



Our Consultant [Embryologist](#) Stephen Harbottle and Dr Catherine Aiken from Cambridge University were on BBC Cambridgeshire Radio talking about fertility on the 40th Birthday of the world's first IVF baby Louise Brown.

## The interview

**“Stephen, what’s it like then for couples who want IVF in Cambridgeshire today, is it a long process?”**

“It isn’t the shortest of processes but what we do have is very defined care pathways. As you said earlier, there has been a lot of distress with the contract withdrawal from the [CCG](#) (Clinical Commissioning Group) back in September and what we’ve been doing ever since then is to find simplified care pathways for patients to remove some of that stress and anxiety. The reality now of course is that a vast majority of people will have to fund their own care. What we are looking to do is to give them an effective, value for money and safe care pathway which will hopefully end in a successful pregnancy.”

**“So someone comes to you, they want to try and conceive through IVF the conversation you have obviously initially are that it’s not available on the NHS here so you have to talk about the money and what the process is from that point.”**

“We absolutely do, and the financial considerations have become very important to the patients. In reality IVF can be very expensive in excess of £5,000. In a lot of cases, people will not need to spend that much money. I mean, we have recently released a package called Pure IVF in Cambridgeshire and that is our response to the fact the NHS funded IVF is no longer available. This is a care pathway we are offering people to vastly reduce the cost involved in the care but still give them a very good chance of success at the end of it.”

**“And Catherine, the rates, this surprised me when I was looking at it. A few people have touched on it through the course of today. I knew it wasn’t a 100% because I know people who have gone through IVF and haven’t been successful but I didn’t quite realise that the average rate of success was about a third so some might say fairly low. Why is that?”**

"I think we still have this idea that it's really hard to tell which embryos are going to do well when you transfer them back into the body and that's really one of the holy grails of what we are doing to try to improve IVF treatment at the moment. We know that you have the best chance of successful pregnancy if you put back a single healthy [embryo](#) but identifying that [embryo](#) that gives you the best chance of it becoming a baby is really going to be one of the difficult things."

**"So success rates are rising?"**

"Success rates are rising and the more we can tell what your single best chance is going to be, the better that success rate will nudge up. At the moment there are lots of interesting ways coming online to try to tell and non-invasive ways without having to actually touch the [embryo](#) or disturb it. However, we are still getting there with doing those things that will eventually improve that success beyond 1 in 3."

**"Stephen, IVF is giving couples who before 1978 just wouldn't have had a chance of conceiving themselves and that's a wonderful thing, it must bring so much joy to so many people but, for every positive there is potentially a knock on negative as well. It does mean that women over an older age can potentially conceive which might bring added complications, maybe extra burden on the health service, growing population we hear about it all the time."**

"That's a very valid point. What we have to remember is that the biggest limiting factor in the success of IVF is maternal age, so as a lady increases in age the chances of success decline. Those pregnancy rates of about a third do not apply to women over 40. In that age group that pregnancy rate is much reduced so the important message for everyone is, don't leave it too late. Still start planning a pregnancy early in life."

**"And Catherine, that touches on the aspect of how far does Science go with this. You can now have three parent babies, edit out diseases does it become potentially too far?"**

"Well it's really difficult to say where that too far line is. Obviously since IVF has become available in the last 40 years public attitudes towards what is acceptable and what we should be doing has changed really quite dramatically. I mean I remember Bob Edwards describing to me around the time of the first IVF how they were all looking under their cars for bomb threats and so on while they were developing these technologies."

**"Such was the strong feeling"**

"Such was the strong feeling against what they were doing at that time. Of course nowadays we have millions of babies born from IVF and it's something that most people think of as a really good opportunity for otherwise the infertile couple. Public opinion shifts, what we should be doing is a line that needs to be followed by what's acceptable to people at the time and what we can do and what we should do are kind of moveable lines that are changing all the time."

**"And Catherine, what do you think is coming in the next 40 years for IVF?"**

"Well you mentioned editing embryos and that's not where we are at right now. The technologies that we have to edit genomes are not reliable enough for use in clinical practice."

**"The genomes being the genes, the DNA?"**

"The DNA itself, for example to take an [embryo](#) that we know is likely to have a mutation in the gene, use molecular scissors to cut out that mutation and pop in a gene that has the normal code that everyone else has is still way beyond we are in clinical practice at the moment."

**"Well it's a fascinating topic. So much has already happen and so much more will happen. Thank you both so much for joining me this morning."**

*Listen to the whole interview by visiting [BBC Radio Cambridgeshire](#) (please note this interview is only*

*available for 30 days after airing). Interview begins at 01:20:45.*