

CONSENT FORM

FROZEN EMBRYO TRANSFER

ACCOUNT NO.
NRIC NO.
NAME
ADDRESS
SEX/BIRTH DATE/RACE
DATE AND TIME OF ADMISSION

What is frozen embryo transfer?

This is a procedure whereby embryos (fertilised eggs) obtained from a previous stimulated In-Vitro Fertilisation (IVF) and/or Intra-Cytoplasmic Sperm Injection (ICSI) cycle and subsequently frozen, are thawed and transferred back into the woman's womb.

Why do I need this procedure?

The aim of the procedure is to place the previously frozen IVF or ICSI embryo(s) into the uterus of the woman with the intention of achieving pregnancy. The pregnancy rate in a frozen embryo transfer cycle is about 20-30%.

What does it involve?

1. The embryos may be transferred into the woman's uterus during a natural or regulated / artificial thaw cycle.
 - Natural cycle / Ovulation induction cycle
If the woman's menstrual cycle is regular, then her cycle will be monitored using transvaginal ultrasound scans or blood tests to predict ovulation (natural cycle) and to estimate the most suitable time for embryo transfer. Sometimes, oral medication may be given to induce ovulation (ovulation induction cycle) for patients with irregular menstrual cycle to stimulate a "natural" cycle. However, due to biological variation, cycles may not occur as anticipated and the initially planned transfer may sometimes be cancelled if it is determined that ovulation will not occur in that particular cycle or was missed. Under these circumstances, it will be proposed that the transfer be performed during another natural cycle, or a regulated cycle may be proposed.
 - Regulated/Artificial thaw cycle
Your menstrual cycle is regulated by administering hormonal treatment (oral medications and sometimes injections) to prepare the womb lining to receive the embryo/s. The uterus will be monitored using transvaginal ultrasound scans. Sometimes, dose adjustments may be necessary.
If you conceive with this cycle, you will be required to continue your oral hormonal medication for 8 to 12 weeks to produce sufficient hormones to support the pregnancy.
2. On the day of the embryo transfer, the woman may be asked to keep some urine in her bladder to facilitate visualisation with the ultrasound scan. The thawed embryo(s) will be placed into a catheter which will be passed through the cervical canal leading into the uterine cavity. Once the tip of the catheter is inside the cavity, a syringe attached to the end of the catheter is used to deposit the embryos into the cavity.

The Singapore Ministry of Health permits a maximum of 2 embryos to be transferred at any one time. Rarely, under special circumstances, 3 embryos may be transferred (e.g., in women of at least 37 years of age and has undergone one or more stimulated cycles in which no eggs were collected or from which no egg collected developed into a blastocyst).

3. Some women may experience some lower abdominal discomfort and/or mild vaginal bleeding.

What precautions must I take for the procedure?

Please inform your doctor if you have any medical illnesses. Before the procedure, please inform your doctor if any of the following are applicable:

1. You have a history of allergy or reaction to any medications, drugs, or food.
2. You have a history of bleeding or clotting disorders.
3. You are taking drugs (e.g., Aspirin, Clopidogrel, Warfarin, and Rivaroxaban) or supplements (e.g., Cordyceps, Ginkgo Biloba, and Lingzhi), that thin your blood, as these substances may affect blood clotting and increase the risk of bleeding. If you are taking any of these, your doctor will advise you accordingly.

What are the risks and complications of the procedure?

Some of the possible risks of the frozen embryo transfer are listed as follows:

1. Risks of Oestrogen related medication used during Regulated/Artificial thaw cycle
If Oestrogen related medication is used, there may be minor side effects such as nausea or headache. Rarely, more serious potential complications such as thrombosis (blood clot) may occur but the risk is lower than in pregnancy.
2. Failure to stimulate ovulation
For patients who receive hormonal injections or oral medications to stimulate ovulation, ovulation may sometimes still fail to occur, and this course of treatment may subsequently have to be abandoned.
3. Failure of the embryo/s to survive thawing process
4. Failure or difficulty in transferring of the embryos
Embryo transfer could sometimes be difficult or unsuccessful due to anatomical variations. This may require the patient to wait for a fuller bladder, or the doctor to use a stiffer catheter and/or require the doctor to use a tenaculum (instrument to hold the cervix). Failure to transfer the embryos is extremely rare. Sometimes you may require sedation.
5. Infection
Infection may necessitate hospitalisation, treatment with antibiotics, and rarely, surgery. This may complicate your reproductive treatment and lower the chances of successful conception.
6. Perforation of the uterine wall
This could occur during the introduction of the catheter when transferring the embryo(s). This may be treated conservatively and hardly ever requires correction by surgery.
7. Failure of embryo implantation
The embryo may fail to implant and pregnancy may not occur even after the frozen embryo transfer.

8. Miscarriage

9. Ectopic pregnancy

This occurs when the pregnancy is outside the uterus, usually in the fallopian tube. This may require surgery and possibly the loss of the fallopian tube.

10. Foetal anomaly

The risk of foetal anomaly in frozen embryo transfer is no higher than those in IVF or ICSI cycle.

11. Multiple gestational pregnancy (12-18% based on number of embryo transferred)

All the embryos transferred may result in successful implantation and hence, multiple gestational pregnancy may occur (pregnancy with twins or more). It is also possible for an embryo to split into two and result in identical twins. This may pose certain risks to the foetus(es) and mother, such as the following:

- Risks to the foetus(es) include increased risk of miscarriage, preterm labour, and prematurity as well as attendant complications which require care in the intensive care unit (ICU) such as respiratory distress, brain damage, including loss of life.
- Risks to the mother include higher risks of morning sickness (nausea and vomiting), miscarriage, caesarean section, preterm delivery, hypertension, anaemia, and diabetes. The mother will also be at greater risk of social, psychological, and financial stress during and after delivery. You are advised to see the Medical Social Worker and/or Psychiatrist if necessary.

What can I expect after the procedure?

After the frozen embryo transfer, there is a two-week waiting period before you will be able to know whether the transfer was successful. During this time, you will be advised to abstain from sexual intercourse but can continue your usual daily activities. It is important that you continue with the hormonal medications prescribed.

Psychosocial Support

Fertility treatment may have an impact on your emotional and mental well-being. During treatment, you may experience a range of emotions and may find difficulty managing them. Do inform your healthcare professional if you would like to speak to a counsellor at any time before or during the treatment process.

Reporting Outcomes

The Hospital is required to collect and report to MOH cycle-specific data, pregnancy and live-birth details of all AR cycles performed at the Hospital for the purpose of statistical reporting and research.

MOH also requires the Hospital to keep a registry of all babies born from AR cycles at the Hospital. The baby registry details must include information such as the baby's birth certificate number and date of birth. Capturing the birth certificate number of the child would allow for accurate re-identification should there be any incidents/mix-ups.

All information received, which is subject to medical confidentiality, shall be treated as confidential.

To ensure accurate and timely reporting of data to MOH, the Hospital may contact you for additional follow-up.

What are my options?

You have the option of no treatment. If you choose not to proceed with the frozen embryo transfer, the chances of conceiving at this point of time may be low or non-existent. You may opt to proceed with another fresh IVF cycle, or any other assisted reproductive procedures (please discuss this with your doctor). Child adoption is also available for your consideration.

Others (to be filled by Healthcare Professional) [if applicable]

Part I – Patient’s and Husband’s Declaration

1. I, _____ (NRIC/Passport No. _____)
(hereinafter referred to as “Patient”), and
I, _____ (NRIC/Passport No. _____)
(hereinafter referred to as “Husband”)
have read this information sheet and confirm that we understand the nature, purpose, risks, complications, and alternatives with regard to the following procedure **Frozen Embryo Transfer** (“Procedure”) **using:**
 Natural Cycle / Ovulation Induction Cycle
 Regulated / Artificial Thaw Cycle
2. We declare that we are still legally married up to the point of embryo transfer and if there is any change in status, we will update the Hospital (the SingHealth institution where the Procedure is performed).
3. We understand that no more than 2 embryos are transferred at any one time (with the exception of Point 4).
4. We understand that a maximum of 3 embryos (Day 2 or Day 3) may be transferred if the wife fulfils the following conditions:
 - (a) the wife is at least 37 years of age AND
 - (b) the wife has undergone one or more stimulated cycles in which no eggs were collected or from which no egg collected developed into a blastocyst
5. We acknowledge that the risks and complication(s) listed are not intended to be exhaustive. We have had an opportunity to ask for more information about (i) the above-mentioned risks and complications; (ii) the risks and complications in general; and (iii) specific concern(s) of relevance to us.
6. We acknowledge that this consent does not ensure that an embryo transfer will occur, that the embryo(s) will survive the thawing process or that the thawed embryo(s) will be of sufficient quality to warrant a transfer. We consent to the Hospital preparing the frozen embryo(s) for us for the Procedure and to perform the Procedure.
7. We release the Hospital and its personnel from claims for loss, damage or destruction of embryos stored with the Hospital as far as the law permits.
8. We consent to any other treatment and monitoring procedures deemed necessary; and further or alternative procedural measures as may be found to be necessary during the course of the Procedure.
9. We consent to the administration of local/general anaesthesia/sedation, the use of drugs and medicines as may be deemed advisable or necessary for this Procedure.
10. We acknowledge that no representation has been made to us that the Procedure will be performed by any particular Healthcare Professional.
11. We hereby consent to undergo the Procedure.
12. We understand that all treatment details and outcome resulting from this Procedure will be notified to the Ministry of Health, Singapore, for the purpose of statistical reporting and research. We consent to the release of such information to the Ministry of Health.
13. We undertake to notify the Hospital of any birth(s) resulting from IVF/ICSI and related procedures within 28 days of delivery.
14. We understand and agree that the Procedure will be performed by the appropriate SingHealth institution and the Patient will be admitted and/or registered as a patient of that SingHealth institution.