



What is elective egg freezing?

Elective egg freezing is a form of fertility preservation chosen by some women for either non-emergency or non-medical reasons. It uses IVF procedures to stimulate a woman's ovaries and then retrieve, freeze and store some of her eggs for possible future attempts to conceive, at a time when her own fertility may have reduced and the quality of her fresh eggs may have diminished.

MFS has held a license for egg freezing from the Human Fertilisation and Embryology Authority (HFEA), the government body that regulates fertility treatment in the UK, since 2000.

Who may benefit?

As with IVF using 'fresh' eggs, success rates are significantly influenced by a woman's age. **Therefore MFS strongly recommends that a woman considering elective egg freezing begins treatment before her 38th birthday.**

A woman may elect to have egg freezing treatment for reasons including:

- she has a non-emergency medical condition which may either shorten her 'fertility life' or which will prevent her trying to conceive until treatment for that condition is complete, such as:
 - severe endometriosis
 - recurrent ovarian cysts
 - any condition which, in the opinion of her doctor, may result in premature ovarian failure or the removal of her ovaries
 - a history of early menopause in her family, through her mother, aunts or maternal grandmother
- she is a single woman who is not currently in a relationship but who would like the option of genetic motherhood in the future (ie 'social' egg freezing)

The three-stage egg freezing service

Through thorough investigations, scanning, consultations, follow-up appointments and counselling, the MFS three-stage elective egg freezing service ensures that the woman understands both the potential and limitations of egg freezing and is fully informed of the chances of possible success before any treatment begins, to:

- satisfactorily address the reasons and possible emotional issues which have made the woman consider elective egg freezing
- maximise the success of the egg collection

Egg freezing at MFS is handled by a dedicated team of clinical staff. The service is the result of MFS being one of the first UK clinics to offer egg freezing and of being the first and only clinic (as of October 2011) to have had livebirths following the freezing and the subsequent thaw, fertilisation and transfer of the mothers' own eggs.

Stage one: ovarian reserve testing

MFS measures a woman's anti-Müllerian hormone (AMH) to give an indication of her fertility potential and her possible response to fertility drugs. The blood test is taken on day two to five of the woman's cycle and may be taken either at MFS, or MFS can mail a pack to the woman for the blood to be taken by her GP practice nurse. If the results of the ovarian reserve test are suitable, the woman may proceed to 'stage two: the elective egg freezing preparation service' within 12 months of the test results. (See MFS infosheet 'Ovarian Reserve Test'.)

Stage two: the elective egg freezing preparation service (EEFPS)

The MFS unique EEFPS includes treatment assessment, a counselling session and guidance on:

- the success rates of egg freezing
- risks of treatment
- the results of the woman's age on the quality of her eggs and the chance of a healthy pregnancy
- the assessments necessary to move on to any future treatment
- the consent the woman must give before any treatment may begin

If the egg freezing team is satisfied that the woman meets the clinical and scientific criteria and she has met with the counsellor to consider her ability to deal with the emotional implications of elective egg freezing, she may progress to 'stage three: egg recovery and freezing'.

Stage three: stimulation, collection and freezing

Treatment is tailor-made for each woman, depending on the results of the ORT and the EEFPS, and includes:

- daily injections to down regulate and then stimulate the ovaries
- ultrasound scans
- egg collection
- egg freezing using the slow freeze and/or vitrification methods

(See MFS infosheet 'Egg Freezing (Stimulation, Collection and Freezing').)

For how long can eggs be stored?

Legislation determines the time that MFS, with patients' consent, is allowed to store eggs. Currently eggs may be stored initially for 10 years. Under exceptional circumstances storage may be extended up to 55 years from the date of freezing (to be reviewed every 10 years), if the patient, partner or someone to whom the eggs are allocated is prematurely infertile or likely to become prematurely infertile. The eggs may remain in storage until the woman wishes to use them to try to conceive or until the licence to store them expires

How are the eggs used to try to conceive?

In the future, if the woman wants to try to conceive using the thawed frozen eggs, following a repeat consultation, including a Welfare of the Child assessment and satisfactory possible further counselling, her eggs may be fertilised using the ICSI method (see MFS infosheet 'ICSI').

Treatment using the thawed fertilised eggs is not guaranteed as part of the elective egg freezing treatment. Women/couples wishing to go ahead with treatment are subject to the usual pre-treatment assessments, including Welfare of the Child. Should it go ahead, this treatment incurs an additional cost.

How successful is egg freezing?

Egg freezing is a comparatively recent development in fertility treatment and preservation. Hundreds of babies have been born worldwide using both methods of egg freezing but no clinic can guarantee that the procedure will result in a successful pregnancy or livebirth. Centres experienced in egg freezing report similar success rates with frozen eggs as with frozen embryos. Current research suggests that the chance of conceiving with ICSI using vitrified frozen eggs is the same as with 'fresh' eggs although, as with conventional ICSI, the age of the woman when the eggs are retrieved is the biggest determinant of a successful outcome.

What are the risks?

Egg collection is carried out without general anaesthetic and so is classed as a low-risk procedure. However, egg freezing requires a woman to use ovarian stimulation drugs used in standard IVF, which carry a small risk of developing ovarian hyperstimulation syndrome (OHSS). There is also a very small risk that none of the eggs will survive the freeze/thaw process, although published survival rates range from 65% for the slow-freeze method to 95% for vitrification. Research suggests that the risks of miscarriage, fetal abnormality or birth defect are no higher than in conventional IVF or ICSI.

What is included in the cost?

The three stages of elective egg freezing are costed and invoiced separately.

Stage one (ORT) includes:

- AMH, FSH and LH hormone tests
- ovarian ultrasound scan
- a single consultation to provide the results

Stage two (EEFPS) includes:

- two consultations
- at least one counselling appointment

Stage three (ovarian stimulation, egg recovery and freezing) includes:

- treatment planning
- monitoring scans
- injections training
- egg collection
- freezing suitable eggs and storage for first year

What is not included in the cost?

- thaw of eggs
- ICSI fertilisation of eggs
- storage fees after the first year
- donor sperm
- any other fertility investigations, treatments or preservation services for the woman or any future partner

Costs

Please refer to the current List of Charges in either the Patient Finance Information leaflet or via midlandfertility.com/fees.

Further information

Please visit midlandfertility.com and search for 'Treatments' or read the following MFS infosheets:

- Ovarian Reserve Test
- Giving Injections
- Egg Freezing (Stimulation, Collection and Freezing)
- OHSS
- ICSI

(downloadable from midlandfertility.com by searching for 'MFS Treatment Literature', or in hardcopy from MFS).