

New IVF Recommendations

Dana | October 21, 2016



There's a lot to think about when you're considering In Vitro Fertilization. There's the financial, emotional and physical costs. There's an invasive medical procedure to retrieve your eggs. There are many medications you'll need to take, most of which will need to be injected. And there's knowing that the odds are not in your favor. Even so, more than 60,000 babies are born via IVF in the US each year. For a couple struggling with infertility, that is one club

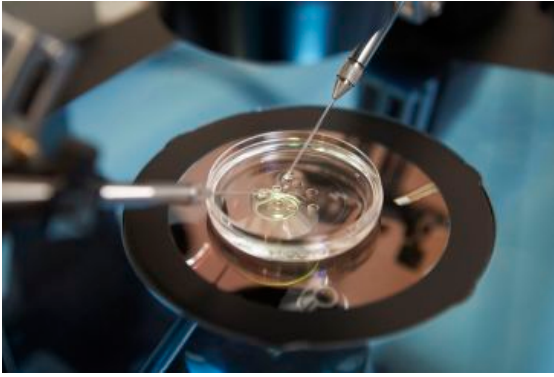
you'd do just about anything to join.

The good news is that assisted reproductive technology (ART) is advancing quickly and fertility doctors are learning more about what works and how to improve success rates each year. One of the latest recommendations from the medical community aims to reduce health risks to the mother and her fetus from IVF. Two recent studies recommend transferring only one embryo, if you are under the age of 38. The goal is to reduce the chance of multiples which can cause an "increased risk of maternal and fetal morbidity and mortality ... as a result of preterm birth, preeclampsia, and other pregnancy complications." Experts note that there's some evidence to prove those risks are higher in a multiple birth pregnancy that is a result of ART.

In September, the American College of Obstetricians and Gynecologists said every effort should be made to achieve a single birth. They say one way to accomplish that is to continue to encourage and expand the use of single embryo transfers.

This month results from a study by Dr. Abigail Mancuso, from the Department of Obstetrics and Gynecology at the University of Iowa Carver College of Medicine, was published in *Fertility and Sterility*. Dr. Mancuso's research showed that transferring only one embryo showed a reduction in multiples, but no change in live birth rates. Single embryo transfers have become more commonplace with improvements in IVF technology that allows embryos to be tested for genetic and structural normalcy before

transferring back to the uterus. In 2009, 41% of babies conceived from ART were multiples – compared to only 3-5% in the general birth population. However in 2014, that number was reduced by half- only 22% of ART babies were multiples.



Dr. Mark Surrey, Founder of **Southern California Reproductive Center (SCRC)** says he only transfers just one embryo in patients under 38, unless the couple wants to have multiples. “20 years ago we didn’t have the availability to do that. When we used to put in multiple embryos, it was because we didn’t know which were going to develop normally.” Surrey says, “Now that is a thing of the past, because we have the technology to know which embryos are going to have the best chances for

success.”

However, some fertility clinics may not have the expensive lab equipment to test the viability of embryos. In addition, multiple births can increase success rates. Most of the 440 fertility clinics in the US are for-profit companies that attract new patients by advertising high pregnancy rates. But couples may choose to take the risk of having multiples because they hope to complete their family by going through only one IVF cycle.



IVF can be a very overwhelming process – before, during and after the procedure. There are a lot of decisions to make and paperwork to sign – it can all become a blur. That’s why it’s important to do your research and contemplate important decisions like “how many embryos should we transfer?” BEFORE you start the process and your hormones start raging. Additionally, choosing the right fertility clinic is crucial. Before you start working with a

reproductive endocrinologist, make sure to ask lots of questions so you know their protocol and the lab’s technical capabilities. Find out what kind of embryo testing they can do like the **EEVA** Test or PGS/PGD. Also, ask how many viable embryos they typically recommend implanting during IVF.

Dr. Wendy Chang, Founding Partner at **SCRC** says there are four main factors to consider when at the embryo transfer stage:

1. Were embryos tested for chromosomal normalcy?
2. What is the quality of the embryo?

3. Is there any presence of morphokinetic data (how well the embryo divided and the presence of any abnormal division event)?
4. Previous failed cycles – these would impact the recommendation.

If my fertility doctor used some of the new technology and recommended protocols available today when I went through IVF a few years ago – it could have been life changing for me. But, that’s exactly why I created Talking Fertility – to help educate and support others.

<http://www.talkingfertility.com/2016/10/new-ivf-recommendations/>