

Important Notice

This document may be protected by copyright laws. It is provided for the purpose of personal research **only and is not to be distributed or made publicly available.**

UWO doctor urges better IVF funding

Many women can't afford it

May 16, 2008

HELEN BRANSWELL

Health-care systems in Canada should follow the example set by those of other developed countries and fund the cost of in-vitro fertilization (IVF) for women having difficulty conceiving, a University of Western Ontario medical ethicist argues in a commentary published yesterday.

The added expense would be more than offset by a drop in the number of triplets, quadruplets and other multiple-birth infants who need intensive and expensive care in neonatal intensive care units because they were born weeks premature, Dr. Jeff Nisker wrote in an article published in the *Journal of Obstetrics and Gynecology Canada*.

Canada is a world leader in high-order multiple births, said Nisker, who suggested part of the reason is that women who cannot afford the full cost of IVF are taking fertility drugs in the hopes of enhancing their chances of getting pregnant.

"Women who are denied IVF frequently will take fertility drugs without the protection of IVF and single-embryo transfer and they'll wind up with triplets or quadruplets," said the professor of obstetrics and gynecology and co-ordinator for medical ethics and humanities at UWO.

Many developed countries pay some or all of the cost of IVF treatment, he suggested, noting even American HMOs (health management organizations) pick up these expenses. But in Canada, he said, only Ontario pays for IVF, and only then for women who have complete blockages in both Fallopian tubes. Coverage is limited to three cycles.

At an estimated \$10,000 a cycle -- and with no guarantee of success even after multiple cycles -- IVF can be out of reach for many women who desperately want to have children. Some women and couples can afford one, two or perhaps three cycles. But if a pregnancy doesn't result, they can find themselves forced to give up.

Some of these women will find doctors willing to prescribe fertility drugs. But if used outside of an organized IVF plan, multiple embryos may result. That should not be the case in pregnancies resulting from organized IVF programs, Nisker said.

Joint guidance from the Society of Obstetricians and Gynecologists of Canada and the Canadian Fertility and Andrology Society advises that only a single fertilized embryo be implanted for each IVF cycle, except in rare circumstances. High-order multiple births are often born weeks premature and in need of care in neonatal ICUs.

© London Free Press