Acacio
FERTILITY CENTER
Pathway to Parenthood

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PREPARING EMBRYO RECIPIENTS: EGG DONATION AND GESTATIONAL SURROGACY

Standard Regimen

The recipient's cycle is initiated with an oral contraceptive pill (OCP), which is later overlapped with 0.5 mg (10 units) Lupron daily for 3-5 days. Thereupon the OCP is withdrawn and daily Lupron injections are continued at 0.25 mg (5 units) daily until progesterone administration is initiated (see below). At this time, Lupron is discontinued.

Estrogen is administered, commencing within a few days of Lupron induced menstruation (after making sure that the ovum donor is ready to proceed with fertility drugs). Following the estrogen administration, plasma estradiol (E2) measurement is done. This allows for planned adjustment of the estrogen dosage. The objective is to achieve a plasma E2 concentration of 500-800 pg/ml and an adequate endometrial lining as assessed by ultrasound examination. The final (adjusted) dosage of estrogen is continued until blood pregnancy tests and/or ultrasound examinations rule out a viable pregnancy, or until completion of the 8th gestational week. A prenatal vitamin, which includes folic acid (1 mg) is taken daily and continued throughout gestation. Antibiotics are taken for 5 days prior to the embryo transfer.

Luteal support with progestereone (P4) commences with vaginal P4 on the day the egg provider is undergoing retrieval, and this is continued until the 8th week of pregnancy or until a blood pregnancy test/negative ultrasound discounts a viable pregnancy. One (1) vaginal application of Crinone 8% is administered on the 1st day of luteal support (referred to as luteal phase day 0 - LPO). On LP Day 1, they will commence the administration of Crinone 8% twice daily (AM and PM) until the day of embryo transfer. Withhold Crinone on the morning of the embryo transfer and resume Crinone administration in the PM. Crinone twice daily is resumed from the day after embryo transfer. Contingent upon positive blood pregnancy tests, and subsequently upon the ultrasound confirmation of a viable pregnancy, administration of Crinone twice daily are continued until the 8th week of pregnancy.

With the obvious exception of the fact that embryo recipients do not receive an hCG injection, luteal phase and early pregnancy hormonal support is otherwise the same for conventional IVF patients.

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