

# Assisted reproductive technology in Europe, 2002. Results generated from European registers by ESHRE

The European IVF-monitoring programme (EIM)\* for the European Society of Human Reproduction and Embryology (ESHRE)<sup>1,2</sup>

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European results of assisted reproductive techniques (ART) from treatments initiated during 2002 are presented in this sixth report. Data was mainly collected from already existing national registers. From 25 countries, 631 clinics reported 324 238 treatment cycles with: IVF 122 634, ICSI 135 048, frozen embryo replacement (FER) 57 162, egg donation (ED) 7677, preimplantation genetic diagnosis/screening (PGD/PGS) 1563 and *in vitro* maturation (IVM) 154. Overall this represents a 12% increase since year 2001. For the second time, results on European data on intrauterine inseminations were reported from 17 countries. A total of 93 284 cycles [IUI-husband/partner (H), 78 505 and IUI-donor (D), 14 779] were included. In 13 countries where all clinics reported to the register, a total of 177 429 cycles were performed in a population of 193.7 million, corresponding to 916 cycles per million inhabitants. For IVF the clinical pregnancy rate per aspiration and per transfer was 26.0 and 29.5%, respectively. For ICSI the corresponding rates were 27.2 and 29.4%. These figures are marginally better than in 2001. After IUI-H the clinical pregnancy rate was 11.6% in women below 40 and 7.8% in women  $\geq 40$  years of age. After IVF and ICSI the distribution of transfer of 1, 2, 3 and 4 or more embryos was 13.7, 54.8, 26.9 and 4.7%, respectively. Compared with year 2001, less embryos were transferred, but huge differences existed between countries. The distribution of singleton, twin and triplet deliveries for IVF and ICSI combined was 75.5, 23.2 and 1.3%, respectively. This gives a total multiple delivery rate of 24.5%, compared with 25.5% in year 2001. The range of triplet deliveries after IVF and ICSI varied from 0.0 to 5.2% between countries. After IUI-H in women below 40 years of age, 10.2% were twin and 1.3% triplet gestations.

*Key words:* ESHRE/Europe/IUI/IVF and ICSI/register data

## Introduction

This report is the sixth annual European Society of Human Reproduction and Embryology (ESHRE) publication on European data on assisted reproduction technology (ART). The five previous, also published in Human Reproduction (ESHRE, 2001a,b, 2002, 2004, 2005), covered treatment cycles during 1997, 1998, 1999, 2000 and 2001.

Data has been collected from 25 European countries and covers ART with IVF, ICSI, frozen embryo replacements (FERs), egg donations (EDs) and preimplantation genetic diagnosis (PGD) and screening (PGS) during 2002. From Finland and Sweden the number of *in vitro* maturation (IVM) cycles was also available. Additionally, for 2002, data on intrauterine inseminations with husband semen (IUI-H; 16 countries) and

inseminations with donor semen (IUI-D; 17 countries) were included. According to the International Committee for Monitoring ART (ICMART)-WHO definitions (World Health Organization, 2002), IUI-H and IUI-D should not be classified as ART, but data on IUI will be included in this report.

A fifth meeting with the European IVF Monitoring (EIM) Consortium was held at the ESHRE meeting in Copenhagen June 2005 with representatives from participating countries, where the present and future reporting system were discussed. The Czech Republic and Latvia were unable to provide data for year 2002, and Austria has still not provided national data to ESHRE. Croatia and Cyprus provided data for the first time. The consortium stressed that efforts should be made to have better coverage in the Balkan and Eastern European countries.

To that end, an ESHRE workshop will be held in Belgrade during 2006.

The consortium noted that the quality of data still differs between countries. It was noted that countries like Greece and Italy are going to establish compulsory national data collection programmes in the coming years, and Belgium and Denmark are reorganizing their national registries. Presently, data collection systems, coverage, definitions and validation are different. At the ESHRE Consortium meeting in Madrid 2003, it was decided that the EIM Consortium members should adapt to the definitions listed by the ICMART and published in the WHO report (World Health Organization, 2002). These definitions have also been adopted by ESHRE, International Federation of Fertility Societies (IFFS) and American Society of Reproductive Medicine (ASRM) / Society of Assisted Reproductive Technology (SART) and Latin American IVF Registry. Some countries have been able to adjust the 2002 data sent to ESHRE to these definitions.

The Consortium decided to continue to present annual reports and to try to improve the quality of the reports.

## Materials and methods

### Data collection

The present report summarizes data from IVF treatments started during 2002. The data include treatments with IVF, ICSI, ED, FER, PGD/PGS, IVM and IUI-H and IUI-D performed from the 1 January 2002 to 31 December 2002. Follow-up data on pregnancies and deliveries are cohort data. For IUI, only pregnancies, and not deliveries,

were recorded. The number of clinics reporting IUI data may differ from the number of clinics presenting data on the *in vitro* techniques.

As it is evident from the tables, registers from a number of countries have been unable to provide some of the data.

The reporting principle used for 2002 data is basically similar to the preceding year (ESHRE, 2001a,b, 2002, 2004, 2005).

As the data presented here is incomplete and generated through different methods using different definitions in different countries, interpretation of the data must be done with some caution.

## Results

### Number of treatment cycles

Table I shows the number of all treatment cycles recorded in each country, the number of clinics in the country (if available) and the number of clinics reporting to the register. The cycles are subdivided in IVF, ICSI, FER, ED, IVM and PDG/PGS. In Belgium, France and Iceland, the number of aspirations was used, as the number of initiated cycles was not available. In relation to FER, the number of transfers rather than the number of thawings was used in the Netherlands. Totally, 631 clinics from 25 countries reported 324 238 cycles.

Table II shows data from those 12 countries where all clinics have reported to the register. The number of cycles is related to the total population in the country and the number of infants born after ART is expressed in percentage of the total number of live-births in the country. Overall, 177 429 cycles were undertaken in a population of 193.7 million, giving a mean of 916 cycles per million. The percentage of infants born after ART ranged from 1.3 to 4.2%.

**Table I.** Assisted reproductive technology (ART) in European countries in 2002

Country	IVF clinics in the country		Treatment cycles						
	Clinics	Clinics reporting	IVF	ICSI	FER	ED	IVM	PGD	All
Belgium	30	23	3116	5776	3009	580		346	12 827
Bulgaria	11	6	533	305	28	11			877
Croatia	7	7	1254	794	573				2621
Cyprus		8	481	509	42				1032
Denmark	20	20	6067	3563	1543	148			11 321
Finland	17	17	2661	1708	3146	743	94		8352
France	92	92	21 557	25 222	12 284	233			59 296
Germany		116	29 470	39 514	15 835				84 819
Greece	50	12	2112	2963	343	169		2	5589
Hungary	11	11	2112	4406	257	32		7	6814
Iceland	1	1	145	115	75	17			352
Ireland		5	952	567	390	3			1912
Italy	120	67	6381	8977	2431	625		534	18 948
Macedonia	1	1	138	103				0	241
Netherlands	13	13	9554	5213	1468			38	16 273
Norway	9	9	2345	1566	269				4180
Poland	17	15	881	2468	901	53			4303
Portugal	20	14	1023	1518	391	11		12	2955
Russia	40	35	5457	1918	640	581		71	8667
Slovenia	3	3	817	1353	382	24		0	2576
Spain	185	36	2630	8106	1805	2059		430	15 030
Sweden	15	15	4836	4122	2063	0	60		11 081
Switzerland	20	20	1003	2214	2178				5395
Ukraine	11	8	957	527	26	184			1694
UK	77	77	16 152	11 521	7083	2204		123	37 083
All	770	631	122 634	135 048	57 162	7677	154	1563	324 238

IVF Belgium, France and Iceland refer to aspirations. FER refers to thawings. The Netherlands to transfers. Germany and Switzerland. FER relates to 2PN cryopreservations. Belgium. Clinics reporting refer to clinics with embryology facilities. Other centres refer to patients.

**Table II.** Assisted reproductive technology (ART) in those countries where all clinics reported to the national register in 2002

Country	Cycles	Population	Cycles/million	ART deliveries	ART infants	National births	ART infants (%)
Belgium	12 827	10 332 785	1241	1826	2436	113 600	2.1
Croatia	2621	4 441 800	590	427	532	40 094	1.3
Denmark	11 321	5 375 931	2106	2178	2679	64 149	4.2
Finland	7609	5 200 598	1463	1438	1615	55 555	2.9
France	59 296	59 670 000	993	9693	11 113	761 630	1.5
Hungary	6814	10 158 608	671	1379	1762	96 804	1.8
Iceland	352	287 559	1224	99	117	4049	2.9
Netherlands	16 273	16 148 925	1008				
Norway	4180	4 538 160	921	973	1316	55 434	2.4
Slovenia	2576	1 995 718	1291	492	609	17 490	3.5
Sweden	11 081	8 924 958	1241	2284	2712	95 815	2.8
Switzerland	5396	7 313 853	738	829	980	72 372	1.4
UK	37 083	59 321 688	625	7571	9443	668 777	1.4
All	177 429	193 710 583	916				

Data refer to IVF, ICSI, FER and ED.

### Size of the clinics

Table III shows the size distribution of the 631 reporting clinics. The size of a clinic (or unit) is based on all cycles performed per year. The size of the clinics does not include PGD/PGS, IVM and IUI.

The distribution of clinics according to the number of cycles varies considerably among the countries. For example, in Russia a third performed less than 100 cycles compared with 5% in France and 30% performed more than 1000 cycles in Germany, compared with none in several countries. To what extent these variations can play a role in the results cannot be estimated from the present report.

**Table III.** Size of the IVF clinics reporting to the register in 2002

Country	IVF clinics in the country		Size of clinics (cycles per year)				
	All	Reporting	<100	100–199	200–499	500–1000	>1000
Belgium	30	23	1	4	5	10	3
Bulgaria	11	6	1	3	2	0	0
Croatia	7	7	3	0	2	2	0
Cyprus		8	4	1	3	0	0
Denmark	20	20	3	0	5	10	2
Finland	17	17	0	3	9	3	2
France	92	92	6	6	30	35	15
Germany		116	17	6	35	26	32
Greece	50	12	2	2	3	4	1
Hungary	11	11	0	0	6	4	1
Iceland	1	1	0	0	1	0	0
Ireland (Rep.)		5					
Italy	120	67	9	31	21	3	3
Macedonia	1	1	0	0	1	0	0
Netherlands	13	13	0	0	1	4	8
Norway	9	9	1	0	6	2	0
Poland	17	15	5	5	3	1	1
Portugal	20	14	5	2	6	1	0
Russia C.I.S.	40	35	12	9	8	5	1
Slovenia	3	3	0	0	1	1	1
Spain	185	36	10	7	12	3	4
Sweden	15	15	1	0	6	5	3
Switzerland	20	20	5	4	8	2	1
Ukraine	11	8	3	2	2	1	0
UK	77	77	11	11	25	21	9
All	770	631	99	96	201	143	87

Belgium, number of clinics, see Table I.

### Age distribution

Table IV shows the age distribution of those women treated with IVF or ICSI in various countries.

### Number of embryos transferred

Table V shows the number of embryos transferred after IVF and ICSI combined. The total number of single embryo transfers (SET) was 27 872 (13.7%), dual embryo transfers 111 695 (54.8%), triple embryo transfers 54 753 (26.9%) and four or more embryo transfers 9557 (4.7%). As indicated in the table, major differences were seen between countries. The range of triple embryo transfers was 1.5% (Finland) to 52.0% (Hungary) and the range of transfer of four or more embryos was 0.0 to 42.1%.

A total of 1923 elective SET (eSET) was reported separately. The only major contributor with specific data was Sweden with 1587 eSET. As indicated in Table V, SET accounted for 38.7% of transfers in Finland, 30.6% in Sweden and 25.7% in Slovenia.

### Pregnancies and deliveries after treatment

Table VI–IX show the number of pregnancies and deliveries in relation to number of initiated cycles, aspirations and transfers, for IVF (Table VI), ICSI (Table VII), FER (Table VIII) and ED (Table IX).

Table VI shows that after IVF the 28 948 pregnancies resulted from 111 140 aspirations and 98 239 embryo transfers. Thus, the mean clinical pregnancy rate was 26.0% per aspiration and 29.5% per embryo transfer. The latter figure ranged from 23.5 to 40.5% between countries. The delivery rates per embryo transfer after IVF has not been summarized because of incomplete or absence of follow-up of pregnancies in many countries, as shown in Table X.

Table VII shows that after ICSI the 35 329 pregnancies resulted from 129 967 aspirations and 120 236 transfers. Thus the mean clinical pregnancy rate was 27.2% per aspiration and 29.4% per embryo transfer. The latter figure ranged from 10.4 to 41.4%. The delivery rates per embryo transfer after ICSI has not been summarized because of incomplete or absence of follow-up of pregnancies in many countries, as shown in Table X.

Table VIII shows that after FER 9252 pregnancies resulted from 50 264 transfers. Thus the mean clinical pregnancy rate per

**Table IV.** Age distribution (years) of women treated with IVF & ICSI in 2002

Country	IVF (%)					ICSI (%)				
	<29	30–34	35–39	40–44	>45	<29	30–34	35–39	40–44	>45
Belgium	22.1	37.1	28.8	11.4	0.5	26.3	35.2	26.8	10.8	0.8
Bulgaria	37.9	30.2	22.5	8.3	1.1	27.2	40.3	25.2	6.9	0.3
Croatia	10.0	34.4	53.3	2.2	0.0	10.3	35.4	52.3	2.0	0.0
Cyprus	8.8	31.7	44.7	13.7	0.9	9.4	29.6	38.8	19.7	2.5
Denmark	20.7	35.8	34.6	8.1	0.9	27.5	39.3	26.5	5.9	0.7
Finland	22.9	33.1	30.4	13.6	0.0	22.5	34.6	31.8	11.1	0.0
France	13.5	36.1	33.6	16.1	0.8	21.2	38.7	28.8	10.9	0.4
Germany	18.1	37.0	35.5	9.0	0.5	21.9	39.2	31.4	7.2	0.3
Greece	14.0	26.9	34.2	21.3	3.6	18.3	32.0	31.7	15.5	2.5
Hungary	28.3	37.8	22.8	10.0	1.2	30.2	38.0	21.2	9.6	1.0
Iceland	16.6	33.1	36.6	13.8	0.0	32.2	23.5	28.7	15.7	0.0
Ireland (Rep.)	6.1	25.4	48.7	19.1	0.6	10.8	33.0	43.2	12.7	0.4
Italy	9.9	34.7	37.4	16.4	1.6	14.9	31.8	35.9	15.3	2.2
Macedonia	21.9	30.5	26.6	16.4	4.7	16.5	28.9	30.9	20.6	3.1
Netherlands										
Norway										
Poland	24.6	42.9	25.4	5.9	1.1	23.9	39.5	25.1	10.0	1.4
Portugal	15.0	40.2	36.1	7.8	0.9	19.1	41.2	30.0	8.7	1.0
Russia C.I.S.	29.0	38.6	22.2	9.2	1.0	29.6	32.4	24.9	11.5	1.6
Slovenia	16.7	37.0	31.9	14.4	0.0	21.7	33.5	28.0	16.5	0.3
Spain	8.3	38.1	42.0	10.7	0.9	10.5	40.9	39.4	8.7	0.4
Sweden	13.8	36.1	39.0	11.1	0.0	18.7	37.4	34.1	9.8	0.0
Switzerland	10.9	26.9	43.7	17.8	0.7	14.1	34.8	39.8	10.7	0.6
Ukraine	30.8	34.9	27.2	7.1	0.0	34.3	32.1	24.5	8.5	0.6
UK	11.9	34.8	38.8	13.5	0.9	15.1	37.5	36.3	10.5	0.7
All	15.9 (8.3–37.9)	35.8 (25.4–42.9)	35.2 (22.2–53.3)	12.4 (2.2–21.3)	0.8 (0.0–4.7)	20.0 (9.4–34.4)	37.7 (23.5–41.2)	31.8 (21.2–52.3)	9.8 (2.0–20.6)	0.6 (0.0–3.1)

The Netherlands and Norway: data not available. The age distribution of women receiving ED was known in 7326 cases (<29 years 6.1%, 30–34 years 17.0%, 35–39 years 26.8%, 40–44 years 33.4% and >45 years 16.6%).

**Table V.** Number of embryos transferred after IVF and ICSI in 2002

Country	All transfers	1 embryo	%	2 embryo	%	3 embryo	%	4+ embryo	%
Belgium	8513	1403	16.5	4625	54.3	2006	23.6	479	5.6
Bulgaria	741	98	13.2	152	20.5	377	50.9	114	15.4
Croatia	1879	139	7.4	1687	89.8	53	2.8		0.0
Cyprus	908	95	10.5	130	14.3	301	33.1	382	42.1
Denmark	8049	1499	18.6	5997	74.5	553	6.9	0	0.0
Finland	3824	1480	38.7	2286	59.8	58	1.5	0	0.0
France	40 603	5822	14.3	21 663	53.4	11 261	27.7	1857	4.6
Germany	57 305	6302	11.0	33 113	57.8	17 890	31.2	0	0.0
Greece	4781	783	16.4	706	14.8	1776	37.1	1516	31.7
Hungary	5593	621	11.1	1326	23.7	2909	52.0	737	13.2
Iceland	237	55	23.2	151	63.7	31	13.1	0	0.0
Ireland (Rep.)	1313	90	6.9	681	51.9	499	38.0	43	3.3
Italy	11 580	1753	15.1	4088	35.3	4366	37.7	1373	11.9
Macedonia	155	32	20.6	40	25.8	52	33.5	31	20.0
Netherlands									
Norway									
Poland	2912	430	14.8	1729	59.4	687	23.6	66	2.3
Portugal	2080	205	9.9	1024	49.2	733	35.2	118	5.7
Russia C.I.S.	6709	907	13.5	2133	31.8	2262	33.7	1407	21.0
Slovenia	1740	447	25.7	1101	63.3	192	11.0	0	0.0
Spain	8948	1029	11.5	2894	32.3	3985	44.5	1040	11.6
Sweden	7479	2289	30.6	5155	68.9	35	0.5	0	0.0
Switzerland	2770	325	11.7	1746	63.0	698	25.2	1	0.0
Ukraine	1331	135	10.1	333	25.0	470	35.3	393	29.5
UK	24 427	1933	7.9	18 935	77.5	3559	14.6	0	0.0
All	203 877	27 872	13.7	111 695	54.8	54 753	26.9	9557	4.7

Data restricted to those transfers where the number of embryos transferred is known. No data from the Netherlands and Norway.

**Table VI.** Pregnancies and deliveries after IVF in 2002

Country	Cycles	Aspirations	Transfers	Pregnancies	Deliveries	Pregnancies per cycle (%)	Pregnancies per aspirations (%)	Pregnancies per transfers (%)	Deliveries per cycle (%)	Deliveries per aspirations (%)	Deliveries per transfers (%)
Belgium		3116	2891	1172	581		37.6	40.5		18.6	20.1
Bulgaria	533	499	463	111	49	20.8	22.2	24.0	9.2	9.8	10.6
Croatia	1254	1237	1136	267	211	21.3	21.6	23.5	16.8	17.1	18.6
Cyprus	481	454	444	126	103	26.2	27.8	28.4	21.4	22.7	23.2
Denmark	6067	5684	4965	1610	1193	26.5	28.3	32.4	19.7	21.0	24.0
Finland	2661	2579	2289	654	521	24.6	25.4	28.6	19.6	20.2	22.8
France		21 557	18 280	4733	3583		22.0	25.9		16.6	19.6
Germany	29 470	24 146	21 216	5727	3518	19.4	23.7	27.0	11.9	14.6	16.6
Greece	2112	2007	1839	626	378	29.6	31.2	34.0	17.9	18.8	20.6
Hungary	2112	1945	1787	588	476	27.8	30.2	32.9	22.5	24.5	26.6
Iceland		145	131	50	41		34.5	38.2		28.3	31.3
Ireland (Rep.)	952	845	796	250	193	26.3	29.6	31.4	20.3	22.8	24.2
Italy	6381	5244	4457	1315	1076	20.6	25.1	29.5	16.9	20.5	24.1
Macedonia	138	128	107	28		20.3	21.9	26.2			
Netherlands	9554	8493	7279	2330		24.4	27.4	32.0			
Norway	2345	2254	2071	737	591	31.4	32.7	35.6	25.2	26.2	28.5
Poland	881	851	743	217	173	24.6	25.5	29.2	19.6	20.3	23.3
Portugal	1023	892	801	243	161	23.8	27.2	30.3	15.7	18.0	20.1
Russia C.I.S.	5457	5233	4951	1526	760	28.0	29.2	30.8	13.9	14.5	15.4
Slovenia	817	765	685	232	169	28.4	30.3	33.9	20.7	22.1	24.7
Spain	2630	2240	2113	732	487	27.8	32.7	34.6	18.5	21.7	23.0
Sweden	4836	4428	3960	1372	1082	28.4	31.0	34.6	22.4	24.4	27.3
Switzerland	1003	900	810	248	172	24.7	27.6	30.6	17.1	19.1	21.2
Ukraine	957	897	853	282	207	29.5	31.4	33.1	21.6	23.1	24.3
UK	16 152	14 601	13 172	3772	3317	23.4	25.8	28.6	20.5	22.7	25.2
		111 140	98 239	28 948			26.0	29.5			

The recording of deliveries is incomplete, see Table X. Data on initiated cycles not available from Belgium, France and Iceland. Data on deliveries not available from Macedonia and The Netherlands.

**Table VII.** Pregnancies and deliveries after ICSI in 2002

Country	Cycles	Aspirations	Transfers	Pregnancies	Deliveries	Pregnancies per cycle (%)	Pregnancies per aspirations (%)	Pregnancies per transfers (%)	Deliveries per cycle (%)	Deliveries per aspirations (%)	Deliveries per transfers (%)
Belgium		5776	5301	1939	968		33.6	36.6		16.8	18.3
Bulgaria	305	295	278	115	106	37.7	39.0	41.4	34.8	35.9	38.1
Croatia	794	778	743	184	147	23.2	23.7	24.8	18.5	18.9	19.8
Cyprus	509	477	464	135	108	26.5	28.3	29.1	21.2	22.6	23.3
Denmark	3563	3463	3084	1038	796	29.1	30.0	33.7	22.3	23.0	25.8
Finland	1708	1671	1539	437	328	25.6	26.2	28.4	19.2	19.6	21.3
France		25 222	22 682	5899	4606		23.4	26.0		18.3	20.3
Germany	39 514	37 983	36 089	9842	6303	24.9	25.9	27.3	16.0	16.6	17.5
Greece	2963	2833	2642	888	533	30.0	31.3	33.6	18.0	18.8	20.2
Hungary	4406	4172	3806	1106	870	25.1	26.5	29.1	19.7	20.9	22.9
Iceland		115	106	40	31		34.8	37.7		27.0	29.2
Ireland (Rep.)	567	538	519	160	127	28.2	29.7	30.8	22.4	23.6	24.5
Italy	8977	8003	7123	1980	1571	22.1	24.7	27.8	17.5	19.6	22.1
Macedonia	103	97	48	5		4.9	5.2	10.4			
Netherlands	5213	4776	4398	1521		29.2	31.8	34.6			
Norway	1566	1528	1413	448	361	28.6	29.3	31.7	23.1	23.6	25.5
Poland	2468	2408	2168	714	583	28.9	29.7	32.9	23.6	24.2	26.9
Portugal	1518	1404	1299	359	257	23.6	25.6	27.6	16.9	18.3	19.8
Russia C.I.S.	1918	1860	1758	583	184	30.4	31.3	33.2	9.6	9.9	10.5
Slovenia	1353	1314	1138	348	274	25.7	26.5	30.6	20.3	20.9	24.1
Spain	8106	7257	6835	2552	1632	31.5	35.2	37.3	20.1	22.5	23.9
Sweden	4122	3888	3519	1162	926	28.2	29.9	33.0	22.5	23.8	26.3
Switzerland	2214	2118	1965	546	406	24.7	25.8	27.8	18.3	19.2	20.7
Ukraine	527	509	478	167	129	31.7	32.8	34.9	24.5	25.3	27.0
UK	11 521	11 482	10 841	3161	2777	27.4	27.5	29.2	24.1	24.2	25.6
	103 935	129 967	120 236	35 329			27.2	29.4			

The recording of deliveries is incomplete, see Table X. Data on initiated cycles not available from Belgium, France and Iceland. Data on deliveries not available from Macedonia and The Netherlands.

**Table VIII.** Pregnancies and deliveries after FER (IVF and ICSI combined) in 2002

Country	Thawings	Transfers	Pregnancies	Deliveries	Pregnancies per thawing (%)	Pregnancies per transfer (%)	Deliveries per thawing (%)	Deliveries per transfer (%)
Belgium	3009	2351	595	239	19.8	25.3	7.9	10.2
Bulgaria	28	28	5	1	17.9	17.9	3.6	3.6
Croatia	573	497	72	69	12.6	14.5	12.0	13.9
Cyprus	42	36	9	0	21.4	25.0	0.0	0.0
Denmark	1543	1300	224	168	14.5	17.2	10.9	12.9
Finland	3146	2746	572	412	18.2	20.8	13.1	15.0
France	12 284	10 997	1613	1175	13.1	14.7	9.6	10.7
Germany	15 835	14 234	2433	1404	15.4	17.1	8.9	9.9
Greece	343	328	94	44	27.4	28.7	12.8	13.4
Hungary	257	230	35	27	13.6	15.2	10.5	11.7
Iceland	75	72	23	21	30.7	31.9	28.0	29.2
Ireland (Rep.)	390	272	66	50	16.9	24.3	12.8	18.4
Italy	2431	2267	459	357	18.9	20.2	14.7	15.7
Macedonia								
Netherlands		1468	317			21.6		
Norway	269	172	30	21	11.2	17.4	7.8	12.2
Poland	901	782	125	98	13.9	16.0	10.9	12.5
Portugal	391	333	52	25	13.3	15.6	6.4	7.5
Russia C.I.S.	640	590	127	69	19.8	21.5	10.8	11.7
Slovenia	382	252	62	49	16.2	24.6	12.8	19.4
Spain	1805	1326	437	288	24.2	33.0	16.0	21.7
Sweden	2063	1743	400	276	19.4	22.9	13.4	15.8
Switzerland	2178	1976	348	251	16.0	17.6	11.5	12.7
Ukraine	26	26	5	2	19.2	19.2	7.7	7.7
UK	7083	6238	1149	975	16.2	18.4	13.8	15.6
All		50 264	9252			18.4		

The recording of deliveries is incomplete, see Table XI. Data on deliveries not available from Macedonia and The Netherlands.

**Table IX.** Pregnancies and deliveries after egg donation (ED) in 2002

Country	Donation	Transfers	Pregnancies	Deliveries	Pregnancies per donation (%)	Pregnancies per transfer (%)	Deliveries per donation (%)	Deliveries per transfer (%)
Belgium	580	538	120	75	20.7	22.3	12.9	13.9
Bulgaria	11	16	3	1	27.3	18.8	9.1	6.3
Croatia				9				
Cyprus				9				
Denmark	148	123	37	21	25.0	30.1	14.2	17.1
Finland		743	254	177		34.2		23.8
France		233		29				12.4
Germany								
Greece	169	159	51	30	30.2	32.1	17.8	18.9
Hungary	32	28	8	6	25.0	28.6	18.8	21.4
Iceland	17	16	8	6	47.1	50.0	35.3	37.5
Ireland (Rep.)	3		1	1	33.3		33.3	
Italy	625	554	190	158	30.4	34.3	25.3	28.5
Macedonia								
Netherlands								
Norway								
Poland	53	51	18	18	34.0	35.3	34.0	35.3
Portugal	11	6	5	4	45.5	83.3	36.4	66.7
Russia C.I.S.	581	556	162	78	27.9	29.1	13.4	14.0
Slovenia	24	38	9	3	37.5	23.7	12.5	7.9
Spain	2059	1732	912	640	44.3	52.7	31.1	37.0
Sweden								
Switzerland								
Ukraine	184	179	79	57	42.9	44.1	31.0	31.8
UK	2204	2008	580	502	26.3	28.9	22.8	25.0
	6701	6980	2437			34.9		

Recording of deliveries is incomplete.

embryo transfer after FER was 18.4%. The latter figure ranged from 14.5 to 33.0%. The delivery rates per embryo transfer after FER has not been summarized because of incomplete or absence of follow-up of pregnancies in many countries, as shown in Table XI.

Table IX shows that after ED 2437 clinical pregnancies resulted from 6980 embryo transfers, giving a pregnancy rate per transfer of 34.9%, with a range from 18.8 to 83.3%. The delivery rates per embryo transfer after ED has not been

**Table X.** Singleton, twin, triplet and quadruplet deliveries after IVF and ICSI in 2002

Country	All deliveries	Clinical pregnancies	Documented pregnancy loss	Lost to follow-up	Singleton deliveries	%	Twin deliveries	%	Triplet deliveries	%
Belgium	1459	3111	581	255	1051	72.0	395	27.1	13	0.9
Bulgaria	155	222	46	37	109	70.3	38	24.5	8	5.2
Croatia	358	451	57	36	266	74.3	84	23.5	8	2.2
Cyprus	211	261	50	0	171	81.0	33	15.6	7	3.3
Denmark	1989	2648	480	179	1525	76.7	459	23.1	5	0.3
Finland	849	1091	236	6	718	84.6	129	15.2	2	0.2
France	8066	10 632	2443	88	6323	78.4	1690	21.0	53	0.7
Germany	9819	15 569	3173	2242	7563	77.0	2136	21.8	120	1.2
Greece	911	1252	221	120	598	65.6	292	32.1	21	2.3
Hungary	1344	1694	305	43	940	69.9	377	28.1	27	2.0
Iceland	72	90	18	0	49	68.1	23	31.9	0	0.0
Ireland (Rep.)	320	397	90	0	239	74.7	71	22.2	10	3.1
Italy	2638	3295	516	132	1894	71.8	636	24.1	108	4.1
Macedonia	0	33								
Netherlands	0	3851								
Norway	952	1185	233	0	674	70.8	275	28.9	3	0.3
Poland	756	931	122	53	580	76.7	166	22.0	10	1.3
Portugal	418	601	109	74	311	74.4	99	23.7	8	1.9
Russia C.I.S.	942	2109	372	793	733	77.8	187	19.9	22	2.3
Slovenia	437	582	93	47	327	74.8	108	24.7	2	0.5
Spain	2115	3284	522	189	1458	68.9	585	27.7	72	3.4
Sweden	2008	2534	526	0	1619	80.6	385	19.2	4	0.2
Switzerland	578	794	175	41	461	79.8	112	19.4	5	0.9
Ukraine	336	449	68	45	206	61.3	121	36.0	9	2.7
UK	6094	6933	659	180	4522	74.2	1536	25.2	36	0.6
All	42 827	63 999			32 337	75.5	9937	23.2	553	1.3

A total of 19 quadruplet deliveries were recorded. Not included in the table or in the total number of deliveries. Deliveries refer to those deliveries with documented number of infants. Data in relation to pregnancy loss, lost for follow-up, pregnancies and deliveries not consistent from all countries.

**Table XI.** Singleton, twin, triplet and quadruplet deliveries after FER in 2002

Country	All deliveries	Clinical pregnancies	Documented pregnancy loss	Lost to follow-up	Singleton deliveries	%	Twin deliveries	%	Triplet deliveries	%
Belgium	218	595	179	36	167	76.6	46	21.1	5	2.3
Bulgaria	1	2	1		1	100.0		0.0		0.0
Croatia	69	75	6		64	92.8	5	7.2		0.0
Cyprus	6	9	3	0	5	83.3	1	16.7	0	0.0
Denmark	168	224	50	6	139	82.7	29	17.3	0	0.0
Finland	412	572	149	11	368	89.3	44	10.7	0	0.0
France	1149	1613	437	26	981	85.4	163	14.2	5	0.4
Germany	1632		609	343	1191	73.0	434	26.6	7	0.4
Greece	44	78	21	13	27	61.4	17	38.6	0	0.0
Hungary	27	35	7		21	77.8	5	18.5	1	3.7
Iceland	21	23	2	0	15	71.4	5	23.8	1	4.8
Ireland (Rep.)	50	65	16	0	36	72.0	13	26.0	1	2.0
Italy	357	459	87	15	270	75.6	83	23.2	4	1.1
Macedonia										
Netherlands										
Norway	21	30	9	0	18	85.7	2	9.5	1	4.8
Poland	98	125	27	0	83	84.7	15	15.3	0	0.0
Portugal	25	52	24	2	22	88.0	3	12.0	0	0.0
Russia C.I.S.	69	127	23	35	57	82.6	12	17.4	0	0.0
Slovenia	49	62	9	4	41	83.7	8	16.3	0	0.0
Spain	288	437	105	28	220	76.4	65	22.6	3	1.0
Sweden	276	400	124	0	242	87.7	33	12.0	1	0.4
Switzerland	251	348	87	10	224	89.2	25	10.0	2	0.8
Ukraine	2	5	3	0	2	100.0		0.0		0.0
UK	975	1149	133	41	793	81.3	175	17.9	7	0.7
All	6208		2111		4987	80.3	1183	19.1	38	0.6

Deliveries refer to those deliveries with documented number of infants. Data in relation to pregnancy loss, lost for follow-up, pregnancies and deliveries not consistent from all countries.

summarized because of incomplete or absence of follow-up of pregnancies in many countries.

#### **Preimplantation genetic diagnosis/screening (PGD/PGS)**

PGD/PGS was recorded in nine countries: Totally it involved 1563 cycles, 1485 aspirations, 1232 embryo transfers, 380 pregnancies (30.8% per transfer) and 289 deliveries.

The major contributors were Italy (534 cycles), Spain (430 cycles), Belgium (346 cycles) and the UK (123 cycles).

#### **In vitro maturation (IVM)**

IVM was recorded in two countries: Finland (94 cycles) and Sweden (60 cycles). The 154 cycles resulted in 31 (20.1%) pregnancies.

#### **Singleton, twin, triplet and quadruplet deliveries**

Table X shows the deliveries after IVF and ICSI in relation to singleton, twin and triplet deliveries. The distribution of the deliveries was: singleton 32 337 (75.5%), twin 9937 (23.2%) and triplet 553 (1.3%). Quadruplets occurred in 19 cases in 2002.

Table XI shows deliveries after FER in relation to singleton, twin and triplet deliveries. It is seen that the distribution of the deliveries was: singleton 4987 (80.3%), twin 1183 (19.1%) and triplet 38 (0.6%).

#### **Risks and fetal reductions**

Table XII presents the incidence of ovarian hyperstimulation syndrome (OHSS) recorded from registers in 22 of the

25 countries. It is seen that 2148 cases of OHSS was recorded. The number of IVF and ICSI cycles in those 22 countries were 224 327, corresponding to a risk of OHSS of 1.0% of all stimulated cycles. Other complications are seen in the table.

Table XII also gives data on the number of recorded fetal reductions. Totally, 461 fetal reductions were recorded.

#### **Intrauterine inseminations**

Table XIII gives data on IUI-H divided in female age groups <40 years (upper panel) and ≥40 years (lower panel). For France, no stratification for age was available, and the overall results are included in the group below 40 years of age.

In women below 40 years of age, 75 746 treatments resulted in 8771 pregnancies giving a pregnancy rate per procedure of 11.6%. In women at 40 years or above, the corresponding figures were 2759, 190 and 6.9%.

In women below 40, singleton, twin and triplet pregnancies accounted for 88.7, 10.2 and 1.1% of the pregnancies, respectively. In women above 40, the corresponding values were 90.0, 8.9 and 1.1%.

Table XIV gives data on IUI-D divided in female age groups <40 years (upper panel) and ≥40 years (lower panel). For France, no stratification for age was available, and the overall results are included in the group below 40 years of age.

In women below 40 years of age, 13 444 treatments resulted in 2238 pregnancies given a pregnancy rate per insemination of 16.6%. In women at 40 years or above the corresponding figures were 1335, 89 and 6.7%.

**Table XII.** Complications and fetal reductions in 2002

Country	OHSS	All complications to oocyte retrieval	Bleeding	Infection	Maternal death	Fetal reduction
Belgium	142	176	6	10	1	37
Bulgaria	28	5	6	0	0	6
Croatia	154	5	5	0	0	
Cyprus	26	0	1	0	0	19
Denmark						
Finland	30	2	1	1	0	
France	198	220	21	199		126
Germany	392	605	520	0	0	
Greece	55	2	3	0	0	42
Hungary	36	3	3	0	0	
Iceland	5	0	0	0	0	0
Ireland (Rep.)	21	3	1	1	1	0
Italy	128	19	14	5	0	12
Macedonia	2	0	0	0	0	5
Netherlands						
Norway	30	4	0	4	0	0
Poland	58	18	18	0	0	0
Portugal	13	0	0	0	0	
Russia C.I.S.	173	18	14	4	0	40
Slovenia	9	0	3	0	0	1
Spain	113	8	5	3	0	65
Sweden						1
Switzerland	28	0	0	0	0	
Ukraine	15					27
UK	492	68	1	0		80
	2148	1156	622	227	2	461

The incidence of ovarian hyperstimulation syndrome (OHSS) recorded from registers in 22 of the 25 countries.



**Table XIII.** Intrauterine insemination with husband semen (IUI-H) in 2002

Country	Cycles	Pregnancies	Pregnant (%)	Singleton	%	Twins	%	Triplets	%
Woman <40 years									
Belgium									
Bulgaria	435	77	17.7	43	97.7	1	2.3	0	0.0
Croatia	832	92	11.1	89	96.7	3	3.4	0	0.0
Cyprus	1000	125	12.5						
Denmark	7578	999	13.2	886	88.7	102	11.5	11	1.1
Finland									
France	44 958	5012	11.1	3335	89.7	351	10.5	30	0.8
Germany									
Greece	209	44	21.1	33	84.6	6	18.2	0	0.0
Hungary	2226	242	10.9	208	86.0	28	13.5	6	2.5
Iceland	268	27	10.1						
Ireland (Rep.)	325	14	4.3	11	78.6	2	18.2	1	7.1
Italy	4304	507	11.8	422	83.9	63	14.9	1	3.6
Macedonia	296	25	8.4	23	92.0	2	8.7	0	0.0
Netherlands									
Norway									
Poland	2078	282	13.6	244	87.8	32	13.1	2	0.7
Portugal	993	128	12.9	49	79.0	11	22.4	2	3.2
Russia C.I.S.									
Slovenia	421	27	6.4	25	92.6	2	8.0	0	0.0
Spain	8870	1059	11.9	915	86.4	119	13.0	25	2.4
Sweden									
Switzerland									
Ukraine	953	111	11.6	99	89.2	10	10.1	2	1.8
UK									
All	75 746	8771	11.6	6382	88.7	732	10.2	80	1.1
Woman ≥40 years									
Belgium									
Bulgaria	84	9	10.7	7	77.8	2	22.2		0.0
Croatia	166	12	7.2	12	100.0		0.0		0.0
Cyprus	300								
Denmark	354	22	6.2	21	95.5	1	4.5	0	0.0
Finland									
France									
Germany									
Greece	43	5	11.6	4	80.0	1	20.0	0	0.0
Hungary	134	10	7.5	10	100.0	0	0.0	0	0.0
Iceland									
Ireland (Rep.)	69	1	1.4	1	100.0	0	0.0	0	0.0
Italy	749	57	7.6	54	94.7	3	5.3	0	0.0
Macedonia	16	0	0.0						
Netherlands									
Norway									
Poland	123	5	4.1	5	100.0	0	0.0	0	0.0
Portugal	38	2	5.3	2	100.0		0.0		0.0
Russia C.I.S.									
Slovenia	10	1	10.0	1	100.0	0	0.0	0	0.0
Spain	657	65	9.9	53	81.5	10	15.4	2	3.1
Sweden									
Switzerland									
Ukraine	16	1	6.3	1	100.0		0.0		0.0
UK									
All	2759	190	6.9	171	90.0	17	8.9	2	1.1

Distribution of singleton, twin and triplet gestations unknown in a proportion of pregnancies. France: all treatments are classified as being in women <40 years, because of lack of age stratification. Distribution of singleton versus multiple gestations is based on deliveries.

In women below 40, singleton, twin and triplet pregnancies accounted for 88.7, 9.6 and 0.6% of the pregnancies. In women above 40, the corresponding figures were 93.0, 5.8 and 1.2%.

## Discussion

The present report is the sixth consecutive European report on ART data covering treatment cycles from 1997 to 2002.

In 2002, the number of countries reporting to ESHRE's EIM Consortium has increased to 25 countries, covering the whole

of Western Europe with the exception of Austria who are to join later, and Luxembourg where there is no IVF clinic. In Eastern Europe, the Czech Republic and Latvia, who earlier participated, were unable to provide data from 2002.

For 2002, 13 of the participating countries had a complete coverage in their reporting system, with all clinics in the country reporting: Belgium, Croatia, Denmark, Finland, France, Hungary, Iceland, The Netherlands, Norway, Slovenia, Sweden, Switzerland and the UK. Germany, with almost 85 000 cycles in 2002, is now very close to complete coverage.

**Table XIV.** Intrauterine insemination with donor semen (IUI-D) in 2002

Country	Cycles	Pregnancies	Pregnant (%)	Singleton	%	Twins	%	Triplets	%
Woman <40 years									
Belgium									
Bulgaria	147	39	26.5	36	94.7	2	5.3		0.0
Croatia	48	7	14.6	7	100.0		0.0		0.0
Cyprus	65	10	15.4						
Denmark	1500	282	18.8	255	90.4	25	8.9	2	0.7
Finland									
France	3321	538	16.2	371	87.3	53	12.5	1	0.2
Germany									
Greece	8	3	37.5	1	50.0	1	50.0	0	0.0
Hungary	403	40	9.9	37	92.5	3	7.5	0	0.0
Iceland	41	11	26.8						
Ireland (Rep.)	79	12	15.2	12	100.0	0	0.0	0	0.0
Italy	311	46	14.8	44	95.7	2	4.3	0	0.0
Macedonia									
Netherlands									
Norway									
Poland	451	74	16.4	65	87.8	9	12.2	0	0.0
Portugal	214	48	22.4	26	68.0	11	28.9	1	2.1
Russia C.I.S.									
Slovenia	15	1	6.7	1	100.0	0	0.0	0	0.0
Spain	1635	320	19.6	280	87.5	33	10.3	7	2.2
Sweden	305	50	16.4	31	86.1	4	11.1	1	2.0
Switzerland									
Ukraine	365	75	20.5	68	90.7	7	9.3	0	0.0
UK	4536	682	15.0	614	92.9	47	7.1	0	0.0
All	13 444	2238	16.6	1848	89.8	197	9.6	12	0.6
Women ≥40 years									
Belgium									
Bulgaria	35	4	11.4	3	75.0	1	25.0	0	0
Croatia	9	2	22.2	2	100.0				
Cyprus	20	2	10.0						
Denmark	94	8	8.5	8	100.0	0	0.0	0	0
Finland									
France									
Germany									
Greece	11	4	36.4	2	50.0	2		0	0
Hungary	10	2	20.0	1	50.0	1	50.0	0	0
Iceland									
Ireland (Rep.)	4	1	25.0	1	100.0	0	0.0	0	0
Italy	28	4	14.3	4	100.0	0	0.0	0	0
Macedonia									
Netherlands									
Norway									
Poland	14	2	14.3	2	100.0	0	0	0	0
Portugal	14	1	7.1	1	100.0	0	0	0	0
Russia C.I.S.									
Slovenia									
Spain	258	12	4.7	12	100.0	0	0	0	0
Sweden	30	3	10.0	2	100.0	0	0	0	0
Switzerland									
Ukraine	6		0.0						
UK	802	44	5.5	42	95.2	1	2.4	1	2.4
All	1335	89	6.7	80	93.0	5	5.8	1	1.2

France: All cycles have been classified as being in women <40 years of age because of lack of stratification for age.

The number of reported cycles continues to grow. In 2002, 631 clinics reported 324 238 cycles, compared with 289 690 cycles in 2001, which is an increase by 12%. During the 6-year period of EIM reporting, the number of cycles has increased from 203 893 in 1997 to the 324 238 in 2002, equivalent to an overall increase by 59%. This marked increase during the period is partly because of a better coverage in the reporting systems but is also because of a true expansion of activities.

The analysis of initiated cycles is confronted with several difficulties. In some countries, the number of initiated cycles

was not reported at all and, in most of the other countries, the calculated cancellation rate was beneath 10%. This may be an underestimation. There is a real need to improve the collection of cancelled cycles in order to be able to deliver proper information on the results of ART to the patients and to really compare the countries on this variable.

Within Europe, the largest contribution come from Germany with 85 000 treatment cycles followed by France with 60 000 cycles and the UK with 37 000 reported cycles. For comparison, the ASRM/SART registry reported 115 000 cycles from the United States in 2002 (Wright *et al.*, 2005).

In southern Europe, a number of countries have a low coverage with 36 out of 185 (Spain), 67 out of 120 (Italy) and 12 out of 50 (Greece) clinics reported to the EIM. Both Italy and Greece have decided to establish compulsory National IVF Registers, which will allow a complete coverage. The situation in Spain is more uncertain.

The availability of services remained highest in Denmark with 2178 cycles per million inhabitants. It was also high in the other Nordic countries (921–1460), Belgium (1241), the Netherlands (1008) and Slovenia (1291). The average number of treatment cycles per million inhabitants was 916 in the 13 countries with complete coverage in their reportings. The proportion of ART children to all children born was again highest in the Nordic countries (2.4–4.2%) and Slovenia (3.5%). In Belgium, the figure (2.1%) is also high, even though some underreporting of deliveries seems to be present in Belgium (Tables VI and VII). In the UK it was 1.4% and in France 1.5%.

The proportion of ICSI versus standard IVF procedures increased from 49% in 2001 to 52%, so on average ICSI was the most frequently applied technique. However, as indicated in Table I, there are many countries where ICSI was much more prevalent than IVF.

The number of embryos transferred in IVF and ICSI cycles differed substantially between countries, also in this report, but there is a clear trend during the years towards transfers with fewer embryos. The mean number of SETs increased from 12.0% in 2001 to 13.7%, whereas the proportion of two embryo transfers increased from 51.7% in 2001 to 54.8% in 2002. The proportion of three embryo transfers decreased from 39.6% in 1999 to 33.3% in 2000, 30.8% in 2001 and 26.9% in 2002. Four embryo transfers also decreased from 9.3% in 1999 to 6.9% in 2000, 5.5% in 2001 and 4.7% in 2002.

The consistent trend towards transfer of less embryos is also reflected in the overall occurrence of multiple deliveries after IVF and ICSI. In 2000, the average multiple delivery rate was 26.9%, declining to 25.5% in 2001 and to 24.5% in 2002. During the 6-year period of EIM reporting, the most remarkable finding regarding multiples has been the reduction in triplet deliveries from 3.6% in 1997, to 2.3% in 1998, 2.3% in 1999, 1.9% in 2000, 1.5% in 2001 and 1.3% in 2002. Still, however, huge differences exist between countries in relation to triplet rates.

Regarding the multiple delivery rates, the number of fetal reductions should also be considered. A total of 461 procedures were reported, the largest numbers being from France (126), the UK (80) and Spain (65). Without this technique, the proportion of triplet deliveries would certainly have been higher, considering that the number of reported reductions is almost as high as the number of recorded triplet deliveries ( $n = 553$ , Table X).

Pregnancy rates for IVF, ICSI and FER increased marginally in 2002, compared with earlier years. For IVF the mean pregnancy rate per transfer was 29.5% compared with 29.0% in 2001. For ICSI the mean pregnancy rate was 29.4% compared with 28.3% in 2001. For FER it was 18.4% compared with 16.4% in 2001. The figures from Europe remain lower than in the United States where the 115 392 ART procedures resulted in 33 141 live birth deliveries (Wright *et al.*, 2005).

The comparison between pregnancy rate and delivery rate shows that there seems to be a huge variation in abortion

rates between countries (Tables VI–VIII). This variation is larger than can be biologically explained and raises the question of major differences either in applying the WHO/ESHRE definitions for a clinical pregnancy or in reporting the pregnancy outcomes. This shows the work that has to be done at the international level to be able to make appropriate comparisons between countries.

Altogether, 1563 cycles with PGD/PGS was reported, compared with 882 in 2001, with 543 in 2000 and with 131 in 1999. ESHRE has more comprehensive reporting on PGD by the fifth ESHRE PGD Consortium report, which included a total of 2219 cycles in 2002. The two reporting systems are different, as the PGD Consortium base their reports on detailed data from individual clinics. A comparison indicates that the number of PGD cycles reported to the National registers only include around two-thirds of the activity (ESHRE, 2006).

For the second year, the sixth report includes European data on treatments with IUI-H (78 505 cycles) and IUI-D (14 779 cycles). The coverage of IUI activities is probably much less comprehensive than regarding the *in vitro* techniques. In women below 40 years of age, the pregnancy rate was 11.6% for IUI-H and 16.6% for IUI-D. In women at 40 years or above, the corresponding figures were 6.9 and 6.7%.

After IUI-H in women below 40 years of age, twin pregnancies occurred in only 10.2% and triplet pregnancies in 1.1%. After IUI-D in women below 40, twin pregnancies occurred in 9.6% and triplet pregnancies in 0.6% of the cases. The data suggest that the twinning rates are less than half of what is found with the *in vitro* techniques, and that the triplets rate is similar.

To summarize, the present sixth ESHRE report on ART for Europe in 2002 shows a continuing expansion of the register regarding participating clinics, countries and the number of treatment cycles reported. The pregnancy rates after IVF and ICSI increased marginally, and less embryos were transferred. After IVF and ICSI, the twinning rates remain stable, but the triplet rates have been reduced markedly from 3.6% in 1997 to 1.3% in 2002. Elective SET still had a minimal overall impact in 2002. Multiple gestations seem to be much less frequent after IUI-H and IUI-D compared with IVF and ICSI.

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Submitted on February 15, 2006; accepted on February 16, 2006

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  - Homburg: Universitätskliniken des Saarlandes, Frauenklinik und Poliklinik, Prof. Dr Dr's h.c. mult. W. Schmidt, Dr P. Rosenbaum, Dr H.E. Hammadeh, Dr C. Claußen, Dr Riepen
  - Jena: Klinikum der FSU Jena, Klinik für Frauenheilkunde und Geburtshilfe, PD Dr med. W. Starker, Dr rer. nat. I. Hoppe; Gemeinschaftspraxis Fritzsche—Reiher—Hoffmann
  - Karlsruhe: Karlsruher IVF-Programm, Dr V. Wetzels, H.J. Gräber, E. Wetzels, Dr F. Tetens, Dr G. Zoulek
  - Kiel: Fertility Center Kiel, Dr med. Kurt Brandenburg; Universitäts-Frauenklinik der Christian-Albrechts-Universität Kiel, Prof. Dr med. L. Mettler, Dr med. A. Schmutzler
  - Köln: Krankenhaus Porz am Rhein, Frauenklinik, Prof. Dr K.-H. Broer; PAN Klinik am Neumarkt, Dr S. Palm, Dr V. Sasse, Dr I. Pütz; Praxis für Kinderwunschbehandlung Dr med. S. Eren; Universitäts-Frauenklinik Köln, OÄ PD Dr med. Dolores Foth
  - Leipzig: Praxisklinik Reproduktionsmedizin und Gynäkologische Endokrinologie, Dr med. F.A. Hmeidani, Dr med. P. Jogschies, Dr med. A. Gabert; Universitätsfrauenklinik, Zentrum für Reproduktionsmedizin und Gynäkologische Endokrinologie, Prof. Dr med. H. Alexander
  - Lübeck: Universitätsklinikum Lübeck, Klinik für Frauenheilkunde und Geburtshilfe, Prof. Dr K. Diedrich
  - Magdeburg: Klinik für Reproduktionsmedizin und Gynäkologische Endokrinologie, Otto-von-Guericke-Universität Magdeburg, Prof. Dr med. J. Kleinstein, Dr med. I. Nickel
  - Marburg: Klinik für Gynäkologie, Gynäkologische Endokrinologie und Onkologie der Philipps-Universität Marburg, Prof. Dr U. Wagner, Dr med. Karin Bock
  - Mannheim: Universitätsfrauenklinik, Klinikum Mannheim gGmbH, Prof. Dr F. Melchert, PD Dr M. Weigel
  - Minden: Gemeinschaftspraxis Dr med. Onno Buurman, Dr med. Michael Dumschat, Dr med. Barbara Heidecker, Fachärzte für Frauenheilkunde
  - Mönchengladbach: Zentrum für Kinderwunschbehandlung, Gemeinschaftspraxis Dr med. Georg Döhmen, Dr med. Thomas Schalk
  - Mühlheim a. d. Ruhr: Ev. Krankenhaus Mühlheim an der Ruhr, Frauenklinik und Zentrum für Reproduktionsmedizin, Prof. Dr H. von Matthiessen
  - München: Hormonzentrum München, PD Dr med. A. Römmler, Dr med. H. Lacher, Dr med. J. Puchta, Dr med. M. Conrad; Kinderwunsch Centrum München an der Frauenklinik Dr Wilhelm Krüsmann, Gynäkologische Endokrinologie und Sterilitätsmedizin, Dr med. Klaus Fiedler, Dr med. Irene von Hertwig, Dr med. Gottfried Krüsmann, Prof. Dr med. Wolfgang Würfel; Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe, Klinikum der Universität München-Grosshadern, Prof. Dr med. C.J. Thaler, Prof. Dr med. H. Hepp; Gemeinschaftspraxis Prof. Dr med. Dieter Berg, Dr med. Bernd Lesoine; Zentrum für Reproduktionsmedizin, Dr med. Walter Bollmann, Dr med. Thomas Brückner, Dr med. Ulrich Noss
  - Münster: Gemeinschaftspraxis Dr Dr med. Lutz Belkien, PD Dr med. Bernd Krause; Universitätsklinikum Münster, Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe, Dr med. Robert B. Greb, Prof. Dr Ludwig Kiesel, Institut für Reproduktionsmedizin, Prof. Dr med. Eberhard Nieschlag
  - Neubrandenburg: Dietrich Bonhoeffer Klinikum Neubrandenburg, Klinik für Frauenheilkunde und Geburtshilfe, Prof. Dr med. R. Sudik
  - Neuwied: Gemeinschaftspraxis Dr Beran & Dr Müller
  - Nürnberg: Reproduktionsmedizinische Praxis Dr med. J. Neuwinger & Dr med. B. Munzer-Neuwinger
  - Oldenburg: Dr med. Saif Jibril, Facharzt für Frauenheilkunde und Geburtshilfe; Tagesklinik für Operative Gynäkologie Oldenburg, Dr med. Jörg Hennefründ, Dr med. Heike Ochs-Ring, Dr med. Michael Heeder
  - Osnabrück: Kinderwunschzentrum Osnabrück, Dres. med. Irene Coordes, Doris Proffen, Manfred Schneider
  - Pforzheim: Zentrum für Reproduktionsmedizin in der Centralklinik, Dr med. R.-P. Stein
  - Prien am Chiemsee: Priener Zentrum für Reproduktionsmedizin, Dr med. Mathias Lehnert, PD Dr Dr med. Rainer Steldinger, Dr med. Susann Böhm, Dr med. (Univ. Izmir) Cenani Cevatli, Dr med. Wolfgang Lehnert
  - Regensburg: Zentrum für Gynäkologische Endokrinologie und Reproduktionsmedizin, Prof. Dr med. Bernd Seifert, PD Dr med. Monika Bals-Pratsch
  - Remscheid: Gynäkologische Endokrinologie und Reproduktionsmedizin am Klinikum Remscheid, Dr Johannes Luckhaus
  - Rostock: Universitäts-Frauenklinik Rostock, Reproduktionsmedizin, PD Dr med. H. Müller
  - Saarbrücken: Gemeinschaftspraxis Dr med. Jens Happel, Dr med. Michael Thaele, Dr med. Lars Happel
  - Schwäbisch Gmünd: Klinikum Schwäbisch Gmünd, Margariten Hospital, Geburtshilfe/Fortpflanzungsmedizin
  - Schwerin: Medizinisches Zentrum der Landeshauptstadt Schwerin, Klinikum Schwerin, Prof. Dr med. E. Petri, Dr F. Thielemann
  - Stuttgart: Dr med. Fred Maleika; Praxis Villa Haag, Dr D.B. Mayer-Eichberger, geburtshilfliche Reproduktionsmedizin; Tagesklinik für Reproduktionsmedizin, Univ.-Prof. Dr med. Ute Fuchs

- Tübingen: Universitätsklinikum Tübingen, Frauenklinik, Schwerpunkt Gynäkologische Endokrinologie und Reproduktionsmedizin, PD Dr P. Licht, Dr R. Emig
- Ulm: IVF-Zentrum Ulm, Dr F. Gagsteiger, Reproduktionsmedizin; Praxisklinik Frauenstraße, Abteilung Kinderwunsch, Prof. Dr med. Karl Sterzik, Dr Erwin Strehler; Universitätsklinikum Ulm, Zentrum für Reproduktionsmedizin und Gynäkologische Endokrinologie, Prof. Dr C. Brucker
- Viernheim: PD Dr med. Stefanie Volz-Köster, Fachärztin für Gynäkologie und Geburtshilfe
- Wiesbaden: Zentrum für Reproduktionsmedizin, Dr med. Th. Hahn, Dr med. M. Schorsch
- Würzburg: Gemeinschaftspraxis Dr med. R. Mai, Dr med. Wolfgang Schmitt; Universitäts-Frauenklinik Würzburg, Dr med. Silke Blissing

#### Greece

- Athens: AKESO IVF Center; IVF Center 'Neogenesis'; IVF Center Iatriki Erevna; Unit for Reproductive Medicine; IVF Center Euromedica; Fertility Institute
- Alexandroupolis: Unit for Assisted Reproduction 'Embryokosmogonensis
- Larissa: Center of Infertility 'Goniki'; IVF Center
- Thessaloniki: IVF and Infertility Center, Interbalkan Medical Center; Infertility & IVF Center, Geniki Kliniki; IVF Center, Tatiana Klinik

#### Hungary

- Budapest: 1st Department of OB/GYN, Semmelweis University of Medicine; Department of OB/GYN, 'Nyiro Gyula' Hospital; Department of OB/GYN, St. John's Hospital, Kaali Institute, Devai Institute, Forgacs Institute
- Debrecen: Department of OB/GYN, Debrecen University of Medicine
- Győr: Kaali Institute
- Pécs: Department of OB/GYN, Pécs University of Medicine
- Szeged: Kaali Institute
- Tapolca: Pannon Institute for Reproduction

#### Iceland

- Reykjavik: IVF Unit, Department of OB/GYN, National University Hospital, Landspítali

#### Ireland (Republic of)

- Clane: Assisted Conception Unit, Clane General Hospital, Clane, Co Kildare
- Dublin: HARI Unit, Rotunda Hospital Dublin
- Galway: Maternity Department, University College Hospital, Galway

#### Italy

- Abano Terme (PD): Casa di Cura Abano Terme
- Ancona: Ospedale Salesi
- Bari: Clinica Santa Maria; Studio Medico 'San Luca'; Studio Associato CECOS; University of Bari
- Bergamo: Ospedali Riuniti
- Bologna: SISMER; Tecnobios
- Bolzano: Ospedale di Bolzano
- Brescia: Istituto Città di Brescia
- Bressanone(BZ): Ospedale di Bressanone
- Brunico (BZ): Ospedale di Brunico
- Cagliari: Ospedale Regionale Microcitemie
- Castellana Grotte (BA): IRCCS

- Catania: CRA
- Fermo (AP): Istituto Palmatea
- Firenze: Università di Firenze; Centro Futura
- Fossano (CN): Ospedale di Fossano
- Genova: Università di Genova; Biotech
- Lecce: Centro Procreazione Assistita
- Lugo di Romagna (RA): Ospedale Civile
- Merano (BZ): Ospedale Civile
- Messina: Centro di Riproduzione Umana
- Mestre (VE): ARC-STER
- Milano: Fondazione S. Raffaele del Monte Tabor
- Modena: Università di Modena e Reggio Emilia
- Monza (MI): Centri di Medicina della Riproduzione 'Biogenesi'
- Napoli: Centro Mediterraneo di Fecondazione Assistita; BDR\*
- Oderzo (TV): Centro PMA
- Padova: Studio Gemma; Euganea Medica
- Palermo: Centro 'Andros'; Centro di Biologia della Riproduzione; Centro Genesi
- Parma: CIR; Università di Parma
- Pesaro: Centro Salus
- Pescara: Villa Serena
- Pieve di Cadore(BL): Ospedale Civile
- Pisa: Casa di Cura S. Rossore; Università di Pisa
- Pordenone: Ospedale S.M. degli Angeli
- Rimini: Ospedale 'Infermi' di Rimini
- Roma: European Hospital; Centro RAPRUI; Università 'La Sapienza'; CIPA
- Rozzano (MI): Istituto Clinico Humanitas
- Salerno: CMR; H.F.T.
- Sassari: Università di Sassari
- Sora (FR): Centro STS
- Torino: Centro LIVET; Ospedale S. Anna; ARTES; Centro Diagnosi e Cura dell'Infertilità di Coppia
- Trecenta (RO): Ospedale di Trecenta
- Udine: Policlinico Città di Udine

\*Laboratory unit collecting data from five clinical units.

#### Macedonia

Not available

#### Netherlands

- Amsterdam: Academisch Medisch Centrum, Vrije Universiteit Medisch Centrum
- Eindhoven: Catharina Ziekenhuis
- Groningen: Academisch Ziekenhuis Groningen
- Leiden: Leids Universitair Medisch Centrum, Stichting Medisch Centrum voor Geboorteregeling
- Maastricht: Academisch Ziekenhuis Maastricht
- Nijmegen: Universitair Medisch Centrum St Radboud
- Rotterdam: Erasmus Medical centre
- Tilburg: St. Elisabeth Ziekenhuis
- Utrecht: Universitair Medisch Centrum
- Voorburg: Reiner de Graaf Groep
- Zwolle: Isala Klinieken

#### Norway

- Bergen: Haukeland Universitetssykehus
- Haugesund: Haugesund Sjukehus
- Oslo: Rikshospitalet; Omnia; Ullevål Universitetssykehus; Volvat Medisinske Senter
- Porsgrunn: Sykehuset Telemark HF
- Trondheim: Fertilitetsklinikken; St. Olavs Hospital
- Tromsø: Universitetssykehus Nord Norge



**Poland**

- Białystok: Department of Gynecology, Medical University of Białystok; Center for Reproductive Medicine 'Kriobank'
- Bytom: I-st Chair&Clin. OB/GYN, Silesian Medical Academy
- Gdansk: 'Invicta' Fertility Center
- Lodz: 'Gameta' Fertility Center
- Lublin: Department of Reproduction and Andrology, Medical University of; 'AB OVO', NZOZ Centrum Zdrowia Rodziny
- Myslowice: 'Novomedica' Klinika Leczenia Nieplodnosci
- Poznan: Division of Infertility and Reproductive Endocrinology, Poznan University of Medical Sciences; Clinic of Infertility 'Intermedica' Szczecin: Clinic for Reproduction and Gynecology, Pomeranian Medical University
- Warsaw: I-st Department of Gynecology and Obstetrics, University Hospital Warsaw; Private Infertility Clinic 'Novum'; Private Gynaecological Clinic of Reproduction 'Germen'
- Wrocław: Niepubliczny Zakład Opieki Zdrowotnej POLAK s.c.

**Portugal**

- Guimarães: Hospital N. S. da Oliveira
- Espinho: COGE
- Coimbra: FERTICENTRO
- Lisboa: Ava Clinic; British Hospital; CEMEARE; CLIFER; CLINDIGO; Hospital de Santa Maria; Maternidade Dr Alfredo da Costa
- Oporto: Centro de Genética Prof. Alberto Barros; CETI; Hospital de Santo António
- Vila Nova de Gaia: Centro Hospitalar

**Russia C.I.S.**

- Astrakhan: Center for Family Planning and Reproduction
- Cheboksary: Republican Center for Family Planning and Reproduction, Ministry of Health Chuvashia Republic
- Ekaterinburg: Center of Family medicine; Center for rehabilitation of infringements of reproductive function
- Kislovodsk: Medical Center 'Elorma'
- Krasnoyarsk: Center for Reproductive Medicine
- Moscow: IVF Department of Sechenov Medical Academia; Medical Center for ART; Medical Center 'The Medicine'; Center for Family Planning and Reproduction, IVF Department; Center for Infertility Treatment 'IVF'; Center 'Lera'; Medical clinic of reproduction 'MAMA'; Clinic of reproduction 'Test tube baby'; Medical Center for Infertility Treatment 'Embryon'; Medical Center 'Moskvorechye'; Center of reproductive gynecology
- Nizhny Novgorod: Center for Family Planning and Reproduction, IVF Department
- Nizhny Novgorod: Center for Family Planning and Reproduction
- Novokuzneck: Zone center of perinatology
- Novosibirsk: Medical Center 'Avicenna'
- Rostov-Don: Center of Human Reproduction and IVF
- Samara: Medical Company 'IDK'
- Saratov: Region Center for Family Planning and Reproduction
- St. Petersburg: International Center for Reproductive Medicine, Ob/Gyn Ott Institute; Center for Family Planning, Pushkinsky District; Russian-Finnish Medical Center 'AVA-Peter'; Baltic Institute of Human Reproductology
- Surgut: Clinical center of perinatology, IVF Department
- Tomsk: The Siberian institute of Human reproduction
- Tumen: Center for Reproductive Medicine 'Mercury'; Medical Center 'Malyshev'
- Vladikavkaz: Region Center for Family Planning and Reproduction
- Vladivostok: Medical Center for IVF 'Santa Maria'

- Voroneg: Region Center for Family Planning and Reproduction, IVF Department

**Slovenia**

- Ljubljana: University Medical Centre, Department of Obstetrics & Gynaecology, Reproductive Unit
- Maribor: Maribor Teaching Hospital, Department of Gynaecology, Reproductive Unit
- Postojna: Women Hospital Postojna, IVF Unit

**Spain**

- Albacete: Hospital General de Albacete
- Alicante: Hospital General de Elche
- Barcelona: CIRH (Centro de Infertilidad y Reproducción Humana, Dr Brassesco), Clínica Alianza Vic, Centro Ginecológico Gine-3, Instituto Pous, Hospital Clínico, Instituto Dexeus
- Burgos: Hospital General de Yagüe
- Cáceres: Hospital Ciudad de Coria
- Cadiz: Gestimédica, Policlínica San Mauricio
- Canarias: Instituto Canario de Infertilidad, Hospital Nuestra Señora de la Candelaria
- Castellón: IVI Castellón
- Cordoba: Clinica BAU
- La Coruña: Iraga
- La Rioja: Hospital San Millán-San Pedro de Logroño, Centro Ginecológico Manzanera
- Madrid: Fundación Jiménez Díaz, FIV Madrid, Clínica Tambre, URH García del Real, Centro Ginecológico Sojo, Hospital Madrid-Montepíncipe, Hospital Santa Cristina, Centro Médico Sagasta, FIV Center, IVI Madrid
- Malaga: Centro de Reproducción Asistida de Marbella, Hospital Materno-Infantil, Clínica Huéscar, Roquetas FIV
- Mallorca: Instituto Balear de Infertilidad
- Oviedo: Hospital Central de Asturias
- Pontevedra: Centro Médico Pintado
- Santander: Residencia de Cantabria
- Sevilla: Hospital Universitario Virgen de Valmes
- Tarragona: Biogest, Instituto Marqués Tarragona
- Toledo: Hospital Virgen de la Salud
- Valencia: IVI Valencia, Hospital La Fe, IMER, Policlínico de Valencia
- Valladolid: Clínica Recoletos
- Vizcaya: Hospital de Cruces de Barakaldo
- Zaragoza: Hospital Miguel Servet

**Sweden**

- Falun: IVF unit, Falun Hospital
- Göteborg: Fertility center, Carlanderska Hospital, Sahlgrenska University Hospital
- Linköping: IVF unit, Linköping University Hospital
- Malmö: Curakliniken, Öresundskliniken
- Stockholm: IVF Stockholm; St Görans Hospital; IVF unit, Huddinge University Hospital; IVF unit, Sophiahemmet; Lucinakliniken; Reproductive Medicine Center, Karolinska University Hospital
- Umeå: IVF unit, Norrlands Universitetssjukhus
- Uppsala: Carl von Linné Kliniken; Reproduktionscentrum, Academic Hospital
- Örebro: IVF unit, Örebro University Hospital

**Switzerland**

- Baden: Reproduktionsmedizinisches Zentrum Kantonsspital

- Basel: IVF-ICSI Zenter Institut Dr Viollier; Universitäts-Frauenklinik, Abt. für gynäkologische Endokrinologie und Reproduktionsmedizin
- Bellinzona: ProCrea, Centro Fertilità della Svizzera Italiana
- Bern: Lindenhofspital, IVF-Labor; Universitätsfrauenklinik, Abt. für Gynäkologie, IVF und Reproduktionsmedizin, Inselspital
- Frauenfeld-Kreuzlingen: IVF Zenter ILAMED
- Genève: Centre Privé de Procréation Médicalement assistée de la Clinique de Champel Elysée; Hôpital Universitaire, Clinique et Polyclinique de Stérilité et d'Endocrinologie Gynécologique
- Lausanne: CHUV, Unité de Médecine de la Reproduction et d'Endocrinologie Gynécologique; Centre Vanderlick-Montchoisi; Centre de Procréation Médicalement Assistée; Dr J. Dequesne
- Locarno: Centro Cantonale di Infertilità, Servizio di Endocrinologia Ginecologica
- Luzern: Kantonalspital, Sterilitätssprechstunde Frauenklinik, IVF-ICSI Labor
- Schaffhausen-Zürich: Zentrum für Reproduktionsmedizin, Dr P Fehr, Dr Singer
- St Gallen: Fachinstitut der Ostschweiz für Reproduktionsmedizin und Gynäkologische Endokrinologie
- Winterthur: Dr R. Köppel
- Zollikerberg: IVF Zürich
- Zürich: Universitätsspital, Klinik für Endocrinologie
- Zürich: GYN-A.R.T. AG

#### Ukraine

Not available

#### UK

- Aberdeen: University of Aberdeen
- Airdrie: Lanarkshire Acute Hospital NHS Trust
- Aldridge: Midland Fertility Services
- Bath: Bath Assisted Conception Clinic
- Belfast: Origin Fertility Care; Regional Fertility Centre, Belfast
- Birmingham: Birmingham Women's Hospital; BMI Priory Hospital
- Bishop Auckland: Bishop Auckland General Hospital
- Brentwood: Brentwood Fertility Centre
- Bristol: BUPA Hospital Bristol (now closed); Centre for Reproductive Medicine, University of Bristol; Southmead Hospital
- Buckhurst Hill: Essex Fertility Centre
- Burton Upon Trent: Burton Hospitals NHS Trust
- Cambridge: Bourn Hall Clinic
- Canterbury: BMI The Chaucer Hospital
- Cardiff: Cardiff Assisted Reproduction Unit
- Colchester: Isis Fertility Centre
- Coventry: Centre for Reproductive Medicine, Coventry
- Darlington: Cromwell IVF and Fertility Centre, Darlington
- Derby: Derby City General Hospital
- Dorchester: The Winterbourne Hospital
- Dundee: Ninewells Hospital
- Eastbourne: Esperance Private Hospital
- Edinburgh: Edinburgh Assisted Conception Unit
- Exeter: Peninsular Centre for Reproductive Medicine
- Gateshead: Centre for Assisted Reproduction, Gateshead
- Glasgow: BMI Ross Hall Hospital (now closed); Glasgow Nuffield Hospital; Glasgow Royal Infirmary
- Goreleston on Sea: Subfertility Unit, James Paget Healthcare NHS Trust
- Great Missenden: The Chiltern Hospital Fertility Services Unit
- Hartlepool: Hartlepool General Hospital
- Hull: Hull IVF Unit
- Ilford: North East London Fertility Services
- Isleworth: West Middlesex University Hospital (now closed)
- Leeds: Assisted Conception Unit, St James' University Hospital—Leeds; Clarendon Wing—Leeds
- Leicester: Leicester Fertility Centre; Middle England Fertility Centre (now closed)
- Liverpool: Hewitt Centre for Reproductive Medicine; University Hospital Aintree (now closed)
- London: Assisted Conception Unit, King's College Hospital; Assisted Reproduction and Gynaecology Centre; Barts and the London Fertility Centre; Chelsea & Westminster Hospital; CRM London; Cromwell IVF and Fertility Centre, London; Diana, Princess of Wales Centre for Reproductive Medicine (now closed); Guys Hospital; Homerton University Hospital; London Female and Male Fertility Centre; London Fertility Centre; London Women's Clinic/Hallam Medical Centre; Louis Hughes; Newham General (now closed); Reproductive Medicine Unit—UCL Hospitals NHS Trust; Seymour Clinic (now closed); Shirley Oaks Hospital; The Bridge Centre; IVF Hammersmith; The Harley Street Fertility Centre; The Lister Fertility Clinic; The Portland Hospital Fertility Unit (now closed); University College Hospital London
- Manchester: CARE Manchester; Manchester Fertility Services LTD; Salford Royal IVF and Fertility Centre (now closed); St Mary's Hospital
- Middlesbrough: Cleveland Gynaecology and Fertility Centre; The James Cook University Hospital
- Newcastle under Lyme: ACU, Lifestyle Sandy Lane Clinic
- Newcastle Upon Tyne: Newcastle Fertility Centre at Life
- Northampton: CARE Northampton
- Nottingham: CARE Nottingham; NURTURE; Queens Medical Centre Fertility Unit
- Orpington: BMI Chelsfield Park ACU
- Oxford: Oxford Fertility Unit
- Plymouth: South West Centre for Reproductive Medicine
- Sheffield: CARE at The Sheffield Fertility Centre; Centre for Reproductive Medicine and Fertility, Sheffield
- Shrewsbury: Shropshire and Mid-Wales Fertility Centre
- Southampton: Wessex Fertility Limited
- Sunderland: Sunderland Fertility Centre
- Swansea: Cromwell IVF and Fertility Centre, Swansea
- Wexham: Willow Suite, Thames Valley Nuffield Hospital
- Wigan: Billinge Hospital (now closed)
- Wirral: CARE Wirral
- Woking: The Woking Nuffield Hospital
- Wolverhampton: St Jude's Clinic Women's Hospital