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TITLE

THE POOR RESPONDER IN IVF: IS THE PROGNOSIS ALWAYS POOR?

AUTHOR/S

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ABSTRACT

Context: In IVF treatment a considerable proportion of women are faced with a low number of oocytes retrieved. These poor responders have reduced pregnancy rates compared with normal responders. However, this may not be applicable to all poor responders.

Objectives: Our aim was to investigate prognostic factors and IVF outcome of these poor responders.

Methods: 54 IVF cycles. Poor response was defined by the presence of at least one of defined characteristics.

Patients: The present study included 54 cycles from an equal number of women with a poor ovarian response and successful oocyte retrieval.

Interventions: IVF cycles.

Main outcome Measures: Fertilization rate, Pregnancy rate and miscarriage rate

Results: We obtained 249 oocytes in the 54 IVF cycles. The fertilization rate was 59.2%. Four oocytes per cycle were retrieved in 54 cycles, in 5 cycles (9.61%) no fertilization was achieved. An embryo transfer was finally performed in 50 out of 54 cycles, the mean number of transferred embryos was 2.2 ± 1.6 . Pregnancy rate was 16%. The miscarriage rate was 26% per transfer. Overall, we found significantly higher basal levels of FSH in non pregnant women (10.5 ± 3.2 versus 8.3 ± 3.9 UI/L). The effect of female age on the prognosis in poor responders shows that older poor responders have lower pregnancy rates ($p > .001$) but a significant higher birth rate compared with younger poor responders.

Conclusion: Poor responders are not a homogeneous group of women with regards to pregnancy prospects. Female age and number of oocytes retrieved in particular will modulate the chances for pregnancy in current and subsequent cycle. Our data demonstrate that continuation of therapy in poor responders undergoing IVF can be an option despite the low pregnancy rates. The prognosis of these patients is not affected by a poor response and for some of them the outcome can be favorable.

INSTITUTE

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