JOURNEY MAPPING OF POSITIVE PREGNANCIES AFTER FERTILITY TREATMENT WITH RESPECT TO OBSTETRICS AND PEDIATRICS OUTCOMES

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr Vinod Kumar SV

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cloudnine

NABH

CERTIFICATE

This is to certify that **Ms. RINCY REJI** in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur has successfully completed her project on **"Journey Mapping of positive pregnancies after fertility treatment with respect to obstetrics and pediatrics outcomes."** at Cloudnine Hospital from April 1, 2024 to June 30, 2024.

Place: C9-Mwm, Bglore
Date: 1-7-24

Dr. Suhani Kavi
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Cloudnine Hospital
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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Journey mapping of positive pregnancies after fertility treatment with respect to obstetrics and paediatrics outcomes." is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

RINCY REJI

Date 5-07-2024

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **"Journey mapping of positive pregnancies after fertility treatment with respect to obstetrics and paediatrics outcomes"** is a record of the research work undertaken by **RINCY REJI** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

INTRODUCTION:

Journey Mapping is a representation of how a patient gets engaged with the healthcare facility throughout their journey. It will encapsulate different aspects of fertility treatment through this journey mapping, encompassing the struggles with decision making process for the different treatment options, with infertility diagnosis and with emotional highs and lows during the treatment cycles.

The IVF treatment is a medical treatment which helps people to conceive a child after certain amount of time trying to conceive and still unable to get pregnant. This study involves those couples or individual who have achieved pregnancy through fertility treatments like ICSI, IUI, FET, TVOA etc. This study is to know what were the major factors affecting for drop out, what were the percentage rate of dropout from in-house paediatric vaccination. Using different analysis method will be able to know the percentage of dropouts from services and percentage of patients who continued their services till paediatrics.

OBJECTIVE:

- To find out the reasons for dropout from the IVF treatment to obstetrics?
- To assess the dropout rate from in-house pediatric vaccination among newborn babies through IVF?

METHODOLOGY:

- The study was conducted in Cloudnine Hospital, Bangalore. This study involves purposive sampling with sample size of 222 based on secondary data collected from cases during the month of APRIL 2023 to MARCH 2024.

- INCLUSION CRITERIA:

  All the patients who have gone through ICSI, FET, TVOA are included in this study.

- EXCLUSION CRITERIA:

  All the patients who have gone through IUI are not included in this study.

This study involves secondary data analysis. Profiling of dropout patients were done by retrospective approach in which the data was collected from EHR and to obtain the reasons for drop outs follow-up were collected from HIMS. The collected data is analysed using MS Excel software and findings were represented in tabular form and figures using MS Word software. The reasons for dropout was collected directly from patient on call interview.

For this study, the data is obtained from the hospital's database system (EHR), designated as LT. Data from LT will be used to calculate the rates of dropout. Using HIMS the data was cross checked to see the drop outs and analysed the follow-up history.

Obstetric and paediatric outcomes will also be assessed using data from LT.

RESULTS:

A Total of 222 samples were collected, out of which 44 deliveries happened, 21 patients were still undergoing consultation, and 43 had due dates for deliveries. A total of 114 dropouts from the overall sample size due to reasons such as patients moving to their native place, delivered in other hospital, or undergone through MTP or MTA during the treatment cycle.

Following the failure of their first IVF cycle, some patients proceeded with subsequent treatment cycles. Couples with stored embryos opted for FET, while others chose to pursue another IVF cycle. The success rate of IVF cycle treatment is 60-70%, as evidenced by the total number of deliveries already completed, along with the number of expected due dates and on-going consultations. Therefore, out of the total sample size of 222, there are 108 positive samples.

Out of a total number of deliveries (44), 6 were twin deliveries resulting in a total of 50 babies were there for vaccination tracking. Using the paediatric tracker, it was found that 58% dropped out from 6^{th} week and 10^{th} week vaccination, 52% between the 14^{th} week, and 14% at 6 months. Total 64 babies are remaining for in-house vaccinations, as their due dates are in the upcoming months.

The results indicate that there is still room for overall improvement for paediatric in-house vaccination retention, as only 40% of patients continue to utilize in-house vaccination services post-delivery.

CONCLUSION:

This study on journey mapping in fertility treatments and paediatric vaccination retention at Cloudnine Hospital underscores the complexities patients face throughout their healthcare journey. The findings highlight significant dropout rates in IVF treatment due to various personal reasons, impacting continuity of care. Similarly, paediatric vaccination retention rates reveal challenges in maintaining consistent healthcare engagement post-delivery. Addressing these issues requires tailored strategies to enhance patient support and ensure continuity of care from fertility treatments to paediatric healthcare, ultimately aiming to improve patient outcomes and satisfaction in healthcare services.

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"Acknowledging someone for good, through appreciation, is the best way to express gratitude."

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ABBREVIATIONS

ART – Assisted Reproductive Technology

EDD – Expected Due Date

EHR – Electronic Health Record

FET – Frozen Embryo Transfer

HIMS – Hospital Information Management System

ICSI – Intra Cytoplasmic Sperm Injection

IUI – Intra Uterine Insemination

IVF – In-Vitro Fertilization

LT - lifetrenzEHR

MTA – Medical Termination of Assistance

MTP – Medical Termination of Pregnancy

POI – Primary Ovarian Insufficiency

TVOA – Trans Vaginal Oocyte Aspiration

WHO – World Health Organization

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CHAPTER ONE:

INTRODUCTION:

Journey Mapping is a representation of how a patient gets engaged with the healthcare facility throughout their journey. Making a visual representation will give a deeper insight about how the patient flow works in a hospital. Patient satisfaction is mainly depending on the flow of patient from the time he/she enters into the facility till their journey completes. Through this journey mapping, we will able to understand patient continuity from IVF treatment to till she delivers and paediatrics outcomes.

It will encapsulate different aspects of fertility treatment through this journey mapping, encompassing the struggles with decision making process for the different treatment options, with infertility diagnosis and with emotional highs and lows during the treatment cycles. According to the WHO one in every four couples are having infertility mostly seen in the age of 25-49 years.

The IVF treatment is a medical treatment which helps people to conceive a child after certain amount of time trying to conceive and still unable to get pregnant. This study involves those couples or individual who have achieved pregnancy through fertility treatments like ICSI, IUI, FET, TVOA etc. Through this journey mapping, we will be exploring the journey of those women who conceived after fertility treatment and who all continued the services till paediatrics. From this study we will be able to know who all dropped out from the IVF treatment to obstetrics and what the reasons behind from dropping out.

The importance of this study is to know what were the major factors affecting for drop out, what were the percentage rate of dropout from paediatric vaccination. IVF is a very sensitive treatment and also a common form of ART. Before starting the IVF treatment the couples or the women/husband should undergo some tests like: -

- For couples: HbsAg, HIV, HCV, Blood group and Rh.
- For women: ultrasound scan, RBS, AMH, Urine Routine, Vaginal Swab for c/s etc.
- For men: T3, T4, TSH, RBS, Semen analysis, DFI, Semen culture etc.

The most common method of treating infertility these days is in vitro fertilization (IVF), which can be caused by endometriosis, male and female factors, or unknown factors.

The most crucial aspect of IVF treatment is that women who are unable to conceive naturally because of medical conditions including POI, or other complications or age-related oocyte decline can conceive successfully with donor oocyte IVF. Either single or multiple oocyte retrieval can be used for donor oocyte treatment.

The indications of IVF treatment which includes: male factors such as Azospermia, retrograde ejaculation, severe oligoasthenoteratospermia, immunological fertility. Some of the age related infertility issues happens, due to absent or damaged fallopian tubes, recurrent IUI failure, medical disease in mother not permitting pregnancy like surrogacy. IUI, ICSI, TVOA and FET this all are the part of IVF treatment. Throughout the past few decades, advancements in IVF treatment have been made steadily. Only a small percentage of in vitro created embryos, despite advancements in IVF technology, are able to implant and result in a viable pregnancy, most likely due to inherent qualities of the gametes. The success rate of IVF treatment in the hospital is 60-70%.

By inserting a single spermatozoon straight into the ooplasma of the mature, denuded egg, the ICSI procedure avoids both the zona pellucida and the plasma membrane. Regardless of sperm count, ICSI technology will increase the possibility of fertilization and pregnancy, thus making it a desirable micromanipulation technique. IUI is also a type of IVF treatment in which the sperm that has been washed and concentrated are placed directly inside to the uterus during ovulation. The IUI procedure is quick and typically painless. The TVOA is a technique in which it removes oocytes from an ovary enabling fertilization outside the body.

If the couple doesn’t want to transfer the embryo right after the procedure, then the next option is FET where FET is a process of ART where previously frozen embryo during an earlier IVF cycle are then thawed and transferred into a woman’s uterus. Psychological help is also provided during their treatment cycles to make them stronger.

Using different analysis method will be able to know the percentage of dropouts from services and percentage of patients who continued their services till paediatrics. Consent is the important thing to be noted in an IVF treatment cycles as it ensures that both the couples involved fully understand and agree to the procedure and potential outcomes, their rights are protected and their decisions are respected.

CHAPTER TWO:

REVIEW OF LITERATURE:

S.NO	Author Name	Title	Methodology	Salient Features
1.	Paolo Rinaudo (California)	A Practical Guide to Fertility and IVF(2016)	Practical guide book	This book gives deep insights about the tests for fertility and the type of fertility treatment. It also gives guidance for how to manage emotions during the treatment. What all are the reasons for fertility to happen. This study has examined the age related success rate, impact on women's reproductive autonomy of elective egg freezing.
2.	K.Hammarberg, J.Astbury, H.W.G.Baker	Women's experience of IVF: a follow-up study(2001)	161 item questionnaire and a letter with consent form	This study provides valuable insights into the significant emotional toll and life impacts of IVF, especially for women who do not achieve a pregnancy. The findings of this study highlight the importance of counselling and support throughout the IVF process.

3.	Tingting Xu, Alexis de Figueiredo Veiga (Bethesda)	Informative predictors of pregnancy after first IVF cycle using eIVF practice highway electronic health records.(2022)	Retrospective study using 22,413 first autologous oocyte IVF cycles from 2001 to 2018.	Their main aim was to determine the most informative pre and in cycle variables for predicting success for a first autologous oocyte IVF cycle in which they found out that 3 factors are the most important for predicting IVF success age in three groups, no of transferred embryos and no of cryopreserved embryos.
4.	Jessica Ka-Yan Man, Anne Elizabeth Parker (US)	Should IUI replace IVF as first-line treatment for unexplained infertility? (2019)	Randomised controlled trial	in this study they compared the both treatment IVF and IUI which is better. As the result says IVF should be given as the first-line treatment for unexplained infertility in age above 38 years. IUI with ovarian stimulation can be given to unexplained infertility for women less than 38 age years.

5.	M.F.G. Verberg, M.J.C. Eijkemans, (Netherlands)	Why do couples dropout from IVF treatment?(2008)	A prospective cohort study with randomised controlled trial selection	This article shows the reasons why most of the couple drop out from treatment in which they found that the psychological burden of treatment was the most frequent cause of dropout, because of anxiety and presence of severe male subfertility and the failure to achieve embryo transfer were also related to drop out.
6.	Laura M Miller, Mary A Birdsall, Georgina Wallace (New Zealand)	Dropout rate and cumulative birth outcomes in couples undergoing IVF within funded and actively managed system of care in New Zealand. (2021)	Retrospective cohort	Their main aim was to determine the dropout rate between the first and second IVF cycle in which they found that 10% was actively managed IVF population and reasons was prognosis, cost, and treatment management within general IVF cycle.

CHAPTER THREE:

METHODOLOGY:

1.RESEARCH QUESTION: -

Based on the title *"Journey Mapping of positive pregnancies after fertility treatment with respect to obstetrics and paediatrics outcomes",* the research question that guide this dissertation report are:

- What are the reasons for dropout from the IVF treatment to obstetrics?
- What is the percentage of dropout from in-house pediatric vaccination?

2.RESEARCH OBJECTIVE: -

Based on the research question the objectives of this dissertation report are:

- To identify the reasons for dropout from the IVF treatment to obstetrics?
- To assess the dropout rate from in-house pediatric vaccination?

3.STUDY SETTING: -

The study was conducted in Cloudnine Hospital Malleshwaram, Bangalore. The leading chain of women, childcare and fertility hospital. It is one of the top maternity hospital chains in India that specializes in handling high risk pregnancies and critical cases. broad spectrum of specialities including Maternity, Gynaecology, Paediatric, Fertility, Radiology, Nutrition & Dietetics, Physiotherapy, Stem Cell Banking, NICU, Breast feeding Support, and Allied Services.

4.STUDY POPULATION: -

- INCLUSION CRITERIA:
  All the patients who have gone through ICSI, FET, TVOA are included in this study.

- EXCLUSION CRITERIA:
  All the patients who have gone through IUI are not included in this study.

5.SAMPLING TECHNIQUE: -

This study involves purposive sampling with sample size of 222 from the month of MARCH 2023 to APRIL 2024. The study is conducted for a period of 2 months followed by analysis and recommendations for about a month.

6.RESEARCH DESIGN: -

This study involves secondary data analysis. Purposive sampling was done as we are only including ICSI, FET and TVOA positive patients. Profiling of dropout patients were done by retrospective approach in which the data was collected from HIMS and to obtain the reasons for drop outs the data was collected from lifetrenzEHR.

7.OPERATIONAL DEFINITIONS: -

- **ICSI-** Intracytoplasmic sperm injection is an infertility treatment which involves injecting live sperm into eggs in a laboratory. This will create an embryo (fertilized egg). ICSI is a part of IVF treatment. Mostly ICSI treatment is used when male infertility is there. A single spermatozoon is directly placed into the ooplasma of the mature oocyte. The ICSI technology will result in higher fertilization and pregnancy rates irrespective of sperm numbers makes it an attractive micromanipulation procedure.
- **TVOA-** Trans vaginal oocyte aspiration is a technique in which it removes oocytes from an ovary enabling fertilization outside the body. The egg is collected or egg pick-up is the collection of a woman's egg cells to be used in fertility procedures where the embryo is grown outside the uterus such as IVF and ICSI.
- **FET-** Frozen Embryo Transfer is a process of ART where previously frozen embryo during an earlier IVF cycle are then thawed and transferred into a woman's uterus. If the couple doesn't want to transfer the embryo right after the procedure, then the next option is FET where they freeze their embryo for future procedures.
- **IUI-** Intra Uterine Insemination is a process in which the sperm is placed directly into the uterus using a small catheter. The main aim of this treatment is to improve the chances of fertilization by increasing the number of healthy sperm that will reach the fallopian tubes when the women is most fertile.

8.ETHICAL CONSIDERATIONS: -

In the compliance with hospital guidelines and regulations, the study has ensured that patient information remains strictly confidential and will not be displayed or shared. No personal identifiers, such as names, addresses, or contact details, will be collected or shared at any stage. All data will be anonymized and used only for the purposes of this study, adhering to privacy laws and institutional policies.

9.DATA ANALYSIS PLAN: -

The collected data is analysed using MS Excel software and findings were represented in tabular form using MS Word software. The reasons for dropout was collected directly from patient on call interview.

10.DATA COLLECTION METHOD: -

For this study, the data is obtained from the hospital database (EHR) system, designated as LT. Data from LT will be used to calculate the rates of dropout. Using HIMS the data was cross checked to see the drop outs and analysed the follow-up history.

Obstetric and paediatric outcomes will also be assessed using data from LT. To ensure data accuracy, the information will be cross- verified with patient's physical case sheets and other relevant daily reporting sheets.

11.STUDY INSTRUMENTS: -

6th week		
End	Start	MONTH
December	Januray	February
15Januray	14-Feb	March
15-Feb	14-Mar	April
March	April	May
April	May	June
May	June	July
June	July	August
July	August	September
August	September	October
September	October	November
October	November	December
November	December	Januray

10th week		
End	Start	MONTH
November	December	February
December	Januray	March
Januray	February	April
February	March	May
March	April	June
April	May	July
May	June	August
June	July	September
July	August	October
August	September	November
September	October	December
October	November	Januray

14th week		
End	Start	MONTH
October	Novembe	February
Novembe	Decembe	March
Decembe	Januray	April
Januray	February	May
February	March	June
March	April	July
April	May	August
May	June	September
June	July	October
July	August	November
August	Septembe	December
Septembe	October	Januray

6 months	
Newborn	MONTH
August	February
September	March
October	April
November	May
December	June
Januray	July
February	August
March	September
April	October
May	November
June	December
July	Januray

Using this in-house vaccination tracker, the newborn admission data was collected for each month according to week wise. The data was then analysed to determine whether the newborns are receiving their in-house vaccination or not. From this analysed data, the dropout rates were calculated for in-house vaccination.

CHAPTER FOUR:

RESULTS:

Fig-1: DISTRIBUTION OF SAMPLED CASES BY THEIR STATUS.

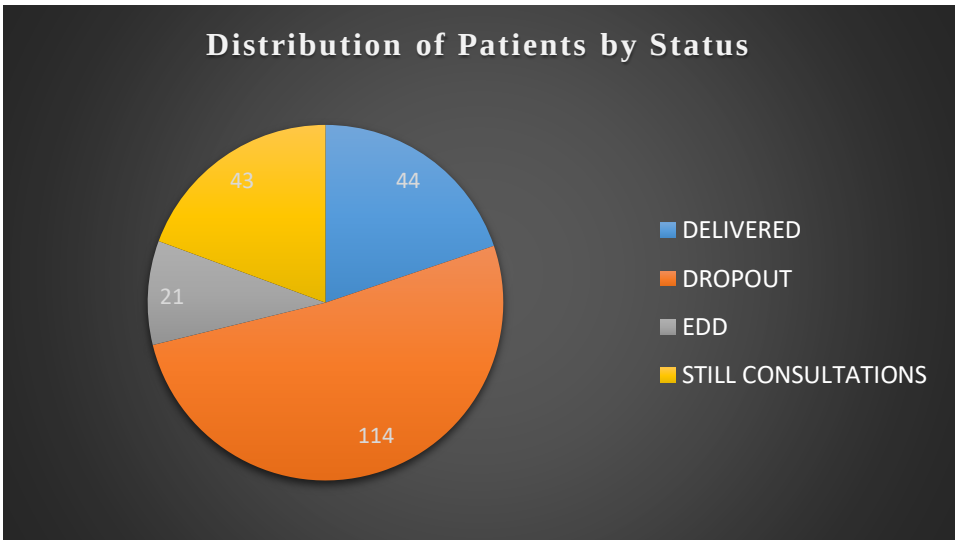

Fig-1: shows the distribution of sampled cases according to their current status. Out of 222 sampled cases 114 were dropouts, 43 were still in consultations, 21 were EDD (due dates approaching for delivery), and 44 were delivered.

Fig-2: Month- wise deliveries from the sampled cases (Apr23 - Mar24).

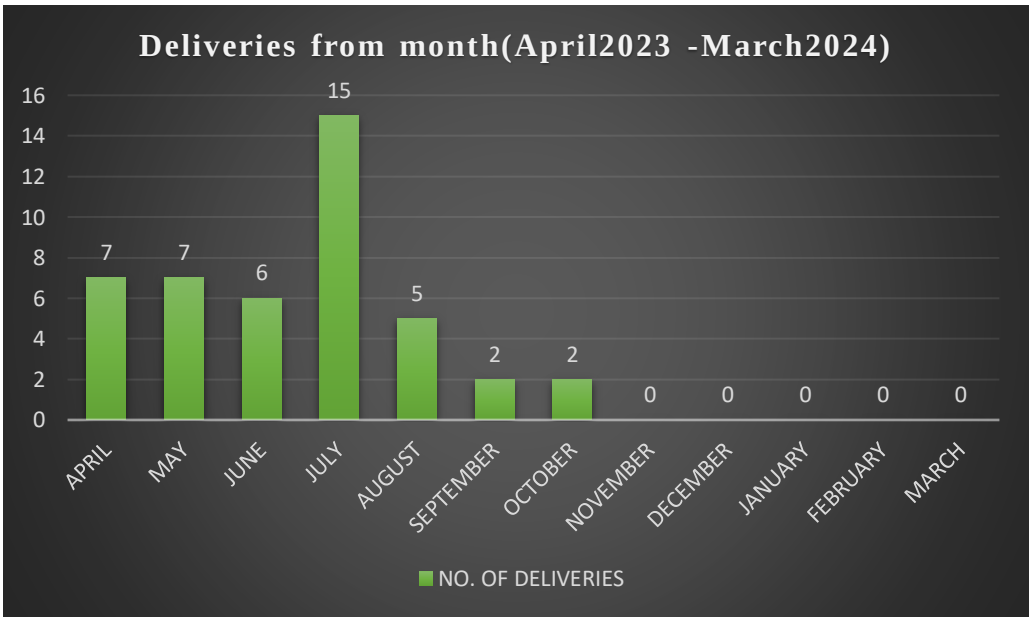

Fig-2: shows the month-wise deliveries. As the graph indicates, deliveries occurred until October, but from November to March, as patients were still in consultations and awaiting deliveries, no deliveries took place.

Fig-3: Month- wise dropouts from the sampled cases (Apr23 - Mar24).

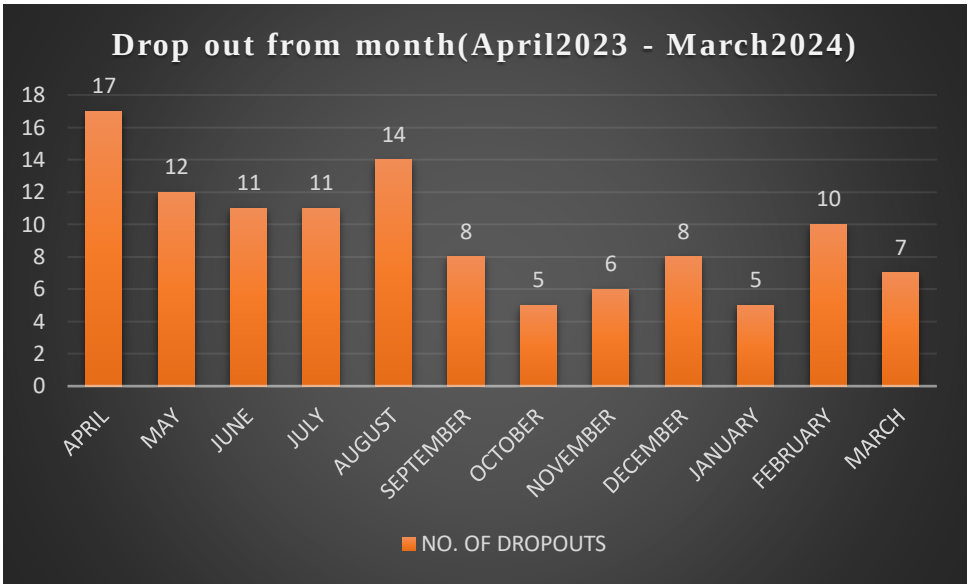

Fig-3: shows the month- wise dropouts. The dropout rate was analysed using the HIMS and cross verified with hospital's EHR. The reasons for dropouts were also analysed using data collected from patient follow-ups and history, which revealed that most patients had delivered in other hospitals, returned to their native places, or underwent MTP, MTA, etc.

Table Fig-1: Dropout cases with reasons.

REASONS	COUNT
Other hospital	29
Native	24
MTP	40
MTA	6
Other	15
Total	114

Showing the reasons of dropout from IVF treatment to obstetrics from overall sampled cases.

Fig-4: Total number of patients who are still in consultation and the total number of patients whose due dates are approaching.

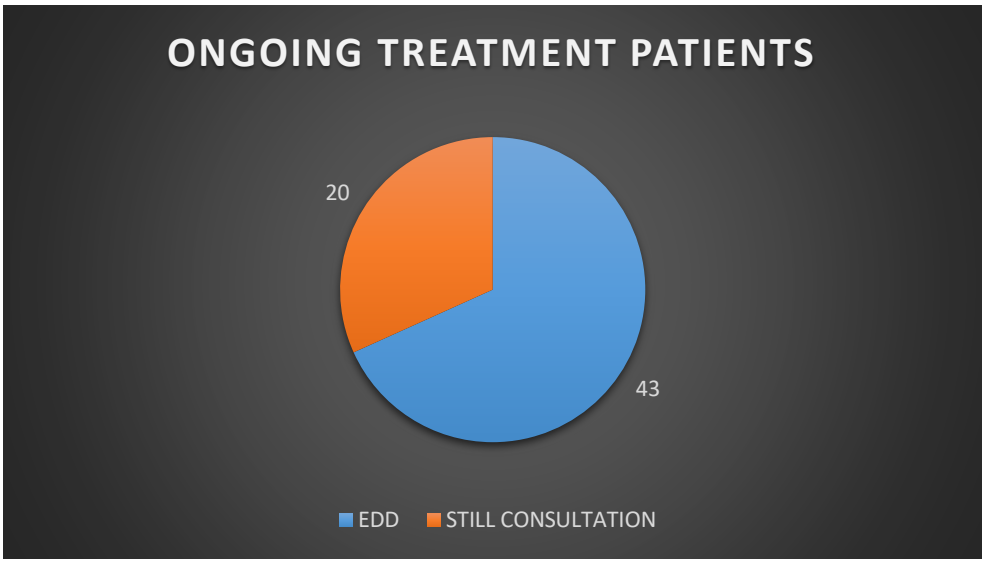

Fig-4: shows the number of patients who are still in consultations with obstetrics from the month of November to March and also the total number of patients whose due dates are approaching.

Table Fig-2: Total no. of dropouts from in-house paediatric vaccination.

WEEKS	COUNT
6th	29
10th	29
14th	26
6months	7

Shows the total number of dropouts from in-house paediatric vaccination among overall delivered cases for weeks 6, 10, and 14, as well as 6 months.

Fig-5: Dropout percentage for weeks 6, 10, and 14, as well as 6 months.

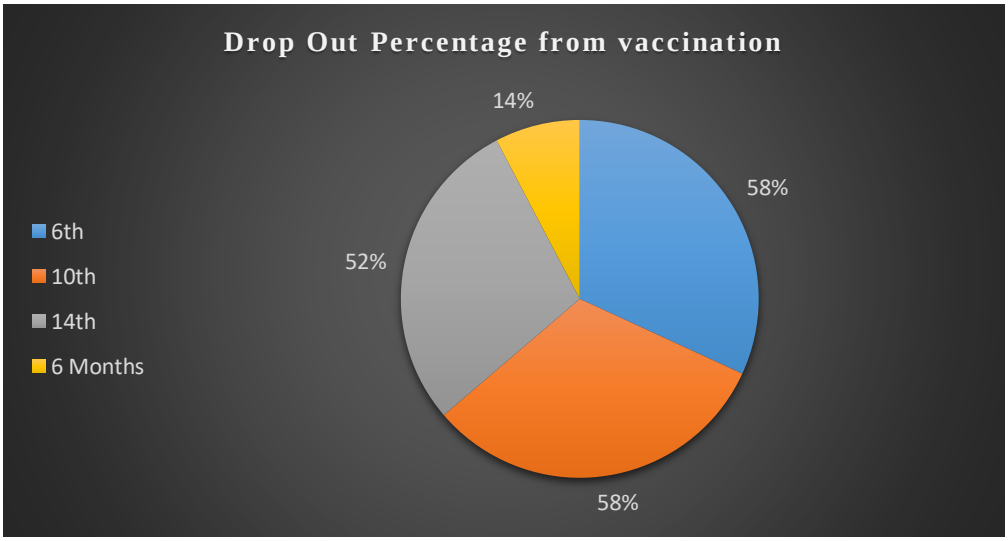

Fig-5: shows the dropout percentage from in-house paediatric vaccination among overall delivered cases for weeks 6, 10, and 14, as well as 6 months. As the data was analysed using hospital's EHR and cross verified with HIMS.

Table Fig-3: Total no. of vaccination retention from in-house paediatric vaccination.

WEEKS	COUNT
6TH	19
10TH	13
14TH	10
6months	3

Shows the total number of vaccination retention from in-house paediatric vaccination among overall delivered cases for weeks 6, 10, and 14, as well as 6 months.

Fig-6: Vaccination retention percentage for weeks 6, 10, and 14, as well as 6 months.

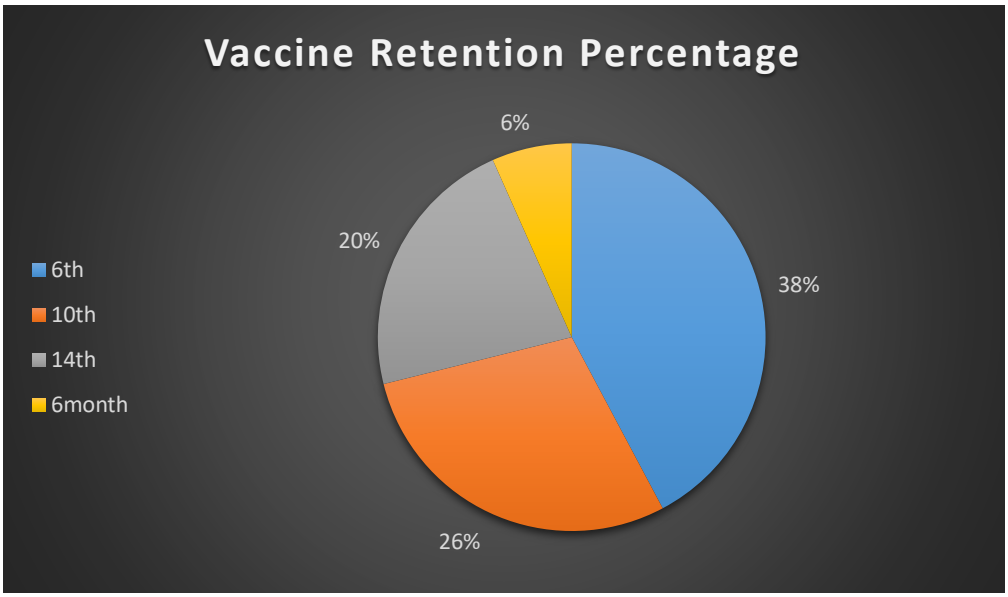

Fig-6: shows the vaccination retention percentage from in-house paediatric vaccination among overall delivered cases for weeks 6, 10, and 14, as well as 6 months. As the data was analysed using hospital's EHR and cross verified with HIMS.

Table Fig-4: No. of Vaccination due for weeks 6, 10, and 14, as well as 6 months among overall delivered cases.

WEEKS	Due Date count
6^{th}	2
10^{th}	8
14^{th}	14
6month	40

Shows the number of in-house vaccination due for babies for weeks 6, 10, and 14, as well as 6 months among overall delivered cases.

DISCUSSION:

Total 222 samples were collected from which number of total deliveries happened were 44, 21 patients were still on consultation and 43 were having their due date of deliveries. As the fig-1 shows there were total number of 114 dropouts from overall sample size for various reasons such as the patient has moved to her native place, delivered in any other hospital, MTP or MTA happened during cycle treatment. It also shows the total distribution of sampled cases according to their status.

Fig-2 says that month wise how many deliveries has happened in which from month November to march 0 deliveries has happened as the patients were still on consultations and their due dates were coming in the next few months. Fig-3 says the month wise how many dropouts are there. As from the table of drop out reasons we can see most of the 18% patients have gone through MTP. After the first IVF cycle failure some of the patients have taken their next cycle of treatment. If the couple's embryo is stored, then they will be going for FET or else they will be choosing next IVF cycle.

As the success rate of IVF cycle treatment is 60-70% here in this study that has been proven by the total number of delivery already happened and the total number of EDD and ongoing consultations. Hence it proves that out of 222 sample size total positive samples are 108.

Out of a total number of deliveries (44), 6 were twin deliveries resulting in a total of 50 babies were there for vaccination tracking. Using the paediatric tracker, it was found that 58% dropped out from 6^{th} week and 10^{th} week vaccination, 52% between the 14^{th} week, and 14% at 6 months. Total 64 babies are remaining for vaccinations, as their due dates are in the upcoming months.

The results indicate that there is still room for overall improvement in paediatric in-house vaccination retention, as only 40% of patients continue to utilize in-house vaccination services post-delivery. Using modern ways to retain the patients for

continuing the services in IVF treatment and in-house vaccination. Drop-out from in-house vaccination is a common thing because most of them will go to their native places during their due dates which in they will continue their baby vaccination in nearby any hospital or most of the parents prefer to get vaccinations at government hospitals as it is free in cost. This study also helps to understand that most of them will not avail for in-house vaccination package or services due to high cost. From this study valuable insights can be taken to develop additional techniques for retaining patients and encouraging them to utilize hospital services.

As of our interest we wanted to retain those patients to take in-house vaccination services. Vaccinations are very important for babies to stay healthy from different illness. By providing in-house vaccination services we can sustain our patients or couples till paediatric services.

CHAPTER FIVE:

RECOMMENDATIONS:

The following recommendations are provided to retain patients from IVF treatment to till obstetrics:

- Developing targeted marketing campaigns to raise awareness about the hospital obstetrics and gynaecology services.
- Patients can be given proper package counselling so that they can avail the packages and deliver in the hospital only.
- Establishment of proactive follow-up system, by GRE teams to retain the couples from taking the hospital services.
- Making more awareness about home care services.

The following recommendations are provided to retain patients for vaccination retention:

- During the discharge process the GRE team can give proper in-house vaccination package details to the patients.
- Making more awareness about home vaccinations services.
- Placing more info-graphs regarding in-house vaccinations in the OPD and paediatric department.
- Reminder message from the app for week wise and month wise vaccine dose.
- Follow-up call can be given for the next vaccination due dates.

CHAPTER SIX:

REFERENCES:

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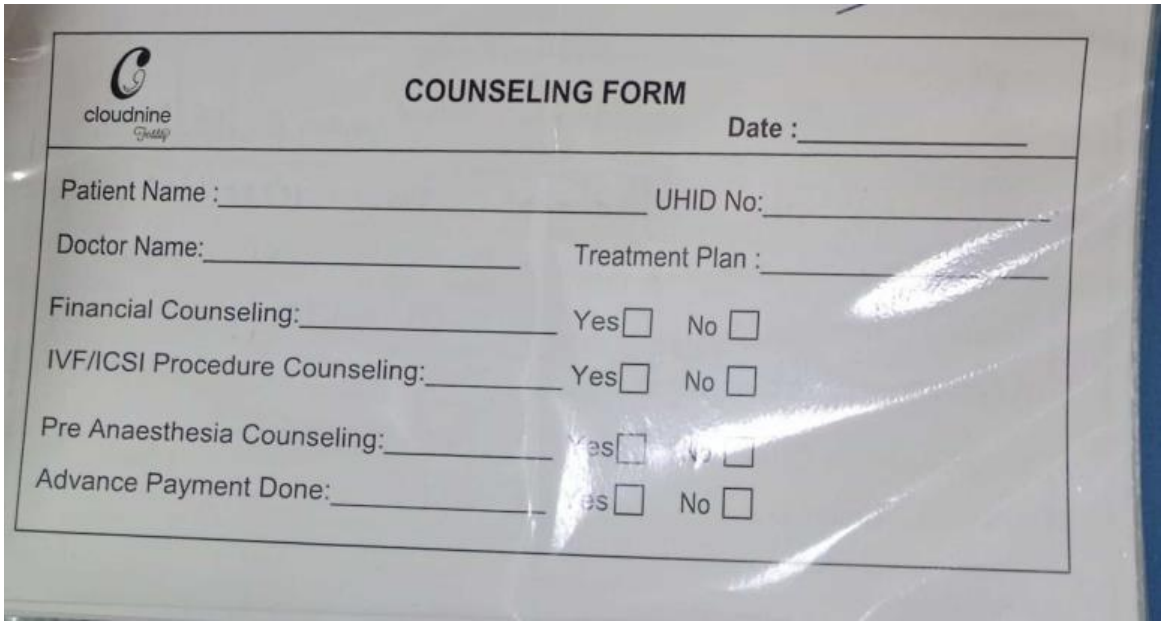
ANNEXURES:



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COUNSELING FORM

Date :_____

Patient Name :_____ UHID No:_____

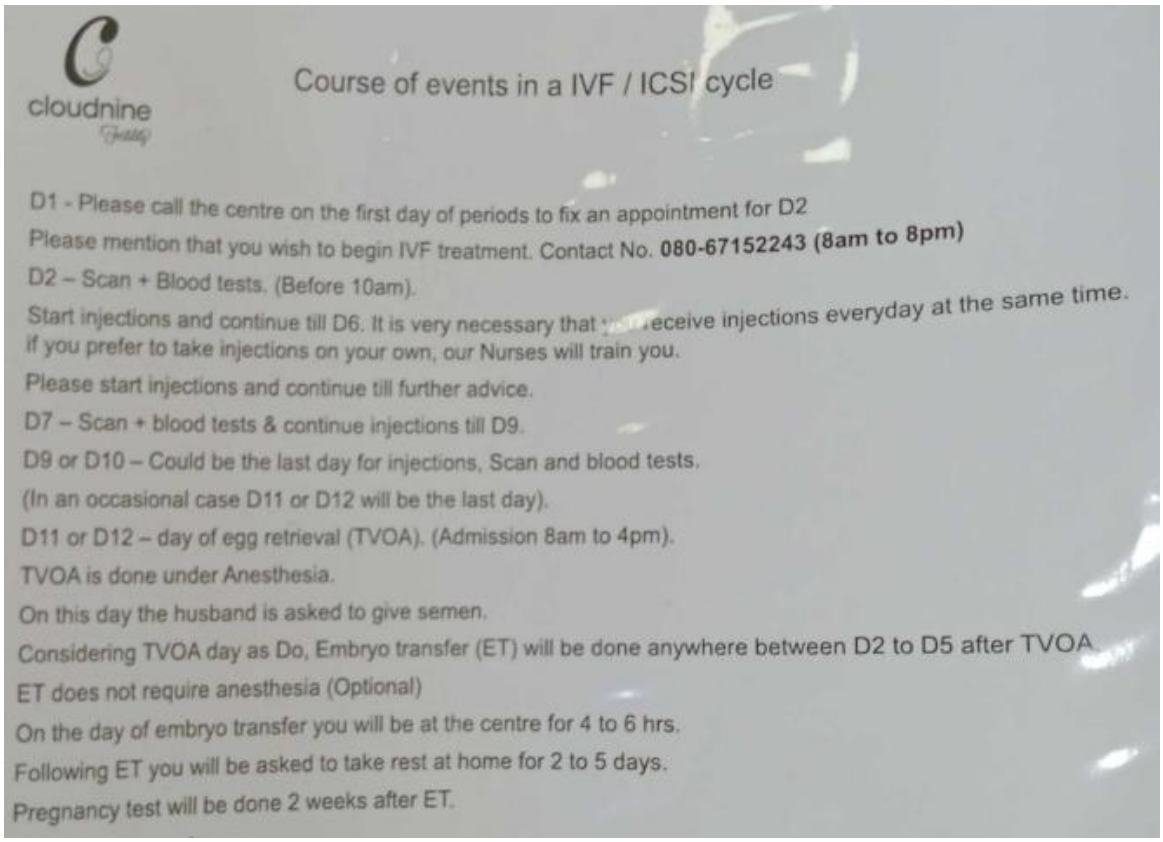
Doctor Name:_____ Treatment Plan :_____

Financial Counseling:_____ Yes☐ No ☐

IVF/ICSI Procedure Counseling:_____ Yes☐ No ☐

Pre Anaesthesia Counseling:_____ Yes☐ No ☐

Advance Payment Done:_____ Yes☐ No ☐



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Course of events in a IVF / ICSI cycle

D1 - Please call the centre on the first day of periods to fix an appointment for D2

Please mention that you wish to begin IVF treatment. Contact No. **080-67152243 (8am to 8pm)**

D2 – Scan + Blood tests. (Before 10am).

Start injections and continue till D6. It is very necessary that you receive injections everyday at the same time. if you prefer to take injections on your own, our Nurses will train you.

Please start injections and continue till further advice.

D7 – Scan + blood tests & continue injections till D9.

D9 or D10 – Could be the last day for injections, Scan and blood tests.

(In an occasional case D11 or D12 will be the last day).

D11 or D12 – day of egg retrieval (TVOA). (Admission 8am to 4pm).

TVOA is done under Anesthesia.

On this day the husband is asked to give semen.

Considering TVOA day as Do, Embryo transfer (ET) will be done anywhere between D2 to D5 after TVOA

ET does not require anesthesia (Optional)

On the day of embryo transfer you will be at the centre for 4 to 6 hrs.

Following ET you will be asked to take rest at home for 2 to 5 days.

Pregnancy test will be done 2 weeks after ET.