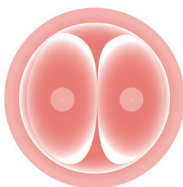


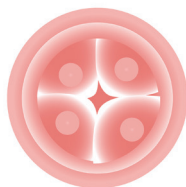
Single Embryo Transfer



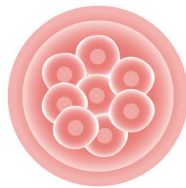
ZYGOTE



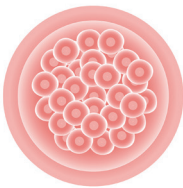
2 CELL STAGE



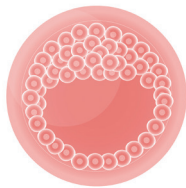
4 CELL STAGE



8 CELL STAGE



MORULA
(72 HOURS)



BLASTOCYST
(4 DAYS)

In May 2011 The British Fertility Society along with 16 other organisations published the following consensus points regarding multiple births from fertility treatment in the UK :

- Multiple births are the single biggest risk to the health and welfare of children born following fertility treatment.
- Multiple births following fertility treatment present significant health risks to mothers.
- These risks are avoidable with judicious use of elective single embryo transfer (eSET) and frozen embryo replacement in appropriate patients.
- Lowering the multiple birth rate in stages over a number of years will improve the health outcomes for mothers and children without compromising overall live birth rates.
- Carrying out double embryo transfer in women at high risk of multiple birth is poor clinical practice.
- Funding provision is a key element in the success of this initiative; though patients should expect the same clinical treatment whether they are NHS or privately funded.
- Most UK fertility centres are already showing significant progress in reducing multiple births.

More information can be found at www.oneatatime.org.uk

