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Frozen embryo transfer (FET).

1. The HRT protocol has been the standard protocol for the preparation of the endometrium for the transfer of vitrified-warmed embryo. The main advantages have been the easy scheduling and the convenience for both the doctor and the patient with good outcome. There has been a concern of increased early pregnancy loss rate with HRT; however, the recent modifications in the modalities and monitoring of luteal phase have significantly eradicated this concern. Admittedly, there has been non stop improvement and optimization of the outcome of HRT cycles.

2. The non HRT protocols are More difficult in monitoring and timing, and Needs more evidence.

3- Although HRT and NC (t-NC/modified-NC) are the most commonly used protocols, recent emerging evidence suggests that mild-OS may be an available option for FET that could be considered

4- In HRT cycles, caution is warranted since recent evidence indicates an increased risk of hypertensive disorders in pregnancy due to the absence of corpus luteum. Because safety always comes first, natural or modified natural FET are currently reported to be safer than HRT regarding maternal and fetal outcomes.

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5-Well-designed, RCTs comparing different protocols to prime the endometrium for FET are required and should focus not only on LBR, but also on maternal, obstetrical and neonatal outcomes.

Population specific based studies are optimally needed.



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