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IS PRIOR PREGNANCY ASSOCIATED WITH IMPROVED LIVE BIRTH RATE FOLLOWING A SINGLE EUPLOID EMBRYO TRANSFER?

Jensen Reckhow, MD, MPH¹, Jiwoo Park, BA¹, Joseph A. Lee, BA², Kate Devine, MD³, Michael Vance Homer, M.D.⁴, Luis R Hoyos, M.D.⁵, Meike L Uhler, M.D.⁶, Phillip A Romanski, M.D., M.SC.², Alan B. Copperman, M.D.⁷ and Rachel B. Danis, M.D. M.S², (1)Icahn School of Medicine at Mount Sinai, New York, NY, (2)Reproductive Medicine Associates of New York, New York, NY, (3)Shady Grove Fertility, (4)Reproductive Science Center, (5)IVF Florida, (6)Fertility Centers of Illinois, Chicago, IL, (7)Icahn School of Medicine at Mount Sinai / Reproductive Medicine Associates of New York, New York, NY

Title:

IS PRIOR PREGNANCY ASSOCIATED WITH IMPROVED LIVE BIRTH RATE FOLLOWING A SINGLE EUPLOID EMBRYO TRANSFER?

Submitter's E-mail Address:

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Preferred Presentation Type:

Oral or Poster

Study Type:

Retrospective Cohort Study (includes comparator groups)

Category - Subcategory(ies):

Infertility: Outcomes

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ACCME Disclosure

Nothing to disclose. No off-label or otherwise non-approved product use.

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This abstract has been approved by a local Institutional Review Board (IRB) or equivalent.

Applying for an award

Trainee: Yes

Abstract Category:

All Other Categories

Applied for the In-Training Award for Research

Abstract Text:

OBJECTIVE: Whether prior pregnancy is a predictor of frozen embryo transfer (FET) success has yet to be determined. This study compared pregnancy outcomes following FET of a single euploid embryo between patients with primary and secondary infertility.

MATERIALS AND METHODS: This retrospective cohort study, conducted across a large network of fertility clinics, evaluated patients who underwent an autologous ovarian stimulation cycle followed by a single euploid embryo transfer (SEET) between January 2016 and December 2023. Patients were categorized based on a diagnosis of primary or secondary infertility. The primary outcome was live birth, defined as vaginal or Cesarean birth at or beyond 24 completed weeks of gestation. Secondary outcomes included clinical pregnancy, clinical pregnancy loss, biochemical pregnancy loss, and no pregnancy. Statistical analysis included chi square and Student t test. Logistic regression modeling was used to adjust for patient and cycle characteristics.

RESULTS: A total 19,440 patients who underwent their first SEET cycle, comprising 9,454 (48.6%) with primary infertility and 9,986 (51.4%) with secondary infertility, met inclusion criteria. Demographic and cycle characteristics were similar between groups. Patients with primary infertility were more likely to have male factor infertility (25.7% vs 15.4%, $p < 0.0001$) and were less likely to have tubal factor infertility (5.1% vs 8.7%, $p < 0.0001$). Patients with primary infertility had a live birth rate of 55.9%, compared to 55.3% in those with secondary infertility ($p = 0.43$). No difference in live birth, pregnancy, or clinical pregnancy loss was observed in either crude or adjusted analyses. Patients with secondary infertility were more likely to experience a biochemical pregnancy loss than patients with primary infertility (9.0% vs 8.2%, $p = 0.04$). Neonates born to patients with secondary infertility had a higher mean birth weight than those born to patients with primary infertility ($3316 \pm 592\text{g}$ vs $3274 \pm 613\text{g}$, $p = 0.0005$).

CONCLUSIONS: A diagnosis of primary or secondary infertility does not appear to independently predict the likelihood of live birth, clinical pregnancy, or pregnancy loss rates following the first SEET. However, these findings contribute to clinical understanding that may be used in developing personalized predictive prognostic tools for patients who undergo frozen embryo transfer. Clinicians can reassure patients that their initial ART outcome is not necessarily related to their history of achieving pregnancy prior to utilizing ART.

IMPACT STATEMENT: Clinicians can reassure patients that a history of prior pregnancy is not associated with the likelihood of live birth following initial FET. Future studies may consider whether parity and mode of prior delivery may be associated with FET outcomes.

First Presenting Author**Presenting Author**

Jensen Reckhow, MD, MPH

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Biographical Sketch Jensen Reckhow is a PGY-3 Resident in Obstetrics and Gynecology at Mayo Clinic. She completed her BS in Environmental Engineering and MPH at Yale University. She conducted translational immunology research at NIH for two years prior to attending Ben Gurion University in Israel for medical school. This is her first time attending and presenting at ASRM and she is looking forward to learning from this passionate and inspiring community.

Within the past 2 years, have you or your spouse/partner had any potential COI?

No

Signature: Jensen Reckhow, MD, MPH



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 [Jensen Reckhow CV 3.10.2025.docx](#)

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Biographical Sketch Early success, marked by his first publication in CELL at Harvard Medical School, inspired Joseph to continue his research endeavors in reproductive endocrinology and infertility. Joseph has been with Reproductive Medicine Associates of New York since 2011. Joseph has authored over 400 peer-reviewed abstracts & manuscripts. Passionate about development, he cultivates relationship with investors & entrepreneurs to advance reproductive endocrinology & infertility care.

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Reproductive Science Center

Within the past 2 years, have you or your spouse/partner had any potential COI?

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Organization Name	Relationship Type	Who has this Relationship?
Alife	Paid Consultant Relationship Began - Monday, April 8, 2024 Relationship Ended -	Self
Ferring Pharmaceutical	Speaker's Bureau Relationship Began - Saturday, March 1, 2025 Relationship Ended -	Self
Lovu Health	Direct Stockholder Relationship Began - Saturday, June 1, 2024 Relationship Ended -	Self
U. S. Fertility	Direct Stockholder Relationship Began - Saturday, August 1, 2020 Relationship Ended -	Self
USF Pharmaceutical Contracting Alliance	Direct Stockholder Relationship Began - Wednesday, January 1, 2020 Relationship Ended -	Self

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IVF Florida

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No

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Eighth Author

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Biographical Sketch Phillip Romanski, M.D., M.Sc., is a Reproductive Endocrinology and Infertility physician at RMA of New York in Manhattan and is a faculty member at the National Institutes of Health. He is an expert in family-building including the evaluation and management of female and male infertility, third-party reproduction, and fertility preservation. Dr. Romanski completed his residency in Obstetrics and Gynecology at

Harvard Medical School (Brigham and Women’s Hospital/Massachusetts General Hospital) and his fellowship in Reproductive Endocrinology and Infertility at the Weill Cornell Medical Center/NewYork-Presbyterian Hospital. Dr. Romanski additionally serves as the Associate Research Director for US Fertility and has authored over 60 peer-reviewed research publications with a particular interest in patients with a history of unsuccessful treatment and patients with diminished ovarian reserve. In recognition of his research contributions, he has received multiple national awards and has subsequently been invited to speak at both national and international conferences to present his work.

Within the past 2 years, have you or your spouse/partner had any potential COI?

No

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Within the past 2 years, have you or your spouse/partner had any potential COI?

Yes

Organization Name	Relationship Type	Who has this Relationship?
Progyny	Company Officer Relationship Began - Friday, August 25, 2017 Relationship Ended - Thursday, June 1, 2023 Paid Consultant	Self

Organization Name	Relationship Type	Who has this Relationship?	
	Relationship Began - Relationship Ended - Direct Stockholder Relationship Began - Friday, August 25, 2017 Relationship Ended - Friday, November 1, 2024		

Signature: Alan B Copperman



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 [Alan B. Copperman M.D. - CV \(March 2024\).docx](#)

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