



**NYU Langone  
Fertility Center**

# FROZEN EMBRYO TRANSFER

Patient Orientation



# Welcome to the NYULFC Frozen Embryo Transfer Orientation Class.

## Section 1: NYULFC Overview

**Critical Information for Frozen Embryo Transfer Cycles**

## Section 2: Preparation

**Preparing for Transfer**

## Section 3: Cycling

**Transfer Cycle**

## Section 4: Embryo Transfer

**Frozen Embryo Transfer**

## Section 5: Post-Transfer

**Pregnancy Monitoring**

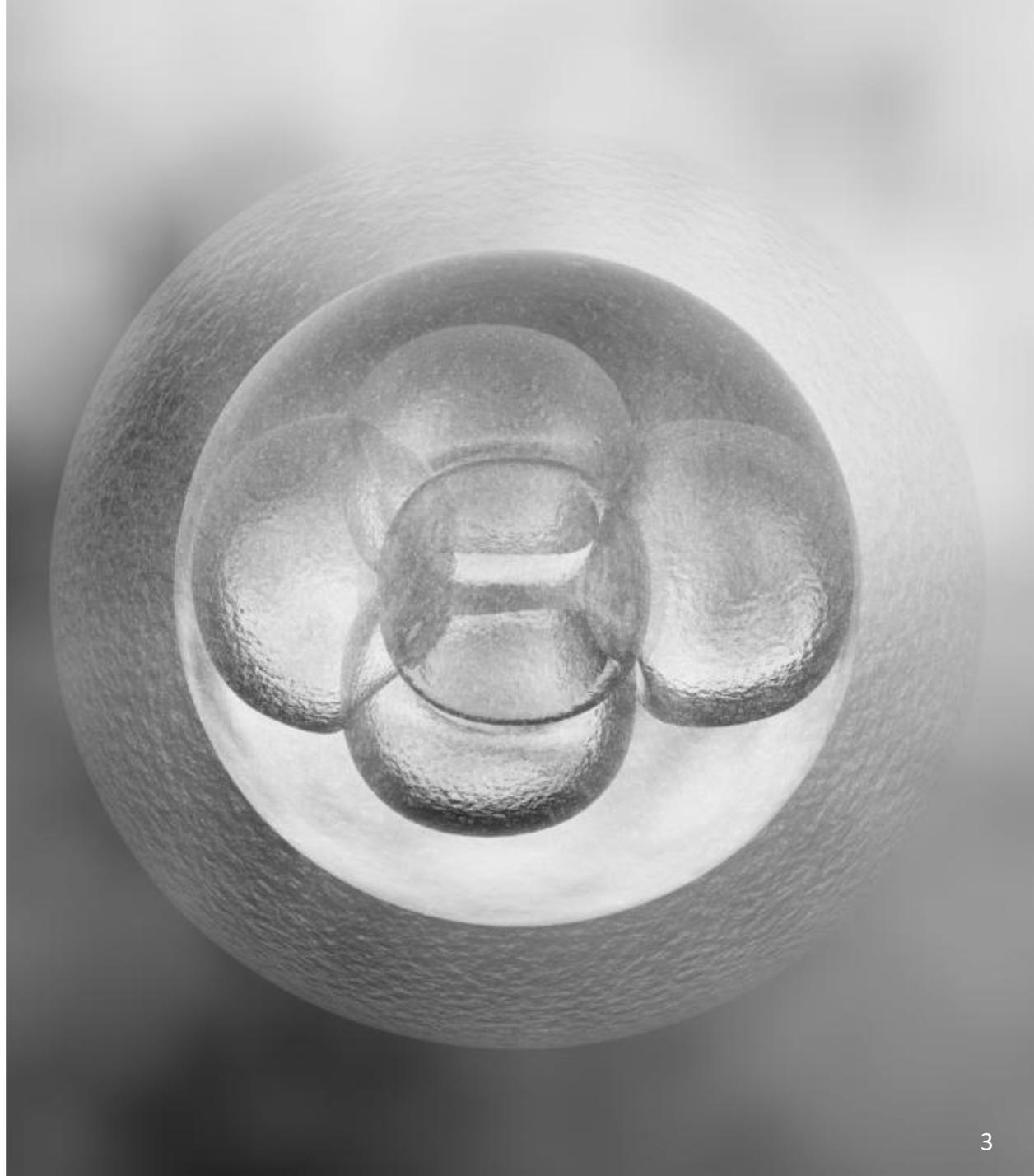




**NYU Langone  
Fertility Center**

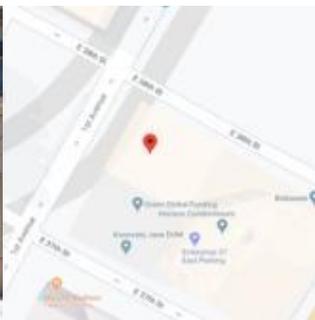
**Section 1: NYULFC Overview**

# **Critical Information for Frozen Embryo Transfer Cycles**



# Office Locations

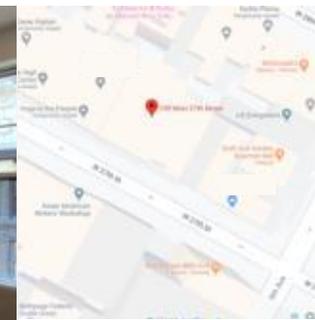
## Main Office



**660 First Avenue, 5<sup>th</sup> & 6<sup>th</sup> Floors  
New York, NY, 10016**

**212-263-8990**

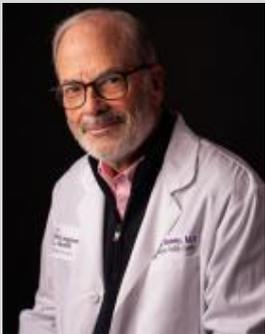
## NoMad Satellite



**109 West 27<sup>th</sup> Street, 9<sup>th</sup> Floor  
New York, NY, 10001**

**212-263-0040**

# Meet the NYULFC Physician Team



Alan Berkeley, MD



Jennifer Blakemore, MD



Shannon DeVore, MD



Elizabeth Fino, MD



James Grifo, MD, PhD



Brooke Hodes Wertz,  
MD, MPH



David Keefe, MD



Frederick Licciardi, MD

## World Class Outcomes. Expert & Exceptional Care. Constant Collaboration.

Our physicians have over 140 years collective experience performing IVF. Each member of the NYULFC physician team is dedicated to delivering exceptional clinical care, and all members of the team collaborate daily to deliver best-in-class outcomes for NYULFC patients.

NYULFC operates on a “Doctor-of-the-Day” model, which means one physician is assigned to perform all surgical procedures each day. You will see your physician throughout your treatment cycle, and your physician will direct your care plan (including medication dosage, monitoring frequency, and other clinical directives), however it is possible that your physician may not be the one assigned to perform surgery on the date of your procedure.

During your care at NYULFC, you may also meet our staff physician, Dr. Lisa Kump. While Dr. Kump is no longer accepting new patients, she provides outstanding care for all patients in-cycle at the Fertility Center.

## Patient Care Coordinators

Your Patient Care Coordinator serves as your point person throughout your treatment cycle.

At NYULFC, each physician collaborates directly with a Patient Care Coordinator to form a “Physician Pod” or care team.

**Patients of Dr. Alan Berkeley  
& Dr. Frederick Licciardi**

**Rose Polidura**  
212-263-6498  
[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Rose.Polidura@nyulangone.org](mailto:Rose.Polidura@nyulangone.org)

**Patients of Dr. James Grifo**

**Maribel Feliciano**  
212-263-7967  
[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Maribel.Feliciano@nyulangone.org](mailto:Maribel.Feliciano@nyulangone.org)

**Patients of Dr. Brooke Hodes  
Wertz & Dr. Jennifer Blakemore**

**Kimown Peters**  
646-754-1253  
[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Kimown.Peters@nyulangone.org](mailto:Kimown.Peters@nyulangone.org)

**Patients of Dr. Elizabeth Fino**

**Joanna Marrero-Constantine**  
212-263-7976  
[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Joanna.Marrero-constantine@nyulangone.org](mailto:Joanna.Marrero-constantine@nyulangone.org)

**Patients of Dr. David Keefe  
& Dr. Shannon DeVore**

**Emily Hawkins**  
212-263-3659  
[FertilityCoordinators@nyulangone.org](mailto:FertilityCoordinators@nyulangone.org)  
[Emily.Hawkins@nyulangone.org](mailto:Emily.Hawkins@nyulangone.org)

When contacting your Patient Care Coordinator, please email:

**FertilityCoordinators**

**@nyulangone.org**

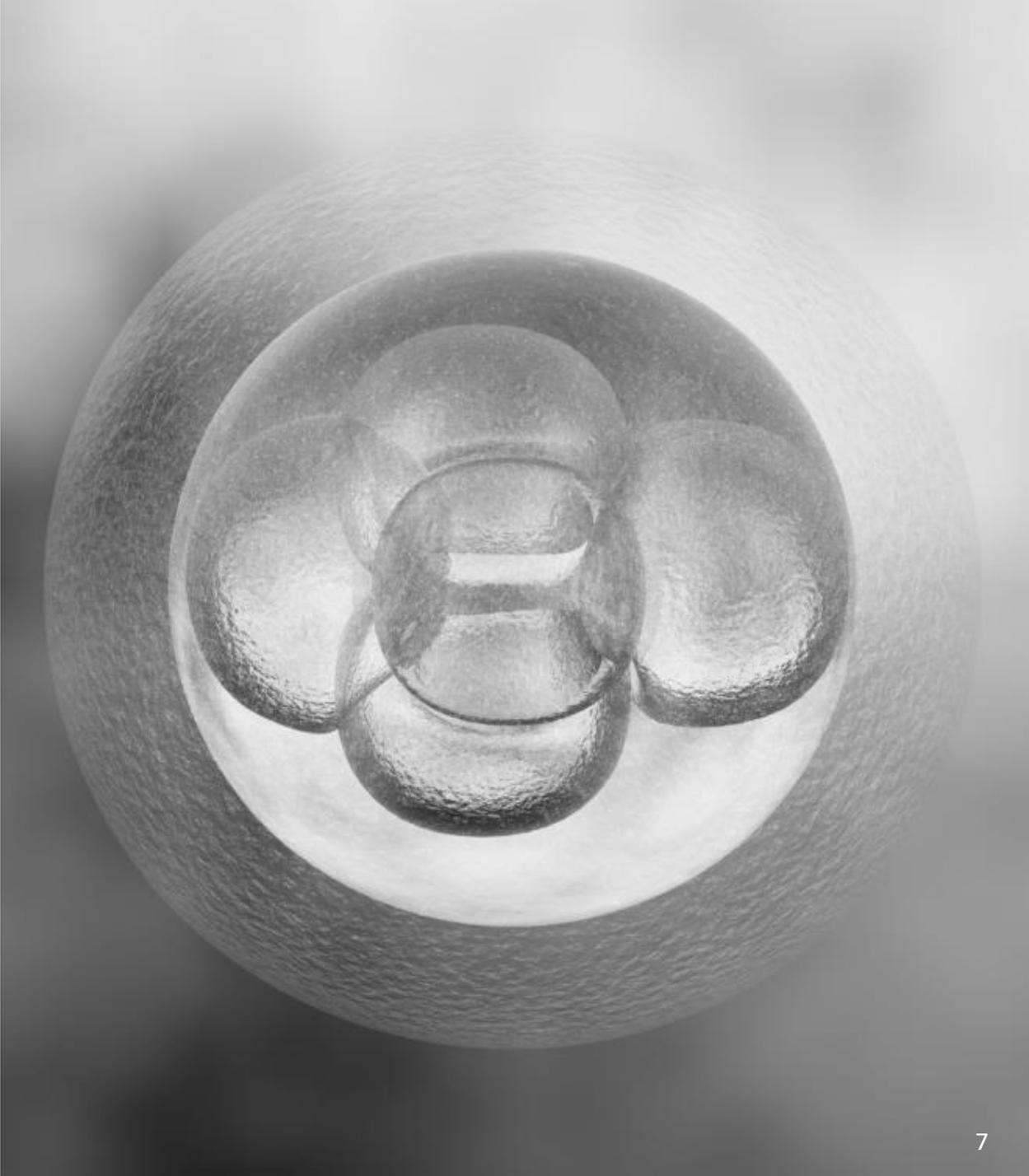
and copy your dedicated  
Coordinator.



**NYU Langone  
Fertility Center**

**Section 2: Preparation**

**Preparing for  
Transfer**



## Prerequisite Tests & Appointments

Please note, all required tests (i.e. “checklist”) and insurance pre-certification **must be completed** prior to the start of your cycle. Failure to complete all checklist items or consents will delay your treatment.

Depending on the date of your last cycle, many of your checklist items may already be completed. **Please contact your coordinator to determine what, if anything, remains outstanding.** Your physician may require a saline sonogram ahead of your FET cycle.

Please inform us if you or your partner have any new or unreported medical conditions or allergies, or are on any prescription medications or herbal supplements. Some medical conditions will require documented clearance from your personal physician prior to treatment. (*Cardiology, Nephrology, etc.*)

Your “Advance Directive” (if you have one) should be provided at the start of treatment. Information is available from your MD’s assistant.

## Consents

NYULFC partners with EngagedMD to deliver consent forms and video education modules directly to your email inbox.



You will receive your consent forms via email, and you will be required to verify your identity when you sign.

You will be asked to scan your driver’s license or passport using your phone.

All consents must be complete prior to cycle start.



# Frozen Embryo Transfer (“FET”)



During your IVF cycle, you will have the option to cryopreserve ("freeze") any embryos you may create.

You may wish to freeze embryos to **enable biopsy for PGT**, or you may simply need to freeze additional embryos created during your cycle for future embryo transfer during a subsequent cycle.

## Day 2 FET Start

When you return for your FET, you will need to discuss your treatment plan with your physician prior to initiating the cycle. Your physician will provide guidance on your medication protocol and care plan, and will enter a **“Cycle Reservation” for the (estimated) Day-2 of your next menses** to begin your FET.

Insurance authorization, consent forms, and prerequisite blood tests may also be required. At your Day-2 appointment, we will perform bloodwork and a sonogram. Following your visit, a nurse will notify you if you are cleared to start.

## FET Cycles at NYULFC

Patients at NYULFC undergo “Hormone-Replaced” or **“Programmed” FET cycles**. This enables predictability and scheduling safely for a successful cycle. **Prior to your FET, you will need prescriptions for Estrace and Progesterone supplementation.** After you are cleared to start, you will be instructed on how to begin Estrace.

You will be instructed to visit NYULFC around day 12 for another blood test and a sonogram. A nurse will call you with instructions regarding the start date for Progesterone, instructions for the embryo transfer, and the date of your scheduled FET.

## Embryo Thaw & Transfer

On the date of your FET, the embryo selected for thaw and transfer will be based on the following criteria in this order:

1. Results of PGT testing (if applicable)
2. Best-quality embryo as graded by the laboratory  
*(Information about embryo grading is provided on a handout in your orientation materials)*

# Reservation for Cycle Start

## Reservation Requirement

### A Cycle Start Reservation



is required for all patients undergoing care at NYU Langone Fertility Center.

## Reservation Timing

To account for variation in menstrual cycle timing, all Cycle Start Reservations are honored within a 7-day window of the confirmed date

Example: if your reservation for Day 2 Start is confirmed for the 14th of a month, your reservation will be honored between the 7th and the 21st of the month.

## How do I make a Reservation?

Please contact your Patient Care Coordinator to make a Day 2 Cycle Start Reservation.

Your Coordinator will book your Cycle Start Reservation. Your Coordinator will also call you 1-week prior to your anticipated menses to confirm your Reservation.



## Ready to Start?

Please call your Patient Coordinator between 8AM-4PM on the day prior to your:

- Day-2 start date for a FET cycle

## Information to Share

When calling, provide your **name** (spell it out, please!), **date of birth**, **treating physician**, and **cycle type** (Egg Thaw or FET).

Notifying us prior to your cycle start will allow our team to prepare your chart before you arrive.

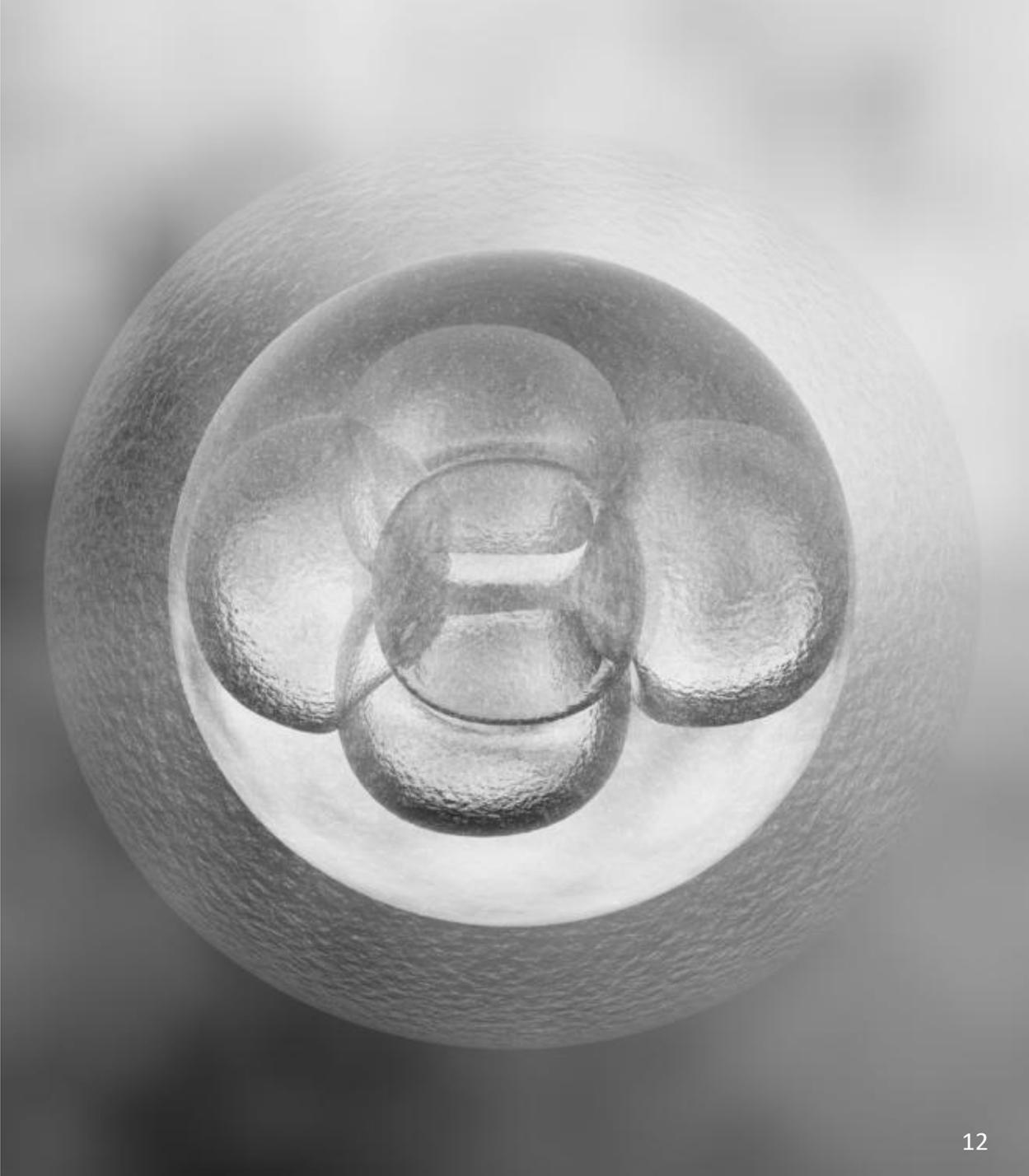




**NYU Langone  
Fertility Center**

**Section 3: Cycling**

**Transfer Cycle**



# Morning Monitoring at NYULFC

## When & Where

Morning Monitoring services, including bloodwork and ultrasound, are available at both offices (Main Office & NoMad Satellite).

Morning Monitoring occurs between **7AM – 9:30AM**, 7 days per week.

**Appointments are required for morning monitoring.**

## Afternoon Call-Backs

**Expect a phone call from a nurse during the afternoon following your morning monitoring visit.**

Please provide us with the best phone number (with voicemail!) to reach you between 12PM – 5PM.

Please follow all instructions delivered by your nurse.

## Contact Information

Questions?

Please call the main office at **212-263-8990**.

The best time to reach our nursing staff is between 10AM – 5PM ET.



# Medication Information & Resources

Cycle Type	Brand Names	Medication Type	Purpose	Training Video
FET	<b>Estrace</b>		Estrace is used to to build the uterine lining in preparation for embryo transfer. You will start Estrace tablets on Day 2 when instructed to do so by a nurse. You will continue this medication through the 10th week of pregnancy.	Partner receiving FET will be prescribed Estrace tablets on Day2; continue taking Estrace through 10 <sup>th</sup> week of pregnancy; Estrace is taken orally.
FET	<b>Crinone or Endometrin suppository</b>  <b>Progesterone in Sesame Oil or in Olive Oil</b>		Progesterone is used to help support pregnancy. Progesterone is given in the form of a vaginal suppository and intramuscular injection to be started upon instruction when your embryo transfer has been scheduled by the embryology lab. You will continue this medication through the 10th week of pregnancy.	<p>Crinone Suppository:  <a href="https://www.mdrusa.com/wp-content/uploads/Crinone-Instructions-1.pdf">https://www.mdrusa.com/wp-content/uploads/Crinone-Instructions-1.pdf</a></p> <p>Endometrin Suppository:  <a href="https://www.ferringfertility.com/wp-content/uploads/2021/04/endometrin_US-END-1900009-ENDOMETRIN-Administration-Guide-Tear-Pad-No-Vault-Page.pdf">https://www.ferringfertility.com/wp-content/uploads/2021/04/endometrin_US-END-1900009-ENDOMETRIN-Administration-Guide-Tear-Pad-No-Vault-Page.pdf</a></p> <p>Progesterone in Oil:  <a href="https://www.youtube.com/watch?v=jr1Y5o7C6a4">https://www.youtube.com/watch?v=jr1Y5o7C6a4</a></p>

\*If pregnancy is achieved, **all medications will continue through week 8**, at which time you will be provided with a taper schedule to decrease medications and stop all medications by week 10.

## Estrace

### Purpose:

Estrace is used to stimulate growth of the endometrial lining in the uterus and helps support embryo implantation and pregnancy. Estrace is required to perform a frozen embryo transfer cycle.

### Administration:

Oral tablet.



**Do not stop taking Estrace unless instructed to do so by a staff member at NYULFC.**

### Possible Side Effects:

Cramping, headache, nausea, breast tenderness, mood swings, or vaginal irritation.

## Progesterone

### Purpose:

Progesterone is used to enhance the uterine lining's ability to sustain embryo implantation and pregnancy. Progesterone is required to perform either a fresh or a frozen embryo transfer cycle.

### Administration:

Intramuscular injections and vaginal suppositories.



**Do not stop taking progesterone unless instructed to do so by a staff member at NYULFC.**

### Possible Side Effects:

Cramping, headache, nausea, breast tenderness, mood swings, or vaginal irritation.

### Please Note:

Please notify your physician and nurse if you have any nut allergies.

# Frozen Embryo Transfer

\*Please note the below represents a stimulated FET cycle. **Your own cycle may differ slightly.**

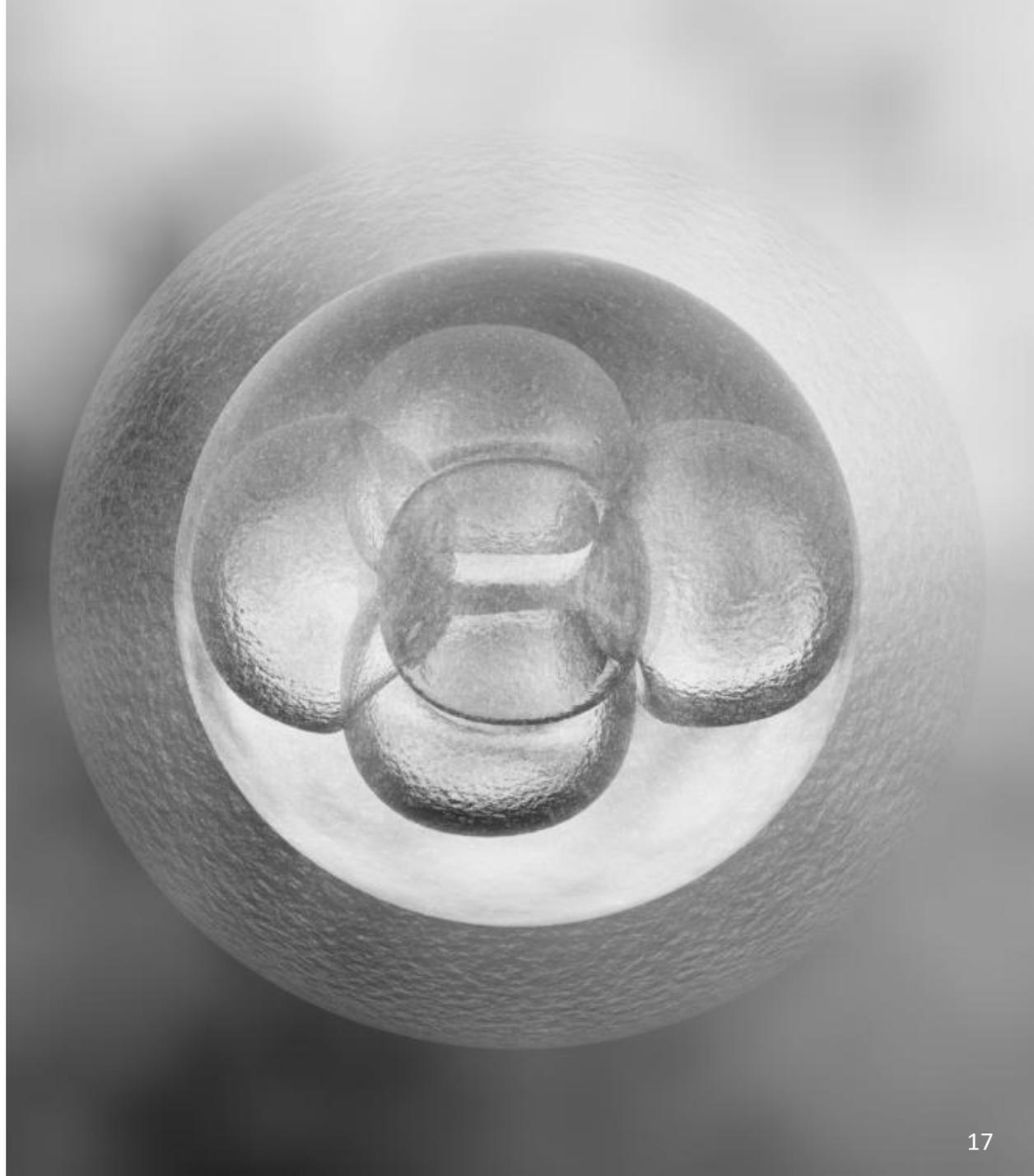
		Cycle day 1	Cycle day 2	Cycle day 3	Cycle day 4	Cycle day 5
		<ul style="list-style-type: none"> <li>Menses start</li> <li>Call Patient Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Bloodwork Ultrasound</li> <li>Start oral estrogen (Estrace)</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>
Cycle day 6	Cycle day 7	Cycle day 8	Cycle day 9	Cycle day 10	Cycle day 11	Cycle day 12
<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Increase Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Increase Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Bloodwork Ultrasound</li> <li>Estrace</li> </ul>
Cycle day 13	Cycle day 14	Cycle day 15	Cycle day 16	Cycle day 17	Cycle day 18	Cycle Day 19
<ul style="list-style-type: none"> <li>You will be instructed to start progesterone after your Day 12 bloodwork and ultrasound.</li> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Bloodwork</li> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<ul style="list-style-type: none"> <li>Estrace</li> </ul>	<b>Embryo Transfer</b> <ul style="list-style-type: none"> <li>Estrace</li> </ul>



**NYU Langone  
Fertility Center**

**Section 4: Embryo Transfer**

**Frozen Embryo  
Transfer**



# Single Euploid Embryo Transfer (SEET)

NYULFC strongly encourages the transfer of a **single, chromosomally normal (euploid)** embryo to increase the chance of a healthy pregnancy and live birth.



## Risks of Multiple Gestation Pregnancies

The risk of perinatal death in twins is **4 times** higher than for singletons.  
The risk of perinatal death in triplets is **10 times** higher than for singletons.

Other risks associated with twin pregnancies include

- higher likelihood to develop pre-eclampsia
- higher likelihood to be hospitalized during pregnancy
- higher likelihood to have preterm labor (average gestation for twins: 35 weeks)
- more likely to require a Caesarian section
- stress on parents and siblings; divorce rate is higher in parents of twins
- twins have a 7 times higher rate of Cerebral Palsy
- rate of learning disability is increased for multiples, even near-term
- long-term costs associated with minor and major handicaps

## Choosing the Embryo for Transfer

Unless otherwise directed by your Physician the lab will choose the **best quality embryo** for transfer.

If you have a **gender preference**, you are required to notify your physician prior to your Day 2 cycle start.



## Embryo Grading

Embryos are graded in the lab before freeze based on;

- stage of development
- quality of cells

The embryos must reach a certain threshold to meet criteria for freezing so all frozen embryos are considered good quality.



## Gender Selection

If you and your partner have suitable embryos of both genders and wish to choose the gender, you must discuss your gender preference with your clinical team **before Day 2 of your FET cycle** to ensure clear directives to the Embryology Lab.



*\*Special note; If you have undergone PGT for specific genetic conditions please consult with your physician and clinical team before Day 2 of your FET cycle*

## Embryo Thawing



You will get a call from the embryologist the day before your transfer to confirm that you are coming for your FET procedure as planned.

On the day of your scheduled transfer, your frozen embryo is removed from its cryostorage tank and is gradually warmed in the embryology laboratory.

## Frozen Embryo Transfer Procedure

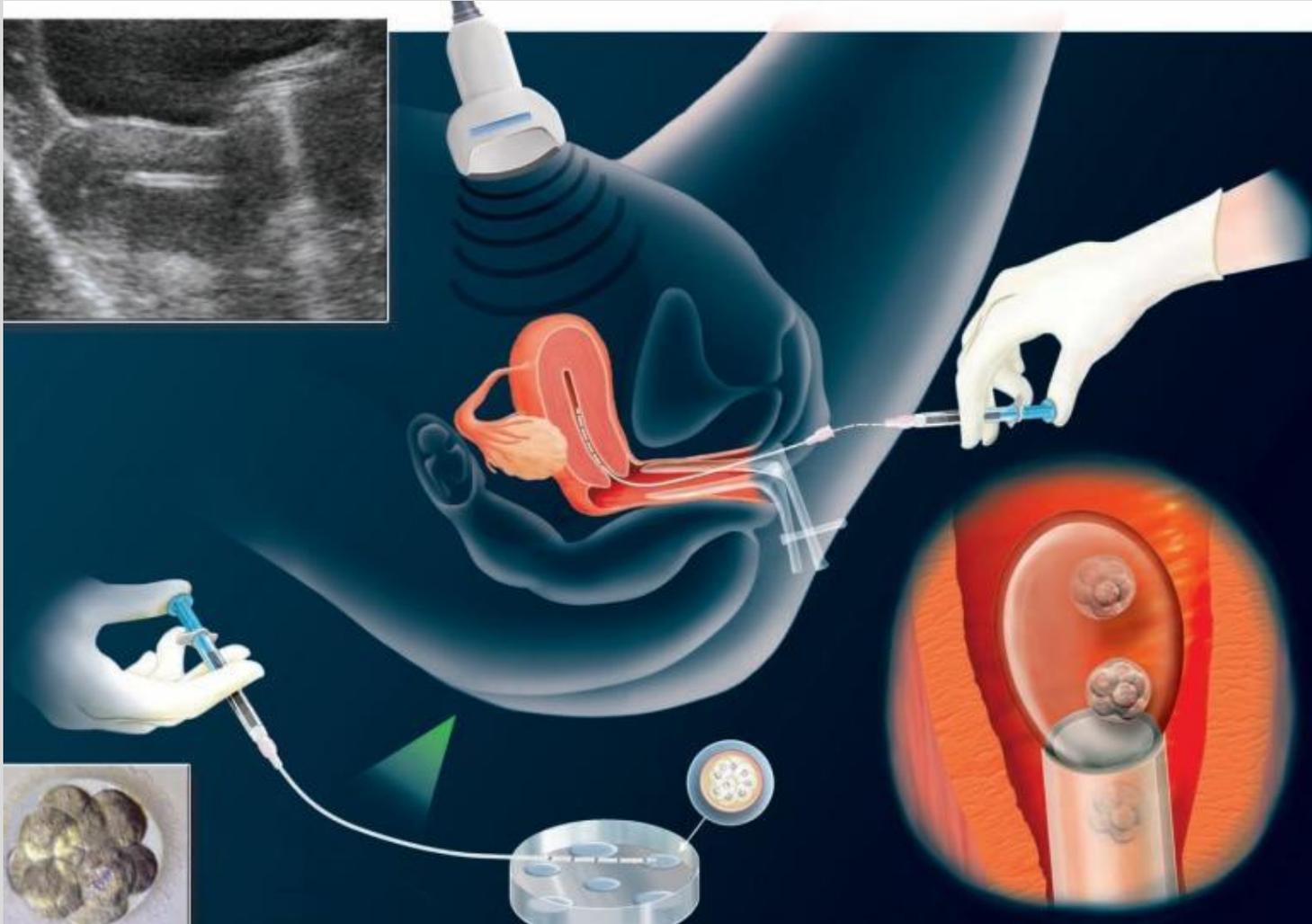


The selected embryo is transferred directly into the uterus during a **5-15 minute procedure**; sedation is not usually required and there is no recovery period.

You will be allowed to get up and depart immediately after the embryo transfer procedure.



# Embryo Transfer

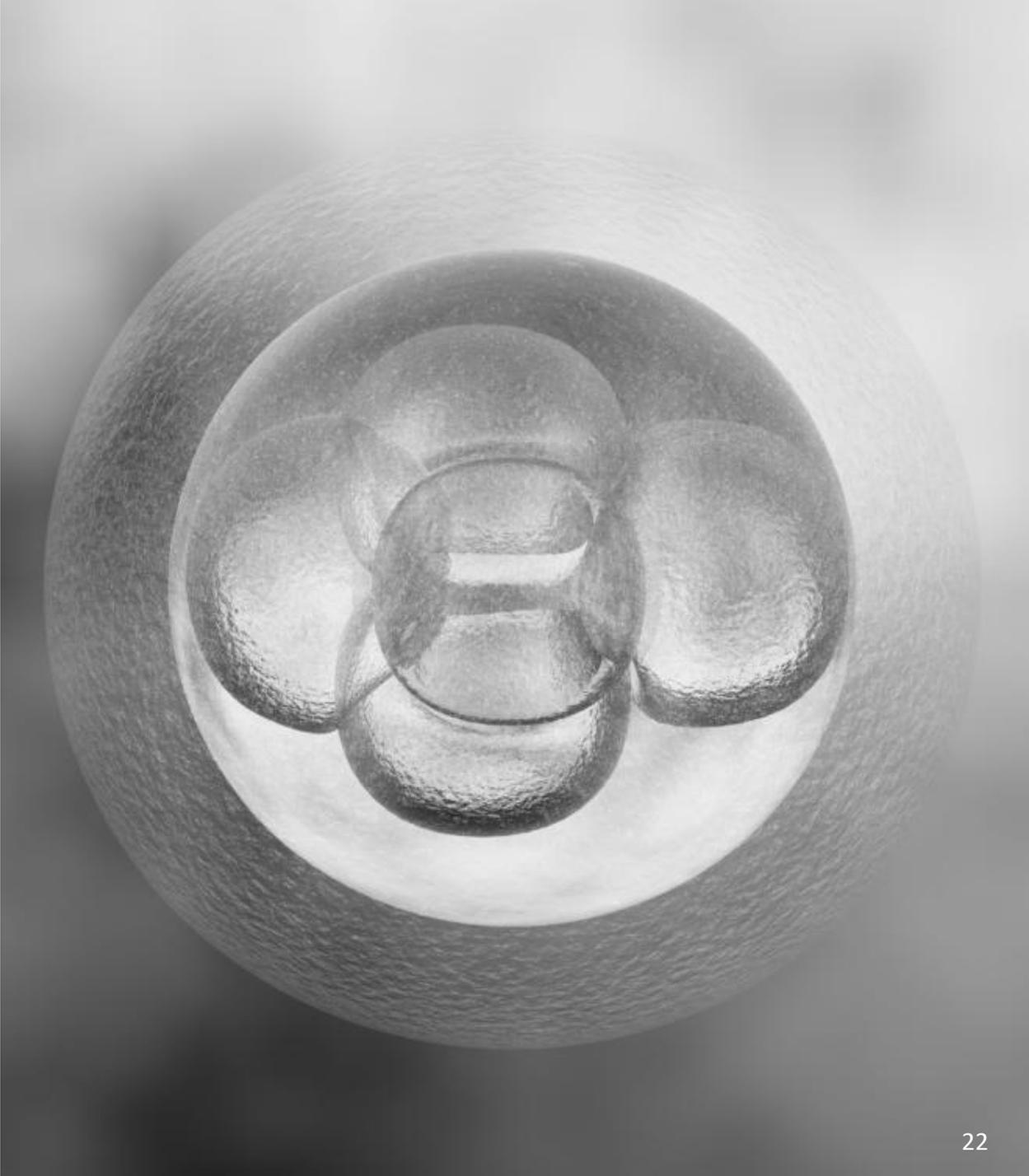




**NYU Langone  
Fertility Center**

**Section 5: Post-Transfer**

**Pregnancy  
Monitoring**



# After Transfer

\*Please note your own cycle may differ from the below.

Cycle day 19	Cycle day 20	Cycle day 21	Cycle day 22	Cycle day 23	Cycle day 24	Cycle day 25
<b>Embryo transfer</b>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal Suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal Suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• IM Injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>
Cycle day 26	Cycle day 27	Cycle day 28	Cycle day 29	Cycle day 30	Cycle day 31	Cycle day 32
<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<b>Pregnancy blood test - 4 weeks</b>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>
Cycle day 33	Cycle day 34	Cycle day 35	Cycle day 36	Cycle day 37	Cycle day 38	Cycle day 39
<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<b>Pregnancy blood test - 5 weeks</b>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>
Cycle day 40	Cycle day 41	Cycle day 42	Cycle day 43	Cycle day 44	Cycle day 45	Cycle day 46
<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy blood test - 5 weeks</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<ul style="list-style-type: none"> <li>• IM injection</li> <li>• Vaginal suppositories</li> <li>• Estrace</li> </ul>	<b>Pregnancy ultrasound and discharge with heart beat</b>

\*Medications continue until cycle day 56, at which point you will begin your taper schedule.

# Luteal Monitoring (Post-Transfer)

## Pregnancy Blood Test

**9 days** after the embryo transfer, you will visit NYULFC for a pregnancy blood test (mandatory).

If positive, you will be asked to return within 1-week for a repeat blood test.



## Pregnancy Ultrasound

**3 weeks** after the embryo transfer, assuming the pregnancy test is positive, you will return to NYULFC for a pregnancy ultrasound.



## Transfer of Care to Your OB

After a fetal heartbeat is documented during an ultrasound, you may transfer your care to the obstetrician of your choice. You will be given a schedule to decrease and eventually discontinue your medication. Congratulations!



# Questions?



Your Coordinator



T: 212-263-8990



F: 212-263-7853

