



## ***QUESTIONS TO ASK***

### **If You Are Considering Intra-Vaginal Culture (IVC) (#27)**

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Intra-vaginal culture, IVC, is a procedure that was developed around 1986. IVC involves minimal use of or eliminates ovulation stimulating drugs. Ovulation is monitored and mature egg(s) are aspirated from the ovary using ultrasound needle aspiration under light sedation. The egg(s) and sperm are placed in a small tube which is inserted into the vagina for 48-72 hours. The tube is removed, any subsequent fertilization is documented and the embryo(s) are transferred into the woman's uterus. At the present time, IVC statistics are not reported to the American Society for Reproductive Medicine, Society for Assisted Reproductive Technologies. As a result, there are no reports on national or clinic specific data regarding IVC success rates.

#### **ASSESSING WHETHER YOU ARE GOOD CANDIDATES FOR IVC**

- ! Is there a male infertility factor involved in your situation? If so, IVC may not be appropriate.
- ! Is the woman's follicle stimulating hormone (FSH) on day 3 elevated? If so, IVC may not be appropriate.
- ! Is there an egg quality concern or is the woman older (over 35)? If so, IVC may not be appropriate.
- ! Do you have any other infertility issues that may contribute to poor embryo implantation?
- ! Have you been checked for sperm antibodies? This is important if blood products are used to culture the embryos.

#### **ASSESSING THE LIKELIHOOD OF SUCCESS AND THE SKILL OF THE PRACTITIONER**

- ! How many women initiated a IVC cycle at your clinic in the last 12 months?
- ! What was the average age of women initiating a cycle?
- ! What percentage of women used ovulation stimulating drugs?
- ! What were the cancellation rates for those using stimulating drugs and those not using them?
- ! What percentage of women who initiated cycles had at least one good embryo transferred?
- ! What is the delivery rate for women under and over the age of 40 who had embryo(s) transferred?

- ! Does the clinic/physician report IVC statistics to the Society for Assisted Reproductive Technology (SART) for inclusion in its annual clinic-specific report? If not, are there plans to report in the future?
- ! How many attempts at IVC does the clinic recommend?

## **MEDICATION/LAB/PROCEDURE ISSUES**

- ! What lab tests are required before proceeding with IVC? (For example, hormones, uterine sounding, hysterosalpingogram, vaginal culture.)
- ! What will the ovulation protocols be? Is hCG used to trigger egg release?
- ! Will the cycle be canceled if there is poor follicular (egg) development? If so, can an intrauterine insemination (IUI) be done?
- ! Will ultrasounds and/or estradiol levels be monitored? If so, how often?
- ! What is the time span between egg harvest, fertilization and transfer?
- ! If the embryo(s) are of poor quality (fragmented, etc.), will they be transferred to the uterus?
- ! What are instructions regarding physical activity, bathing, exercising, etc., during the time the vial is in the vaginal canal?
- ! Will progesterone be used after embryo transfer? Will it be administered intramuscularly, oral or vaginally?
- ! When will a blood pregnancy test be drawn?
- ! What portion of the IVC procedure is covered by insurance?

For additional information on assisted reproductive technologies see RESOLVE's *Questions to Ask When Considering ART* and RESOLVE fact sheet "Interpreting ART Success Rates and Selecting a Clinic."

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