

17th World Congress of the Academy of Human Reproduction

15–18 March 2017
Rome, Italy

TITLE

DOES USING THE COMBINED ORAL CONTRACEPTIVE PILL FOR SCHEDULING IN THE GNRH ANTAGONIST PROTOCOL FOR IVF/ICSI REDUCE THE PREGNANCY RATE?

AUTHOR/S

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ABSTRACT

Context

Oral contraceptive pills (OCPs) are not commonly used for cycle scheduling in gonadotropin-releasing hormone (GnRH) antagonist cycles. While they allow better workload distribution and greater convenience in in vitro fertilisation (IVF) units, their effect on the pregnancy rate in GnRH antagonist cycles is uncertain.

Objective

This study aims to evaluate the effect of OCP pretreatment on cycle outcomes and in particular, pregnancy rate.

Methods

This was a retrospective cohort study in a university teaching hospital.

Patients

All 249 consecutive patients under the age of 40 who underwent treatment using the GnRH antagonist protocol from 13 January 2014 to 23 November 2015 were included.

Interventions

Patients in whom the OCP was used for cycle scheduling were treated with Microgynon 30 for 14-21 days starting on day 1 of menses.

Main outcome measures

Clinical outcomes and cycle characteristics were compared between patients with and without OCP pretreatment.

Results

INSTITUTE

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The OCP and non-OCP groups were similar in terms of age, body mass index, parity, primary cause of infertility and proportion with polycystic ovarian syndrome. No significant difference in clinical pregnancy rate between OCP (42.4%, n=132) and non-OCP (43.2%, n=132) groups was observed. However, the OCP group required a longer duration of ovarian stimulation than the non-OCP group (11.6 ± 1.9 versus 11.1 ± 2.2 days, $p=0.03$). There were no significant differences between the two groups in terms of the number of oocytes recovered per cycle, fertilisation rate and ongoing pregnancy rate.

Conclusions

Our results suggest that pregnancy rates are comparable between patients with and without OCP pretreatment. OCP pretreatment does not appear to have a detrimental effect on clinical and ongoing pregnancy rates in patients undergoing the GnRH antagonist protocol.