

Elective single embryo transfer

What are the local issues in
this area?

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Assisted Conception Unit

Guy's and St Thomas' Hospital



Local issues

- Patients
- Clinic
 - Staff
 - Setting
- Funding
 - PCT
 - Private
- Region (London)



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Most infertility patients prefer twins rather than one child at a time

- Their reasons are:
 - desire for siblings
 - a positive attitude towards twins and
 - a wish to have IVF treatments



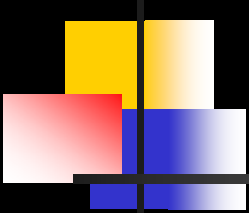
Patients' education

- Funding issues undermine the potential benefit
- Relevant fertility factors make it hard to see beyond having “a pregnancy”
 - Long period of infertility
 - Long time on the waiting list
 - Generally lower odds of pregnancy with SET than with DET

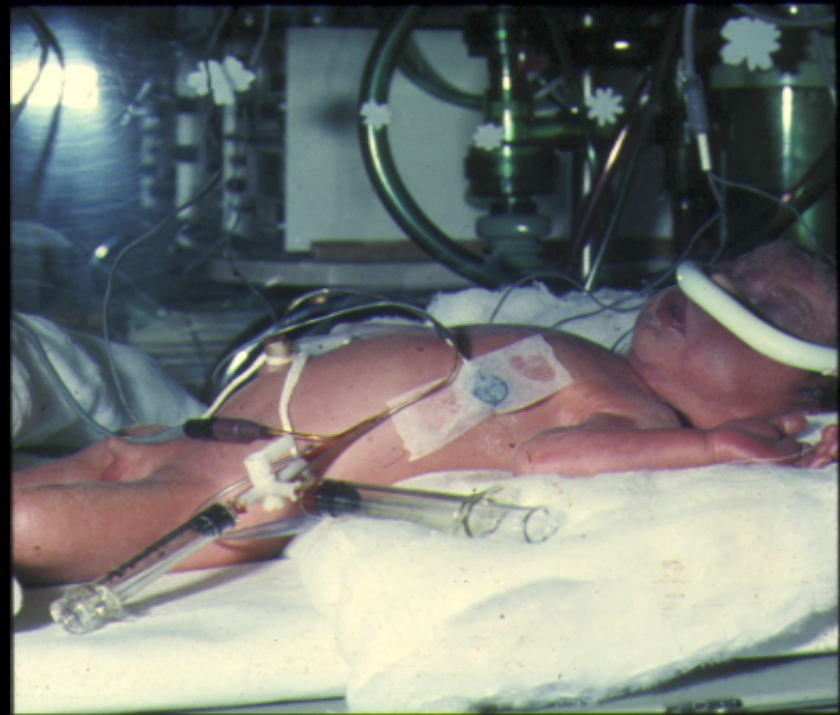
What can go wrong when the pregnancy is multiple?

Late miscarriage	Premature birth
Complicated labour	Death after birth
Caesarean section	Mental disability
Haemorrhage	Physical disability

Our aim is a healthy baby



This



Not this



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Staff perception

- Different perspectives
 - Some are risk averse
 - Some are outcome driven
- Credibility gap (twins are a good outcome)
- Taking “patients side” of the argument
 - Choice
 - They pay then they should be able to decide

What could bridge the
credibility gap?



The answer is in our local data

Multiple pregnancy = more
premature babies

Pre-maturity \neq best start of life



ACU database

- 1992-2006
- Over 9000 IVF/ICSI cycles
- 2917 pregnancy records (30% preg rate)
- 2360 implantations



Outcome confirmed

- 2042 implantation cycles
- 318 cycles lost to follow up or no outcome available yet
- 685/2042 were multiple implantations (33%)
- 575/1932 were ongoing multiples (30%)



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Outcome of twin gestations

- 2 sacs → → → → 2 live births (n=409)

<34 weeks	34-36weeks	≥37week
56	112	241
14%	27%	59%



Outcome of twin gestations

- 3 sacs → → → → 2 live births (n=19)

<34 weeks	34-36weeks	≥37week
4	8	7
21%	42%	37%



Outcome of singletons

- 1 sac → → → → 1 live birth (n=1084)

<34 weeks	34-36weeks	≥37week
27	51	1006
3%	5%	92%



Outcome of singletons

- 2 sacs → → → → 1 live births (n=162)

<34 weeks	34-36weeks	≥37week
20	16	126
12%	10%	78%



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Local issues

- Proactive feedback from our obstetricians
- Some of the tragedies they face are shared with us formally and informally
- Advise us to focus on “optimum” rather than on “maximum”



Joint discussions (medical & ethical)

- Considerations of:
 - Complications of twins (maternal & fetal)
 - Obstetric management
 - Infertility management
- Consent for 1 vs 2 embryo transfer
- Resource implications
- What the patients want vs. professional obligation to do no harm



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PCT funding

- Limited (one cycle if at all)
- Partial
 - Does not include freezing or FET
- Varied eligibility criteria
- Volume based commissioning
- More emphasis on “successful” than on responsible practice



Private funding

- Financial burden particularly with **additional hidden costs**
- Adds to the emotional strain
- Quest for “value for money”
- Additional costs of freezing and FERC
- Marketing and emphasis on chances of “a pregnancy”



Local issues

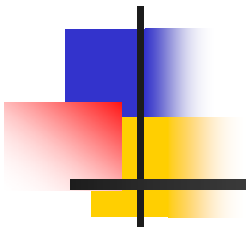
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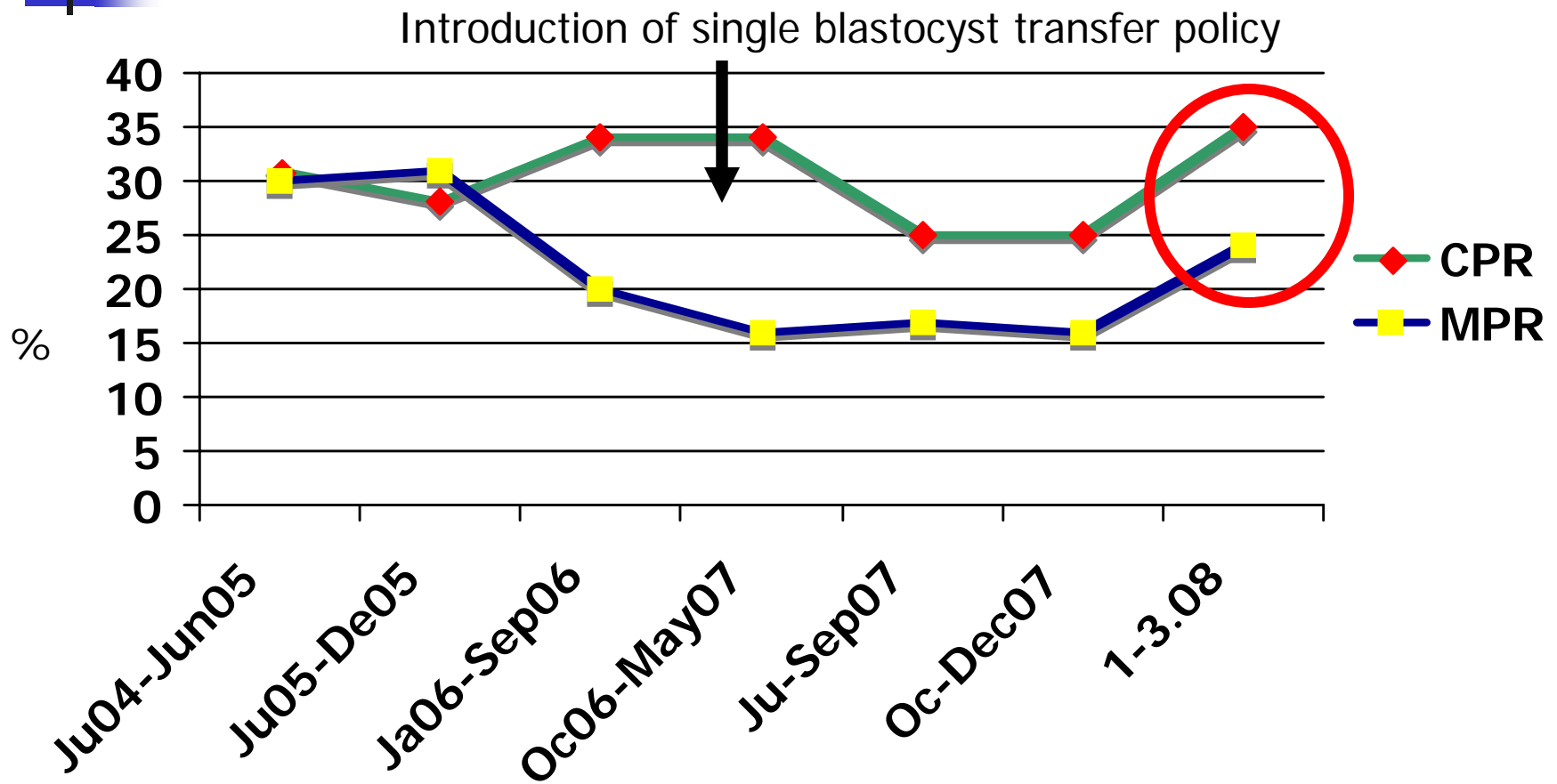
Local issues

- Multiplicity of providers
 - > 20 units in London area
 - Competition and marketing tools
 - The way the outcome data is presented
 - League tables and their influence on patient choice of a clinic

When there is will there is a
way



Guy's experience





Conclusions

- Most local issues are shared
- Funding is central to making real progress in implementing eSET
- We have made a start but responsive and responsible commissioning can help
- The way outcome data is currently presented needs to change

