



press clip

# Long-term data to fill in gaps

## IVF research will be pioneering, writes CATHY SAUNDERS

In almost every classroom in every school in Australia there is a child born from IVF yet little is known about their long-term health prospects.

To fill this information gap, a WA fertility specialist is conducting a five-year study made possible by a \$1.5 million National Health and Medical Research Council grant.

Roger Hart, professor of reproductive medicine at the University of WA, said about four per cent of babies in Australia were born from IVF and there were about four million now in the world. One in seven children born to women aged 37 years or older would be born from IVF.

These numbers were likely to rise because it appeared that sperm counts were dropping, due partly to an increasing prevalence of overweight and obesity.

An increase in the prevalence of obesity, postponing child-bearing until later in life and an increase in sexually transmitted diseases were also affecting female fertility. Professor Hart said most data about IVF babies were on the short-term impact of the treatment on their health.

"We know that if a woman is pregnant through IVF,

unfortunately generally all pregnancy complications are increased," he said. These included gestational diabetes, hypertension, premature delivery, the chance of having a small baby, and neonatal intensive care unit admission. IVF babies also had slightly higher rates of congenital abnormalities compared with babies conceived naturally.

Professor Hart, who is also medical director of Fertility Specialists of WA, said preliminary data from small studies suggested there might be a small increased risk of the chance of some conditions for the child in the longer term, including raised blood pressure in adolescence, thyroid insufficiency, and ADHD, but none of the findings had been shown convincingly in previous studies.

The main problem had been to find a good control group with which to compare IVF children.

His study, which would be the first of its kind, was made possible by the fact that WA had a ready-made control group in the world-famous Raine Cohort, now in its 24th year, which had been demonstrated to be very representative of the WA population. The children had undergone follow-up assessments at birth and ages 1, 2, 3, 5, 10, 14, 17 and 20, as well as male and female reproductive development assessments at 15 and 20 years.

The new study will compare the Raine Cohort with the study group he is now recruiting.

"We are looking to recruit

children born from IVF in WA between 1991 and 2001," he said. These children were now teenagers and young adults, for which there were only limited health data.

"We are keen for as many parents as possible to speak to their children about being involved in the study," Professor Hart said. The one per cent of the Raine Cohort born from IVF would be excluded from the study.

He and his research group are particularly interested in looking at the risk of cardiovascular, metabolic, reproductive, respiratory and psychological problems in IVF offspring. They will also examine allergies and asthma, diet, activity, body fat

distribution using scans, and eye function and vision.

Professor Hart said it

was important to include environmental factors such as the children's home environment.

"And if they were considered a 'precious child', there is a chance they may be more

cosseted," he said. One possible factor that might contribute to any potential detected differences in IVF children was the culture medium in which the embryos were grown, he said.

"Is that impacting on the subsequent growth and development of the child? Is the stimulation of the ovary that we give as part of the fertility treatment leading to issues down the line?" The research would include these factors to try to answer these questions or provide pilot data for future research.

About 4 per cent of babies in Australia were born from IVF.



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**Roger Hart at Bethesda Hospital.** Picture: Michael Wilson