



Authors' reply re: Obstetric and neonatal complications in pregnancies conceived after oocyte donation: a systematic review and meta-analysis

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BJOG Exchange

vitro fertilisation (IVF) treatment. Clinically, it may be the case that we are not yet seeing ovum donation as a subset of IVF with its own risks, and in view of this article and other meta-analyses, this should change. For example, the significantly increased risk of hypertensive disease in pregnancy and pre-eclampsia is now well documented in ovum donation and women should be advised of this.^{3,4}

Our own work with this includes a small retrospective study looking at postpartum haemorrhage (PPH) in ovum donation pregnancies compared with autologous IVF controls,⁵ which demonstrated a statistically significant higher risk of PPH for the ovum donation group (82% compared with 67% of controls). We should be advising women of this increased risk, as well as preparing appropriately antenatally for delivery and the puerperium, for example by optimising haemoglobin prior to labour, obstetrician-led care, and ensuring delivery in a unit with ready access to blood products and cell salvage.⁵

We want to thank the authors for adding to important knowledge on these women, which may help improve our practice.

Many thanks. ■

References

- 1 Storgaard M, Loft A, Bergh C, Wennerholm UB, Soderstrom-Anttila V, Romundstad LB, et al. Obstetric and neonatal complications in pregnancies conceived after oocyte donation: a systematic review and meta-analysis. *BJOG* 2016;124:561–72.
- 2 HFEA (2013). HFEA Fertility trends and figures. [http://www.hfea.gov.uk/docs/HFEA_Fertility_Trends_and_Figures_2013.pdf] Accessed 10 August 2016.
- 3 Jeve YB, Potdar N, Opoku A, Khare M. Donor oocyte conception and pregnancy complications: a systematic review and meta-analysis. *BJOG* 2016;123:1471–80.
- 4 Keegan D, Krey L, Chang HC, Noyes N. Increased risk of pregnancy-induced hypertension in young recipients of donated oocytes. *Fertil Steril* 2007;87:776–81.
- 5 Garner J, Richardson A, Gopaladas P, Shah A, Parisaei M. A comparison of maternal and neonatal outcomes of 79 ovum donation pregnancies compared to 234 autologous IVF controls. *J Gynecol Reprod Med* 2017;1:1–5.

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Author's reply

Sir,

We are happy to notice the positive interest shown by Garner et al.¹ in our systematic review article 'Obstetric and neonatal complications in pregnancies conceived after oocyte donation: a systematic review and meta-analysis'.² Also, we have read the newly published work by Garner et al.³ with interest and find it important to notice that this work adds to the knowledge already shown in our review article that oocyte donation increases the risk of post partum haemorrhage compared to autologous IVF pregnancies.

By now, research has shown that oocyte donation increases the risks of hypertensive disorders of pregnancy, pre-eclampsia, postpartum haemorrhage, preterm birth, low birthweight and caesarean section compared with autologous IVF pregnancies. Importantly, the risk of hypertensive disorders, pre-eclampsia and postpartum haemorrhage are increased between two- and three-fold in oocyte donation pregnancies compared with autologous IVF pregnancies,² and as these complications have the potential to endanger the mother's life, this should call for special awareness in every obstetrician and midwife caring for women during pregnancy, labour and puerperium after oocyte donation.

We certainly agree that oocyte donation pregnancy should be considered a subset of IVF pregnancies with its own aggravated risk profile and, as such, call for special counselling and care. As multiple pregnancy increases the risk of hypertensive disorders of pregnancy, pre-eclampsia, postpartum haemorrhage,

preterm birth, low birthweight and caesarean section, single embryo transfer should be recommended in IVF pregnancies in general and even more so in oocyte donation pregnancies.

Hopefully, an alertness towards the risk profile of oocyte donation pregnancies may soon be included in recommendations for oocyte donation treatment and care throughout pregnancy and labour after oocyte donation. Such recommendations should include single embryo transfer and ante- and perinatal care in a highly specialised unit.

We would like to thank Garner and co-authors for adding more interest and knowledge to this important subject.

References

- 1 Garner J, Parisaei M, Shah A. Letter to the editor. *BJOG* 2017;124:1452.
- 2 Storgaard M, Loft A, Bergh C, Wennerholm UB, Soderstrom-Anttila V, Romundstad LB, et al. Obstetric and neonatal complications in pregnancies conceived after oocyte donation: a systematic review and meta-analysis. *BJOG* 2016;124:561–72.
- 3 Garner J, Richardson A, Gopaladas P, Shah A, Parisaei M. A comparison of maternal and neonatal outcomes of 79 ovum donation pregnancies compared to 234 autologous IVF controls. *J Gynecol Reprod Med* 2017;1:1–5.

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Re: AGAINST: fetal scalp blood sampling in conjunction with electronic fetal monitoring reduces the risk of unnecessary operative delivery

Sir,

Jan Stener Jørgensen has expressed his opinion in favour of fetal scalp blood sampling.¹ Considering the rationale