

INCREASED DOSE AND DURATION OF GONADOTROPIN STIMULATION DECREASES CLINICAL PREGNANCY RATES IN FRESH IVF CYCLES.

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Abstract Body

Objective: To find the optimum length and dose of ovarian stimulation in fresh non donor IVF/ICSI cycles

Methodology: Retrospective analysis of records of 968 women undergoing fresh non donor IVF/ICSI cycles between January 2012 and June 2016 (4 years) were performed. Ovarian stimulation was done using either long GnRH agonist or antagonist protocol.

Result(s): Out of 968 cycles resulting in oocyte retrieval, 298 produced a clinical pregnancy (30.7 %). PCOS was the most common cause of infertility (37.6%) followed by tubal factor (34%), unexplained (15%), male factor infertility (9.3%) and endometriosis (4.1%). Baseline characters like age, BMI, Total antral follicle count, volume of ovary, AMH, FSH, LH were similar among the two groups. Patients with clinical pregnancy were more likely to have a blastocyst transfer, required lower doses of gonadotropins, and had a significantly shorter stimulation length. Increased duration of ovarian stimulation for the entire cohort was associated with decreased pregnancy rate (OR 0.36, CI 0.31–0.42, p=0.001). Stimulation 12 days or longer decreased the chance of clinical pregnancy by 77 % as compared to shorter cycles (OR 0.23, 95 % CI: 0.17–0.31).

Conclusion(s): Increased dose and duration of gonadotropin stimulation decreases clinical pregnancy rate in fresh IVF/ICSI cycles and milder stimulation to optimum length less than 12 days may improve pregnancy outcome in all etiologies of infertility