



“

**WE GIVE YOU THE
BEST POSSIBLE
CHANCE TO
BECOME A PARENT**

”



383, Siggrou Ave. 17564 Palaio Faliro, Athens, Greece
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info@biomaternity.com  biomaternity

www.biomaternity.com



Live the dream of parenthood

1 in 6 couples fail to conceive
after 1 year of unprotected intercourse.

Infertility is the inability of a couple to conceive following 12 months of exposure to pregnancy. Couples who have not succeeded in conceiving after 1 year of regular unprotected intercourse should be offered investigation.

Earlier investigation and treatment should be initiated where there is a history of fertility-impeding factors as:

- sexual dysfunction
- history of cancer treatment
- undescended testis
- female partner is aged ≥ 35 yrs
- oligo/amenorrhoea
- pelvic inflammatory disease (PID)
- previous pelvic surgical intervention
- previous ectopic pregnancy
- recurrent miscarriages

**START
your infertility
treatment
today!**

WHY CHOOSE BIOMATERNITY



MEDICAL TEAM

Our multidisciplinary team consists of highly specialized professionals dedicated to fertility management and assisted reproduction.



TECHNOLOGY

We apply a plurality of specialized diagnostic and therapeutic up to date techniques of infertility treatment to achieve your pregnancy and we constantly invest in new technologies and medical innovations resulting in the increasing of the efficacy of our treatments.



RESULTS

The combination of our state of the art laboratory, the use of the latest IVF techniques and our experienced medical team result in success rates up to 74% using your own eggs and up to 85% using donated eggs.



EXCELLENCE IN PATIENT CARE

Our philosophy is built on the concept that the unique characteristics of each person or couple demand a customizing infertility investigation, diagnosis and treatment, while insuring that our patients have the best possible emotional balance.



DONATION PROGRAMME

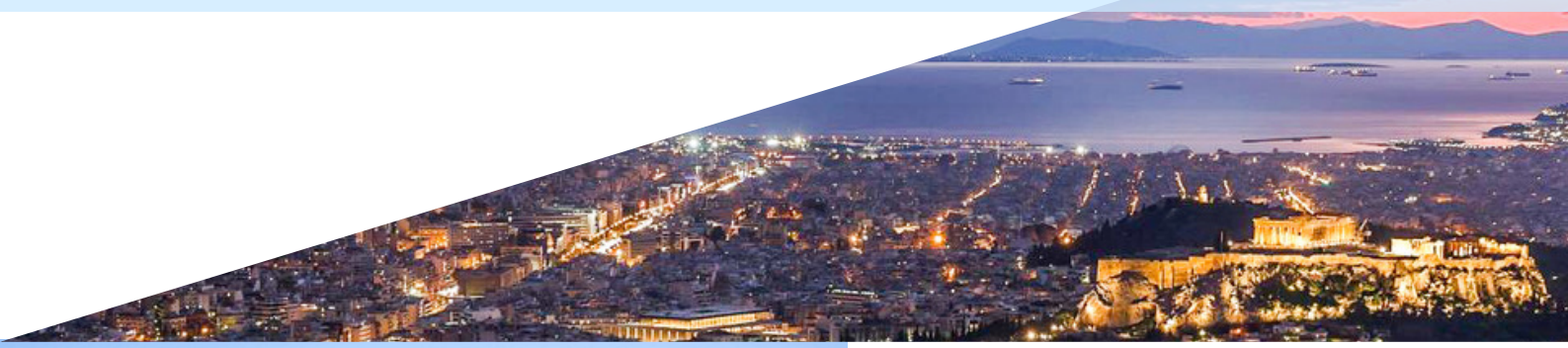
Our donation programme involves egg, sperm and embryo donation. Our donors are meticulously selected, there are no waiting lists and donation is completely anonymous. Whenever gestational surrogacy is necessary our staff has considerable experience in helping you through the counselling and clinical aspects of the process.



INTERNATIONAL PATIENS

Our patients combine their top-quality treatment with a unique journey in Greece, one of the most popular tourist and vacationing spots in the world.

LOCATION



BIOMATERNITY operates in a strategic position at Palaio Faliro in Athens:

- 40km from the International Airport,
- 4,5km from the historic centre of Athens,
- 8km from the International Port of Piraeus.

Palaio Faliro is a coastal suburb in the southern section of Athens, part of the unique Athens Riviera. There are many beautiful beaches and an impressive marina, a trademark of the cosmopolitan character of the area.

The Flisvos park, alongside the marina, is ideal for quiet walks and bike rides. Palaio Faliro offers a vast majority of venues like amusement parks, cinemas, shops, coffees and restaurants.

The Stavros Niarchos Foundation Cultural Center, designed by Renzo Piano, radiates the cultural character of the area: includes the National Library of Greece, the Greek National Opera and a 210,000 m² of park.



To make the travel as stress free and enjoyable as possible, we have partnered with a variety of hotels situated to the southern suburbs of Athens, where our facilities are located.

ACCOMODATION



METROPOLITAN HOTEL

385, Siggrou Ave.
17564 Palaio Faliro
Athens, Greece

T. +30 210 94 71 000
www.chandris.gr/metropolitanathens



ATHENAEUM INTERCONTINENTAL

89-93, Siggrou Ave.
11745 Athens, Greece

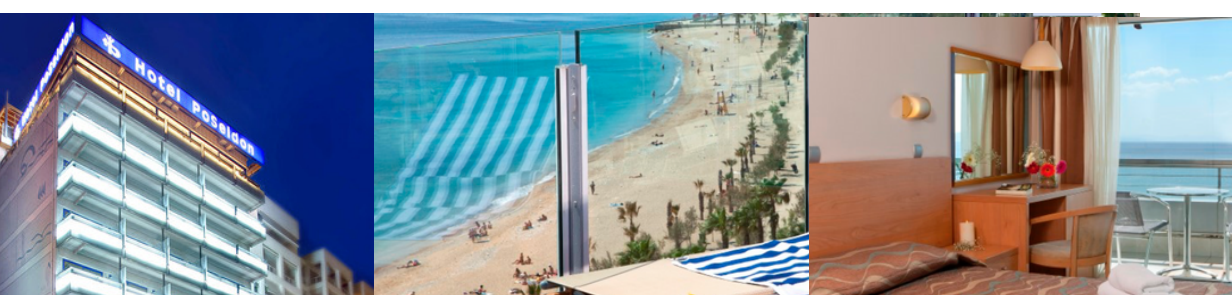
T. +30 210 92 06 000
www.ihg.com



CORAL HOTEL

35, Poseidonos Ave.
17561 Palaio Faliro
Athens, Greece

T. +30 210 98 16 441
coralhotel.gr



POSEIDON HOTEL

72, Poseidonos Ave.
17562 Palaio Faliro
Athens, Greece

T. +30 210 98 72 000
poseidonhotel.com.gr



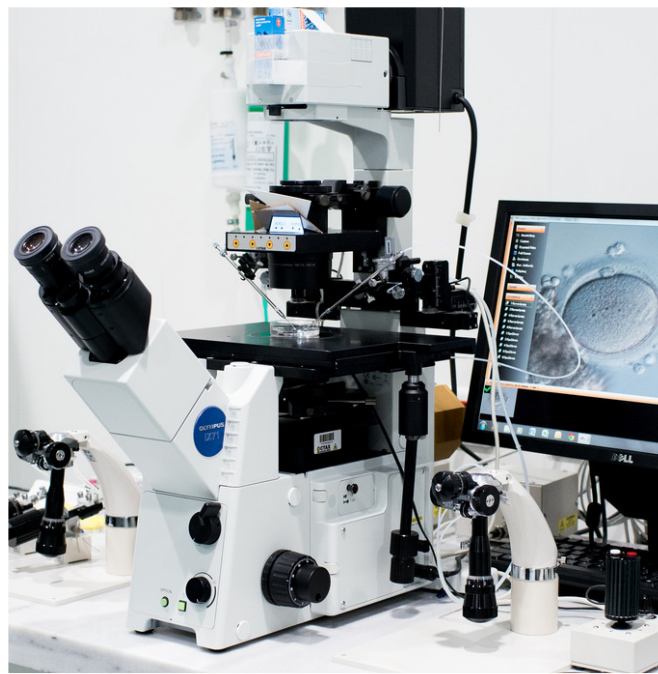
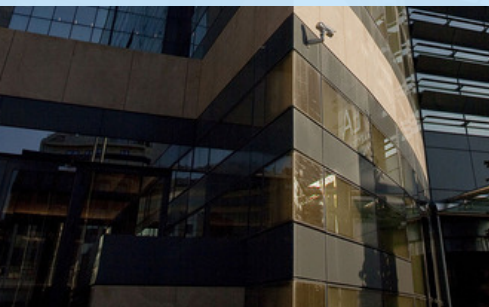
NESTORION HOTEL

8, Pentelis Str.
17564 Palaio Faliro
Athens, Greece

T. +30 210 94 25 010
nestorionhotel.gr



CUTTING-EDGE FACILITIES



THE FERTILITY UNIT

SPECIALISED FERTILITY SERVICES

- Assisted Reproduction
- Reproductive Endocrinology
- Reproductive Immunology
- Colposcopy
- Surgery (Hysteroscopy & Laparoscopy)
- Andrology

DIAGNOSTIC DEPARTMENTS

- Medical Image (Ultrasound, Radiography, Magnetic Resonance Imaging-Open MRI, Computed Tomography-64Slice CT Scanner, Bone Densitometry)
- Breast Center (Digital Mammography, Stereotactic Biopsy, Elastography)
- Cardiology
- Endocrinology & Diabetes
- Diet & Nutrition

MEDICAL SERVICES

- Gynaecology
- Urogynecology
- Obstetrics
- Maternal-Fetal Medicine
- Prenatal Screening
- Evaluation & Management of High Risk Pregnancies
- Stem Cell Project
- Preventive Screening for Metabolic Disorders
- Neonatal Intensive Care Unit (Level I, II, III)
- Intensive Care Unit
- General Surgery
- Psychological Support

LABORATORIES

- Reproductive Biology
- Cytology
- Clinical Pathology
- Anatomical Pathology

STATE OF THE ART LABORATORIES OF REPRODUCTIVE BIOLOGY

- Special air filtering system designed to maintain higher pressure than the adjacent rooms, achieving air purity level (clean room specifications) according to EU standards.
- Continuous control of proper function with individual alarm system of all laboratory equipment and operating parameters (temperature, humidity).
- Specific specially designed room with negative pressure for embryo genetic analysis, so that the process is done without affecting the culture conditions in the embryology laboratory.

CERTIFICATIONS

ISO 14000
(Environmental Management)

ISO 9001
(Quality Management)

HACCP
(Hazard Analysis and Critical Control Point)

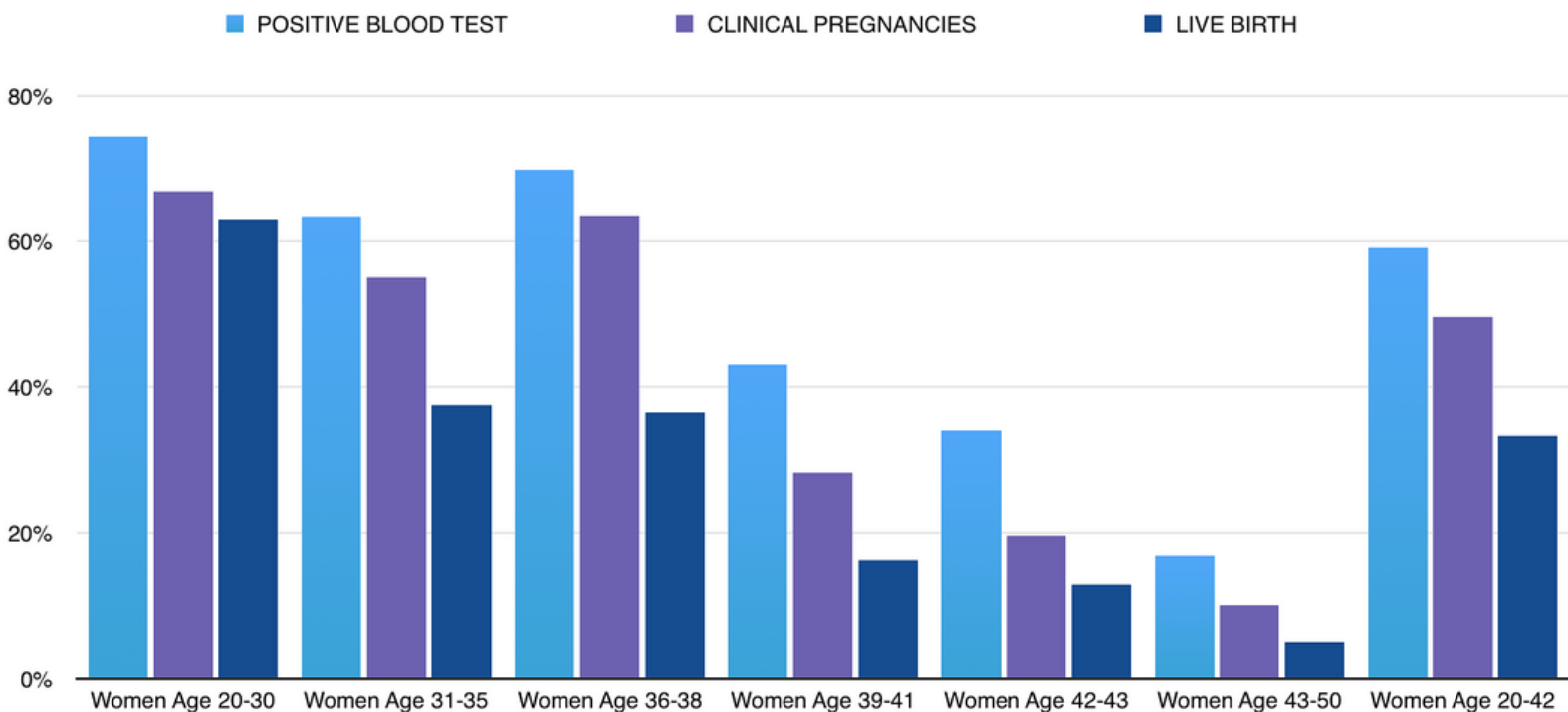
TEMOS INTERNATIONAL
(Quality in International Patient Care)

REFERRED PARTNER HOSPITAL 2016
(Officially Recommended by Diplomatic Council)



IVF RESULTS

Statistics following a single IVF cycle at BIOMATERNITY using your own eggs.



Age limit for
becoming a mother
thought
Assisted Reproduction
in Greece

50

74%

Pregnancy rate
with own eggs

85%

Pregnancy rate
with eggs from donor



THE LEGISLATION

LEGISLATION	FRANCE	GERMANY	ITALY	UNITED KINGDOM	GREECE
Preimplantation Diagnosis and Screening	YES	NO	NO	YES	YES
Sex Selection for sex related genetic disorders	NO	NO	YES	YES	YES
Embryo Adoption	YES	NO	NO	YES	YES
Sperm Donation	YES	YES	Certain Public Hospital	YES	YES
Egg Donation	YES	NO	Certain Public Hospital	YES	YES
Donor Confidentiality	YES	NO	NO	NO	YES
Postmortem Fertilisation	NO	NO	NO	NO	YES
Treatment for Single Women	NO	NO	NO	NO	YES



ASSISTED REPRODUCTION SERVICES

IUI

Consultations & Medical Visits
Cycle Control
Ultrasound Scans
Sperm Processing
Insemination

IVF

Consultations & Medical Visits
Cycle Control
Ultrasound Scans
Anaesthesia & Cardiologic Monitoring
Egg Retrieval
Sperm Collection & Processing (or
Donor Sperm from International
Sperm Bank)
Fertilisation
Embryo Transfer

IVF with Egg Donation

Egg Donor's Programme
Consultations & Medical Visits
Cycle Control & Synchronization
Ultrasound Scans
Sperm Collection &
Processing (or Donor Sperm
from International Sperm Bank)
Fertilisation
Embryo Transfer

Frozen Embryo Replacement Cycle

Consultations & Medical Visits
Cycle Control
Ultrasound Scans
Embryo Thawing
Embryo Transfer

Embryo Adoption Cycle

Consultations & Medical Visits
Cycle Control
Ultrasound Scans
Embryo Thawing
Embryo Transfer

Egg Social Freezing

Treatment for Recurrent Miscarriages

Gestational Surrogacy Programmes



ADDITIONAL ASSISTED REPRODUCTION SERVICES

Prenatal Testing of Couples for Assisted Reproduction

HbsAg
Anti-HCV
HIV-1 and HIV-2 Antibody & Antigen Evaluation
V.D.R.L.
ABO Group
Rh Type
Hemoglobin Electrophoresis
Sickle Cell Tests

Fertility Assessment

Hormone Testing - Reproductive Endocrinology
Ultrasound Investigation
Genetic Testing

Male

Spermiogram
Sperm Culutre
Huhner Test
Sperm DNA Fragmentation Test
TESE

Female

Hysterosalpingogram (HSG)
Hysteroscopy
Reproductive Immunology

Specialized Assisted Reproduction Techniques

ICSI
IMSI
PICSI
Time Lapse Embryo Imaging
Prolonged Culture
Assisted Hatching
Endometrial Injury
Oocyte / Embryo Vitrification & Storage
Sperm Cryopreservation & Storage

Genetics

Genetic Diseases / Genetic Testing

Molecular Karyotyping
Carrier Genetic Testing (CGT)

Preimplantation Genetic Testing

Preimplantation Genetic Diagnosis for Aneuploidy Screening by aCGH (aCGH PGD-AS / aCGH PGS24)
Preimplantation Genetic Diagnosis for Chromosome Translocation by aCGH (aCGH PGD-Translocation)
Preimplantation Genetic Diagnosis for Single Gene Disorders by aCGH
Preimplantation Genetic Diagnosis coupled to HLA-matching

Prenatal Genetic Testing

Non Invasive Prenatal Testing (NIPT)
Prenatal Molecular Karyotyping
Prenatal Diagnosis of Monogenic Diseases
Prenatal Diagnosis of Chromosomal Abnormalities by aCGH
Molecular Control of Congenital Infections in Prenatal Diagnosis

4 BASIC CONDITIONS ARE REQUIRED FOR PREGNANCY



An egg must be produced

Failure of producing an egg is "anovulation"(25%-30% of cases). Management of infertility involves finding out if ovulation is occurring and, if not, why.



Adequate sperm must be released

"Male factor" problems such as structural abnormalities, sperm production disorders, ejaculatory disturbances and immunologic disorders contribute to 20%-25% of cases.



The sperm must reach the egg

Most commonly the fallopian tubes where the fertilisation occurs are damaged ($\geq 20\%$ -25% of cases). Sexual (5%) and cervical ($<5\%$) problems may also prevent fertilisation.



The fertilized egg (embryo) must implant

The incidence of defective implantation unless is due to genetic, anatomical, immunological, endocrine or infectious disorder is unknown. This may account for much of the 25%-30% of couples with "unexplained infertility".

ASSISTED REPRODUCTION TREATMENTS & TECHNIQUES



OVULATION INDUCTION

Ovulation induction is the use of specific fertility medications to stimulate the female reproductive system to produce mature eggs in the ovaries and release them.

It is used in women

- who are likely to have ovulatory dysfunction presented by irregular menstrual (oligo-ovulatory) cycles or no menstrual periods (amenorrhea or anovulation)
- without ovulatory dysfunction so as to stimulate the ovaries to produce more than one egg per cycle leading to the release of multiple eggs (controlled ovarian stimulation-COS) in order to increase pregnancy rates with various assisted reproduction treatments.

TESE

Semen sample for the use of any of the Assisted Reproductive Techniques can be provided by the man via normal ejaculation but whenever this is not possible, due to obstructive or nonobstructive azoospermia, sperm can be extracted via the TESE (Testicular/Epididymal Sperm Extraction) technique directly from the anatomical site of its production.

IUI

Intra-Uterine Insemination (IUI) involves the introduction of selected sperm sample, prepared in advance in the laboratory, into the woman's uterus, in unstimulated or stimulated cycles. This technique increases the number of actively motile sperm that reach the fallopian tubes, which is the site where conception naturally occurs, and subsequently increases the chance of fertilization.

It is recommended for couples with unexplained infertility, ovarian failure, cervical abnormalities, mild endometriosis or mild male factor infertility.

IVF

In Vitro Fertilization (IVF) refers to the fertilization of a woman's egg outside of her body.

The procedure involves ovarian stimulation, removing a mature egg or eggs from the woman's ovary, fertilizing it with semen (in vitro: outside the body), incubating the dividing cells in the laboratory and then transferring the developing embryo in the mother's uterus at the appropriate time. The fertilization of the eggs can be carried out by means of the conventional IVF technique or by Intracytoplasmic Sperm Injection (ICSI).

IVF is an established treatment for a wide variety of infertility diagnoses including unexplained infertility.

IVM

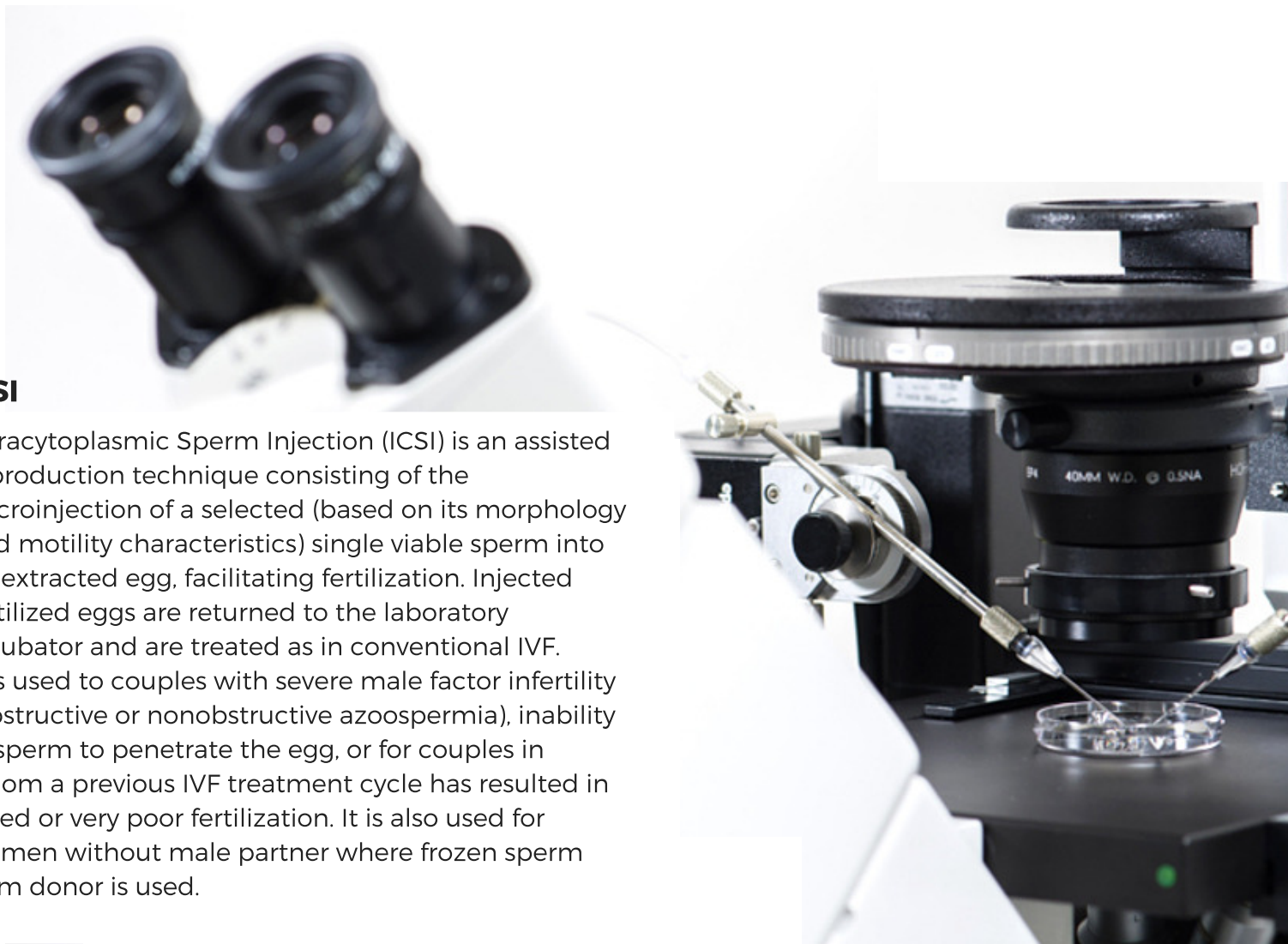
In Vitro Maturation is an alternative to IVF where the main differences are

- there is little or no ovarian stimulation,
- the egg/s are obtained from the woman's ovary before they have completed their growth and final maturation.

The collected immature egg/s complete their development in the laboratory before they are fertilized with semen. In IVM the pregnancy rate is lower than conventional IVF, thus it is reserved for carefully selected patients at risk for ovarian hyperstimulation syndrome (OHSS) and for those with contraindications to hormone administration.

ICSI

Intracytoplasmic Sperm Injection (ICSI) is an assisted reproduction technique consisting of the microinjection of a selected (based on its morphology and motility characteristics) single viable sperm into an extracted egg, facilitating fertilization. Injected fertilized eggs are returned to the laboratory incubator and are treated as in conventional IVF. It is used to couples with severe male factor infertility (obstructive or nonobstructive azoospermia), inability of sperm to penetrate the egg, or for couples in whom a previous IVF treatment cycle has resulted in failed or very poor fertilization. It is also used for women without male partner where frozen sperm from donor is used.





IMSI

IMSI (Intracytoplasmic Morphologically-Selected Sperm Injection) technique is used during ICSI but the selection criteria of the single viable sperm to be microinjected into the egg is made through a technique called Motile Sperm Organelle Morphology Examination (MSOME) which includes the use of an ultra-high magnification microscope enhanced by digital imaging. The use of IMSI for sperm selection significantly improves fertilization rate and embryo quality and thus the IVF outcome.

PICSI

Physiological Intracytoplasmic Sperm Injection (PICSI) is an innovative technique where the single viable sperm to be microinjected into the extracted egg is selected based on its ability to bind to specific molecules that are physiologically surrounding a mature-ready to be fertilized-egg thus the selection is made by imitating the selection that is made in human biology during fertilization of the sperm with the egg. PICSI is a valuable tool for sperm selection in patients with male factor infertility and is best combined with IMSI.

TIME-LAPSE EMBRYO IMAGING

Time-Lapse Embryo Imaging represents a revolutionary and reliable method for selecting the most robust embryo(s) for transfer. With the use of digital microscope and a specific camera located inside the incubator where embryos are developed we are able to create videos and evaluate at distinct points the integrity of the embryos and various other parameters (using specific computer algorithms) associated with the highest potential of embryo implantation, genetic health and pregnancy with the additional benefit of not disturbing or exposing the embryos to outside air conditions.



BLASTOCYST TRANSFER

The implantation of the embryo to the mother's uterus during a physical cycle starts at an embryonic stage called blastocyst and only a few fertilized eggs are able to develop until this stage. With advanced embryo culture techniques, we are able to delay the embryo transfer until the blastocyst formation thus being able to select better morphological embryos and therefore improve the pregnancy rate per embryo transfer.

LASER ASSISTED HATCHING

The developing embryo is surrounded by a layer called zona pellucida and physiologically ruptures ("hatches") in order to allow to the embryo to implant to the mother's uterus. Assisted hatching, the purposeful disruption of an embryo's zona pellucida by laser is performed in an effort to improve implantation rates. Laser Assisted Hatching has demonstrated to increase pregnancy rates among patients undergoing IVF with a poor prognosis due to maternal age, when IVF is performed using frozen embryo transfer or on embryos noted to have a thick zona pellucida.

ENDOMETRIAL INJURY

For embryo implantation to occur successfully there is a variety of contributing factors including genetic and metabolic aspects of the embryo. The receptiveness of the mother's endometrium (the lining of the uterus/womb) is also crucial. The endometrium, physiologically during each menstrual cycle, undergoes a series of changes leading to a specific period of receptivity called window of implantation out of which it is resistant to embryo attachment. Endometrial injury involves causing intentional "injury" to the endometrium through biopsy or curettage prior to an assisted reproduction treatment; this procedure enhances endometrium receptivity and improves the rate of implantation.

CRYOPRESERVATION OF SPERM

Cryopreservation involves the slow freezing of cells in order to maintain the existing form, structure and chemical composition of all of their constituent elements for future use. Freezing of sperm greatly improves the flexibility of assisted reproduction treatments in cases when donated sperm is required or when it not feasible to obtain a sample on the day of the treatment.

MALE FERTILITY PRESERVATION

When fertility is at risk due to medical or other conditions (such as low sperm quantity, deteriorating of sperm quality, prior to vasectomy or cancer treatments) men benefit from the cryopreservation method and store their sperm for future use.





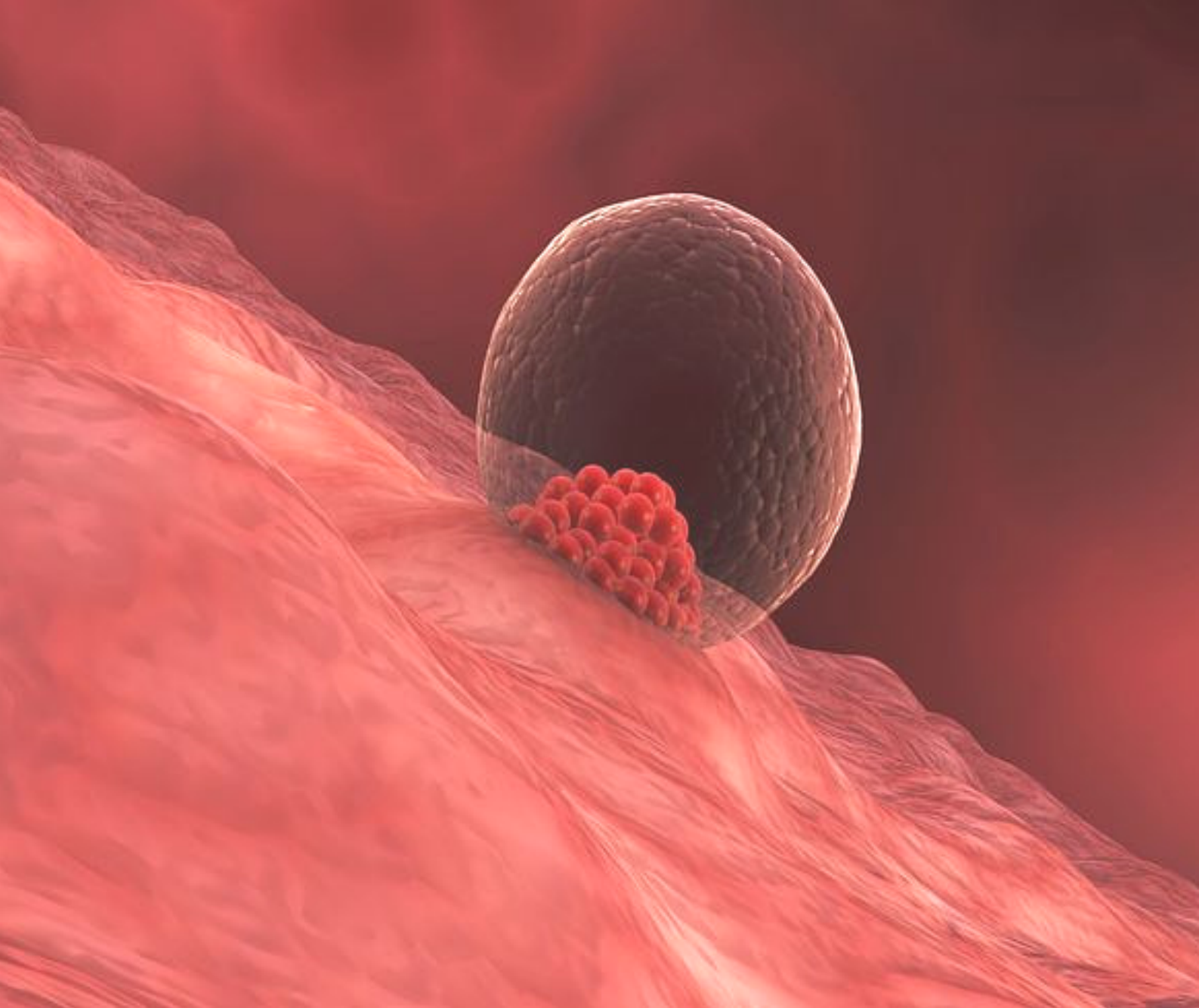
VITRIFICATION OF EGGS & EMBRYOS

Even though cryopreservation (slow freezing) for sperm cells is an efficient method for preserving sperm for future use without altering its constituent elements and thus its efficacy for fertilization, it is not an effective method for preserving eggs or embryos due to their form and physiology which allows the production of ice crystals, which has a deleterious effect on them and compromises their survival rate. Vitrification is an innovative advanced method of ultrarapid freezing which prevents the formation of ice crystals and ensures an undamaged post thaw structure. With the advent of vitrification method, freezing and storage of eggs and embryos has become effective and without a loss of viability. Pregnancy rates with the use of either frozen eggs or frozen embryos are now almost equal to those using fresh eggs or embryos. Vitrification of eggs and embryos is indicated when a surplus of eggs is produced during assisted reproduction treatments for an eventual subsequent use or whenever it is medically recommended as in cases where there is an unsuccessful response to medication used to induce ovulation or for a better preparation of the endometrial receptivity.

FEMALE FERTILITY PRESERVATION

Egg vitrification is essential for women who wish to preserve their fertility for the future including women who want or need to delay childbearing in order to pursue educational, career or other personal goals, women with a family history of early menopause or women diagnosed with cancer.

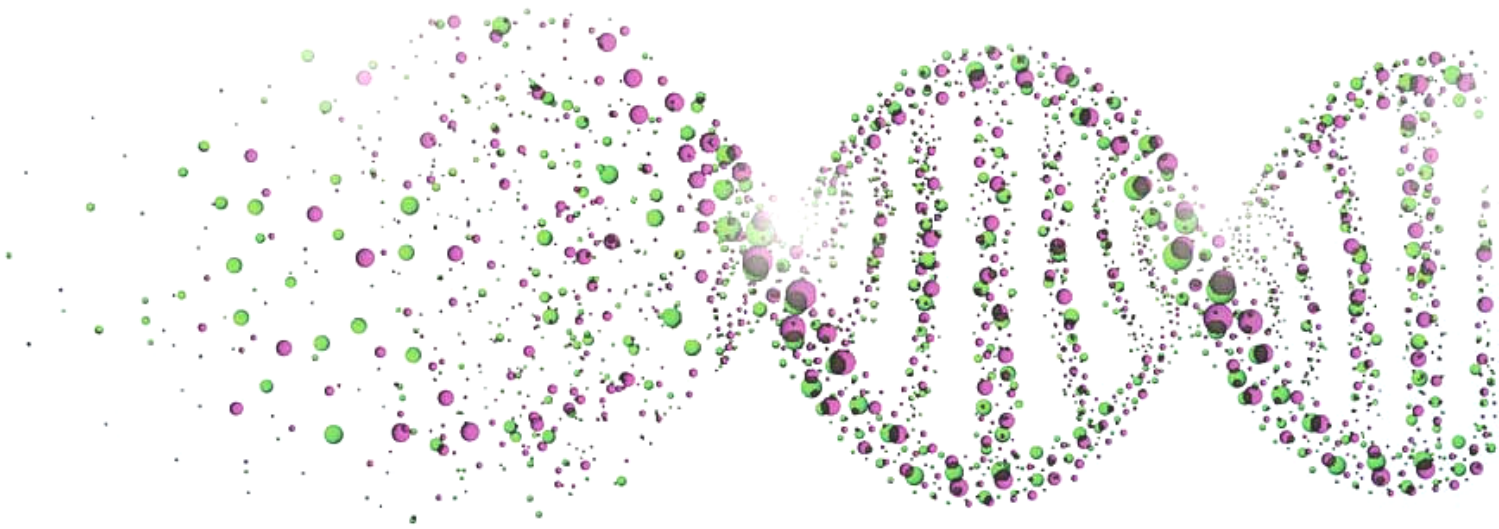
With current advances in medicine it is possible to freeze ovarian tissue and restore fertility to those women who are receiving chemo- and/or radiotherapy for cancer, women who are diagnosed with benign ovarian tumours, those who are undergoing bone marrow transplantation, adjunctive or prophylactic oophorectomy and for women with autoimmune diseases.



TREATMENT FOR RECURRENT MISCARRIAGE

Miscarriage is the spontaneous loss of a pregnancy before 24 weeks of gestation. It is the commonest complication of pregnancy and its frequency increases with female age. For women <35yrs the rate is about 1 in 5, rising to 1 in 2-3 for women in their mid-40s. The true frequency of miscarriage may be even higher as many pregnancy failures go unnoticed with the women simply reporting a 1- or 2-day late menses.

Recurrent miscarriage, the loss of three or more consecutive pregnancies, affects 1% of couples trying to conceive and it is also associated with repeated implantation failure, determined when embryos of good quality fail to implant following several in vitro fertilization treatment cycles. Any abnormality attributed to genetic, anatomical, hormonal, immunological or infectious factors will result in implantation failure. In these cases, we make a thorough investigation finding any problems, with the collaboration of our gynaecologists, embryologists, and specialists in reproductive endocrinology and reproductive immunology, and address them with specific treatment.



Genetic TESTS

PGS24

Preimplantation Genetic Screening 24 (PGS24) is a genetic test that may be performed on embryos during IVF treatment to screen for numerical chromosomal abnormalities and offers comprehensive analysis of all 24 chromosome types. PGS24 is performed on a small embryo biopsy prior to transfer and identifies which embryos are chromosomally normal. Chromosomally normal embryos are the most likely to develop to term and to be born as a healthy baby.

PGS24 is recommended for couples with a previous pregnancy with chromosomal abnormality, couples who have experienced several spontaneous miscarriages of unknown cause, couples with several cycles of IVF that have not achieved pregnancy, men with low sperm concentration and for women over 35 years of age.

PGD

Preimplantation Genetic Diagnosis (PGD) for single gene disorders is a genetic test that may be performed during assisted reproduction treatment to screen embryos that are at risk to develop a serious genetic disorder. PGD is performed on a small embryo biopsy and identifies which embryos are not at increased risk of developing the disease.

Some genetic diseases only affect one sex rather than the other. In this case, the embryo is tested to find out its sex and only embryos of the non-affected sex are transferred to the mother's womb.

PGD is recommended for couples at risk of transmitting chromosomal alterations or monogenic diseases, couples with a medical history of repeated miscarriages, couples with several cycles of IVF that have not achieved pregnancy, or there are abnormalities in spermatozoa maturation and for women of advanced age.

CGT

Carrier Genetic Testing (CGT) is used to identify people who carry one copy of a gene mutation that, when present in two copies, causes a genetic disorder. This type of testing is offered to individuals who have a family history of a genetic disorder and to people in certain ethnic groups with an increased risk of specific genetic conditions. If both parents are tested, the test can provide information about a couple's risk of having a child with a genetic condition.

**When
conventional
IVF
is not
enough**

DONATION PROGRAMME

EGG DONATION

Sometimes a woman's eggs are not able to achieve pregnancy. This can be the result of advanced age, genetic abnormalities, illness, prior surgeries, unsuccessful response to medication used to induce ovulation during IVF and multiple unsuccessful IVF attempts. Egg donation allows a woman to conceive a child using her own healthy uterus. In this situation, the donated eggs are fertilized with sperm from her partner and the resulting embryo is implanted into the mother's uterus.

SPERM DONATION

Over the past years, the use of donor sperm has decreased as the use of IntraCytoplasmic Sperm Injection (ICSI) for the treatment of male infertility has become widespread in combination with techniques as IMSI and/or PICSI. Currently, Therapeutic-Donor Insemination (DI or TDI) is appropriate when the male partner has severe abnormalities in the semen parameters and/or reproductive system and for women without a male partner.

EMBRYO ADOPTION

Embryo adoption is a process allowing families with remaining embryos after successful IVF procedure to donate them to another family desiring to experience pregnancy and childbirth. The resulting child is considered the child of the woman who carries it and gives birth. This is the same principle as is followed in egg donation or sperm donation.

DONATION PROGRAMME at BIOMATERNITY

Our donation programme offers no waiting list and our extensive list of egg and sperm donors are thoroughly screened; tests include a complete past, medical, social and family history, physical examination and psychological evaluation, tests for infectious diseases, genetic screening, and specific tests based on ethnic background. The same screening principle is applied when embryo adoption is chosen since couples who undergo assisted reproduction treatments are thoroughly screened so as to produce healthy embryos and be able to carry a pregnancy to term. Additionally, we collaborate with various international sperm banks. Medical information concerning the donor is kept confidential and is accessible only for health reasons concerning the child.

The recipient has access only to non-identifying information of the donor such as the physical characteristics as well as the age, nationality and level of education.

ABOUT SURROGACY IN GREECE



GESTATIONAL SURROGACY

Gestational surrogacy is a treatment option for infertile women with certain clearly defined medical problems, for which they are unable to conceive or carry a pregnancy and an option for parenthood for gay male couples.

The main indication for treatment by gestational surrogacy is the absence of uterus, congenital müllerian anomalies, repeated failure after IVF treatment, recurrent abortion or severe medical condition incompatible with pregnancy or other major indications.

The parts involved in a gestational surrogacy are the “intended parents” and the “gestational carrier” and a “surrogacy arrangement” is necessary.

The “intended parents” or “commissioning couple” may both be using their own gametes (cells involved in sexual reproduction) – egg and sperm (and are thus both genetically related to the child), they may be using one donor gamete (egg or sperm from a donor, in which case they are partially genetically related to the child), or they may be using donor sperm and egg (in which case they are both genetically unrelated to the child). The gametes are used to produce embryos in an IVF cycle and those embryos are subsequently transferred to a woman who agrees (“surrogacy arrangement”) to act as a host for these embryos, the “gestational carrier”. The “gestational carrier” is therefore a woman who carries a pregnancy for another couple or woman and is genetically unrelated to any offspring that may be born as a result of this arrangement because it wasn't the gestational surrogate's egg that was used during the IVF cycle. After the child's birth, the “gestational carrier” gives the child to the “intended” parents who are the legal parents of the new-born child.

At BIOMATERNITY we are able to advise you and assist you with all the necessary procedures regarding gestational surrogacy.



EGG SOCIAL FREEZING

The average age of first time motherhood has risen steadily over the last 40 years. In 2014, for the first time, the number of births to women 35 and over exceeded those to women under 25.

Many women in developed countries delay motherhood. These women can now opt to bank their oocytes for personal use later in life with the intention of increasing their chances of achieving a pregnancy after their fertility has declined. Oocyte cryopreservation becomes also useful to overcome ethical concerns and legal restrictions in several countries associated with embryo cryopreservation. This is referred to as “social freezing”, “freezing for non-medical reasons” or freezing for “Anticipated Gamete Exhaustion (AGE)”.

The correlation of increasing age with decreasing female fertility is due to the natural decline in ovarian reserve throughout all stages of a woman’s life. In addition to the decrease in number, there is a decrease in the quality of remaining oocytes. Female fertility consistently decreases after the middle of the third decade, so oocyte cryopreservation should be done ideally earlier.

Oocyte cryopreservation has entailed important advantages for human IVF as advances in cryopreservation methodologies have dramatically improved the efficiency of oocyte cryopreservation in the last few years. Vitrification has proven to be a very useful tool for oocyte cryopreservation; in fact, vitrification has resulted in outcomes comparable to fresh oocytes allowing women the opportunity of motherhood by saving a small number of oocytes for future utilisation.

Our highly specialised professionals at BIOMATERNITY, with the technical know-how in new technologies and medical innovations support every woman who chooses to postpone her motherhood giving her the best outcome.



Create your family
while enjoying the never-ending
Greek summer!





OUR TESTIMONIALS

“ We are so grateful for the help that we’ve received in achieving our dreams of having a baby who is now 2 years old. ”

Veronica C., from Wales

“ We received care, affection, attention. Visiting the unit in Athens was a beautiful experience that ended up with our baby boy! ”

Jane W., from Toronto

“ Professionalism describes the centre in one word! ”

Daniele F., from Rome

“ To the wonderful doctors, embryologists and staff at BioMaternity, thank you all for helping make our dreams come true for the second time! Everyone was so caring and helped make this initially awkward process as easy as possible. ”

Lily M., from Dublin

“ Thank you all so very much for your support and the excellent treatment. Thanks to you I have a 6 months daughter! I would highly recommend BioMaternity. ”

Ann G., from Melbourne



KEEP BELIEVING



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