SL 12 You can have as many embryos transferred as you like, but only one at a time

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Context - To promote elective single embryo transfer (eSET)
Objective - To show that elective Single Embryo Transfer (eSET) results in the best outcome
Methods - Review of the complications of multiple pregnancies
            Review the pregnancy rates with eSET
Patients - Initially, IVF was performed in natural cycles with single embryo transfers and very low success rates. Steptoe & Edwards undertook 102 ETs before the birth of Louise Brown. With the introduction of stimulated cycles and the production of several embryos, multiple embryo transfers became possible and pregnancy rates per transfer improved. The transfer of multiple embryos resulted in multiple pregnancies, with their associated complications.
Results- The reviews of the obstetric outcomes of multiple pregnancies makes it obvious that it is not in the best interest of the child to be conceived in this way. High multiples are the riskiest, but even twins have a much worse outcome than singleton pregnancies. In a study of 747 sets of IVF twins in our unit, the perinatal mortality per 1000 births was 6.5 if delivered over 37 weeks, 8.0 for 33 to 36 weeks, 41.7 for 29 to 32 weeks, and 500 for under 28 weeks births. In a retrospective study of 34035 single or double embryo transfer cycles in women in Australia during 2004-2007, the pregnancy, live delivery and "healthy baby" (liveborn term singleton of >= 2500 grams birthweight and without congenital anomaly) we reported showed that sSET had significantly higher rate of "healthy baby" per transfer cycle than sDET in women aged younger than 40 years.
Conclusions- The use of eSET is the best and safest approach to IVF in 2015. The late David Healy's idea that "The singleton, term gestation, live birth rate per cycle initiated: the BESST endpoint for assisted reproduction" is alive and well.