

Lesbian couples using assisted reproductive technology have better outcomes

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Same-sex lesbian couples undergoing assisted reproductive technology



(ART) have more favorable or similar birth outcomes to heterosexual couples who conceive naturally or undergo ART to conceive, according to a study published in the April 4 issue of the *Journal of the American Medical Association*.

Alice Goisis, Ph.D., from University College London, and colleagues compared birth outcomes in ART pregnancies among same-sex lesbian couples (868 couples) versus natural conceptions (456,898 couples) and ART pregnancies among heterosexual couples (23,488 couples). The analysis included all births in Sweden from 2007 to 2018.

The researchers found that infants of couples who conceived naturally had significantly lower birth weight (adjusted difference, -76.2 g; 95 percent confidence interval [CI], -113 to -39.3 g; P low birth weight (adjusted difference, 0.28 [95 percent CI, -1.11 to 1.66] percentage points; P = 0.70) and preterm delivery versus same-sex couples who conceived via ART. For infants of heterosexual couples who conceived via ART, birth weight and gestational age were significantly lower compared with infants of same-sex couples (e.g., birth weight: adjusted difference, -97.4 g; 95 percent CI, -134.8 to -59.9 g; P birth weight: adjusted difference, 1.23 [95 percent CI, -0.17 to 2.65] percentage points; P = 0.09).

"This study demonstrated that same-sex <u>lesbian couples</u> undergoing ART had more favorable or similar birth outcomes to heterosexual couples who conceived naturally or underwent ART to conceive, suggesting that infertility-related factors rather than reproductive treatments contribute to higher rates of adverse birth outcomes in ART pregnancies," the authors write.

More information: Alice Goisis et al, Birth Outcomes Following Assisted Reproductive Technology Conception Among Same-Sex Lesbian Couples vs Natural Conception and Assisted Reproductive



Technology Conception Among Heterosexual Couples, *JAMA* (2023). DOI: 10.1001/jama.2023.1345

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