

[youtube:<http://www.youtube.com/watch?v=ooOu1JRDqA8> auto]

Archive: the article below was written in 1995, same date for the Archive video. GOOD NEWS: In the 25 years since then, IVF success rates have improved dramatically with over 6 million births as a result globally. By 2019, the best UK IVF clinics were seeing 50% of IVF cycles in younger women resulting in successful birth of a baby, but the worst performing clinics still only achieving 15% success rate or less after a single cycle. Reasons are unclear for this huge difference - but probably include better training, better lab facilities, better culture media and so on. But to put this into context, the normal process of conception has far higher failure rates.

Infertility continues to increase relentlessly as more women put off the age at which they start trying to conceive, increasing by an average of one month every year. Then there is the impact of obesity and infections such as chlamydia.

Expect huge growth of IVF in Asia - China alone already carries out almost as many IVF cycles as the whole of Europe - doubling every 5-10 years. Expect many new innovations and rapid growth of national / global chains of IVF clinics, with higher success rates and lower costs.

Expect further debate about regulation and ethics. For example, should there be a limit on age of a woman receiving an embryo? Questions about child safeguarding in some unusual parenting situations. To what extent should embryos be selected on basis of their genetic code, given that we have already identified genes linked to risks of hundreds of diseases, and others which are associated with eye colour, increased likelihood of mental illness, athletic capability, musical talent, extreme shyness or of being convicted of murder.

1995 Article:

Ever since the first test-tube baby was born in 1978 there have been hopes that almost every couple could one day have their own children, but the reality is far different. The failure rates with IVF can be appalling in some clinics, yet couples continue to spend a small fortune seeking help because they see it as their only hope.

The IVF industry is powered by photographs of beautiful babies held by proud parents, and being childless is so traumatic for many that almost any cost can seem worth paying. And indeed the birth of a desperately wanted child is a priceless miracle for a couple who have otherwise given up all hope apart from IVF. Every year many thousands of couples become delighted parents through IVF. This is a trully wonderful thing.

However there have been growing rumbles for some time that parts of the IVF industry are running out of steam with low success rates in some centres, high costs, serious drug-related side effects and poor regulation in some nations, for example over persuading women to "sell" their eggs for free treatment.

Now these fears are confirmed in a damning IVF report by the Centre for Bioethics and Public Policy published. This follows a fierce debate on health rationing with at least one health authority banning infertility treatment on the NHS.

Critics of this decision may be forced to think again. After all, what is the point of pouring large amounts of money into IVF techniques which hardly work? Of course the answer is to invest in clinics that are getting the best results.

Infertility is common and distressing. One in six of all couples seek medical help because of childlessness, and one in twenty will never have a child despite all that medicine can offer. Thus it entangles the emotional and physical lives of tens of thousands of people every year, affecting their sex lives, causing tension in relationships, creating guilt, embarrassment and feelings of shame or inadequacy.

The commonest reason for infertility in women is Pelvic Inflammatory Disease (PID) which now accounts for one in five of all gynaecological admissions.

This chronic and sometimes silent infection is often caused by ly transmitted organisms such as gonorrhoea or chlamydia which can damage the fallopian tubes.

Other causes include infection from abortion, contraceptive coils or giving birth.

Even where damage is slight, surgical repair has a success rate that can be as low as 10-20%. The alternative is IVF where the ovaries are stimulated, eggs are collected through an endoscope, fertilised, cultivated and replaced.

Such treatment cycles take place around 30,000 times a year in Britain, at a cost of up to £2,500 each. The industry has a £75 million turnover, yet success rates are so low that if this were any other area of medicine, the IVF clinics would probably be closed down.

Pregnancy rates per IVF cycle of 25% or more are quoted by Dr Mercia Page, Medical Director of Serono Laboratories, which has 80% of the market in infertility drugs. However she admits that this figure is achieved only by "good" clinics with women under forty and men with normal fertility. She said last week that live birth rates "are as good or better per cycle as nature".

Similar claims are made by others in the industry but the reality is that a mere 12.7% of treatment cycles in many clinics actually result in a live birth of a baby, as thousands of couples are discovering to their cost. Even more disturbing is the fact that the birth rates for individual IVF clinics over a six month period can vary from 0% to 50% according to recent reports of the Human Fertilisation and Embryology Authority (HFEA).

There is nothing at all controversial in medical treatments with low success rates: indeed we see it all the time for some kinds of [cancers](#) but of course we plough on, striving for better. The difference is that when it comes to IVF in countries like the UK, the treatments are usually private, not covered by state care nor by medical insurance, the couple are paying out of their own pockets, and the pressures are there for clinics to keep busy even when their own success rates are not as good as the people they treat may be hoping. And the treatments are very expensive.

Two mums and one dad make one baby

There are more than sixty clinics and each is required to supply figures for treatments and

outcomes, but despite many requests the HFEA has until very recently refused to publish a league table. The official reason was that the type of people treated varies between clinics so comparisons would be meaningless. However there is also growing evidence that HFEA data is incomplete and inaccurate.

There is "wastage" at every stage in IVF cycles: one in five yield no eggs at all; where eggs are removed some do not get fertilised, and 90% of embryos replaced do not survive. Of those that do, a few develop into life-threatening ectopic pregnancies requiring urgent abortion, while others miscarry.

IVF latest news - summary of 100,000 publications

The number of perinatal deaths is also double the national average, partly because multiple pregnancies are so common with IVF and often result in premature delivery.

Severe drug reactions from hyperstimulation of the ovaries are also a real problem. One woman in twelve per cycle has mild symptoms, but two in every hundred are so ill that they need hospital admission with severe pain and sometimes shock from loss of blood volume.

However the biggest costs of all are not money nor health risks, but the emotional roller-coaster with drug treatment, egg removal, sperm supply, embryo replacement, freezing of surplus embryos, high hopes and crushing disappointment. Once again, these are often played down when clinics are advising couples for the first time.

It is a strange irony that while more and more couples cannot conceive naturally, some 170,000 pregnancies end in abortion and a generation that would have been offered for adoption after birth are no longer available. Therefore IVF for many is a last chance.

Adoptions have fallen rapidly from 23,000 a year in 1974 to 6,500 in 1990 while demand has soared. The supply has almost ceased for white couples wanting a normal baby.

While the stigma of single parenting is fading, society as a whole is still very unforgiving of a brave mother who decides that her unwanted foetus will continue to live, to be cared for after birth by adoptive parents.

Any woman who dares admit that she recently gave her baby away for adoption is likely to be met with a stunned silence. The acceptance of single parents has actually made it more difficult for mothers who do not wish to parent their children at all.

The result is that many couples wanting to adopt are now facing a second nightmare: having waited years before trying to have a family, lost several more hoping for a natural pregnancy, and spent their life savings on IVF, they only turn to adoption in their mid to late thirties.

Faced with a waiting list of up to ten years for a healthy baby, many are being offered older children in care instead. Since the government spends £1 billion a year looking after such children, and since adopted children are fed, clothed and housed by their new parents, there is a financial logic to this, as well as improving child welfare.

But emptying children's homes is no answer to the epidemic of childlessness.

Part of the solution to the pain of infertility is to get across the message that having a child adopted after birth can be a socially responsible and loving step to take.

In the absence of a medical breakthrough there needs to be a complete rethink about social solutions to childlessness, rather than just expensive techniques. And more attention must be given to health, preventing Pelvic Inflammatory Disease in the first place.

* Dr Patrick Dixon is author of *The Rising Price of Love* published by Hodder.

