

Fewer multiple births in states with insurance coverage for infertility

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Faced with the prospect of costly in vitro fertilization (IVF) but with no help from insurance coverage, some infertile couples feel pressure to transfer multiple embryos in an attempt to ensure that the IVF is a success. This can lead to higher rates of twin and triplet births and prematurity. But having insurance coverage could curtail the costs associated with these multiple births, according to a new study by researchers at Yale School of Medicine.

Published in the current issue of [Fertility and Sterility](#), the study found that the 15 states, including Connecticut, that provide insurance coverage for infertility saw significantly lower multiple birth rates. The authors say this translates into tremendous savings on the costs of maternal/fetal complications. In 2005, it was estimated that the economic impact of preterm birth was \$26.2 billion nationally.

IVF is an effective treatment for the reported 7 million women who are infertile, but it is unaffordable for many [infertile couples](#). Since 1998, more states are providing IVF coverage. Connecticut, for instance, covers up to two IVF cycles under state mandate.

In this study, Yale researchers analyzed assisted reproductive technology cycle data from 2006 provided by the [Centers for Disease Control and Prevention](#) and the Society for Assisted Reproductive Technology. They categorized that year's 91,753 fresh, non-donor cycles by age group and by whether the cycles were performed in states with or without a mandate for IVF coverage. States with mandates for insurance coverage

of infertility treatment not including IVF were characterized as non-mandated states.

The study showed that [pregnancy rates](#), live birth rates, twin and triplets are higher in states without mandated insurance for IVF because they transfer significantly more embryos than states with coverage for IVF. In contrast, insurance coverage for IVF is associated with a significant reduction in the incidence of multiple pregnancy, particularly among younger women under the age of 35.

When IVF is not covered by insurance, physicians often feel pressure from patients who have financial incentive to maximize the per-cycle success by requesting the transfer of more embryos and willing to take the risk of multiple pregnancies, according to senior author Pasquale Patrizio, M.D., professor and director of the Yale Fertility Center in the Department of Obstetrics, Gynecology & Reproductive Sciences at Yale School of Medicine.

"Increasing the number of states that provide coverage for IVF would lead to improved maternal-fetal health and lessen the economic impact that [multiple births](#) have on the health system and it would also reduce physician pressure to transfer more embryos," said Patrizio. "It does not make economic sense to see insurance not covering IVF but then pay for the costs associated with maternal and neonatal morbidity."

"By reducing the patient's financial burden, state mandates may lead to a reduction in embryos transferred," said first author J. Ryan Martin, M.D., assistant professor at Yale, who sees patients at Yale Fertility Center's new facility in Westport, Conn. "Patients and insurance companies will both benefit from a reduction in multiple pregnancies."

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