

## عنوان مقاله:

Live Birth Rate following Intrauterine Insemination in Women with Low or Very Low Level of Serum Anti-müllerian Hormone

## محل انتشار:

مجله دانشگاه علوم پزشکی کرمان، دوره 27، شماره 4 (سال: 1399)

تعداد صفحات اصل مقاله: 6

## نویسندگان:

Marzieh Mehrafza - *Obstetrician and Gynecologist, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Tahereh Zare Yousefi - *Obstetrician and Gynecologist, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Sahar Saghati Jalali - *Obstetrician and Gynecologist, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Azadeh Raoufi - *Developmental Biologist, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Elmira Hosseinzadeh - *Embryologist, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Sajedah Samadnia - *Statistician, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Maliheh Habibdoost - *Midwife, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

Ahmad Hosseini - *Professor, Embryologist, Mehr Fertility Research Center, Guilan University of Medical Sciences, Rasht, Iran*

## خلاصه مقاله:

Background: While anti-Müllerian hormone (AMH) level allows quantitative evaluation of ovarian reserve, its predictive value for live births following assisted reproductive technology cycles has remained controversial. The aim of the present study was to assess the importance of AMH in predicting live birth following intrauterine insemination (IUI) in the case of low or very low ovarian reserve. Methods: In this retrospective cohort study, ۱۲۳ patients with  $AMH \leq 1$  ng/ml, who underwent a total of ۱۳۷ IUI cycles were enrolled and evaluated for live birth rate. Patients were divided into two groups based on serum AMH levels: group ۱ with low level of AMH ( $0.4-1$  ng/ml,  $n=83$ , cycles: ۹۵) and group ۲ with very low level of AMH ( $\leq 0.4$  ng/ml,  $n=40$ , cycles: ۴۲). The results were compared between the two groups. Main outcome was the pregnancy rate. Results: The rates of biochemical pregnancy, clinical pregnancy and live birth in all patients were ۱۱%, ۸% and ۷.۳%, respectively. The two groups showed no significant difference in the rates of biochemical pregnancy (۱۰.۴% vs. ۱۴.۳%,  $p=0.3$ ), clinical pregnancy (۶.۳% vs. ۱۱.۹%,  $p=0.2$ ) and live birth (۶.۳% vs. ۹.۸%,  $p=0.5$ ). In univariate regression analysis, baseline characteristics and ovarian stimulation parameters showed no

significant relationship with the rates of pregnancy and live birth. Conclusion: In women with  $AMH \leq 1$  ng/ml, serum levels of AMH did not appear to reflect pregnancy outcomes and live births following IUI. It can be concluded that in women with low or very low levels of AMH, there is chance of pregnancy, and live birth following IUI

## کلمات کلیدی:

Anti, müllerian hormone Intrauterine insemination Live birth Assisted reproductive technology

## لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/1582678>

