LETTERS TO THE EDITOR

Implication of the liberal use of ART in Nordic countries: should stricter guidelines be created to prevent unnecessary stillbirth and preterm delivery?

Sir,

With interest we read the article of Henningsen et al., who compared pregnancy outcomes in singleton pregnancies after ART to singleton pregnancies that were conceived naturally. The authors report a significantly increased risk of stillbirth after ART before a gestational age of 28 weeks. They conclude that in view of the fact that the increased stillbirth risk was observed before 28 weeks only, prevention of stillbirth in the third trimester might be sufficient.

We have two comments. First, the authors have acknowledged that a proportion of the cohort of women with ART singleton pregnancies (estimating background rate 1 in 10 (Henningsen et al., 2014)) initially might have had a vanishing twin. They have also acknowledged the subsequent possible implications for early stillbirths in this group. It would be crucial to know what proportion of the singletons after ART would be the result from single embryo transfer (SET) or from double embryo transfer (DET). This information is not provided, but may be available to the authors. Moreover, as SET in Scandinavia was introduced well before the end of the study period, the authors might be able to look at trends over this time.

Secondly, when the increased perinatal mortality rate before 28 weeks indeed can be linked to the use of ART, we would like to challenge the opinion of the authors on the liberal use of ART in Nordic countries, where >3% of the babies are conceived after ART, with Denmark leading the way with 4.5% of infants born through ART (Ferraretti et al., 2013). Considering the fact that many couples would conceive naturally when allowed a longer expectant management period we could imagine stricter guidelines around use of ART in Scandinavia to prevent unnecessary stillbirth and preterm delivery.

References


Reply: Implication of the liberal use of ART in Nordic countries: should stricter guidelines be created to prevent unnecessary stillbirth and preterm delivery?

Sir,

We thank Dr Hughes and colleagues for their valuable comment on our findings on the risk of stillbirth and perinatal death among ART children.

Single embryo transfer (SET) was only introduced in Nordic countries towards the end of our study period, with a delay in some countries; therefore, the majority of ART singletons in our cohort were born after double embryo transfer (DET). A follow-up study investigating trends in birth outcomes over time has recently been completed. However, we only have a few years of data with SET; unfortunately we are unable to show an impact of vanishing twins on a rare outcome such as stillbirth. Not all Nordic ART registries gathered data on the number of embryos transferred during this study period. Therefore, we are not able to estimate the proportion of children born after SET versus DET in the Nordic population. We agree that vanishing twins is an important aspect and, based on national Danish data, it has previously been shown that one in ten ART singletons is born after, what started as, a twin gestation and therefore may be effected negatively by the vanish of their co-twin (Pinborg et al., 2005).

Access to ART is high in Nordic countries and the proportion of ART children in national birth cohorts is markedly higher compared with other countries. Still it has been demonstrated that the mean length of infertility at referral to a tertiary fertility centre for couples in Denmark is 4.1 (± 2.3 SD) years and that less than one fifth of couples referred to a public infertility programme eventually conceive spontaneously (Pinborg et al., 2009). The risk of stillbirth in ART singletons has been compared with spontaneously conceived siblings in the same mother. This comparison suggests that the underlying infertility is associated with the increased risk of stillbirth and not the technology per se (Romundstad et al., 2008). Additionally, it has been shown that the risk for adverse perinatal outcomes after spontaneous conception
increases by increasing time to pregnancy. In summary, there is strong evidence that factors associated with infertility influence the perinatal outcomes of children regardless of ART treatment or not (Pinborg et al., 2013).

On a European level, the major reproductive challenge is the delay in childbearing. Hence we do not believe that expectant management of couples seeking fertility treatment with a mean female age of 34 years is the best way forward.

References


Anna-Karina Aaris Henningsen1,*, Ulla-Britt Wennerholm2, Mika Gissler3,4, Liv Bente Romundstad5,6, Karl-Gosta Nygren7, Aila Tiihonen8, Rolv Skjaerven9,10, Anders Nyboe Andersen1, Øyvind Lidegaard11, Julie Lyng Forman12 and Anja Pinborg13

1Fertility Clinic, Rigshospitalet, University Hospital of Copenhagen, Copenhagen, Denmark
2Perinatal Centre, Department of Obstetrics and Gynecology, Institute for Clinical Sciences, Sahlgrenska Academy, Gothenburg, Sweden
3THL, National Institute for Health and Welfare, Helsinki, Finland
4Nordic School of Public Health, Gothenburg, Sweden
5Department of Obstetrics and Gynecology, Fertility Clinic, St Olav’s University Hospital, Trondheim, Norway
6Department of Public Health, Norwegian University of Science and Technology, Trondheim, Norway
7Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Stockholm, Sweden
8Department of Obstetrics and Gynecology, Helsinki University Central Hospital, University of Helsinki, Helsinki, Finland
9Department of Global Public Health and Primary Health Care, University of Bergen, Bergen, Norway
10Medical Birth Registry of Norway, Norwegian Institute of Public Health, Bergen, Norway
11Gynecological Clinical, Rigshospitalet, University Hospital of Copenhagen, Copenhagen, Denmark
12Department of Biostatistics, University Hospital of Copenhagen, Copenhagen, Denmark
13Department of Obstetrics and Gynecology, Hvidovre Hospital, University of Copenhagen, Hvidovre, Denmark

*Correspondence address. E-mail: anna-karina.aaris.henningsen@rh.regionh.dk
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