Why Did Our IVF Treatment Not Work?
Whilst IVF/ICSI treatment is very successful it does not always work. It is important to understand why your treatment may not have worked and whether there are ways to address this. This information can help you understand why you may have been struggling to conceive and allow you to make an informed decision whether to have further treatment.

To give IVF/ICSI the best chance to work we need to replace a viable embryo into a well prepared womb. If there are problems with either of these key components, the embryo may not implant or, if it does, not develop properly and eventually miscarry.

Arguably the most important part of the puzzle is the embryo. The better the embryo quality, the more chance it has of implanting. Embryos making it through to the blastocyst stage (day 5-6) are also more likely to implant than those replaced at the cleavage stage (day 2-3) but this relates more to the selection of the best embryo, or embryos, than delaying the time they are transferred. The key determinant of egg and therefore embryo quality is female age: egg quality falls from 35 years of age and increasingly so from 40. This is clearly reflected in the HFEA success rates for each clinic and as a whole. Sperm quality is primarily measured by the number and motility of the sperm and their shape, but age may also become an influencing factor on success when the male goes beyond 45 years old. External influences such as lifestyle and certain medical conditions will affect both egg and sperm quality: smoking and obesity are the obvious ones.

A top quality blastocyst still has around a 25% of being chromosomally abnormal. Chromosomally abnormal embryos tend to not implant but if they do, they may result in miscarriage. The only way to know if the embryo is chromosomally normal is to under pre-implantation genetic screening (PGS) but the usefulness of checking the chromosomes is unclear and costly.

Once the embryo has been replaced it has to implant. This process is not completely understood or predictable. What we do know is that the chance of the embryo implanting is reduced if the womb lining (the endometrium) is thin (measures less than 7 mm) or when there are abnormalities within the womb such as fibroids, polyps and scar tissue (adhesions). The larger and more numerous these are the less the chance the embryo will implant. Having said that, embryos still implant when the womb lining is thin and when there are abnormalities in the womb. Furthermore, it is not clear whether surgery improves the chances of implantation.

Many patients worry that they are rejecting the embryo and have an underlying immune problem. This is the least clear part of the whole process and despite years of research and numerous treatments we still do not understand the place of immunity and immune therapy. There is no robust evidence to show these tests and treatments are of any use.

So, in summary, your chances of IVF/ICSI working are higher if you are younger and have one or more good quality embryos to replace into a well-prepared, normal womb. However, IVF/ICSI treatment still works when things are not perfect and ultimately every normal embryo has a chance of implanting irrespective of your age, the quality of the embryo, and your womb. On the contrary, IVF/ICSI is not guaranteed even when everything falls into place and seems to be going as well as it possibly can.

For additional support and information please contact Infertility Network UK

www.infertilitynetworkuk.com