

12.3.11.1 BLASTOCYST TRANSFER

BACKGROUND

A blastocyst is an embryo that consists of around 100 cells. It is at the blastocyst stage of development (5 days after fertilization) that an embryo would normally move out of the uterine tube and into the uterus. Once in the uterus, the blastocyst starts to attach to the uterine lining in a process known as implantation.

Embryo transfer has been routinely performed on day 2 or 3 of culture when an embryo consists of 4 to 8 cells. This tradition arose from the idea that in vitro culture for extended periods might be harmful to the future growth of the embryo. This problem has now been overcome by the development of new culture media that takes into account the changing nutritional requirements of the embryo as it develops.

Research shows that human embryos can now be cultured to the blastocyst stage without reducing implantation and pregnancy rates.

BENEFITS OF BLASTOCYST TRANSFER

There is now evidence from research studies that although embryos may have a normal appearance, up to 60% can be chromosomally abnormal. Studies also show that the majority of embryos that fail to develop past the 8-cell stage are chromosomally abnormal, so that, extending culture to the blastocyst stage may mean that more of the surviving blastocysts available for transfer have normal chromosomes. However, there is no guarantee that embryos that do develop to the blastocyst stage are genetically normal.

Embryo transfer routinely takes place 2 or 3 days after egg collection and fertilization, which places the embryos into the uterus at an earlier stage than would occur naturally. In contrast, blastocyst transfer places the embryo into the uterus at a later stage (day 5 or 6) which approximates the time an embryo would normally arrive in the uterus. This may allow a better harmony between embryo development and the uterine environment.

Using newly developed culture media, a higher implantation rate has been observed following transfer of blastocysts (50%), compared to day 3 (25%) embryo transfer. Research shows that pregnancy rates after blastocyst transfers are either increased or stay the same, when compared to day 2 or 3 transfers. This research suggests that blastocyst transfer should enable transfer of only one embryo without reducing pregnancy rates.

A research trial showed that although pregnancy rates were similar between day 3 and blastocyst transfers, a reduction in the number of high-order (triplets etc) multiple pregnancies was evident in the blastocyst transfer group.

12.3.11.2 BLASTOCYST TRANSFER

DISADVANTAGES OF BLASTOCYST TRANSFER

Research suggests that about 10% -20% of patients will not have a blastocyst available to transfer. In these cases the embryos have failed to develop to the blastocyst stage. It has been shown that only 50% of embryos will develop to the blastocyst stage. There is however, evidence that if no embryos have developed to the 8-cell stage on day 3 of culture, there is no advantage gained by extending culture to the blastocyst stage. This research shows that day 3 transfer in these cases results in a 30% pregnancy rate compared to 0% if culture is extended to the blastocyst stage. To avoid the disappointment of having no blastocysts to transfer on day 5 or 6, we advise that when no 8-cell embryos have developed by day 3, up to 2 of the best available embryos are transferred on this day rather than extending culture to the blastocyst stage.

Blastocyst transfer offers no advantage for patients who produce low numbers of embryos and those who have no 8-cell embryos on day 3 of culture, so is therefore not beneficial for all patients.

Research suggests the potential for monozygotic (identical) twins is increased following blastocyst culture.

The number of embryos suitable for freezing is reduced following blastocyst culture. As a consequence, the possibility of frozen embryo transfer should the fresh transfer be unsuccessful is also reduced.

Patients who use the blastocyst transfer procedure cannot undergo GIFT. It can only be performed in association with IVF/ICSI (Ref:IVF/GIFT Information Sheets).

There is an extra fee for couples who wish to use blastocyst transfer above what is normally charged for IVF/ICSI. Please speak to the Co-Ordinating Sister who will discuss this with you before you commence treatment.

PATIENTS LIKELY TO BENEFIT FROM BLASTOCYST STAGE TRANSFER

Those patients at risk of multiple pregnancy. For example, patients 35 and under with 6 or more embryos.

Those patients who have had repeated implantation failures (3 or more). In these cases blastocyst culture may offer the advantage of allowing transfer of embryos that are more likely to be genetically normal, and therefore have better chance of developing into a successful pregnancy.

12.3.11.3 BLASTOCYST TRANSFER

BIRTH OUTCOMES FOLLOWING BLASTOCYST TRANSFER

An analysis of over 500 pregnancies and births showed no increase in the incidence of abnormalities following transfer of blastocysts. In this analysis the number of abnormalities was 11/510 (2.3%) and the majority of these were trisomies (abnormal number of chromosomes). These abnormalities were associated with advanced maternal age (37 – 43 years).

Another study showed that there were no overall differences in birth weight observed between infants born after blastocyst transfer compared to those born after natural conception. Interestingly, birth weights of girls born after transfer of frozen-thawed blastocysts were slightly higher than the normal population (3.416g vs 3.331g respectively). This analysis also showed that blastocyst transfer can potentially alter the sex ratio with more boys born after fresh blastocyst transfer. The transfer of blastocyst that had been frozen and thawed did not alter the sex ratio (51.9% boys: 48.1 girls).

MANAGEMENT OF A BLASTOCYST TRANSFER CYCLE

Concept does not wish to do blastocyst transfer unless it is considered to be of benefit to the patient and meets the conditions set by the WA Reproductive Technology Council. Where there is a suggestion that a patient is at a high risk of multiple pregnancy (35 or under with 6 embryos) or have had three failed implantations and may benefit from blastocyst transfer then this procedure will be offered.

Blastocyst transfer will normally take place on day 5 or 6 after egg collection depending on blastocyst development. In the situation where no 8-cell embryos are available on day 3, a transfer may occur on this day.

Should you require any further information please make an appointment to see your Gynaecologist or the Scientific Director at Concept.