3D/4D Ultrasound-Guided Embryo Transfer

Increasing the Success of In Vitro Fertilization (IVF) Or How Not to Be Another OctoMom
Using 3D/4D Ultrasound-Guided Embryo Transfer using the Maximal Implantation Potential (MIP) Point will increase pregnancy rates, reduce multiples and ectopic pregnancies.

Beverly Hills, CA (PRWEB) January 7, 2010 -- Beverly Hills obstetrician/gynecologist Dr. Robert Gergely has found the optimal place in a woman's uterus to implant an embryo for a successful pregnancy. It's not easy to find--but the benefits are huge. His method of targeting the "Maximal Implantation Potential Point" (MIP) considerably increases a woman's chance of achieving pregnancy, reduces the risk of ectopic pregnancy, and importantly, eliminates the need to use multiple embryos in the hope that one will implant properly.

All multiple births have a higher risk of complications, not to mention the subsequent strain on families and resources. Targeting the MIP point is not just the opposite of the "OctoMom" trend, it reduces the need to resort to having twins or triplets as a way of gambling on getting pregnant.

As the preference for single-embryo transfer increases, the need for accuracy and precision in placing a single embryo in the optimal spot becomes critical.

Dr. Gergely invented the procedure of 3D/4D Ultrasound-guided embryo transfer as a way of locating the MIP point for each patient. The technique literally visualizes a "bullseye" in the uterus--the area with the greatest natural implantation potential for the embryo. Older methods using 2D ultrasound cannot find the MIP point.

A large-scale study at a large Southern California IVF center helped confirm the validity of the technique: 5,073 patients received 3D/4D Ultrasound-guided embryo transfer utilizing the MIP point to target embryo placement. The center's pregnancy rate increased by 10.04%--a considerable difference in a procedure that counts every percentage increase as a significant advance.

The mean age of patients was 38.3 years, and 21 different physicians from IVF programs at UCLA and Cedars-Sinai Medical Center, Los Angeles performed the transfers. Dr. Gergely personally performed all sonography. Over time, the MIP point was accepted by all physicians as the optimal target for embryo placement, and it became standard operating procedure at the IVF center.

Targeting the MIP point standardizes one of the most critical practices in reproductive technology and eliminates the "guessing game" in embryo implantation.

Robert Gergely, M.D., recently presented his findings at the 19th World Congress on Ultrasound in Obstetrics and Gynecology in Germany. He is currently educating other IVF specialists about the 3D/4D Ultrasound-guided embryo transfer procedure.

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