



RECURRENT IMPLANTATION FAILURE (RIF)

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Recurrent Implantation Failure (RIF) is a complex clinical situation in assisted reproduction where multiple transfers of good-quality embryos fail to result in implantation. The 2023 ESHRE Good Practice Recommendations move away from a rigid numerical definition and instead propose a probability based, individualized approach. RIF should be considered when a patient's cumulative predicted chance of implantation—based on embryo quality, age, and cycle parameters—exceeds approximately 60% without achieving a pregnancy.

ESHRE emphasizes that before diagnosing RIF, clinicians must ensure optimal clinical and laboratory standards, including accurate embryo grading, appropriate luteal support, and correct synchronization of embryo and endometrium. Investigations should be evidence-driven: evaluation of the uterine cavity (via hysteroscopy or advanced ultrasound), screening and treatment of hydrosalpinx, and selective assessment for chronic endometritis when symptoms or risk factors are present. The guideline discourages routine use of thrombophilia screening, immunological testing, NK-cell assays, endometrial receptivity testing, or empirical add-ons, as these lack robust clinical evidence.

Management of RIF should prioritise correction of identifiable factors—such as anatomical abnormalities, endometrial pathology, or modifiable lifestyle variables—and optimise embryo selection strategies, including blastocyst culture and selective use of PGT-A for appropriate clinical scenarios. ESHRE highlights the importance of shared decision-making, transparent counselling, and avoiding costly, unproven interventions. Ultimately, RIF is best approached through personalized, evidence-based care that balances scientific guidance with patient expectations.