

Let's Talk About Egg Freezing

If your patient would like to have a family one day but is not in the position to fall pregnant right now because they are focussing on achieving financial stability, completing their education, advancing their career goals or for relationship reasons then freezing eggs may be an option for her.

What is egg freezing?

Egg freezing is a method of preserving and storing unfertilised eggs via vitrification. Eggs frozen via vitrification can be stored indefinitely however it is important to note that embryos can only be transferred to the person carrying the pregnancy if they are under 52 years of age.

Who should consider egg freezing?

Fertility naturally declines with age making it harder for some women to fall pregnant naturally later in life. We also know that Australian women on average are choosing to fall pregnant later in life as the percentage of women giving birth who are 35 years or older increased from 16% in 1998 to 22.3% in 2007 and the average age of first time mothers has also progressively increased over the past 10 years from 28.9 years to 29.9 years.* (*The Australian Department of Health 2019)

You might consider egg freezing for your patient if she:

- is not in a position to have a baby right now but would like the opportunity to start a family beyond the age when fertility naturally declines (ie 35 years of age)
- she has a low ovarian reserve
- her fertility is at risk from a serious illness such as cancer or gynaecological surgery

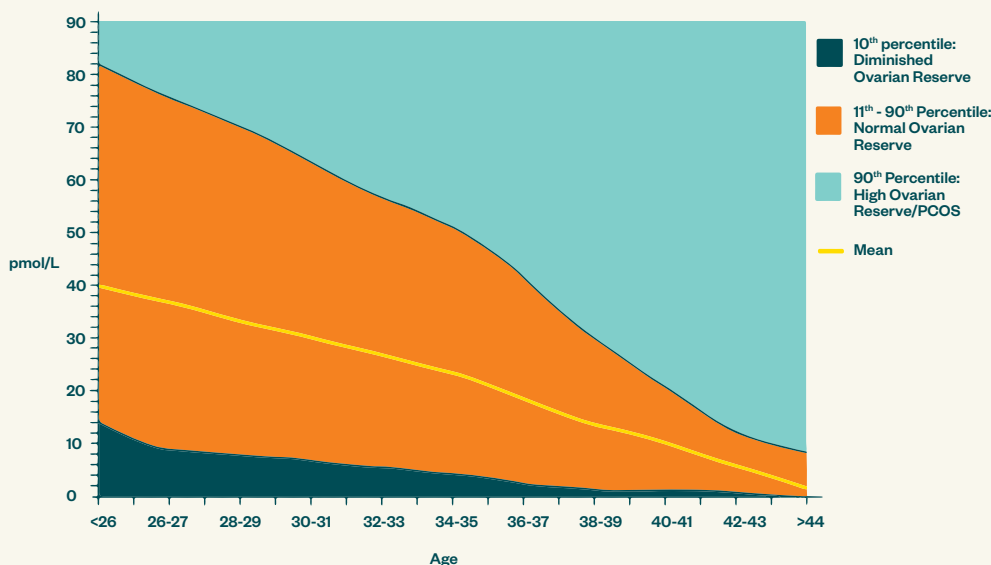
Generally women in their 20s and early 30s are relatively fertile with their ovaries still containing good numbers of healthy eggs therefore egg freezing is often a viable option for them. Women in their late 30s generally have lower quality and quantity of eggs therefore freezing becomes less beneficial as only a small number of suitable eggs may be collected. For this reason egg freezing for non-medical reasons is not usually recommended for women over the age of 38.

Determining ovarian reserve

The likely fertility status of a woman can best be determined by a serum Anti-Müllerian Hormone (AMH) Test. AMH produced by the follicles in the ovaries and is one indicator of the ovarian reserve (quantity of eggs). This test does not predict your patient's ability to conceive but does help to understand how their body is likely to respond to the medicines used to stimulate their ovaries and collect eggs.

AMH levels fluctuate very little during the menstrual cycle therefore the test can be conducted at any time however, being on hormonal contraception can reduce AMH results slightly.

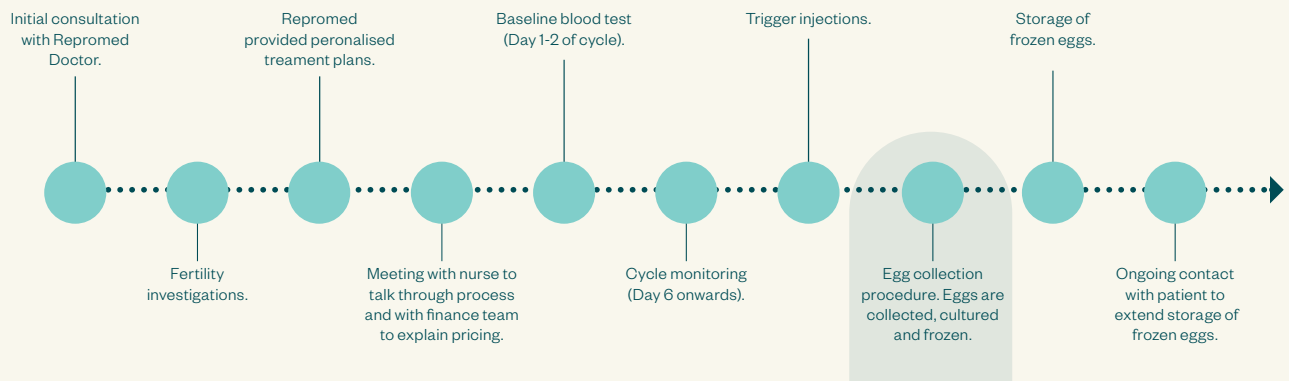
Anti-Müllerian Hormone Graph*



*References

Anderson RA, Anckaert E, Bosch E, Dewailly D, Dunlop CE, Fehr D, Nardo L, Smits J, Tremellen K, Denk B, Geistanger A, Hund M. Prospective study into the value of the automated Elecsys antimüllerian hormone assay for the assessment of the ovarian growing follicle pool. *Fertil Steril*. 2015 Apr;103(4):1074-1080 K Tremellen and D, Zander-Fox. *Serum Anti-Müllerian hormone assessment of ovarian reserve and polycystic ovary syndrome status over the reproductive lifespan. *Aust N Z J Obstet Gynaecol*, 2015; 55, pp 1-6

Egg freezing process step by step



Success Rates For Egg Freezing

Each woman's response to the Follicle Stimulating Hormone medication is varied.

At Repromed we would expect that:

- A stimulated cycle would result in the collection of 10-12 eggs. Possibly more in women younger than 35 years of age.
- Approximately 85-90% of eggs will survive the freeze-thaw process.

On surviving the freeze-thaw process, each egg has:

- Approximately 50-70% chance of fertilising with the sperm.
- Approximately 40% of fertilised eggs will develop into mature embryos.

The number of frozen eggs required to give a realistic chance of at least one live birth in the future varies with age. For some patients, more than one cycle of egg freezing may be required to reach their ideal or desired egg number.

Costs

There are four main costs associated with egg freezing.

- 1. Cycle fee.** Repromed's fee per egg freezing cycle is \$5,551.90*
- 2. Medication.** Hormone medication is required to stimulate the ovaries during an egg freezing cycle. The cost of medication depends on the person and can vary greatly.
- 3. Hospital and anaesthetic fee.**
- 4. Ongoing storage fees.** At Repromed, the first 6 months of storage is free, after that it's \$285* every 6 months.

*as at October 2022

Medical egg freeze patients

In Australia, Medicare provides a rebate for egg freezing if there is a medical need for the treatment however there is no Medicare rebate for ongoing storage fees.

For more information or to make a referral

Repromed South Australia

T: 08 8333 8111 F: 08 8333 8188 E: pathology@repromed.com.au

180 Fullarton Road, Dulwich, SA 5065

Repromed Northern Territory

T: 08 8945 4211 F: 08 8945 4255 E: darwin@repromed.com.au

Harry's Place Administration Building, 1 Willeroo Street, Tiwi, NT 0810

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repromed.com.au