

TRANSFER STRATEGY: CHOOSING THE NUMBER OF EMBRYOS FOR TRANSFER

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Patients who turn to Russian Reproductive Medicine clinics often ask how many embryos are going to be transferred. In the dawn of the auxiliary reproductive technologies, 3–4 or even more embryos were transferred. Then, this transfer strategy was justified. However, the number of multiple-fetus pregnancies (twins, triplets or more) was gradually increasing, which made doctors to strictly reduce the number of the transferred embryos (Fig. 1).

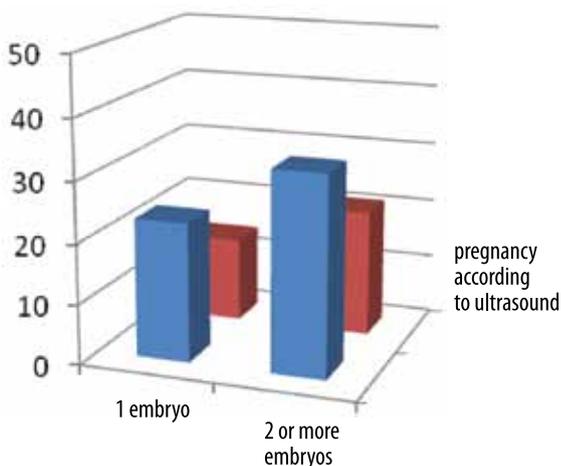


Fig. 1. Transfer at the blastomere stage

The main problems of multiple-fetus pregnancies are:

- Premature birth is more frequent (from 40 up to 80%);
- Newborns' weight in case of multiple-fetus pregnancies is significantly lower than in case of single pregnancies (from 800 to 1500 g);
- Newborns require resuscitation activities in the postpartum;
- The cases of disability are more frequent;

- Infant mortality is much higher in the group of multiple-fetus pregnancies than in case of single pregnancies;
- High cost of medical aid.

It is necessary to say that there are many cases of successful completions of twin pregnancies in Reproductive Medicine clinics, however, the statistics is inexorable – multiple-fetus pregnancies have higher risks for both mother and child. So what is the solution? How can we reduce risks connected to multiple pregnancies? The only right solution is the transfer of only one embryo. The data of embryo transfer at the blastomere stage shows different parameters (Fig. 2): the number of births is equal when transferring 1 or 2 or more embryos.

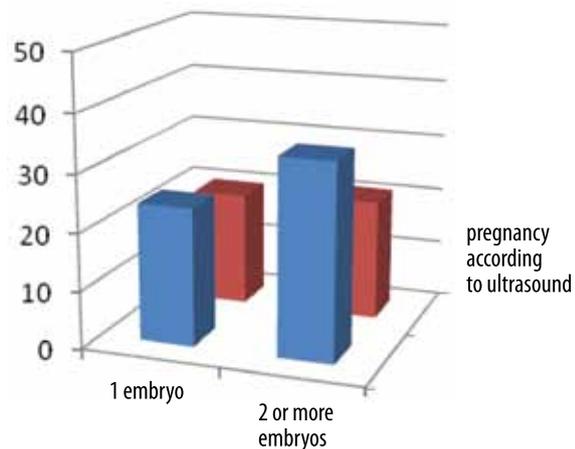


Fig. 2. Transfer at the blastomere stage

Conclusion

It is obvious that the transfer of 2 or more embryos only influences the effectiveness of pregnancy determined by means of ultrasound. The number of births is equal in both cases. Therefore, it is advisable to transfer only one embryo at the blastomere stage.