prospective study is necessary to better evaluate at which stage its prog-
nostic value should be regarded as the best.

CLINICAL FEMALE INFERTILITY AND GYNECOLOGY
Tuesday, October 24, 2000

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Objectives: Prognostic Models (PM’s) are used to estimate the chance to conceive spontaneously. Before putting them into practice they need to be validated. The validation of PM’s in a cohort of couples with longstanding unexplained subfertility has been presented previously (1). Now we report the results of the validation of PM’s in a general cohort of subfertile couples.

Design: Retrospective cohort study in a university-based hospital.

Materials and Methods: In 1997 369 couples were registered at the outpatients clinic for Reproductive Medicine of the University Hospital Groningen. A routine subfertility investigation was performed. Exclusion criteria were: ovulatory disorders, azoospermia, bilateral tubal occlusion, any subfertility treatment and lost to follow-up. The chance to conceive spontaneously was calculated using PROGNO (2) for the models Collins, Eimers, Comhaire and Wichman or by hand for the Snick-models.

The estimated chance to conceive per PM was compared with the number of recorded pregnancies within one year after registration.

Results: 238 couples fulfilled the inclusion criteria. The number of patients (n), the 95% confidence limits for the number of conceptions according to Eimers, Comhaire and Wichman or by hand for the Snick-models. The estimated chance to conceive per PM was compared with the number of recorded pregnancies within one year after registration.

Conclusions: The models according to Snick predict more pregnancies than really occurred in this cohort. The PM’s according to Eimers, Collins, Comhaire and Wichman agree well with the recorded number of pregnancies (RC) are presented.

Conclusions: Despite the fact that the city of Cincinnati has a black population of 18.3%, only 6.2% of the infertility patients were black. This is significantly less than expected, assuming that the incidence of infertility is uniformly distributed among races (p<.05). We believe this decrease is due to reduced access to health care, decreased awareness of available infertility services, and the perception that infertility services are unaffordable. Tubal infertility was more common in the black population and in patients without insurance coverage.

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Objectives: To examine the demographics of infertility patients by race and economic factors.

Materials and Methods: A retrospective chart review was performed of all patients who presented for an infertility evaluation, between 1/99 and 12/99, to two infertility centers in Cincinnati, Ohio. Age, parity, race, diagnoses, and insurance status were determined. Patients were categorized into one of three groups by race (caucasian, black, other.) ANOVA was used to determine if population means were different and chi square was used to determine if the population proportions were different.

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Objectives: Minimal stimulation is a protocol first described for non-ART infertility treatment in 1996 (Fertil Steril, 1996;65:583–587), consisting of 5 days of clomiphene citrate (100 mg/day) followed by a single dose of gonadotropin (150 U) on cycle day 9. In our clinic, this protocol has been used in combination with intrauterine insemination (IUI). The published description of this protocol (61 women, 106 cycles) showed a favorable pregnancy rate (20.8%) in a young population (mean age = 31.9) with a high rate of ovulatory dysfunction (40%). The objectives of the current study were: (1) to determine the effectiveness of this protocol in the general infertility population cared for in a university-based infertility practice and (2) to evaluate factors influencing pregnancy rates obtained with this MS protocol.

Design: A retrospective chart review of all individuals undergoing MS from 1997 through 1999 at our institution was conducted. Treatment cycles with documentation of a first trimester pregnancy outcome were included in the analyzes.