

# IVF clinics accused of putting money before safety

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IVF clinics in the UK are practising aggressive fertility treatments that are putting women and children at unjustified risk, experts say.

The commercially driven industry uses unnecessary procedures, high doses of powerful drugs and risky interventions to help desperate couples spending thousands of pounds to conceive.

But a milder, safer approach to IVF could provide equivalent success rates over a longer period at a lower cost and could enable the NHS to double the number of patients treated for the same budget. The UK is lagging behind other countries in adopting the approach, the experts say.

Professor Geeta Nargund, head of reproductive medicine at St George's Hospital, south London, told a conference in Copenhagen that there was increasing evidence that the standard method of IVF used in the UK, involving stimulating the ovaries with high doses of drugs to produce large numbers of eggs for harvesting, was detrimental to the health of women and caused chromosomal abnormalities in the resulting embryos.

"High-dose stimulation can have distressing side effects on the woman, the most serious of which is called ovarian hyper-stimulation syndrome (OHSS). This condition in its severe form is potentially fatal and women have died," Professor Nargund told the conference. She added: "A recent confidential inquiry into maternal deaths in the UK showed that OHSS was now one of the biggest causes of maternal mortality in England and Wales."

There were almost 30,000 cases of OHSS – which can cause chest pains shortness of breath and, in rare cases, kidney failure and death – between 1991 and 2007 in the UK, according to figures obtained from the Human Fertilisation and Embryology Authority (HFEA) in response to a request under the Freedom of Information Act.

"There is no doubt that women subjected to this kind of stimulation are at serious health risk and yet the HFEA appears to hide behind a confidentiality clause when it comes to releasing clinical complications," Professor Nargund said, speaking at the congress of the International Society for Mild Approaches in Assisted Reproduction, of which she is president.

IVF has grown increasingly popular over the last two decades with 45,000 women treated in the UK in 2010. The use of less toxic drugs to stimulate the ovaries, known as "mild" IVF, produces fewer eggs and a lower pregnancy rate per cycle. But it means recovery is quicker and patients can repeat the treatment within a month. Standard IVF takes months to recover from.

Clinics in Scandinavia, Belgium, Holland, France, Canada, Japan and South Korea have adopted mild IVF, but, in the US and UK, high-dose IVF is preferred.

"The aim should be to do no harm to the mother and the child. If we continue with expensive, aggressive, old-fashioned IVF it will exclude too many from treatment. We could double the number of patients treated at no extra cost and the complications would be less," Professor Nargund said.

Bill Ledger, former head of the IVF unit at the Royal Hallamshire Hospital, Sheffield, and a former member of the HFEA who is now a professor of obstetrics and gynaecology at the University of New South Wales, Australia, said: "It is time for a change. In the past we were so desperate to help couples have children we used high doses of drugs and put back three embryos. Now we have the luxury of good pregnancy rates it is time to emphasise safety as well as efficacy."

Professor Ian Cooke, former president of the British Fertility Society and chief executive of the Low Cost IVF Foundation, said: "We are over-stimulating women, driving the cost up and the complications up. The first aim should be to reduce complications."

Susan Seenan, deputy chief executive of the Infertility Network UK, which represents infertile couples, said: "The first thing women will want to know is what are their chances of a baby with mild IVF? If patients have to undergo multiple cycles it might mean more disappointment and upset."

A spokesperson for the HFEA said: "There is currently no data which we hold that is an accurate marker of poor clinical practice or is a predictor for the likelihood of a patient experiencing OHSS. The HFEA continues to monitor this research even though it has limited regulatory powers in this area."

## **Case study**

*Lee Cowden, a music teacher, was on holiday with her husband, Iain, a few days after receiving drug treatment to stimulate her ovaries at a London clinic, in preparation for IVF, when she felt suddenly unwell.*

I sat up in bed and told my husband I had terrible chest pains and couldn't breathe. He called an ambulance. At first, they thought it was indigestion. Then they realised I had had a heart attack."

Lee was 25 and newly married. She had known since her teens that she would need help to have a baby because she had polycystic ovary syndrome and had sought treatment at an IVF clinic soon after she was married in 2004.

Doctors concluded her heart attack was a reaction to the high dose of fertility drugs. The clinic treating her had doubled the dose after the initial one failed to work. She was told she could never have fertility treatment again because of the danger. But a year later, she started a mild course of IVF at another clinic.

"They used small doses of drugs with careful monitoring. I got pregnant at the first attempt with Molly, who is now five.

"I am amazed how women writing on fertility forums want 20 or 30 eggs so they can freeze embryos. They don't realise the risks and the sky-high cost of the drugs. I calculated I could have four cycles of mild IVF for one of standard IVF."

[infertilitynetworkuk.com](http://infertilitynetworkuk.com)