

Statement No 2:

EFRE statement about ICSI protocol in normal "average" responders

1. Potential normal "average" responders are women with AMH range from 1.3 -3.5 ng/ ml.
2. In potential normal "average" responders antagonist protocol is comparable to long agonist as regards clinical pregnancy rate and live birth rate.
3. Current guidelines don't support antagonist with GnRHa trigger with conventional luteal support for fresh transfer in normal responders. However, for fresh transfer in antagonist cycles with final oocyte maturation with GnRH agonist , modification of the trigger (dual trigger) and or luteal phase modification is needed.
4. Intensive luteal phase support, in principle, indicates the use of 100 mg IM progesterone, vaginal progesterone and 6 - 8 mg/ day oral estradiol valerate. The use of hCG is optional and should be individualized to minimize risk of OHSS.



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