

Accounting principles could lead to increased chances of clinical IVF success

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A Monash University accountancy specialist is developing a data set that could help families make more informed choices about the potential success rates of IVF treatment.

Monash Business School's Daniela Juric and her supervisors are collating information provided by IVF clinics with the aim of creating a clear,

comparable set of measures, including a consistent definition of 'success' and relevant age groupings.

Ms Juric believes applying accounting principles to IVF reporting could give women the confidence to pursue childbirth later in life. She and her supervisors have been working closely with the industry on the project.

Ms Juric says people who work in the industry are supportive of trying to standardise reporting to help people achieve their dream of having a family.

"For many, the decision to undertake fertility treatment may be the biggest decision of their lives. The physical and emotional undertaking is often excruciating. It affects the whole social network and not only the individual; it can also be expensive," Ms Juric said.

"The goal for accountants is to provide financial information to help people make informed decisions about the allocation of scarce resources. We can think of IVF patients as users of non-financial information that they rely on to make well-informed decisions, as there is not an unlimited amount of eggs or embryos that can be created."

The Australian Competition and Consumer Commission launched an investigation into IVF success rates in 2016. They found IVF clinics' reporting made it almost impossible for users to make an informed decision.

Ms Juric and her team collected publicly available success rate information from 31 IVF clinics' web pages in 2016 and 2017, as well as 30 clinics this year.

When the study commenced, there were five measures of IVF success including pregnancy, clinical pregnancy, live births and another

unspecified measure of success. Approximately 20 percent of clinics didn't disclose any success rate information.

Women were also grouped into age brackets of five years—meaning the data representing someone aged 39 was the same for a woman of 35.

"When the analysis was completed, successful measures had been reduced to just two—clinical pregnancies and live births," Ms Juric said.

Confusion surrounded the data IVF clinics used to determine 'success'. Some clinics suggested a determinate of 'success' was a positive embryo transfer, not a clinical pregnancy or birth.

Provided by Monash University

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