



ART Glossary Of Terms, EDI

Aspiration:

This is the process wherein the eggs are gently removed from the follicles.

Blastocyst:

This is an advanced 64+ cell stage embryo. This advanced embryo is generally found at five to six days following fertilization.

Cervix:

This is often termed the “birth canal”. This area is made up of the lower part of the uterus.

Clinical Pregnancy:

One has an increasing BHCG level with a gestational sac identified on ultrasound.

Corpus Luteum:

After an egg is released or removed from a follicle, the cells that remain form the corpus luteum. This endocrine organ releases progesterone, which further enhances the lining of the uterus called the endometrium. This hormone also supports an early pregnancy until about 8-10 weeks gestational age.

Donated Embryos

Couples donate excess cryopreserved embryos to needy couples.

Donating Parents:

The couple that donates excess cryopreserved embryos are called the Donating Parents.

Donor Embryo Recipient:

The female patient who will have donor embryos transferred is called the Donor Embryo Recipient.

Egg Donation:

In egg donation, a younger woman donates eggs to another. Women who are older or do not have viable eggs often seek this option in order to carry and deliver a pregnancy

Embryo:

This is the term that is used to describe the early stages of growth up to 8 weeks gestational age (calculated from the last menstrual period).

[Embryo Adoption](#)

This term is often used instead of Embryo Donation. It implies that the Donated Embryos are actually adopted, from the legal perspective, by the Recipient Couple.

[Embryo Donation:](#)

Couples donate excess cryopreserved embryos to needy couples.

[Endometrium:](#)

This is the actual lining of the uterine cavity.

[Estradiol \(E2\):](#)

As the follicles grow, they release a hormone called Estradiol (E2). This hormone is responsible for preparing the lining of the uterus for eventual implantation and embryonic growth.

[Fecundity Rate:](#)

Generally understood as the pregnancy rate per cycle.

[Fertilization:](#)

This occurs when the sperm penetrates the egg.

[Fetus:](#)

This will describe the baby from eight weeks gestational age to delivery.

[Follicle:](#)

This is the structure that is seen on ultrasound, which contains the maturing egg. The genetic maturity of the egg is proportional to the size of the follicle. In general, healthy eggs can be obtained from follicles close to 18 mm in size.

[Follicle Stimulating Hormone \(FSH\):](#)

This hormone is normally released by the brain, which stimulates the growth of the ovarian follicles.

[Gamete:](#)

The word gamete is used to describe the reproductive cells, either the eggs or sperm.

[Gestational Age:](#)

This term is used to describe the age of an embryo or fetus. It is, by convention, calculated from the **Last Menstrual Period (LMP)**. As an example, an embryo that is 6 weeks in gestational age is 6 weeks from the LMP, 4 weeks from ovulation and generally 3 weeks from actual **Implantation**.

[Gonadotropin:](#)

Comes from the word gonad and “tropin” (to grow). LH and FSH are gonadotropins.

[Human Chorionic Gonadotropin \(HCG\):](#)

This hormone is the same hormone that is tested to see if a patient is pregnant. It is released by the placenta, which supports the corpus luteum in the ovary, which, in turn, releases progesterone thereby preserving the pregnancy (Wow!). This hormone is similar to structure to LH. The pituitary gland signals the last phase of egg maturation with the LH surge. We mimic this LH surge by administering HCG, which fools the follicle and egg into continued maturation and eventual ovulation. In ART, we try to obtain the egg just prior to ovulation.

[Implantation:](#)

The embryo actually implants into the lining of the uterus, the endometrium.

[In Vitro Fertilization \(IVF\):](#)

This process is synonymous to “test tube baby” where the egg and sperm are combined outside of the body.

[Intracytoplasmic Sperm Injection \(ICSI\):](#)

This is a micromanipulation technique where a single sperm is injected directly into the female partner’s eggs. This technique bypasses the usual process of fertilization and is utilized in cases of male factor infertility.

[Laparoscopy:](#)

This is the “belly button” surgery where, usually under general anesthesia, a telescope-like device is placed through the belly button to observe or manipulate the pelvic or abdominal organs.

[Live Delivery:](#)

This number may include pregnancies with more than one viable baby.

[Luteinizing Hormone \(LH\):](#)

This hormone is released by the pituitary gland at the base of the brain which induces the last phase of egg maturation and eventual ovulation.

[Oocyte:](#)

This is the egg prior to fertilization.

[Polyspermia:](#)

This may occur if more than one sperm fertilizes a single egg. The number of resulting chromosomes is 69 or 92 rather than the normal 46. These embryos are not viable and are not transferred back into the woman.

[Recipient Couple:](#)

This term is generally used for those couples who will receive donated eggs or donated embryos.

[Viable:](#)

This term is used to describe embryos, which have the potential of growing and eventually resulting in the delivery of a normal child.

[Zona Pellucida:](#)

This is the outer covering of the egg, which the sperm must penetrate in order to fertilize.

[Zygote:](#)

This corresponds to a fertilized egg very early in development, the 2 pronuclei stage.