

Gateway reference number: 11323

To: all Directors of Public Health in England

04 February 2009

Dear Director of Public Health

2009: Multiple Births and Commissioning IVF Services.

I wrote to you in January 2008 about multiple births which are the single greatest public health challenge in infertility services.

I am writing again because January 2009 marks the start of our new policy to reduce the incidence of multiple births following IVF, thereby reducing the associated risks of prematurity and low birth weight for those babies.

In a typical PCT with a population of 500,000 there will be about 85 IVF births each year and some 39 babies will be part of a multiple birth¹. The risks for mother and child are significant - they are described in detail on the 'One at a Time' website² at: www.oneatatime.org.uk/36.htm. The costs for a typical PCT of a twin or triplet birth (including health costs for the first year of life) are an estimated £9,000 and £32,000 respectively, compared to £3,000 for a singleton. The overall costs to the health service over a longer period are clearly much greater (although almost impossible to estimate) where the mother or one or more children develop longer term health problems.

These risks – and the associated financial costs – can and should be avoided. I am asking every PCT to put its full support behind the HFEA's Multiple Births policy which is designed to more than halve the rate of IVF multiple births from its 2006 level of 23% to 10% over the next 3 years.

The policy takes an outcomes-based approach and came into force on 1 January 2009. The policy has been developed in close association with both patient and professional bodies. It has their full support.

¹ http://www.hfea.gov.uk/docs/2008-10-08_Facts_and_Figures_2006_-_fertility_problems_and_treatment.pdf (Table 8 p. 14)

² The 'One at a Time' website is a professionally-led site aimed at reducing the risks of multiple pregnancies from fertility treatment.

Key elements of the evidence based policy are as follows:

- The HFEA will set annual maximum multiple birth rates that will apply to all UK centres and will function as an 'upper limit'. The maximum rate for the calendar year 2009 is 24%. No centre's annual multiple birth rate should exceed this figure.
- The HFEA will set progressively lower maximum rates towards the final 10% goal.
- All centres must develop a 'Multiple Births minimisation' strategy which will outline how they intend to reduce their annual multiple birth rates. These must be in place by 1 January 2009. The strategy must also include criteria setting out when single embryo transfer (SET) should be recommended to particular patients and could include criteria related to age, previous reproductive experience and embryo quality. When developing their strategies, clinics should give proper consideration to professional guidelines produced by the British Fertility Society and the Association of Clinical Embryologists³.
- Centres must audit the progress and effectiveness of their strategies.

The rationale behind requiring clinics to develop their own SET criteria (rather than imposing any such criteria) is because different factors might be relevant at different clinics. For example, some centres may offer blastocyst transfer⁴ and others may specialise in treating older patients. These differences may materially influence appropriate SET criteria in that particular centre's strategy and the HFEA believe that it is vital for its policy be sensitive to such variables⁵.

PCTs will wish to ensure that their commissioning strategies are consistent with the HFEA's new Multiple Births policy. For example, your service specifications for IVF should recognise that different clinics may find different, but equally effective, routes to lowering their multiple birth rates. **It would therefore be inappropriate, for example, to specify that all patients should receive single embryo transfer (irrespective of their age or prognosis) or to fail to**

³ <http://www.informaworld.com/smpp/content~content=a902139975~db=all~jumptype=rss>

⁴ The chance of pregnancy is greater with the use of blastocyst transfer compared to cleavage stage embryo transfer. A blastocyst stage embryo has reached the 5 – 6 day stage of development and the cleavage stage embryo has developed for 2 – 3 days.

⁵ The policy is set out in greater detail in new HFEA guidance and general directions sent to all centres in October 2008, in time for the 1 January start date. These can be found at: <http://cop.hfea.gov.uk/cop/>

distinguish between blastocyst and cleavage-stage embryo transfer. There is no “one size fits all” policy that is evidence based.

Another issue that is frequently raised by professional and patient bodies alike is that the variability of NHS provision is a significant barrier to greater uptake of SET. In response to this, the Department of Health established an Expert Group on Commissioning NHS fertility treatment at the beginning of 2008, with the aim of identifying the barriers to the implementation of the NICE fertility guideline and helping PCTs move towards fully implementing it. The Group published an interim report last summer which included a statement that they would take account of the HFEA’s programme of work to reduce multiple births as well as various recommendations. The Group is due to publish its final report in 2009. ⁶.

In the meantime, you will recently have received a letter from the Minister, highlighting some of the Expert Group’s interim recommendations. These include encouraging all PCTs to follow the current NICE fertility guidelines, including the provision of 3 full cycles of IVF as well as making clear the intended meaning of “one full cycle of IVF” as being the transfer of both fresh embryos and any viable frozen embryos created from that fresh cycle.

I am therefore also writing to urge you to take up this recommendation which, together with appropriate service specifications, will be key to lowering preventable multiple births arising from IVF. In doing so, you will deliver fairer and safer treatment to patients, as well as reducing future costs to the NHS.

Please feel free to get in touch with me at alan.doran@hfea.gov.uk if you wish to discuss or follow this letter up.



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⁶ http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_087134