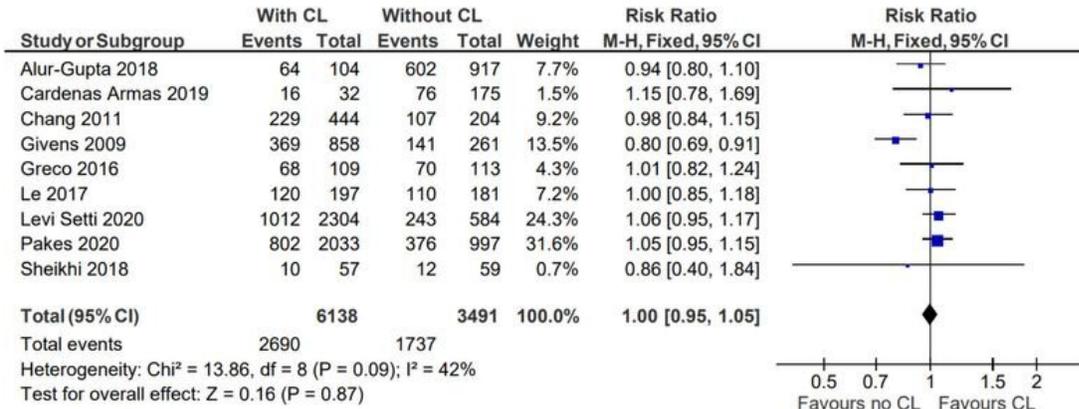


# **Nature's way is best, even when it comes to IVF**

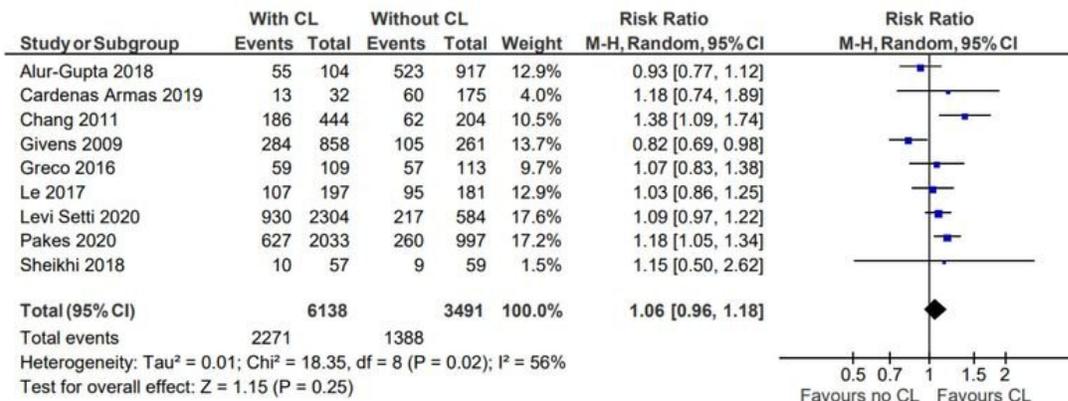
April 29 2022

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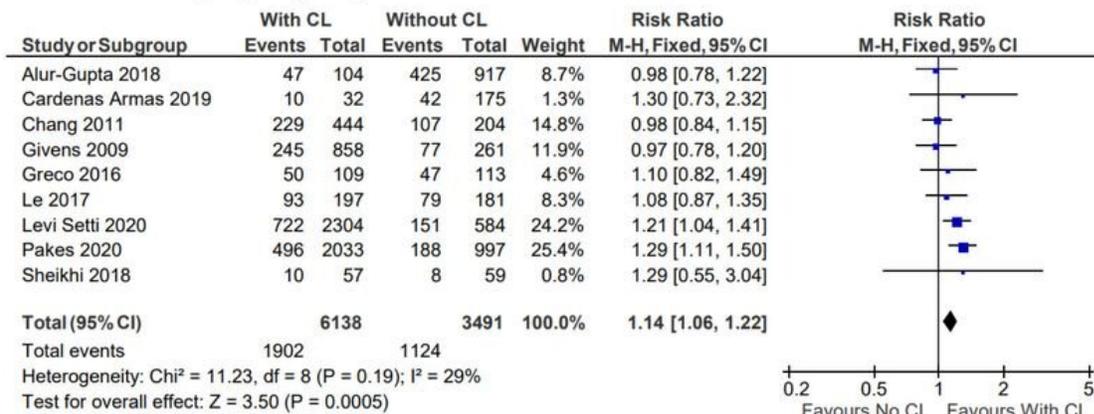
### Rates of Positive hCG



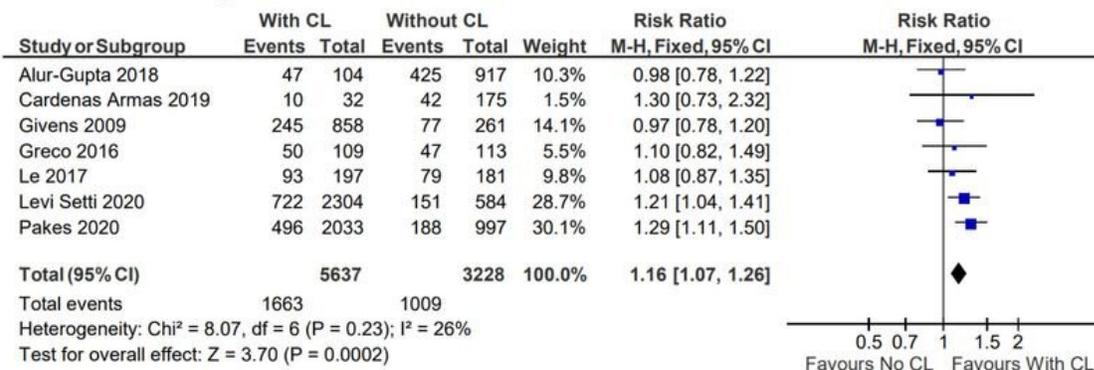
### Clinical Pregnancy Rates



### Live Births and Ongoing Pregnancy Rates



### Live Births Rates Only



Meta-analysis comparing rates of positive hCG, clinical pregnancy, and live births in cycles with and without a CL. CL, Corpus Luteum; hCG, human chorionic gonadotropin; M-H, Mantel-Haenszel. Credit: *BMJ Open* (2022), <https://bmjopen.bmj.com/content/12/4/e051489>

Researchers from Melbourne IVF have conducted a literature review and performed a meta-analysis to determine which cycles—with or without natural hormone production—produce higher rates of success, i.e., live birth.

The IVF process involves the creation of multiple [embryos](#) during what is called a "stimulated cycle." One embryo is usually placed into a uterus at its conclusion and many women also have excess embryos that are frozen for future use. In cases where [pregnancy](#) does not eventuate in the first round, frozen embryos can be used in subsequent months (this is termed a "thaw cycle") without the need for ovarian stimulation and egg collections.

The embryo and endometrial lining must be synchronized in thaw cycles for successful implantation. There are a number of ways this synchronization can be achieved, and they can be divided into two broad groups—those that involve endogenous hormone production and those that do not.

Cycles that rely on external hormones are called "artificial thaw" and those that have natural hormone produced are called "natural" or "stimulated" thaw cycles.

The objective of this research was to draw conclusions, based on

previously published research, as to which cycles—with or without natural hormone production—produce higher rates of success, i.e. [live birth](#).

The author's [conclusion](#) is that thaw cycles that include production of hormones from the ovaries results in better pregnancy rates.

Therefore, the author's recommendation is to prioritize "natural" and "stimulated" thaw cycles in favor of "artificial" cycles whenever possible.

**More information:** Joscelyn Gan, Genia Rozen, Alex Polyakov, Treatment outcomes of blastocysts thaw cycles, comparing the presence and absence of a corpus luteum: a systematic review and meta-analysis, *BMJ Open* (2022), [DOI: 10.1136/bmjopen-2021-051489](https://doi.org/10.1136/bmjopen-2021-051489).  
[bmjopen.bmj.com/content/12/4/e051489](https://bmjopen.bmj.com/content/12/4/e051489)

Provided by BMJ Open

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