

CONSENT TO BLASTOCYST CULTURE

The principal cause of failure of IVF treatment is the failure of the embryo or embryos to implant after replacement in the woman's womb. It is unclear why this should be, but various modifications of IVF treatment have been tried to improve the chances of implantation. One of these is 'Blastocyst Culture'.

Growing embryos in the laboratory is a difficult process and the longer that they remain outside of their natural environment in artificial culture conditions the greater is the chance that some or all of the embryos produced in the course of IVF treatment may not survive. On the other hand those that do survive longer are believed to have a greater chance of implanting. Using new and advanced culture methods the ability to grow embryos to a stage called the 'blastocyst stage' (usually after 4-6 days in culture) has recently improved, and many clinics now replace blastocysts for couples undergoing IVF treatment in certain circumstances.

Approximately 40% of embryos from younger women and as few as 8% from older women (aged over 40) may make it to the blastocyst stage, although those that do may have a 2-3 times better chance of implanting. There is a risk, however, that none of the embryos would survive to the day of transfer if blastocyst culture is attempted. For this reason it is the policy in our clinic only to offer blastocyst transfer to couples who have previously undergone IVF treatment which has been unsuccessful because of implantation failure and when there are at least six developing embryos in the cycle of planned transfer. The HFEA Code of Practice does not allow us to perform a trial culture of spare embryos created during the course of IVF treatment to the blastocyst stage except as part of an approved research project or where there is a specific clinical benefit to the couple, even when those embryos are destined for disposal. If it is thought that there may indeed be specific clinical benefit to a couple by undertaking blastocyst culture for diagnostic purposes it is our policy to obtain written consent.

At the present time no additional charge is made by our clinic for blastocyst culture or transfer, but our ability to undertake it may be dependant factors such as our overall laboratory and clinical workload. Couples undergoing blastocyst transfer should also be aware that it is relatively new and that animal studies have raised concerns about neonatal problems such as increased birth weight and fetal abnormalities. There is no evidence at the present time of similar problems following the transfer of human blastocysts, however.

CONSENT TO BLASTOCYST CULTURE AND TRANSFER

We have read the above information relating to blastocyst culture and transfer and request the Exeter Fertility Clinic to attempt to culture embryos created by IVF treatment performed on (date) to the blastocyst stage and the subsequent transfer of up to 1 / 2 / 3 (delete as appropriate) blastocysts should any or enough survive to this stage.

Signed: (woman)

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