

THE CENTER FOR HUMAN REPRODUCTION

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FOR IMMEDIATE RELEASE

DATE: Monday, May 4, 2009

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In a just published paper, fertility experts argue that IVF patients are entitled to maximal in vitro fertilization (IVF) pregnancy rates but don't always get them

Current IVF protocols have the potential of achieving the highest pregnancy rates in history. Yet, for often dubious and unsupported reasons, some IVF centers are increasingly introducing less effective IVF practices, often claiming unsupported theoretical benefits.

In a just published "Commentary" (*Gleicher et al., Reproductive Biomedicine Online 2009;18:599-602*), three fertility experts from New York City's [Center for Human Reproduction](#) (CHR) raise the alarm about recent practice trends in the IVF field, which uniformly lower pregnancy chances without compensatory benefits to patients. They note that these developments, for the first time since the inception of IVF, threaten constant improvements in world-wide IVF pregnancy rates.

In vitro fertilization (IVF), now over 30 years old, has changed the world for the better. If you want proof, just ask the millions of families who have benefited from this life-giving treatment: *Over 3 million IVF babies have been born world-wide, and IVF now accounts for approximately one percent of all births in the United States.*

Studies have repeatedly demonstrated that well educated infertility patients value nothing higher than the quick, safe and cost effective establishment of pregnancy. *Gleicher et al.* argue in their paper that recent developments, like the concepts of single-embryo transfer and so-called "patient-friendly" IVF, do not meet these patient demands. Despite increasing popularity, they, therefore, are contradictory to patient preferences and good medical practice since the first order of good medical care is "to do no harm."

Warning against the unproven introduction of untested practice patterns in IVF, the authors point to the world-wide premature clinical introduction of preimplantation genetic screening (PGS) as an example. In well meaning attempts of improving IVF pregnancy rates, and diminish miscarriage rates, patients ended up with neither, but carried the additional cost and, likely, even reduced their pregnancy chances.

Only much too late did professional organizations in the U.S. and Europe issue authoritative recommendations against the use of PGS for such indications. As *Gleicher et al.* argue in their "Commentary," [Patients are entitled to maximal IVF pregnancy rates.](http://www.centerforhumanreprod.com/pdf/patients_entitled_maximal_ivf.pdf) (http://www.centerforhumanreprod.com/pdf/patients_entitled_maximal_ivf.pdf).

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