HHS Public Access

Author manuscript

Obstet Gynecol. Author manuscript; available in PMC 2015 March 02.

Published in final edited form as:

Obstet Gynecol. 2013 October ; 122(4): 909–910. doi:10.1097/AOG.0b013e3182a7cc7f.

In Reply

Jennifer F. Kawwass, MD,
Division of Reproductive Endocrinology and Infertility, Department of Gynecology and Obstetrics, Emory University School of Medicine and, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia

Sheree Boulet, DrPH, MPH,
Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia

Dmitry M. Kissin, MD, MPH, and
Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention Department of Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, Georgia

Donna R. Session, MD
Division of Reproductive Endocrinology and Infertility, Department of Gynecology and Obstetrics, Emory University School of Medicine, Atlanta, Georgia

We appreciate Dr. Kamphuis et al's and Dr. Ricci et al's interest in our article.[1] We agree that male factor infertility incorporates a range of disease severity. Findings from a recent study indicate no association between male factor infertility and perinatal outcome.[2] The rate of intracytoplasmic sperm injection use in our study was not surprising; in 2010, intracytoplasmic sperm injection was used in 66% of fresh, nondonor in vitro fertilization cycles in the United States, regardless of infertility diagnosis.[3] We agree that surveillance data are limited by the lack of some historical medical information, and this was noted as a limitation in the article. The aim of this observational study was not to suggest causality but to evaluate a potential association. Although we were unable to separate iatrogenic from spontaneous preterm birth, we did stratify by early-preterm and late-preterm birth because most iatrogenic preterm birth occurs at later gestational ages. After stratification, the association between tubal factor infertility and preterm birth remained. Although propensity scores could have been used to account for possible confounding by obstetric history and maternal age, its use would have reduced the sample size, depending on the closeness of the matching algorithm. We considered regression analysis to be preferable because it is an established and accepted tool for evaluation of confounding and allowed us to capitalize on the large study population.

Financial Disclosure: The authors did not report any potential conflicts of interest.

We maintain that the decrease in the percentage of total assisted reproductive technology cycles holding a tubal factor diagnosis reflects increased alternative indications such as diminished ovarian reserve. Although *Chlamydia trachomatis* rates have increased, hospital admissions for pelvic inflammatory disease have decreased.[4] Pelvic inflammatory disease, rather than chlamydial infection, may explain more accurately the decrease in absolute number of tubal factor cycles. Regarding the potential effect of selective reduction, our analysis demonstrated an association between poor perinatal outcome and tubal disease among singleton pregnancies after controlling for number of fetal heartbeats at first ultrasound scan.

Our study should be interpreted with care and is subject to several limitations. Future studies that include additional preterm birth risk factors may help to delineate the association between tubal disease and preterm birth.

REFERENCES

1. Kawwass JF, Crawford S, Kissin DM, Session DR, Boulet S, Jamieson DJ. Tubal factor infertility and perinatal risk after assisted reproductive technology. Obstet Gynecol. 2013; 121:1263–1271. [PubMed: 23812461]
2. Joshi N, Kissin D, Anderson JE, Session D, Macaluso M, Jamieson DJ. Trends and correlates of good perinatal outcomes in assisted reproductive technology. Obstet Gynecol. 2012; 120:843–851. [PubMed: 22996102]
3. Centers for Disease Control and Prevention. [Retrieved August 1, 2013] Assisted reproductive technology (ART) report: National ART success rates. Available at: http://Summaryapps.nccd.cdc.gov/art/Apps/NationalReport.aspx.
4. Centers for Disease Control and Prevention. [Retrieved August 1, 2013] 2011 sexually transmitted diseases surveillance: STDs in women and infants. Available at: http://www.cdc.gov/std/stats11/womenandinf.htm#foot20.