Factsheet
Assisted Reproductive Technology (ART) in Connecticut

Significance for Connecticut

Assisted Reproductive Technology (ART) is a term used for a range of methods that are used to help women become pregnant. Techniques involve creating an embryo that is transferred into a woman’s body. The rate of ART use in the State of Connecticut is almost twice that of the national average, a rate exceeded by only four other states in the country. Although Connecticut’s infertility insurance mandate (PA 05-196) was an important step toward improving ART outcomes, births that result from ART now account for 12% of low birth weight babies born in the state. Improved ART technologies show promise in reducing low birth weight outcomes, which are often associated with twins, triplets, and higher order births that result from ART use.

ART and Multiple Births in Connecticut

4.6 in 1,000 women 15-44 years old in Connecticut have ART treatments in a single year.

10-fold: The increased risk of twins, triplets, or higher order births with ART treatment.

- Among all births in Connecticut during 2013, 96% were single, 4% were twin, and less than 1% were triplet or higher order.

- Among ART births in Connecticut during 2013, only 59% were single, while 40% were twin, and 1% were triplet or high order.

An ART technique called elective single embryo transfer (eSET) results in a single birth and is very successful for most pregnancies.

Data Sources

Information on births in Connecticut during 2013 were obtained from vital records data within the Health Statistics and Surveillance Section, Connecticut Department of Public Health (DPH). Information about ART and associated birth outcomes were obtained courtesy of the ART team from the National ART Surveillance System (NASS), at the Centers for Disease Control and Prevention. This database is mandated by the Fertility Clinic Success Rate and Certification Act of 1992 (Public Law 102-493; http://uscode.house.gov/statutes/1992/1992-102-0493.pdf). Although the two databases were analyzed separately in this factsheet, linkage of the two databases are underway within DPH to study more fully ART usage in the state, as well as maternal and infant outcomes. This activity was made possible when DPH joined three other states in Spring, 2013 as a member of the SMART (States Monitoring ART) collaborative. For more information about the SMART collaborative, please go to http://www.cdc.gov/art/SMART.htm. The NASS database maintains information on ART methods such as in vitro fertilization, zygote intrafallopian transfer, tubal embryo transfer, gamete intrafallopian transfer, and intracytoplasmic sperm injection; use of fertility drugs such as Clomid, Serophene, or injectable hormones, and superovulation induction with inseminations are not maintained in the database.
ART and Low Birth Weight (LBW)* in Connecticut

12% of LBW babies born in Connecticut are the result of ART treatments.

28% of ART treatments result in a LBW baby, compared to 8% of all births in the state.

1 in every 6 LBW babies born from ART treatments is very LBW.

Low birth weight babies have a higher risk of delayed childhood development, lower school achievement, and even medical complications or death during infancy.\textsuperscript{3,4}

*A low birth weight (LBW) baby has a birth weight less than 2,500 grams, or about 5.5 pounds. A very LBW baby has a birth weight less than 1,500 grams, or 3.3 pounds, while a moderate LBW baby has a birth weight from 1,500 to 2,499 grams.

Strategies for Connecticut

Encourage families considering ART to consult with their fertility specialist about all methods of ART, and to consider eSET, when appropriate.\textsuperscript{5}

Encourage best practice clinical guidelines that reduce the rate of twin births.

For additional information about infertility and ART, please see:

ART website at the Connecticut Department of Public Health: http://www.ct.gov/dph/ART
Centers for Disease Control and Prevention: http://www.cdc.gov/art/index.html
Society for Assisted Reproductive Technology: http://www.sart.org
The American Society for Reproductive Medicine: http://www.reproductivefacts.org

References


3. Pelletier, T, Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Atlanta, Georgia (http://www.psychiatry.emory.edu/PROGRAMS/GADrug/Feature%20Articles/Mothers/Long%20term%20effects%20of%20Low%20Birth%20Weight%20(mot08).pdf), accessed on September 8, 2016.


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This factsheet can be viewed at: http://www.ct.gov/dph/ART

Factsheet: Assisted Reproductive Technology (ART) in Connecticut, Summer, 2016

page 2 of 2