

Making Decisions about Egg Freezing

This website download is for women who are considering egg freezing in the hope of preserving their fertility. It can help you decide if egg freezing is right for you.

It does not replace talking to a healthcare professional.

Overview

Egg freezing

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Egg freezing

Egg freezing

The decision to freeze your eggs can be difficult. It may also be affected by your personal beliefs.

Many people feel better about making a decision after reviewing all of their options. For some, a written record of what matters most to them is helpful.

Discussing your fertility options with a fertility specialist, or counsellor may also be useful however, this is likely to incur cost.

We encourage you to share this website with those who will support you to make a decision.

Note: *This website has been developed for people with ovaries. We would like to acknowledge that whilst we may use the term woman/women on the website, this is to simplify the information provided and is not intended to exclude, cause offence or harm to anyone. If you are a person with ovaries who does not identify as a woman you may prefer to talk to a healthcare professional for more personalised advice relating to your experiences.*

Why freeze eggs?

Egg freezing has become more popular and widely available in recent years.

Some of the reasons why women freeze their eggs include [1](#), [2](#) & [3](#):

- Needing more time to find a partner to have children with.
- Wanting a 'back-up plan' in case they are unable to become pregnant naturally or have more than one child in the future.
- Wanting to take the pressure off themselves.
- Feeling unready, either financially or emotionally to start a family.
- Feeling pressure from family to have children.
- Wanting more time to think about having a family.

What factors affect female fertility?

Women are born with about 2 million undeveloped eggs which sit inside follicles in the ovaries. Most of these eggs are lost before birth.

By puberty (10-12 years old) women have about 200,000 eggs, and by the age 30 about 35,000 eggs. Menopause happens when the ovaries run out of eggs.

During each menstrual cycle, around 5-20 eggs begin to mature, but usually only one fully matures and is released (ovulated). The rest of the eggs are absorbed by the body.

To become pregnant a woman needs to release a mature egg, which is then fertilised by a sperm to create an embryo. Pregnancy happens when the embryo attaches inside the womb.

Age

As women get older the number and quality of their eggs gradually decline, reducing their fertility.

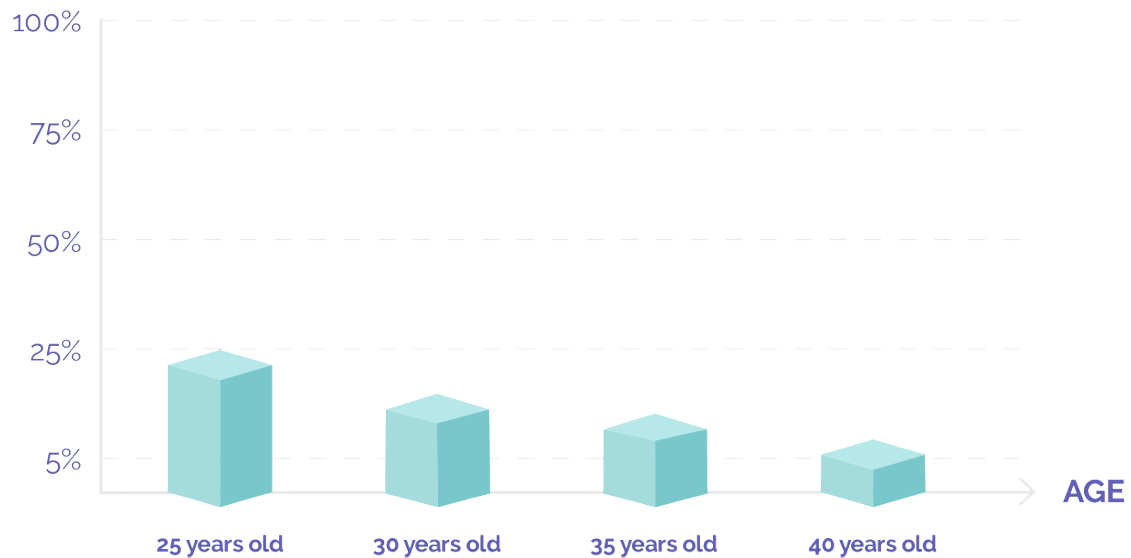
Egg quality reduces because the number of genetic defects in each egg increases over time. Older eggs also have less energy to support a developing embryo.

This makes it harder for an embryo to grow into a baby, which is why the risk of miscarriage also increases with age. The risk is about 15% for women aged 30-34 years and 25% for women aged 35-39 years [\[4\]](#).

Generally, the decline in fertility starts in a women's early 30's and speeds up in their mid-late 30's (particularly after 37 years of age).

There are currently no tests for egg quality.

Chances of Getting Pregnant Each Month



The chances of getting pregnant each month [\[5\]](#):

- 24% for a 25 year old (i.e. 1 in 4 chance);
- 18% for a 30 year old (i.e. 1 in 5 chance);
- 12% for a 35 year old (i.e. 1 in 8 chance) and;
- 5% for a 40 year old (i.e. 1 in 20 chance).

Because the chances of pregnancy declines with age, some women choose to freeze their eggs as they could be used to have a baby in the future.

Note: Understanding how age impacts female fertility is important when making a decision about egg freezing and is not intended to create any shame or embarrassment for anyone.

Other factors

Lifestyle factors such as tobacco smoking, other substance use, poor diet, lack of exercise, and being over or under-weight can reduce fertility in both women and men [\[6\]](#).

Medical conditions such as endometriosis, polycystic ovary syndrome (PCOS) and pelvic infection can reduce female fertility as well.

Environmental toxins from the air, soil, food, water and products used in everyday life may also potentially affect fertility. However, this is less certain as more research is needed in this area [\[7 & 8\]](#). The [Your Fertility](#) website has more information about how these factors (including environmental toxins) impact fertility and how to improve your chances of having a baby in the future.

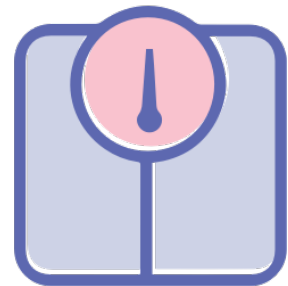
Lifestyle Factors



Smoking



Alcohol



Weight

What is egg freezing?

Egg freezing involves collecting eggs from a woman's ovaries and freezing them for possible later use. If a woman chooses to use her eggs in the future, additional fertility treatments will be needed.

The procedure

Pre-cycle assessment

Before egg freezing, a fertility specialist may:

- Discuss your fertility goals;
- Discuss your options for achieving your goals, and;
- Run tests such as blood tests and ultrasound scans to assess your current fertility and the safety of egg freezing in your case.

Sometimes hormone levels (including Anti-Mullerian hormone (AMH)) are measured to try and estimate the number of eggs that might be collected. These tests can only provide an estimate and are not very accurate when predicting the likelihood of becoming pregnant with or without using frozen eggs [9]. For more information about the Anti-Mullerian hormone click [here](#).

Discussing your test results with a fertility specialist will be important when trying to decide whether or not to freeze your eggs.

The number of appointments you may have with a fertility specialist before starting an egg freezing cycle will vary, however on average two are generally needed.

Ovarian stimulation

This is a procedure where:

- Hormone injections are needed for around 8-12 days to stimulate the ovaries and mature as many eggs as possible.
- The injections are usually given into a pinch of skin around the stomach area. The needle is small and has been described as a tiny prick on the skin. Ice can be used to numb the area if needed.

During this time, your fertility specialist or a member from your fertility clinic will monitor how well your eggs are maturing using transvaginal ultrasound scans and/or blood tests.

The number of appointments you will need varies between clinics but typically, women have between 3 to 5 appointments during the 2-week period. Flexibility will be needed during this time as it may require taking time off work and/or other commitments at short notice.

Some women feel worried about self-injecting incorrectly, pain, and accidentally causing harm to themselves [10]. However, the nurses at a fertility clinic will teach their patients how to inject these hormones properly. You can also ask someone to help you with the injections if needed.

The hormones used can cause side-effects and although rare, some complications can happen too. It is difficult to predict what (if any) side-effects someone will experience as it will vary from person to person. Other medications might be needed at this time too depending on your situation. For more information about the health risks and side-effects of egg freezing click [here](#).

Timing of egg collection

The timing of egg collection depends on how long it takes for your eggs to mature.

Generally, this takes around two weeks.

Usually a minimum of 2 days' notice is given to prepare for the collection procedure.

Egg collection

Egg collection is a minor surgery.

It involves inserting an ultrasound probe into the vagina, and a needle into each follicle to collect the eggs from the ovaries. Egg collection takes around 5-10 minutes, depending on how many follicles you have. What you feel will depend on the type of anaesthetic used by your fertility clinic.

Usually, you would not return to work the day of the procedure, and someone may need to pick you up from the clinic and stay with you overnight. Fertility specialists generally recommended taking 1 to 2 days off work to recover after the procedure, however some women might need more time.

Some women may experience cramping and light bleeding for a few days after the egg collection procedure. Over the counter pain relief can be used to help (e.g. paracetamol or ibuprofen). If this kind of pain relief does not help it is important to contact your fertility clinic.

Depending on your clinic you may have a follow up appointment after the procedure to discuss the outcome. When contacting a clinic about egg freezing you may like to ask them about their follow up procedure.

Pre-Treatment Assessment



Discuss fertility goals and treatment options with a fertility specialist



Blood tests and ultrasound scans to assess your current fertility

Ovarian Stimulation



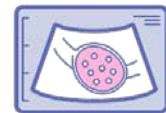
A different mix of drugs over the treatment cycle



Hormone injections for about 2 weeks to help your eggs grow



These are small injections into the stomach area



Scans of ovaries to check if hormones are working

Egg Collection



An ultrasound and needle are used to collect eggs from ovaries



You may be asleep for this



Eggs are frozen for future use

Egg freezing can be physically and emotionally difficult to go through. Click [here](#) for some examples of self-care that might be useful.

Egg freezing and storage

Some eggs collected may be unsuitable for freezing, as only mature eggs will be frozen.

Click [here](#) for more information about egg collection rates.

Eggs will be frozen in storage until you decide to use, dispose, or donate them to another woman or to research (no babies will be made from research – it is illegal).

You will need to pay ongoing fees to store your eggs. Click [here](#) for more information about storage costs.

If you decide to use your eggs later on, you will also need to have another procedure.

Not every egg will survive the thawing process.

Click [here](#) for more information about using frozen eggs, and [here](#) to read more about success rates.

Health risks

Health risks

All medical procedures come with some physical risks. These risks are small but can be serious for egg freezing cycles.

Short Term

Less serious side-effects include medication/hormone related symptoms such as moodiness, hot flushes and bloating. Physical discomfort from blood tests and ultrasound scans may also be experienced.

A small number of women feel more intense discomfort and may require more time off work than expected to recover.

Serious health risks from egg freezing are rare however they can still arise. There is a small risk of heavy bleeding (1 in 1250 chance), infection (1 in 167 chance), and ovarian torsion (1 in 1175 chance) [[11](#) & [12](#)].

Ovarian Hyper-Stimulation Syndrome (OHSS)

OHSS is another health risk which can arise from an excessive response to hormone stimulation. Around 0.4% of women experience mild to severe OHSS symptoms [[13](#)]. Mild OHSS symptoms include [[14](#)]:

- Abdominal discomfort;
- Nausea;
- Vomiting;
- Diarrhoea, and;
- Swelling around the abdomen.

Severe OHSS may require hospitalisation [[14](#)]. The risk of death is extremely rare (1 in 30,000 cycles) [[15](#)], and to date no death has been recorded in Australia relating to OHSS.

The risk of OHSS is higher for women who [\[14, 16\]](#):

- Have a high follicle count before ovarian stimulation (e.g. 12 or more follicles in one ovary);
- Have Polycystic Ovary Syndrome (PCOS) or Polycystic Ovaries;
- Have a past history of OHSS;
- Usually have higher than average AMH levels, and;
- Are aged less than 35 years.

The risk of OHSS will also depend on the hormones used, however your fertility specialist will manage this using specific medications.

It is important to speak to your fertility specialist about your chances of developing OHSS and what signs to look out for before beginning a cycle. For safety reasons, OHSS can lead to cycles being cancelled before eggs are collected. Your clinic should be monitoring you closely during your cycle and help you to manage any side-effects if they occur.

Long Term

Egg freezing is a relatively new procedure available so research into its long-term health effects is limited.

It is reassuring however, that IVF procedures in general (which include ovarian stimulation and egg collection) are not shown to have any long-term negative health impacts on a woman.

The health of children born from frozen eggs at birth also appear similar to those conceived naturally or with IVF. However, the long-term health outcomes for children born from frozen eggs are unknown.

Impact of age

There are greater health risks for mothers, and pregnancy complications which relate to increased maternal age. For more information about these risks, click [here](#).

Will egg freezing reduce my natural fertility?

From what we currently know, egg freezing does not reduce a woman's natural fertility.

There is however a very small risk of complications from ovarian stimulation (e.g. ovarian torsion) and egg-collection (e.g. severe bleeding or infection) which can lower a person's chances of having a baby in the future. See above for more information.

Emotional impact

Egg freezing can be an emotional experience to go through. This may partly be due to the hormones given. It is difficult to predict how someone might be affected as everyone is different.

Some women can experience sadness, grief and anxiety. For example, they might feel sad about not being able to have a child at that time, or they might feel nervous about how many eggs they will collect (and be disappointed if they don't get as many as they expected) [3]. The use of needles and other medical procedures can cause discomfort too. If only a few follicles develop, a fertility specialist may suggest stopping the cycle which may be very disappointing as well.

Other women experience more positive emotions. For example, feeling more "in control" of their fertility or empowered to take action. Some find the process less emotional than they expected too.

Generally, women who decide to freeze their eggs do not regret their decision. However, factors such as their age at the time of freezing, the number of eggs they froze, how likely they are to have a baby from those eggs, and how well informed they felt before deciding, can impact how they feel about their decision overall [17, 18].

Support and coping strategies

It is important to have good support and coping strategies to use during a cycle. You may like to consider bringing a close friend or family member along to your appointments, and/or talking to them when making your decision.

Speaking to a counsellor from a fertility clinic or a different service provider may also be useful. When contacting a fertility clinic you may like to ask how much contact and support you can expect from a fertility specialist and the rest of the healthcare team before, during and after a cycle.

Other coping strategies include [\[19, 20, 21, 22, 23\]](#):

- Trying relaxation activities (yoga/meditation/walking);
- Regular and gentle exercise, and;
- Getting adequate sleep.

Jean Hailes for Women's Health has more tools and strategies to help manage stress, click [here](#).

How long does a cycle take?

Cycle times vary, however on average they take about 2 weeks to complete.

You will also need to include time for consultations before starting a cycle, and counselling sessions which are required by some clinics and states.

If the first cycle does not result in many mature eggs, you may want to have more cycles. This will increase the time and costs required.

On average women tend to have 1 or 2 egg freezing cycles [\[24\]](#). If you choose to have more cycles you may want to start immediately (however this will depend on medical advice) or wait and decide whether you want to go through it again.

Collection rates

How many eggs can you expect to collect?

There is no definite test to predict exactly how many usable eggs you will collect for storage with each cycle.

Typically, somewhere between 6 and 13 eggs are collected per cycle [\[25\]](#), however this highly depends on the woman and can vary from cycle to cycle.

One study showed that in 6 out of 1000 egg freezing cycles, no suitable eggs were collected for freezing [\[26\]](#). This study however, included women who froze their eggs for medical reasons such as endometriosis or reduced fertility as well.

Age at the time of freezing has the biggest effect on egg numbers and quality.

A follicle count (measuring the number of eggs to expect)

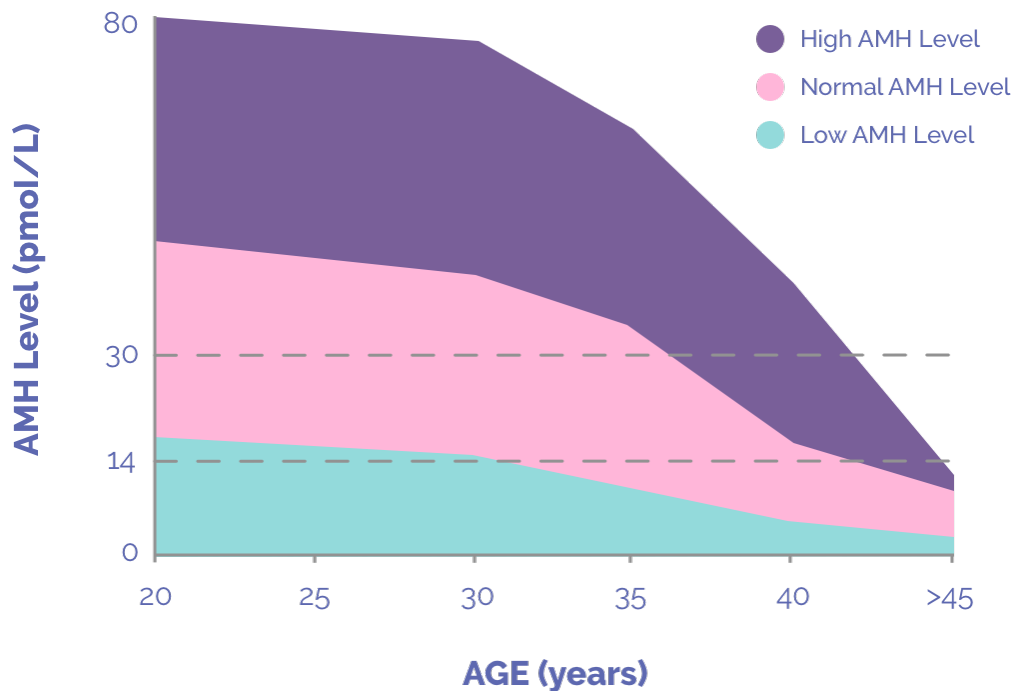
Estimating the number of eggs you might collect is done by counting the number of follicles present in the ovaries using a transvaginal ultrasound scan. Some follicles counted may not contain suitable eggs.

AMH as a measure of fertility

You may be offered a blood test for Anti-Mullerian hormone (AMH), so that your fertility specialist can check if it is around what is expected for women your age.

AMH is used to estimate a woman's egg reserve. However, it can only give a rough idea and cannot accurately predict the number of eggs that will be collected, or the quality of those eggs. It is important to go through these results with a fertility specialist.

AMH Ranges



Understanding this graph

'High AMH level' (in purple) shows where women with the 25% highest AMH levels fit.

'Low AMH level' (in green) show where women with the 25% lowest AMH levels fit [adapted from [27](#)]. Some clinics consider an AMH level of less than 14 as low [[28](#)] and more than 30 may suggest Polycystic Ovary Syndrome (PCOS) [[29](#)].

These cut-offs are from individual studies, so speak to a fertility specialist for more personalised advice and to discuss what your AMH level means for you and your fertility.

How many eggs/cycles do I need?

There is no ‘magic number’ of frozen eggs that guarantee you will be able to have a baby.

Fertility specialists commonly recommend freezing around 20 eggs to have an 80% chance of having a baby from those eggs [\[30\]](#).

Frozen eggs however, may not survive thawing, may not fertilise, may not implant or the pregnancy may miscarry.

Women aged 35 years or more may need to freeze more eggs than younger women to have the same chances of having a baby from their eggs.

Different clinics have different success rates too. These are often published on their websites or can be requested.

Collecting fewer eggs than expected can be disappointing. Extra emotional support may be needed during this time.

More than one egg freezing cycle may be needed, however this may not be an option for some women. It can however still be reassuring to have some frozen eggs, even if the number is not as high as what was hoped for [\[17\]](#).

Attending a counselling session at your fertility clinic or with another provider may be helpful, as well as arranging a review appointment with your fertility specialist.

If you are thinking of having more cycles some things you may like to consider include:

- The likelihood of using your frozen eggs;
- The number of children you hope to have in the future;
- The cost of more cycles, and;
- The inconvenience and side effects of going through more cycles.

Things to Consider



Number of children
you hope to have in the future



Side effects
of treatments



Likelihood
of using your eggs



Cost
of treatments

Success rates

When thinking about egg freezing you may like to consider:

- The number of eggs your fertility specialist estimates will be collected in a cycle;
- The chances of your frozen eggs surviving the thawing process;
- The chances of having a baby from each frozen egg;
- Your ideal number of frozen eggs to collect (possibly over multiple cycles), and;
- The number of cycles you can and want to go through.

Chances of egg freezing working

Let's say you freeze 10 eggs.

If the time comes for you to use your eggs [[31](#), [32](#), [33](#), [34](#), [35](#), [36](#), [37](#)]:

- 7-9 of them will survive thawing;
- 4-8 of the thawed eggs will become embryos, and;
- 0-2 of those embryos have the potential to become a baby.

Chances of Egg Freezing Working



Not all women will collect 10 eggs.
Numbers will be different for every woman.

Depends on...



These chances are averages and different for everyone. A fertility specialist will be able to give you more personalised advice.

Your chances of having a baby will depend on:

- Your age when you freeze your eggs;
- The number and quality of your frozen eggs, and;
- The quality of the sperm used.

The only way to know if your frozen eggs will become a baby is to try and use them.

If you wait too long, and they do not work, you could choose to live child free or try to have a child using IVF with your own eggs, donor eggs or donor embryos. Adoption and fostering are alternative options for parenthood as well.

Egg storage

The length of time eggs are frozen in storage does not impact their quality [38].

There are however laws around how long eggs can be stored for which differ between clinics and states/territories. These rules may change as technology advances.

Talk to a fertility clinic about their storage terms and the options available to you at the end of this time.

Storage Limits by State or Territory

STATE OR TERRITORY	10 YEARS	15 YEARS	DEPENDS ON THE CLINIC AND WHAT YOU HAVE CONSENTED TO
ACT			X
NSW			X
NT			X
QLD			X
SA			X
TAS			X
VIC	X		
WA		X	

Egg freezing storage limits by state/territory. Adapted from [39, 40] (accurate as at 27/09/2020).

Storage costs

You will need to pay ongoing storage fees for your eggs (i.e. \$500 per year). This is important to consider long term when making your decision.

Age limits

There are upper age limits to attempt pregnancy using frozen eggs. For most clinics this is around 50 years of age. There are also upper age limits to use donor sperm.

Speak to a fertility clinic about their specific requirements.

What happens if I freeze my eggs and cannot be contacted?

Procedures will vary between fertility clinics if a woman is unable to be contacted. Generally, the patient is responsible for maintaining contact with their clinic.

You may like to ask a fertility clinic what they would do in this case.

Costs

Egg freezing costs vary across clinics.

In Australia, the overall cost per cycle can be between \$5,000 and \$10,000 (including hormones, anaesthetic, and hospital fees). Fertility specialist consultations and laboratory costs are generally not included in this fee. The cost for hormones can also vary depending on the person using them and the fertility clinic, which can change the expected costs as well.

Additional cycles will generally cost the same as the first one or will be slightly less depending on the clinic.

Medicare rebates are not available for egg freezing for personal reasons.

Some private health insurance companies may reimburse some costs (i.e. hospital fees), however there are still likely to be large out of pocket expenses to cover. If you have private health insurance you may like to ask them what they cover.

Ongoing storage fees will also need to be paid which can be around \$500 per year.

Clinic fees can vary because of the different services they offer. It is important when contacting a fertility clinic to ask for the full cost of everything needed to go through a cycle and store your eggs. The cost of egg freezing can add to the difficulty of making a decision and may be unaffordable.

Consider how many cycles you can afford, and how long you would store your eggs for.

Using your eggs will mean more costs. These costs include appointments, counselling services, procedures and medications. Using donor sperm can be expensive too. Some of the costs to use your eggs may have Medicare rebates. Check with your fertility clinic if there are any rebates available to you.

When is the best time to freeze?

There is no clear answer to this as it will depend on the individual.

You may like to consider if it is the right decision for you at this time (or in the future), given the costs, your age and personal circumstances.

For example, freezing eggs at a younger age could mean more better quality eggs, however it is less likely that you will decide to use them. Freezing eggs at an older age could mean a lower number of good-quality eggs are collected and more cycles may be needed.

What else do I need to know?

Intra-Cytoplasmic Sperm Injection (ICSI) needs to be used to fertilise frozen eggs. If you use your eggs with a male partner who has a fertility problem, ICSI will also help improve your chances of having a baby. Donor sperm could also be used as an alternative.

From what we currently know children born from ICSI and IVF have a slightly higher rate of birth defects compared to children born naturally. VARTA has some useful

information about ICSI and its possible effects on health, click [here](#).

Where can I freeze my eggs?

The first step is to ask your GP for a referral to a fertility clinic.

The [Fertility Society of Australia](#) has a list of accredited fertility clinics within Australia. Not all clinics however will offer egg freezing.

When contacting a clinic, ask if they offer egg freezing as well as counselling support before and during a cycle as this can be very helpful for some women.

Using frozen eggs

Frozen eggs will need to be thawed and fertilised with sperm from a male partner or donor. A single sperm will be chosen by the laboratory, and directly injected into the egg to create an embryo. This process is called Intracytoplasmic Sperm Injection (ICSI).

Not all eggs will survive thawing. The number of eggs thawed and used will be decided by you and your fertility specialist. There is limited information available about general thawing outcomes for frozen eggs, however a fertility clinic will be able to provide you with this information for their own specific clinic.

Donor sperm is also not always available. For more information about donor sperm click [here](#).

Embryos will need to develop in the laboratory for 2–5 days. Some are likely to be discarded if they do not develop well. Once a healthy embryo develops, it will then be transferred into the womb. This procedure can be uncomfortable. Pregnancy will depend on whether the embryo implants and develops in the womb.

Hormones may be needed to prepare the womb before embryo transfer. If hormones are given they are usually in the form of injections, tablets or pessaries. Embryo transfer can also be done in a natural cycle where no hormones are used. Your fertility specialist will discuss the best approach for you at that time.

If there are healthy embryos remaining, they can be frozen for later use. If they are fertilised with sperm from a partner then legally both of you will need to agree to their use in the future.

You will also need to pay ongoing storage fees for your frozen embryos as well as any eggs you may have remaining.



Rules around using frozen eggs

There may be laws and clinic rules for using frozen eggs. These can include:

- Having a male partner involved even when using donor sperm;
- Upper age limits for IVF treatments;
- Being in a relationship for a certain period of time (e.g. 3 months) before accessing IVF with a partner;

- Being divorced from a previous partner before accessing IVF with a new partner you do not live with, and;
- Not being able to use your eggs due to severe physical or mental illness.

These restrictions should be explained by a fertility counsellor and/or specialist as part of the formal consent procedure before freezing your eggs. Check with a fertility clinic which of these rules apply to you.

Pros and cons of egg freezing

Here are some pros and cons about egg freezing you may want to think about.

Pros	Cons
<ul style="list-style-type: none"> • Gives more time to decide whether to have children, when to have children, or to find a suitable partner. • Can offer a better chance of having a baby compared to trying naturally or with IVF after fertility has decreased. • Eggs are solely owned by the individual they are from. • Provides the opportunity to have a blood-related child. • Does not require sourcing donor eggs or embryos. 	<ul style="list-style-type: none"> • Initial and ongoing costs. • Inconvenience and possible side effects from ovarian stimulation. • No guarantee that suitable eggs will be collected and can be used to have a baby. • Requires sperm from a male partner or donor to use frozen eggs. • Limited information available about the long-term health outcomes of children born from frozen eggs. • Any unused eggs will need to be disposed of or donated.

MoreInformation

Egg freezing as ‘plan B’

Many women consider egg freezing as “Plan B” – A backup plan in case they are unable to get pregnant naturally in the future [\[2\]](#). This can help to lessen the time pressure felt to find a partner or develop a relationship before starting a family.

Other women may feel unsure if they want to have children at all, so egg freezing is a way for them to keep their options open for the future.

Older parenthood

Older motherhood

The number of first-time mothers in Australia aged 30 years or more has increased from 15% in 1981 to 49% in 2017 [\[41\]](#). Similar increases have been found in many other countries too [\[42\]](#). Because fertility declines with age and more women are having children later in life, the number of women with age-related infertility has increased as well.

Impact of age on pregnancy

Women aged over 40 years have a greater risk of [\[43, 46\]](#):

- Hypertension
- Diabetes during pregnancy
- Pre-eclampsia
- Bleeding complications
- A caesarean section birth
- A pre-term birth
- Having a baby with a low birth weight

The risk of having a miscarriage, ectopic pregnancy, and stillbirth also increases with age (particularly from 35 years onwards), as well as the likelihood of having a child with birth abnormalities such as Down syndrome. This is due to reduced egg quality with age [\[44, 45, 46\]](#).

Older fatherhood

Male fertility also reduces with age [\[47\]](#). However, this happens later in life compared to females. Children born from older fathers also have a higher risk of abnormalities and childhood illnesses [\[48\]](#).

For example, children born to fathers aged 45 years or more have a higher risk of:

- Autism spectrum disorder (3.3 times higher when compared to children born from fathers aged less than 20 years) [\[49\]](#);
- Schizophrenia (1.47 times higher when compared to children born from fathers aged between 25 and 29 years) [\[50\]](#), and;
- Developmental disorders (1.58 times higher when compared to children born from fathers aged between 25 and 29 years) [\[50\]](#).

Pros and cons of older parenting

Here are some possible pros and cons about older parenting you may want to consider.

Pros	Cons
<ul style="list-style-type: none">• More time to have greater financial security.• More time to complete your education.• More time to find a suitable partner or	<ul style="list-style-type: none">• Increased difficulty becoming pregnant.• Greater health risks for both mother and child.• Feeling embarrassed about being older

<p>be in a stable relationship before having a child.</p> <ul style="list-style-type: none"> • More time to feel emotionally ready to become a parent. 	<p>than other mothers at your child's play group/kindergarten/school.</p> <ul style="list-style-type: none"> • Having fewer children overall, perhaps only one child. • Being unable to have your own blood related child (eg: because you cannot get pregnant naturally or with the help of other ART procedures).
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Using donor sperm

Donor sperm may be available for:

- Women with a male partner (if there are problems with his sperm);
- Women with a female partner, and;
- Women who are single.

Donors can be known to you or they can come from a clinic list.

Some states/territories and fertility clinics have rules around who can use donor sperm. For example, they may have an upper-age cut off for who can use it.

Donor sperm can be quite costly to use as well.

If you choose to use donor sperm, all legal and ethical issues will be discussed with you beforehand during a required counselling session.

People using donor sperm have full parental rights and responsibilities over their children (donors do not have any). Children born from donor sperm can also access information about their donor. Health Law Central has some more information about using donor sperm which you may find useful, click [here](#).

If you are considering egg freezing and using donor sperm in the future, you may like to ask your fertility clinic if this is an option without needing to move your frozen eggs.

Other Options

Other options

Egg freezing is not for everyone.

If you decide not to freeze your eggs, you may like to consider your other options which may or may not include having children in the future.

This section of the website explains in more detail:

- Embryo freezing - Another way to preserve a woman's fertility before it naturally declines, however it requires sperm from a male partner or donor.
- Trying for a child now – Either naturally or with fertility treatments such as IVF.
- Waiting to see what happens – Trying for a child later either naturally or with fertility treatments, living child free, adoption or fostering.

Note: Ovarian tissue freezing (cryopreservation) is a procedure which some people use to preserve their fertility. However, currently it is only available for women who may become infertile for medical reasons such as cancer treatment.

Freezing embryos

Creating embryos can be done with sperm from a partner or donor. You may want to check with your fertility clinic if they offer donor sperm facilities.

Making frozen embryos

This follows the same process as egg freezing however after the eggs are collected they are fertilised with sperm, and then frozen as embryos.

Making frozen embryos involves:

- Daily hormone injections for about 2 weeks to help mature your eggs. Other medications might be needed too.
- A minor procedure is then used to collect as many mature eggs as possible from the ovaries.
- Egg and sperm are added together to try and create embryos. This might need to be done using ICSI. For more information about ICSI click [here](#).

Some embryos are likely to be discarded if they do not grow well. The rest of the embryos are then frozen for possibly later use.

You can also choose to freeze some eggs unfertilised as well.

Using your embryos

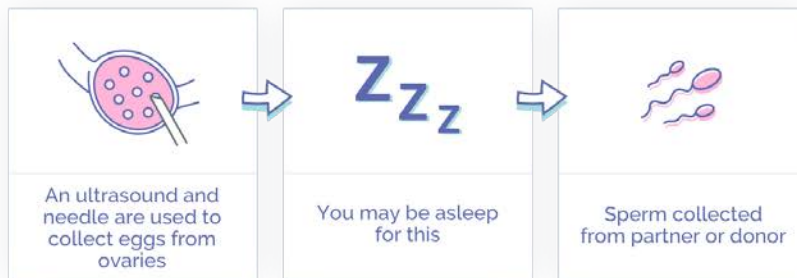
Frozen embryos will be thawed, and if healthy placed into the womb. It is hoped that a pregnancy is then achieved.

Hormones may be needed to prepare the womb before embryo transfer. However, it can also be done in a natural cycle where no hormones are used. Your fertility specialist will discuss with you the best approach at that time.

Ovarian Stimulation



Egg & Sperm Collection



Fertilisation



Using Frozen Embryos



Chances of embryo freezing working

Let's say you collect 10 eggs [[51](#), [52](#), [53](#), [54](#), [55](#)].

- About 6-9 of those eggs will fertilise and become embryos. These embryos will then be frozen.
- If the time comes for you to use the embryos, around 4-9 of them will survive thawing, and;
- 0-4 of them have the potential to become a baby.

Chances of Embryo Freezing Working



Not all women will collect 10 eggs.
Numbers will be different for every woman.

Depends on...



Your age

when embryos are frozen



Amount

of embryos frozen



Quality

of embryos frozen

This estimate is an average and will change depending on the quality of eggs and sperm used to create the embryos. A fertility specialist will be able to give you more personalised advice.

What are the costs involved?

Embryo freezing costs vary across clinics and will be more than egg freezing costs as the embryos need to be made before they are frozen. You will need to consider the costs for consultations, cycles, storage, and donor sperm (if you are planning to use it).

Talk to a fertility clinic for pricing estimates and ask about possible reimbursements available from Medicare and your private health fund provider (if you have one).

Are there any other issues?

Embryos made with a male partner, legally belong to both partners and can only be used if both partners agree. If the couple separates, it may be possible to use the embryos if one partner donates the embryos to the other. Frozen embryos which are not used can be disposed of or donated to another woman or research.

Some states also have storage time limits for frozen embryos. Talk to a fertility clinic about their storage terms and their options available after this time.

Frozen Embryo Storage Limits

STATE OR TERRITORY	10 YEARS	5 YEARS WITH THE OPTION TO CONSENT FOR A FURTHER 5 YEARS	DEPENDS ON THE CLINIC AND WHAT YOU HAVE CONSENTED TO
ACT		X	
NSW			X
QLD		X	
SA		X	
TAS		X	
VIC		X	
WA	X		

Embryo freezing storage limits by state and territory. Adapted from [39, 40] (accurate as at 27/09/2020).

Where can I have this done?

The first step is to ask a GP for a referral to a fertility clinic.

The [Fertility Society of Australia](#) has a list of accredited fertility clinics within Australia.

You can ask the clinic about the services they have available (e.g. embryo freezing and donor sperm facilities).

Pros and cons of embryo freezing

Here are some pros and cons about embryo freezing you may want to consider.

Pros	Cons
<ul style="list-style-type: none">• Provides more time to be in a better position to have a baby.• One step further along in the process of having a child compared to freezing eggs alone.• Reduces the risk of problems occurring with older eggs.• Mother and baby will be blood related.	<ul style="list-style-type: none">• Daily injections and possible side effects from ovarian stimulation.• The possibility that partners who create embryos together may not agree to use them.• May not fit in with a person's ethical values.• Unused embryos will need to be disposed of or donated.

Trying for a child now

Trying to have a child now is an option for both single and partnered women.

This is often suggested as an alternative to egg freezing, especially for women who have less future opportunity as a result of their age (e.g. women aged over 37 years).

However, some women prefer waiting for a suitable partner, for a relationship to develop further, or for better circumstances before having children.

Trying to have a child later could mean:

- Not having a blood-related child in the future (i.e. because you cannot get pregnant naturally or with IVF even if frozen eggs are used), or;
- Not having as many children as you would like.

If you are in a heterosexual relationship, you could consider trying to become pregnant naturally now or soon into the future. You could use artificial insemination or IVF treatment if needed.

If you are single or in a same-sex relationship you could consider using donor sperm with artificial insemination or IVF treatment.

IVF with own eggs

What is IVF?

In-Vitro Fertilisation (IVF) involves collecting eggs from the ovaries and fertilising them with sperm in a laboratory. This is used to help overcome fertility issues which can arise from both men and women when trying to have a baby.

IVF procedures include ovarian stimulation, egg fertilisation and embryo transfer. Some of these procedures are also used for egg freezing, embryo freezing, and using donor eggs or embryos.

In this section of the website, we are referring to using IVF with ‘fresh eggs’. This means collecting and using a person’s eggs straight away rather than freezing them for later use.

Using IVF

Eggs are collected in the same way as egg and embryo freezing.

IVF involves:

- Daily hormone injections for about 2 weeks to help mature your eggs. Other medications might be needed too.
- A small procedure is then performed to collect as many eggs as possible from the ovaries.
- Egg and sperm are added together to try and create embryos. This might need to be done using ICSI. For more information about ICSI, click [here](#).

Not all embryos develop well, and some are likely to be discarded. Once a healthy embryo has developed it is placed into the womb.

You may need to take hormones to prepare your womb before embryo transfer however, it can also be done in a natural cycle where no hormones are used. Your fertility specialist will discuss with you whether this is needed at the time.

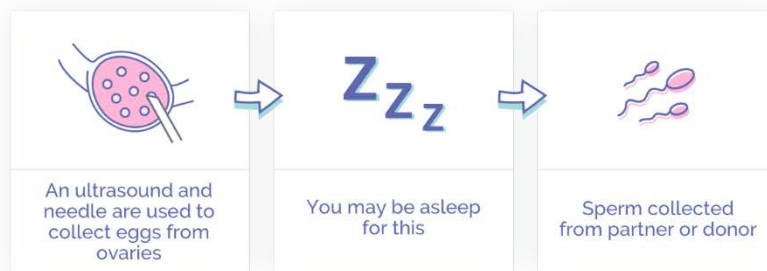
You will then need to wait about 2 weeks to find out whether you are pregnant.

You can also choose to freeze some of the eggs you collect unfertilised, and/or any healthy embryos you have remaining after your IVF cycle.

Ovarian Stimulation



Egg & Sperm Collection



Fertilisation



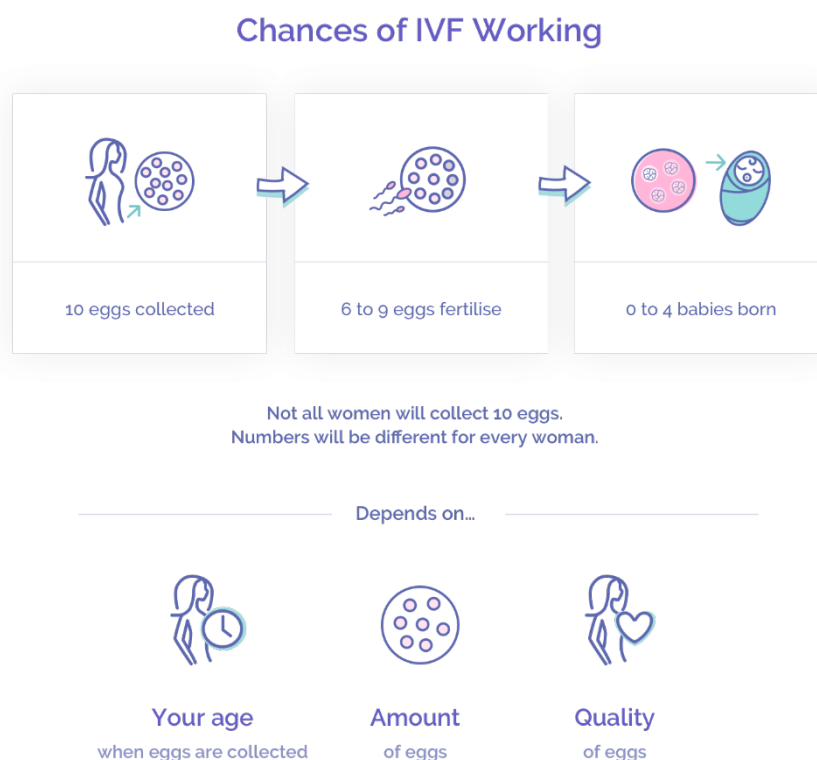
Embryo Transfer



What are the chances of IVF working?

Let's say you collect 10 eggs.

- Of those 10 eggs, about 6-9 of them will fertilise and become embryos.
- Between 0-4 of those embryos when transferred to the womb have the potential to become a baby [[51](#), [53](#), [54](#), [55](#)].



These estimates are averages and will change depending on the quality of eggs and sperm used. A fertility specialist will be able to give you more personalised advice.

Understanding success rates can be difficult. VARTA has some useful information which may help explain how to understand these rates, click [here](#).

Costs

The cost of IVF and donor sperm (if you are planning to use it) varies across clinics.

Talk to a fertility clinic about pricing estimates, and possible reimbursements available from Medicare and your private health fund provider (if you have one).

Are there any other issues?

Any remaining embryos made with a male partner legally belong to both partners, and can only be frozen or used if both partners agree. If the couple separates, it may be possible to use the frozen embryos if one partner donates the embryos to the other.

Australian states and territories also have storage time limits for frozen embryos.

Click [here](#) for more information.

If you do not use all of the embryos created, you can choose to freeze, dispose, or donate them to another woman or research.

Where can I get this done?

The first step is to see a GP for a referral to a fertility clinic.

The [Fertility Society of Australia](#) has a list of accredited fertility clinics within Australia.

You can enquire with specific clinics about the services they have available (e.g. IVF and donor sperm facilities).

Pros and cons of trying for a child now

Here are some pros and cons about trying for a child now that you may want to consider.

Pros	Cons
<ul style="list-style-type: none">• Reduces the risk of having fertility problems in the future.• Mother and baby will be blood related.• Possible cost reimbursements if IVF is used (depending on your fertility status at the time).	<ul style="list-style-type: none">• Reduces the risk of having fertility problems in the future.• Mother and baby will be blood related.• Possible cost reimbursements if IVF is used (depending on your fertility status at the time).

Wait and see what happens

Rather than acting now, you could 'wait and see' what happens in life.

This could mean:

- Waiting to see if you want to have children;
- Waiting until you meet a partner or for a relationship to grow, or;
- Trying naturally in the future when you feel ready to have a child.

Waiting to see what happens could also mean that you are not able to have children naturally.

If this happens, you may like to consider:

- Living childfree;
- Using IVF with your own eggs;
- Using IVF with donated eggs or embryos, or;
- Adoption or fostering.

Living child free

Some people fear they will regret not having children, their life will have no meaning, or they will be viewed as selfish or a failure. Further pressure can also come from family and/or friends for example if they are told they will regret not having children in the future.

However, many people live a very meaningful and enjoyable lives without having children. For example, having greater flexibility with their lifestyle (e.g. travelling, working and living overseas etc), greater financial wealth, less stress and feeling they have made a positive impact on the environment are some of the benefits of not having children. Click [here](#) for an article about the positive experiences of women who live childfree.

Being childfree can be challenging for those who wanted to have children but were unable to. For others, this is an active choice and is less challenging.

Click [here](#) for a list of other books for people who choose not to have children or cannot have children, which may be useful.

IVF with own eggs, donor eggs or donor embryos

IVF could be used in the future with your own eggs, donor eggs or donor embryos. Using your own eggs can be more difficult as the number and quality of a woman's eggs decrease over time. For more information about using IVF click [here](#).

Egg Donation

Eggs donated by another woman are fertilised with sperm to create embryos. A healthy embryo is then implanted into the womb. Children born from donated eggs will be not be blood related to their birth mother but may be related to their partner (as a birth father).

Egg donors can be known or from a clinic list. An egg donor should ideally be under the age of 35 years and have completed their own family. It can often be difficult to find an egg donor, but the internet is now helping to connect people to potential donors.

Embryo Donation

Embryos are donated by a couple, and a healthy embryo is then implanted into the womb. These couples have usually been through IVF and have excess embryos in storage.

Children born from donated embryos will not be blood related to their birth mother or their partner (if they have one). They will be blood related to the donor couple. It can often be difficult to find potential embryo donors.

What are the costs involved?

Costs for egg or embryo donations vary.

You might need to reimburse the donor for all reasonable treatment related costs such as travel, time off work for procedures and blood tests etc.

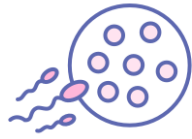
What else needs to be considered about egg or embryo donations?

There are important emotional, practical and legal issues involved with these kinds of treatments. Different states/territories and clinics have different laws and guidelines. All legal and ethical issues around donor use will be discussed in required counselling sessions before they can proceed.

Where can I get this done?

Donor egg or embryo treatments are available at various clinics around Australia.

The [Fertility Society Australia](#) has a list of accredited fertility clinics within Australia.



IVF & Egg Freezing

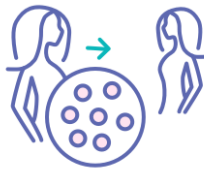
Your egg

+

Sperm from your partner or a donor

=

Baby is blood related to you



Egg Donation

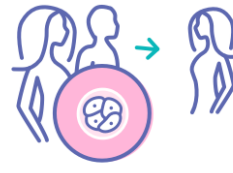
Donated egg

+

Sperm from your partner or a donor

=

Baby is not blood related to you



Embryo Donation

Donated embryo

=

Baby is not blood related to you (or your partner if you have one)

Adoption and fostering

Adoption

- Creates a legal parent-child relationship between people who are not blood related.
- An adopted child takes on the same rights and privileges of a blood related child.
- The adoption process can be difficult, lengthy and costly.
- Australian adoptions are handled by state/territorial government agencies, or approved adoption agencies.
- The adoption processes and criteria can differ between states, territories, and countries.
- More information about adoption can be found at Adopt Change, click [here](#).

Fostering

- A form of home-care provided to children and youth whilst they are unable to live with their parents.
- The time spent by a child in foster care can be long or short depending on their family situation.
- The type of foster care provided also depends on the child's age, and if they have any problems such as behavioural difficulties or disabilities.
- Foster carers need to provide a safe and supportive home for a child who may be troubled or traumatised.
- The criteria for fostering may differ between states/ territories within Australia.
- More information about fostering can be found at Adopt Change, click [here](#).

Pros and cons of waiting to see what happens

Here are some pros and cons about waiting to see what happens which you may want to think about.

Pros	Cons
<ul style="list-style-type: none">• Gives more time to be in a better position to have a child.• Gives more time to consider having children at all.• Mother and baby will be blood related (if conceived naturally or by using IVF with own eggs).• Possible IVF cost reimbursements (depending on fertility status at the time).	<ul style="list-style-type: none">• Daily injections and possible side effects from ovarian stimulation (if IVF is used with own eggs).• The effects of age on fertility are not fully overcome by IVF.• Donor eggs or embryos can be difficult to find.• Adoption and fostering can be costly and time consuming.• Babies born from donor eggs and embryos will not be blood related.

Personal Stories

Personal Stories

These stories are written as personal reflections from people who have considered egg freezing before. They do not replace medical advice or the facts that are included in other parts of this website.

Sarah, 29

"I'm often told that in my industry you can either have a family or a career but you can't have both. I know it's not right, but I feel if I choose my career I am less of a woman or there is something wrong with me."

I guess because I'm older and still studying, I started looking into egg freezing earlier this year. I'm not ready to have children yet. I also don't have the financial means or a partner to consider doing this with. Working in medicine makes it difficult to meet someone because once you're in a training program you keep rotating around, and I guess it's just not that easy. I know I want to have children one day, I don't know how I want to have them but egg freezing might just give me a bit of extra time.

I find it difficult discussing these things particularly with my male colleagues as they just don't get trying to juggle developing a career and having a family. They assume falling pregnant at 40 is the norm, but that's not what the research shows.

I'm often told that in my industry you can either have a family or a career but you can't have both. I know it's not right, but I feel if I choose my career I am less of a woman or there is something wrong with me. I think speaking openly about this early on, and with men, will help people in general become more aware of the limits to female fertility and egg freezing, and to normalise the conversation as it not something to be ashamed about.

One of the biggest things for me to weigh up was the cost as I'm still a student at the end of the day. The cost of cycles, storage, and also the chances of actually using my eggs in the future – would it be worth it in the end or a waste of money which could be better used elsewhere? I haven't seen a fertility specialist but I also wonder what

the hormones will do to me, and how it will affect my day to day life. Will my weight increase? Will I become very emotional? Does it hurt? How would I fit it in with work? Could I take sick leave? How many cycles would I need to have to get a good amount of eggs? I wouldn't do it if I couldn't get a good amount. Another thing I'm interested in is ovarian tissue freezing but it's not something available as yet.

Thinking about these things early on is important as sometimes people may underestimate their fertility. I've seen my friends go through IVF and the massive impact it has on their relationships and lives. I decided not to freeze my eggs at this time. When I have finished studying, and I'm more financially stable I will start looking into it again but for now it's on hold.

Lauren, 36

"Whatever decision you make you need to feel comfortable with it. Comfortable doesn't have to mean happy and ok, it just means comfortable with the decision you made."

One of the things about being female is having the option to become a mum one day. Whether we choose to use it or not, no one likes having that option taken away from them. I'm currently in my mid-30s and not in a committed relationship, so if becoming a mum is to happen one day I want to try and preserve my fertility for as long as I can.

I started looking into egg freezing at around 30 however I can't really remember what was happening in my life then, but I didn't really do much with the information then. It wasn't until I was about 35 when I started reading up on it again. I was also having a few health issues which included irregular periods so my GP asked me to do some tests which included measuring my AMH. The news I received from my GP was extremely upsetting. I was 35 and was basically told I was going through early menopause because my AMH level was in the low range for my age. That was not something I wanted to hear. I felt it was done in such an insensitive way and after

seeing a specialist I found out the information was actually incorrect. I was not going through early menopause, however if I did want to freeze eggs I had about 18 months to think about it.

After all my other health issues were resolved my gynaecologist (who is also a fertility specialist) and I discussed egg freezing. It's a big decision to make so I did what I knew best and that was to continue researching it. I sought more information from the internet and scientific research articles. I also attend a fertility seminar which was interesting to understand the whole process however I knew most of the information they talked about beforehand. I felt however, that they didn't really cover anything around private health insurance or Medicare rebates available for freezing. I ended up having a private consultation with a second fertility specialist and found out I was on the edge of being covered by Medicare for infertility. This made me reach out to my private health insurance provider to see if there was anything they could do. I ended up changing my policy to the highest level to cover some of the egg freezing costs, however I would need to wait 12 months before I could use it. I could afford to freeze my eggs at that time, however, it would have been very expensive, particularly if - worst case scenario - I needed to do 3 or 4 cycles. If you are thinking about freezing your eggs, I'd say do your homework. Have a think about how many cycles you may need, the costs, and whether your health insurance can cover it (if it's something that you have).

This has been a very emotional and draining process for me. I'm not exactly ok with the whole thing, or 100% sure if I'll actually freeze my eggs, but I've set myself up to take control of the things I can control. I know I'm ready if I choose to do it, but I also know that if I don't do it in the end I've done all my homework, covered all my bases, and left no question unanswered.

I think it is also important to find a specialist and clinic which suits you. I did a lot of research when it came to a specialist. The one that I have is great and I don't feel pressured into freezing at all. Their clinic also suits me as it is small so I'm not in a waiting room with other people.

Having a good support network is really important as well. I found having a counsellor and a great group of friends really valuable during this process. My counsellor and I were able to talk through how my own personal and cultural values impact on my decision to freeze or not freeze my eggs. There isn't really any information about this online or in a handbook so it was good to have my beliefs validated as important when making my decision.

There is no right or wrong answer when it comes to egg freezing. Whatever decision you make you need to feel comfortable with it. Comfortable doesn't have to mean happy and ok, it just means comfortable with the decision you made. From my experience it is an extremely emotional journey to go through. You can be given all the research and information available but sometimes it's hard to reason with emotion so it's important to have a good support system. Friends, family, a counsellor, whatever works for you to back you up.

Justine, 39

"My 1st egg collection cycle was the hardest - a test and learn cycle that collided with life's obstacles."

When I turned 30, nine years or so ago, my bucket list of achievements for the next 10 years was extensive and included starting a family. As a career focused person, these goals changed over the years with items either achieved or pushed aside because living life got in the way. A chance conversation with a colleague who was exploring the idea of egg freezing 15 months ago got me thinking about my personal future again and I decided that some research was in order.

It took me 6 months to feel brave enough to seriously look into egg freezing and to discuss options with my GP before taking the leap to meet with a fertility specialist. Even then I still had reservations due to workload, stress, coming off the pill and the impact on relationships with loved ones.

My 1st egg collection cycle was the hardest - a test and learn cycle that collided with life's obstacles! The collision of Valentine's Day (which my boyfriend and I normally celebrate), re-applying for my job due to a restructure at work, and a cycle that didn't go to plan (I ovulated the morning of egg collection) all played with my emotions, and I questioned whether egg freezing was the right thing for me.

Leading up to my 39th birthday I decided to complete two additional egg freezing cycles, both of which had successful outcomes. Each cycle brought with it new fears and reservations, lots of conversations weighing up pros and cons (i.e. from a financial perspective could I afford the additional cycles and would it be worth the financial investment long term if I don't end up needing/using the frozen eggs in the future (as I could still conceive naturally if I choose to have a baby), from a relationships perspective my boyfriend asked me if I was doing this because of him (he is older and is pretty sure he doesn't want to have kids), and from a personal perspective seeing the toll the injections took on my body and emotions in comparison to the easy pregnancy my sister-in-law was going through at the same time), and many tears, however I have been extremely lucky to have the full support of close family and friends.

The journey of egg freezing is a very personal one, and one that can't be entered into lightly. It takes a lot of strength, determination and patience, and for me has been a stepping stone to potentially achieving one of my long term goals.

Justine,

39 years young

Ashley, 39

"I would come to this decision earlier but in those two years prior I kept fluctuating between 'yes I should' and 'no I can't'. In fact, the emotional toil of this decision was the most challenging for me."

I had 35 as the age that I would start looking into egg freezing if I hadn't found a partner by then... but when 35 came around I wasn't psychologically ready. I was still clinging on to hope that it would all work out the way it 'should' – first the career and financial stability, husband, home and then children. But at 35 I was still working on establishing my career, was certainly not financially stable and did not have the partner to parent with. My friends who had kids would tell me that I would regret it so I gave myself 2 years to decide... I promised myself I would make a decision about egg freezing before I reached 38. I knew there were declining success rates with age but I was willing to give myself a little time more to come to terms with it.

People assume I have prioritised my career – I often get told I am too 'picky' or ambitious. Sure, I am ambitious, but if I had already met someone to have children with I would have. I also don't come across many single men to be picky about... So, in a state of panic I froze my eggs just before I turned 38. I thought I would have decided earlier but in those two years prior I kept fluctuating between 'yes I should' and 'no I can't'.

In fact, the emotional toil of this decision was the most challenging for me. I constantly shifted between thinking it would be better to invest the money into finding a partner (i.e. losing weight, improving my attractiveness and using dating apps etc), or my long-standing desire to become a mother. Was it worth the costs? What else could I do with the money (e.g. house deposit, holiday)? How many cycles would I actually need or be comfortable having? How much would I be willing to spend? What's the likelihood of using them given I wasn't willing to be a first-time mother after the age of 45 (This would only buy me an extra 7 years, and I wasn't keen on being a single mother either). This thought process, led to a lot of negative thinking about my self-worth (i.e. what is wrong with me and why can't I find

someone to love me). I also questioned what would happen if it didn't work at all? How will I adjust to knowing my biological clock already ticked over? Maybe I should just leave it to fate. Maybe I just need to accept that this is what happens when you get older – if you miss the boat, oh well...

The moment I made the decision to freeze occurred when a friend said to me that it seemed in my case the core question was: 'what is the value of having children?' She would have spent any sum for her children (conceived through IVF). So, when I thought about it that way, I figured, yes, I would spend \$10,000 to have a child (at that point I still wasn't sure if I was willing to spend \$20,000 but figured I could make that decision later).

The physical process of egg freezing wasn't too bad for me. I had never injected myself before, so it was certainly a new experience, but easy enough. I was living in a pretty new city, so there was the issue of having someone pick me up from hospital and stay with me (I didn't have any relatives or super close friends yet). It also required a fair bit of time off work to make appointments, but this wasn't a problem for me as I have flexible work hours. My main stressors were emotional. I remember one morning getting ready to inject and thinking 'how the hell did I get myself into this situation' - with a fair bit of self-blame tied in. As this was costly, I also became quite stressed out about ensuring I didn't forget an injection so I would set multiple alarms and became somewhat paranoid about it. At each stage I was always anxious about number of eggs. The results from my initial blood test were positive so I was hopeful and thought if I could get 9-10 eggs I would be happy. Then, when I started taking the hormones and responded well to it, I shifted my goal to 20 eggs. Then we came to egg collection and I got 13. I was disappointed. I had to keep telling myself my original number was 10 and I should be happy I reached that... I was warned by my fertility counsellor that I would have a number at the start and to be mindful of the impact that would have. I can only imagine how devastated I would have felt if I had less than 8 eggs...

I ended up only doing one cycle. Mainly because I really couldn't justify the cost of more. My much younger sister said she will give me eggs if I need them and I'm also

okay using an egg donor should the need arise. I also thought about the number of embryo transfer cycles I would be willing to have. Even if I only fertilized half of my 13 eggs, I wouldn't be willing to 6 transfer, so more wouldn't change that. I know only doing one cycle means I have less eggs in storage than recommended (for my age they recommend 30-40 eggs) and there is a good chance that even if I used them they may not result in a baby, but that's okay. Freezing my eggs is about doing what I can now to increase my chances later. I still hope that I won't need to use them in the end.

In retrospect, the advice I would give myself if I was to do it all over again: 1) Ask for help – its amazing how many friends I have spoken to about this after the fact who tell me they would have picked me up from the hospital etc. 2) If you can, take the 3 days to recover – ask the doctor to write a three-day medical certificate – I wasn't ready to go back to work. 3) Be aware that this is going to be tough emotionally. It's often the little things that you don't anticipate. I hadn't really thought about things like walking into the operating theatre and climb onto the bed myself before they put me under for the procedure – it felt really strange. Or how sad I felt about having to acknowledge that I may never achieve my parenthood goals.

Now, 2 years later, the emotional burden is still heavy. I now think about when I might use the eggs. I still want the traditional family, but I've shifted to contemplating the single mother, which raises a whole lot of new questions: Can I afford to be a single mother? Will I resent the financial sacrifices I will need to make? What happens to the child if something happens to me? What if my child has special needs? Children are hard work – do I have the energy to do this by myself? I will need to take time of work to raise the child, but then how do I pay my bills?

I still struggle hanging out with friends with children – I often feel an unshakeable sadness the next day. I have also spent a lot of time considering if it's even worth having children. Having children means no more last-minute plans or going out to a meal with friends (well, not without constant distractions anyway). My friends who have children all seem older than my friends without (which I blame on sleep deprivation). Not having a child means I can still go on holidays or buy that gorgeous

(but pricey) pair of shoes without feeling guilty. When adolescence hits, they are disinterested in their parents, and then they grow up and leave home. That all said, after hanging out with a friend and his daughter recently, despite the tantrum she was throwing, when he asked me (I think as a joke) if I still wanted one – it made me cry.

Do I regret freezing my eggs? No. I'm glad I have my 'babies' in the freezer. Do I know what I am going to do next? Not at all. Sadly, it still feels like I am (yet again) bound by financial constraints – I just can't see how to make being a single mother work for me (I think I've given up hope in ever finding a partner to parent with). If I won the lottery tomorrow, I would have a child tomorrow (because I could also hire a nanny, a cleaner, a PA and wouldn't need to worry about working and paying the bills). But I'm at a stage (I think) where I might be okay if I don't have a child (though I have a lot of childless single friends, so I don't feel alone in this).

Jessica, 40

"I don't feel like this is an insurance policy for me because I know there is so much more that needs to happen after freezing my eggs to use them."

I first started thinking about egg freezing when I turned 30. It was a big milestone birthday for me, however I ended up meeting someone around then and was in a long-term relationship, so it didn't seem worthwhile to look into further. I thought we would settle down and have kids but it just didn't work out that way in the end. The cost of freezing also put me off from it at that time. It wasn't until I was about 37 when I was watching the news with my family did a story about egg freezing pop up. I made some general comment to my family like, 'oh I wonder if I should see someone about that?' To my surprise my dad said 'of course!' which was really great to hear as it made me feel so supported. Looking back, I am very glad I was able to talk so openly about it with my family rather than trying to hide it from them.

By the time I decided to visit the fertility clinic, I was prepared to pay the cost for freezing. My doctor ordered a number of tests for me to do including the AMH test

which I had read a lot about beforehand. I thought that if it was low, I would try to find a partner to start a family with instead of freezing, and if it came back normal then I was going to do it (which it did in the end). Everything happened quite quickly after that.

The next step was to prepare my eggs for collection. I was definitely worried about the injections, particularly having to inject myself. One of my friends who also has a problem with needles suggested I numb the area with ice first which helped. I also found it much easier to do lying down and focussing on the needle rather than standing up and worrying about passing out.

I had to be quite flexible during this time to attend my blood test and ultrasound appointments every few days, as this is how they monitored how well my eggs were maturing. I think mine took a little longer than usual. I remember having my appointments and they would be like: 'they're still not ready', but then finally the sonographer said I was good to go.

I felt comfortable enough to let my boss know upfront what I was doing, which made it less stressful for me as he knew the reason why I was coming into work late during that time. I was also able to give him a timeframe for when they said my egg collection was likely to happen (as they can only confirm this a few days in advance) so he was aware that I would need time off during that period.

I was first in the morning on surgery day. I was given a light sedation – the nurses called it 'vein champagne', which made me feel like I was a little tipsy! I was groggy after theatre but during my procedure I felt great. They collected 11 eggs which were all frozen. I was quite surprised by this because normally they collect some which aren't at the right stage to freeze.

If you are having your eggs collected, I'd suggest wearing comfortable clothing as you may bleed after surgery and feel bloated from everything that has happened. I slept for the rest of the day after my procedure but the next day I felt like I was back to normal.

I don't feel like this is an insurance policy for me because I know there is so much more that needs to happen after freezing my eggs to use them. They need to come out of the freezer ok, fertilise, and even if you get some embryos, they may not implant. In retrospect, I probably should have done it earlier so I'd have a better chance of success, but although there are risks, I definitely didn't want to end up at 40 or 41 going through IVF and having difficulties collecting eggs, knowing I could have done something about it earlier.

Tara, 41

"I'm just really grateful that at 41 I'm using 37 year old eggs."

My egg freezing journey was triggered by a relationship break up. Knowing I definitely wanted to become a mother and being unsure of what life had in store in terms of relationships, I decided to freeze my eggs. I was 37 at the time. It wasn't a quick decision for me – I had led up to it for two years. I got to a point where I felt there were many things I couldn't control like the outcome, but being able to make the decision to go through with it felt very empowering and actually put me in a positive frame of mind. I was also very committed to doing it on my own and using a donor, so I was probably always going to use the eggs.

My fertility specialist and team were outstanding. Not just medically, but also in terms of the counselling I received so I felt very well informed. I think no matter how great the level of care provided, it's just a tough process to go through for anyone because there can be great outcomes and there can be disappointing outcomes. I was happy with mine - I had 30 eggs frozen from one egg freezing cycle. Perhaps if I didn't have such a good result, I would be reflecting on it differently.

The egg stimulation and collection processes were really seamless – I didn't struggle with them at all. Sure, I became teary but to be honest I had such a lovely time which is the weirdest thing to say. I felt it was better that I knew the outcome no matter if it was good or bad.

I met my current partner when I was 40. We have just started our first IVF cycle using my frozen eggs. Just before starting I got pregnant naturally, but I miscarried after six weeks. We never really tried properly to be honest, but I thought since I was 41 I'd rather go straight to IVF and use my frozen eggs particularly after the miscarriage. I'm hoping we will have a positive outcome, however there is a comfort in knowing that I'm using 37 year old eggs rather than 41 year old eggs. Ten eggs were defrosted, eight survived, five were fertilized and two embryos developed. One embryo was just implanted so I am waiting to hear the result. I was a little upset I didn't have more embryos, but I was still happy with the quality of the ones I have. Out of everything I have done, waiting to hear the result is actually the worst part – It's just awful, but at this point it's either going to implant or it's not.

If it doesn't work out I'll probably take a couple of months off and try naturally, then go again for another cycle. Having gone through one round now, it was quite taxing on the body. The drugs really affected me so I wouldn't want to back it up with another round so soon.

If you are thinking about freezing your eggs and can afford it, I'd make it a priority. Although I'm not sure of the outcome yet, I'm just really grateful that at 41 I'm using 37 year old eggs because I didn't meet my partner till I was 40.

More Resources

Definitions

Anti-Mullerian Hormone (AMH)

Anti-Mullerian Hormone - A hormone made inside egg follicles. It is sometimes used to estimate a woman's fertility and egg reserve.

Artificial insemination

A procedure that places sperm into a woman's womb at the time of ovulation to assist her in getting pregnant.

Assisted Reproductive Technology (ART)

A wide range of treatments that help people to get pregnant and have a baby.

Autism spectrum disorder

A spectrum of lifelong developmental conditions that impacts the way an individual relates to their environment and their relationships with people.

Bleeding complications

Severe bleeding.

Caesarean section

Baby is surgically delivered from the mother's abdomen.

Cryopreservation

A method of freezing eggs, embryos or tissues at very low temperatures.

Developmental disorders

A group of conditions originating in childhood that involve serious impairment in different areas of functioning such as speech, learning, and movement.

Diabetes

Medical condition where the body is unable to manage the amount of sugar in the blood.

Donor sperm

Sperm that has been donated by a man to a fertility clinic.

Down syndrome

A physical problem at birth, usually because of an extra chromosome.

Ectopic pregnancy

When an embryo implants outside of the uterus. For example, in a woman's fallopian tube.

Egg quality

Ability of an egg to be fertilised and lead to a birth.

Egg reserve

The number of good quality eggs a woman has to be able to make a baby.

Embryo

A fertilised egg in its early stages of development.

Endometriosis

A condition where tissue that normally lines the womb grows in other parts of the body.

Fertility specialist

Specialist in Reproductive Endocrinology and Infertility (CREI), or a Specialist in Obstetrics and Gynaecology with a special interest or extra qualification in infertility.

Follicle

Small structures in the ovaries which contain eggs.

GP

General Practitioner

Hypertension

Abnormally high blood pressure.

ICSI

Intracytoplasmic Sperm Injection - A single sperm is directly injected into an egg to create an embryo.

In Vitro Fertilisation (IVF)

Collecting eggs from a woman's ovaries and fertilising them with sperm to create embryos.

Infection

When germs, bacteria or viruses that are not usually in the body, get into the body and make a person sick.

Infertility

The inability to get pregnant within 12 months of trying.

Intracytoplasmic sperm injection (ICSI)

A single sperm is directly injected into an egg to create an embryo.

Low birth weight

Baby is born weighing less than 2.5kgs.

Menstrual cycle

The monthly changes that happen naturally in a woman's body and include ovulation and periods.

Minor surgery

Has a low risk of complications and you can usually go home on the same day.

Miscarriage

When a pregnancy is lost

Ovarian Hyper-Stimulation Syndrome (OHSS)

A medical condition where the ovaries become swollen and painful from the fertility medication given (i.e. hormones).

Ovarian stimulation

Taking hormones to help eggs mature in a woman's ovaries.

Ovarian torsion

Twisting of the ovary.

Ovulation

The release of a mature egg from a woman's ovary.

Polycystic Ovary Syndrome (PCOS)

A hormonal condition which can affect some women. Symptoms include irregular periods, excess hair growth, acne and reduced fertility.

Pessaries

A dissolving medication which is inserted into the vagina.

Placenta previa

Pregnancy condition where the placenta implants at the bottom of the uterus, and covers the cervix.

Polycystic Ovaries

When a woman's ovaries are found to have many partially mature follicles in them.

Pre-eclampsia

Pregnancy condition which is identified by high-blood pressure, and damage to a woman's internal organs.

Pre-term birth

When a baby is born less than 37 weeks after conception.

Schizophrenia

Psychiatric illness and a form of psychosis that causes an altered experience of reality and abnormal social behaviour.

Slow Freezing

An older method used to slowly freeze eggs.

Stillbirth

The birth of a baby that has died during labour, or in the womb (after 20 weeks of pregnancy, or if the baby weighs more than 400 grams).

Transvaginal ultrasound

An ultrasound scan taken by inserting a probe into the vagina. This is used to have

a look at the female reproductive organs.

VARTA

Victorian Assisted Reproductive Treatment Authority

Vitrification

A rapid egg freezing process which helps to protect the quality of the egg.

Womb

Where unborn babies grow until birth, inside a woman's pelvis. Also called a uterus.

Questions to ask a fertility specialist

Here are some questions you can ask a fertility specialist or clinic about egg freezing. This list may not cover everything you want to know, so have a think about any other questions you might want answered as well.

Egg Freezing

For a woman like me:

- How many eggs could I collect that can be frozen? (Remember this prediction will not always be correct)
- How many eggs do you recommend I should freeze?
- How many cycles do you expect I will need to reach my goal number of eggs?
- What is my risk of developing Ovarian Hyper-Stimulation Syndrome (OHSS) during an egg freezing cycle?
- What is my risk of developing health complications from an egg freezing cycle?
- What is your clinic's average live birth rate from frozen eggs?
- Will my egg freezing cycle and hormones given be personalised, or will you use a standard approach?
- Will my doctor personally manage my progress during my cycle, and collect my eggs?
- How long can I store my eggs for? What are my options after this time? Can I apply for an extension if needed?
- Where will my eggs be stored? How will I be notified if there are any changes in their location?
- How often will I be contacted about the status of my eggs?
- What happens to my stored eggs if I cannot be contacted?
- Do you personally perform the procedures for your patients?

- What type of anaesthetic will be used for egg collection?
- Are you a subspecialist in Reproductive Endocrinology and Infertility? If not, what is your relevant training and experience?

Pricing

- How much will it cost for one egg freezing cycle and to store my eggs (including medical appointments, counselling, procedures, hormones, medications, anaesthetic, hospital stays, laboratory freezing costs etc)?
- Are there any other additional costs I need to be aware of?
- How much will it cost if I chose to do more than one egg freezing cycle?
- What rebates or concessions are available to me?
- What are the ongoing storage costs and how are they billed to me?
- Are there any payment plans available?

Support

- What counselling services are available at the clinic? Are they included in the fee? If not, how much do they cost?
- How much contact/support will I receive from the clinic before, during and after having an egg freezing cycle?

Using Frozen Eggs

- What rules do I need to be aware of to use my frozen eggs?
- What services are offered by the clinic to use my frozen eggs (e.g. access to donor sperm or IVF)?
- Are there age limits for treatments (e.g. access to donor sperm or IVF) which I need to consider to use my eggs?
- Who do I contact when I want to use my eggs or discuss my other options?
- What is the process once I want to use my eggs, and how much will it cost me (including IVF and ICSI procedures, medications, appointments etc)?
- What happens to my eggs if I do not use them?

Other Options

- What other options are available for me now or in the future if I choose not to freeze my eggs (e.g. embryo freezing, IVF with donor sperm, egg donation, embryo donation etc)?

Other useful resources

Useful websites

Here is a list of websites which you may find helpful when making a decision about egg freezing.

- Jean Hailes Fertility Toolkit: <https://anxiety.jeanhailes.org.au/fertility/toolkit/>
- The Victorian Assisted Reproductive Treatment Authority
website: www.varta.org.au
- The Fertility Society Australia list of accredited
clinics: <https://www.fertilitysociety.com.au/code-of-practice/#copanz>
- Your Fertility website: <https://yourfertility.org.au/for-women/>
- Adopt Change: <https://www.adoptchange.org.au/>

Useful books

Here is a list of books available for people who either choose not to have children, or cannot have them because of their personal circumstances.

- Sweet Grapes: How to Stop Being Infertile and Start Living Again. Carter, J., & Carter, M. (1998).
- Rocking the Life Unexpected: 12 Weeks to Your Plan B for a Meaningful and Fulfilling Life Without Children. Day, Jody (2013).
- Never to be a mother: A guide for all women who didn't – or couldn't – have children. 10 Steps to healing the heartache and leading a rich, childfree life. Hunt-Anton, Linda (1992).
- Pink For A Girl: Wanting A Baby and Not Conceiving – My Personal Story. McGuckin, Isla. (2006).

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Conflicts of Interest

The following authors of this website have declared a potential conflict of interest:

- Prof. Roger Hart: Reproductive Endocrinologist and Infertility Subspecialist, and Medical Director at Fertility Specialists of Western Australia. Has also received support from Bayer, Merck, MSD and Ferring Pharmaceuticals.
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About the website

This website was designed to help people with ovaries make decisions about egg freezing. It can be used in conjunction with information provided by health care providers – **it should not be used to replace medical advice.**

The information and content provided in this website is based on the most up-to-date and best evidence available. Key studies are listed in the references section of the website. Personal stories were provided voluntarily and no financial or other incentives were given to these individuals for sharing their stories.

Website content will be updated annually, or more regularly if required, as new information and statistics become available in the published literature.

This website was last updated and launched in September 2020. The information presented has been assessed for readability at a Year 8 comprehension level in order to optimise understanding for the user.

