

Dual trigger protocol is an effective IVF strategy in both normal and high responders without compromising pregnancy outcomes

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Purpose

To compare pregnancy outcomes between normal versus high responders after dual trigger of final oocyte maturation with gonadotropin-releasing hormone (GnRH) agonist and human chorionic gonadotropin (hCG) in fresh in-vitro fertilization (IVF) cycles, where ovarian stimulation was achieved by a flexible GnRH antagonist protocol.

Methods

A single institution retrospective cohort

study of 290 fresh IVF cycles utilizing embryo day 5 transfers using the dual trigger protocol from January 2013 to July 2018. Cycles excluded were those with preimplantation genetic testing, gestational carriers, donor oocytes, and fertility preservation.

Results

Comparing normal responders, defined as <30 oocytes retrieved, and high responders, defined as ≥30 oocytes retrieved, clinical pregnancy rates

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(67.0% versus 69.3%, respectively $p=0.71$), and live birth rates (60.5% versus 60.0%, $p=0.46$) were not significantly different. No cases of ovarian hyperstimulation syndrome (OHSS) were reported in either group.

Conclusions

Ovarian stimulation by a flexible GnRH antagonist protocol followed by dual ovulation trigger yields comparable outcomes in fresh IVF cycles of normal and high responders.

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