



## **ELECTIVE EGG FREEZING (EEF)**

### **What is Elective Egg Freezing?**

Elective Egg Freezing is the process whereby a woman, regardless of their marital status would be allowed her eggs being collected, frozen and stored which is done for non-medical reasons as an option of fertility preservation.

### **What are the policies involved:**

1. For women aged at least 21 years of age but below 38 years of age at the time of starting stimulation.
2. There will be no government co-funding nor Medisave allowed to be utilized for this program.
3. While singles or married can undergo EEF, but only married couples can use their frozen eggs to try for a baby through IVF with ICSI treatment.
4. There will be a freezing and storage fee at egg collection and an annual storage fee for the storage of the frozen eggs. If payment of the annual storage fee is not made by the payment due date, the frozen eggs will be disposed.
5. The eggs can be frozen and stored beyond 10 years from the date of freezing. Patient is required to attend the hospital in person to review the management of the frozen eggs after every 10 years of storage.
6. Stored eggs will be disposed of if any one of the situations occur:
  - a. In the event of patient's premature death.
  - b. If patient becomes mentally incapable or unable to change or revoke consent.
  - c. If payment of the annual storage fees is not made by the payment due date.
7. Embryologist will advise the patient on the number of suitable eggs for freezing and storage.
8. Storage is stopped when the patient writes-in to CARE to cease storage or when there is evidence that patient is deceased.
9. The outcome of cessation of storage will approved by The Clinical Governance Officer (CGO) of CARE or at Team discussion as directed by the CGO of CARE.

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### **What are the procedures involved:**

1. Patient must undergo an assessment by an IVF Clinician before the procedure.
2. Patient shall refer to CARE for EEF counselling.
  - a. CARE nurse shall counsel on the process of treatment preparation, oocyte retrieval, costs, and risks, etc.
3. Patient will be informed the next available EEF schedule and shall arrange the investigations which include Full Blood Count, infectious diseases including HIV, Hepatitis B and C, VDRL, AMH, and Ultrasound scan of the pelvis if it is required before patient meet up with the IVF clinician for consent signing.
4. The IVF clinician will review the investigation reports for suitability for EEF during CARE team discussion and treatment plan recommendation.
5. Nurse Coordinator shall coordinate the starting of stimulation, procedure listing and keep a record of the number of EEF starting for MOH reporting.
6. Patient's cycle management will be recorded into the IVF notes and IVF database system.
7. CARE assigned staff shall update the information of oocyte collected and storage in the MOH & IVF database system.
8. PSA assigned shall send the annual reminder.
9. Patient is reminded that any change in their address or contacts to inform CARE.
10. Patient is reminded to contact CARE for future decision of utilization of frozen eggs.