THE CENTER FOR HUMAN REPRODUCTION

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Infertility expert questions In Vitro Fertilization practice

New study sparks controversy related to risks of multiple pregnancies

When Norbert Gleicher, MD, presented a study at the recently held Annual Meeting of the European Society of Human Reproduction and Embryology (ESHRE) in Barcelona, Spain, he challenged the worldwide infertility community to reexamine an increasingly popular in vitro fertilization (IVF) practice. His presentation sparked wide attention, especially from the British press since the British governing body for IVF, only a week earlier, had mandated a more aggressive implementation of this policy in attempts to reduce the number of twin pregnancies after IVF. (For links to coverage, www.centerforhumanreprod.com/eshre_ivf_links.html.)

Outcome risks for twins are higher than those for singleton pregnancies. Consequently, many in the infertility community have argued that twin pregnancies should be avoided.

Gleicher and his co-investigator at New York City's Center for Human Reproduction (CHR), however, argue that the historical comparison of outcome risks between one twin – and one singleton pregnancy is, within an infertility treatment paradigm, statistically inappropriate, as most patients initiate treatment desirous of at least two children. Assuming that most parents want at least two children, the correct statistical comparison, therefore, should be between one twin pregnancy and *two* singleton pregnancies, thus equalizing for desired treatment outcomes.

When this is done, all significant risk disadvantages for twin pregnancies disappear and, indeed, one twin pregnancy overall demonstrates lower risk and cost profiles than two singletons.*

Gleicher and associates further argue that this corrected statistical assessment of twinning risks after IVF invalidates (for most patients) recent recommendations in favor of single embryo transfer (s-ET) in place of the customary two-embryo transfer (2-ET) since s-ET has been proven to reduce pregnancy chances in comparison to 2-ET. s-ET thus reduces the desired benefit of IVF (i.e., pregnancy) without previously alleged compensatory risk benefits and, therefore, has (for most patients) to be considered harmful.

CHR (www.centerforhumanreprod.com) located in New York City is one of the country's leading fertility centers. Dr. Gleicher, its Founder and Medical Director, is considered a pioneer in fertility research. He was recently awarded one of the highest honors of the profession when he was named as only the fourth U.S. scientist invited to deliver the prestigious Annual Patrick Steptoe Memorial Lecture to the British Fertility Society in January of 2009.

* A full-length manuscript of the study has already been electronically published by the prestigious medical journal *Fertility & Sterility* (Gleicher N, Barad D. Twin pregnancy, contrary to consensus, is a desirable outcome in infertility. (www.centerforhumanreprod.com/pdf/contrary_to_consensus.pdf) *Fertil Steril 2008;doi:10.1016/j.fertnstert. 2008.02.160*). Two additional manuscripts, written upon invitation by journal editors, though peer reviewed, and covering the issues have also recently appeared in press: Gleicher N, Barad DH. Single versus twin embryo implantation: Evidence, costs-effectiveness, and patient satisfaction. *Gynecol Obstet 2008;13:77-83;* and Gleicher N, Barad D. Arguments against elective single-embryo transfer. *Expert Rev Obstet Gynecol 2008;3:481-6.*