

Making Decisions about Egg Freezing

This is a website for women who are considering egg freezing for personal reasons. It can help you decide if egg freezing is right for you.

Overview

Eggfreezing

- Why freeze eggs?
- What affects my fertility?
- What is egg freezing?
- Using frozen eggs
- Advantages and disadvantages

More Information

- Egg freezing as 'plan B'
- Older parenthood
- Using donor sperm

Other Options

- Freezing embryos
- Trying for a child now
- Wait and see what happens

More Resources

- Definitions
- Questions to ask my fertility specialist
- Other useful resources
- References

Terms and Conditions

Eggfreezing

Egg Freezing

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

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

You may also want to discuss your fertility options with a fertility specialist, or counsellor. However, there are likely to be costs involved with these appointments.

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

Please note this website does not replace talking to your healthcare team.

Why Freeze eggs?

Some of the reasons why women freeze their eggs include:

- Needing more time to find a partner to have children with.
- Having a 'back-up plan' in case they are unable to become pregnant naturally, or have more than one child in the future.
- Wanting more time to think about having a family.
- Wanting to take the pressure off themselves.
- Feeling unready, either financially or emotionally to start a family.
- Feeling pressure from family to have children [1, 2 & 3].

What affects my fertility?

Women are born with about 2 million undeveloped eggs which are inside follicles in the ovaries. Most of these eggs are lost during early life. By puberty (10-12 years old) there are about 200,000 eggs left, and by age 30 there are only about 35,000 eggs left.

During each menstrual cycle, around 5-20 eggs begin to mature, but usually only one matures fully and is ovulated. The rest of the eggs are absorbed by the body. To become pregnant, a woman needs to release a mature egg from her ovaries. This is then fertilised by a sperm to create an embryo. Pregnancy happens when the embryo attaches to the womb.

Age

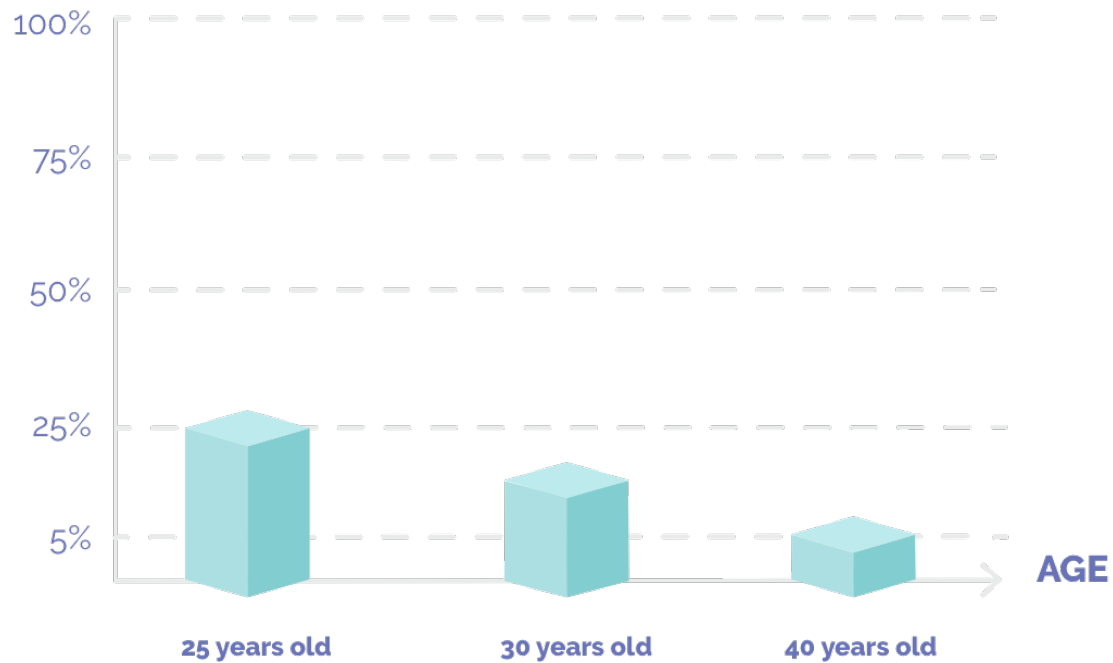
As you get older the number and quality of your eggs gradually decline, reducing your fertility.

Egg quality declines 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. For example, the risk of a miscarriage increases from 15% for a 30-34 year old, to 25% for a 35-39 year old [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 35 years). There are currently no tests for egg quality.

Chances of Getting Pregnant Each Month



- 25% for a 25 year old (i.e. 1 in 4 chance);
- 20% for a 30 year old (i.e. 1 in 5 chance), and;
- 5% for a 40 year old (i.e. 1 in 20 chance) [5].

These estimates are based on women who do not have any health or fertility problems, and who have a fertile male partner.

Age (particularly after 45 years) also has a very small effect on the womb (where the embryo attaches). So, as you get older you may find it a little more difficult to have a baby, even when using younger eggs (i.e. donor or frozen eggs) [6].

Because of these changes with age, some women may freeze their eggs before their fertility greatly declines, as they could be used in the future to have a baby.

The number and quality of eggs collected will be affected by your age.

Understanding the importance of age in making this decision is not intended to create any shame or embarrassment for women considering the procedure.

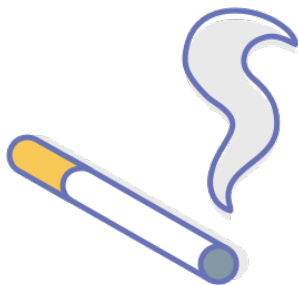
Other factors

Lifestyle factors such as tobacco smoking, other substance use, poor diet, lack of exercise, and being over or under-weight can reduce fertility for both women and men [7]. Medical conditions (i.e. endometriosis and pelvic infection) can also reduce female fertility.

It is currently unknown if environmental toxins (which may be found in the air, soil, food and water) impact fertility. This area of research is growing, however evidence showing a link between these toxins and fertility is mixed, and more research is needed [8 & 9]. For this reason, there is no clear advice on how to manage this.

If you want to know more about these factors, have a look at the Your Fertility website which includes information about what impacts fertility (including environmental toxins).

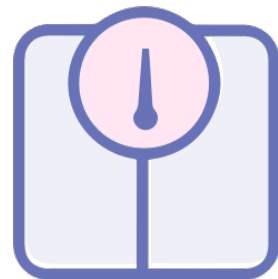
Lifestyle Factors



Smoking



Alcohol



Weight

What is egg freezing?

Egg freezing involves collecting eggs from a woman's ovaries and freezing them for possibly later use. Another fertility procedure will be needed if they are used in the future.

The procedure

Pre-treatment assessment

Before an egg freezing cycle, your 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.
- Sometimes the level of hormones, including Anti-Mullerian Hormone (AMH), are measured to try and estimate the number of eggs you might collect.

These tests can only give an idea, and are not very accurate at predicting your likelihood of becoming pregnant if you were to use your frozen eggs [10]. For more information [click here](#).

Discussing your test results with your fertility specialist will be important when trying to decide if you would like to freeze your eggs or not.

Ovarian stimulation

This involves daily hormone injections for around 8-12 days to stimulate the ovaries, and mature your eggs for freezing.

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.

Some women feel worried about self-injecting incorrectly, pain, and accidentally causing harm to themselves [11]. Your fertility clinic will train you on how to inject these hormones correctly. You can also ask a partner, family member or close friend to help.

These hormones can cause side-effects and rarely, some complications can happen too – For more information [click here](#). Other medications might also be needed at this time depending on your situation.

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 scans needed will depend on how your medical team monitors your response to the hormones.

Flexibility will be needed during this time to attend typically 1 to 3 monitoring appointments, and may require taking time off work and/or other commitments at short notice.

Timing of egg collection

The timing of egg-collection depends on how long it takes for your eggs to mature. Usually a minimum of 2 days' notice is given.

Egg collection

Egg collection is a minor surgery. What you feel will depend on the type of anaesthetic used by your fertility clinic.

It involves inserting an ultrasound probe into the vagina, and a needle into each follicle to collect the eggs from your ovaries. It takes around 5-10 minutes, depending on how many follicles you have. Generally, you would not return to work the day of the procedure, and some women may need to take more time off to recover.

Egg freezing process

Egg freezing can be physically and emotionally difficult to go through. For some examples of self-care which may be helpful, [click here](#).

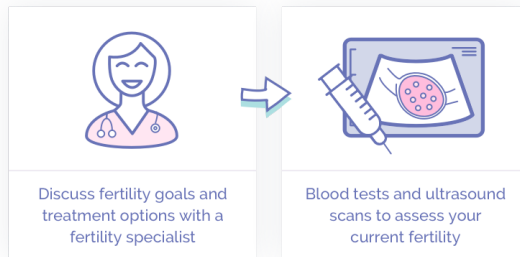
Egg freezing and storage

Some of your eggs collected may be unsuitable for freezing, as only mature eggs will be frozen. For more information about collection rates [click here](#).

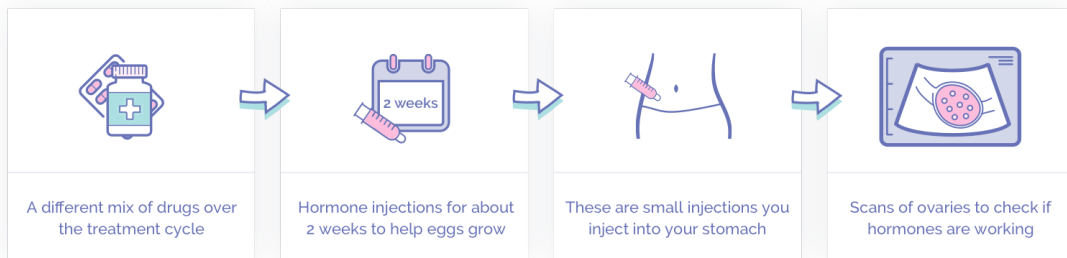
Your eggs will be kept in storage until you decide to use them, dispose of them, or donate them to another woman or research (no babies will be made from research – it is illegal).

You will need to pay storage costs for your eggs. For more information [click here](#). If you decide to use them, you will also need to have another procedure. For more information [click here](#).

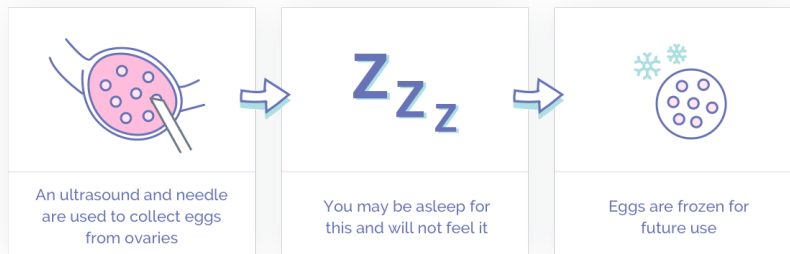
Pre-Treatment Assessment



Ovarian Stimulation



Egg Collection



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Health risks

Impact of age

Women over 40 have a greater risk of:

- Hypertension;
- Diabetes during pregnancy;
- Pre-eclampsia;
- Placenta previa ;
- A caesarean section birth;
- A pre-term birth, and;
- Having a baby with a low birth weight [12].
- Miscarriages , ectopic pregnancies, and stillbirths also increase with age (particularly from the age of 35 years), as well as the likelihood of birth defects (such as Down syndrome) which results from the decline in egg quality with age [4, 13, 14, 15].

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Side effects; Short Term

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

Minor side-effects

These include medication/hormone related symptoms such as moodiness, hot flushes and bloating.

Physical discomfort may also be experienced from hormone injections, blood tests, ultrasound scans and when your eggs are being collected.

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

Major side-effects

These can happen from an egg freezing cycle, however they are rare. There is a small risk of heavy bleeding (0.08% chance), and infection (0.6% chance) from the egg collection process [16].

Around 0.6% of women also experience mild to severe Ovarian Hyper-Stimulation Syndrome (OHSS) per cycle, resulting from an excessive response to hormone stimulation [17].

- Mild OHSS symptoms include abdominal discomfort and swelling, nausea, vomiting and diarrhoea [18].
- Severe OHSS may require hospitalisation. The risk of death is extremely rare (1 in 30,000) [18, 19].

The risk of OHSS is higher for:

Women with a high follicle count before ovarian stimulation (i.e. 12 or more follicles in one ovary);

- Women with Polycystic Ovarian Syndrome (PCOS) or Polycystic Ovaries (PCO);
- Women with a past history of OHSS;
- Women who usually have higher than average AMH levels, and;
- Younger women (i.e aged less than 35 years) [18, 20].

Hormones used for ovarian stimulation can also increase your risk of OHSS . This however this will be managed by your fertility specialist using specific medications.

It is important to speak to your fertility specialist about your chances of developing OHSS , and what signs to look for before your cycle begins. For safety reasons, OHSS can lead to your cycle being cancelled before your eggs are collected.

Your clinic should also be monitoring you closely during your cycle, and help you to manage any side-effects, if they occur.

Side effects; Long Term

Egg freezing is a relatively new procedure available for women. Research into its long-term effects on women, and children born from frozen eggs is limited.

However, it is reassuring that the health of children born from frozen eggs at birth, is similar to that of children conceived naturally. IVF procedures (i.e. ovarian stimulation) are also not shown to have long-term negative impacts on a woman's health.

More information about the health risks of egg freezing are available on the Victorian Assisted Reproductive Treatment Authority website.

Will egg freezing reduce my natural fertility?

Egg freezing does not usually reduce a woman's natural fertility.

There is however a very small risk of complications during the ovarian stimulation (i.e. ovarian torsion) or egg-collection (i.e. severe bleeding or infection) processes which could lower your chances of having a baby in the future.

Emotional impact

Egg freezing can be an emotional experience – this is partly due to the hormones given. It is difficult to predict how this might affect you.

Some women can experience sadness, grief and anxiety. For example, they might feel sad that they are not able to have a child at that time, or they might feel nervous about how many eggs will be collected. The use of needles and other medical procedures can cause discomfort too. If only a few follicles develop, your fertility specialist may suggest stopping the cycle which is of course also very disappointing.

Others may experience positive emotions. For example, feeling more “in control” of their fertility, and some find the process less emotional than expected.

When speaking to your fertility clinic, you may want to ask them how much contact and support you can expect from your fertility specialist and the rest of the healthcare team before and during a cycle.

Support and coping strategies

It is very important you have good support and coping strategies to use during a cycle.

Consider bringing a close friend or family member along to your appointments, and talking to them when making your decision. Counselling services available from your clinic or a different counselling service provider, may also be useful.

Other coping strategies include:

- Trying relaxation activities (yoga/meditation/walking);
- Regular and gentle exercise, and;
- Getting adequate sleep [21, 22, 23, 24, 25]
- If you would like some 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 your cycle, and counselling sessions which are required by some states and clinics.

If the first cycle does not result in many mature eggs, you may be advised to have more cycles. This will increase your time and costs required, and you may need some time to decide if you want to go through the process again.

On average women tend to have 1 to 2 egg freezing cycles [26]. If you choose to have additional cycles, starting straight away will depend on medical advice.

Collection rates

How many eggs can you expect to collect?

It is currently not possible to predict how many suitable eggs will be collected in each cycle.

One study has shown that in 6 out of 1000 egg freezing cycles, no suitable eggs were collected for freezing [27]. This study however, included women who froze their eggs for medical reasons such as endometriosis or low egg reserve. Typically, somewhere between 6 and 13 eggs are collected in one cycle, however this highly depends on the woman and can vary from cycle to cycle [28].

Egg numbers and quality are most significantly affected by a woman's age and are much lower after the age of 35. There is no definite test to determine how many eggs you will produce for storage.

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

Estimating the number of eggs you might collect can be done by counting the number of follicles present during your cycle, using a transvaginal ultrasound. Some follicles counted however may not contain suitable eggs in them.

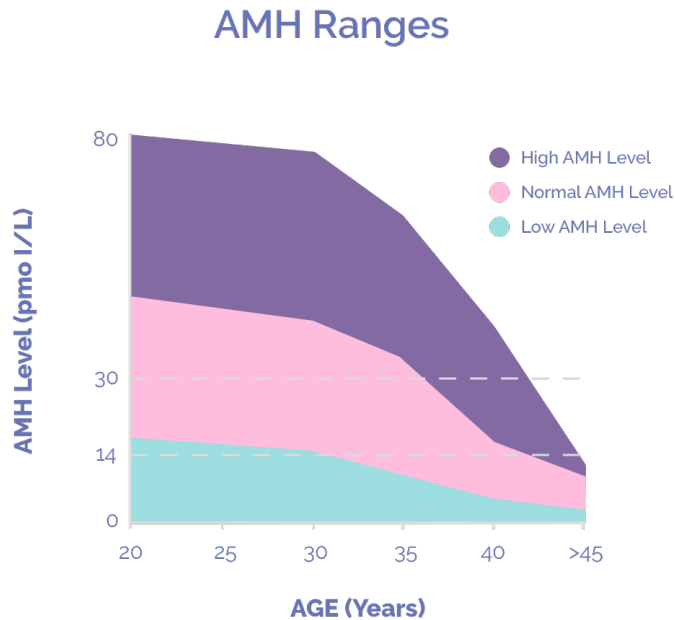
AMH as a measure of your fertility

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

AMH is used to estimate a woman's egg reserve. However, it can only give you a rough idea and cannot accurately predict the number of eggs you can expect to collect, or the quality of your eggs. It is important to discuss your results with your fertility specialist.

Understanding this graph

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



'Low AMH levels' (in green) is where 25% of women with the lowest AMH levels fit [adapted from 29].

Some clinics will consider an AMH level of less than 14 as low, and more than 30 may suggest PCOS [30, 31]. These cut-offs are from individual studies, so they may not mean much in your situation.

It is important to discuss your AMH level with your fertility specialist to know what it means for you and your cycle.

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 a great chance (80%) of having a baby from those eggs [32]. Frozen eggs however, may not survive thawing, may not fertilise or implant, or the pregnancy may miscarry.

Older women (aged 35 years and above) will 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 clinic websites or can be requested. Collecting a good number of eggs may require having more than one egg freezing cycle - This may not be an option for some women.

Collecting fewer eggs than expected can be disappointing. Extra emotional support may be needed during this time. Attending a counselling session at your clinic may be helpful, as well as arranging a review appointment with your fertility specialist. It can however still be reassuring to have some frozen eggs, even if the number is not as high as you hoped for.

You may want to consider the following when deciding whether to have more cycles:

- The likelihood of using your frozen eggs;
- The number of children you hope to have in the future;
- The costs of each cycle,
- The inconvenience and side effects of going through a cycle. What else do I need to know?

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

What else do I need to know?

- A method called Intracytoplasmic sperm injection (ICSI) must to be used to fertilise frozen eggs.
- If you use your eggs with a male partner who has a fertility problem, your chances of having a baby will be lowered. Using ICSI will improve your chances of fertilisation, however donor sperm could also be used as an alternative.
- It is not yet known if children born from ICSI have a higher risk of birth abnormalities than other children.

Success rates

When making your decision, consider:

1. The number of eggs your fertility specialist estimates will be collected in a cycle;
2. The chances of your frozen eggs surviving the thawing process;
3. The chances of having a baby from each frozen egg;
4. Your ideal number of frozen eggs to collect (possibly over multiple cycles), and;
5. 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:

- 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 [33, 34, 35, 36, 37, 38, 39].

These chances are averages. A fertility specialist will be able to give you a more personalised chance of success. This 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 to fertilise your eggs.

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 don't work, your other options for parenthood may be to have a child using donor eggs or embryos, adoption or fostering.

Chances of Egg Freezing Working



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

Depends on...



Egg storage

Laws around egg storage differ between states and clinics.

These rules may change as technology advances. Talk to your fertility clinic about how long they store eggs for, and your options at the end of a storage term.

Storage costs

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

Storage Limits by State

STATE	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. Adapted from [\[40, 41\]](#) (accurate as at 24/05/2018).

Age limits

There are upper age limits for using frozen eggs to have a baby. For most clinics this is around 50.

Donor sperm use also has upper age limits. Speak to your fertility clinic about their specific requirements.

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

Different clinics follow different procedures if a woman is unable to be contacted. Generally however, the patient is responsible for maintaining contact with their fertility clinic. Speak to your clinic about what they will do in cases like this.

Costs

Egg freezing costs vary across clinics. In Australia, the overall cost per cycle is between \$7,700 and \$10,000 (including hormones, anaesthetic, and hospital fees). Fertility specialist consultations may not be included in this fee. Hormones given can also vary depending on your personal situation, which can also change your expected costs.

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

Medicare rebates are not available for women freezing their eggs for personal reasons. Some private health insurance companies may reimburse some costs such as hospital fees, however there are still likely to be large out of pocket expenses to cover.

Storage fees will also need to be paid which are around \$500 per year in Australia.

It is important when contacting your clinic to ask for the full cost of everything needed to go through a cycle, including any other costs you need to be aware of (i.e. laboratory costs to freeze 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 wish to store your eggs for. Also consider, if it will be the right decision for you at this time, given the cost, your age and personal circumstances. For example, freezing eggs at a younger age means better quality eggs, however it is less likely they will be used. Whilst freezing eggs at an older age could mean there are less suitable eggs available for use at a later stage.

Using your eggs will add further costs as you will need to have another procedure. These costs include appointments, counselling services, procedures and medications. Using donor sperm can also be quite costly if you choose to use it.

Some of these costs may have Medicare rebates. Check with your fertility clinic about if there are any rebates available.

Where can I freeze my eggs?

The first step is to ask your General Practitioner for a referral to a fertility clinic. Not all clinics will offer egg freezing.

[Click here for a list of fertility clinics within Australia.](#)

When contacting a clinic, you should 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

You will need to have another procedure to fertilise your eggs using sperm from a partner or donor. Donor sperm is not always available - [Click here for more information](#).

The number of eggs thawed and used will be decided by you and your fertility specialist. Eggs which survive thawing are fertilised using a process called Intracytoplasmic Sperm Injection (ICSI), to create an embryo.

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, using a procedure that feels similar to a pap-smear. Pregnancy will depend on whether the embryo implants, and develops in the womb.

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

If there are healthy embryos remaining after your procedure, they can be frozen for later use. You may want to consider the legal implications of this, if you decide to use them later on and are no longer with the same partner. You will need to pay storage fees for them as well as any eggs you have remaining.

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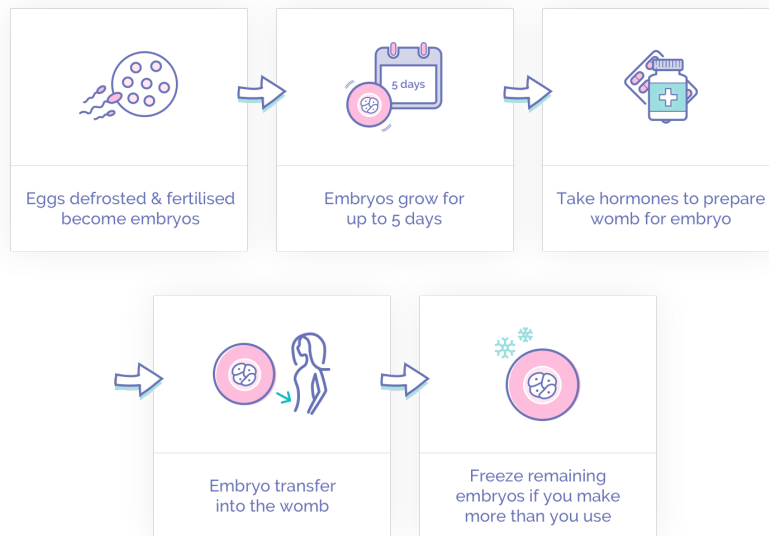
Rules around using your frozen eggs

There may be state laws and clinic requirements for using frozen eggs.

These may include:

- Performing police and child protection checks;
- 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 your 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.

Using Your Eggs



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

Advantages and disadvantages of egg freezing

Here are some advantages and disadvantages about egg freezing you may want to think about.

Advantages:

- Gives you more time to decide whether to have children.
- Gives you more time to decide when to have children.
- Gives you more time to try and find a suitable partner.
- Offers a better chance of having a baby compared to waiting until you are older.
- Means you may be able to use your own eggs (rather than donor eggs) to have a baby.

Disadvantages:

- Initial and ongoing costs.
- Inconvenience and possible side effects of ovarian stimulation.
- No guarantee that suitable eggs will be collected for freezing or they can be used to have a baby.
- Need to find a male partner or donor sperm.
- Limited information about outcomes of children born from frozen eggs.
- Unused eggs will need to be donated or disposed of.

More Information

Other things to think about

When thinking about egg freezing and parenthood in general, there are some other things you may also want to consider. For example:

- Your plans to have a family in the future;
- What it could mean to be an older parent, and;
- Using donor sperm.

Egg freezing as 'plan B'

Many women consider egg freezing as “Plan B” – a backup plan if they are unable to get pregnant naturally in the future [2]. This can lessen the time pressure felt to find a partner or develop a current relationship, and can make it easier for them to refocus back on their “Plan A” of becoming a parent in the future.

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

Older parenthood

The number of first time mothers in Australia aged 30 years or more, increased from 23% to 43% between 1991 and 2011 [42]. Similar increases have been found in many other countries too [43].

Because fertility declines with age, the number of women with age-related infertility has also greatly increased.

Male fertility also declines with age, however this happens later compared to a women [44].

Children of older fathers are also at increased risk of abnormalities and childhood illnesses [45]. For example, children born to fathers aged 45 years or more can have a higher risk of:

- Autism Spectrum Disorders (3.3 times higher when compared to children born from fathers aged less than 20);
- Schizophrenia (1.47 times higher when compared to children born from fathers aged between 25 and 29), and;
- Developmental disorders (1.58 times higher when compared to children born from fathers aged between 25 and 29) [46, 47].

Here are some possible advantages and disadvantages about older parenting you may want to consider.

Possible Advantages

- More time to find a suitable partner.
- Greater financial security.
- More time to complete your education.
- More time to be in a stable relationship before having a child.

Possible Disadvantages

- Increased difficulty becoming pregnant, and having few children overall.
- Greater health risks for both mother and child.
- Being unable to have your own blood related child (eg: because you cannot get pregnant naturally or with the help of other ART).
- Feeling embarrassed about being older than other mothers at your child's play group/kindergarten/school [48, 49].

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 Australian states and fertility clinics have rules about who can use donor sperm (i.e. in some states same-sex couples and single women may not be able to access donor sperm) .

There may be upper-age cut offs for using donor sperm, and it can also be quite costly.

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

Patients using donor sperm will have full parental rights and responsibilities over their children (donors do not have any).

Children born from donor sperm can access information about the donor, however the donor cannot access information about them.

Health Law Central has more information about using donor sperm which you may find useful. Other things to think about

Other options

Other options available to help you become a parent include:

- Trying for a pregnancy now – either naturally or with fertility treatments such as IVF ;
- Embryo freezing – however this requires sperm from a male partner or donor, and;
- Using donor eggs or embryos, adoption or fostering.

Note: Ovarian tissue freezing is an experimental procedure and currently only available for women who may become infertile for medical reasons such as cancer treatment.

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Freezing embryos

Making and freezing embryos can be done with sperm from a current partner or donor (check with your fertility clinic if they offer donor sperm facilities).

Making frozen embryos

This involves:

- Daily hormone injections for about 2 weeks to help your eggs mature.
- Other medications might be needed too.
- A minor surgery is used to collect as many eggs as possible from your ovaries.
- Egg and sperm are added together to try and create embryos. This might need to be done using ICSI .
- Some are likely to be discarded if they do not grow well. The rest of the embryos are then frozen.
- You can also choose to freeze some of your eggs unfertilised as well.

Using your embryos

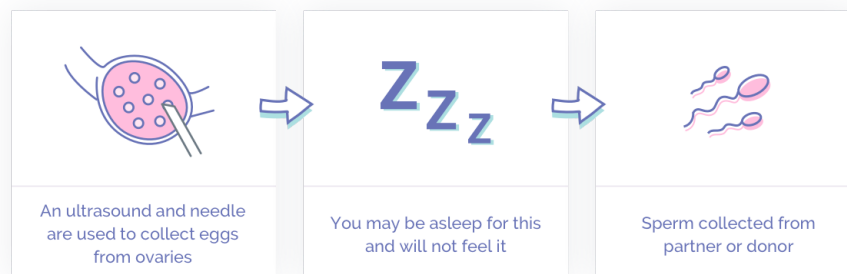
Frozen embryos will be thawed, and if healthy placed into the womb. It is hoped that a pregnancy is then achieved.

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

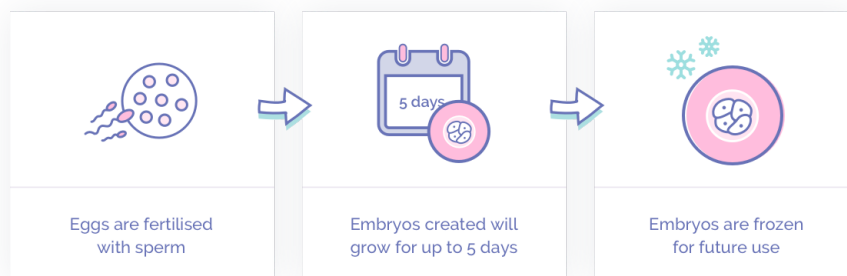
Ovarian Stimulation



Egg & Sperm Collection



Fertilisation



Using Frozen Embryos

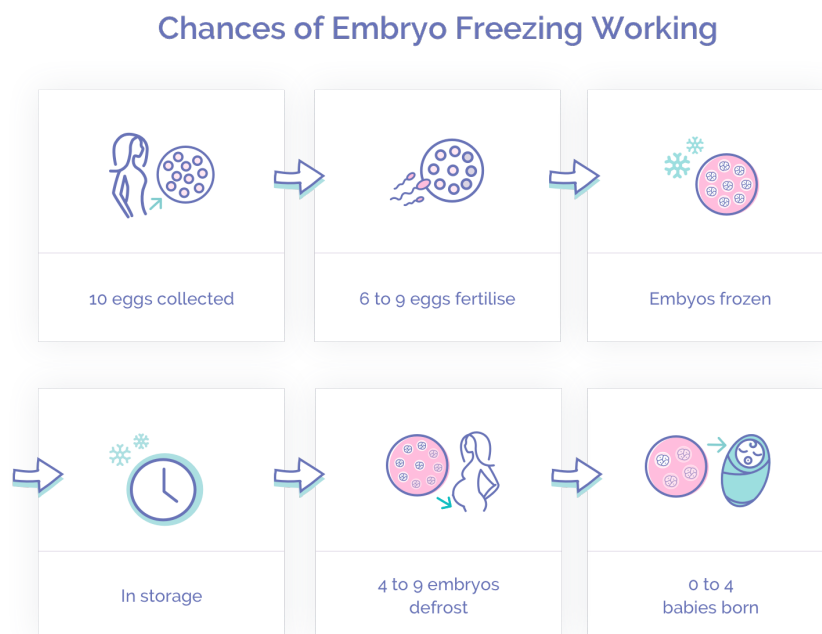


Chances of embryo freezing working

Let's say you collect 10 eggs.

- 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 thaw well, and;
- About 0-4 of those embryos have the potential to become a baby [50, 51, 52, 53, 54].

These chances are averages. A fertility specialist will be able to give you a more personalised chance of success. This will depend on the quality of the eggs and sperm used to create the embryos.



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



What are the costs involved?

Costs for embryo freezing vary across clinics, and will be more than egg freezing as it requires more time to fertilise the eggs.

You will need to consider the costs for consultations, cycles, storage, and donor sperm (if you are planning to use it). Talk to your clinic for pricing estimates and ask about possible reimbursements available from Medicare and your private health fund provider.

Are there any other issues?

Embryos made with a male partner, legally belong to both partners. They can only be used if both partners agree. If the couple separates, it may be possible to use the embryos if one partner donates them to the other.

If you do not end up using all your frozen embryos, you can choose to dispose of them, or donate them to another woman or research.

Some states also have storage time limits for frozen embryos.

Talk to your fertility clinic about how long they store embryos for, and your options at the end of a storage term.

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Talk to your fertility clinic about how long they store embryos for, and your options at the end of a storage term.

Frozen Embryo Storage Limits			
STORAGE LIMITS	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		

Where can I have this done?

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

[Click here](#) for a list of fertility clinics within Australia.

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

Advantages and disadvantages of embryo freezing

Here are some advantages and disadvantages of embryo freezing you may want to think about.

Advantages

- Gives you more time to be in a better position to have a baby.
- One step further along the process to have a baby.
- Reduces the risk of problems occurring with older eggs.

- Mother and baby will be blood related.

Disadvantages

- Daily injections and possible side effects during the ovarian stimulation phase.
- Embryos made from two partners legally belong to both of them.
- May not fit in with ethical values.
- Unused embryos will need to be donated or disposed of.

Trying for a child now

This is an option for both single and partnered women.

It is often suggested as an alternative to egg freezing, especially for women who have greatly lowered fertility at that time (e.g. women aged over 37 years).

Delaying parenthood might mean that you are unable to:

- Have blood-related children in the future (i.e. because you cannot get pregnant naturally or with the use of frozen eggs), or;
- Have as many children as you would like.

You may however, prefer waiting for a suitable partner, for a relationship to develop further, or for better circumstances before having children.

If you are in a heterosexual relationship, you could consider trying to become pregnant naturally now or in the near 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.

What is IVF ?

In Vitro Fertilisation (IVF) involves collecting eggs from a woman, and fertilising them with sperm in a laboratory rather than naturally in a woman's body.

This is used to help overcome fertility issues which can arise from both men and women when trying to have a baby.

IVF procedures (i.e. ovarian stimulation, egg fertilisation and embryo transfer) are used for egg freezing as well as other alternatives we discuss in this website including embryo

freezing, and using donor eggs or embryos.

In this section, the scenario we are referring to is using IVF with 'fresh eggs'. This means collecting and using a woman's eggs straight away rather than storing them for later use.

Using IVF

This involves:

- Daily hormone injections for about 2 weeks to help your eggs mature. Other medications might be needed too.
- A minor surgery is performed to collect as many eggs as possible from your ovaries.
- Egg and sperm are added together to try and create embryos. This might need to be done using ICSI .
- Not all embryos develop well, and some are likely to be discarded.
- Once a healthy embryo has developed it will be placed into the womb.

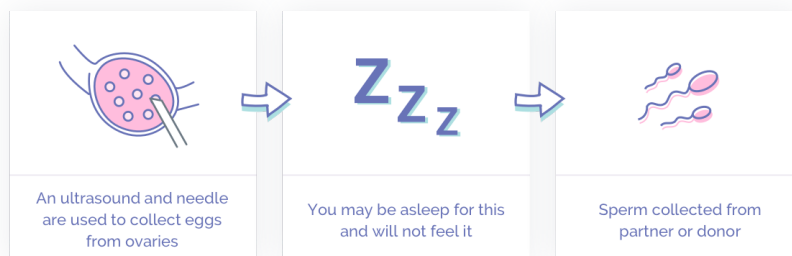
Hormones may be needed to prepare your womb before embryo transfer. It can also happen in a natural cycle where no hormones are used. Your fertility specialist will discuss with you the best approach at the time. It is hoped that a pregnancy is then achieved.

You can also choose to freeze some of the eggs you collect unfertilised, and also any healthy embryos you have remaining after your IVF cycle. You will need to pay storage fees for these. What are the chances of IVF working?

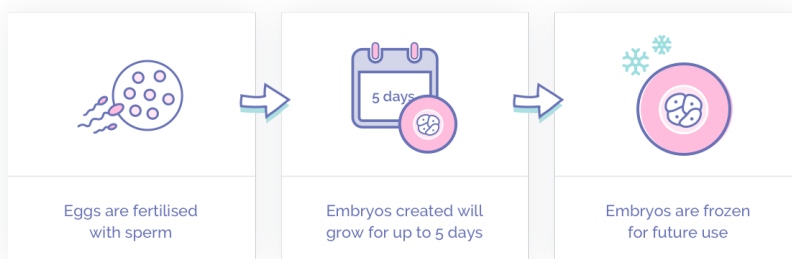
Ovarian Stimulation



Egg & Sperm Collection



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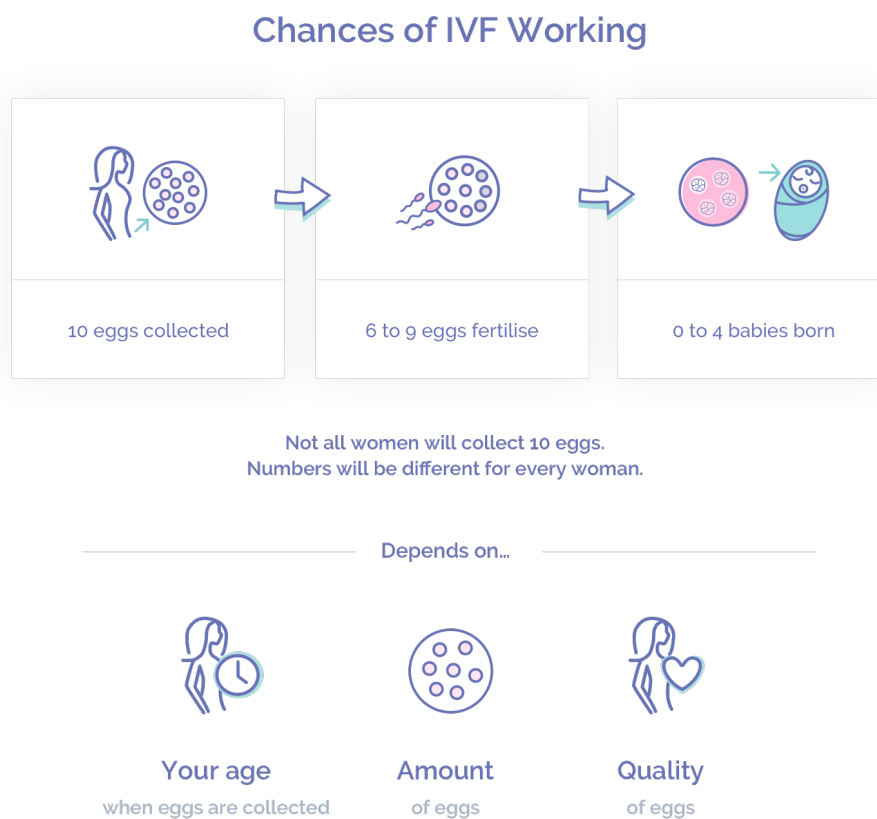
What are the chances of IVF working?

Let's say you collect 10 eggs.

- Of those eggs, about 6-9 of them will fertilise and become embryos, and
- 0-4 of those embryos when transferred to the womb have the potential to become a baby [50, 52, 53, 54].

These chances are averages. A fertility specialist will be able to give you a more personalised chance of success, which will depend on the quality of eggs and sperm used.

Understanding IVF success rates can be difficult. This VART A webpage has some information which may be helpful.



Costs

The costs for IVF vary across clinics.

Talk to your fertility clinic about pricing estimates, and possible reimbursements available from Medicare and your private health fund provider.

Are there any other issues?

Any remaining embryos made with a male partner legally belong to both partners. They can only be frozen or used if both partners agree.

If the couple separates, it may be possible to use the embryos if one partner donates them to the other.

Some states also have storage time limits. If you do not end up using all of the embryos, you can choose to freeze them, dispose of them or donate them to another woman or research.

Where can I get this done?

The first step is to see your General Practitioner for a referral to a fertility clinic.

[Click here](#) for a list of fertility clinics within Australia.

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

Advantages and disadvantages of trying for a child now

Here are some advantages and disadvantages about trying for a child now naturally or with IVF .

Advantages

- Reduces the risk of problems occurring with older eggs.
- Mother and baby will be blood related.
- Possible cost reimbursements if IVF is used (depending on your fertility status at the time).

Disadvantages

- May not be in a good position to have a child.
- Daily injections and possible side effects during ovarian stimulation if IVF is used.
- Unused eggs or embryos will need to be donated or disposed of if IVF is used.

Wait and see what happens

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

This means:

- Waiting to see if you want to have children in the future;
- Waiting until you meet a partner, or;
- Trying naturally in the future with a new or current partner.
- Choosing to 'wait and see' what happens means that you may not be able to have children naturally.

If this happens, there are other options available. These include:

- Using IVF with your own eggs;
- Using IVF with donated eggs or embryos, or;
- Adoption or fostering.
- There is also the option of not having any children.

Many women often fear they will regret not having children, their life will have no meaning, or they will be viewed as selfish or a failure. In reality, many women, men and couples live very meaningful and enjoyable lives without having their own children.

Various resources are available for people who either choose not to have children, or cannot have them because of their personal circumstances. [Click here](#) for more information.

IVF in the future using your own eggs, donor eggs or donor embryos

Using your own eggs

Using your own eggs can be more difficult as the number and quality of your eggs decreases over time. For more information about IVF treatments using your own eggs [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 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. An egg donor should ideally be under the age of 35 and have completed her own family. It can often be difficult to find an egg donor, but the internet is now helping to connect women to potential donors.

Embryo donation

Embryos are donated by a couple. These couples have usually been through the IVF process 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 an embryo donor.



Costs

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.

Other things to think about?

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

Where can I get this done?

Donor egg and embryo services are available at various clinics around Australia. [Click here](#) for a list of fertility clinics within Australia.

Advantages and disadvantages of waiting to see what happens

Here are some advantages and disadvantages about waiting to have a child you may want to think about.

Advantages

- Gives you more time to consider having a family.
- Gives you more time to be in a better position to have a baby.
- Mother and baby will be blood related (if your own eggs are used).
- Possible cost reimbursements (depending on your fertility status at the time).

Disadvantages

- The effects of age on fertility are not fully overcome by IVF .
- Donor eggs or embryos can be difficult to find.
- Babies born from donor eggs and embryos will not be blood related to their mother.
- Daily injections and possible side effects from an ovarian stimulation procedure (If IVF is used with your own eggs).

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 and territorial government agencies, or

approved adoption agencies. Adoption processes and criteria for adoption can differ between states, territories, and countries. [Click here for more information.](#)

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 and territories within Australia. [Click here for more information.](#)

Definitions

Some of the tricky words that are used in this website are listed below. You may want to read this page to help you understand them.

AMH

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

ART

Assisted Reproductive Technology - A range of treatments that help people to get pregnant and have a baby.

Anti-Mullerian Hormone (AMH)

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 donor 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 Disorders

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

Caesarean section

Baby is surgically delivered from the mother's abdomen.

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 pregnancies

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.

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.

IVF

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

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.

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.

OHSS

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

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.

PCOS

Polycystic Ovary Syndrome - 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.

Polycystic Ovary Syndrome

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

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.

cryopreservation

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

More Resources

Questions to ask my fertility specialist

Here are some important questions you can ask your 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

- How many eggs do you think I will collect that can be frozen? (Remember this prediction will not always be correct)
- How many eggs do you recommend I should freeze given my circumstances?
- How many cycles do you expect I will need to have to reach my goal number of eggs?
- What is my risk of developing Ovarian Hyper-Stimulation Syndrome (OHSS) during an egg freezing cycle?
- Will my egg freezing cycle and hormones provided be personalised or will you use a standard approach?
- Will my doctor personally manage my progress during my cycle, and collect my eggs?
- What type of anaesthetic will be used when collecting my eggs?
- What is your clinic's average live birth rate for women who freeze their eggs at my age?
- Where will my eggs be stored? How will I be notified if there are any changes in their storage location?
- How long can I store my eggs for? Can I apply for an extension if needed?
- How will I get information about the status of my frozen eggs (i.e. storage location changes)? How often will I be contacted?
- What is your experience with egg freezing?

Pricing

- How much will it cost for one egg freezing cycle (including medical appointments, counselling, procedures, hormones, medications, anaesthetic, hospital stays, freezing costs etc)?
- Are there any other additional costs you need to be aware of (i.e. costs to freeze the eggs)?
- 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 costs and how are they billed to me?
- Are there any payment plans available?

Support

- What counselling services are available at the clinic? How much does it 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 eggs?
- What options do the clinic offer to use my eggs (e.g., access to donor sperm, IVF)?
- Are there age limits for treatments such as IVF and donor sperm which I need to consider when using my eggs?
- Who do I contact when I want to use my eggs or discuss my other options available?
- 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, procedures etc)?
- What happens to my eggs if I do not use them?

Other Options

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

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/rtac/accredited-units/>

Your Fertility website: <https://yourfertility.org.au/for-women/>

Western Australia Department of Communities Child Protection and Family Support

Information about Adoption and Fostering:

<https://www.dcp.wa.gov.au/FosteringandAdoption/Pages/FosteringandAdoption.aspx>

Useful books

Here is a list of some 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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Here is a list of some 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). Other Useful resources

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