

Joint statement by the Multiple Births Foundation, British Fertility Society, Human Fertilisation and Embryology Authority, Fertility Network UK and the Royal College of Obstetricians and Gynaecologists, on the publication of the National Guideline Alliance report into the costs of multiple pregnancies.

The birth of any child is a wonderful occasion and the outcome we aim for with all fertility treatment. Although live births from IVF treatment have increased steadily over the 40 years since the world's first IVF baby Louise Brown was born, giving great joy to many, IVF has also contributed significantly to an increase in multiple births.

There is now an international consensus that multiple pregnancy is the biggest risk associated with IVF but the good news is that with the elective single embryo transfer the rate of twin pregnancies has decreased while the IVF (?) birth rate has been maintained.

In the UK, this has been achieved through a very effective collaboration between the Human Fertilisation and Embryology Authority, professional and patient organisations, and the fertility clinics which now all have multiple birth minimisation strategies.

Clinical Commissioning Groups (CCGs) should ensure that the practice of elective single embryo transfer is a key factor in the commissioning of all NHS funded IVF cycles and should be promoted as the gold standard in all their policies, chiefly to ensure the best and safest outcomes for mother and babies.

The paramount concern about multiple pregnancies is the increased risk for mothers and babies through complications in the pregnancy and preterm birth, and the reason why we are aiming to continue to reduce iatrogenic multiple pregnancies.

However, there is also a financial cost and this report into the costs of twin pregnancies, launched today [LINK], shows that twin births are, on average, almost three times as expensive as singleton births, costing the NHS millions of pounds each year.

So the time has come for CCGs to take seriously the issue of incentivising single embryo transfer in IVF, and use public funding for IVF in line with the NICE guideline.

The report – collectively commissioned by the Multiple Births Foundation, British Fertility Society, Human Fertilisation and Embryology Authority, and Fertility Network UK, and produced by the Royal College of Obstetricians and Gynaecologists' National Guideline Alliance - finds that for every 10% reduction in the current rate of multiple births, £15million could be saved by the NHS. At a time when public funding for assisted reproduction is increasingly limited, these are significant savings.

Not only would promoting single embryo transfer greatly reduce the risks of IVF treatment for mother and child and improve safety and quality of care, it would lead to significant savings for the NHS.

By quantifying the costs of a multiple pregnancy and birth throughout the main stages of antenatal care, birth, neonatal care and long-term post-birth care, the report shows that the average cost to the NHS is £13,959. This is compared with an average singleton birth cost of £4,892 over the same stages, meaning the cost of two singleton births is less than for one twin birth.

With over 12,000 multiple births each year in the UK, compared with fewer than 8,000 in the late seventies and early eighties, the report shows how assisted reproduction continues to impact upon national birth figures, with a correlation between the development of IVF 40 years ago and a marked increase in the number of multiple births as a proportion of overall births.

This figure would be higher still if not for the concerted and widespread efforts made to reduce the number of multiple embryo transfers being undertaken in UK fertility clinics. This has led to a drop in the multiple birth rate in assisted reproduction from 24% in 2007 to 11% today. However, more work is needed to reduce multiple embryo transfer rates even further.

Jane Denton, Director of the Multiple Births Foundation, said:

“The Multiple Births Foundation has provided advice and support for families of twins and more for over 30 years to help them with the practical, emotional and financial aspects of caring for multiple birth children. Very sadly our work involves helping many bereaved parents when one or more babies die and helping those with children with disabilities and long term medical conditions resulting from preterm birth.

Our main priority is to reduce the risk for mothers and babies while providing the best possible chance for all those needing fertility treatment of having a longed for healthy baby. While this report focuses on the financial cost of multiple births, it is the cost to the health mothers and babies which is paramount.”

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Sally Cheshire, Chair of the Human Fertilisation and Embryology Authority, said:

“The birth of any child is a joyful and rewarding experience, and at the HFEA we want as many IVF patients as possible to be successful in creating their much longed-for families.

“But it is simply a fact that multiple births carry much higher risks to patients and babies, and cost more to the NHS. That’s why we have worked hard with fertility professionals to reduce multiple birth rates from 24% ten years ago, to almost 10% today.

“This report is intended to inform commissioning decisions and reinforce the progress already made, so that the risks to patients and costs to the NHS, and society as a whole, are minimised. For all these reasons the aim of IVF treatment should be the birth of a single healthy child.”

Aileen Feeney, Chief Executive of Fertility Network UK, said:

“Fertility Network recognises the work that has been made in recent years in reducing the number of multiple births following IVF treatment in the UK. However, we are concerned that further progress will be limited if the lack of access to NHS fertility services in England continues to drive patients overseas for fertility treatment - where different regulations around the number of embryos that can be transferred means the risk of multiple pregnancies is much higher. We urge the government to commit to funding the recommended treatment of three full IVF cycles for clinically eligible women under 40.

In England, the vast majority of clinical commissioning groups (CCGs) – 88.5 per cent - do not offer three full IVF cycles; in Wales, women under 40 are entitled to just two full IVF cycles; in Northern Ireland, women under 40 are offered just one partial IVF cycle. Only Scotland offers the gold standard of fertility treatment: three full IVF cycles for women under 40 (as recommended by the National Institute for Health and Care Excellence), plus access for couples with children from previous relationships.

In England, seven CCGs (3.4 per cent) have removed or suspended all NHS IVF; 61.5 per cent of England’s CCGs offer either one full or one partial IVF cycle; 23.6 per cent of England’s CCGs offer two IVF cycles and 11.5 per cent of England’s CCGs offer three full IVF cycles. Since Oct 16, 28

CCGs (13.4%) have slashed services (either cut the number of cycles they offer or introduced stricter access criteria) and 19 CCGs (9.1%) are currently consulting on cutting or removing NHS fertility treatment.”

Dr Jane Stewart, Chair of the British Fertility Society, said:

“This important document has for the first time demonstrated the financial benefits to the NHS and commissioners of obstetric care of the One-at-a-Time strategy embraced by fertility specialists and patients in the UK. There remains a drive for patients to consider “taking a risk” when they are self-funding complex treatment to complete their much wanted family. Clear guidance on the “cost” of that risk to them emotionally and physically is important but how much easier would that discussion be if treatment was equitably and appropriately funded so that the one-at-a-time advice did not carry that financial dilemma. With millions already saved is it not time to invest into the future of excellent fertility care by providing properly funded safe treatment in the UK for all those that need it?”

Professor Lesley Regan, President of the Royal College of Obstetricians and Gynaecologists (RCOG):

“We welcome this important analysis which demonstrates the considerable financial costs of multiple pregnancies in the UK. At almost three times the cost of a single pregnancy, the strain twin pregnancy places on women, families, the NHS and wider society can be immense, as can the emotional and psychological costs.

“Transfer of multiple embryos is often performed during IVF due to a perception that this will increase the chances of success. However, developments in IVF technology and practice have improved the live birth rate for single embryo transfer, allowing success rates to increase while lowering the multiple birth rate and associated complications. The multiple birth rate in the UK in 2016 had fallen to 11%; however, further action is needed to lower the rate even more to be in line with other countries such as Sweden, which achieved a multiple birth rate of 4.9% in 2011.

“The RCOG has been calling for government funding of three full IVF cycles – as recommended by national guidelines – since it is regarded to be the most important factor in maintaining low rates of multiple pregnancies following treatment and reduce associated complications for mothers and their babies. This would provide a greater incentive for IVF centres and their patients to adopt single embryo transfer more regularly. Reducing multiple pregnancies would significantly improve the health of mothers, their babies and families, take pressure off NHS services and contribute to national financial savings.”

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