

New Guideline for Canadian fertility centres that offer social egg freezing

Ottawa – January 29, 2018 - The Society of Obstetricians and Gynaecologists of Canada (SOGC) today released the Clinical Practice Guideline, [Egg Freezing for Age-Related Fertility Decline](#), which provides a comprehensive review and evidence-based recommendations for Canadian fertility centres that offer social egg freezing.

Over the past 40 years, industrialized countries have seen an increase in child-bearing age. In Canada, half of all births now occur in women age 30 or older, and the average age at which women have their first child has increased from 23.7 in 1970 to 28.5 in 2011. “Although delay in the age of pregnancy is often portrayed as being a choice, for many women it is not a voluntary choice, it is a result of life circumstances over which they have little control”, says Dr. Jennifer Blake, CEO of the SOGC.

“But risk of infertility increases with age—at age 20-24 it is approximately 6%, 16% at age 30 to 34, and 64% at age 40 to 44. As a result, more and more women are seeking advice from fertility centres to manage age-related fertility decline or to improve their chances of conception at a later date.”

Options often include trying to conceive at a younger age, insemination with donor sperm, using donor egg/embryos, or social egg freezing (freezing one’s own eggs as a reproductive option to guard against natural age-related decline in fertility).

The number of Canadian women who have undergone social egg freezing is relatively small, and the number of women who have returned to use their frozen eggs is even smaller— only 10%, according to the largest social egg freezing studies published to date. It will take many years, potentially decades, for most clinics to have reliable, representative, and age-specific data.

In the meantime, the SOGC and the Canadian Fertility and Andrology Society (CFAS) have made a series of recommendations for Canadian fertility centres that offer social egg freezing, including:

1. Women considering social egg freezing should be advised that the age at which they freeze their eggs and the number of eggs that are frozen impact the probability that these eggs will enhance their fertility;
2. Women should be advised that there is a chance they may not need to use their frozen eggs and that no guarantees can be made that their frozen eggs would produce a viable pregnancy;
3. In vitro fertilization (IVF) centres offering social egg freezing should provide their patients with an estimate of their chances of success. This estimate should not only consider the published medical literature but also should take into account national data regarding social egg freezing and clinic-specific data regarding cumulative live birth rates per oocyte retrieval;
4. Women undergoing social egg freezing should receive sufficient information in order to provide informed consent;
5. Women considering social egg freezing should be counselled about the alternative options.

“Although we have limited existing data, social egg freezing demonstrates an acceptable pregnancy rate and some psychosocial benefit” says Dr. Blake. “However, we must still be cautious when counselling women about the chances of success. It is very important to have a thoughtful discussion about the risks, benefits, and alternatives to social egg freezing with each patient.”

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About The Society of Obstetricians and Gynaecologists of Canada

The SOGC is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information, please visit www.sogc.org