DESIGN: Elective single blastocysts for transfer were initially offered to good prognosis patients based on transfer-day embryo quality without any additional incentive and limited education. A formal facility and physician incentive plan was then adopted in an effort to increase voluntary patient participation. Endpoints measured included patient acceptance rate, ongoing and multiple pregnancy outcomes as summarized in the table. After introduction of the formal incentive program, patients were asked to sign an agreement to elect or refuse a single blastocyst for transfer. Patients were educated on the risks and potential serious consequences associated with twin pregnancies, the availability of a SBT incentive and the need to make a decision on the day of blastocyst transfer. As part of the incentive, free cryopreservation and limited storage of blastocysts was offered when transferring a single blastocyst regardless of pregnancy outcome. Should the SBT not result in a live birth, the facility and physicians agreed to perform a subsequent frozen-thawed blastocyst transfer cycle at no additional cost. RESULTS: The twin rate for patients with SBT was 2.7%. In contrast, the twin rate for patients declining a SBT was 78.8%. In addition, one triplet pregnancy occurred in the patient group declining SBT. All patients who elected a SBT had embryos cryopreserved. The cumulative fresh/frozen ongoing and term pregnancy rates for SBT was 74.6%. Similarly, the cumulative fresh/frozen ongoing and term pregnancy rates for patients who declined SBT and transferred two embryos was 79.9%.

CONCLUSION: Even though SBT was offered to selected patients, the average number of embryos transferred to all donor recipients and day five transfers were reduced to less than two. Participation in SBT more than doubled for patients using donor oocytes and almost doubled for patients using their own oocytes after the incentive plan was formally introduced. As part of the incentive, patients were educated on the risks and potential serious consequences associated with twin pregnancies. Should the SBT not result in a live birth, the facility and physicians agreed to perform a subsequent frozen-thawed blastocyst transfer cycle at no additional cost.

O-210
ICMART World Report on In Vitro Fertilization 2000: How Does the United States Compare?

G. Adamson, P. Lancaster, J. De Mouzon, K. Nygren, E. Sullivan, F. Zegers-Hochschild. Fertility Physicians of Northern California, Palo Alto, CA; School of Women’s and Children’s Health, University of New South Wales, Sydney, Australia; INSERM U569, Hospital de Bicetre, Le Kremlin Bicetre Cedex, Paris, France; IVF Unit, Sophiahemmet Hospital, Stockholm, Sweden; Unit of Reproductive Medicine, Clinicas las Condes, Santiago, Chile.

OBJECTIVE: To compare the results of IVF from different countries and regions of the world with those obtained in the United States for the year 2000.

DESIGN: Retrospective survey of regional, national and individual clinic registers of IVF results, including the SART/CDC registry.

O-211
Reducing the Risk of Multi-Fetal Gestation by Implementation of a Single Blastocyst Transfer Policy.


OBJECTIVE: Retrospective analysis of blastocyst transfer outcomes at our program revealed that patients transferring more embryos than many countries. While extreme caution must be exercised because of limitations of the study design, data collection and analysis in comparing different regions of the world, such data are very useful in increasing our understanding of clinical utilization of IVF and its outcomes.

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Tuesday, October 18, 2005
5:15 p.m.