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NATIONAL PERINATAL ASSOCIATION URGES IVF CLINICS TO REDUCE INFANT HEALTH RISKS AND COSTS BY PRIORITIZING ELECTIVE SINGLE EMBRYO TRANSFER

Binghamton, NY –For the first time in its history, the National Perinatal Association (NPA), representing U.S. Neonatal Intensive Care Unit (NICU) professionals and parents of babies cared for in NICUs, is urging reproductive endocrinologists and health insurance companies to reduce serious health risks resulting from in vitro fertilization procedures. In particular, they urge greater use of the safer elective single embryo transfer now recommended by the American Society for Reproductive Medicine.

The NPA's new Position Statement on the Ethical Use of Assisted Reproductive Technologies (ART) was just released in the March 2014 edition of the journal, *Neonatology Today*. It calls for more transparent and multidisciplinary patient education, counseling and informed consent practices, along with expanded public awareness about higher rates of serious health, emotional and financial risks associated with ART and multiple birth pregnancies. The NPA is recommending that health insurance companies provide reimbursement only when clinics meet "professional standards" and report mandated success rates annually to the Centers for Disease Control and Prevention (CDC).

"The NPA represents medical professionals in this country responsible for providing care to thousands of ART/IVF babies that are admitted to the NICU because they were born prematurely or with grave health problems," said Bernadette Hoppe, president of the NPA and a co-author of its ART Ethical Statement. "Despite reductions by some clinics in the number of embryos being transferred, ART/IVF multiple births continue to significantly outnumber those occurring among naturally conceived infants. Our colleagues witness the devastating consequences that multiple births and lengthy NICU stays have on families."

New data from the Society for Assisted Reproductive Technologies shows that 61,740 ART babies were born in 2012 through its 379 member clinics, and that roughly anywhere from 28,000 to 30,000—or 45 to 48 percent—were multiples consisting of twins, triplets or more. [i] The latest and most comprehensive data from the CDC's *Assisted Reproductive Technology Surveillance* 2010 report indicates that nationwide that year, of the 61,564 babies born through ART, 46.4 percent or 28,566—were multiples, compared to only three percent among naturally conceived infants.[ii]

Risks linked to ART multiple births resulting from more than one embryo transfer or ovarian induction and hyper stimulation include: higher rates of premature and very premature birth, low and very low birth weight, neonatal respiratory distress syndrome, heart conditions, sepsis, perinatal encephalopathy, genetic disorders, stillbirth, extended stay in the NICU, and neonatal death before 28 days. Premature birth carries long-term implications for children's growth and development, their aptitude for learning and their overall health. [iii]

“Compared to naturally conceived infants, a disproportionate number of ART singletons, twins and triplets are born prematurely or with health problems, and many spend weeks to months in the NICU,” said Dr. Raylene Phillips, a neonatologist at Loma Linda University Children's Hospital and a co-author of the NPA's ART Ethical Statement. “Unfortunately, many parents have not been properly informed about the potential health vulnerabilities and financial burdens involved in multiple embryo transfers and births. As a result, families are unprepared and often do not procure adequate health insurance. In some cases, the State picks up hospital charges.”

Across the U.S., hospital charges for multiples are significantly higher than for singletons. In a November 2013 report published in the [*American Journal of Obstetrics and Gynecology*](#), researchers found the average charges of all multiple births in the U.S. to be 20 times higher than singleton births: \$21,000 per singleton infant compared to \$105,000 for each twin infant and \$400,000 or more for each triplet. [iv] A February 2014 study by Merritt, et al, published in the [*Journal of Perinatology*](#) [v], reported similar findings for the state of California, which has the largest number of fertility clinics in the country. Statewide from 2009-2011, there was a 24- to 27-fold increase in multiple births and significantly higher rates of preterm births, lower birth weights, fetal anomalies and stillbirth among infants born through ART or artificial insemination (AI) compared to babies conceived naturally. A case study from Loma Linda University Medical Center found that hospital and physician's fees were 50 times higher or more to care for ART babies compared to infants in the normal nursery.

Additional recommendations from the new NPA ART Ethics Statement include:

- Prior to initiating treatments, couples should receive counsel from a multidisciplinary team consisting of representatives from maternal fetal medicine, neonatology, genetics and psychology, to help ensure that prospective parents accurately understand the physical, emotional and financial risks associated with multiple ART births.
- Grief counseling should be available to address issues relating to infertility and treatments.
- Patients should be counseled about the need for adequate health insurance, and educated about the well-documented higher rates of multi-fetal gestations, premature births, low birth weight infants, and a higher risk for selective birth defects and imprinting disorders that often result in substantially higher NICU costs, and long-term care costs for children born prematurely or with disabilities.
- Proximity to a NICU should be ensured to maximize optimal birth outcomes.
- Patients and surrogates/gestational mothers should receive independent legal counsel.
- Financial transactions between intended parents and gestational mothers should be governed and taxed according to state regulations.

- Medical tourism for the purpose of hiring a gestational mother abroad should be discouraged.
- State regulatory agencies that license and provide oversight for collection and use of human tissue should provide the same level of oversight for sperm banks, the selling of human eggs and egg ‘donation.’

About the National Perinatal Association:

The National Perinatal Association gives voice to the needs of pregnant women, infants, their families and healthcare providers by bringing to together stakeholders that, collectively, can have the greatest positive impact on perinatal care in the United States. We accomplish this through convening partners and stakeholders, facilitating multidisciplinary information and education sharing, and advocating for integrated policy solutions that benefit all. To learn more visit www.nationalperinatal.org

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[i] https://www.sartcorsonline.com/rptCSR_PublicMultYear.aspx?ClinicPKID=0

[ii] *Surveillance Summaries*, December 6, 2013 / 62(ss09);1-24,
http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6209a1.htm?s_cid=ss6209a1_e

[iii] March of Dimes, <http://www.marchofdimes.com/baby/premature-babies.aspx>

[iv] *American Journal of Obstetrics & Gynecology*, news release, Nov. 11, 2013, <http://consumer.healthday.com/women-s-health-information-34/birth-health-news-61/multiple-single-births-costs-ajog-release-batch-1013-681994.html>

[v]“Impact of ART on Pregnancies in California: An Analysis of Maternity Outcomes and Insights into the added burden of Neonatal Intensive Care,” *Journal of Perinatology*, DOI: JP.2014.17,
<http://www.nature.com/jp/journal/vaop/ncurrent/full/jp201417a.html>; <http://www.ncbi.nlm.nih.gov/pubmed/24556981>