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Should I Get Karyotyping Before My IVF Cycle?

Whatever the reason that you're having IVF, one of the options for couples is to have both partners get [karyotyping](#)—a form of genetic testing that can determine if both are presenting healthy chromosomes. Karyotyping can often be used to help determine why a couple is having repeated pregnancy losses, implantation failures, or if they've conceived and had a child with certain genetic issues, like Down Syndrome.

Dr. John Zhang (New Hope Fertility, New York), and an IVFAdvantage provider, says, "Karyotyping is primarily trying to find out if the couple has any chromosomal abnormalities that can cause miscarriage," however, he adds that couples are screened for other reasons, too. "We screen all patients who have a high risk of chromosomal issues."

How can a patient know when they should request karyotyping if it isn't first offered? Dr. Zhang states that couples who have had [recurrent early pregnancy losses](#)—repeated miscarriages before 8 weeks gestation—or couples who are under 38 years old who have had recurrent IVF implantation failures should have karyotyping. He also notes that if either partner's sibling has known chromosome issues, then both partners should also get karyotyping to discern whether they are carriers or not.

Karyotyping isn't standard to all IVF patients yet primarily because of the cost, which can range from several hundred to several thousand dollars. It is also deemed unnecessary in many cases where miscarriages aren't present, or where there are no suspected genetic or chromosome complications. Karyotyping can also be performed on fetal tissue following a miscarriage to determine if the miscarriage was caused by chromosome issues or other reasons.

Regardless of the reason, karyotyping can present a genetic view of the chromosomal structure that can be helpful in identifying [reasons for miscarriage](#) or overall fertility problems.