

DESIGN: On-line public survey.

MATERIALS AND METHODS: A structured questionnaire regarding the legal and ethical issues surrounding oocyte donation was used to collect data. Individuals who were randomly selected from the general population using different e-mail lists were contacted by e-mail and invited to participate in the study by completing an online web survey. There was no restriction on population selection and no incentive for completing the survey.

RESULTS: A total of 1565 people answered the survey: 1284 were women (82%, age: 37.5±8.2 years), and 281 were men (18%, age: 44.1±12.4 years); 1309 (83.6%) were university graduates; 1033 (66%) had a personal income ≥ 1,250 US dollars/month; and 1346 (86%) considered themselves religious. Although many participants believed that it is possible for women to donate their oocytes for only altruistic reasons, the majority believed that the lack of oocyte donation was due to the prohibition of any payment (64.3%) and that incentives would promote oocyte donation (84.7%). The majority of participants (65.3%) agreed that a financial incentive (paying the donor) would be the most practical solution to increase the number of oocyte donations. These results tended to be independent of gender, age, income, religion, education and professional activity.

CONCLUSION: The majority of participants had no objection to compensating oocyte donors, and most thought that a financial incentive would be the most practical solution to increasing the number of donations.

P-1100 Thursday, October 17, 2013

THE RISK OF ADVERSE OUTCOMES IN PREGNANCIES CONCEIVED THROUGH ASSISTED REPRODUCTIVE TECHNOLOGIES (ART). G. Bhasin,^a E. T. Wang,^{a,b} K. Gregory,^{a,b} G. Barlow,^a C. Simmons,^c M. D. Pisarska.^{a,b} ^aOB/GYN, Division REI, Cedars-Sinai Medical Center, Los Angeles, CA; ^bOB/GYN, David Geffen School of Medicine @ UCLA, Los Angeles, CA; ^cPediatrics, Cedars-Sinai Medical Center, Los Angeles, CA.

OBJECTIVE: To determine if there are differences in perinatal outcomes from singleton pregnancies conceived spontaneously versus infertile couples using less invasive fertility treatments (non-IVF) and infertile couples using in vitro fertilization (IVF).

DESIGN: Cross-sectional study.

MATERIALS AND METHODS: A total of 2659 consecutive singleton deliveries at one institution were evaluated based on mode of conception [spontaneous (n=2426), infertile couples using less invasive fertility treatments (non-IVF group) (n=132), infertile couples using IVF (IVF group) (n=101)]. The non-IVF group was used as a control to account for inherent predisposition of infertility. Mode of delivery and NICU admission were the main outcomes. The association between mode of conception and the main outcomes were determined using logistic regression, adjusting for maternal age and race.

RESULTS: There was a statistically significant difference in the maternal age of the spontaneous pregnancies compared to pregnancies from the non-IVF group and pregnancies from the IVF group (32.2, 36.7, and 38.7 respectively). Multivariable logistic regression demonstrates an increased odds of cesarean section (OR 2.09, 95% CI 1.37- 3.18, p=0.001) in the IVF group compared to the spontaneous group. There was no statistically significant difference in the non-IVF group. The percentage of infants that went to the NICU in these 3 groups was 6.0, 7.7, and 6.6%, respectively. This was not statistically significant.

CONCLUSION: Singleton pregnancies conceived in couples with infertility using IVF are at increased risk of cesarean section. Further studies are needed to determine the etiology for increased cesarean section rate, including indication particularly as it relates to potential adverse perinatal outcome. However, this data is reassuring that fetal outcomes, measured by NICU admissions, are not increased as a result of infertility as well as ART.

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THE MORE, THE BETTER? THE IMPACT OF SLEEP ON IVF OUTCOMES. I. Park,^a H. G. Sun,^a G. H. Jeon,^b J. D. Jo,^c S. G. Kim,^a K. H. Lee.^a ^aMapapapa & Baby OB&GY, Ulsan, Republic of Korea; ^bInje University, Haeundae Paik Hospital, Busan, Republic of Korea; ^cEllemedi OB&GY, Changwon, Republic of Korea.

OBJECTIVE: The quantity and quality of sleep affects not only health, mood, but also hormones and fertility. Some studies evaluated the impact

of sleep on reproductive hormone secretion. However, effect of sleep on IVF outcomes was not well investigated. The purpose of this study is to evaluate the impact of sleep on IVF outcomes.

DESIGN: Retrospective observational study.

MATERIALS AND METHODS: This observational study included 656 women undergoing IVF cycles between September 2011 and December 2012. Sleep duration estimations were extracted from the participants' answers to the questionnaire before starting IVF treatment. The participants were then split into three groups by sleep duration: short-time sleepers (4-6 hours), moderate-time sleepers (7-8 hours) and long-time sleepers (9-11 hours).

RESULTS: The mean sleep duration was 7.4 hours. Among 656 women, 120 women slept usually 4-6 hours per day (short-time sleepers), 445 women, 7-8 hours (moderate-time sleeper), and 91 women, 9-11 hours (long-time sleepers). In each group, age, number of transferred embryos reflected no differences. Number of oocytes (10.6, 10.6, 10.7) and fertilization rate (68%, 68%, 73%) were similar among three groups. Pregnancy rate was significantly higher in the moderate-time sleepers group than in long-time sleepers group [52.6%(234/445) vs. 42.9%(39/91), P=0.045]. Pregnancy rate of the group sleeping moderately had increased tendency as compared with that of the group sleeping shortly [52.6%(234/445) vs. 45.8%(55/120), P=0.090].

CONCLUSION: Getting enough sleep has beneficial effect on reproductive hormone secretion. It might be helpful to fertility and IVF outcomes. However, excessive sleep disturbs circadian rhythms and hormone cycles. Probably by this reason, IVF outcomes could be impaired in our study. Therefore, moderate sleep about 7-8 hours is recommended to the patients undergoing IVF cycles for improving IVF outcomes.

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THE OESTRADIOL/ OOCYTE RATIO PREDICTS THE OUTCOME OF ASSISTED REPRODUCTIVE TECHNOLOGY (ART) TREATMENTS. D. A. Vaughan,^{a,b} H. Conor,^a E. Mocuau.^a ^aThe Hari Unit, Rotunda Hospital, Dublin, Ireland; ^bObstetrics and Gynaecology, Tufts Medical Center, Boston, MA.

OBJECTIVE: To ascertain if the oestradiol (E2) per oocyte ratio can predict fertilisation rates, cleavage rates, number of good quality embryos and clinical pregnancy rates after ART.

DESIGN: A retrospective electronic database and single chart review of all ART cycles undertaken from January 2001 through November 2012 in a hospital based academic ART unit. All cases where oocyte collection took place were identified.

MATERIALS AND METHODS: Subjects were divided into three age groups (<35, 35-39 and ≥40 years old), and sub-divided into nine groups based on E2/oocyte ratio. E2 is routinely measured on the day of hCG and electronically recorded. Stimulation regime was based on departmental protocols. FSH dose was based on age, AMH and AFC.

RESULTS: Over the study period a total of 9109 of oocyte retrievals were performed for 5499 patients. Independent of age, clinical pregnancy rates were highest in patients with E2/oocyte ratio of 250 to 750 and declined as E2/oocyte ratio increased. High E2/oocyte ratios denote dysfunctional folliculogenesis. The odds ratio (OR) for clinical pregnancy in the group with a E2/oocyte ratio of 250-750 vs. the group with an E2/oocyte ratio >1500 was 3.4 (95% CI 2.67-4.34, p<0.001). No statistically significant correlation was seen in fertilisation rate, cleavage rate and number of embryos with respect to E2/oocyte ratio. Due to the power of our study, our results are unlikely to be affected by chance.

CONCLUSION: The ability to predict the outcome of ART treatment has clinical relevance for patients and providers. The former have the opportunity to build realistic expectations and the latter to advise according to measured clinical parameters. A better understanding of the physiology behind these findings could improve the way ovarian stimulation is carried out in the future.

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BOTH LOW AND HIGH SERUM PROGESTERONE LEVELS ON THE DAY OF HUMAN CHORIONIC GONADOTROPHIN (hCG) ADMINISTRATION REDUCE LIVE-BIRTH RATES DURING IN-VITRO FERTILIZATION (IVF/ICSI). S. Santos-Ribeiro, N. P. Polyzos, H. Tournaye, C. Blockeel. Centre for Reproductive Medicine, Universitair Ziekenhuis Brussel, Vrije Universiteit Brussel, Brussels, Belgium.