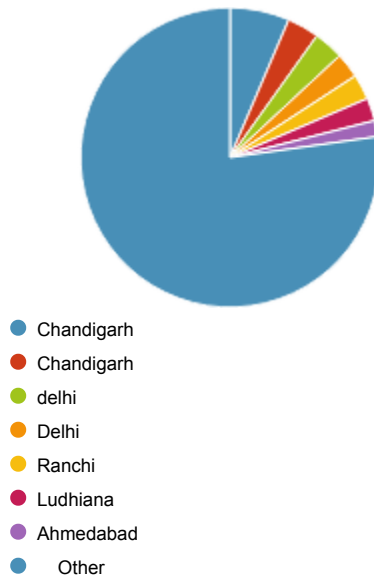


Total
416
Number

Region





Demographic questions 1. In which city do you practice?





Choices	Percentage	Count
Chandigarh	<div><div></div></div> 6.44%	26
Chandigarh	<div><div></div></div> 3.47%	14
delhi	<div><div></div></div> 3.22%	13
Delhi	<div><div></div></div> 2.72%	11
Ranchi	<div><div></div></div> 2.72%	11
Ludhiana	<div><div></div></div> 2.48%	10
Ahmedabad	<div><div></div></div> 1.73%	7
Other [View]	<div><div></div></div> 77.23%	312
Total		404
<i>Unanswered</i>		12

2. Do you practice in


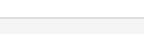

Choices	Percentage	Count
Private IVF Centre	<div><div></div></div> 67.39%	279
Corporate Sector	<div><div></div></div> 28.74%	119

Choices	Percentage	Count
Government Institution Centre	 3.14%	13
Other (Please specify)	 0.72%	3
Total		414
<i>Unanswered</i>		2




3. Approximately how many embryo transfers (ET) do you perform every month?

Choices	Percentage	Count
11 to 20	 39.52%	164
<10	 24.58%	102
21 to 30	 23.61%	98
> 30	 12.29%	51
Total		415
<i>Unanswered</i>		1

Q 1. Do you routinely perform a mock embryo transfer prior to the actual procedure?




Choices	Percentage	Count
Yes, for all patients to assess the uterine cavity and optimal catheter placement	 65.94%	273
I perform mock ET only if I anticipate difficulty in embryo transfer	 26.09%	108
No, I do not do Mock ET	 7.97%	33
Total		414
<i>Unanswered</i>		2

Q 2. Roughly, how frequently do you experience difficult ET (difficulty in crossing internal os, blo





Choices	Percentage	Count
< 10% of transfers	 86.99%	361
10% to 20% of transfers	 12.05%	50
>20%	 0.96%	4
Total		415
<i>Unanswered</i>		1

Q 3. How frequently do you use an outer catheter with stylet / metal outer catheter in your practice





Choices	Percentage	Count

Choices	Percentage	Count
Always in anticipated difficult embryo transfers	 70.29%	291
Never	 22.95%	95
Always in all embryo transfers	 6.76%	28
Total		414
<i>Unanswered</i>		2





Q 4. Do you perform ET under 2D ultrasound guidance?

Choices	Percentage	Count
Always	 97.84%	407
Sometimes	 1.20%	5
Never	 0.72%	3
Rarely	 0.24%	1
Total		416





Q 5. Do you perform ET under 3D ultrasound guidance?

Choices	Percentage	Count
Never	 82.45%	343
Rarely	 11.06%	46
Sometimes	 4.81%	20
Always in all embryo transfers	 1.68%	7
Total		416





Q 6. When preparing the endometrium for fET, what is your preferred method in majority of cases?

Choices	Percentage	Count
Hormone replacement cycle without GnRHa suppression	 55.45%	229
Hormone replacement cycle after GnRHa suppression	 33.41%	138
Natural / modified natural	 8.47%	35
Stimulated cycle	 2.66%	11
Total		413
<i>Unanswered</i>		3





Q7. What is your minimum number of replacement days of estrogen in an HRT cycle for fET?

Choices	Percentage	Count
Minimum 12 days	 45.91%	191
Minimum 10 days	 26.92%	112
Minimum 14 days	 15.14%	63
I transfer the embryos once endometrial thickness is 8 mm or more, regardless of the number of days of estrogen replacement	 12.02%	50
Total		416



Q 8. What is the maximum duration of estrogen you use for preparation of endometrium in HRT cycles f



Choices	Percentage	Count
20 days	 54.63%	224
25 days	 33.66%	138
30days	 9.76%	40
35 days	 1.95%	8
Total		410
<i>Unanswered</i>		6

Q 9. What is your most preferred choice of estrogen for preparation of endometrium in HRT cycles for





Choices	Percentage	Count
Estradiol valerate (oral)	 41.16%	170
Estradiol hemihydrate (oral)	 29.30%	121
Combination of the above	 26.39%	109
17 beta Estradiol gel (transdermal administration)	 3.15%	13
Total		413
<i>Unanswered</i>		3

Q 10. What is your preferred route of estrogen administration for preparation of endometrium in HRT





Choices	Percentage	Count
Oral	 66.99%	278
Combination of the above	 27.47%	114

Choices	Percentage	Count
Transdermal	 5.06%	21
Vaginal	 0.48%	2
Total		415
<i>Unanswered</i>		<i>1</i>





Q 11. What is the maximum daily dose of estrogen you use for preparation of the endometrium in HRT c

Choices	Percentage	Count
12 mg	 60.05%	248
10 mg	 18.89%	78
8 mg	 14.53%	60
14 mg	 6.54%	27
Total		413
<i>Unanswered</i>		<i>3</i>





Q 12. What is the minimum ET below which you would cancel an FET cycle?

Choices	Percentage	Count
< 7mm	 62.32%	258
< 6 mm	 16.43%	68
< 8 mm	 16.18%	67
< 5mm	 5.07%	21
Total		414
<i>Unanswered</i>		<i>2</i>

Q 13. Where do you place your inner catheter tip during USG guided Embryo Transfer?

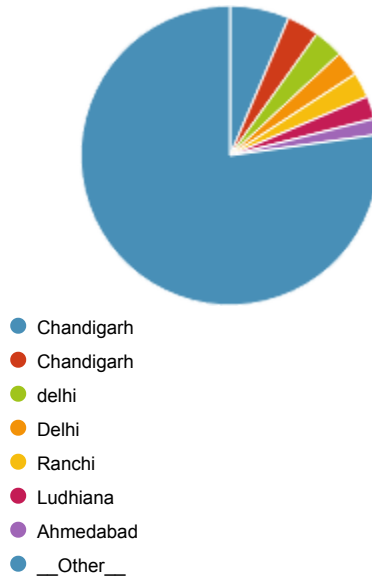
Choices	Percentage	Count
1 to 2 cm from the fundus	 80.43%	333
Approximate mid uterine cavity	 17.15%	71
I do not measure the distance from the fundus	 1.93%	8
At the fundus	 0.48%	2
Total		414
<i>Unanswered</i>		<i>2</i>

Q 14. Do you administer tocolytics (e.g, nifedipine, atosiban) before or after embryo transfer to re

Choices	Percentage	Count
No, I do not use tocolytics in my practice for embryo transfer	 37.68%	156
Before embryo transfer if I anticipate difficulty	 34.54%	143
Routinely before embryo transfer	 19.81%	82
After a difficult embryo transfer	 7.97%	33
Total		414
<i>Unanswered</i>		2

Total
416
Number

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Q 15 . Do you administer NSAIDs / anti-prostaglandins before or after embryo transfer to reduce the





Choices	Percentage	Count
Never	43.80%	180
Sometimes	26.76%	110
Rarely	18.98%	78
Always	10.46%	43
Total		411
Unanswered		5

Q 16 . Do you practice sequential embryo transfer (SET), where embryos are transferred in stages (e.





Choices	Percentage	Count
No, I prefer doing an embryo transfer on Day 5	67.23%	279
Only for specific cases	25.30%	105
No, I prefer doing an embryo transfer on Day 3	5.06%	21

Choices	Percentage	Count
Yes, routinely for patients with a high number of embryos	 2.41%	10
Total		415
<i>Unanswered</i>		<i>1</i>





Q 17. Do you check P4 levels before starting progesterone in fET cycles?

Choices	Percentage	Count
Yes, I do it routinely	 44.10%	183
Only in NC / mNC / stimulated cycles	 31.33%	130
Only if there are ultrasound findings to suggest raised progesterone	 18.31%	76
Never	 6.27%	26
Total		415
<i>Unanswered</i>		<i>1</i>





Q 18. In FET cycles, what cut-off for serum P4 levels do you use on the day of starting progesterone

Choices	Percentage	Count
1.5 ng/dL	 43.58%	180
1.0 ng/dl	 38.98%	161
0.8 ng/dl	 9.20%	38
I do not check Serum P4 levels	 8.23%	34
Total		413
<i>Unanswered</i>		<i>3</i>




Q 19. In FET cycles, do you check for Endometrial blood flow in Zone 3/4 & Uterine artery PI before

Choices	Percentage	Count
Only in case of previous failed IVF / poor endometrial characteristics	 39.90%	164
Yes, routinely	 28.95%	119
I do endometrial blood flow but not uterine artery PI	 24.82%	102
Never	 6.33%	26
Total		411
<i>Unanswered</i>		<i>5</i>




Q 20. What would you do for endometrial fluid seen on day of start of progesterone during fET?

Choices	Percentage	Count
Aspiration of endometrial fluid when detected (sent for culture) and continue monitoring	 45.17%	187
Course of antibiotics and continue monitoring	 28.74%	119
Cancel ET	 20.77%	86
Aspiration of fluid on day of transfer followed by transfer of embryos	 5.31%	22
Total		414
<i>Unanswered</i>		2





Q 21. Do you routinely aspirate mucus before embryo transfer?

Choices	Percentage	Count
Always	 40.39%	166
In cases with excessive mucus	 36.74%	151
Never	 22.87%	94
Total		411
<i>Unanswered</i>		5

Q 22. Do you advise bed rest to your patient after embryo transfer?

Choices	Percentage	Count
Up to 30 minutes.	 45.19%	188
No bed rest is advised	 37.26%	155
30 to 60 minutes	 17.55%	73
Total		416

Q 23. Do you routinely do pre-IVF hysteroscopy?

Choices	Percentage	Count
In patients with previous recurrent implantation failure	 42.31%	176
In patients with history of previous one implantation failure	 39.66%	165
Yes, in all patients	 14.66%	61
Never	 3.37%	14

Choices	Percentage	Count
Total		416