

Counseling Patients about Egg Freezing

Are your patients asking, "Should I be freezing my eggs?"

Over the last few decades, researchers and physicians have been trying to overcome the inevitable: the decrease in a woman's fertility due to oocyte aging. Scientists have explored several methods, but ultimately, a flash-freezing technique called vitrification was the technological breakthrough that successfully reduced the impact age has on fertility potential. This has put egg freezing on the table and in the minds of millions of women. Acceptance of vitrification in the medical field, paired with an increased awareness from expanded media coverage, has caused a paradigm shift in the way women plan for their reproductive futures. As a result, more women are asking their providers, "Should I be freezing my eggs?" Effectively addressing this common question is key for providers caring for women in this changing landscape.

Women ages 30 to 40 are candidates for elective egg freezing.

For women without plans of conception in the near future, the ideal time to freeze their eggs is in their early- to mid-30s, which is before the ovarian reserve begins to drastically decrease in both quality and quantity. While that is the ideal, women between the ages of 30 to 40 can benefit from egg freezing if their ovarian reserve test results indicate they are good candidates. Women with poor ovarian reserve test results, or those outside of the recommended age range, may not benefit from freezing. Egg freezing is not recommended for women in their 20s unless it has been medically indicated, nor for women in their 40s, as they may have already experienced decreased ovarian function.

Women with certain medical conditions may also benefit from egg freezing.

Before ruling out egg freezing in women who may fall outside of the suggested age range, it is important to identify any other relevant medical history that may warrant a conversation about future fertility potential. Any patient presenting with the following conditions should consider freezing her eggs: a recent cancer diagnosis; a history of endometriosis, endometriomas, or dermoids, which are expected to impair fertility; and/or a family history of premature ovarian failure or early menopause.

\$325 helps women learn if egg freezing is right for them.

Ovarian reserve testing (AMH, FSH, AFC) provides women the insight they need to determine if egg freezing is a good option. Ninety percent of patients with insurance have coverage for testing and the initial consultation. When insurance is not an option, Shady Grove Fertility patients will pay \$325 for complete testing and evaluation. Shady Grove Fertility follows a streamlined and efficient approach for women by having them complete testing prior to their new patient consultation. This offers the advantage of being able to discuss the specific test results during the first appointment, thus maximizing the time spent with the physician and avoiding the need or expense of additional visits.



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Providers should refer women seeking egg freezing to a fertility specialist.

OB/GYNs are encouraged to refer patients interested in learning more about egg freezing to a fertility specialist for testing and counseling. To best support women wishing to freeze their eggs, Shady Grove Fertility's Egg Freezing Program offers a dedicated team, tailored treatment protocols, and accessible financial options, all designed to meet the unique needs of our egg freezing patients. Women interested in taking the next step should be encouraged to call our New Patient Center. Our staff are well equipped to provide guidance, answer questions, and discuss next steps.

PATIENTS FOR IMMEDIATE REFERRAL

- Recent cancer diagnosis
- Endometriosis
- Endometriomas
- Dermoids
- Family history of early menopause

Pregnancy Rates are Highest for Women Who Freeze Eggs in their Early- to Mid-30s

While women can freeze their eggs between the ages of 30 to 40, women who freeze in their early- to mid-30s commonly benefit from:

- Greater number of mature eggs retrieved per cycle.
- Fewer cycles are needed to retrieve the recommended number of eggs (15 to 20 or 25 to 30).
- Higher pregnancy rates, as success correlates to a woman's age at freezing, not at the time of thaw and transfer.



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