



This instruction is intended for our patients who are in a care relationship. The Wellbeing Services County of South West Finland. Turku University Hospital

Frozen embryo transfer with hormone therapy cycle

Hormone therapy is used to make sure that the endometrium of the uterus is optimal for the transfer of the frozen embryo. Hormone therapy is used if the menstrual cycle is long or irregular, or if there have been several problems with the timing of the frozen embryo transfer during natural menstrual cycle.

Signing up for treatment

Sign up for treatment in the beginning of your menstrual cycle every time by using **the My path -channel**, on the 1st or 2nd day of your cycle. The first day of your menstrual cycle is the **first day of obvious bleeding.** If the bleeding starts during the evening after 6 pm, the next day is considered the first day of the menstrual cycle.

The fertility nurse will give you instructions on how to start the planned treatment and books you an appointment for an ultrasound at the outpatient clinic.

Treatment progression

Start the estrogen replacement treatment (patches / gel / tablets) according to the instructions you have received. The thickness of the endometrium is evaluated during the ultrasound appointment (which takes place between 10th and 12th day of your cycle), and you will also receive instructions on starting the luteal hormone therapy as well as the frozen embryo transfer appointment.

Luteal hormone therapy

The purpose of the luteal hormone therapy is to make sure that the endometrium is favourable for the implantation of the embryo. Use the medication according to the instructions given to you.

- Lugesteron® 200 milligrams, capsules. The medication is administered vaginally. The medication might not me suitable for patients with nut allergies.
- Crinone® vaginal gel.
- Lutinus® 100 milligrams, vaginal suppositories.
- Terolut® 10 milligrams, tablets. The medication is taken by mouth.
- Cyclogest® 400 milligrams, vaginal suppositories.





Frozen embryo transfer (FET)

Timing of the embryo transfer depends on the age of the embryo, and it is timed using progesterone. In almost all cases, only one embryo **is transferred into the uterus**. The amount of transferred embryos (1 to 2) depends on the quality of the embryos, earlier treatment outcomes, and patient specific risk factors.

Make sure your bladder is full when you arrive for the transfer procedure: a full bladder facilitates the insertion of the embryo transfer catheter to the uterine cavity through the cervical canal. During the transfer, an abdominal ultrasound is used to ensure that the embryo is correctly placed in the uterine cavity.

Continue the estrogen and luteal hormone therapy until the pregnancy test! If the pregnancy test is **positive, continue the** medication up to the pregnancy ultrasound. If the pregnancy test is negative you can stop taking the medication.

You will receive instructions on how to gradually reduce and stop taking the medication during your pregnancy ultrasound appointment. Usually the medication will be gradually discontinued with diminishing doses from 8+ weeks on pregnancy onwards in **1 to 2 weeks**.

Pregnancy test and follow-up treatment

Take a pregnancy urine test when the embryonic age is 16 days, the nurse will tell you the date. Report the pregnancy test result to the infertility nurse.

If the urine pregnancy test is positive:

• A pregnancy ultrasound appointment will be scheduled for you (at around 8 weeks of pregnancy).

If the urine pregnancy test is negative:

- If there are frozen embryos left, the same treatment cycle can begin when the next menstrual bleeding starts. Starting the treatment requires contacting the fertility nurse.
- If there are no frozen embryos left, and further treatments are planned, an appointment will be scheduled for you to formulate a treatment plan.

All communication can be done through the My path -channel after you have been registered as a user. The fertility clinic staff is not available during weekends.