

WHY IS IVF *so expensive?*

Fertility treatment costs can run into thousands and yet supermarket pharmacies are now able to sell the pricey drugs at cost price. Helen Foster does the fertility finance sums and asks, are we being overcharged?

If you're considering IVF, chances are, cost is on your mind – after all, while NICE (National Institute for Health and Clinical Excellence) guidelines say eligible women should be given three full cycles of IVF on the NHS, the reality is only 24% of Primary Care Trusts deliver this. The average price of a cycle in the UK is about £5,000 so, with most couples recommended to have two or three cycles, it's not cheap.

In the future, when GPs are given the power to make decisions about where to spend NHS budgets, there may be even less provision for free IVF, and more couples may be forced to pay for it privately.

But why is IVF so expensive? In Hungary, the average cost is £1,464. And low-cost fertility foundations are starting clinics in Africa offering cycles at an estimated €300 (around £250).

THE TRUE PRICE OF DRUGS

For most people, the drugs used to stimulate ovulation are the most expensive part of IVF. The average person pays about £2,000 for them, with costs fluctuating wildly between clinics and even high-street pharmacies.

'Few people realise that they can get their drugs from wherever they like,' says Dr Willem Ombelet, from ESHRE (The European Society of Human Reproduction and Embryology). In fact, research from Asda pharmacies found 63% of IVF patients had no clue they could shop around for medication. But you can – and competition is becoming fierce. When Asda announced that it would sell a course of fertility drugs in its pharmacies for £1,171.41, Sainsbury's said it would match that price.

But there's a bigger question. What if you didn't need such expensive drugs in the first place? When doctors first

performed IVF, they used a drug called Clomiphene (Clomid) to stimulate the ovaries. It's commonly prescribed to kick-start ovulation, costs about £11 a cycle and usually makes you produce one to three eggs per month.

'Then, we started to believe that the more eggs produced in IVF, the better and we started using more expensive drugs that can create up to 15 eggs a cycle,' says Professor Ian Cooke, chief executive of the Low Cost IVF Foundation. When

to a comparable success rate?' says Professor Cooke. He believes it will do exactly that – as does Dr Ombelet. Both are behind moves to bring low-cost IVF using only Clomiphene to Africa (where infertility is seen as a major stigma for women). And they hope that the resulting statistics will prove to women in the developed world that, with a little patience, 'back to basics' IVF can be as successful as higher-drug IVF.

QUICKER, EASIER AND CHEAPER?

Already campaigning for cheaper IVF is Dr Geeta Nargund. 'High drug, high cost IVF is outdated – it has more risks to mother and baby,' she says. At her Harley Street clinic (createhealth.org) she prefers to do 'mild' IVF, using either Clomiphene or lower doses of the conventional drugs.

According to Dr Nargund, even though you'll need to have one or two more

31%
have or would
consider
freezing
their eggs

clinics were putting in multiple embryos this was useful, but now, risks associated with multiple births mean doctors tend to put back only one or two embryos. 'And in that case, what's the point of creating 15 oocytes [eggs]?' asks Professor Cooke.

The point, it could be argued, is success rate. With Clomiphene, the average rate of conception is 15-20% a cycle. With conventional drug regimes, it's 25-30%. 'However, if – with the cost savings on drugs – women could afford to have more cycles, would that take us

cycles, the success rate of mild IVF compares favourably with conventional IVF. Research published in *The Lancet* showed that after one year of treatments, 43.4% of women having mild IVF had a baby compared to 44.7% after conventional treatment. The price comparison? £2,700 vs £5,000 a cycle.

Other tests and treatments can add to the basic price of IVF, such as some blood tests and ultrasounds. Dr Nargund says not every woman needs every extra cost that's recommended. She would like to see a clear set of guidelines on which tests and procedures should be used and when.

Some of your fee goes towards running the clinic itself, of course. In that area, UK clinics can't compete with those in some other countries. Professor Cooke points out that overheads in the UK for fertility clinics are huge – particularly staffing costs. 'Clinics here have a lot of support staff – counsellors, a large number of nurses – it can take one member of staff alone to do all the paperwork the industry watchdog, the HFEA [Human Fertilisation & Embryology Authority] requires,' he says. UK clinics, where fertility nurses are paid around £28,000 a year, will never bring costs down as low as somewhere as, say Hungary, where a nurse earns closer to £4,600 a year.

It will be more important to bring prices down if, as seems likely, NHS provision for treatment is cut, says William Ledger, professor of obstetrics and gynaecology, the University of Sheffield Medical School. 'For the future, if there's going to be less NHS funding, private practice will have to change,' he says. 'The secret for the future is low-cost, high-quality IVF without any frills. There will have to be some thinking as to how we can keep the cost down for people who are forced into private medicine.'

18%
of women who
have had fertility
treatment have
done so more
than five times

HOW TO REDUCE THE COST OF YOUR IVF

- Research different clinics. Ask for a price list and exactly what is included.
 - Shop around for your drugs – don't just pay what the clinic or pharmacy tells you.
 - Ask your GP if you can have any hormone or sperm tests on the NHS.
 - Ask exactly why any tests or treatments are being suggested – and what impact they'll have on your outcome.
 - Don't let emotion get in the way of decisions about what treatments to have.
- 'So many people with infertility have struggled so long, they become impatient or they do anything they think will improve success,' says ESHRE's Dr Ombelet.
- If you are eligible for NHS treatment, get on the waiting list. If you're moving house, check the criteria in your new area.
 - Only spend money on complementary therapies if you believe in them and they make you feel better.
 - Low-dose IVF is cheaper, but you'll probably need more cycles. Discuss what's right for you with your fertility specialist.

NATURAL THERAPIES: WASTE OR WORTH IT?



A WASTE

'I haven't seen evidence to convince me,' says

William Ledger, professor of obstetrics and

gynaecology, University of Sheffield

The first thing I say to patients is: make sure any therapies are harmless. Some herbal medicines, for example St John's Wort, shouldn't be taken in early pregnancy.

Alternative therapies shouldn't cost a lot of money, either, especially if your funds are limited. Instead of spending thousands of pounds on therapies, it might be better to keep the money and spend it on another cycle of IVF.

So far, I haven't seen any evidence to convince me that therapies have a big impact on pregnancy rates, although most doctors agree we need more studies.

I've also not found any evidence that most of them do any harm. Time and again, I've heard from patients that therapists have given them emotional support, whereas we on the NHS have limited time, so I'm more likely to focus on solving the clinical issue.

Physical causes of infertility, such as when the man has no sperm or the woman has blocked Fallopian tubes, are not going to be fixed by anything other than a clinical approach. But for unexplained infertility – a mild male problem or irregular ovulation – alternative medicine may be helpful because it improves wellbeing, and that can affect the body.

Reputable alternative practitioners and clinicians work in collaboration these days. I would like to emphasise that couples should not spend years dithering

with alternative medicine, without a proper medical diagnosis, especially if the woman is 30 or over. Or, by the time you do get a diagnosis, your age may have become a factor.



WORTH IT

'It makes women feel supported,' says Zita West, who runs a natural-fertility centre in London

Fertility is uniquely stressful. Often patients don't feel they can talk to their doctors about emotional issues. They can feel a lot freer talking to a therapist.

Women will often ask doctors, is there anything they can do to improve the quality of their eggs? Or is there anything they can do to make IVF a success? A doctor may say, no, there's no evidence you can. Which can be frustrating.

When it comes to egg quality, it's been shown that the environment the eggs grow in matters. If you smoke, if you drink lots of alcohol, if you're stressed, that is going to impact on their surroundings. We know that stress-reduction techniques, such as reflexology and hypnotherapy, can help.

I'm trained in acupuncture, and there has been conflicting evidence about its effectiveness. But it's hard to do trials, because acupuncture uses individual diagnosis (ie, different needle points on every body). What has been shown is that acupuncture can improve blood flow, stress levels, and can help stimulate ovulation.

Even though doctors say there's no evidence for most therapies, I know that some women feel supported, listened to and have a greater sense of wellbeing when they've found a treatment that works for them. ■