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DOES DURATION OF POST-WARMING EMBRYO CULTURE AFFECT PREGNANCY OUTCOMES FOLLOWING SINGLE EUPLOID EMBRYO TRANSFERS?

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Title:

DOES DURATION OF POST-WARMING EMBRYO CULTURE AFFECT PREGNANCY OUTCOMES FOLLOWING SINGLE EUPLOID EMBRYO TRANSFERS?

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Preferred Presentation Type:

Oral or Poster

Study Type:

Retrospective Cohort Study (includes comparator groups)

Category - Subcategory(ies):

ART: Clinical

ART: Outcomes

Funding:

NA

References:

1. Herbemont C, Chekroune S, Bonan S, Cedrin-Durnerin I, Vivot A, Sonigo C, Boujenah J, Grynberg M, Sifer C. Impact of post-warming culture duration on clinical outcomes of vitrified good-quality blastocyst transfers: a prospective randomized study. *Fertil Steril*. 2018 Dec;110(7):1290-1297. doi: 10.1016/j.fertnstert.2018.07.1153.

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Abstract Category:

All Other Categories

Applied for the In-Training Award for Research

Abstract Text:

OBJECTIVE:

Studies examining the effect of post-warming culture duration on embryo viability and pregnancy outcomes have been limited by designs that predominantly included untested, good-quality embryos, reducing generalizability of their findings.¹ To focus the question and limit the influence of the confounding variable of aneuploidy a study focused on euploid embryos is crucial. This study assesses the effect of post-warming culture duration on pregnancy outcomes in single euploid embryo transfers (SEET).

MATERIALS AND METHODS:

This retrospective, single academic center study included patients that underwent autologous SEET from January 2016 to March 2025. Patients were stratified by post-warming culture duration: Group 1 (<3 hours), Group 2 (3–5 hours), and Group 3 (5–8 hours). The primary outcome was clinical pregnancy rate, while secondary outcomes included implantation, biochemical and clinical pregnancy loss rates. Exclusion criteria included patients with chromosomal rearrangements, those who underwent preimplantation genetic testing for monogenic (PGT-M) disorders, uterine factor infertility, recurrent pregnancy loss, or used embryos that were thawed- biopsied and re-frozen. Comparative statistics were conducted using the Kruskal–Wallis and the Chi-square test, with multivariable logistic regression and generalized estimating equations to assess outcome odds. A sample size of 158 SEET per group was calculated to detect a difference of 10% in clinical pregnancy rates with 90% power ($\alpha=0.05$)

RESULTS:

A total of 11887 SEET cycles were included (Group 1: 491 [4%], Group 2: 7,159 [60%], Group 3: 4,237 [36%]). Univariate analysis showed significant differences in clinical pregnancy [61.5% Group 1, 55% Group 2, and 55.2% Group 3 ($p = 0.01$)], and implantation rates [80% Group 1, 75% in Group 2, and 76% in Group 3 ($p = 0.04$)]. No significant differences were observed in biochemical pregnancy ($p = 0.08$) or clinical pregnancy loss ($p = 0.09$). Controlling for patient age at oocyte retrieval and embryo transfer, body mass index, endometrial thickness, embryo biopsy day, and embryo quality at transfer, no significant differences were found in the odds of clinical pregnancy, implantation, biochemical pregnancy, or clinical pregnancy loss across groups. Compared to Group 2, Group 1 aORs were 1.20 (95% CI 0.95–1.52, $p = 0.12$) for clinical pregnancy, 1.10 (0.96–1.42, $p = 0.14$) for implantation, 0.99 (0.78–1.23, $p = 0.92$) for biochemical pregnancy, and 0.98 (0.77–1.33, $p = 0.87$) for pregnancy loss; Group 3 aORs were 1.00 (0.90–1.14, $p = 0.97$), 1.10 (0.90–1.18, $p = 0.64$), 1.00 (0.92–1.15, $p = 0.96$), and 1.10 (0.95–1.18, $p = 0.30$), respectively.

CONCLUSIONS:

Prolonged post-warming culture, even beyond 5 hours, does not adversely affect clinical pregnancy outcomes in SEET cycles, suggesting that extended culture duration under optimal laboratory conditions does not compromise embryo viability.

IMPACT STATEMENT:

Moderate variation in post-warming timing does not compromise the viability or pregnancy outcomes of euploid embryo transfers.

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Biographical Sketch Early success, marked by his first publication in CELL at Harvard Medical School, inspired Joseph to continue his research endeavors in reproductive endocrinology and infertility. Joseph has been with Reproductive Medicine Associates of New York since 2011. Joseph has authored over 400 peer-reviewed abstracts & manuscripts. Passionate about development, he cultivates relationship with investors & entrepreneurs to advance reproductive endocrinology & infertility care. Within the past 2 years, have you or your spouse/partner had any potential COI?

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Biographical Sketch Dr. Martha Luna is a board certified reproductive endocrinologist and infertility specialist . She joined RMA of New York in 2005 and is currently Medical Director of RMA International Mexico located in Mexico City. She completed her fellowship in RMA NY/ Mount Sinai School of Medicine and holds a masters degree by EVMS. Dr. Luna is a clinical professor of the Obstetrics and Gynecology residency program at the American British Cowdray (ABC) Hospital in Mexico City and serves as the Co-Chair of the REI Fellowship Program in Hospital Angeles del Pedregal in Mexico City. She is President of the Mexican Society for Reproductive Medicine (AMMR). Belongs to the Global Associate Panel of Fertility and Sterility.


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Organization Name	Relationship Type	Who has this Relationship?	
Progyny	Company Officer Relationship Began - Friday, August 25, 2017 Relationship Ended - Thursday, June 1, 2023 Paid Consultant Relationship Began - Relationship Ended - Direct Stockholder Relationship Began - Friday, August 25, 2017 Relationship Ended - Friday, November 1, 2024	Self	

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