only aneuploid embryos would have been selected based on morphologic criteria. In select patients, we advocate aneuploidy PGD. Additional cycles are being evaluated.

Supported by: None

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4:45 p.m.

O-240


OBJECTIVE: To determine the pregnancy, obstetrical, and newborns (n=480) outcome after IVF with PGD for aneuploidy, translocations and single gene disorders.

DESIGN: Prospective follow up of pregnancies, deliveries, and newborns after PGD.

MATERIALS AND METHODS: Information was obtained from patients during pregnancy and/or after the delivery. IVF was done at multiple sites but in most cases our embryologists performed the polar bodies and/or blastomere biopsy for PGD.

RESULTS: From all clinical pregnancies that were obtained by IVF-PGD until 2004, 79.3% were singletons, 18.5% twins, 2.2% triplets, and 0.6% were extra uterine pregnancies. While all couples were highly recommended to undergo prenatal diagnosis, it was done by only 30% of patients. Take home baby rates were 72.9% for PGD for aneuploidy and 81.4% for PGD for translocations, which were significantly better compared to these patient previous pregnancies outcome (p<0.001). Maternal complications occurred in 17.3% of pregnancies. 57% delivered vaginally and 43% by cesarean sections. Mean gestational age and newborn weight were 38.4 weeks and 3590 gr for singletons, 35.6 weeks and 2662 gr for twins, and 31.9 weeks and 2019 gr for triplets, respectively. Intrauterine growth retardation occurred in 8.5% of singletons and 8.1% were large for gestational age. Data for the condition of the newborn was obtained for 480 babies. 4.4% of babies (n=21) had minor birth anomalies (such as heman-giomas, birthmarks, heart murmurs, torticollis, toe syndactyly). 1.7% (n=8) were reported to have major birth defects (such as hip dysplasia, seizures, foot deformity, tetroylogy of Fallot).

CONCLUSION: PGD may be offered safely to most patients who wish to improve their pregnancy outcome while transferring only 1-2 embryos to prevent multiples. The obstetrical outcome after PGD is similar to that of other IVF/ICSI pregnancies. Based on data obtained at birth by parents and the expected rates of anomalies in the North American population, PGD is not associated with an increase in birth defects.

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