

Recurrent implantation failure is a burning issue in infertility. To address this, renowned national speakers of the country were called to share their experience.

DR. SONAL KOTADAWALA on recurrent IUI failure

- IUI success rate is more dependent on selection of patients where younger group of patients with good AMH (> 2) have higher chances of pregnancy and post wash motile sperm count < 5 million is the limiting factor in male infertility.
- Theoretically, maximum six IUI can be done but practically after three IUI the results are poor.
- Maternal Age, AMH, & Tubal factor needs consideration before performing more IUI in such cases.
- No technique of semen preparation is superior to another and single IUI is sufficient to give a good result.
- Gonadotropins are the drugs of choice to deliver better results in IUI.

DR. SONIA MALIK on recurrent endometriosis

- If pain is a major concern or size of endometrioma is more than 6cm or if it is interfering with advanced procedures like IVF than surgery is the only answer.
- The severity of endometriosis and AMH level are the deciding factors between IUI & IVF.
- Freeze more and advanced techniques like ERA are more helpful to treat endometriosis in a better way and third party donation is the last option when required.

DR. KAMINI RAO on repeated ovulation induction failure

- PCO the patient needs to make life style changes to reduce body weight and metformin can be given to sensitize the ovary for the desired stimulation.
- Emphasis on selecting correct dose of hormone to prevent induction failure.
- Genetic biomarkers will help us to individualize the treatment in the future by selecting the correct dose of FSH & LH to prevent ovulation induction failure.

DR. JAYESH AMIN on repeated IVF failures

- A perfect strategy from selection of patient to ovulation induction with the exact triggering time will make a good quality of egg; and advanced IVF lab with experienced embryologist and advanced sperm selection techniques like IMSI will make up the best embryo.
- Day 5 blastocyst transfer is a standard practice in today's era with morphological as well as advanced noninvasive selection techniques like kid's score in time-lapse technology prevents the IVF failure by getting a best scored embryo to transfer in HRT cycle.
- PGT is the choice of treatment in advanced maternal age as well as recurrent IVF failure cases whereas implantation failure can be prevented by a game changer test called ERA.

DR. KD NAYAR on recurrent implantation failure

- Freeze more strategy with hysteroscopy is an evidence based practice while scratching, GCSF & PRP are novel approaches where evidence is lacking so it is important for the health provider as well as the patient to share their experiences before putting any patient for surrogacy.

DR. SAPNA SHAH on recurrent pregnancy loss

- There is no threshold still decided at which point to refer the patient for any advanced approach.
- Karyotyping, thrombopathies, toxoplasmosis, DNA fragmentation of semen, Endocrinopathies like thyroid and diabetes should be diagnosed and treated promptly to prevent abortion.
- CGH Array Karyotyping is an advanced technique to diagnose minor abnormalities (Below 16KB).
- PGT & ERA are advanced approaches in a certain population.
- Receiving intralipid therapy, intravenous immunoglobins and empirical low molecular weight heparin are of less value.

Panel Discussion was taken by Dr. Kamini Patel

- Conclusion of the panel was that AMH is a good ovarian reserve test to detect the ovarian age in an infertile patient.
- More than 3 IUI is a topic of debate in current infertility practice.
- PGT & Freeze more are accepted strategies to prevent failures.
- 6 to 12 MG of ESTRADIOL VALERATE is the highest dose required to treat refractile endometrium.