Q: Was the embryo quality similar in fresh cycles and frozen cycles?
A: Yes. Top quality embryos are transferred in the fresh cycle and cryopreserved. Embryos of poorer quality are not vitrified.

Q: What is "short agonist cycle" Do you mean short GnRH Antagonist cycle?
A: A short agonist cycle is a "flare cycle" Starting the agonist on day 1-2 and adding the gonadotropins on day 3. The antagonist cycle is used mostly as a flexible protocol starting the GnRH antagonist when the leading follicle is 13 mm and with some the antagonist is started on day 6th of the gonadotropin stimulation.

Q: Do you think we should aim for plenty of eggs in first cycle itself so that one stimulation and we are done with good cumulative success?
A: There is no doubt that a larger number of eggs leads to a good cumulative success – but this is not an endlessly linear correlation. We should make sure there is no increased risk of OHSS and no increase in quantity on expense of the egg quality.

Q: Do you investigate the cause of the miscarriage on each patient?
A: No early miscarriages are usually un-investigated in terms of genetic cause. Recurrent miscarriages are investigated according to established protocols with a thrombophilia workup, uterine cavity and genetic investigations.

Q: Do you find some correlation between the cause of the miscarriage and the chance of pregnancy in subsequent cycle?
A: We looked into the correlation between a clinical pregnancy and the outcome of the frozen transfers regardless of the outcome. There is definitely need for more research as to the impact of the outcome of the fresh pregnancy (live birth / miscarriage) on subsequent success of sibling oocytes. We fear that our numbers were too small in this study to find a significant correlation.

Q: Type of miscarriage is usually classified by ultrasound finding (complete spontaneous, anembryonic or missed miscarriage). did you consider this?
A: Since we analyzed only clinical pregnancies we did not include anembryonic pregnancies. All were spontaneous abortions whether they were complete or in need of intervention (medical or surgical).

Low mannose binding lectin level in plasma is a risk factor for recurrent pregnancy loss - Caroline Nørgaard-Pedersen (Denmark)

Q: When did you measure MBL levels? Is there any dynamic change during menstrual cycle or early pregnancy?
A: We measured MBL level at the day of the patient’s first consultation independent of menstrual cycle. Only 6.7% (18) patients were pregnant when the blood sample was collected and in contrast to what previous studies has suggested about an increased MBL level, these few pregnant women in our study tended to have lower MBL levels.

Q: What do you do when MBL is low in patients undergoing IVF?
A: We measured MBL level at the day of the patient’s first consultation independent of menstrual cycle. Only 6.7% (18) patients were pregnant when the blood sample was collected and in contrast to what previous studies has suggested about an increased MBL level, these few pregnant women in our study tended to have lower MBL levels.

Q: Any suggestion on how to improve the chance of successful pregnancy in women with RPL associated with low mpl levels?
A: We consider low MBL as a marker that increases the chance that the RPL is due to immune dysregulation but low MBL cannot per se be treated since it is genetically determined. If a patient has low MBL in addition to other immune risk factors and multiple pregnancy losses, we will offer her immunomodulatory treatment such as prednisolone and intravenous immunoglobulin.

Q: How would you recommend treating a low MBL level
A: We consider low MBL as a marker that increases the chance that the RPL is due to immune dysregulation but low MBL cannot per se be treated since it is genetically determined. If a patient has low MBL in addition to other immune risk factors and multiple pregnancy losses, we will offer her immunomodulatory treatment such as prednisolone and intravenous immunoglobulin.

Q: MBL can be checked in early pregnancy or intercurrent period only?
Sorry, I am not sure that I fully understand the question. MBL levels can be measured at any time, and previous studies suggest that the level of MBL during pregnancy only changes slightly.