

Live birth more likely in assisted reproductive technology cycles with gestational carrier

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The likelihood of live birth is increased among assisted reproductive technology cycles 'with' versus 'without' a gestational carrier, according to a research letter published online Oct. 18 in the *Journal of the American Medical Association*.

Lisa M. Shandley, M.D., from the Emory University School of Medicine in Atlanta, and colleagues describe trends and outcomes in assisted reproductive technology cycles using deidentified data from the Society for Assisted Reproductive Technology Clinic Outcomes Reporting System involving an embryo transfer between 2014 and 2020.

A total of 1,008,205 assisted reproductive technology cycles with an [embryo transfer](#) occurred during the study period; 4.0 percent used a gestational carrier.

The researchers found that from 2014 to 2019, there was an increase in the absolute number of assisted reproductive technology cycles involving a gestational carrier (2.7 to 5.2 percent), followed by a decrease in 2020 (4.6 percent). Two or more embryos were transferred in 27.6 and 36.0 percent of cycles with versus without a gestational carrier, respectively.

Embryo transfers to a gestational carrier were more likely to result in a pregnancy, clinical pregnancy, and [live birth](#) (adjusted relative risks, 1.06, 1.09, and 1.11, respectively). The risk for [preterm birth](#) and very preterm birth was lower among cycles with versus without a gestational carrier, after adjustment for [pregnancy](#) plurality (adjusted relative risks, 0.80 and 0.76, respectively).

Of [live births](#), 14.8 and 12.6 percent of cycles with and without a gestational carrier, respectively, resulted in the birth of twins or higher-order multiples (adjusted relative risk, 1.15).

"Although the outcomes appear reassuring, multiple gestation risk is high

among cycles with a gestational carrier," the authors write.

More information: Lisa M. Shandley et al, Trends and Outcomes of Assisted Reproductive Technology Cycles Using a Gestational Carrier Between 2014 and 2020, *JAMA* (2023). [DOI: 10.1001/jama.2023.11023](https://doi.org/10.1001/jama.2023.11023)

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