INTRODUCTION

Within a year of regular intercourse, 90% of fertile couples should become pregnant. After two years, this rises to 95%. Thus, 5-10% of normal fertile couples takes more than a year or two to conceive. Some couples, therefore present with a delay in conceiving purely by chance, having low normal fertility rather than subfertility. The usual criterion to define subfertility, and initiate investigations, is a delay of more than one year. Investigations should establish a diagnosis promptly and identify couples likely to need referral for specialist treatment **(*Kort et al., 2004).***

Since the birth of Louise Brown (the world's first IVF baby) in 1978 ***(Steptoe et at., 1978),*** numerous and significant advances have taken place in the science of IVP, resulting in increased success rates. For example, in the UK, the clinical pregnancy rate and live - birth rate per cycle have been increased from 18.0% and 14,0% in 1991 to 23.4% and 19,6% in 1999, respectively **(*Human fertilization and Embryology Authority., 2000).***

IVF pregnancy rates are one of the most misunderstood aspects of IVF treatment. For a more complete discussion of this issue, both practice and theory clearly indicate that aggregateIVF pregnancy rate statistics (the results publicly reported by an IVFProgram) can be manipulated to achieve nearly any desired statistical percentage. Patient selection, treatment selection, cycle cancellation procedures, cycle reclassification, numbers of embryes transferred, transfer and cryopreservation criteria, and other variables. None of this managing population data, however, helps, and it

may even adversely affect the care of the individual patients. Without controlling all these variables, which is essentially never done and is extremely difficult to achieve, IVF pregnancy rate statistics should never be used as the primary criterion for determining the actual quality of an IVF program. (***Human Fertilitation and Embryology, 2003).***

Cryopreservation is incorporated into clinical IVF and is based on the slow cooling methods using the cryoprotectants DMSO and 1,2-propanediol. Cryopreservation has been useful when embryo transfer was unsuitable. For example, acute illness during the IVF treatment, uterine bleeding, or malignant disease requiring urgent treatment ***(Wood and Trounson, 1999).***