



“Ask the Doc”

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Is IVF right for me?

Many patients that I see ask me if IVF is the right therapy for them. There are many reasons to pursue IVF and I will discuss some of them...

IVF is ideal for women with tubal factor infertility which may result from pelvic adhesions (scar tissue) or prior infections. Some women have lost both tubes to ectopic pregnancies and now need IVF. IVF is also ideal for couples who struggle with male factor infertility. Male factor infertility usually means very low sperm counts or very low motility. We also know that men with high DNA fragmentation scores have a very low chance (perhaps only 2%) of conceiving without IVF. When IVF is needed for male factor infertility, ICSI (Intracytoplasmic Sperm Injection) is also performed to assist in fertilization of the egg. With ICSI, a single sperm is injected into each egg (oocyte). This is particularly ideal for sperm that has been surgically harvested from the testicles.

What are other reasons for considering IVF? Sometimes, the female partner has an excellent egg reserve but with injectable fertility medications, matures too many eggs at once. This often happens with PCOS, an ovulatory disorder. IVF benefits these couples in that although we retrieve many eggs during the IVF process, typically only two embryos are transferred back into the uterus thus preventing the risk of conceiving triplets or more.

Sometimes couples who have been trying unsuccessfully to conceive for long periods of time choose IVF because although it may be costly (depending upon your insurance benefits) it has the highest pregnancy rates per treatment cycle (please refer to our IVF pregnancy rates on our website) .

Some women who are older choose to do IVF because it is the most efficient way to conceive and can be cost-effective, as opposed to spending moderate amounts of money on much less successful procedures such as IUI. Depending mostly upon age of the female, typically 50% of couples will take home a baby per embryo transfer. Chance of success is affected by age, ovarian reserve (as measured by AMH), uterine and sperm factors.