Juniper Online Journal of Case Studies
ISSN: 2476-1370

Juniper Publishers
key to the Researchers

Opinion
Volume 8 Issue 1 - August 2018
DOI: 10.19080/JOJCS.2018.08.555729

JOJ Case Stud

Updates for the IVF Good Practice

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Submission: August 13, 2018; **Published:** August 17, 2018

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Abbreviations: RPL: Recurrent Pregnancy Loss; PGS: Preimplantation Genetic Screening; PR: Pregnancy Rate; LBR: Life Birth Rate; CMR: Clinical Miscarriage Rate

Opinion

Several guidelines had been issued describing the minimal requirements of the IVF laboratory. The aim of these guidelines is to support the IVF laboratory staff in the implementation of quality system including all laboratory procedures, quality control and quality assurance.

40 years passed since the born of the first IVF baby, numerous procedures had been added in the field of assisted conception, such as cryopreservation, micromanipulation, assisted hatching and preimplantation screening…. and more.

A new guideline should be assembled, and the recommendations should be thoroughly discussed describing the day to day practice in IVF laboratory, including identification of patients, handling of cells and tissues, classification and detecting consumables used and needed, implementing backup system preventing or minimizing any damages of equipment's and keeping checklists and patients' records completed.

One of the very important issues that should be included within the guidelines, is the counseling for patients suffering from recurrent pregnancy loss (RPL) and going for preimplantation genetic screening (PGS) for this reason [1-9].

Patients need to be counseled for the expected pregnancy rate (PR) or life birth rate (LBR) in cases when they go for PGS due to RPL where LBR will not be increased and the clinical miscarriage rate (CMR) will not be less. A lot of scientific papers now showing that when PGS is used in treating cases of RPL, where the utilization of the treatment is usually based on the selection of the euploid embryos for transfer, will not result in lower CMR or higher LBR.

In fact, when we make our statistics, all attempts of PGS should be included, counting cycles in which PGS were intended but canceled due to insufficient embryo quality for biopsy and cycles that did not proceed to embryo transfer because there were no "healthy" embryo(s) for transfer following the test, should be added as well. However, patient expectations must be managed for a possible cycle cancellation rate.

In conclusion, counseling patients being a very important subject and it is included within the IVF guidelines. Also counseling patients suffering from pregnancy loss and doing PGS for that reason only should be counseled as well not only with the success rates of PGS per euploid embryo transferred, but also LBR per initiated PGS cycle should be included and they should be told that, in their case, PGS may not accelerate their time to conception [10-17].

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DOI: 10.19080/JOJCS.2018.08.555729

How to cite this article: Howaida Hashim. Updates for the IVF Good Practice. JOJ Case Stud. 2018; 8(1): 555729. DOI: 10.19080/JOJCS.2018.08.555729.