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- 2005 Emeritus Professor Vrije Universiteit Brussel
- 2000 - 2004 Dean Medical School (Vrije Universiteit Brussel)
- 1999 - 2000 Vice-dean Research Medical School (Vrije Universiteit Brussel)
- 1994 - 1996 Vice-rector Education of the Vrije Universiteit Brussel
- 1994 - 1996 Chairman of the Educational Board of the Vrije Universiteit Brussel
- 1991 - 1992 Vice-dean Medical School
- 1988 - 1993 Chairman Medical Board
- 1984 - 1987 Vice-chairman Medical Board and University Hospital Board.
- 1981 - 1983 Chairman of Department of Clinical Biology and Biology.
- 1988 - 2005 Full-professor Medical School. Courses in pathological physiology and biochemistry, reproductive biology and embryology.
- 1980 - 1988 Lecturer at Medical School
- 1987 - 2005 Laboratory Director Centre for Reproductive Medicine
- 1979 - 2005 Director of Department of Radioimmunology and Reproductive Biology, Scientific Director of the Centre for Reproductive Medicine, University Hospital and Medical School, Vrije Universiteit Brussel.
- 1977 - 1979 Assistant Professor, Clinical Chemistry Service, University Hospital Sint-Pieter, Vrije Universiteit Brussel.
- 1974 - 1977 Visiting Scientist in Clinical Center of National Institutes of Health, Bethesda, Maryland, USA.
- 1972 - 1974 Clinical Associate, University Hospital Sint-Pieter, Vrije Universiteit Brussel.
- 1970 - 1972 Member of the Medical Mission of the Centre Scientifique et Médical de l'Université Libre de Bruxelles en Afrique Centrale (CEMUBAC) in Lwiro (Zaire), Pediatrics and Laboratory Medicine in Medical Department of the "Institut pour la Recherche Scientifique"
- 1969 - 1974 Residency in pediatrics.
- 1970 - 1974 Residency in Clinical Pathology, Vrije Universiteit Brussel, certified clinical pathologist
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- 1969 Certificate Educational Council for Foreign Medical Graduates
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## Reduction of ART Multiple Pregnancies: The Belgian Experience

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Since the birth of Louise Brown in July 1978 it is currently estimated that two million children have been born after IVF/ICSI. This very positive outcome has, however, a major side effect because at least half of this large cohort of ART children are from multiple pregnancies, mostly twins. There is currently growing awareness of the real success rate in reproductive medicine. More and more the birth of a single healthy child is considered to be the primary endpoint. Twin pregnancies should be considered as a complication of reproductive treatment. The risks related to multiple pregnancies not only involve medical complications like foetal, maternal, perinatal and childhood difficulties, but sometimes also social or financial problems.

The only possible strategy to prevent multiple pregnancies in IVF-ICSI is to transfer one single embryo. Several pilot projects in Scandinavia and Belgium indicated that elective single embryo transfer was a valid option especially in couples with a high risk of multiple pregnancy. Over the years the success rate of ART in Belgium was about 20% delivery rate per started cycle but with a twinning rate of 20 - 30% and a triplet rate of 3 - 5%. After long discussions with the professionals, the Belgian health authorities introduced from 1 July 2003 legislation to improve financial access to ART treatment and reduce multiple IVF-ICSI pregnancies. Laboratory costs for IVF and ICSI are refunded for six cycles in a lifetime for patients younger than 43 years of age. This refunding is conditional upon the number of embryos that can be transferred: for patients younger than 36 one embryo in cycles 1 and 2 and a maximum of two embryos in cycles 3 to 6, for patients between 36 and less than 40, a maximum of two embryos in cycles 1 and 2 and a maximum of three embryos in cycles 3 to 6.

Since its introduction in July 2003, the multiple pregnancy and delivery rate has dropped overall from 25% or even more to less than 10%. The overall results in Belgium and the experience in the author's centre will be analysed in detail. It can be concluded that this legislative measure in Belgium has had a major impact on the outcome of ART.

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