### Recommended number of embryos to transfer in IVF treatment

### Multiple pregnancies represent a significant risk to the health of mothers and babies. An effective embryo transfer strategy minimises the chance of multiple and higher order pregnancies after IVF and improves outcomes of IVF with the birth of more single, healthy babies.

### This table shows the recommended number of embryos that should be transferred in an IVF cycle according to the NICE clinical guideline (CG156) and quality standard (QS73) on fertility.

### Embryo transfer according to age, cycle number and quality of embryos

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| --- | --- | --- | --- |
| **Age (years)** | **Cycle number** | **Quality of embryos1** | **Number. of embryos to be transferred** |
| Under 37 | 1st | N/A | 1 |
| Under 37 | 2nd | 1 or more top quality embryos available. | 1 |
| Under 37 | 2nd | If no top quality embryos are available. | No more than 2 |
| Under 37 | 3rd | N/A | No more than 2 |
| 37–39 | 1st or 2nd | 1 or more top quality embryos available. | 1 |
| 37–39 | 1st or 2nd | If no top quality embryos are available. | No more than 2 |
| 37–39 | 3rd | N/A | No more than 2 |
| 40–42 | N/A | N/A | No more than 2 |
| n/a | N/A | Top quality blastocyst available. | 1 |
| 1 Embryo quality is evaluated at both cleavage and blastocyst stages, according to the Association of Clinical Embryologists (ACE) and UK National External Quality Assessment Service (UK NEQAS) for Reproductive Science Embryo and Blastocyst Grading schematic. |