For infertile couples who long to have a child of their own, in vitro fertilization, or IVF, can provide a path to fulfilling their dreams. IVF involves stimulating a woman’s ovaries to produce many eggs (super-ovulation) by injecting hormones and/or drugs. Then the eggs are harvested, and mixed with sperm in a laboratory dish. After fertilization takes place and the ova divide several times forming an early-stage embryo, a few are implanted in the woman’s uterus which is also primed with hormone treatments to make it receptive and hopefully implantation and pregnancy result.

According to the Society for Assisted Reproductive Technology (SART), as reported in an article in the current Wall Street Journal, in 2012 alone there were over 165,000 IVF procedures, and approximately 62,000 babies were born in the U.S, through the use of these procedures. This represented 1.5 percent of all U.S. births.

Although the procedure has been improved over many years, it does not always result in pregnancy, thus requiring one or more additional cycles of ovarian and/or uterine stimulation. If fertilized eggs from the first cycle have been saved, they can be used in additional attempts. However, as described in the WSJ article this can be very expensive.

Katherine Hobson, author of the article, cites SART statistics that the odds of having a baby after IVF averaged about 37 percent per cycle in 2012, with the average cost per IVF cycle of $12,400, not including the drugs, which can add thousands more.

What’s new is a procedure that requires fewer drugs and hormones a so-called minimal stimulation paradigm. This could cut the cost of a treatment cycle by 40 to 50 percent. Instead of using injectable drugs to stimulate a woman’s ovaries, a minimal protocol might use oral drugs, or milder versions of injectable ones, or a combination of the two. The drawback is that the chances of a successful pregnancy tend to be lower than with conventional stimulation. No randomized study has yet been performed that compares the success rates of the two levels of stimulation.

ACSH’s Dr. Gilbert Ross considers a minimal stimulation protocol possibly appropriate for those who cannot afford the regular procedures, but they must be made aware of the decreased likelihood of success. Hopefully future studies will help delineate for whom this procedure is most
useful, and perhaps improve the success rate, and will thus help hopeful parents make the best choices.

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