

## Failed IVF - what to do next ?



When your IVF cycle fails, it's often hard to digest and bounce back. Even though your head understands that IVF doesn't have a 100% success rate, it's hard to deal with the failure. In their heart of hearts, every patient who starts an IVF cycle believes that this cycle is going to work ! ( If they didn't, it'd be very difficult to even start the cycle ).

When the cycle fails, your hopes go crashing down, and it is difficult to pick up the pieces and carry on living. This is why it's important to give yourself some time ; grieve; and then bounce back. Rather than get stuck with thinking about it only and blaming yourself for the failure, you need to use an analytical framework, so you know what to do next.

Most patients get stuck in the phase of asking questions to analyse the failure. Doctors, did I do something wrong ? Did the embryos fail to implant because I did not rest ? Did the doctor do something wrong. Patients are often desperate, and will spend hours scouring the internet, to try to find answers to their questions.

Actually, these are very unproductive questions. The quality of answers does depend upon the quality of questions; and rather than ask - What went wrong ? or Why did the embryos not implant ? a far more useful question would be - What can we learn from this failed cycle ? And based on this additional hard-earned information, what can we do differently the next time to increase our chances of success.

If it's been a perfect cycle ( Grade A embryos; trilaminar endometrium of more than 8 mm; and an easy transfer), then often all one needs to do is to repeat it until it works. This requires a lot of patience and fortitude, but human reproduction is not an efficient enterprise, and you don't have a better alternative except to pray and try again.

What are some of the things which you can change for the next treatment cycle ?

If the follicles did not grow properly, or the ovarian response was poor ( or exaggerated because of PCOD), you can tweak the superovulation protocol. Experienced doctors are quite good at doing this, so that they can help you grow more eggs, of better quality, based

on studying your earlier response. Thus, if you are a poor ovarian responder, they can increase your dose of HMG for superovulation; or use the Antagonist protocol.

Your second option is to change your doctor. If you have lost confidence in your doctor; or if you find that after the failure, your doctor is not being open or transparent and is not providing satisfactory answers, it's always a good idea to get a second opinion, to confirm you are on the right track ! It's important that you have a detailed treatment summary of your IVF cycle, including photos of your embryos, so an IVF specialist can provide intelligent advise.

What are the other things over which you have control, and which you can change ?

You can use donor sperm, but with the availability of ICSI, the need to do this is practically zero today. In fact, we use donor sperm only for men with complete testicular failure. While some clinics will blame the poor quality of sperm for a failed ICSI cycle ( by claiming the sperm have high DNA fragmentation or abnormal DNA or abnormal morphology or very poor motility), none of these are issues which adversely impact ICSI fertilization rates in a good IVF lab. No matter how poor the sperm motility or how abnormal their shape or their DNA, in a good IVF lab, fertilization after ICSI is pretty much guaranteed ! Also, once the sperm have fertilized the egg, their task is accomplished. This may not seem intuitive, but poor quality sperm are usually never responsible for poor quality embryos, because embryo cleavage is dependent upon the energy provided by the mitochondria in the egg cytoplasm - not the sperm !

**For a large number of patients with poor ovarian reserve, donor eggs is often the best option to maximise success rates.**

While this is a fairly straightforward solution, this can be psychologically extremely difficult to come to terms with, especially for young women.

Many women will want to change the uterus when they encounter repeated IVF failure.

They believe that their uterus is abnormal, and is "rejecting" their embryos. This reasoning seems logical, but is actually flawed, because the uterus is usually just a passive recipient, and surrogacy does not help to improve pregnancy rates if the woman's uterus is normal. The trouble is that after a failed IVF cycle, patients want a scientific explanation as to why the cycle failed. They are not happy when the doctor tells them the truth - that it was random bad luck. They demand a diagnosis, because they believe that the doctor needs to accurately "diagnose" the problem, in order to find the right solution. Doctors are happy to trot out a glib diagnosis of "failed implantation" to keep their patients happy - and many will then order a battery of expensive tests to " pinpoint " the cause.

However, "failed implantation " is just a waste paper basket diagnosis, which doesn't provide any useful information. It's just a meaningless label which only describes what happened - that the embryos did not implant, that's all. Unfortunately, when a cycle fails, it's hard to think logically. Patients demand testing, and doctors order these to keep their patients happy.

This wastes a lot of time, money and energy. Even worse, the results of some of these tests come back as abnormal. These are just false positives, which have no clinical importance, but once a result is abnormal, the doctor is then obliged to "treat " it. This wastes even more time and money for the poor patient !

Think about it rationally for a minute. If these tests were really useful, then why would a doctor wait for the IVF cycle to fail before ordering the test ? He would order them before starting the first IVF cycle, if they did in fact provide any useful information.

If your IVF cycle has failed, it's important that you have good-quality documentation of your IVF cycle ( including photos of your embryos ), so that you can get an intelligent second opinion to make sure you're on the right track !

## **Bouncing back after a failed IVF cycle**

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If your path to the discovery of the fact that you are infertile has been anything like mine, then you would have gone through a roller coaster of emotions.... namely shock, anger, acceptance and finally you would have made a decision to act. Well at least in today's times there is a possibility to "act", but wait a sec, there is still no guarantee of a positive outcome.

If you know anything about statistics, you can use a decision tree to map out the IVF process; if you are a statistics freak you can even populate it with probability scores to help you decide the best approach. While it's easy to map a statistical model, the IVF process is more complex mainly because emotions are involved - and we all know that women are very emotional creatures. It is not easy to handle the stress of unknown outcomes; particularly when the issue is so personal. While the IVF process gives us infertile couples hope, the journey to a successful cycle is paved with lots of hurdles. Add emotional highs and lows and you can see how even one cycle can turn out to be a harrowing experience. I have experienced a failed IVF cycle and when asked how I remained positive through it all I thought about my approach. I discovered that I did a few simple things that helped me maintain my cool and remain upbeat. I share this with you in the hope that your IVF cycle doesn't turn into a depressing and unpleasant experience for you.

### Preparation

I discovered that the best way to manage the emotional stress related to an IVF cycle is to be prepared - understand your problem and draw your decision tree (see my example below). Start by identifying your milestones - this helps you map out the important steps in the process. At each outcome stage, identify the best and the worst outcome and know your action plan for both. Depending on your situation, you can also have more than one decision tree with varying processes and outcomes e.g. IVF with own eggs or IVF with donor eggs. For a woman with poor ovarian response the 2 decision trees will have significantly different outcome probabilities.

If the outcome of your IVF cycle is the desired outcome, hurray. If not, with preparation you minimize the shock, anger, acceptance time and go directly to action. Imagine if you did not draw the tree. You commence an IVF cycle and superovulation was not a success i.e. you failed at the first milestone. If you were already mentally preparing for the embryo transfer and thinking of pregnancy, what would be the emotional impact of this outcome? My take - Anything can happen, hope for the best but prepare for the worst AT EACH STAGE.

By way of example, I have appended my decision tree below so you can see how we prepared for the good and the bad outcomes at each stage.

Please be aware that this process can lead to name calling J My husband called me a pessimist as I thought of all the possible failure steps; everything that could possibly go wrong (hey, I consider Murphy a friend these days). But as I pointed out to my ever optimistic husband, it's me who has the fastest recovery time when outcomes aren't always positive.

Preparing in advance does not mean that you won't feel sad when you see your negative BHCG test. I cried my eyes out. But by preparing in advance, I got over it quickly and focused on what's next.

### Support system

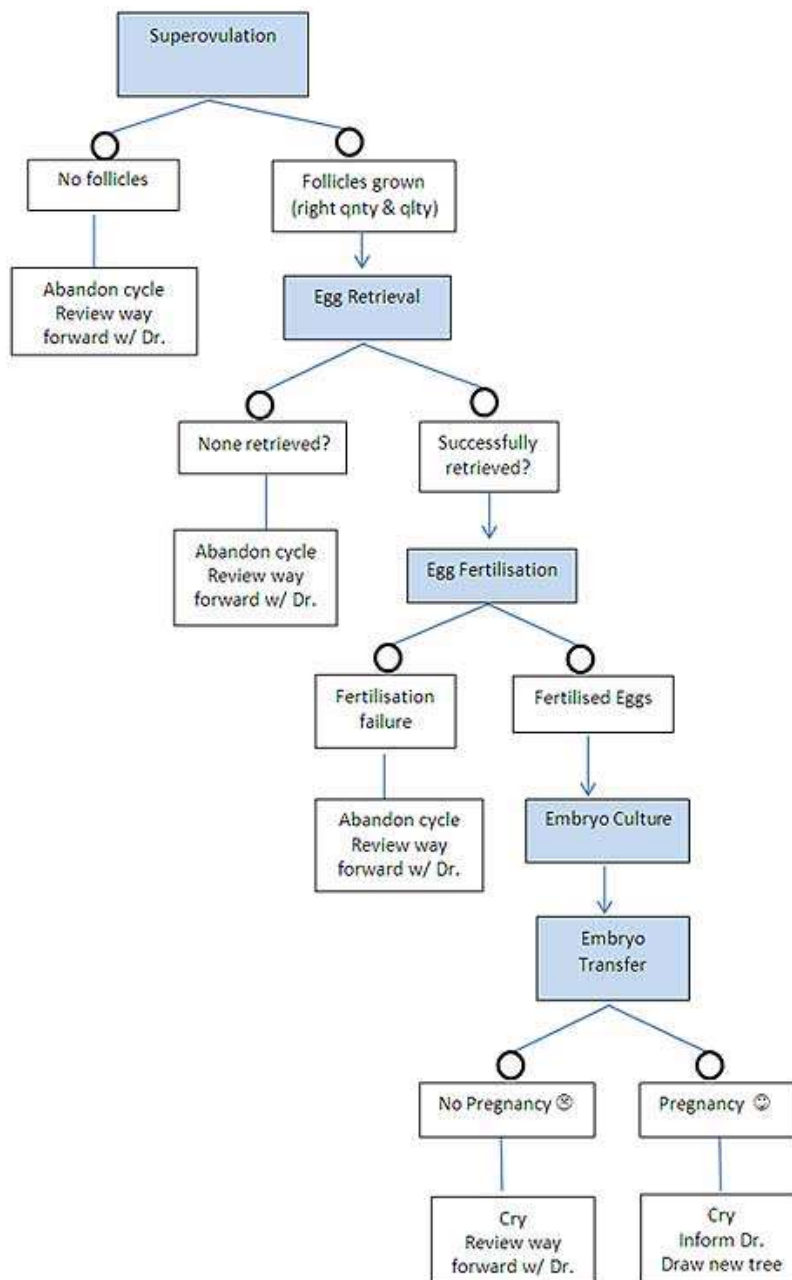
If you can, find yourself an IVF buddy, someone who has been through this process. With the emotional upheaval and my raging hormones I was finding it very difficult to communicate with relatives who had no clue about this process. I was irritable and began to hate the questions "So what did the doctor say? What happens next?". I know they meant well but I did not have the patience nor the desire to explain the process to them so that they could begin to understand what I was going through. My husband, bless him for putting up with my moodiness, was extremely supportive but it was my IVF buddy who got me through my down days. I cannot thank her enough just for being available. Having

someone, even an online someone, who can empathize / relate to your experience, I learned can help alleviate the unnecessary stress.

Look on the bright side

My philosophy in life is simple. No experience is a waste - Everything happens for a reason and there is always a bright side to every situation. If you concentrate on identifying the positive experiences you tend to forget to crib about the rest.

While my first IVF cycle was a failure as far as the desired outcome is concerned, I don't regret the experience. When I look on the bright side, I am now not afraid of injections and being in an operation theatre (I was petrified of needles and had never even the inside of an operation theatre before). I got to experience the best sleep of my life (those who were under anesthesia will know what I'm talking about) - twice J. I know that I am emotionally stronger today and can handle another IVF cycle with way less stress. In fact I am now in



the midst of my second IVF cycle with hopes for a better outcome this time. I wish all IVF couples success the first time around. But if not, here's to counting the positives of the experience.

