

## Infertility increases risk of neonatal death

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A study just published in the British Medical Journal indicates that couples who take longer to conceive, are at greater risk for having babies that die. This is a very important study.

The study looked at Danish women who were enrolled in a large cohort study. The authors studied 27,329 births over a three year period. Only first born births were counted. In that group there were 66 babies who died within the first 28 days. This is known as the neonatal death rate. (The neonatal period is from birth to 28 days).

The mothers had been interviewed during their pregnancies and asked about pregnancy planning and other factors. Women who reported having planned or partly planned their pregnancy were asked how long it had taken them to conceive. If the answer was six months or longer, they were further asked whether they had received infertility treatment.

They were then separated into 5 groups based on how long it took them to conceive:

- Two months or less;
- 3-12 months;
- More than 12 months but with no infertility treatment;
- More than 12 months and also had fertility treatment
- Those women who had unplanned pregnancies (weren't trying)

The results are a bit scary. Compared to women who conceived in two months or less, women who took longer than a year to conceive but who achieved pregnancy on their own, were 3.32 times more likely to have a baby experience a neonatal death. Women who used fertility treatment were 2.32 times more likely again compared to the group that took less than two months.

Why do I think this study is so important? It demonstrates that couples with infertility are qualitatively different than the general population. Whatever the reasons are that cause these couples to take longer to conceive, those factors have an effect on their pregnancies and on their babies.

This must be taken into account when comparing couples with infertility in other types of studies. For example, there has been a lot of press recently focusing on whether children born from in vitro Fertilization - IVF are at higher risk for having birth defects. In many of these studies, they compare babies conceived using in vitro fertilization - IVF to some general population or a registry. This study shows us that these comparisons may not be valid. In order to be valid, they must find a "control" group that suffers from infertility but conceived without using in vitro Fertilization - IVF.

It is entirely possible that all of the "differences" that previous studies have attributed to be a result of fertility treatments, may actually be due to the measurement of this "infertility effect" and not actually from the treatments themselves.

Patients need to know that while they and their babies are perhaps at higher risk for various complications; there may not be any difference whether they use fertility treatments or not.