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# **ELECTIVE SINGLE EMBRYO TRANSFER (ESET)**

## **A PATIENT GUIDE**

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### **1 WHAT IS ELECTIVE SINGLE EMBRYO TRANSFER?**

Elective single embryo transfer (eSET) describes when a patient actively decides to only have one embryo replaced.

### **2 WHY WOULD A PATIENT CHOOSE TO HAVE ONLY ONE EMBRYO REPLACED?**

Patients choose to replace a single embryo in order to avoid becoming pregnant with twins. While it is true that replacing a single embryo may have some effect on the chances of you becoming pregnant if certainly doesn't halve them, particularly if you are what we call a "good prognosis" patient, that is younger than 37 and have at least one good quality embryo.

Double embryo transfer carries a 25% risk of twin pregnancy and a smaller risk of a triplet pregnancy.

### **3 IS HAVING TWINS REALLY THAT BAD?**

Having a multiple birth (twins, triplets or more) is the single greatest health risk associated with fertility treatment. Multiple births carry risks to both the health of the mother and to the health of the unborn babies. Twins or triplets are more likely to be premature and to have a below-normal birth weight. It may seem that the actual figures for twins affected by disability or death are relatively small (for example, the risk of cerebral palsy is 8 in every 1000 twins). However, several studies have shown that twins are between 4 and 6 times more likely to suffer from cerebral palsy than singletons. Both children may be affected, which means caring for two with a disability, as well as lifelong problems for them both.

Multiple pregnancy is considered a high-risk pregnancy because mothers carrying twins or triplets are at a higher risk of developing blood pressure problems, diabetes and anaemia during pregnancy. Also multiple pregnancy is associated with a higher risk of miscarriage.

### **4 HOW DO YOU MAKE SURE MY CHANCES OF GETTING PREGNANT ARE NOT REDUCED BY ESET?**

We are very careful about which patients are encouraged to have eSET. You will normally be under 37 years of age and have at least one good quality embryo to transfer. For these patients we normally recommend trying to extend the time the embryos are in culture to day 5 or day 6 (the blastocyst stage) rather than day 3. This gives time for the differences between the embryos to become more apparent and allows the embryologist to choose the very best one for transfer. Blastocysts have been shown to have a much higher chance of producing a pregnancy than embryos replaced on day 2 or day 3. Not all embryos are capable of reaching the blastocyst stage so once you have embryos in culture the embryology team will be able to advise you further on the whether extended culture is the best option for you

### **5 WHERE CAN I FIND OUT MORE ABOUT ESET?**

The Human Fertilisation and Embryology Authority (HFEA) and the One at a time campaign have very informative websites:

[www.hfea.gov.uk](http://www.hfea.gov.uk)

[www.oneatatime.org.uk](http://www.oneatatime.org.uk)