RESEARCH ARTICLE

OPEN ACCESS

Different Methods of Fertility Treatments – A Study

N.Nandakumar¹, R. Thangavel², K. Shanmugasundaram³

 $1,\,2,\,3 \ \text{Department of Electronics, Sri Ramakrishna Mission Vidyalaya College of Arts and Science, Coimbatore.\ INDIA.}$

Abstract:

Infertility is a circumstance that impacts about one out of each six couples. An infertility analysis is given to a couple that has been unsuccessful in efforts to conceive over the route of one complete year. Whilst the purpose of infertility exists in the woman companion, it's far referred to as female infertility. Woman infertility elements make a contribution to approximately 50% of all infertility instances, and woman infertility on my own bills for approximately one-0.33 of all infertility instances. The maximum not unusual causes of girl infertility consist of problems with ovulation, harm to fallopian tubes or uterus, or troubles with the cervix. Age can make contributions to infertility due to the fact as a girl a long time; her fertility certainly has a tendency to decrease. These paper discusses about different type of fertility treatments method.

Keywords — Female Infertility, Causes for Infertility, Identification of Infertility, Different types of Vitro fertilization.

I. INTRODUCTION

A. Female infertility

Infertility is defined as looking to get pregnant (with common intercourse) for as a minimum a 12 months without a success. Woman infertility, male infertility or a mixture of the two affects tens of millions of couples within the society. An envisioned 10 to 18 percent of couples have trouble getting pregnant or having a hit transport. Infertility outcomes from lady elements about one-third of the time and male elements about one-1/3 of the time. The motive is both unknown and an aggregate of male and girl elements inside the last cases. Female infertility causes may be difficult to diagnose. There are numerous available remedies, so one can depend on the motive of infertility. Many infertile couples will go on to conceive an infant with out remedy. After trying to get pregnant for 2 years, approximately ninety five percentages of couples correctly conceive.

B. Signs and Symptoms

The primary symptom of infertility is the inability to get pregnant. A menstrual cycle this is too lengthy (35 days or extra), too short (much less than 21 days), irregular or absent can imply that women are no longer ovulating. There can be no other outward symptoms or signs. When to be searching for help from time to time relies upon on age: As much as age 35, maximum doctors suggest looking to get pregnant for at the least a year earlier than testing or remedy. Affected person among 35 and forty, speak

affected person worries with doctor after six months of attempting. If affected person older than forty, doctor may need to begin trying out or remedy proper away. Physician can also need to begin testing or remedy proper away one of the accomplice has regarded fertility issues or if patient have a records of abnormal or painful periods, pelvic inflammatory sickness, repeated miscarriages, earlier cancer remedy or endometriosis.

II. FEMALE INFERTILITY IDENTIFIED

Ability female infertility is classified as part of an intensive bodily exam. The exam will include a medical record regarding cap ability elements that would make contributions to infertility. Health care companies may additionally use one or greater of the following exams/checks to evaluate fertility, A urine or blood check to test for infections or a hormone problem, which include thyroid feature Pelvic exam and breast examination A pattern of cervical mucus and tissue to decide if ovulation is going on Laparoscope inserted into the abdomen to view the situation of organs and to search for blockage, adhesions or scar tissue.

HSG, that's an x-ray used in conjunction with a colored liquid inserted into the fallopian tubes making it less complicated for the technician to check for blockage. Hysteroscopy uses a tiny telescope with a fiber mild to search for uterine abnormalities. Ultrasound to examine the uterus and ovaries can be achieved vaginally or abdominally. Sonohystogram combines an ultrasound and saline injected into the uterus to search for abnormalities or troubles. Monitoring lady ovulation via fertility

consciousness may also help affected person healthcare issuer check patient fertility fame.

III.DIFFERENT TYPE OF FERTILITY TREATMENTS METHOD

Fertility drugs, Surgery, Intrauterine insemination (IUI), In vitro fertilization (IVF), Intracytoplasmic sperm injection (ICSI), Gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), Donor eggs and embryos.

IV. FERTILITY DRUGS

The five major types of ovulation drug therapy are discussed here - Clomid (Serophene, clomiphene citrate), Femara or letrozole and other aromatase inhibitors, Injectable gonadotropins, injectable FSH hormone products, The GnRH pump, Bromocriptine

V. SURGERY FOR FERTILITY TREATMENT

For women, some common situations where surgical procedure is needed encompass the removal of uterine fibroids, polyps, pelvic adhesions, and endometriosis tissue. For guys, surgical treatments include vasectomy reversal and varicocele restore, a manner treating varicose veins inside the scrotum. In any case, SCRC's fertility specialists offer a spread of revolutionary, advanced fertility surgeries to deal with your specific situation.

A. Infertility Laparoscopy for Diagnosis and Treatment of Tubal Factor Infertility

Laparoscopy is considered the gold popular for the detection and remedy of tubal disease, and must be taken into consideration in any patient with threat elements for tubal disorder consisting of a records of sexually transmitted disorder, pelvic inflammatory disorder, preceding pelvic surgical operation, or appendectomy. Notwithstanding what you could have heard, tubal reversal (revering a previous tubal ligation) isn't straightforward or clean, and is not a major consciousness of our practice.

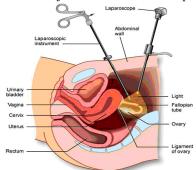


Fig 1. Infertility Laparoscopy for Diagnosis and Treatment of Tubal Factor Infertility

Laparoscopy is a minimally invasive surgery that permits the physician to both view and deal with anatomic abnormalities with the aid of using a very small fiber-optic lens inserted thru a small incision inside the navel. If necessary, extra small incisions are made to allow using other specialized surgical devices at some point of the process. Due to the fact laparoscopy patient could the general practitioner perform exploratory surgical treatment to reveal pelvic defects, as well as carry out surgical excision to treat these defects – all in one minimally invasive operation – it has grow to be a useful a part of infertility analysis and remedy.

VI. INTRAUTERINENSEMINATION (IUI)

The IUI manner can also assist patient to get pregnant and take home a infant, particularly in case patient are handling infertility. The IUI technique operating techniques while patient go through the IUI method, patient could assume to go through the subsequent 3 steps: Patient can start taking fertility drugs and your ovulation cycle can be monitored. Patient accomplice will provide a sperm sample (or patient will acquire donor sperm) with the intention to be especially washed and prepared for the insemination. Patient physician will inject the prepared sperm into patient uterus.

A. Getting ready for the IUI process

Earlier than the intrauterine insemination technique, patient want to go to a fertility expert and feature a pre-IUI workup. With this workup, patient medical doctor will test to look if patient are in precise health. The medical doctor will check patient hormone ranges to peer if they're in the regular range and test to peer in case patient uterus can aid a being pregnant.

Previous to the IUI process, Doctor may additionally begin patient on ovulation drugs, while carefully tracking patient with ultrasound and/or blood trying out. This tracking will affirm which patient is generating healthy eggs. It's going too additionally help to patient health practitioner decide the quality timing for the injection of the sperm.

Patient can additionally take any other check that tells patient whilst ovulation is set to happen. Right before ovulation, there may be a surge in luteinizing hormone (LH). Ovulation happens inside 1-2 days after the LH surge. Patient physician will inject the sperm into patient uterus on the ultimate time for thought.

B. Making ready sperm for IUI

Patient's companion will supply a sperm pattern, so as to be washed and organized for the IUI system. This washing can do away with probably toxic chemical substances probable gift inside the sperm that patient frame might also negatively react to. Those chemical compounds can once in a while motive a hypersensitive reaction in girls, which can avoid pregnancy. Washing the sperm can also minimize the cramping that every now and then happens after the IUI procedure.

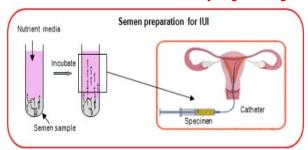


Fig 2. Making ready sperm for IUI

C. Inserting sperm all through IUI

Injecting the organized sperm into patient uterus is short and honestly painless. This a part of the IUI manner takes 1-2 hours at the most. Right here is what to expect: Patient may lie down on the exam desk as patient usually does for a pelvic exam. Patient medical doctor will insert a totally small, thin and flexible catheter into patient cervix. The washed sperm pattern is injected proper into your uterus. Seeing that patient may be mendacity down for awhile after the IUI technique, patient could need to convey a chum, patient associate or an awesome e-book to study whilst patient are waiting inside the examination room. Having help may help patient to live calm throughout the technique. Some doctors carry out inseminations with the intrauterine insemination technique. Those are accomplished inside an afternoon of every different.

D. Following the IUI system

About a week after ovulation doctor may have come returned to the workplace to test patient progesterone tiers. Patient health practitioner will take a look at patient uterine lining with an ultrasound at this time. With the aid of checking patient uterine lining to see how thick it's miles, Doctor might also have a few clues as to whether or not the IUI method turned into effective.

VII. IN VITRO FERTILIZATION

IVF in Vitro Fertilization is an assisted reproductive era (artwork) commonly called IVF. IVF is the system of fertilization through extracting eggs, retrieving a sperm pattern, and then manually combining an egg and sperm in a laboratory dish. The embryo(s) is then transferred to the uterus. Other varieties of art encompass gamete intrafallopian switch (present) and zygote intrafallopian transfer (ZIFT).

VIII. IVF MAY BE USED TO TREAT INFERTILITY INSIDE THE FOLLOWING SUFFERERS

Blocked or damaged fallopian tubes, Male thing infertility together with decreased sperm remember or, Sperm motility, Ladies with ovulation disorders, Premature ovarian failure, Uterine fibroids, Girls who've had their fallopian tubes eliminated, People with a genetic disorder, Unexplained infertility, Concerned with in vitro fertilization.

There are 5 basic steps in the IVF and embryo switch procedure:

Step 1: Fertility medicines are prescribed to stimulate egg manufacturing. Multiple eggs are desired because some eggs will now not expand or fertilize after retrieval. A transvaginal ultrasound is used to take a look at the ovaries, and blood check samples are taken to check hormone ranges.

Step 2: Eggs are retrieved via a minor surgical operation that makes use of ultrasound imaging to guide a whole needle via the pelvic hollow space to put off the eggs. Remedy is furnished to lessen and dispose of capacity discomfort.



Fig 3. IVF and embryo switch procedure

Step 3: The male is requested to provide a pattern of sperm, which is ready for combining with the eggs.

Step 4: In a manner referred to as insemination, the sperm and eggs are mixed collectively and saved in laboratory dish to inspire fertilization. In some instances where in there is a decrease probability of fertilization, intracytoplasmic sperm injection (ICSI) can be used via this method, a unmarried sperm is injected directly into the egg in an try to gain fertilization. The eggs are monitored to verify that fertilization and mobile division are taking region. As soon as this happens, the fertilized eggs are considered embryos.

Step 5: The embryos are generally transferred into the lady's uterus 3 to 5 days following egg retrieval and fertilization. A catheter or small tube is inserted into the uterus to transfer the embryos. This system is painless for most ladies, even though a few may additionally experience mild cramping. If the procedure is a hit, implantation commonly takes place around six to ten days following egg retrieval.

A. Side effects of in vitro fertilization

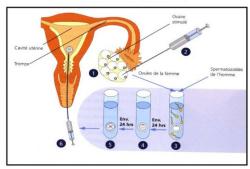
Although patient may need to take it easy after the procedure, most women can resume normal activities the following day. Passing a small amount of fluid (may be clear or blood-tinged) after the procedure, Mild cramping, Mild bloating, Constipation, Breast tenderness.

IX. INTRACYTOPLASMIC SPERM INJECTION FOR INFERTILITY (ICSI)

A. Treatment evaluation

Intracytoplasmic sperm injection (ICSI) is an assisted reproductive generation (artwork) used to deal with sperm-related infertility troubles. ICSI is used to beautify the fertilization section of in vitro fertilization (IVF) by injecting a single sperm into a mature egg. The fertilized egg is then located in a lady's uterus or fallopian tube.

ICSI Procedure



Intrauterine insemination is the fertility treatment in which the male sperms are placed inside the female's uterus for fertilization.

It is least invasive and economical method for successful pregnancy

Fig 4.ICSI Procedure

B. Sperm collection

If sperm can not be accumulated by way of masturbation, they're surgically eliminated from a testicle thru a small incision. This method may be used when there's a blockage that prevents sperm from being ejaculated or when there is a hassle with sperm improvement. To display for genetic problems that might affect offspring, experts suggest that men with little or no sperm in their semen (no longer because of a blockage) have genetic testing earlier than they start ICSI.

C. Ovulation and egg retrieval

To put together for a procedure the usage of your personal eggs, you have to get every day photographs and be carefully monitored for two weeks before the eggs are amassed. At domestic, you or your companion injects you with gonadotropin or follicle-stimulating hormone (FSH) to stimulate your ovaries to supply a couple of eggs. this is known as super ovulation. After the first week, your medical doctor tests your blood estrogen ranges and uses ultrasound to look if eggs are maturing in the follicles. During the second week, your dosage can also alternate based on take a look at consequences and ultrasound. If follicles completely broaden, you're given a human chorionic gonadotropin (hCG) shot to stimulate the follicles to mature. The mature eggs are accrued 34 to 36 hours later. That is executed the usage of laparoscopy or needle aspiration guided by way of ultrasound via the belly to the ovaries.

D. Sperm injection and switch:

A tumbler device is used to keep an egg in place. A tiny glass tube is used to position one sperm into the egg. After culturing inside the lab in a single day, eggs are checked to peer in the event that they've been fertilized. After incubation, the eggs that have been efficaciously fertilized or have had 3 to 5 days to further expand are selected. One or greater are positioned inside the uterus using a skinny flexible tube (catheter) that is inserted through the cervix. Your doctor will advocate what number of embryos to transfer, based totally in your age and other facts about you. the opposite embryos may be frozen for future use.

E. Anticipate After remedy:

The photographs, monitoring, and approaches for in vitro fertilization (IVF) may be emotionally and physically stressful of the mom. Super ovulation with hormones requires normal blood assessments, daily photographs, and common tracking by using your physician. Some of the pictures may be quite painful.

These techniques are achieved on an outpatient foundation. They require best a short healing time. Your health practitioner may additionally suggest you to keep away from strenuous sports for the relaxation of the day. ICSI are used to deal with severe male infertility, as when little or no sperm are ejaculated in the semen. Immature sperm amassed from the testicles usually cannot move about and are much more likely to fertilize an egg through ICSI.ICSI can be used even supposing a pair's infertility isn't always related to a trouble with sperm. Some couples select to strive ICSI after repeat in vitro fertilization has now not labored. ICSI is likewise used for couples who're making plans to check the embryo for certain genetic problems. ICSI makes use of simplest one sperm for each egg. So there is no risk the genetic test may be infected by other sperm.

F. Running methods:

Used with in vitro fertilization and eggs of exact satisfactory, ICSI often is successful for men who've impaired or no sperm in the ejaculate. ICSI (the usage of sperm accumulated from the testicles) produces an envisioned 25% to 30% beginning fee.2

Dangers:

Dangers related to ICSI are the same as for in vitro fertilization.

X. GAMETE INTRAFALLOPIAN TRANSFER (GIFT)

GIFT is an assisted reproductive technique which includes casting off a woman's eggs, mixing them with sperm, and immediately setting them into a fallopian tube. One of the principal differences between this procedure and in vitro fertilization (IVF) and zygote intrafallopian transfer (ZIFT) procedures is that with present the fertilization process takes location inside the fallopian tube in place of in a laboratory. However, healthy tubes are essential for present to work.

A. GIFT is an assisted reproductive method that entails the following:

Patients have to first have an x-ray to determine the presence of as a minimum one healthful fallopian tube. The doctor may also use a laparoscope to make sure that there isn't always any scar tissue at the out of doors of the fallopian tube.

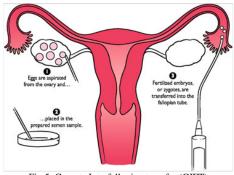


Fig 5. Gamete Intrafallopian transfer (GIFT)

- The usage of a laparoscope, eggs are then retrieved from the ovaries.
- The male presents a sperm pattern the identical day that the eggs are retrieved.
- The eggs are then blended with the sperm in a catheter.
- The egg and sperm aggregate is inserted into the fallopian tubes with a catheter.
- The girl is then supplied with remedy to accumulate the uterine lining to help implantation of a fertilized egg.
- If any extra eggs are left over, you may use them for IVF and store any feasible embryos to use in the destiny.

B. GIFT has been used with the subsequent patients:

Couples with unexplainable infertility, Couples who've not had ,Success with IVF, Couples who've a religious or moral reluctance to use IVF, Women who have at the least one ,Wholesome fallopian tube, Couples in which the husband has a low sperm matter or other troubles together with his sperm, But, in line with the country wide Institute for health and Care Excellence, "There's insufficient evidence to endorse using gamete intrafallopian switch or zygote intrafallopian transfer in desire to IVF in couples with unexplained fertility problems or male element fertility issues."

XI. ZYGOTE INTRAFALLOPIAN TRANSFER(ZIFT)

ZIFT is an assisted reproductive method much like in vitro fertilization and embryo transfer, the difference being that the fertilized embryo is transferred into the fallopian tube rather than the uterus, due to the fact the fertilized egg is transferred immediately into the tubes, the system is likewise called tubal embryo transfer (TET). This system

may be more a hit than gamete intrafallopian transfer (present) due to the fact your medical doctor has a greater hazard of ensuring that the egg is fertilized. The lady needs to have healthful tubes for ZIFT to paintings. The primary difference between ZIFT and gift is that ZIFT transfers a fertilized egg at once into the fallopian tubes while gift makes use of a combination of sperm and eggs.

Zygote Intrafallopian Transfer

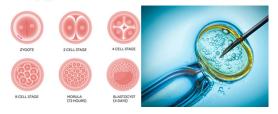


Fig 6. Zygote Intrafallopian transfer(ZIFT)

XII. DONOR EGGS AND EMBRYOS PROCEDURE

A. Egg Donor Application and Screening: Before everything else can happen, egg donors must apply to patient egg donation program, go through an initial screening and two rounds of interviews (one with clinical coordinators and another with our physicians) as well as some testing. Only the donor applicants who pass all these screening steps will be added to patient egg donor program, and can be matched with a recipient couple. CHR's egg donor program is very selective: on average, we accept only about 1-3% of applicants to donor program.

XIII. CONCLUSION

Female age is a key predictor of failure to have a live birth following IVF as well as the threat of terrible performance at every level of remedy. While elevated duration of infertility is likewise related to worse results at each degree, its impact appears to be less influential. Absence of a preceding being pregnant did not impact on ovarian stimulation and pregnancy loss however does have an effect on the chances of fertilization and positive pregnancy test. Girls embarking on ICSI treatment for male issue infertility have a decrease threat of treatment failure but this doesn't appear like because of improved possibilities of implantation of ICSI embryos.

REFERENCES

- [1] .Stolwijk AM, Zielhuis GA, Sauer MV, Hamilton CJ, Paulson RJ (1997) The impact of the woman's age on the success of standard and donor in vitro fertilization. Fertil Steril 67: 702-710. doi:10.1016/S0015-0282(97)81370-2. PubMed: 9093198.
- [2] Bancsi LF, Huijs AM, den Ouden CT, Broekmans FJ, Looman CW et al.(2000) Basal follicle-stimulating hormone levels are of limited value in predicting ongoing pregnancy rates after in vitro fertilization. Fertil Steril73:
 - 552-557. doi:10.1016/S0015-0282(99)00552-X. PubMed: 10689012.
- [3] Ebbesen SM, Zachariae R, Mehlsen MY, Thomsen D, Højgaard A et al.(2009) Stressful life events are associated with a poor in-vitro fertilization

- (IVF) outcome: A prospective study. Hum Reprod 24: 2173-2182. doi:10.1093/humrep/dep185.PubMed:19465459.
- [4] Ferlitsch K, Sator MO, Gruber DM, Rücklinger E, Gruber CJ et al. (2004) Body mass index, follicle-stimulating hormone and their predictive value in invitro fertilization. J Assist Reprod Genet 21: 431-436. doi:10.1007/s10815-004-8759-1. PubMed:15704518.
- [5] Hart R, Khalaf Y, Yeong CT, Seed P, Taylor A et al. (2001) A prospective controlled study of the effect of intramural uterine fibroids on the outcome of assisted conception. Hum Reprod 16: 2411-2417. PubMed: 11679530.
- [6] Hauzman E, Fedorcsák P, Klinga K, Papp Z, Rabe T et al. (2004) Use of serum inhibin A and human chorionic gonadotropin measurements to predict the outcome of in vitro fertilization pregnancies. Fertil Steril 81: 66-72. doi:10.1016/j.fertnstert.2003.05.007. PubMed: 14711546.
- [7] Hunault CC, Eijkemans MJ, Pieters MH, te Velde ER, Habbema JD et al. (2002) A prediction model for selecting patients undergoing in vitro fertilization for elective single embryo transfer. Fertil Steril 77: 725-732. doi:10.1016/S0015-0282(01)03243-5. PubMed: 11937124.
- [8] Maugey-Laulom B, Commenges-Ducos M, Jullien V, Papaxanthos-Roche A, Scotet V et al. (2002) Endometrial vascularity and ongoing pregnancy after IVF. Eur J Obstet Gynecol Reprod Biol 104: 137-143. doi:10.1016/S0301-2115(02)00102-1. PubMed:12206926.
- [9] Ottosen LD, Kesmodel U, Hindkjær J, Ingerslev HJ (2007) Pregnancy prediction models and eSET criteria for IVF patients - Do we need more information? J Assist Reprod Genet 24: 29-36. doi:10.1007/s10815-006-9082-9. PubMed: 17165151.
- [10] Sabatini L, Zosmer A, Hennessy EM, Tozer A, Al-Shawaf T (2008) Relevance of basal serum FSH to IVF outcome varies with patient age. Reprod Biomed online 17: 10-19. doi:10.1016/S1472-6483(10)60287-8. PubMed: 18616884.
- [11]Sharma V, Allgar V, Rajkhowa M (2002) Factors influencing the cumulative conception rate and discontinuation of in vitro fertilization
 - treatment for infertility. Fertil Steril 78: 40-46. doi:10.1016/S0015-0282(02)03484-2. PubMed: 12095488.
- [12] Strandell A, Bergh C, Lundin K (2000) Selection of patients suitable for one-embryo transfer may reduce the rate of multiple births by half without impairment of overall birth rates. Hum Reprod 15: 2520-2525. doi:10.1093/humrep/15.12.2520. PubMed:11098020.
- [13] Syrop CH, Dawson JD, Husman KJ, Sparks AE, Van Voorhis BJ (1999) Ovarian volume may predict assisted reproductive outcomes better than follicle-stimulating hormone concentration on day 3. Hum Reprod 14: 1752-1756. doi:10.1093/humrep/14.7.1752. PubMed: 10402382.
- [14]Wang YA, Healy D, Black D, Sullivan EA (2008) Age-specific success rate for women undertaking their first assisted reproduction technology treatment using their own oocytes in Australia, 2002-2005. Hum Reprod 23: 1633-1638. doi:10.1093/humrep/den135. PubMed: 18441345.
- [15]Nelson SM, Lawlor DA (2011) Predicting live birth, preterm delivery, and low birth weight in infants born from in vitro fertilisation: a prospective study of 44,018 treatment cycles. PLoS Med 8:e1000386. PubMed: 21245905.
- [16]Lawlor DA, Nelson SM (2012) Effect of age on decisions about the numbers of embryos to transfer in assisted conception: A prospective study. Lancet 379: 521-527. doi:10.1016/S0140-6736(11)61267-1. PubMed: 22243709.
- [17]Van Loendersloot LL, van Wely M, Limpens J, Bossuyt PMM,

- Repping S et al. (2010) Predictive factors in in vitro fertilization (IVF): A systematic review and meta-analysis. Hum Reprod Update 16: 577-589. doi:10.1093/humupd/dmq015. PubMed: 20581128.
- [18]Templeton A, Morris JK, Parslow W (1996) Factors that affect outcome of in-vitro fertilisation treatment. Lancet 348: 1402-1406. doi:10.1016/S0140-6736(96)05291-9. PubMed: 8937279.
- [19]Min JK, Breheny SA, MacLachlan V, Healy DL (2004) What is the most relevant standard of success in assisted reproduction? The singleton, term gestation, live birth rate per cycle initiated: the BESST endpoint for assisted reproduction. Hum Reprod 19: 3-7. doi:10.1093/oxfordjournals.humrep.a 002295. PubMed: 14688149.
- [20]Ferraretti AP, La Marca A, Fauser BC, Tarlatzis B, Nargund G et al. (2011) ESHRE consensus on the definition of 'poor response' to ovarian stimulation for in vitro fertilization: The Bologna criteria. Hum Reprod 26: 1616-1624. doi:10.1093/humrep/der092. PubMed: 21505041.
- [21]Sunkara SK, Rittenberg V, Raine-Fenning N, Bhattacharya S, Zamora J et al. (2011) Association between the number of eggs and live birth in IVF treatment: an analysis of 400 135 treatment cycles. Hum Reprod 26: 1768-1774. doi:10.1093/humrep/der106. PubMed: 21558332.
- [22] Zou G (2004) A modified poisson regression approach to prospective studies with binary data. Am J Epidemiol 159: 702-706. doi:10.1093/aje/kwh090. PubMed:15033648.
- [23]Greenland S (2004) Model-based estimation of relative risks and other epidemiologic measures in studies of common outcomes and in case-control studies. Am J Epidemiol 160: 301-305. doi:10.1093/aje/kwh221. PubMed: 15286014.
- [24]McNutt LA, Wu C, Xue X, Hafner JP (2003) Estimating the relative risk in cohort studies and clinical trials of common outcomes. Am J Epidemiol 157: 940-943. doi:10.1093/aje/kwg074. PubMed: 12746247.
- [25]Van Loendersloot LL, Van Wely M, Repping S, Van Der Veen F, Bossuyt PM (2011) Templeton prediction model underestimates IVF success in an external validation. Reprod Biomed Online 22: 597-602. doi:10.1016/j.rbmo.2011.02.012. PubMed:21493154.
- [26]Capri Eshre Workshop Group (2013) Failures (with some successes) of assisted reproduction and gamete donation programs. Hum Reprod Update. 19: 354-365. doi:10.1093/humupd/dmt007. PubMed: 23459992.
- [27]Van der Gaast MH, Eijkemans MJ, van der Net JB, de Boer EJ, Burger CW et al. (2006) Optimum number of oocytes for a successful first IVF treatment cycle. Reprod Biomed Online 13: 476-480. doi:10.1016/S1472-6483(10)60633-5. PubMed: 17007663.
- [28] Johnson N, van Voorst S, Sowter MC, Strandell A, Mol BW (2010) Surgical treatment for tubal disease in women due to undergo in vitro fertilisation. Cochrane Database Syst Rev Volumes 1. PubMed: 200915311526646411687014.