
Information about embryos

Medisch Centrum Kinderwens

Aim of an IVF/ICSI treatment

Together with your treating physician, you have decided on (or are considering) to start an IVF (In Vitro Fertilization) or ICSI (Intra Cytoplasmatic Sperm Injection) treatment. For both of these treatments, the aim is to collect multiple oocytes (egg cells). In our laboratory, we'll attempt to fertilize these oocytes through either IVF or ICSI. When an oocyte is fertilized and mitosis (division of cells) occurs, an embryo is created. This information brochure contains information about embryos.

From oocyte to embryo

The percentage of oocytes that are successfully fertilized can vary greatly. Our laboratory averages a 60% success rate for IVF, and 65% for ICSI fertilizations.

An oocyte must have matured before fertilization can be achieved. Usually, one or more of the oocytes retrieved in an egg collection are not mature.

In an ICSI treatment, only mature oocytes are injected, where in an IVF treatment, all oocytes are inseminated, mature or not. This causes the ICSI success rate to be slightly higher than the IVF success rate. Even if fertilization is achieved, cell division won't always occur. This means that the oocyte won't develop into an embryo.

After an IVF/ICSI treatment, the best embryo is selected for the embryo transfer. This selection is done at the laboratory and is based on several criteria, such as the number of cells and whether cell division occurs evenly.

The day before the embryo transfer (two days after egg collection), you will receive a call from our laboratory to inform you about the number of developing embryos. Embryo transfer will take place 5 days after egg collection. During the embryo transfer appointment, the technician will inform you on the number of embryos that are suitable for cryopreservation. Cryopreservation will only be done after you (and a possible partner) have signed the treatment contract (FO S085).

Storage of embryos

Oftentimes the treatment will result in more embryos than we can transfer at once. Viable embryos will be incubated until day five, at which point the embryo is assessed whether it is suited for cryopreservation.

Only strong, viable embryos have a chance to survive the necessary freezing and potential thawing.

Embryos that show some delay in development, will be cultured until day six, and assessed again. If the embryo quality is acceptable, the embryo will be cryopreserved.

Years of experience have learned us that delayed embryos do not result in pregnancies. Therefore, these embryos will not be cryopreserved.

On average, 60-70 % of all embryos are suitable for cryopreservation.

As soon as we have completed the cryopreservation of your embryos, you will receive an email informing you on the number of embryos that we have cryopreserved.

Use of stored embryos

We always aim to yield a pregnancy from a transfer with a 'fresh' embryo. However, if the first transfer was unsuccessful, you can discuss possible next steps with your treating physician.

The embryo transfers of frozen embryos count as part of the IVF/ICSI treatment that produced them (an embryo transfer in itself does not count as one of your three insured treatments).

In order to start a new IVF/ICSI treatment, all previously obtained embryos must have been transferred.

Your insurance will cover the costs of the transfer of these embryos into your uterus until your 43rd birthday. If the last IVF/ICSI treatment before your 43rd birthday did not lead to an ongoing pregnancy, the insurance will cover the costs of transferring these embryos until your 50th birthday.

You'll receive yearly updates from us about the storage of your embryos. If you haven't had an embryo transfer for over five years, you'll be asked whether you want to donate the embryos, allow them to be used for research or have them destroyed.

This information is meant for women who have been offered an IVF/ICSI treatment at the MCK Fertility Center. This information, together with any other information given to you by a physician or nurse, is meant to help you make an educated choice on whether you want to take the treatment. This information is subject to change.

For any feedback regarding this information brochure, please let us know at info@mckinderwens.nl.