



*Fertility Society of Australia*

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## **Defining the meaning of success in IVF**

One of the world's most eminent specialists in human reproduction has raised concerns about what he calls simplistic claims of success rates in IVF.

Speaking at the annual conference of the Fertility Society of Australia in Melbourne, Emeritus Professor Bart Fauser said the strong focus on pregnancy rates from a single cycle of IVF with the transfer of an embryo was unrealistic and confusing for patients seeking treatment for infertility.

Professor Fauser also asserted that national registries should follow best clinical practice and not incentive medical policies that are not in the best interest of patients and future offspring.

“The true measure of success in IVF should be on achieving a full-term live birth, and it often requires more than one cycle of treatment,” he said.

“It also needs to be measured in terms of burden and cost of treatment and the chance of complications.

“If IVF in 50 per cent of cases results in a live baby, that is fantastic for those patients. But for the other half of the patients being treated the outcomes are far from joyous and no doubt costly.”

Professor Fauser – the former Head of the Department for Reproductive Medicine and Gynaecology and Chair of the Division of Woman and Baby at the University of Utrecht in the Netherlands – said: “The way IVF success is measured is largely different from nearly all other forms of medical treatment.

“For example in cancer treatment, success is measured after far more than one round of treatment and may involve interventions over a number of years,” he explained.

“More simply, surgery for a knee injury is not measured the day after the procedure. You must look at the health of the patient in one, two or five years' time.”

Professor Fauser, who was also Chair of the World Health Organisation steering committee on infertility guidelines, said definitive success rates in IVF could only be measured from longer-term cumulative data of fresh and frozen embryo transfers and from multiple IVF cycles.

“What counts at the end of the day is how many couples who start IVF treatment will end up having a healthy baby, and – again – at what expense, burden of treatment and chances for complications,” he said.

Professor Fauser praised Australia’s outstanding global reputation for single embryo transfers in IVF, thereby reducing the possibility of multiple births and associated health complications for mothers and offspring.

“In other parts of the world, including Europe, the majority of IVF cycles involve the transfer of two or more embryos neglecting the great advances that have been achieved in laboratory procedures and cryopreservation.

“Globally, about 50 per cent of all children born from IVF are from multiple embryo transfers. Multiple embryo transfers result in higher pregnancy rates, but it is a case of so called success driving bad practice.”

Professor Fauser said his message to Australian IVF units was to “get away from the single cycle” paradigm to look at longer term, cumulative outcomes of treatment and the ongoing health of children born from assisted reproduction.

“People considering IVF should also be asking these questions for themselves and on behalf of the children who may be born from the treatment.”

Professor Luk Rombauts, Vice-President of the Fertility Society of Australia and Group Medical Director of Monash IVF, agreed that cumulative birth rate data from IVF would help people experiencing infertility to make informed decisions about treatment and the number of cycles that may be required to achieve a pregnancy.

“We are certainly heading in the right direction in terms of cumulative data,” he said.

“The Fertility Society funds the annual report on IVF cycles and births from data maintained by the National Perinatal Epidemiology and Statistic Unit at the University of New South Wales.

“The most recent report, released in early September, showed a record 15,198 IVF babies were born in Australia and New Zealand in 2016-17 as a result of cycles undertaken in 2016.

“The report showed the live birth rate per embryo transfer increased from 22.5 per cent in 2012 to 26.2 per cent in 2016, the most recent year from which data are available. A major factor in these improved outcomes is an increase in the success rate of frozen embryo transfers, from 20 per cent in 2012 to 27 per cent in 2016.”

The report also showed that a single embryo was transferred in 88 per cent of IVF cycles performed in 2016. The proportion of twins and triplets born following IVF treatment is now 3.8 per cent, one of the lowest rates in the world. The IVF multiple delivery rate is around 23 per cent in the United States and 11 per cent in the United Kingdom.

“Since the first Australian IVF baby was born in 1980, over 215,000 IVF babies have been born, allowing many thousands of couples to achieve parenthood,” Professor Rombauts said.

“Because IVF treatments are reported from all fertility clinics in Australia and New Zealand, the annual data from the National Perinatal Epidemiology and Statistic Unit is an increasingly valuable resource for patients, clinicians, researchers and policy makers.”

**INTERVIEW:**

Professor Luk Rombauts is available for interview. To arrange, please call Trevor Gill, Fertility Society of Australia Media Relations on 0418 821948 or e-mail [lighthousepr@adelaide.on.net](mailto:lighthousepr@adelaide.on.net)

**LINK**

<https://npesu.unsw.edu.au/surveillance/assisted-reproductive-technology-australia-and-new-zealand-2016>