

Fertility Update

Making Dreams Conceivable



The Octuplet Birth: Medical Miracle, System Circumvention

By Dr. Timothy Hickman, M.D.

The recent birth of octuplets in California has generated a great amount of publicity for fertility clinics. Unfortunately, most of it has been negative, with the questionable judgment of a lone doctor casting a long shadow over all fertility clinics, the overwhelming majority of whom practice responsible medicine. Some states are even contemplating strict regulation of fertility services. While we now know what happened in this case, it would be worth taking a few minutes to understand the how and why of the situation in order to determine where we go from here.

The crux of the matter stems from a fertility doctor implanting six frozen embryos into a patient, two of which split into twins, resulting in the birth of eight babies. This is a medical miracle, and the team of OB/GYNs and neonatologists who delivered the children must be commended. Yet from the perspective of a reproductive endocrinologist, this looks like a system breakdown. The American Society for Reproductive Medicine (ASRM) has established guidelines based on sound scientific and clinical evidence regarding the number of embryos to transfer in a fresh IVF cycle. Although there is room for adjustment depending upon individual clinical conditions, patient age, and embryo quality, ASRM guidelines

The number of IVF triplet or higher live births per egg retrieval fell from 6.9% in 1996 to 1.8% in 2007

state that with women under 35 with a favorable prognosis, "consideration should be given to transferring only a single embryo," and that there should not be more than two transferred "in the absence of extraordinary circumstances." The number of embryos transferred in a frozen embryo cycle is usually no more than one plus the number recommended in a fresh IVF cycle.

There are many reasons why these guidelines are in place, but most prominent is the physical and emotional health of the mother.

High-order multiple pregnancy leads to higher risk of complication for both the mother and fetuses. There can be disastrous health consequences that sometimes come with multiple births — infant mortality, long-term disabilities, and low birth weights are possibilities, along with the certainty of hundreds of thousands of dollars' worth of medical care. Although multi-fetal pregnancy reduction can be performed to reduce fetal number, the procedure could result in the unintended loss of additional, if not all, fetuses, and still does not completely eliminate the risks associated with multiple pregnancy. Moreover, the adverse psychological consequences of forcing women to choose which fetuses to terminate is impossible to estimate, and unacceptable to many.

So why would a doctor implant so many embryos? Well, as IVF is often not

Inside

- Page 1 The Octuplet Birth: Medical Miracle, System Circumvention
- Page 2 Houston IVF among nation's leaders in live-birth success rates
- Page 2 Before the Referral
- Page 4 What's Happening at Houston IVF

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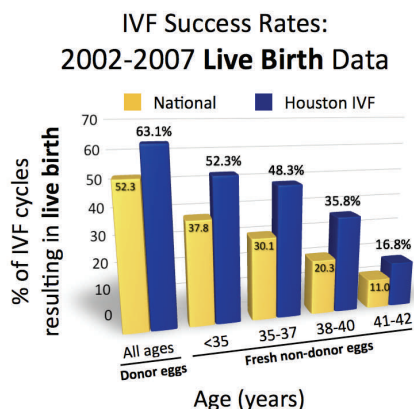
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Houston IVF Again Produces One of Nation's Highest Fertility Success Rates

Houston IVF patients are among the nation's most likely to have a child with one cycle of IVF treatment, according to recently released data from the Society for Assisted Reproductive Technologies (SART). SART (www.sart.org), the primary organization of professionals dedicated to the practice of assisted reproductive technologies (ART) in the United States, released its audited 2007 results of fertility clinics across the country, detailing each clinic's pregnancy and live birth success rates for a range of age groups. According to the data, Houston IVF produced success rates that were fifty percent higher than the national average across many age groups.



Although there is no written summary of individual clinic performance written by the governing body, SART has developed an online database which allows individuals to examine the number of IVF cycles and performance of each clinic. Each SART clinic report lists treatment type, procedure frequency, diagnosis frequency, the services provided at the clinic, and success rates across age groups. While some clinics choose to report the pregnancy success rates of their practices, experts tend to agree that the most relevant comparison is live birth rate per attempted cycle, which adjusts for cancelled cycles and miscarriages, and provides the likelihood of a woman having a baby within nine months of the IVF cycle.

Houston IVF achieved live birth percentage per cycle of 52.3 compared to the national average of 37.8 for women under 35, and 35.8 percent compared to 20.3 for women 38 to 40 (see chart).

SART generally discourages direct comparison of fertility clinics, arguing the patient base for each practice is unique, consisting of a

(Continued on page 3)

Before the Referral by Dr. Laurie J. McKenzie, M.D.

One of the most common questions asked by a patient's primary physician is "what evaluation would you like me to perform before referring a patient?" The simple answer is whether you are comfortable ordering and interpreting. Patients want to remain with their primary doctor as long as possible for evaluation and treatment of infertility. Any assistance that you can provide allows them to remain in your care longer and helps to isolate a potential cause for their inability to conceive.

The basic infertility evaluation for women less than 35 years old having unprotected intercourse for 12 months is as follows:

1. Menstrual cycle day 3 FSH, LH, and estradiol levels. Timing should be based on the first day of full menstrual flow.
2. Hysterosalpingogram to evaluate patency of the fallopian tubes and intrauterine cavity abnormality.

3. Semen analysis to evaluate for potential male factors preferably through a lab that performs Kruger strict morphologic grading criteria.

Houston IVF's Andrology Lab performs the Kruger test. Please call Shelby Kilduff at 713-465-1211 for more information.

When the woman is 35 years or older and has attempted pregnancy for at least 6 months, the addition of a Clomid challenge test further identifies diminishing ovarian reserve.

Preconceptional counseling is always greatly appreciated by the patient prior to their referral. We offer preconceptional counseling routinely to all patients attempting to conceive through our center. The following items are suggested to all patients and may also be offered through your office:

1. Optimizing their general health,

medical conditions, diet, exercise, and weight

2. Prenatal vitamins with folic acid
3. Fish oil/DHA (mercury free) to aid with fetal brain development
4. Blood typing/antibody screening
5. Rubella IgG and Varicella IgG with vaccination if non-immune
6. TSH
7. CBC
8. Cystic fibrosis carrier screening
9. Ethnic based genetic testing (i.e. Tay Sachs screening, Thalassemia, Sickle cell disease)

Please feel free to refer directly without evaluation, after some evaluation, or after a complete workup. Houston IVF is always available to assist you and your patients wherever they are in the process of evaluation and treatment for infertility.

Dr. Laurie J. McKenzie, M.D. is a Medical Director at Houston IVF

(The Octuplet Birth: Continued from page 1)

covered by insurance, doctors say they are constantly urged by patients to implant extra embryos, feeling this will significantly increase their chances. For example, women who feel they can only afford one attempt at IVF may pressure doctors to implant

Recommended limits on the numbers of embryos to transfer.				
Cleavage-Stage Embryos ^a				
Prognosis	Age <35	Age 35-37	Age 38-40	Age >40
Favorable ^b	1-2	2	3	5
All others	2	3	4	5
Blastocysts ^a				
Prognosis	Age <35	Age 35-37	Age 38-40	Age >40
Favorable ^b	1	2	2	3
All others	2	2	3	3

^a See text for more complete explanations. Justification for transferring more than the recommended number of embryos should be clearly documented in the patient's medical record.

^b Favorable = First cycle of IVF, good embryo quality, excess embryos available for cryopreservation, or previous successful IVF cycle.

ASRM Practice Committee. Guidelines on number of embryos transferred. Fertil Steril 2006.

more embryos, with the expectation that this will increase their chances of a successful pregnancy. Unfortunately, fear of losing a patient might lead some doctors to do it. In reality though, this is a false choice, as evidence shows increasing the number of embryos implanted beyond ASRM guidelines does not increase the chances of a live birth.

While this can be a tough conversation to have with a couple desperate to have a baby, patients should note that IVF has made considerable strides in the last decade. Success rates have continued to climb, while the level of triplets or greater has dropped dramatically. ASRM's current guidelines have increased the percentages of live births from fresh non-donor embryo transfers increased from 28% in 1996 to 34.3% in 2005. During the same period, the number of IVF triplet or higher live births per egg retrieval fell from 6.9% in 1996 to 1.8% in 2007. At Houston IVF, our live birth success rates for patients under 35 years old are well over 50% and significantly higher than the national averages in all age categories.

These guidelines, standards, licenses and regulations have been

highly successful in improving the success, health and safety of women undergoing IVF treatments and their resultant babies. While it is possible we could see another set of octuplets, we hope that all doctors and patients realize that following the recommendations of ASRM will provide the safest and best opportunity for a healthy mother and child. As insurance companies begin to cover more ART procedures, both doctors and patients may feel less pressure to take risks they feel will increase the chances of producing a child. In the meantime, when helping patients select a fertility specialist, doctors should suggest clinics with Board Certified Reproductive Endocrinologists and assist patients in understanding clinic reports listed on the Society of Assisted Reproductive Medicine (SART) website.

Dr. Timothy Hickman is Medical Director for Houston IVF and a member of the SART Executive Committee.

(High Success Rates—Continued from page 2)

wide range of ages and infertility causes. But Dr. Timothy Hickman, Medical Director for Houston IVF and a member of SART's executive council, suggests that success rates do offer insight when making an informed decision about choosing a fertility practice. He notes that Houston IVF publishes their success rates through SART but also voluntarily publishes, via their website, similar data regarding patients who have had previous failed cycles.

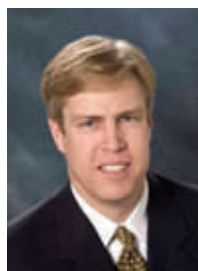
“More and more of our patients come to us after previously failing to conceive at other fertility clinics,” Hickman points out.

Working jointly on research, processes, and procedures with partner Colorado Center for Reproductive Medicine (CCRM), Houston IVF has not only been able to significantly exceed national averages for fertility treatment, but also specialize in patients deemed poor responders. “More and more of our patients come to us after previously failing to conceive at other fertility clinics,” Hickman points out. “But we’ve had great success with patients that have had single or multiple failed cycles elsewhere.”

About the Doctors At Houston IVF



Dr. Laurie McKenzie is medical director of Houston IVF and is on clinical faculty for both University of Texas and Baylor College of Medicine. She is a Board-Certified Reproductive Endocrinologist, and along with Dr. Hickman, has consistently been selected as a "Top Doctor" and "Top Doctor for Women" by H-Texas Magazine, and a "Texas Super Doc" by Texas Monthly Magazine.



Dr. Timothy Hickman is Medical Director of Houston IVF and Division Director of Reproductive Endocrinology & Infertility in the Department of OB/GYN and Reproductive Sciences at the University of Texas Medical School-Houston. He is a Board-Certified Reproductive Endocrinologist and has served on the Executive Board of the Society for Assisted Reproductive Technology since 2001.

What's New At Houston IVF?

- Over the holidays, the staff of Houston IVF moved from their main offices in Memorial Hermann Memorial City Hospital, to the 23rd floor of the new \$500 million, 36-story **Memorial Herman Tower**. The 26,000 sf facility includes four embryo transfer rooms, two egg retrieval rooms, and a state-of-the-art certified laboratory, rivaling any other in the country. OB/GYNs and their staffs have an open invitation to come and receive a tour.
- **Dr. Laurie McKenzie** recently began patient screening for a new clinical trial. Houston IVF is one of roughly two dozen clinics nationwide selected for the **Lutrepatch Study**, which tests the effectiveness of a delivery method of a medication to regulate the monthly menstrual cycle of women trying to get pregnant.
- **Houston IVF** recently added **United Healthcare (UHC)** to its list of accepted insurance providers. With the addition of UHC to a lineup that already includes Aetna and Blue Cross, Houston IVF now accepts **most major insurance plans**. Call our office at 713-465-1211 to find out specifics.



Houston IVF
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