



Gestação em Situações Especiais

Resultante de Fertilização Assistida

Conflitos de interesse:

- Nenhum

EXTRA
O NOVO FORMULÁRIO
DO IMPOSTO DE RENDA

veia

E LEIA

4 DE MARÇO DE 1970



**OS
PROBLEMAS
DO BEBÊ
DE
LABORATÓRIO**

A Sra. Allen terá gestação normal?

Bebê de proveta sobreviverá?

Essa sobrevivência, evidentemente, compreende dois "períodos": enquanto mantido no laboratório e depois de colocado cirurgicamente no útero materno. No primeiro período, o embrião desenvolve-se ali

período-
veta:
e no
cido
o (só

Os filhos de laboratório serão gente igual a nós?

Bebê de proveta tem alma?

Quando em 1961 o Professor Daniele Petrucci destruiu o embrião que conseguira desenvolver num tubo, um teólogo do Vaticano deu entrevista à revista "Visão", acusando o cientista de haver cometido grave crime: Petrucci fechara

ado
de-
ten-
são

Patrick Steptoe



LIFE

November 1982/\$2.00

TEST-TUBE BABY BOOM

Elizabeth Carr,
America's first
in vitro baby,
at the lab
where she
was conceived



'CATS' LEAPS
ONTO BROADWAY



jornal da tarde

Cr\$ 700

O ESTADO DE S. PAULO

Sexta-feira, 12 de outubro de 1984. Número 5.789. Ano 19

Eis o
nosso bebê
de proveta



Anna Paula Calderá, que nasceu no Paraná, representa a primeira experiência bem-sucedida de fertilização em laboratório feita no Brasil e, talvez, na América Latina. Página 11.

O ESTADO DO PARANÁ

CURITIBA, SÁBADO, 3 DE MAIO DE 1986

UFPR vive momentos históricos *Curitiba já tem o seu bebê de proveta*



O primeiro bebê de proveta de Curitiba nasceu ontem no HC.



* Professor Karam chefiou a equipe do IIC.

A Notícia

Joinville, quinta-feira, 28 de junho de 1990



Mirna Cardoso segura filha, que deve se chamar Suelen, nascida com 3 quilos e 180

Joinville tem
o 1º bebê de
proveta de SC

Joinville tem o primeiro bebê de proveta do Estado

■ Santa Catarina passa a ser o 5º
Estado a ter um bebê de proveta

Depois dos estados de São Paulo, Rio de Janeiro, Paraná e Rio Grande do Sul, Santa Catarina passa a ser o quinto estado brasileiro a ter um bebê de proveta, com o nascimento, ontem, de uma menina, com 3 quilos e 180 gramas. Filha do casal Cirio e Mirna Cardoso, a menina — segundo os pais deve chamar-se Suelen — tem um irmão mais velho, Daniel Cardoso. O parto, uma cesariana, foi realizado na Maternidade Darci Vargas pelo médico da família, o ginecologista e obstetra Gerhard Miers e pelas médicas Raquel e Beatriz, respectivamente a anestesista e a pediatra responsável.

Segundo Gerhard Miers, a mãe do bebê, Mirna, teve já dois

filhos anteriores. Após o segundo filho, falecido em um choque elétrico, ela submeteu-se a uma laqueadura. A morte de seu filho caçula aos dois anos e meio, levou-a procurar o médico Gerhard Miers, para que fosse estudada a possibilidade de um novo filho, mesmo após a laqueadura. Foi contatado então o médico curitibano Karam Saab, que já havia acompanhado uma gestação de um bebê de proveta em Curitiba, e que acompanhou a gestação de Mirna, juntamente com o médico joinvilense. Conforme Gerhard, além da fecundação em laboratório, existia também a possibilidade de uma plástica de trompa, mas que oferecia poucas chances reais de uma nova gravidez a Mirna.







IVF has produced 7 million babies

40 years after 1st 'test tube' child, questions remain



#50234388

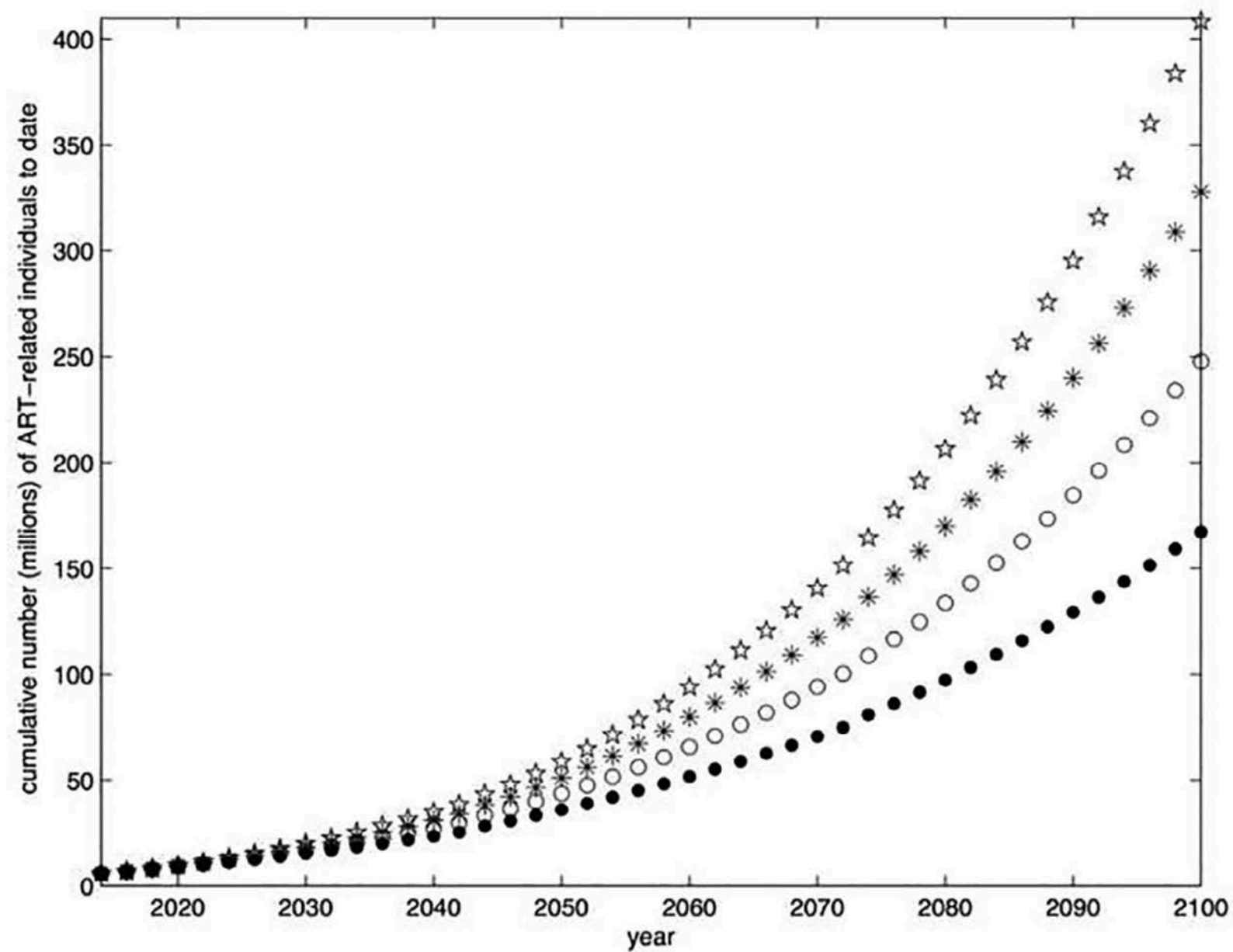


Figure 1 – Cumulative numbers of people worldwide projected to be conceived by assisted reproductive technologies, including their genetic descendants. Plots represent numbers from 2014 to 2100 at a fixed annual number of live infants (•) or rising by 10,000 annually (○), 20,000 (*) or 30,000 (★).

IVF has produced 7 million babies

40 years after 1st 'test tube' child, questions remain

Que dúvidas permanecem?

- Malformações?
- Complicações obstétricas?
- Futuro?

FIV

- Infertilidade
- Idade
- Fator Masculino
- Medicamentos Indutores
- ICSI
- Epigenética

FIV

- Infertilidade
- Idade
- Fator Masculino
- Medicamentos Indutores
- ICSI
- Epigenética

- Fator Humano
 - Medicamentos
 - Monitoragem ecográfica
 - Momento da punção
 - Punção
 - Laboratório
 - Transferência de embriões

**In vitro fertilization twins:
acceptable when desired,
or iatrogenic complication
preventable through elective
single embryo transfer?**



David R. Meldrum, M.D.

Reproductive Partners San Diego, San Diego; and Division of
Reproductive Endocrinology and Infertility, University of
California, San Diego, California

- Prematuridade, DHEG, DM Gestacional, DPP, Placenta Prévia, Hiperemese e etc...
- STFF, óbito de um conceito, dificuldade exames invasivos
- Custos

Association of birth defects with the mode of assisted reproductive technology in a Chinese data-linkage cohort

Hui-ting Yu, M.S.,^a Qing Yang, B.S.,^a Xiao-xi Sun, Ph.D.,^b Guo-wu Chen, Ph.D.,^b Nai-si Qian, M.P.H.,^a Ren-zhi Cai, M.P.H.,^a Han-bing Guo, M.P.H.,^c and Chun-fang Wang, B.S.^a

^a Vital statistical department, Institute of Health Information, Shanghai Municipal Center for Disease Control and Prevention; ^b Shanghai Ji Ai Genetics and IVF Institute; and ^c International Union against Tuberculosis and Lung Disease, Shanghai, People's Republic of China

6.372 casos TRA:

3337 FIV:	1363 TE fresco	2012 TEC
2997 ICSI:	1063 TE fresco	1934 TEC

Association of birth defects with the mode of assisted reproductive technology in a Chinese data-linkage cohort

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^a Vital statistical department, Institute of Health Information, Shanghai Municipal Center for Disease Control and Prevention; ^b Shanghai Ji Ai Genetics and IVF Institute; and ^c International Union against Tuberculosis and Lung Disease, Shanghai, People's Republic of China

Aumento:

Gemelaridade; RN sexo feminino

Malformações RR 1,36 (IC 95%: 1.14 – 1.62)

TABLE 3

Relative risk (95% confidence intervals) for any birth defects according to type of assisted conception and multiplicity.

Type of assisted conception	Defects, n (%)	Singleton births		Defects, n (%)	Multiple births		Defects, n (%)	All births	
		Unadjusted RR (95% CI)	Adjusted RR (95% CI)		Unadjusted RR (95% CI)	Adjusted RR (95% CI)		Unadjusted RR (95% CI)	Adjusted RR (95% CI)
Any IVF	63 (16.44)	1.56 (1.22–1.99)	1.57 (1.23–2.01)	62 (24.77)	1.18 (0.91–1.52) ^a	1.20 (0.93–1.56)	125 (19.73)	1.82 (1.53–2.17)	1.36 (1.14–1.62)
Fresh- and frozen-embryo cycles	34 (16.43)	1.55 (1.11–2.18)	1.57 (1.12–2.20)	35 (27.49)	1.30 (0.93–1.83) ^a	1.35 (0.97–1.90)	69 (20.64)	1.91 (1.51–2.42)	1.45 (1.14–1.84)
Fresh-embryo cycles	16 (19.61)	1.86 (1.14–3.03)	1.94 (1.19–3.16)	9 (17.31)	0.82 (0.43–1.58) ^a	0.89 (0.46–1.72)	25 (18.71)	1.73 (1.17–2.56)	1.35 (0.91–2.01)
Frozen-embryo cycles	18 (14.35)	1.36 (0.86–2.16) ^a	1.34 (0.85–2.13)	26 (34.53)	1.64 (1.11–2.42)	1.65 (1.12–2.44)	44 (21.92)	2.03 (1.51–2.72)	1.50 (1.12–2.02)
ICSI									
Fresh- and frozen-embryo cycles	29 (16.46)	1.56 (1.08–2.24)	1.57 (1.09–2.26)	27 (21.95)	1.04 (0.71–1.53) ^a	1.05 (0.71–1.54)	56 (18.72)	1.73 (1.33–2.25)	1.26 (0.97–1.64)
Fresh-embryo cycles	9 (14.71)	1.39 (0.72–2.68) ^a	1.43 (0.74–2.75)	6 (13.45)	0.64 (0.29–1.42)	0.65 (0.29–1.45)	15 (14.18)	1.31 (0.79–2.17) ^a	0.95 (0.57–1.58)
Frozen-embryo cycles	20 (17.39)	1.65 (1.06–2.55)	1.65 (1.06–2.55)	21 (26.79)	1.27 (0.83–1.96) ^a	1.27 (0.82–1.96)	41 (21.20)	1.96 (1.44–2.66)	1.42 (1.04–1.93)
Spontaneous conception after ART	13 (10.81)	1.02 (0.59–1.76) ^a	0.98 (0.57–1.69)	9 (42.06)	2.00 (1.04–3.85)	1.88 (0.97–3.66)	22 (15.53)	1.44 (0.94–2.18) ^a	1.22 (0.80–1.85)
Total population	22,571 (10.57)	1.00	1.00	1,098 (21.07)	1.00	1.00	23,669 (10.82)	1.00	1.00

Note: The relative risks are for the comparison with all births. Analyses were adjusted for maternal age, maternal and paternal education level, parity, baby's sex, previous miscarriages, year of birth, multiple births within a woman, and number of fetuses. ART = assisted reproductive technology; CI = confidence interval; ICSI = intracytoplasmic sperm injection; IVF = in vitro fertilization; RR = relative risk.

^a The power is <40%, so the nonsignificant result is due to a low number of cases.

Yu. Birth defects and assisted reproduction. Fertil Steril 2018.

Malformações RR 1,36 (IC 95%: 1.14 – 1.62)

Birth defect category	Singleton births				Multiple births				All births			
	Defects, n (%)		Unadjusted RR (95% CI)	Adjusted RR (95% CI)	Defects, n (%)		Unadjusted RR (95% CI)	Adjusted RR (95% CI)	Defects, n (%)		Unadjusted RR (95% CI)	Adjusted RR (95% CI)
	All	ART			All	ART			All	ART		
Multiple defects	870 (0.40)	6 (1.55)	3.90 (1.75–8.70)	2.85 (1.27–6.38)	87 (1.64)	7 (2.79)	1.70 (0.79–3.68)	1.52 (0.70–3.32)	957 (0.43)	13 (2.04)	4.77 (2.76–8.24)	1.93 (1.10–3.39)
Nervous system malformation, ICD-10 codes Q00–07	354 (0.16)	0	–	–	36 (0.68)	1 (0.40)	0.59 (0.08–4.29)	–	390 (0.17)	1 (0.16)	0.9 (0.13–6.40)	0.49 (0.07–3.58)
Cardiovascular malformation, ICD-10 codes Q20–28	5,253 (2.41)	10 (2.59)	1.08 (0.58–2.00)	1.03 (0.55–1.91)	409 (7.69)	26 (10.35)	1.35 (0.91–2.00)	1.32 (0.88–1.98)	5,662 (2.53)	36 (5.65)	2.23 (1.61–3.10)	1.22 (0.87–1.7)
Cardiac septa malformation, ICD-10 codes Q21	2,835 (1.30)	7 (1.81)	1.40 (0.67–2.93)	1.26 (0.60–2.66)	277 (5.21)	23 (9.16)	1.76 (1.15–2.69)	1.72 (1.11–2.64)	3,110 (1.39)	30 (4.71)	3.38 (2.36–4.85)	1.54 (1.06–2.22)
Cleft palate/lip, ICD-10 codes Q35–37	1,866 (0.86)	1 (0.26)	0.30 (0.04–2.15)	0.33 (0.05–2.34)	82 (1.54)	3 (1.19)	0.77 (0.24–2.45)	0.90 (0.28–2.87)	1,948 (0.87)	4 (0.63)	0.72 (0.27–1.92)	0.59 (0.22–1.58)
Gastrointestinal malformation, ICD-10 codes Q40–43	765 (0.35)	4 (1.04)	2.96 (1.11–7.89)	2.85 (1.06–7.64)	40 (0.75)	2 (0.80)	1.06 (0.26–4.38)	0.96 (0.23–4.03)	805 (0.36)	6 (0.94)	2.61 (1.17–5.84)	1.85 (0.81–4.22)
Genital organs malformation, ICD-10 codes Q50–56	1,321 (0.61)	9 (2.33)	3.85 (2.00–7.42)	3.38 (1.75–6.52)	108 (2.03)	3 (1.19)	0.59 (0.19–1.85)	0.55 (0.17–1.75)	1,429 (0.64)	12 (1.88)	2.95 (1.67–5.20)	1.52 (0.85–2.72)
Urogenital malformation, ICD-10 codes Q60–64	335 (0.15)	2 (0.52)	3.37 (0.84–13.55)	2.44 (0.60–9.83)	12 (0.23)	1 (0.40)	1.76 (0.23–13.57)	–	347 (0.16)	3 (0.47)	3.03 (0.97–9.45)	2.06 (0.64–6.59)
Musculoskeletal malformation, ICD-10 codes Q65–79	6,515 (2.99)	22 (5.70)	1.91 (1.26–2.90)	2.02 (1.33–3.08)	239 (4.5)	18 (7.17)	1.59 (0.99–2.57)	1.53 (0.94–2.49)	6,754 (3.02)	40 (6.28)	2.08 (1.52–2.83)	1.84 (1.34–2.53)
Chromosomal malformation, ICD-10 codes Q90–99	293 (0.13)	1 (0.26)	1.93 (0.27–13.74)	0.98 (0.14–7.02)	12 (0.23)	3 (1.19)	5.29 (1.49–18.75)	–	305 (0.14)	4 (0.63)	4.6 (1.72–12.34)	2.16 (0.78–5.95)
Other	6,101 (2.80)	15 (3.89)	1.41 (0.85–2.34)	1.50 (0.90–2.50)	179 (3.37)	5 (1.99)	0.61 (0.25–1.49)	0.61 (0.25–1.50)	6,280 (2.81)	20 (3.14)	1.13 (0.73–1.76)	1.1 (0.71–1.72)



Congenital heart defects in IVF/ICSI pregnancy: systematic review and meta-analysis

V. GIORGIONE¹, F. PARAZZINI², V. FESSLOVA³, S. CIPRIANI², M. CANDIANI¹,
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- 35 estudos
- FIV: 25.856 Crianças ----- 337 (1,30%)
- Nat: 287.995 Crianças ----- 1.952 (0,68%)

OR 1,45

Perinatal outcomes after natural conception versus in vitro fertilization (IVF) in gestational surrogates: a model to evaluate IVF treatment versus maternal effects

Irene Woo, M.D.,^a Rita Hindoyan, M.D.,^a Melanie Landay, M.D.,^a Jacqueline Ho, M.D.,^a Sue Ann Ingles, Ph.D.,^b Lynda K. McGinnis, Ph.D.,^a Richard J. Paulson, M.D.,^a and Karine Chung, M.D., M.S.C.E.^a

^a Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, and ^b Department of Preventative Medicine, Keck School of Medicine, University of Southern California, Los Angeles, California

- Gest Nat. X FIV útero emprestado
- Parto: 39,7 sem X 38,8 sem
- Pre-termo: 3,1% X 10,7%
- PIG: 2,4% X 7,8%
- AUMENTO: DMG, Hipertensão, Plac. Prévia, Amniocentese, CST

Maternal hyperglycemia in singleton pregnancies conceived by IVF may be modified by first-trimester BMI

**S. Cai¹, P. Natarajan¹, J.K.Y. Chan^{2,3}, P.C. Wong¹, K.H. Tan^{3,4},
K.M. Godfrey^{5,6}, P.D. Gluckman^{7,8}, L.P.C. Shek^{7,9,10}, F. Yap¹¹,
M.S. Kramer^{12,13}, S.Y. Chan^{1,7}, and Y.S. Chong^{1,7,*}**

- Risco aumentado DMG principalmente se IMC > 25 (OR 3,54)

Risk of hypertensive disorders in pregnancies following assisted reproductive technology: a cohort study from the CoNARTaS group

**S. Opdahl^{1,*}, A.A. Henningsen², A. Tiitinen³, C. Bergh⁴, A. Pinborg⁵,
P.R. Romundstad¹, U.B. Wennerholm⁴, M. Gissler^{6,7}, R. Skjærven^{8,9},
and L.B. Romundstad^{1,10}**

- FIV 47.088 gestações **X** Natural: 268.599 gestações
- Gestações Únicas: Maior incidência de Hipertensão (OR 1.16)
- Mais expressivo se embriões congelados

Pregnancy-related complications and perinatal outcomes resulting from transfer of cryopreserved versus fresh embryos in vitro fertilization: a meta-analysis

Tingting Sha, M.D.,^a Xunqiang Yin, M.D.,^b Wenwei Cheng, M.D.,^a and Isaac Yaw Massey, M.D.^c

^a Department of Epidemiology and Medical Statistics, ^b Department of Maternal and Child Health, and ^c Department of Occupational and Environmental Health, Xiangya School of Public Health, Central South University, Hunan, People's Republic of China

- TEC **menor** incidència: Placenta prèvia, DPP, Baixo peso, Muito baixo peso, prematuridade, mortalidade perinatal.
- TEC **maior** incidência: Hipertensão, hemorragia puerperal, GIG

Obstetrical complications of endometriosis, particularly deep endometriosis

Umberto Leone Roberti Maggiore, Ph.D.,^a Annalisa Inversetti, M.D.,^{b,c} Matteo Schimberni, M.D.,^{b,c} Paola Viganò, Ph.D.,^d Veronica Giorgione, M.D.,^{b,c} and Massimo Candiani, M.D.^{b,c}

^a Academic Unit of Obstetrics and Gynaecology, IRCCS Ospedale Policlinico San Martino, Genoa; ^b Department of Neurosciences, Rehabilitation, Ophthalmology, Genetics, and Maternal and Child Health, University of Genoa, Genoa; ^c Obstetrics and Gynecology Unit, IRCCS San Raffaele Scientific Institute, Milan; and ^d Reproductive Sciences Laboratory, Division of Genetics and Cell Biology, IRCCS San Raffaele Scientific Institute, Milan, Italy

- Evidente: aumento incidência de Placenta Prévia
- Controverso: abortamento, RCIU, prematuridade, hipertensão
- Lembrar: perfuração intestinal, rotura uterina, hemoperitôneo espontâneo.



Pregnancy outcome in women with endometriosis achieving pregnancy with IVF

**Laura Benaglia^{1,*}, Giorgio Candotti^{1,2}, Enrico Papaleo²,
Luca Pagliardini², Marta Leonardi¹, Marco Reschini¹,
Lavinia Quaranta², Maria Munaretto², Paola Viganò²,
Massimo Candiani², Paolo Vercellini^{1,3}, and Edgardo Somigliana^{1,3}**

¹Obstet-Gynecol Department, Fondazione Ca' Granda, Ospedale Maggiore Policlinico, Milan, Italy ²Obstet-Gynecol Department, San Raffaele Scientific Institute, Milan, Italy ³Università degli Studi di Milano, Milan, Italy

- FIV com endometriose **X** FIV sem endometriose
239 gestações 239 gestações
6% 1% Placenta Prévia

Thromboembolism and in vitro fertilization – a systematic review

MARIA SENNSTRÖM¹, KARIN ROVA² , MARGARETA HELLGREN³, RAGNHILD HJERTBERG⁴,
EVA NORD¹, LARS THURN^{2,5}  & PELLE G. LINDQVIST^{2,6} 

- Tromboembolismo anteparto: Risco dobrado OR 2.18
- OHSS aumento de 100 vezes TVP primeiro trimestre (1,7%)

Gonadotropin dose is negatively correlated with live birth rate: analysis of more than 650,000 assisted reproductive technology cycles

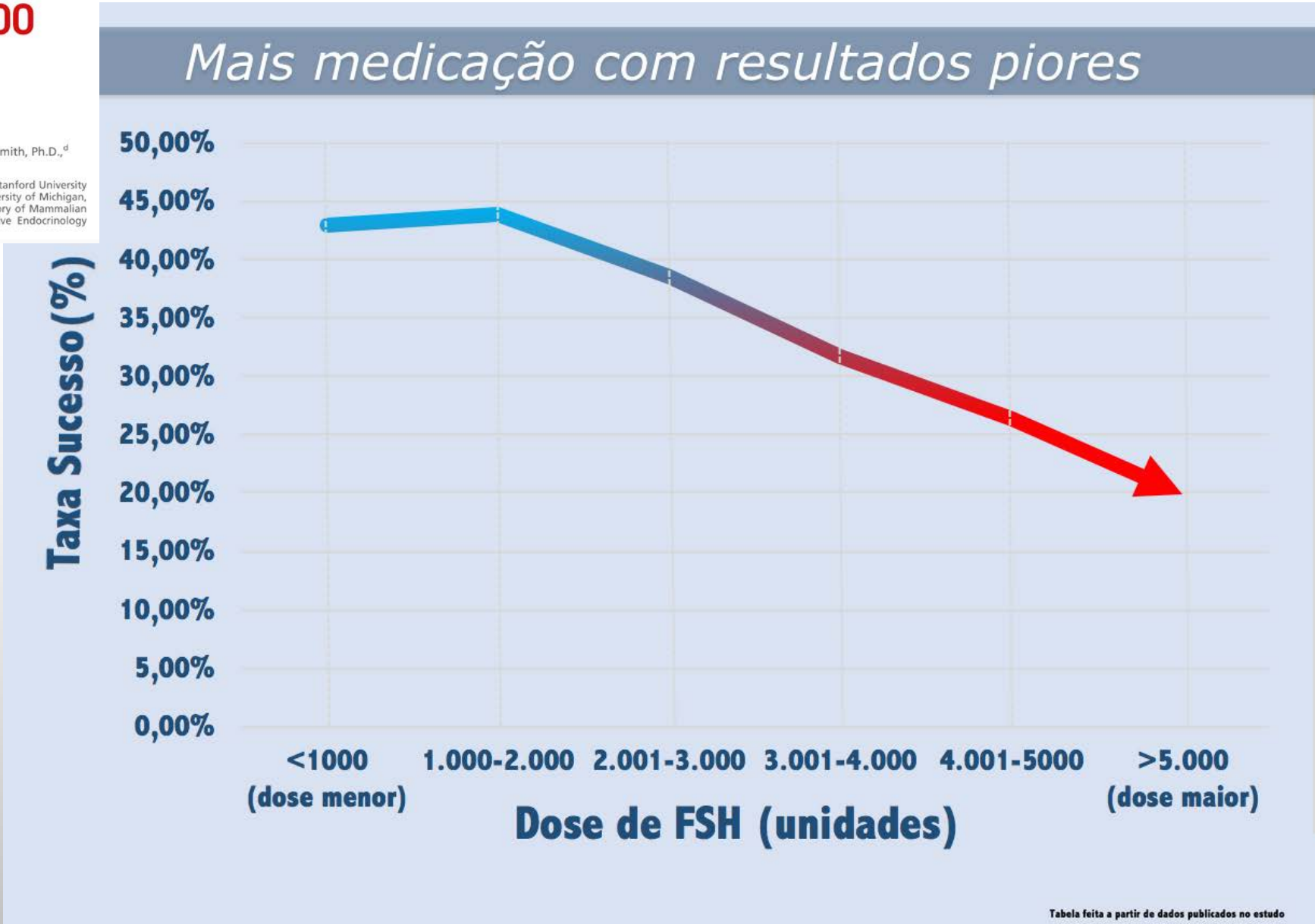
Valerie L. Baker, M.D.,^a Morton B. Brown, Ph.D.,^b Barbara Luke, Sc.D., M.P.H.,^c George W. Smith, Ph.D.,^d and James J. Ireland, Ph.D.^e

^a Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, California; ^b Department of Biostatistics, School of Public Health, University of Michigan, Ann Arbor, Michigan; ^c Department of Obstetrics, Gynecology, and Reproductive Biology; ^d Laboratory of Mammalian Reproductive Biology and Genomics, Department of Animal Science; and ^e Molecular Reproductive Endocrinology Laboratory, Department of Animal Science, Michigan State University, East Lansing, Michigan

Gonadotropin dose is negatively correlated with live birth rate: analysis of more than 650,000 assisted reproductive technology cycles

Valerie L. Baker, M.D.,^a Morton B. Brown, Ph.D.,^b Barbara Luke, Sc.D., M.P.H.,^c George W. Smith, Ph.D.,^d and James J. Ireland, Ph.D.^e

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***Mesmo com correção para idade e resposta ovariana**

Increased risk of preterm birth and low birthweight with very high number of oocytes following IVF: an analysis of 65 868 singleton live birth outcomes

**Sesh Kamal Sunkara^{1,*}, Antonio La Marca², Paul T. Seed³,
and Yacoub Khalaf³**

¹Aberdeen Fertility Centre, Aberdeen Maternity Hospital, Aberdeen, UK ²Mother-Infant Department, Institute of Obstetrics and Gynaecology, University of Modena and Reggio Emilia, Modena, Italy ³King's College London, London, UK

- Mais que 20 óvulos aumenta
 - Prematuridade (OR 1,15)
 - Baixo peso (OR 1,17)

Supraphysiologic estradiol is an independent predictor of low birth weight in full-term singletons born after fresh embryo transfer[†]

N. Pereira^{1,*}, R.T. Elias¹, P.J. Christos², A.C. Petrini³, K. Hancock³, J.P. Lekovich¹, and Z. Rosenwaks¹

¹The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, Weill Cornell Medicine, 1305 York Avenue, 6th Floor, New York, NY 10021, USA ²Division of Biostatistics and Epidemiology, Department of Healthcare Policy and Research, Weill Cornell Medical College, New York, NY 10065, USA ³Department of Obstetrics and Gynecology, Weill Cornell Medical College, New York, NY 10065, USA

- Baixo Peso:
 - E2 < 2.500: 6,4%
 - E2 > 2.500: 20,7%

Natural cycle IVF reduces the risk of low birthweight infants compared with conventional stimulated IVF

Winifred Mak^{1,†*}, Laxmi A. Kondapalli^{2,3,†}, Gerard Celia⁴, John Gordon⁴, Michael DiMattina⁴, and Mark Payson^{4,5}

¹Division of Reproductive Endocrinology and Infertility, Yale School of Medicine, FMB 329, 333 Cedar Street, New haven, CT 06511, USA ²Colorado Center for Reproductive Medicine, Denver, CO, USA ³Reproductive Endocrinology and Infertility, University of Colorado, Denver, CO, USA ⁴Dominion Fertility, Arlington, VA, USA ⁵Inova Fairfax Hospital Women's Center, Falls Church, VA, USA

- Baixo peso ao nascer:
FIV Ciclos estimulados: 8,6%
FIV Ciclo natural: 1%

Conclusão:

- FIV é um procedimento de aceitação indiscutível, com baixos índices de complicações.
- Poderemos evitar algumas adversidades se tornarmos o tratamento mais fisiológico.

Obrigado!

