noticed during stimulation, your physician may choose to withhold the hCG injection or Lupron and suggest that all the eggs be retrieved, and any embryos cryopreserved for transfer later. Warning signs include: enlarged ovaries, excessive rise in estradiol and an excessive number of follicles (sac containing eggs seen on ultrasound).

Ovarian hyperstimulation is managed with bed rest, although in rare cases hospitalization may be required. Close attention is paid to fluid intake and output to ensure that you do not become dehydrated or develop an electrolyte imbalance. It is important to avoid strenuous activities, either work or sports related, and allow the ovaries to rest. The following signs and symptoms may indicate hyperstimulation. If you develop any of these, **please call as soon as possible**.

- **Weight Gain** ~ Weight gain of 2 or more pounds for 2 days in a row may be a warning sign. Please weigh yourself once a day and report any rapid weight gain.
- **Abdominal Girth ~ Measure** your abdomen with a tape measure at your belly button daily. Please report an increase of 1 or more inches within a 24-hour period.
- **Abdominal Pain** ~ Mild bloating and cramping is common after egg retrieval. Watch for excessive bloating, unusual tenderness or pain in your abdomen. If these symptoms continue or worsen, please call. Nausea, vomiting and or diarrhea may accompany abdominal pain and should also be reported.
- **Urine Output** ~ Please let us know if you notice any increase or decrease in your urine output. Please report any signs of a bladder infection such as burning, painful or frequent urination.
- **Shortness of Breath** ~ Please call at once if you have any difficulty breathing, either at rest or with activity.
- **Nausea or Inability to Drink Fluids** ~ Please call if you are nauseous or unable to drink fluids.



## Ovulation Induction Medications:

### HCG: Novarel<sup>®</sup>, Ovidrel<sup>®</sup>

HCG (human chorionic gonadotropin) acts like LH in the body. It is one of the medications used to cause the final maturation of the eggs inside the follicles on your ovaries. It also helps loosen the egg within the follicle, allowing us to aspirate the eggs at the time of your egg retrieval. The success of your cycle depends on you administering this medicine correctly! When it is determined that your follicles are mature, you will be instructed to **stop** using Lupron<sup>®</sup> / Ganirelix Acetate<sup>®</sup> or Cetrotide<sup>®</sup> and your gonadotropin(s) and to **inject HCG at a specific time on a specific day**. The timing of this injection is very important in IVF cycles as your **egg retrieval is scheduled approximately 36 hours later**.

Novarel comes packaged as a vial of 10,000 units of powdered medication and a vial with 10 or 20 cc of diluent. **Use only 1 cc of diluent to mix with the powdered HCG, unless otherwise instructed. This injection is given intramuscularly/IM at the specific time instructed.**

Ovidrel<sup>®</sup> 250 mcg comes packaged as a prefilled, ready to use syringe with attached needle. If you are instructed to use Ovidrel<sup>®</sup>, **take it as a subcutaneous/SC injection on the specific day at the specific time instructed**. Ovidrel<sup>®</sup> should be refrigerated until used.

#### Possible Side Effects

- Tenderness at injection site
- Headache ~ you may take Tylenol
- Ovarian Hyperstimulation Syndrome

### **Antibiotics**

Cefoxitin<sup>®</sup> or Doxycycline

These antibiotics are given through your IV during your egg retrieval to prevent infection. If you are allergic to cephalosporins, we will administer doxycycline instead.

## Other Medications

### Progesterone

In the body, progesterone is produced by the “corpus luteum” which is what is left of the follicle after ovulation. Progesterone is the hormone that maintains the uterine lining for implantation of an embryo (if an embryo transferred is planned). Once a pregnancy is well established, the placenta produces progesterone.

Progesterone is prescribed following your IVF procedure to supplement what your own body makes. Progesterone comes as an oil-based solution in a 10 cc multi dose vial that should NOT be refrigerated. You will be instructed to take **1cc or ml of Progesterone oil as an intramuscular/IM injection starting the day after your egg retrieval every day until your pregnancy test. Each cc should contain 50 mg of progesterone.** For example, if your egg retrieval is on Monday, you will start your Progesterone oil injections on Tuesday. Progesterone may be given in the morning, afternoon or evening at approximately the same time each day. Progesterone IM injections are given with a 3cc/ml syringe and a 22G 1 ½ inch needle in the upper, outer quadrant of your buttocks. You should alternate from the right to left side each day. Injection sites may become tender and gentle massage over the injection site may help relieve discomfort.

Our program generally uses the intramuscular progesterone, rather than the oral and vaginal types, due to its consistent dose and action. Also, considering our excellent success rates, we are reluctant to change something that has worked so well. However, if you have an issue that precludes you from using the intramuscular progesterone, please let us know as soon as possible, and we can arrange for treatment with vaginal progesterone. The progesterone oil typically comes in a sesame or peanut oil base but is also supplied in other oil bases if you have a nut allergy. If your pregnancy test is positive, you will be instructed to continue your daily IM Progesterone injections. Typically, Progesterone supplementation will continue until the placenta begins to produce progesterone at about 10 weeks gestation. After your ultrasound, your nurse will review your instructions for continuing Progesterone. *You have the option of switching from the intramuscular to vaginal progesterone with your 7-week pregnancy ultrasound.*

#### **Possible Side Effects**

- Irritation at the injection sites
- Breast tenderness
- Mood swings
- Abdominal cramps
- Allergic reaction ~ if the injection site is itchy, you develop hives, or have any difficulty breathing/wheezing, **please call the IVF nurses**
- May delay the start of the next period, even if not pregnant

Please Note: You may find a package insert with the Progesterone in oil vial that states this medication should be avoided early in pregnancy. This warning is for **synthetic forms of progesterone**. You will be taking the **progesterone that is exactly like the type your own body makes and is perfectly safe during pregnancy.**

## **Cycle Monitoring**

### **Blood Work**

Estradiol is the estrogen secreted by the follicles in your ovaries. Your blood estradiol level helps estimate your ovarian function and the maturity of the follicles and eggs. We will do this blood test at every monitoring visit **except for your baseline. This test must be done in the morning before 9 am, so that we can have the results back to you as soon as possible to make any adjustments to your protocol if needed.**

### **Ultrasound**

Ultrasounds are done by inserting the ultrasound probe into your vagina, which allows us to see your ovaries and measure the follicles as they grow. No special preparation is needed, and the ultrasound takes about 10 minutes. If you are allergic to latex, please let us know. A member of our clinical staff team (i.e. U/S tech, Fellow, Nurse Practitioner, or Physician) will do your ultrasound. If you have any questions that are best asked of your primary fertility physician, we ask that you call his/her nurse. There is a triage nurse available each morning to answer any **urgent** questions that you may have. **Remember, we would rather you ask a question now rather than make a mistake at home that could jeopardize your cycle.**

## MONITORING HOURS FOR BLOODWORK AND ULTRASOUNDS

### **Boston**

*Monday, Tuesday, Wednesday, Thursday and Friday 7 – 7:45 am*

*Saturday and Sunday 8 - 9:30 am*

*Holidays 8 - 9:30 am*

### **Danvers**

*Monday, Tuesday, Wednesday, Thursday and Friday starting at 6:45 am*

*Saturday starting at 8:00 am*

*Sunday and Holiday services available at MGH Boston*

### **Newton Wellesley**

**U/S and blood**

*Monday – Friday at 7:00 – 9:00 am*

*Saturday, Sunday and Holiday starting at 8:00 -9:30 am*

### **Waltham**

*Monday-Friday 7:30 – 8:15 am*

*Bloodwork at Building 52, Ste 1120 starting at 6:30 am*

*Weekend monitoring is available at MGH Boston*

- The nurse will schedule your appointment.
- Drink fluids, preferably water, before your blood draws to increase hydration and make your veins more accessible.
- Check in before your appointment at the Reception Desk
- Sign the “Call Back Sheet” with your first name and last initial only, **your medical record number and the phone number** where we can reach you in the afternoon. You will receive a call from the IVF nurse with instructions between 1 PM and 4 PM each day that you come in for monitoring.
- Indicate on the “Call Back Sheet” if it is okay to leave a message on your answering machine or voice mail.
- We ask that you remove any “blocks” that you may have on your phone so that we can contact you promptly with your instructions. If you do not have a separate line for the Internet, please do not use your computer in the afternoon until you have received your call back with instructions.

### **Cycle Cancellation**

There is a chance that your IVF cycle may be cancelled prior to the egg retrieval. Reasons why this could happen are less than 3 follicles developing simultaneously, follicles not developing properly, inadequate hormone levels or premature ovulation. Occasionally the estradiol level is too high, increasing the risk of ovarian hyperstimulation. In this situation, we may recommend that all embryos be cryopreserved after the egg retrieval and transferred later. Occasionally there is no fertilization of the eggs, meaning there will be no embryos to transfer.

## **Pre-Egg Retrieval Instructions**

- Please review pre-op instructions on the next page.
- If you have ever had difficulty with anesthesia, please inform your nurse or the physician in advance, preferably before you start your treatment, so appropriate measure can be taken with anesthesia to ensure a safe procedure. Also, if you have significant gastroesophageal reflux, you may need to be intubated during your procedure.
- Please do not wear any jewelry to your egg retrieval and leave all valuables at home.
- Do not wear makeup, contact lenses, dentures, wigs, perfumes or nail polish to your egg retrieval.
- Please be sure you have a ride home after your egg retrieval. You will not be able to drive yourself because you will have had anesthesia.
- Please allow adequate time to get to MGH, especially if there is inclement weather or a major function in the area



## Pre-operative Instructions

### Outpatient Instructions

1. The day before your procedure, please follow your surgeon's prescribed diet. If you do not have one, please eat and drink as you normally would. Be sure to drink adequate fluids to ensure you are well hydrated.
2. **At MIDNIGHT** - you must stop eating completely.
3. **BETWEEN MIDNIGHT and 5:00 AM** you may only drink items on the list below. You must not drink anything not on the list below.
4. It is very important to stay well hydrated for your procedure. Gatorade®, Powerade®, Clearfast®, Pediatlyte®, apple juice, cranberry juice, grape juice, water, regular or diet soda (such as Coke®, Sprite®, Pepsi®), black coffee or tea with nothing added to it, or any other fluid prescribed to you by your surgeon. **Please continue to drink these clear liquids, and only these liquids, throughout this time.**
5. **AT 5:00 AM** you must stop drinking completely. Do not have anything to drink after 5:00 AM

**Where to go:** You can park in any of the hospital's garages; the Yawkey garage may be the easiest. When leaving, remember to pay for parking at the cashier's window before you go to your car.

**What to bring:** Please remove all jewelry prior to your day of surgery and wear loose comfortable clothing.

**If you have any questions:** you can contact the Yawkey practice via # 617-726-8868 or Danvers Location at 978-882-6767.

**You must have a ride to and from your appointment due to the anesthesia. You can not walk or take a cab, Uber or Lyft.**

## Day of Egg Retrieval Instructions

It is normal to feel nervous prior to your egg retrieval...you have done a lot of work to get to this point! The egg retrieval is a very straight forward but is done under anesthesia to ensure your comfort. The anesthesia consists of a very strong sedative that will make you sleepy and another medicine to alleviate any pain. The medications work quickly, and you will fall asleep and wake up within minutes. The actual retrieval only takes about 15-20 minutes.

When you arrive, you will change into a hospital gown and be given a locker to store your clothes. The anesthesiologist will then ask you a few medical questions. A member of our clinical team will place your intravenous line. The physician will then come in to meet you and review the egg retrieval consent. Please remember that the physician who does your egg retrieval may not be your primary physician here in our unit. We also work with our fellows, who are training, many of them whom you have probably met during your ultrasound monitoring.

Once the consent is signed, you will walk to the procedure room. One of the embryologists will verify your name and check your ID wristband. The physician will then re-verify your name to everyone in the procedure room as an extra layer of protection. You will then be given your anesthesia. Once you are asleep, you will be positioned the same way we do your ultrasound monitoring every morning. A transvaginal ultrasound probe will be placed in the vagina, although there will now be a needle guide attached to the probe. The needle is passed through the back of your vagina and into each ovary. (We usually have a good sense of how many eggs we expect to retrieve based on your prior monitoring, but sometimes we get less and sometimes we get more.)

When the procedure is done, you will wake up. Many women state that they feel very refreshed after the anesthesia. It is normal to have some pelvic cramping and vaginal spotting. We will tell you how many eggs were obtained before you leave recovery.

- Please arrive on time to the IVF Unit for your egg retrieval ~ this is **very important**.
- If you have a partner, both of you should check in at the IVF Reception Desk. **Both partners must bring a picture ID.**
- If applicable, the male partner will produce a semen sample the day of egg retrieval unless other plans have been made. An IVF Team member will let you know what time the sample is needed. Partners may be together to produce the sample. The partner **should not leave without checking with an IVF nurse**, as occasionally a second semen sample is required.
- Your egg retrieval will take place in the IVF OR unit on Yawkey 10. Immediately after your egg retrieval, you will be taken to the Recovery Room for monitoring. A support person may sit with you during this time.
- You will be in the Recovery Room for approximately 45 minutes. We will give you written Discharge Instructions to take home.
- You **MUST** have a ride home. You will not be able to drive yourself home under any circumstances because you will have had anesthesia for your egg retrieval.

## Day of Egg Retrieval Instructions for Sperm Production (If Applicable)

- The partner should ejaculate 2-3 days before the day of the egg retrieval semen sample; **The clinical staff will guide you about timing during your partner's monitoring.** Longer or shorter periods of abstinence may negatively affect the sample.
- Do not drink alcohol for 2-3 days before the egg retrieval semen sample. Alcohol may negatively affect the sample.
- If you require Viagra or similar medication for your collection, please take in advance.
- Check in at our reception desk on **Yawkey 10 A with your picture ID.** Plan to arrive 10 minutes before your scheduled appointment.
- You will be escorted to a collection room.
- You will receive a semen sample container labeled with both your name and unit number. Please check the label to be sure the information is correct.
- Please wash your hands thoroughly before and after your specimen collection.
- The sample is collected by masturbation. Lubricants should not be used.
- Collect the entire sample in the labeled container provided. Close the lid tightly, and place the container within the secure, revolving pass-through door. Turn the door to move the container into the Andrology lab.
- If donor sperm is being used, the vials must be confirmed to have been received prior to the start of the cycle. It will be thawed the day of the retrieval.



## Instructions After Egg Retrieval

- Relax at home the rest of the day of your egg retrieval. Avoid strenuous exercise Pulling, twisting and heavy lifting for the next 2 weeks. It is normal to have some light bleeding from your vagina and mild abdominal cramps, the day of your retrieval. You may take Tylenol as needed for discomfort.
- Do not drink alcohol, drive a car or operate machinery for 24 hours after general anesthesia.
- You may eat whatever appeals to you. Be sure and drink plenty of fluids.
- Do not place anything in your vagina until 3 days after your **embryo transfer**. This means no douching, no tampons and no intercourse. No hot tubs, baths, or extremely hot showers for the next 2 weeks.
- An IVF nurse will notify you the day after your egg retrieval with fertilization results and of your transfer date and time
- Please call our office if you experience any of the following:
  - \_ Heavy vaginal bleeding
  - \_ Severe abdominal pain or swelling
  - \_ Fevers or chills
  - \_ Dizziness, nausea or vomiting

## Insemination and Fertilization (If Applicable)

During your retrieval, the fluid from your follicles is carefully screened to locate each egg. The eggs are placed in petri dishes that are specifically labeled. The eggs will rest within their incubator while the sperm sample is cleaned free of unnecessary fluids and nonmotile sperm. This “washing” process for the sperm takes just under 2 hours. The next step is to combine the eggs and sperm. This will happen either by adding a specific pre-measured amount of motile sperm to each of the dishes that contain eggs or, in some cases, to inject a single sperm into each egg (Intracytoplasmic Sperm Injection-ICSI). The step of combining the eggs and sperm is done in the presence of 2 personnel to double check identities. Once the sperm has been added to the eggs, they are placed back into their secure incubator and left overnight. The lab will check the eggs after 17 hours of incubation with the sperm to look for fertilization. The fertilized early embryos are then kept safely within their incubator until the transfer.

## **Day of Embryo Transfer (If Applicable)**

Your primary physician in our unit may not be the physician who does the transfer. Before you arrive the embryologist and the physician have already evaluated and discussed the embryos. After you arrive and put on your gown, the physician and embryologist will verify your name and check your ID wristband. They will then spend time with you discussing how the embryos developed over the last 2-5 days. Once everyone agrees on the number of embryos to transfer, based on the guidelines below, the procedure will begin. The physician will spend about 5-10 minutes removing any cervical mucus that may interfere with the embryo transfer. Your bladder probably is uncomfortable at this point, but you will quickly see why we needed it full. An abdominal ultrasound is performed to see the uterus while a physician does the embryo transfer. The ultrasound helps in guiding the embryo transfer catheter into the correct spot in the uterus.

- The embryo transfer will take place either 3 or 5 days after the egg retrieval (occasionally 2 days).
- You may eat and drink as you like the day of your embryo transfer. There are no restrictions.
- We would like you to have a full bladder for your embryo transfer. Empty your bladder about 1 hour before your transfer and then drink 32 ounces of fluid prior to arriving for your procedure.



## EMBRYO TRANSFER GUIDELINES

### Cleavage Stage Transfers

	OOCYTE AGE			
	< 35	35-37	38-40	41-44*
GROUP 1	1	1	3	4
GROUP 2	2	3	4	5

### Blastocyst Stage Transfers

	OOCYTE AGE			
	< 35	35-37	38-40	41-44*
GROUP 1	1	1	2	3
GROUP 2	2	2	3	3

## Instructions After Embryo Transfer

- Avoid strenuous exercise and heavy lifting for the next 2 weeks. Light to moderate exercise does not need to be avoided
- Eat and drink what you like
- Avoid alcohol and tobacco smoke
- Showers, no baths, for the next 2 weeks
- Take your Progesterone as instructed by your physician
- Avoid intercourse for 3 days

### Pregnancy Test

A blood pregnancy test 12-14 day after the embryo transfer. We will call you with the pregnancy test results between 1-4pm that day. It is unlikely that you will get your period before your pregnancy test, even if you are not pregnant, because of the Progesterone you are taking. On the other hand, if you start to bleed it does not always mean you are not pregnant, and you will still need to come in for your blood tests. If your pregnancy test is positive you will stay on Progesterone and have a repeat blood test 2 days later. If the second pregnancy hormone level rises appropriately you will be scheduled for the first ultrasound examination in 7-10 days (around 6-weeks gestation) and a second ultrasound scheduled for 10 days later (around 8-week gestation). After the second ultrasound care will be transferred to your obstetrician. If the pregnancy test is negative, you will be instructed to stop your Progesterone and make a follow-up appointment with your MD.

### **Important Telephone Numbers**

MGH Fertility Center <b>Boston</b>	617-726-8868
MGH Fertility Center <b>Danvers</b>	978-882-6767
<b>Newton Wellesley</b> Location	617-243-5468
MGH Fertility Center <b>Waltham</b>	617-726-8868
Gretchen Stearns (Social Service)	617-643-2286

**Our Website Address [www.massgeneral.org/fertility](http://www.massgeneral.org/fertility)**

**Emergency Number (after 5 PM) 617-726-8868**

**PLEASE DO NOT CALL THIS NUMBER FOR CYCLE DAY 1, WAIT AND CALL THE NEXT MORNING WHEN WE OPEN AND DO NOT CALL ON SUNDAY FOR CYCLE DAY 1.**