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TITLE

DOES THE SECOND EMBRYO TRANSFER IN DET IMPROVE ART RESULTS?

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ABSTRACT

context: There is no consensus about pregnancy rates differing or not significantly whether a poor-quality embryo is added to the transfer of one good-quality embryo.

Objective: Does the quality of the second embryo in double transfers (DET) influence in the success of ART cycles?

Methods: Retrospective analysis of data regarding 88 IVF Cycles between 2013 and 2016, using GnRH- antagonist protocol with DET and transfer of at least one top quality embryo. We classified the embryos on day 3, taking into account multiple morphological criteria in three categories based on ASEBIR classification.

Patients and interventions: Study population was women under 40 years with primary sterility. We divided DET transfers: Group I (n=38) contains two grade A embryos, Group II (n=25) contains one A and one B, Group III (n=25) contains one A and one C. Clinical pregnancy, duration of gestation, and birth complications rates were evaluated.

Main outcome measures / results: Clinical pregnancy rate per transfer during that period was 37,5%. Rates were 34,2%, 44% and 36% for Group I, II and III respectively. There was an important difference in multiple pregnancy rate (30%, vs 9% vs 11%) if two top embryos were transferred (group I). Miscarriage rate was lower (9,1%) in group B (30,8 % group A, 22,2 % group C). Analysis of preterm delivery rate, duration of gestation and complications revealed no differences in groups except Gestational Diabetes (15,4% vs 0 % vs 33,3%).

Conclusions: Our results suggest that, there has neither been an embryo – helping nor embryo –detrimental effect in double transfers. But there is a higher number of twin pregnancies (30%) when we transfer top embryos (AA). Double embryo transfer should be thought with some concern, particularly in young patients. This information should be considered in the counseling of patients concerning DET vs SET.

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