

Successful IVF treatment means having a single, healthy baby



The aim of all treatment for infertility should be the birth of a healthy baby with minimum risks for the mother. To achieve this it is no longer always necessary to transfer more than one embryo and you may be advised to have a single embryo replaced. Your clinic is most likely to suggest this if you are under the age of 37, have not had previous unsuccessful cycles and have good quality embryos. However, each case is assessed individually, as staff at your clinic will want to ensure you have the best chance of having a successful pregnancy and a healthy baby.

Twins or triplets can appear to be the ideal outcome when you are going through fertility treatment, but multiple pregnancy is the biggest health risk for IVF babies. One in every twelve twin pregnancies results in at least one baby dying or having a significant disability. Single embryo transfer (SET) will dramatically reduce your risk.

It is often thought that putting back one embryo will reduce the chances of success, in fact this is not the case for everyone. Replacing two embryos does not double your chances of success, but it does increase your chances of a multiple pregnancy with all the additional risks this brings. To ensure you are given the best chance the embryologist will assess the quality of your embryos prior to the transfer. The best quality embryo will be replaced and any further good quality embryos may be frozen and stored for you for future use. Success rates are similar when you combine the chances from the fresh and frozen cycles when those patients who have the best chance of achieving a pregnancy are carefully selected.

Addressing the myths about SET

The following are some common misunderstandings about the move towards SET and what is involved.

The aim is to get everyone to have one embryo transferred eventually

SET will not give everyone the best chance of achieving a successful pregnancy and is therefore not recommended for all IVF patients. The decision should always be taken on an individual basis.

SET is about saving money on NHS care for premature babies

It's not about saving money - it's about saving lives. Babies are only in specialist neonatal intensive care units because they have serious complications. Half of all twins are born prematurely and are of low birth weight, which means they are more likely to need specialist medical help. SET is about increasing the numbers of healthy IVF babies.

Why are IVF patients being penalised by having to have SET?

If you are offered SET you are not being penalised - you are being offered a chance to avoid the major risk associated with IVF, a multiple pregnancy, because you have a good chance of being successful. A good clinic where patients are assessed individually for their suitability will have good success rates with SET.

I'm fit and healthy, and therefore willing to take the risk of having twins

Being fit and healthy does not mean that you will avoid complications with a multiple pregnancy, most of which are related to prematurity. No one wants to risk damage to their own child if it can be avoided.

I know lots of twins who are fine and I think the risks are being exaggerated

Many twins are fine, but it is not always appreciated that many others are not. If you conceive naturally, only 1 in 80

pregnancies are multiple, but if you conceive after IVF treatment, 1 in 4 pregnancies are multiple. This means the risks of problem pregnancies, of miscarriage, of disability and of death are unacceptably high. It is quite possible to reduce the multiple birth rate while giving very good chances of success if patients are selected carefully.

I'd rather have twins than no baby at all

If you were going to get pregnant with twins, you would have got pregnant with a SET.

If you have any concerns about your treatment and the number of embryos you should have transferred, ask to talk to one of the team at your clinic. They will be able to recommend the best course of action based on your individual situation. During your appointment, there are some questions you may want to ask.

- What is your multiple birth rate?
- How do you decide who is suitable for SET?
- What would you recommend for me and why?
- What are your success rates from SET?
- Will you be able to tell me about the quality of my embryos?
- Will I be able to freeze any spare embryos I don't use in my treatment?
- What happens if I don't agree with your recommendation?
- When will the final decision be made?

For detailed information about the risks to mothers and babies of a multiple pregnancy see www.oneatatime.org.uk

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