

PREGNANCY OUTCOME IN WOMEN WITH LOW AMH UNDERGOING FERTILITY TREATMENT AT A TERTIARY INFERTILITY CENTRE

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The ideal test for ovarian reserve should permit the identification of women who have little chance of pregnancy either spontaneously or with advanced ART treatment. Recently, serum levels of anti mullerian hormone have gained popularity as a measure for ovarian reserve, due to its intra cycle stability as it appears superior to FSH in predicting oocyte yield and pregnancy potential in woman undergoing ART. This retrospective study over a period of three years investigates the predictive utility of low Anti-Müllerian Hormone (AMH) levels, both independently and in conjunction with biological age variants, for determining subsequent pregnancy outcomes.

A retrospective study of 61 subfertile patients with low AMH (< 1.0 ng/ml) had IVF at our centre. Follicular response, oocytes retrieved and fertilized, number of blastocysts and embryos transferred along with clinical pregnancy were assessed for all the patients and analyzed group.

An average of 5.7 oocytes were derived from 61 patient (mean age 34.93). The fertilization rate was 65.8%, with one failed fertilization. Out of 61 cycles only 27 cycles had reached till blastocyst stage (45%). Clinical pregnancy was achieved in 16 cases (26.2%) and six pregnancy happened with blastocyst transfer, rest 10 patients had Day 3 transfers.

Our study shows that women with low AMH can get pregnant though the success rate is significantly less. Recent studies still offer hope for patients emphasizing that pregnancy is achievable through personalized treatment protocols and novel emerging therapies. Low AMH are associated with compromised success but should not be considered a reason to exclude a couple from ART.