Sir,

We read with interest the Letter to the Editor by Scholten et al. (2013) regarding our paper (De Neubourg et al., 2013). We do not agree with their comments and disagree with the data they use to build their case.

Scholten et al. state that the absolute numbers of multiple embryo transfers showed a slight reduction from 9671 in 2002 to 9555 in 2010. However, in our calculation there were 9614 multiple embryo transfers in 2002 and 9371 in 2010 when analyzing the raw data without extrapolations. Furthermore, the absolute number of twin pregnancies was not 447 in 2002 and 407 in 2010, as stated by Scholten et al. but 429 in 2002 and 379 in 2010, when analyzing our raw data.

In conclusion, the new Belgian legislation indeed resulted in a decrease in the absolute number of multiple embryo transfers and of twin pregnancies and in a substantial increase in the number of assisted reproductive technology (ART) cycles. In fact, both numerator [reduction of the number \( N \) of multiple embryo transfers and of \( N \) of twin pregnancies] and denominator (increase in \( N \) of ART cycles) were affected by the legislation. However, as incidence is defined as the number of events arising in a population in a given time period, our conclusion is correct that the new Belgian legislation resulted in a 50% reduction of the incidence of multiple pregnancies. Given that access to ART treatment was improved, an important increase in twin and multiple pregnancies could have been anticipated if reimbursement of laboratory costs had not been coupled to a restriction in the number of embryos for transfer. Therefore, our conclusion and title remains valid.

We agree with Scholten et al. that it is important to calculate ART results and reproductive outcome parameters per patient rather than per cycle, as mentioned in the discussion of our paper (see future focus of De Neubourg et al., 2013). Since 2009, the Belgian registration system has been adapted to allow such a patient-based calculation, which will also allow one to calculate prospectively the time to pregnancy per patient (see Materials and Methods of De Neubourg et al., 2013).

Reference
