



FERTILITY CENTER

*Pathway to Parenthood*

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## **PREPARING EMBRYO RECIPIENTS: EGG DONATION AND GESTATIONAL SURROGACY**

### Standard Regimen

The recipient's cycle is initiated with an OC, which is later overlapped with 0.5 mg (10 units) Lupron daily for 3-5 days. Thereupon the OC is withdrawn and daily Lupron injections are continued at 0.25 mg (5 units) daily until progesterone administration is initiated (see below). At this time, Lupron is discontinued.

E2V (4 mg) IM is administered on Fridays and Tuesdays, commencing within a few days of Lupron induced menstruation (after making sure that the ovum donor is ready to proceed with fertility drugs). On the Thursday following the second E2V administration, plasma E2 measurement is done. This allows for planned adjustment of the E2V dosage scheduled for the next day (i.e., Friday). The objective is to achieve a plasma E2 concentration of 500-800 pg/ml and an adequate endometrial lining as assessed by ultrasound examination on Tuesday (the day of the fourth E2V injection). The twice weekly, final (adjusted) dosage of E2V is continued until blood pregnancy tests and/or ultrasound examinations rule out a viable pregnancy, or until completion of the 8th gestational week. Embryo recipients (ovum donation and surrogacy) receive 0.75 mg dexamethasone daily with the start of the Lupron. Oral folic acid (1 mg) is taken daily commencing with the first Estradiol Valerate injection, and is continued throughout gestation. They also receive Doxycycline 100 mg twice daily or Tequin 400 mg daily starting with the initiation of Progesterone therapy and continuing for 10 days. SDF vaginal suppositories are used as indicated (see above).

Luteal support with P4 commences with 50 mg IM on the day prior to the egg provider undergoing ER (i.e., P4-Day 1). On day P4-Day 2, the progesterone dosage is increased to 100 mg IM daily (given as a single injection or 50 mg twice daily). and this is continued until the 8th week of pregnancy or until a blood pregnancy test/negative ultrasound discounts a viable pregnancy.

Commencing on the day following the ET, the patient inserts one vaginal P4 suppository (100 mg) daily continuing until the 8th week of pregnancy or until pregnancy is discounted by blood testing or an ultrasound examination after the 6th gestational week. With the obvious exception of the fact that embryo recipients do not receive an hCG injection, luteal phase and early pregnancy hormonal support and immunosuppression is otherwise the same for conventional IVF patients

NOTE: Alternative Regimen (for patients who cannot tolerate intramuscular progesterone)

One (1) vaginal application of Crinone 8% is administered on the 1st day of luteal support (for egg donor recipients, the day prior to egg donor's egg retrieval) (referred to as luteal phase day 0 - LPO). On LP Day 1, they will commence the administration of Crinone 8% twice daily (AM and PM) until the day of embryo transfer. Withhold Crinone on the morning of the embryo transfer and resume Crinone administration in the PM. Crinone twice daily is resumed from the day after embryo transfer. Contingent upon positive blood pregnancy tests, and subsequently upon the ultrasound confirmation of a viable pregnancy, administration of Crinone twice daily are continued until the 8th week of pregnancy.