

SUCCESS RATES

The different steps in any treatment of assisted reproduction are important for the outcome of the treatment cycle. The main variables influencing a successful outcome are namely the laboratory maintenance and quality control, expertise of the clinician and embryologist and the extent of the infertility problem of the patient. Each couple is an individual by themselves and what applies to one may not apply to the other. Success rates will definitely vary between clinics, largely influenced by the type of infertility problems the clinic deals with—they may handle cases which need just a basic evaluation and little help with ovulation induction or they may have been seen several times elsewhere and failed. At our centre we deal with a major population belonging to the latter. When we say extent of the problem, it may involve both male and female factors and also an important variable such as age of the female which largely influences the outcome. As the age advances the maternal oocyte cohort and quality decreases and contributes significantly to success rates. Similarly male factor is the other end of the spectrum where a lot of counseling and evaluation is provided to help the couple achieve the best possible outcome. Hence throughout a treatment cycle the most important goal is to treat the couple as successfully as possible and also to have as little impact as possible on the woman's health. The most important measure of success is, however, the delivery of a healthy child!

Important Definitions

Preclinical / Chemical pregnancy

An early loss that ends before the next period is due. There are usually no pregnancy symptoms, but a blood test can reveal small amounts of the pregnancy hormone HCG. Some studies indicate that preclinical pregnancy loss more likely reflects abnormalities in uterine receptivity rather than embryo quality.

Clinical pregnancy

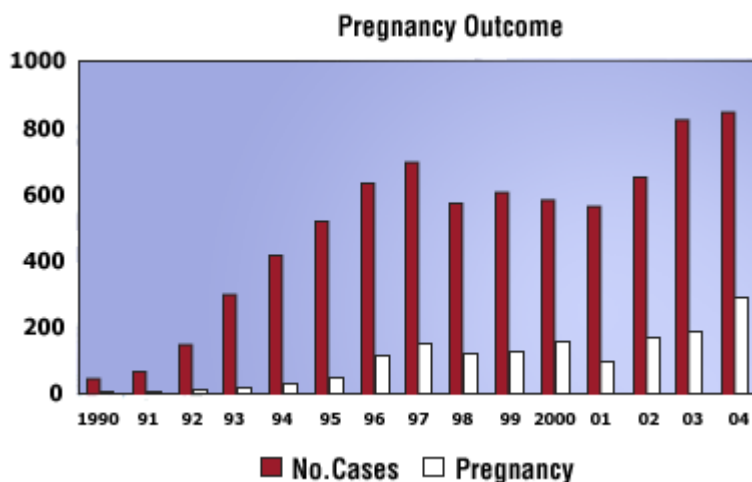
An early sign of pregnancy where a sac is visualized by Trans-vaginal ultrasound on the 37th or 38th day, that is, a week after the second test of β -HCG is completed. A heartbeat is normally seen at 42-45 days of pregnancy. This is taken as a surety for clinical pregnancy.

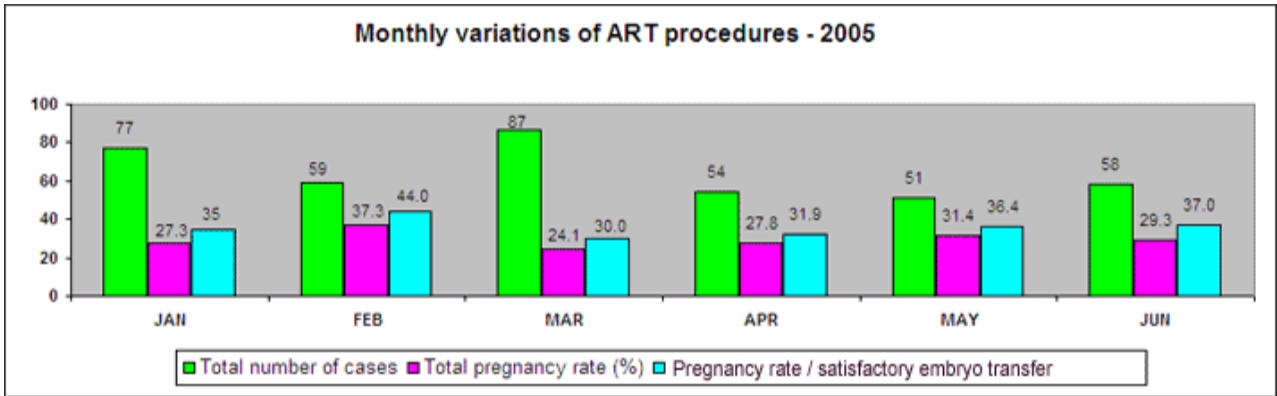
Live birth rate per transfer

This is the most accurate assessment of success where the transfer culminates in a healthy baby (Take home baby rate).

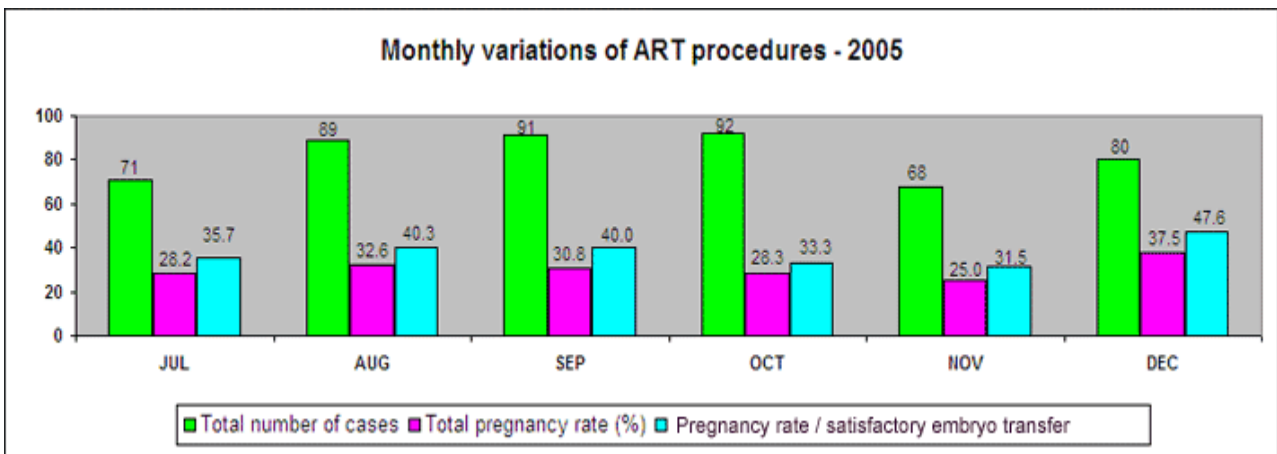
We have given the following information:

- A yearly variation of pregnancy rates among the infertile population for that particular year
- Our news letter carries the pregnancy rates and percentages for every procedure done at our centre.
- The total live birth rates and miscarriage rates have also been cited.

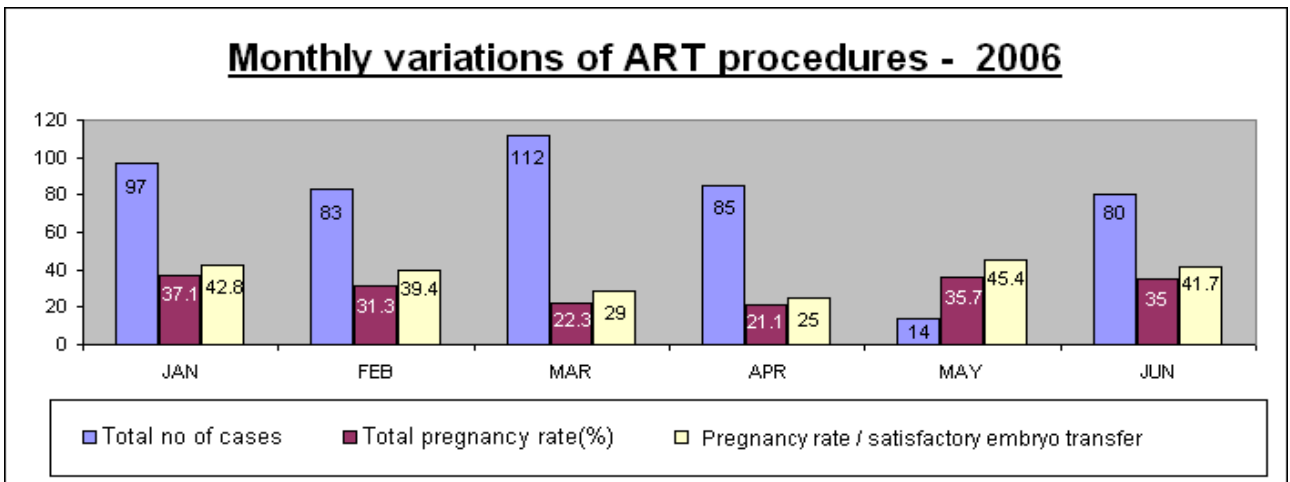




Pregnancy rates were calculated for smooth transfer of Grade I-II embryos with a good endometrium

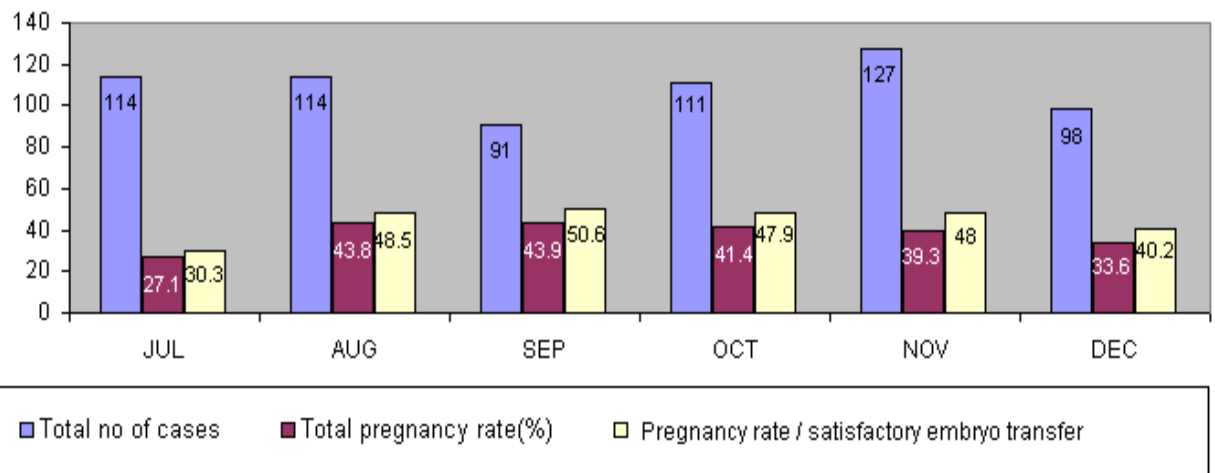


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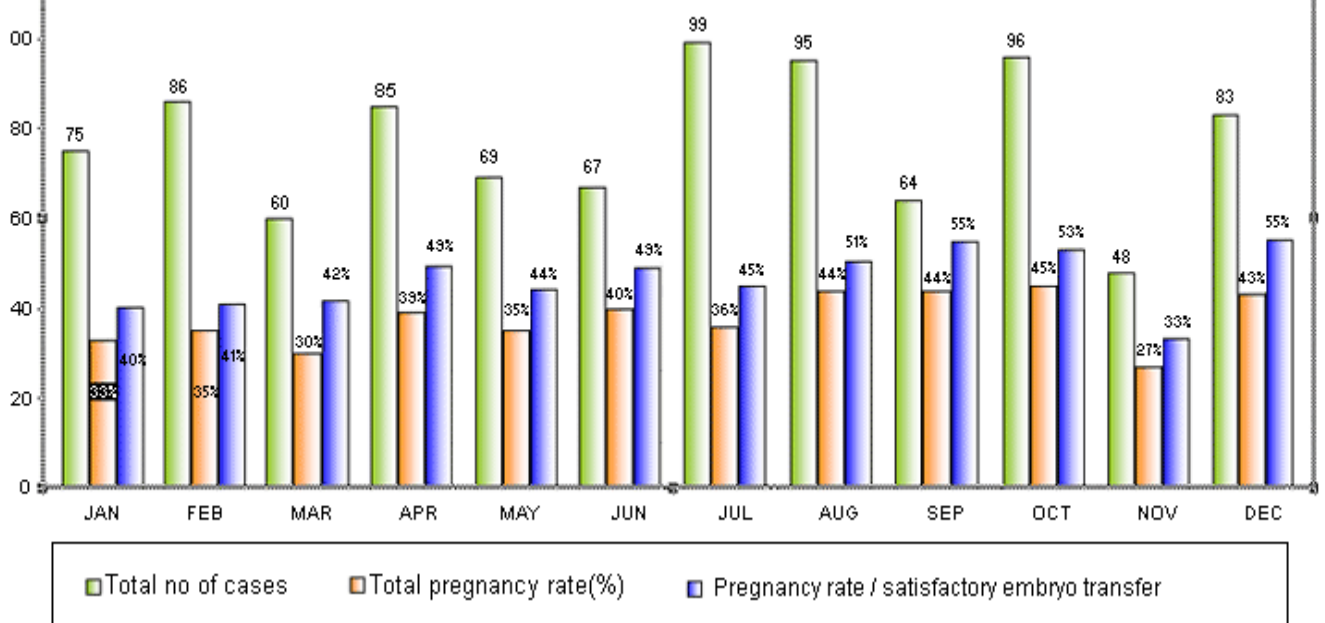
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Monthly Variations of ART procedures - 2006



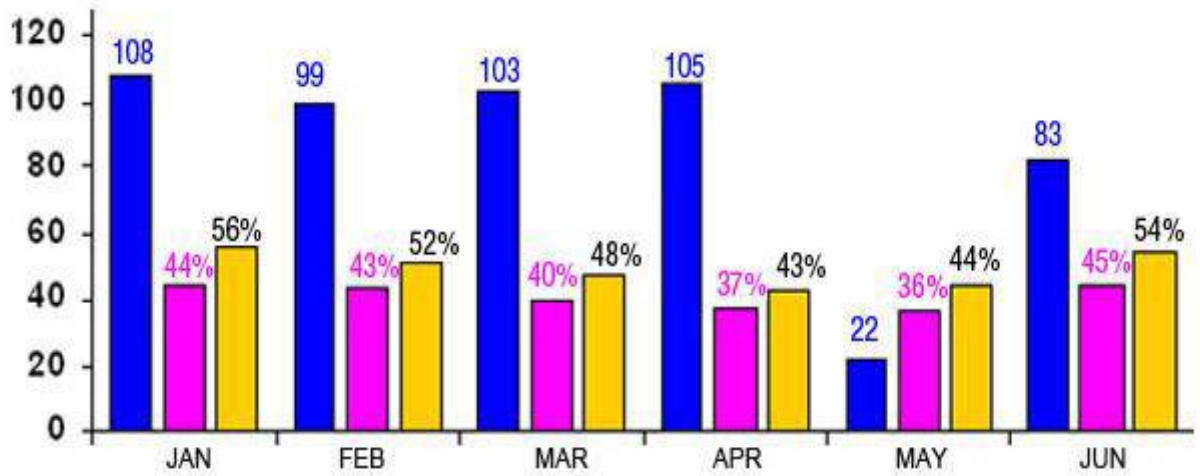
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Monthly variations of ART Procedures - 2007

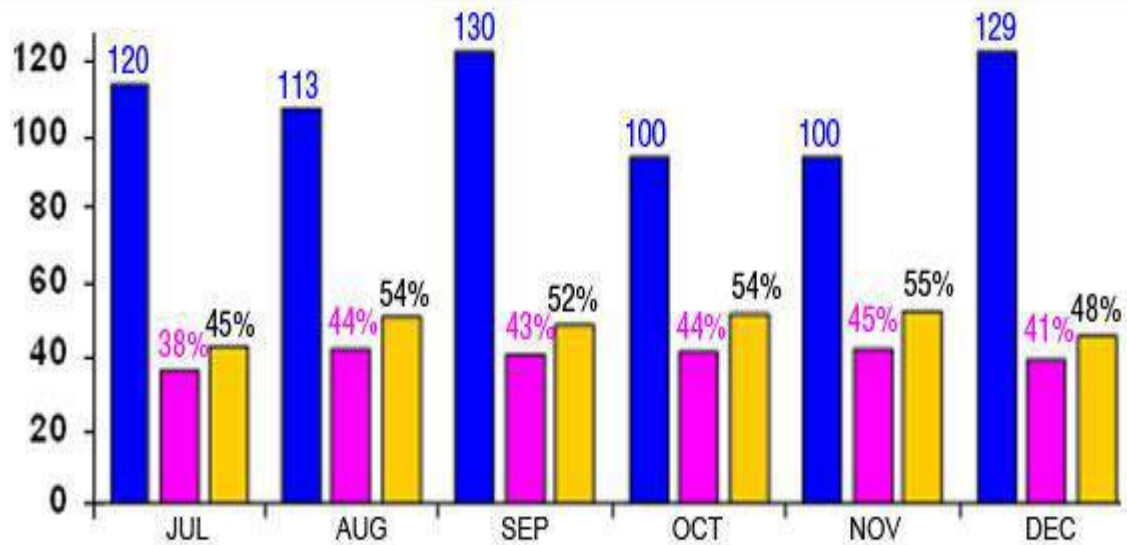


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MONTHLY VARIATIONS OF ART PROCEDURES (JANUARY - DECEMBER 2008)

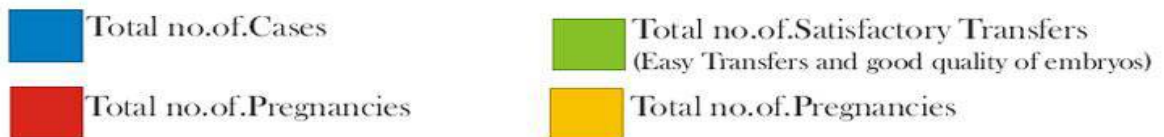
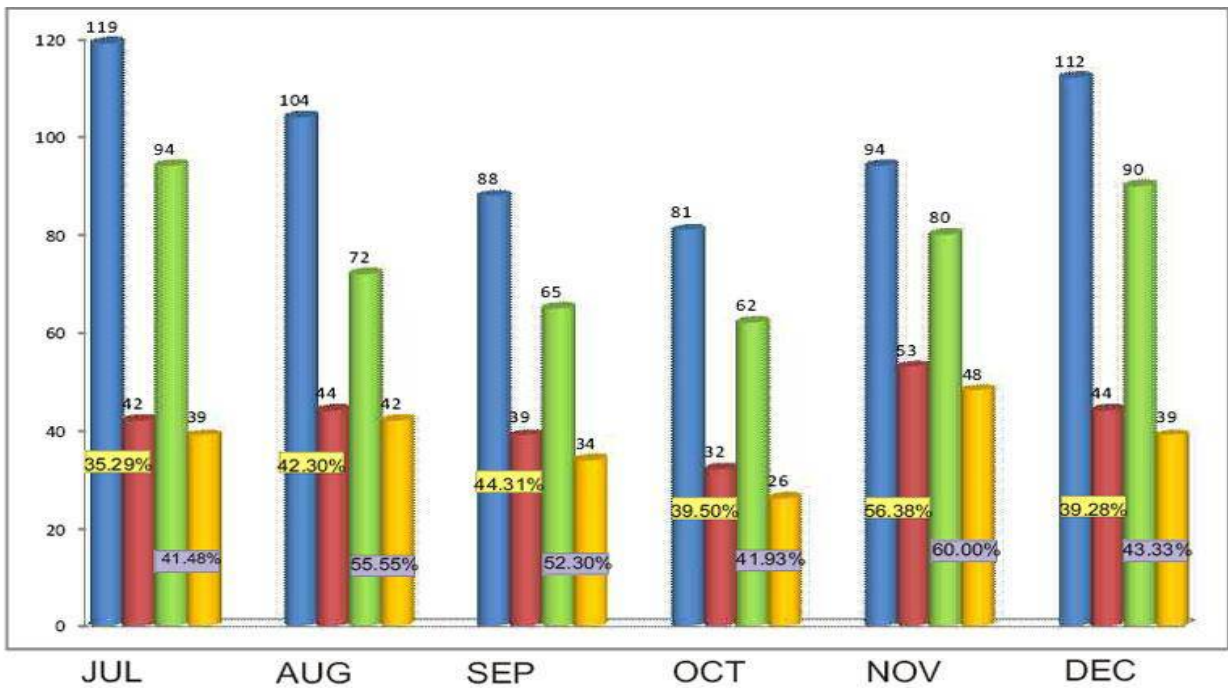
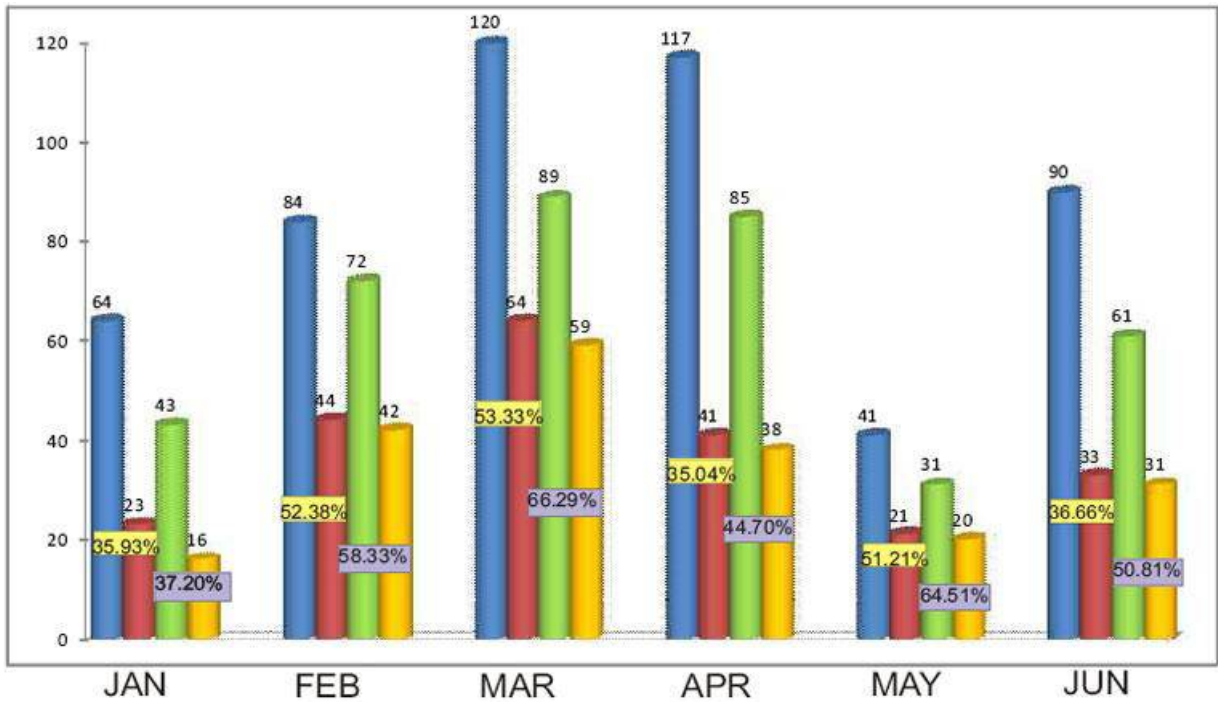


■ Total number of cases ■ Total Pregnancy Rate / Transfer ■ Pregnancy Rate / /satisfactory Transfer

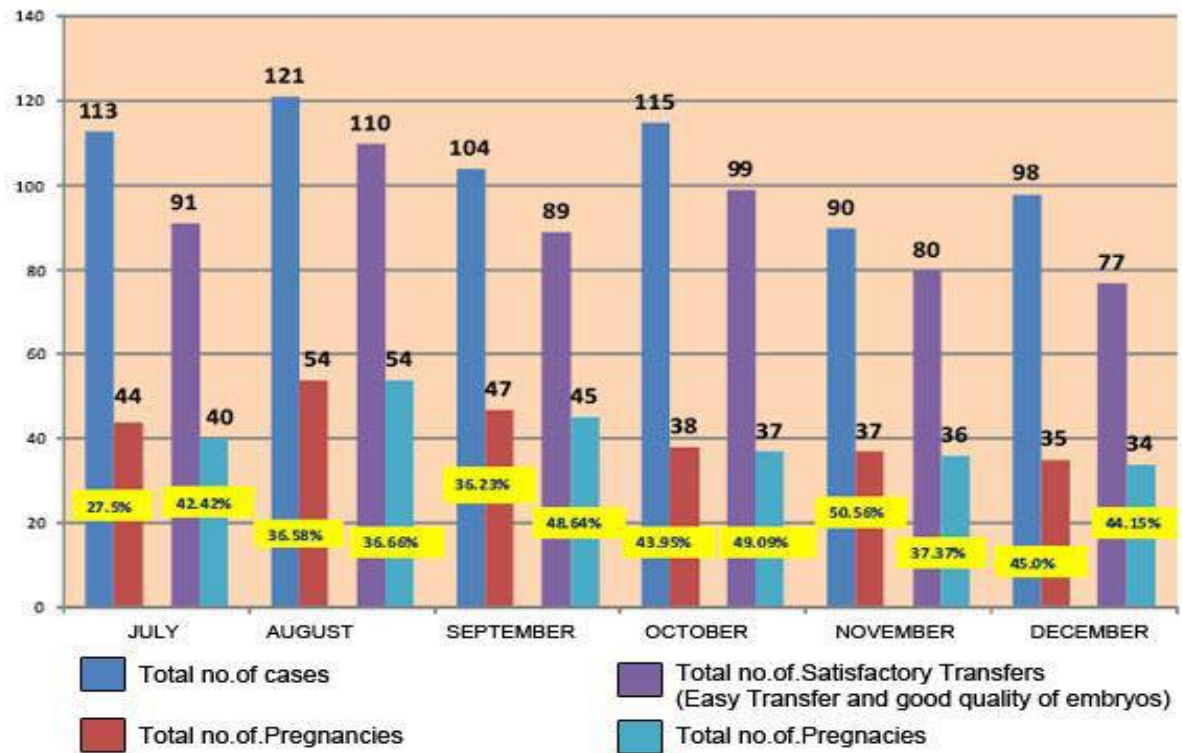
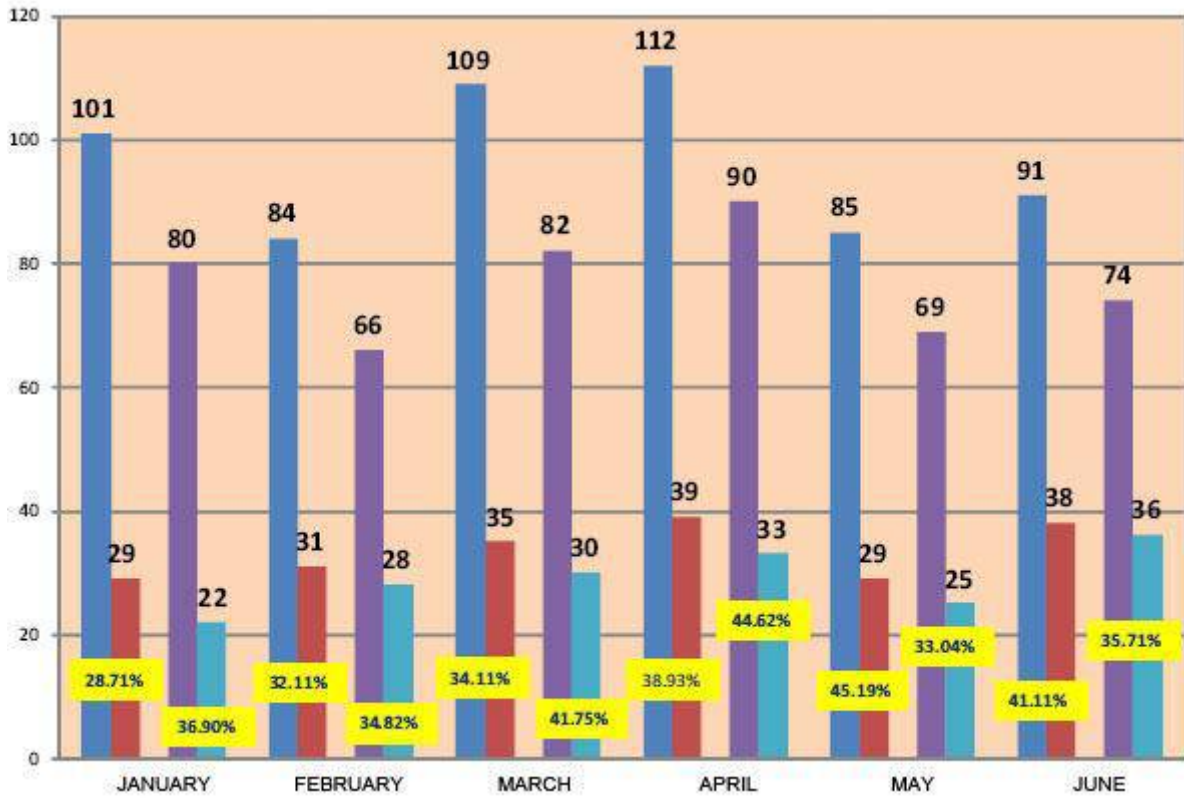


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MONTHLY VARIATIONS IN ART PREGNANCIES – (JANUARY 2009 – DECEMBER 2009)

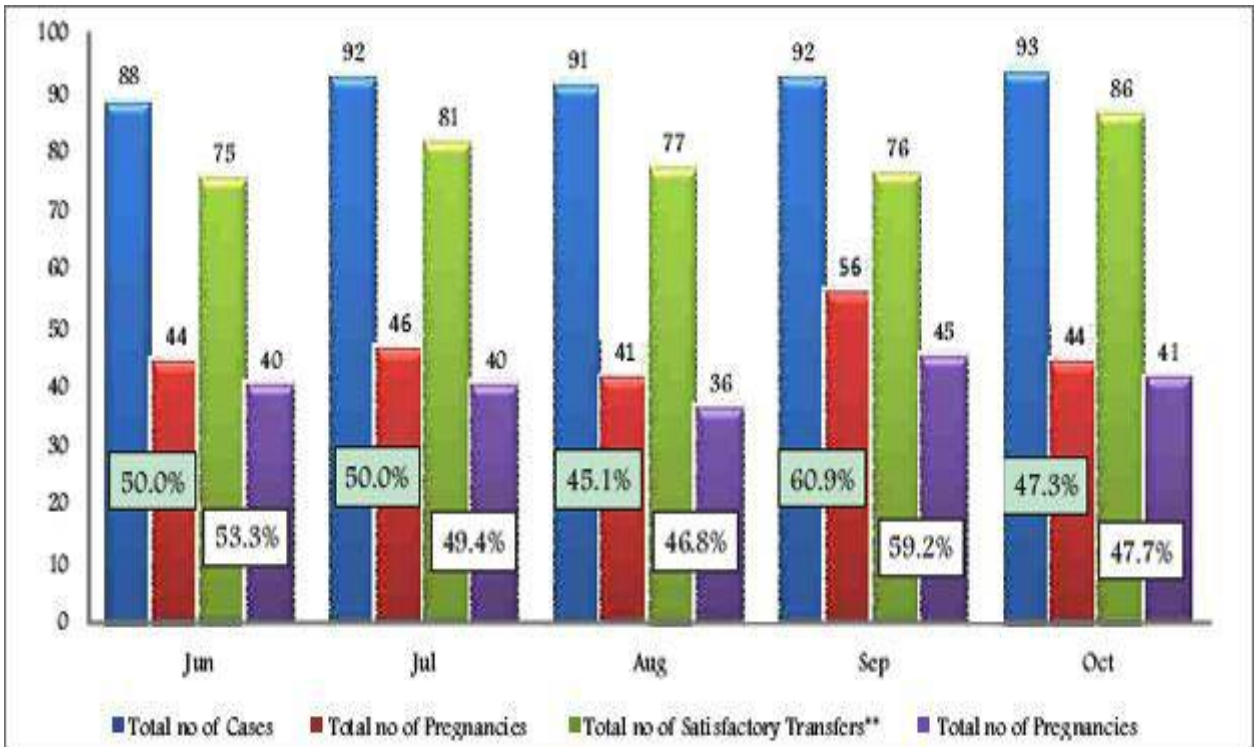
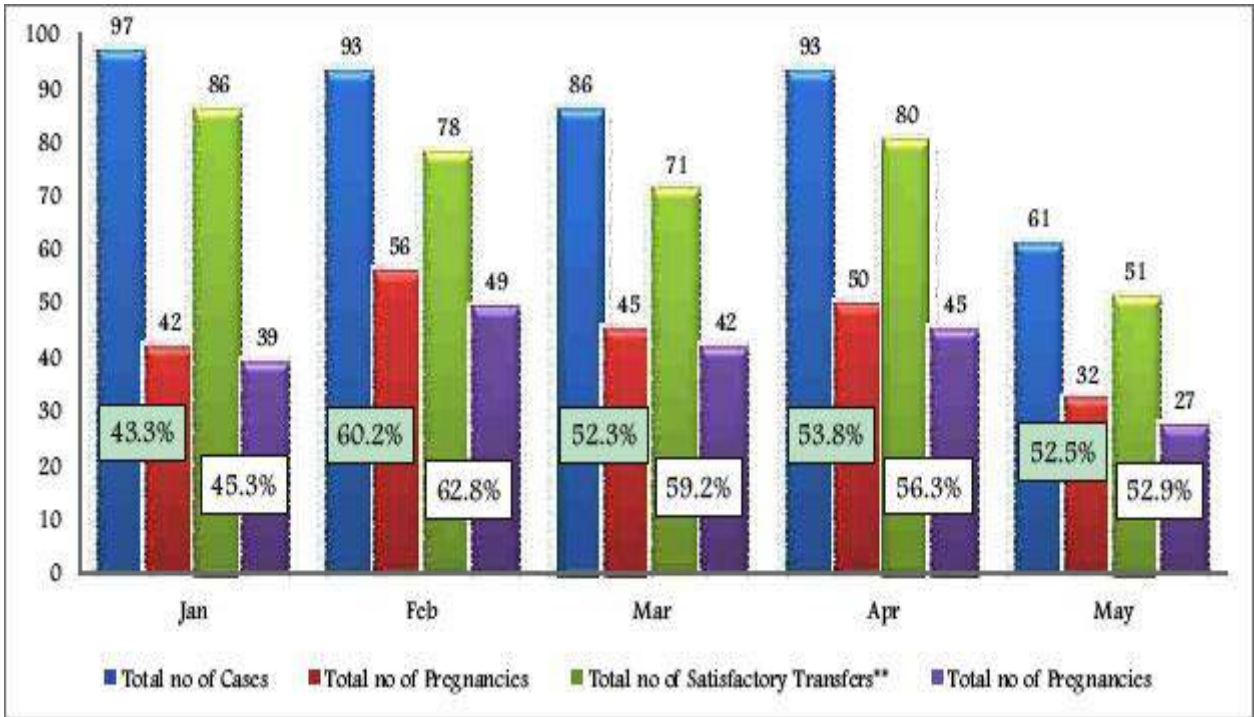


MONTHLY VARIATIONS IN ART PREGNANCIES – (JANUARY 2010 – DECEMBER 2010)



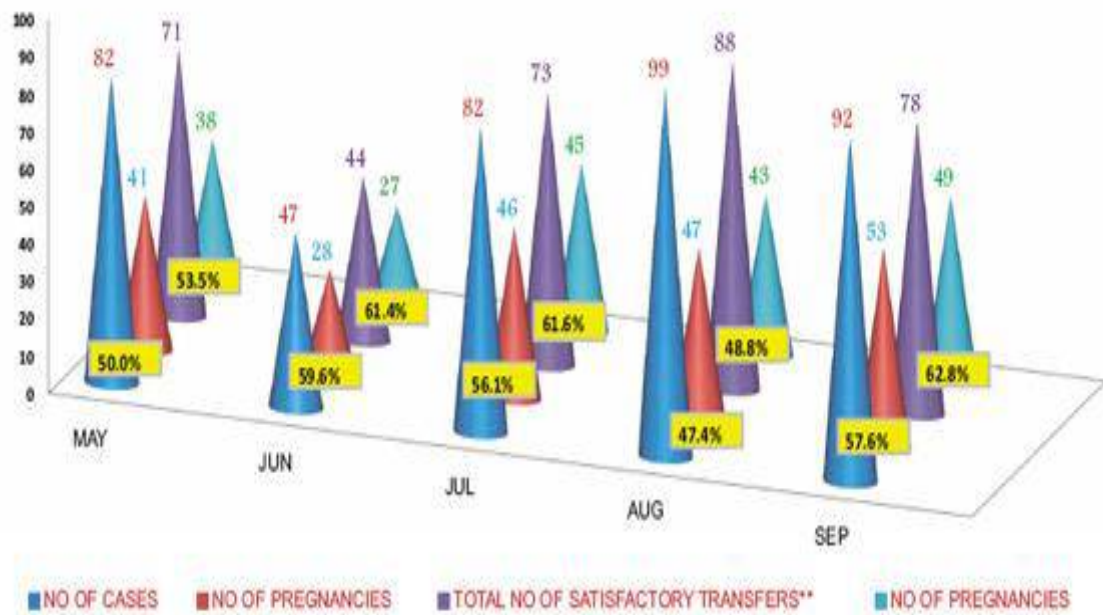
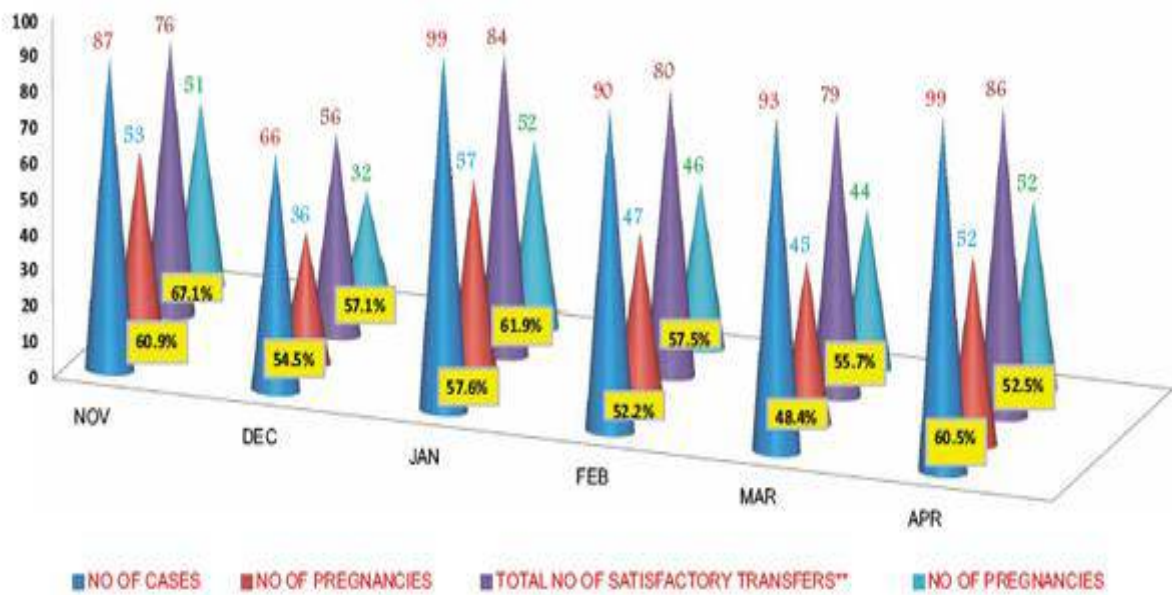
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MONTHLY VARIATIONS IN ART PREGNANCIES – (JAN 2011 – OCT 2011)

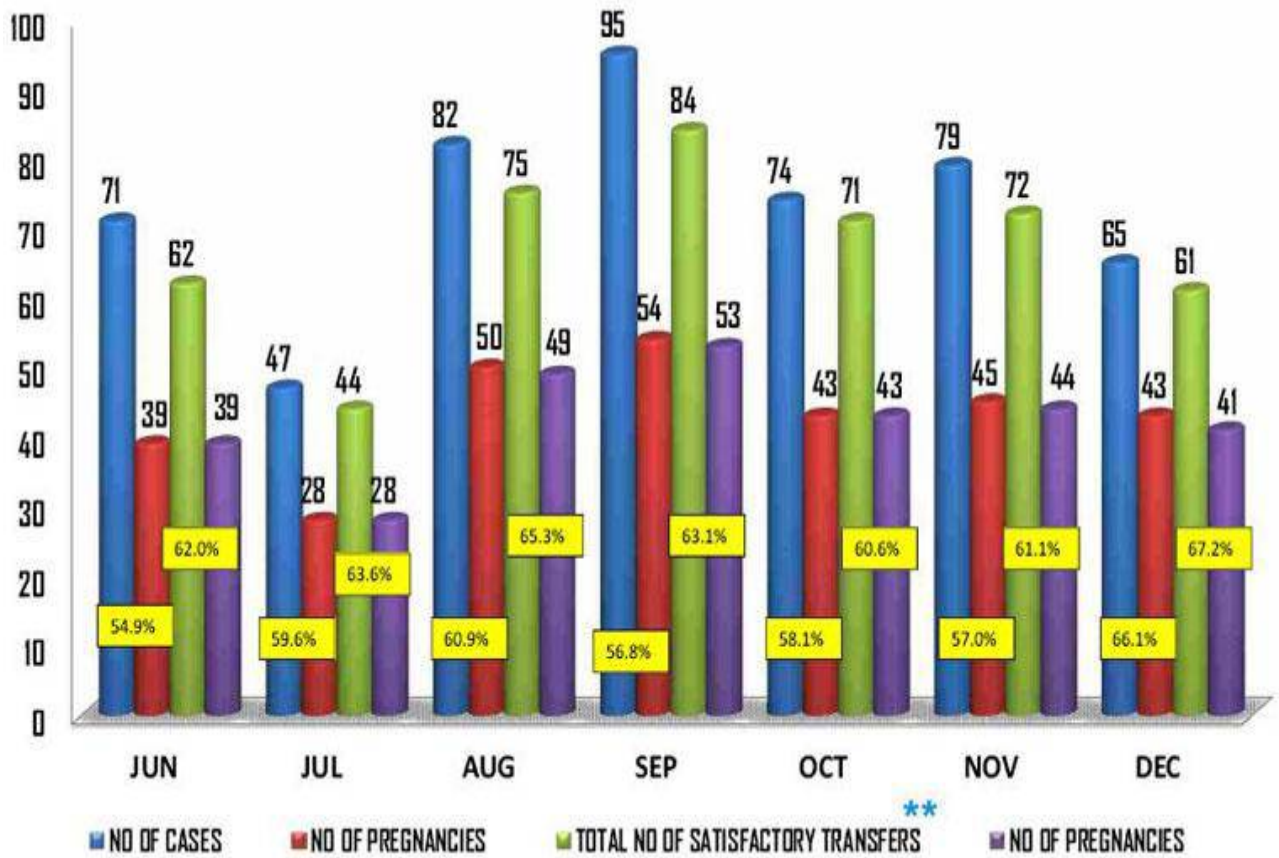
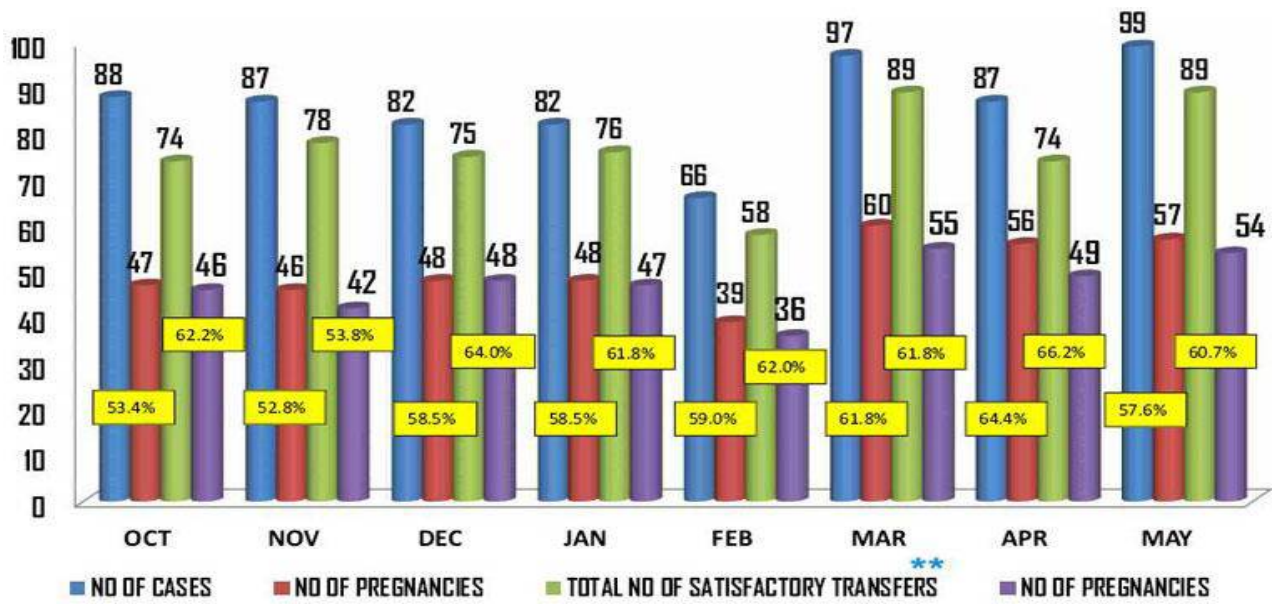


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MONTHLY VARIATIONS IN ART PREGNANCIES – (NOV 2011 – SEP 2012)

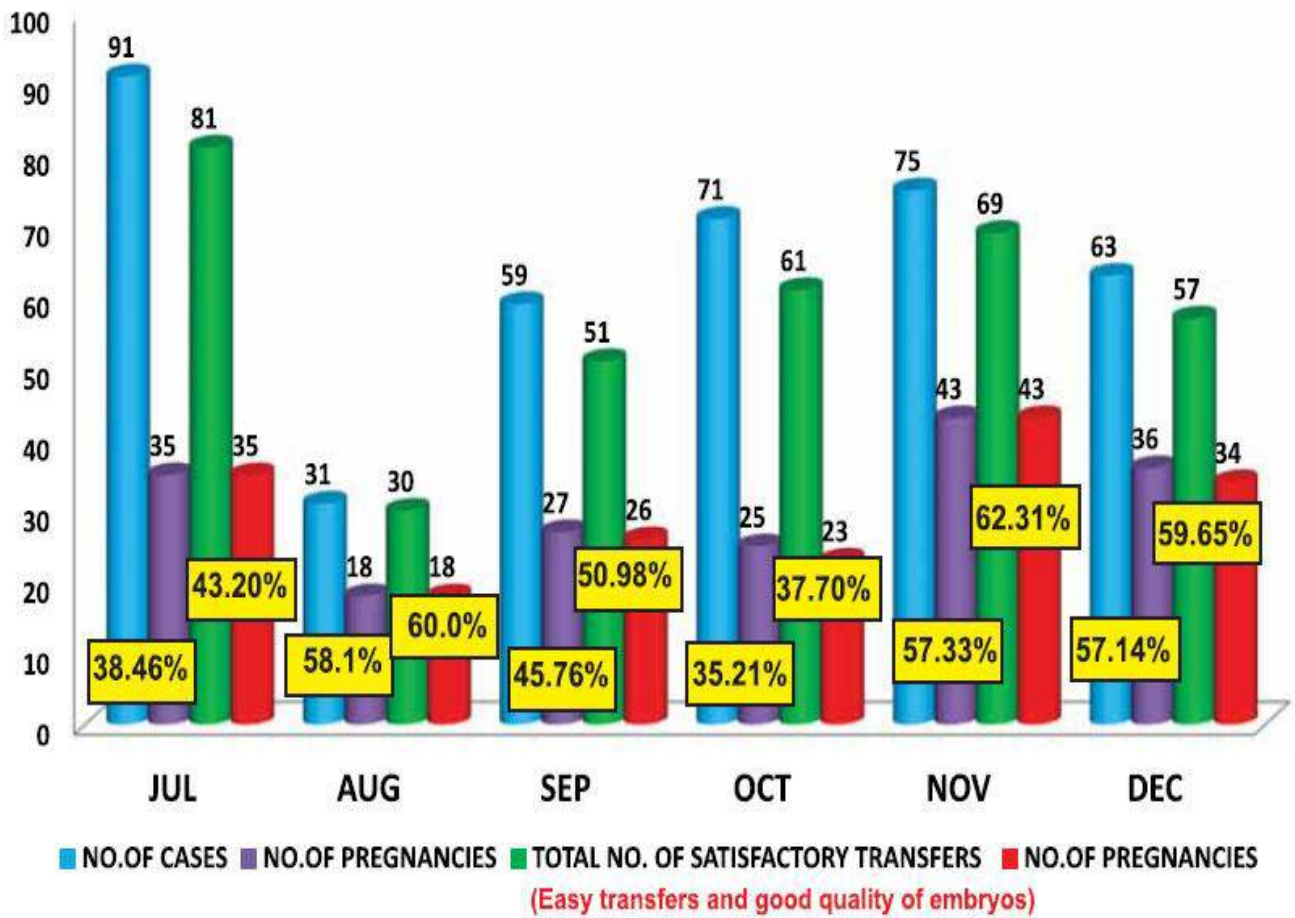
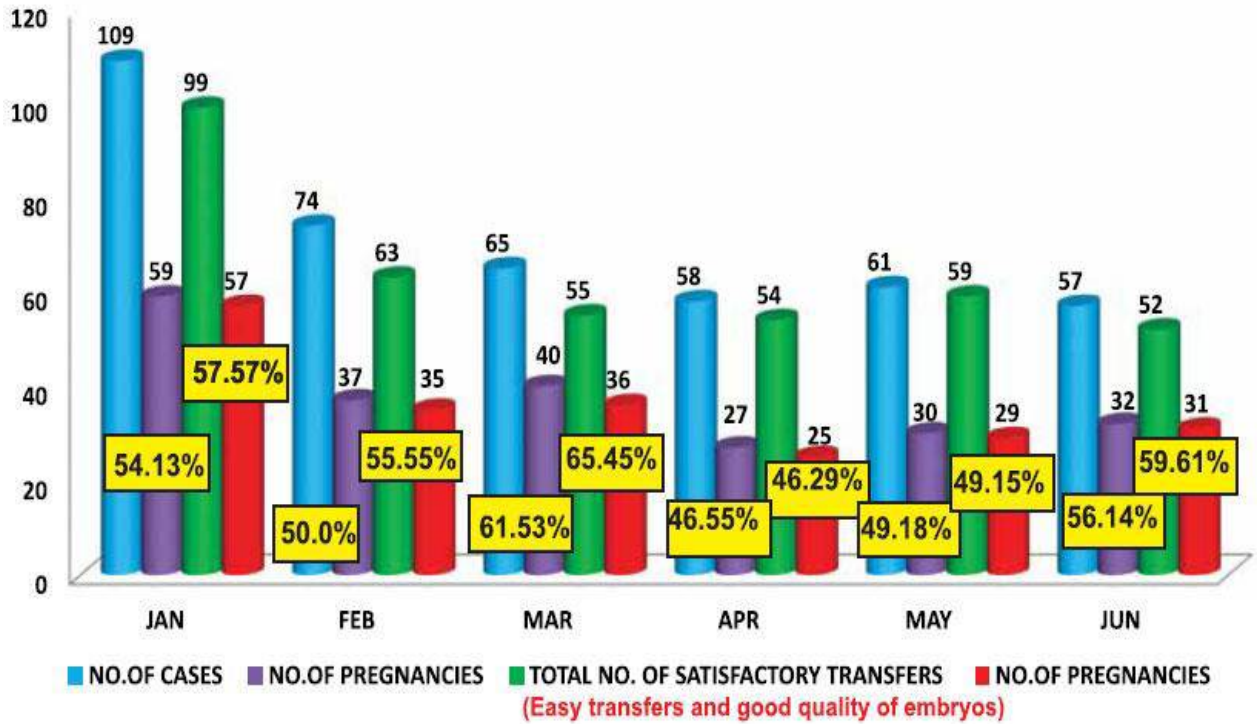


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MONTHLY VARIATIONS IN ART PREGNANCIES – (OCT 2012 – DEC 2013)



Pregnancy rates were calculated for smooth transfer of Grade I-II embryos with a good endometrium

MONTHLY VARIATIONS IN ART PREGNANCIES – (JAN 2014- DEC 2014)



Pregnancy rates were calculated for smooth transfer of Grade I-II embryos with a good endometrium