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Systematic Review and Meta-Analysis: Impact of Arcuate and Septate Uteri on Reproductive Failure in Spontaneous and IVF Cycles

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Risk of bias assessment.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202530071

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 March 2025 and was last updated on 16 March 2025.

INTRODUCTION

Review question / Objective • Evaluating the impact of septate and arcuate uteri on implantation failure and live birth rates in spontaneous and IVF pregnancies.

- Examining whether the presence of fibrotic septal tissue alters decidualization and trophoblast function, thereby compromising embryo survival.
- Assessing the efficacy of surgical intervention (hysteroscopic metroplasty) in improving reproductive outcomes.

Rationale Rationale Despite the clear evidence of reproductive impairment in septate uteri, there remains uncertainty regarding the clinical significance of arcuate uteri. The distinction between these anomalies is clinically significant, as septate uteri are often treated surgically, whereas arcuate uteri are typically managed conservatively. Despite numerous studies, the precise impact of these anomalies on implantation failure and live birth rates remains controversial.

Condition being studied • Evaluating the impact of septate and arcuate uteri on implantation failure and live birth rates in spontaneous and IVF pregnancies.

- Examining whether the presence of fibrotic septal tissue alters decidualization and trophoblast function, thereby compromising embryo survival.
- · Assessing the efficacy of surgical.

METHODS

Search strategy Search Strategy and Eligibility Criteria A comprehensive literature search was conducted in PubMed, Embase, CINAHL Complete, MEDLINE, PsycInfo, Global Health, Cochrane Library, Scopus, and UpToDate from 1980 to March 2025. The search terms included "uterine septum," "septate uterus," "arcuate uterus," "infertility," "implantation failure," and "sterility."

Participant or population Inclusion criteria encompassed randomized controlled trials (RCTs), prospective non-randomized studies, observational studies, retrospective studies, and systematic reviews with meta-analyses, including Cochrane reviews. Studies were included if they reported on reproductive outcomes in women with arcuate or septate uteri, specifically addressing implantation failure and live birth rates in both spontaneous and IVF cyclesThe PRISMA flow diagram illustrates the study selection process.

Intervention We conduct a Comprehensive Literature Search by using Bolean operators and / or to combine keywords ("uterine septum" OR "septate uterus" OR "arcuate uterus") AND ("infertility" OR "implantation failure" OR "sterility") AND ("RCT" OR "prospective" OR "observational" OR "retrospective" OR "systematic review" OR "meta-analysis") and by adjusting based on database-specific sintax We performed Searches on Multiple Databases: PubMed, Embase, CINAHL Complete, MEDLINE, PsycInfo, Global Health, Cochrane Library, Scopus, UpToDate. And we extract search results in RIS or CSV format. We remove duplicates by using EndNote, Zotero, or Rayyan Al for screening. We screen and select studies by: a) Title/Abstract Screening: we exclude irrelevant or redundant studies. We include only studies on: a) Uterine septum/arcuate uterus.b) Infertility, implantation failure, or reproductive outcomes c) Randomized controlled trials, observational studies, systematic reviews

Full-text review with download and review all eligible full texts applying Inclusion/Exclusion Criteria .Inclusion: Studies with clear reproductive outcomes (implantation failure, live birth rates). Exclusion: Case reports, editorials, duplicate data, non-English articles (if necessary). We extract data systematically by using a standardized data extraction form (Excel or software like Covidence) including: study details (author, year, country), population characteristics, uterine anomaly classification (ASRM, ESHRE), reproductive outcomes (implantation failure, live birth rates), intervention details (surgical correction vs. no treatment).

Comparator Camparison with women withour septae aor arcuate uterus searching spontaneou pregnancy or by IVF.

Study designs to be included Randomized controlled trials (RCTs), prospective nonrandomized studies, observational studies, retrospective studies, and systematic reviews with meta-analyses, including Cochrane reviews.

Eligibility criteria Search Strategy and Eligibility Criteria A comprehensive literature search was conducted in PubMed, Embase, CINAHL

Complete, MEDLINE, PsycInfo, Global Health, Cochrane Library, Scopus, and UpToDate from 1980 to March 2025. The search terms included "uterine septum," "septate uterus," "arcuate uterus," "infertility," "implantation failure," and "sterility."

Information sources PubMed, Embase, CINAHL Complete, MEDLINE, PsycInfo, Global Health, Cochrane Library, Scopus, and UpToDate from 1980 to March 2025. The search terms included "uterine septum," "septate uterus," "arcuate uterus," "infertility," "implantation failure," and "sterility."

Main outcome(s) Implantation rates and Live Birth rates.

Quality assessment / Risk of bias analysis We assess quality & bias by calculating Risk of Bias (ROBINS-I for observational, Cochrane RoB 2 for RCTs) and generating a color-coded risk-of-bias summary chart. And by evaluation GRADE Assessment as for study quality (high, moderate, low, very low).

Strategy of data synthesis Meta-analysis for noth implantation rates and live birth rates.

Subgroup analysis Spontaneous and IVF prrgnancies, arcuate and septate uterine.

Sensitivity analysis Matanalysis and Grade evaluation.

Language restriction English.

Country(ies) involved Italy.

Keywords uterine septum," "septate uterus," "arcuate uterus," "infertility," "implantation failure," and "sterility."

Contributions of each author

Author 1 - Francesco Maria Bulletti - conceptualized and supervised the study from data analysis to preparation of the manuscript.

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Author 2 - Maurizio Guido - contributed to the epidemiological analysis with statistic and interpretation.

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Author 3 - Antonio Palagiano - contributed to data collection and the analysis.

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Author 6 - Carlo Bulletti - coordinated both the conceptualization and final manuscript preparation.

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