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PREVENTING MULTIPLE PREGNACIES IN ASSISTED REPRODUCTIVE TECHNOLOGY

Expert Reproductive Endocrinologist Advocates Single Embryo Transfer

(Reston, VA) Assisted Reproductive Technology (ART) is now an integral and established treatment for infertility accounting for over 80,000 IVF cycles in the US in 2001. While pregnancy rates have improved steadily, so has the number of multiple pregnancies. According to many ART registries, the twin pregnancy rate varies between 20-30% and is as high as 40% in women under the age of 35. **According to Dr. Fady Sharara, board certified reproductive endocrinologist and Medical Director of the Virginia Center for Reproductive Medicine, "Despite strict guidelines on the number of transferred embryos in many countries, and recommendations in others such as the US, the number of multiple pregnancies continues to increase or at least remain elevated."** In the US, 66% of ART procedures involved the transfer of three or more embryos in 2001. Of interest, 54% of infants born through ART in 2001 resulted in a multiple pregnancy, in contrast to 3% of multiple births occurring without fertility assistance.

"There are many problems associated with multiple births affecting both the fetuses and the mother," says Dr. Sharara. These include preterm labor, prematurity, NICU admissions, low birth weight, perinatal death and long-term disabilities such as cerebral palsy, learning and neurologic deficits. The maternal risks include among others an increased risk of gestational diabetes, pregnancy-induced hypertension, operative deliveries and hemorrhage. Dr. Sharara is aiming to educate women in regard to the risks involved with multiple pregnancies, which also result in significantly greater health care expenditures. Yet, because there is a lack of universal ART insurance coverage, patients and clinicians feel the pressure to maximize the chance at having a live-birth delivery by transferring more embryos.

Dr. Sharara is at the forefront of ART involving Single Embryo Transfer (SET) or Single Blastocyst Transfer (SBT), which would reduce the rate of multiples by limiting the number of transferred embryos to only a single embryo. SBT involves the transfer of one embryo that is five days old (i.e a blastocyst). This is in contrast to the "cleavage-stage" embryo transfer in which the embryo is only three days old. According to Dr. Sharara, "A blastocyst stage embryo is of much better quality. It has proved itself and made it to the point where it has a higher chance at attaching itself to the uterus." In women younger than 35, the chance of a live-birth with a SBT is 40-50% (with a 1-2% chance at twins [when one embryo splits]), in contrast to the 50% chance of a live-birth with multiple embryo transfers. Yet, with multiple transfers, there is a 30-40% chance of giving birth to twins, and an 8-10% chance of triplets (or more) when 3 or more embryos are transferred.

Dr. Sharara feels that this trend is going to accelerate, and in some countries legislation may force programs to perform SET in women under 35 in the near future. This will bring the cost of having a family down dramatically, as well as reduce the serious health, financial, and emotional risks associated with multiple births.

For more information regarding ovarian reserve or to set up an interview with Dr. Fady Sharara, please contact Jaime Ringel at KMR Comminucations, Inc. at 212-213-6444 or jaimer@kmrcommunications.com.