Women & Children's Business Unit Maternity Management of Pregnancy Following Assisted Conception	
Author/s	Obstetric Guidelines Group
Contact name	Janet Cairns Clinical Governance Midwife
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Consultation Process
Obstetric Guidelines Group/Labour Ward Forum/Clinical Director

Scope of guidance	
Clinical condition	Pregnancy following assisted conception
Patient Group	All women who have a successful pregnancy following IVF treatment
Professional Group	All midwives/medical staff within the Hull & East Yorkshire NHS Trust
Approved by	**Name: Mr Piotr Lesny Obstetric Consultant Lead for Guidelines** **Signed: Date:**
Ratified by	**Name: Dr Mary Barraclough Clinical Director** **Signed: Date:**
Distribution List	All Obstetricians within the Women and Children's Business Unit. Clinical Director Head of Midwifery Midwifery Sisters and Matrons for consultation with midwives
Dissemination	Via Clinical Governance Midwife

References

Aids to Obstetrics and Gynaecology, Fourth edition (ed.) G. M. Stirrat. 1997
Beral V, Doyle P. MRC Working Party on Children Conceived by In Vitro Fertilization: births in Great Britain resulting from assisted conception. 1978-1987. BMJ 1990; 300
Bergh T, Ericson A, Hillensjo T, Nygren K-G, Wennerholm U-B. Delivery and children born after in-vitro fertilization in Sweden 1982-95. The Lancet 1999. 354
HFEA Report 2005. Human Fertilisation and Embryology Authority. United Kingdom
Rizk B. The outcome of assisted reproductive technology. In A textbook of In Vitro Fertilization and Assisted Reproduction, Second edition (ed.) P. R. Brinsden. 1999
SART Report 2000. Fertility & Sterility.

Broad Recommendations

To ensure that women who have undergone assisted reproduction which has resulted in a successful pregnancy should be managed as per these guidelines

Equity and Diversity

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way that respects the needs of each individual and does not exclude anyone. By demonstrating these beliefs the Trust aims to ensure that it develops a healthcare workforce that is diverse, non discriminatory and appropriate to deliver modern healthcare.	
Page 2	Background information, Antenatal and Intrapartum Care
Page 3	Overall outcome of IVF pregnancies compared to natural conception.

Background Information:
IVF means fertilization outside the body in a test tube. Conventional or standard IVF treatment involves the administration of fertility drugs, monitoring of the cycle, collection of eggs, mixing eggs and sperm together outside the woman's body in a culture dish or test-tube. Any resulting embryos are left to grow and the best 2-3 embryos are then transferred into the woman's womb. Any remaining embryos of good quality may then be frozen for future use. In the United Kingdom a maximum of three embryos are replaced. IVF is basically a safe procedure. However, a few patients will experience side effects and complications. The most common complications associated with IVF treatment are the failure of treatment, problems experienced as a consequence of ovarian stimulation, the risk of multiple pregnancy, the risks associated with egg collection and the possibility of ectopic pregnancy. As with all normally conceived pregnancies, complications may occur following IVF treatment.

Antenatal Care
All women who have undergone assisted conception will be booked under consultant led care where birth at the consultant led unit is recommended - ref guideline for 'Antenatal Assessment and Choice of place of Birth'
http://intranet/guidelines/guidelines/113.pdf

The majority of the antenatal care will be undertaken by midwives in the community if appropriate. The consultant obstetrician will see the woman at:

- Singleton: 28 weeks & 34 weeks after ADU assessment, 39-40 weeks
- Twins: 20 weeks, 28 weeks and every 2 weeks
- Glucose tolerance test at 27 weeks for women who have polycystic ovary syndrome, consultant to see at 28 weeks to discuss results

Intrapartum care
The consultant obstetrician will discuss and document in hand held records any decision about induction of labour, and subsequent plans of care.
Labour will be managed as per guideline for management of labour
http://intranet/guidelines/guidelines/76.pdf

The table below summarizes the overall outcome of IVF pregnancies compared to natural conception.

	IVF pregnancy	Natural conception	Comments
Miscarriage	14-30%	15-20%	Slight increase, due to older age.
Ectopic pregnancy	1-11%	0.2-1.4%	Increase due to many factors.
Preterm delivery	24-30%	6-7%	Four-fold increase.
Small birth weight	27-32%	5-7%	Five-fold increase.
Stillbirth rate	1.2%	0.6%	Two-fold increase.
Perinatal death	2.7%	1.0%	Two-fold increase.
Congenital abnormalities	0.8-5.4%	0.8-4.5%	No significant increase.
Caesarean section	33-58%	10-25%	Increase mainly because of multiple pregnancy and woman's age.
Multiple pregnancy			
Twins	24-31%	1.2-4.5%	Increase due to higher number of embryos transferred.