

Study: Prednisone does not improve in vitro fertilization outcomes

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Among patients with recurrent implantation failure during in vitro

fertilization, treatment with prednisone does not improve the live birth rate versus placebo, according to a study published in the May 2 issue of the *Journal of the American Medical Association (JAMA)*.

Yun Sun, M.D., Ph.D., from Shanghai Jiao Tong University, and colleagues randomly assigned eligible women from eight fertility centers in China who had a history of two or more unsuccessful embryo transfer cycles to either oral pills containing 10 mg of [prednisone](#) (357 patients) or a placebo (358 patients) once daily, from the day at which they started endometrial preparation for frozen-thawed embryo transfer through early pregnancy.

The researchers found that [live birth](#) occurred among 37.8 percent of women in the prednisone group versus 38.8 percent of women in the [placebo group](#) (relative ratio, 0.97; 95 percent confidence interval, 0.81 to 1.17; P = 0.78). In the prednisone group, rates of biochemical pregnancy loss were higher (17.3 versus 9.9 percent; relative ratio, 1.75; 95 percent confidence interval, 1.03 to 2.99; P = 0.04). Preterm delivery was also more common in the prednisone group (11.8 versus 5.5 percent; relative ratio, 2.14; 95 percent confidence interval, 1.00 to 4.58; P = 0.04). There were no significant differences observed in the rates of biochemical pregnancy, clinical pregnancy, implantation, neonatal complications, congenital anomalies, other adverse events, or mean birthweights between the groups.

"Data suggested that the use of prednisone may increase the risk of [preterm delivery](#) and biochemical pregnancy loss," the authors write. "Our results challenge the value of prednisone use in [clinical practice](#) for the treatment of recurrent implantation failure."

More information: Yun Sun et al, Prednisone vs Placebo and Live Birth in Patients With Recurrent Implantation Failure Undergoing In Vitro Fertilization, *JAMA* (2023). [DOI: 10.1001/jama.2023.5302](https://doi.org/10.1001/jama.2023.5302)

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