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ANONYMITY, DISCLOSURE, AND CONTACT WITH DONORS: HOW EXPERIENCES OF DONOR-CONCEIVED OFFSPRING VARY BY FAMILY TYPE. W. Kramer, D. R. Beeson, P. K. Jennings. Donor Sibling Registry, Nederland, CO; Department of Sociology and Social Services, California State University, East Bay, Hayward, CA.

OBJECTIVE: To test the relationship between family type (two-parent vs. single parent) and offsprings' response to donor conception and desire to connect with donor, controlling for parents' sexual orientation.

DESIGN: Secondary analysis of survey data.

MATERIALS AND METHODS: Data were gathered in two electronic surveys conducted by the Donor Sibling Registry (DSR), a non-profit website established to help donor offspring and their parents connect with donors. Respondents include 473 offspring of heterosexual parents and 286 offspring of gay, lesbian, bi-sexual and transgender parents (LGBT) ranging from age 9 to over 40. Surveys were conducted between October 2009 and January 2010. Data were analyzed using cross tabs with Chi-square tests of significance.

RESULTS: Offspring of single heterosexual parents and LGBT parents (both single and partnered) learned that they were donor conceived at an earlier age than those with heterosexual parents (p= .000). The vast majority (85.2%) of offspring were conceived with sperm from anonymous donors. Family type was not significantly related to donor type but parents sexual orientation was related (p= .000). LGBT families are more likely to use a willing-to-be-known donor. Over 80% of respondents in single-parent families (heterosexual & LGBT) and dual-parent LGBT families were comfortable expressing curiosity about the donor to parents compared to 55% of offspring of dual-parent heterosexual parents (p= .000). Eighty-three percent of respondents who reported that they had no contact with their donor indicated that they want to have contact someday. Parents' sexual orientation was not related to wanting contact, but family type was weakly associated (p= .04).

CONCLUSION: Offspring of single heterosexual parents and LGBT parents learn about the method of their conception at an earlier age and are more comfortable expressing curiosity about the donor with their parents than offspring of heterosexual parents.

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WHAT IS THE OPTIMAL MOMENT FOR IUI IN NATURAL CYCLES? HUMAN CHORIONIC GONADOTROPIN OR LUTEINIZING MONITORING? PRELIMINARY RESULTS OF A RANDOMIZED STUDY. D. Kyrou, A. Riva, W. Verpoest, H. M. Fatemi, H. Tournaye, P. Devroey. Centre for Reproductive Medicine, Universitair Ziekenhuis Brussel, Brussels, Belgium.

OBJECTIVE: We recently reported the superiority of the natural cycle to a natural cycle controlled by the administration of hCG for planning the frozen-thawed ET, demonstrating a probable negative impact of exogenous hCG on endometrial receptivity (Fatemi et al., 2010).Based on the above findings we conducted the first prospective study that assesses whether there is a difference in pregnancy rate after IUI in a natural cycle with spontaneous LH /progesterone rise compared to natural cycles controlled by hCG for final oocyte maturation and ovulation.

DESIGN: Prospective randomized study.

MATERIALS AND METHODS: Normo-ovulatory women undergoing IUI in a natural cycle were randomly assigned in the study. For the first group ovulation was induced with hCG as soon as >1 follicle of 16 mm was present at ultrasound while in the second group LH monitoring was performed until LH surge. IUI was performed 36 hours post HCG or LH surge. In case of imminent ovulation for the group of LH rise the insemination was performed after 24 hours. Inclusion criteria were age $\leq$39y, patent tubes on hysterosalpingography and FSH levels on day 3 of the menstrual cycle < 12 IU /L. The use of donor sperm was also accepted as inclusion criteria.

RESULTS: Finally 254 cycles were completed (114 belonged to LH group and 140 to hCG group). Patients' characteristics in the study groups were similar, however, as expected, LH level on the day of hCG-LH rise was significantly higher in the LH group(34,37 $\pm$ 20,57 IU/L) versus the hCG group (12,43 $\pm$ 9,27 IU/L), *P*=0.001.The ongoing pregnancy rate was higher in the LH group as compared with the hCG group (16,7% vs. 10,7%) but did not reach significant difference (*P*=0.166).

CONCLUSION: Although IUI in natural cycle with LH monitoring appears more effective than hCG administration the difference was not statistically significant. This study is still ongoing in order to test and confirm these results in a larger population.

EMBRYO TRANSFER

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EFFECT OF ACUPUNCTURE ON RATES OF PREGNANCY AMONG WOMEN UNDERGOING IN VITRO FERTILIZATION. U. Omodei, G. Piccioni, S. Tombesi, D. Dordoni, L. Fallo, F. Ghilardi. Centro di Procreazione Assistita, University of Brescia, Montichiari (BS), Italy; Department of Anestesiology, Spedali Civili, Brescia, Brescia, Italy.

OBJECTIVE: To evaluate the efficacy of acupuncture on pregnancy rate in patients undergoing IVF.

DESIGN: Prospective randomised controlled trial.

MATERIALS AND METHODS: 168 patients undergoing embryo transfer, consecutively enrolled in our IVF clinic, were randomised between between acupuncture and observation in the period may-december 2009. The informed patients who accepted and were randomly assigned to acupuncture group have been treated with needles inserted 25 minutes before and after embryo transfer. The selection of points was performed, in an effort to positively influence blood flow and energy to the uterus and to provide sedative effect, according to different sequences: before transfer Yintang, Hegu, Zusanli, Sanyinjiao, Taichong, after transfer along points Shenmen, uterus, kidney and heart.

RESULTS: The patients were evenly distributed according to age (35.8 $\pm$ 4.3 vs 35.6 $\pm$ 3.8), transferred embryos (2.1 $\pm$ 1.4 vs 2.0 $\pm$ 2.1), and IVF clinical indication. No losses at follow up were observed. No adverse effects of acupuncture were reported. The pregnancy rate per transfer (as documented by positive beta-HCG) was 50% in the acupuncture group vs 34.6% in the no-treatment arm. The clinical pregnancy rate, as documented by positive US scan 6 weeks after IVF procedure, was 45% and 28% respectively.

CONCLUSION: Acupuncture performed on the day of embryo transfer appears to increase pregnancy rates in women undergoing in vistro fertilization.

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INCREASING ELECTIVE SINGLE EMBRYO TRANSFERS AND REDUCING TWIN PREGNANCIES WITHOUT AFFECTING PREGNANCY RATE IN PATIENTS <35 YEARS OLD. M. J. Arny, D. Duncan, E. M. Tougias, S. LaBrie, D. R. Grow, K. A. Lynch. Department of Obstetrics and Gynecology, Baystate Medical Center, Springfield, MA.

OBJECTIVE: To determine effectiveness of interventions designed to increase rate of elective single embryo transfer (eSET) in our program as a whole for patients <35 years old.

DESIGN: Retrospective study: 677 autologous cycles, patients <35 years old, 1/1/05-12/31/09. Interventions: 1.January,07:Initiation of Day5(D5) transfers for selected patients; 2.January,09:Enhancement of patient education: risks with twin pregnancy; incidence of twins with eSET.

MATERIALS AND METHODS: Embryos were cultured in sequential media, in 5% O_2 after 10/1/06. D5 transfers were performed if # top quality embryos on Day3(D3) was >6 (1/1/07-6/8/08) or >4 (6/9/08-12/31/09). All other transfers were on D3. Enhanced education: mandatory formal lecture, individual sessions with MDs/nurses, written information & consents regarding risks associated with twin pregnancies; use of program-specific bar graphs giving a visual of the relationship of # embryos transferred to pregnancy rate and twin rate. Twins refers only to fraternal twins. Differences evaluated with chi-square. Significance defined as P<0.05.

RESULTS: See Table for effect of interventions.

Year	Interventions	%D5 Transfers	%eSET (D3&D5 Transfers)	%Ongoing Pregnancies/ Transfer	%Ongoing Twins	%Ongoing Triplets
2005-06	None	0% (0/236)	15.7% (37/236)*	50.8% (120/236)$	35.0% (42/120)#@	0% (0/120)
2007-08	D5 Transfers	35.8% (101/282)	31.2% (88/282)*^	51.1% (144/282)	29.9% (43/144)#	0% (0/144)
2009	D5 Transfers & Enhanced Patient Education	45.9% (74/159)	46.5% (74/159)^	55.3% (88/159)$	20.5% (18/88)@	1.1% (1/88)

* P<0.0001.
^ P=0.0013.
$ P=0.38.
# P=0.37.
@ P=0.02.