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BLASTOCYST TRANSFER

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Most embryo transfers are carried out three days after the egg collection. If embryos are cultured in the laboratory for a further two or three days, they may develop further to the blastocyst stage. At this stage, the embryo is made up of more than 100 cells and it is possible to identify the groups of cells which are destined to form the placenta and the fetus.

Approximately 50% of embryos on day three after egg collection progress to the blastocyst stage. If there is a problem with the embryo quality, some couples embryos may never progress to blastocysts. This may be due to a subtle and often unexplained sperm or egg factor (or both). If an embryo does not develop into a blastocyst in the laboratory, it is highly unlikely that it would have done so had it been transferred to the uterus on day three.

Blastocyst transfer has certain diagnostic benefits as it gives a more in-depth assessment of embryo quality. It also allows a more accurate assessment of the best embryos to be transferred which should improve the pregnancy rate. However there is the possibility of no embryos developing into blastocysts and, therefore, no embryo transfer. This is in itself valuable diagnostic information.

As up to 50% of embryos reach the blastocyst stage, we generally do not recommend this unless at least eight embryos are available on day three after egg collection. However, it is reasonable to attempt blastocyst transfer with fewer embryos if you are seeking the diagnostic confirmation that embryos reach the blastocyst stage and accept that an embryo transfer may not occur.

If you elect to have a blastocyst transfer, there is a reduced likelihood of freezing embryos compared with embryo transfer on day three. This can be viewed as one of the benefits of blastocyst transfer. Unnecessary freezing of embryos which would not have reached the blastocyst stage is avoided, thereby reducing treatment cost and false hope that a future frozen embryo transfer would have been successful.

Blastocyst transfer may also be carried out in a frozen embryo treatment cycle. Again in most cases, it is recommended that at least eight embryos are available.

The embryologist will liaise with you as your embryos develop to keep you up to date with progress and to hopefully plan blastocyst transfer.

There is an additional charge for blastocyst transfer to reflect the additional time spent and materials used in the laboratory. This is not refundable even if an embryo transfer is not carried out.

You will be asked to sign a consent form confirming your wish to proceed to blastocyst transfer.