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National Perinatal Epidemiology & Statistics Unit

Assisted reproductive technology in Australia and New Zealand 2017

The Fertility Society of Australia

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The National Perinatal Epidemiology and Statistics Unit (NPESU) aims to provide national information and statistics in reproductive and perinatal health.

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Contents

Acknowledgments

The Australian and New Zealand Assisted Reproduction Database (ANZARD) is a collaborative effort between the National Perinatal Epidemiology and Statistics Unit (NPESU), the Fertility Society of Australia (FSA) and fertility clinics in Australia and New Zealand. The NPESU is a unit within the Centre for Big Data Research in Health and the School of Women's and Children's Health of the University of New South Wales, Sydney (UNSW).

All assisted reproductive technology (ART) and donor insemination (DI) cycles undertaken in Australian and New Zealand clinics must be reported to the ANZARD as part of their accreditation by the Reproductive Technology Accreditation Committee of the FSA.

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Abbreviations

ANZARD	Australian and New Zealand Assisted Reproduction Database
ART	assisted reproductive technology
BL	blastocyst
CL	cleavage-stage embryo
DET	double embryo transfer
DI	donor (sperm) insemination
FSA	Fertility Society of Australia
FSH	follicle stimulating hormone
GIFT	gamete intrafallopian transfer
ICSI	intracytoplasmic sperm injection
IVF	in vitro fertilisation
IUI	intrauterine insemination
NPESU	National Perinatal Epidemiology and Statistics Unit
OHSS	ovarian hyperstimulation syndrome
OPU	oocyte pick-up
PGT	preimplantation genetic testing
SET	single embryo transfer
SLK	statistical linkage key
UNSW	University of New South Wales
WHO	World Health Organization

Symbols

n.a.	not applicable
%	percentage
n	number

Summary

Assisted reproductive technology (ART) is a group of procedures that involve the in vitro (outside of body) handling of human oocytes (eggs) and sperm or embryos for the purposes of establishing a pregnancy. Each ART treatment involves a number of stages and is generally referred to as an ART treatment cycle. The embryos transferred to a woman can either originate from the cycle in which they were created (fresh cycle) or be frozen (cryopreserved) and thawed before transfer (thaw cycle).

There were 82,215 ART treatment cycles reported from Australian and New Zealand fertility clinics in 2017 (74,942 and 7,273 respectively), representing an increase of 0.8% in Australia and 8.5% in New Zealand from 2016. This equates to 14.8 cycles per 1,000 women of reproductive age (15–44 years) in Australia, compared with 7.6 cycles per 1,000 women of reproductive age in New Zealand. Women used their own oocytes or embryos (autologous cycles) in 94.1% of treatments. Embryos and oocytes that had been frozen and thawed were used in 38.5% of autologous cycles.

There were 40,375 women who undertook 77,353 autologous fresh and/or thaw cycles in Australia and New Zealand in 2017. On average, 1.9 autologous fresh and/or thaw cycles per woman were undertaken in 2017, with more cycles per woman in Australia (1.9 cycles per woman) than in New Zealand (1.7 cycles per woman). The number of cycles where embryos were selected using preimplantation genetic testing (PGT) increased by 23.5% from 7,425 in 2016 to 9,169 in 2017.

Over the last five years the proportion of cycles where all oocytes or embryos were cryopreserved for potential future use (*freeze-all* cycles) has more than doubled from 10.5% of initiated fresh cycles in 2013 to 24.2% in 2017. This practice is used for a variety of reasons, including reducing the risk of ovarian hyperstimulation syndrome (OHSS), improving endometrial - embryo synchronicity, as part of a PGT cycle or for fertility preservation.

Patient's age

The average age of women undergoing autologous cycles in 2017 was 35.7 years, which is similar to previous years. The average age of women undergoing ART treatment using donor oocytes or embryos was approximately five years older at 40.3 years. Approximately one in four (23.4%) women who underwent an autologous cycle in 2017 were aged 40 years or older. The average age of male partners of women undergoing autologous and recipient cycles was 38.1 years, with approximately one-third (32.3%) aged 40 years or older.

Treatment outcomes and number of babies

Of the 82,215 initiated ART cycles, 67,704 (82.4%) resulted in either an embryo transfer or all oocytes/embryos being cryopreserved. Of the initiated cycles, 22.9% (18,860) resulted in a clinical pregnancy and 18.1% (14,882) in a live delivery. The overall clinical pregnancy rate for cycles reaching embryo transfer was 33.9%.

The live delivery rate per initiated autologous fresh cycle was 16.4% after *freeze-all* cycles were excluded, and 24.1% for fresh cycles reaching embryo transfer. The live delivery rate per initiated autologous thaw cycle was 27.9% and for thaw cycles reaching embryo transfer cycle was 28.9%.

There was a higher live delivery rate in younger women. For women aged younger than 30 years, the live delivery rate per embryo transfer was 38.5% for autologous fresh cycles and 33.1% for autologous thaw cycles. For women older than 44 years, the live delivery rate per embryo transfer was 1.4% for autologous fresh cycles and 10.6% for thaw cycles.

There were 15,613 babies born (including 15,405 liveborn babies) following ART treatment in 2017. Of these, 13,944 (89.3%) were from Australian clinics and 1,669 (10.7%) from New Zealand clinics. Eight in ten liveborn babies (80.2%) were full-term singletons of normal birthweight.

Cycle-specific success rates

ANZARD includes data items that make it possible to follow a woman's consecutive ART treatment cycles. A cohort of 15,530 women were followed from the start of their first autologous non-*freeze-all* fresh cycle during 2015, through subsequent fresh and thaw cycles until December 2017 or until they achieved a live delivery. The cycle-specific live delivery rate per initiated cycle for all women was 22.9% in their first cycle, and 17.2% after eight cycles. Approximately one-third of women who did not achieve a live birth in a specific cycle discontinued ART treatment during the period.

Trends in ART procedures

Treatment trends in the last five years have included a continued shift from cleavage stage transfers to blastocyst transfers (from 61.1% in 2013 to 82.0% in 2017); an increase in vitrification as a cryopreservation method (from 82.9% of thaw blastocyst transfer cycles in 2013 to 91.5% in 2017); and a small decrease in the use of intracytoplasmic sperm injection (ICSI) (from 63.9% of embryo transfer cycles in 2013 to 62.2% in 2017).

The proportion of embryo transfer cycles transferring a cryopreserved embryo increased from 44.7% in 2013 to 55.8% in 2017. Of the 14,882 live deliveries resulting from ART treatment in 2017, 60.2% resulted from thaw cycles, compared to 44.4% in 2013.

In the last five years the live delivery rate per fresh embryo transfer cycle increased from 23.7% to 24.1%, and the live delivery rate per thaw embryo transfer cycle increased from 23.4% to 28.9%. This could be explained by the increase in *freeze-all* cycles over the years. Overall, live delivery rates per embryo transfer have risen from 23.6% in 2013 to 26.8% in 2017, a 13.6% improvement.

Multiple birth trends

A continuing trend in ART treatment in Australia and New Zealand has been the reduction in the rate of multiple deliveries, from 5.6% in 2013 to 3.6% in 2017. This has been achieved by clinicians and patients shifting to single embryo transfer, with the proportion increasing from 76.3% in 2013 to 89.4% in 2017. Importantly, this decrease in the multiple delivery rate has been achieved while overall live delivery rates per embryo transfer increased from 23.6% in 2013 to 26.8% in 2017.

1 Introduction

Infertility affects approximately 15% of women of reproductive age at any given time, representing, the source of much personal suffering to millions around the world (World Health Organization 2010). The common medical definition of 'infertility' is the failure to achieve a clinical pregnancy after 12 or more months of regular unprotected sexual intercourse (Zegers-Hochschild et al. 2017). Infertility is increasingly being overcome through advancements in fertility treatment, in particular, assisted reproductive technologies (ARTs). ARTs have evolved over the last four decades into a suite of mainstream medical interventions that have resulted in the birth of more than 6 million children worldwide (ICMART 2018). The most recent national estimates indicate that 4.7% of all women who gave birth in Australia in 2017 received some form of ART treatment (AIHW, 2019).

The purpose of this annual report is to inform clinicians, researchers, government and the community about ART treatment and the resulting pregnancy and birth outcomes; to provide ongoing monitoring of ART treatment practices, success rates and perinatal outcomes; and to provide information for national and international comparisons.

The Fertility Society of Australia (FSA), in collaboration with the University of New South Wales (UNSW Sydney), is committed to providing informative annual statistics on ART treatments and is pleased to present the annual report on ART performed in Australia and New Zealand in 2017.

Treatments covered in this report

ART is a group of procedures that involve the in vitro (outside of body) handling of human oocytes (eggs) and sperm or embryos for the purposes of establishing a pregnancy (Zegers-Hochschild et al. 2017). A typical fresh in vitro fertilisation (IVF) cycle involves the following five steps:

1. controlled ovarian stimulation during which an ovarian stimulation regimen, typically using follicle stimulating hormone (FSH), is administered to a woman over a number of days to induce the maturation of multiple oocytes
2. oocyte pick-up (OPU) where mature oocytes are aspirated from ovarian follicles
3. fertilisation of the collected oocytes using the woman's partner or donor sperm
4. embryo maturation during which a fertilised oocyte is cultured for 2–4 days to form a cleavage stage embryo (6–8 cells) or 5–6 days to create a blastocyst (60–100 cells)
5. transfer of one or more fresh embryos into the uterus in order to achieve pregnancy.

Treatment may be discontinued at any stage during a treatment cycle due to several reasons including inadequate response of ovaries to medication, excessive ovarian stimulation, failure to obtain oocytes, failure of oocyte fertilisation, inadequate embryo growth or patient choice.

Over the last three decades, ART has evolved to encompass complex ovarian hyperstimulation protocols and numerous variations to the typical fresh IVF treatment cycle described above. Some of these variations include:

- intracytoplasmic sperm injection (ICSI), when a single sperm is injected directly into the oocyte
- assisted hatching, when the outer layer of the embryo, the zona pellucida, is either thinned or perforated in the laboratory to aid 'hatching' of the embryo

- gamete intrafallopian transfer (GIFT), when mature oocytes and sperm are placed directly into a woman's fallopian tubes so that fertilisation may take place in vivo (inside the body). While once popular, this procedure now accounts for only a very small percentage of ART cycles
- preimplantation genetic testing (PGT), when DNA from oocytes or embryos is tested for chromosomal disorders or genetic diseases before embryo transfer. This term includes pre-implantation genetic diagnosis (PGD) and pre-implantation genetic screening (PGS)
- oocyte donation, when a woman donates her oocytes to others
- oocyte/embryo recipient, when a woman receives oocytes or embryos from another woman
- cryopreservation and storage of embryos that are not transferred in the initial fresh treatment cycle. Once thawed or warmed, the embryos can be transferred in subsequent treatment cycles. Cryopreservation techniques include both the traditional slow freezing method and vitrification. Vitrification can be used to cryopreserve gametes and embryos, and uses an ultra-rapid temperature change with exposure to higher concentrations of cryoprotectants
- cryopreservation and storage of oocytes and embryos for fertility preservation
- *freeze-all* cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved for potential future use.
- surrogacy arrangements, where a woman, known as the 'gestational carrier', agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s).

Along with ART, a number of other fertility treatments are undertaken in Australia and New Zealand. Artificial insemination is one such treatment by which sperm are placed into the female genital tract (for example, intracervical or intrauterine), and can be used with controlled ovarian hyperstimulation or in natural cycles. Artificial insemination can be undertaken using a partner's sperm, or donated sperm, also known as 'donor sperm insemination' (DI). Only DI is reported to ANZARD.

Data used in this report

This report provides information on ART and DI treatments and the resulting pregnancy and birth outcomes. Also included is an analysis of trends in ART treatments and outcomes in the five years from 2013 to 2017. Reporting ART treatment cycles in Australia is a requirement for ART clinics to be licensed by the Reproductive Technology Accreditation Committee (RTAC). All ART clinics in Australia and New Zealand provided data to ANZARD for cycles performed in 2017.

As a joint initiative of the NPESU at UNSW Sydney and the FSA, ANZARD was upgraded in 2009 to accommodate new ART treatment types and to transform ANZARD from a cycle-based data collection to a woman-based data collection (ANZARD2.0). A more detailed description of ANZARD2.0 can be found in Appendices B and C. The expanded treatment information in the collection includes data fields for oocyte/embryo vitrification, and duration of oocytes and embryos in storage. The upgrade to a woman-based data collection was achieved by introducing a statistical linkage key (SLK) that links successive treatment cycles undertaken by one woman. The SLK is a combination of the first two letters of a woman's first name, the first two letters of her surname and her date of birth. The SLK enables the number of women undergoing treatment across time to be reported. The 2017 annual report presents cycle-specific success rates for women who started their first autologous (non *freeze-all*) fresh cycle during 2015. These women were followed from their first fresh cycle through subsequent fresh and thaw cycles (excluding *freeze-all* cycles) until 31 December

2017, or until they achieved a live delivery (a delivery of at least one liveborn baby) up to and including 31 October 2018.

The 2017 data presented in this report were supplied by all 83 fertility clinics in Australia and all 8 fertility clinics in New Zealand and compiled into ANZARD2.0. The full list of contributing fertility clinics can be found in Appendix A.

Structure of this report

This report has nine chapters, including this introductory chapter (Chapter 1).

Chapter 2—'Overview of ART treatment in 2017', provides an outline of the numbers and outcomes of all ART treatments undertaken in Australia and New Zealand.

Chapter 3—'Autologous and donation/recipient cycles in 2017', presents data on the number of cycles, cycle types and the outcomes of treatment in terms of discontinued treatment, clinical pregnancies and deliveries.

Chapter 4—'Pregnancy and birth outcomes following autologous and recipient embryo transfer cycles in 2017', presents data on the outcomes of clinical pregnancies and deliveries following autologous and recipient cycles including a description of perinatal outcomes.

Chapter 5—'Other cycle types, procedures and treatment complications in 2017', includes information on gestational surrogacy and GIFT cycles, PGT and assisted hatching procedures and ovarian hyperstimulation syndrome (OHSS) complications.

Chapter 6—'Donor sperm insemination cycles in 2017', presents data on DI cycles and their outcomes, including a description of pregnancy and perinatal outcomes.

Chapter 7—'Trends in ART treatment and outcomes: 2013–2017', presents trends in ART treatments during the last five years of data collection in Australia and New Zealand.

Chapter 8—'Women undertaking autologous treatment in 2017', presents information on the number of women undergoing ART treatment in 2017.

Chapter 9—'Cycle-specific rates for women who started their first ART treatment cycle in 2015', presents information for a cohort of women who started their first autologous (non-*freeze-all*) fresh ART treatment cycle during 2015, and were followed through subsequent fresh and thaw cycles (excluding *freeze-all* cycles) until 31 December 2017 or until they achieved a live delivery.

Appendices—Appendix A lists the contributing fertility clinics. Appendix B provides an overview of the ANZARD2.0 data collection that was used to prepare this report. Appendix C provides a detailed list of the data items in the collection.

2 Overview of ART treatment in 2017

There were 82,215 ART treatment cycles reported from Australian and New Zealand clinics in 2017 (Table 1). Of these, 91.2% (74,942) were from Australian clinics and 8.8% (7,273) were from New Zealand clinics. The overall number of ART treatment cycles in 2017 increased by 1.4% from the 81,062 cycles in 2016, with a 0.8% increase in Australia and 8.5% increase in New Zealand. In 2017, the number of ART treatment cycles represented 14.8 cycles per 1,000 women of reproductive age (15–44 years) in Australia, compared with 7.6 cycles per 1,000 women of reproductive age in New Zealand (Australian Bureau of Statistics 2017; Statistics New Zealand 2017).

Approximately 94% of cycles in 2017 were autologous cycles (where a woman intended to use or used her own oocytes or embryos). Of the 77,353 autologous cycles, 47,545 (61.5%) were fresh cycles and 29,808 (38.5%) were thaw cycles. Other treatment cycles represented a small proportion of cycles: 3.5% were oocyte recipient cycles, 0.6% were embryo recipient cycles, 1.4% were oocyte donation cycles and 0.4% were surrogacy arrangement cycles (Table 1).

Of all initiated ART treatments in 2017, 22.9% (18,860) resulted in a clinical pregnancy and 18.1% (14,882) in a live delivery (Table 1). Of these clinical pregnancies, 16,800 (89.1%) were from Australian clinics and 2,060 (10.9%) from New Zealand clinics. There were 15,613 babies born, (including 15,405 liveborn babies) following ART treatment in 2017. Of these, 13,752 (89.3%) were from Australian clinics and 1,653 (10.7%) from New Zealand clinics. Of the liveborn babies, 80.2% (12,357) were singletons at term (gestational age of 37–41 weeks) with normal birthweight (≥ 2,500 grams). The multiple delivery rate was 3.6%.

Table 1: Number of initiated ART treatment cycles by treatment type, Australia and New Zealand, 2017

	Number of initiated ART cycles	Percentage of treatment types	Number of clinical pregnancies	Number of live deliveries	Number of liveborn babies	Number of liveborn singletons at term with normal birthweight
Autologous	77,353	94.1	17,908	14,113	14,616	11,747
Fresh	*47,545*	*57.8*	*7,529*	*5,803*	*6,026*	*4,728*
Thaw	*29,808*	*36.3*	*10,379*	*8,310*	*8,590*	*7,019*
Oocyte recipient	2,862	3.5	749	600	615	478
Embryo recipient	454	0.6	133	107	112	75
Oocyte donation	1,182	1.4	n.a.	n.a.	n.a.	n.a.
GIFT[(a)]	0	0.0	0	0	0	0
Surrogacy arrangement cycles	364	0.4	70	62	62	57
Commissioning cycles[(b)]	*118*	*0.1*	*0*	*0*	*0*	*0*
Gestational carrier cycles[(c)]	*246*	*0.3*	*70*	*62*	*62*	*57*
Total	**82,215**	**100.0**	**18,860**	**14,882**	**15,405**	**12,357**

(a) GIFT cycles were classified separately from autologous cycles.

(b) A variety of cycle types undertaken as part of surrogacy arrangements, e.g. cycles undertaken by intended parents or women donating their oocytes or embryos for use by the gestational carrier.

(c) A cycle undertaken by a woman who carries, or intends to carry, a pregnancy on behalf of the intended parents with an agreement that the child will be raised by the intended parent(s).

Note: n.a. = not applicable.

3 Autologous and donation/recipient cycles in 2017

This chapter presents data on initiated autologous cycles, oocyte donation cycles and oocyte/embryo recipient cycles. Gestational surrogacy cycles and GIFT cycles are presented separately in Chapter 5.

An ‘autologous cycle’ is defined as an ART treatment cycle in which a woman intends to use or uses her own oocytes or embryos.

A ‘donation cycle’ is defined as an ART treatment cycle in which a woman intends to donate or donates her oocytes to others. A donation cycle may result in the donation of either oocytes or embryos to a recipient woman. The use of donor sperm does not influence the donor status of the cycle.

A ‘recipient cycle’ is defined as an ART treatment cycle in which a woman receives oocytes or embryos from another woman.

Autologous and donor/recipient cycles can involve the use of, or intended use of, either fresh or frozen/thawed embryos.

3.1 Overview of autologous and recipient cycles

Age of women and their partners

The average age of women undergoing autologous and oocyte/embryo recipient cycles was 35.9 years. For women undergoing oocyte/embryo recipient cycles, the mean age was 40.3 years, nearly five years older than for autologous cycles (35.7 years). Of all autologous and oocyte/embryo recipient cycles, 25.1% were undertaken by women aged 40 or older (Table 2). The average age of male partners was 38.1 years, with 32.3% aged 40 or older. For 23.7% of oocyte/embryo recipient cycles, the partner's age was not stated or no partner was involved (Table 3).

Table 2: Number of autologous and recipient cycles by women's age group and treatment type, Australia and New Zealand, 2017

Age group (years)[(a)]	Autologous				Oocyte /embryo recipient		All	
	Fresh		Thaw					
	n	%	n	%	n	%	n	%
< 30	4,921	10.4	3,298	11.1	170	5.1	8,389	10.4
30–34	12,491	26.3	9,991	33.5	397	12.0	22,879	28.4
35–39	17,197	36.2	11,350	38.1	672	20.3	29,219	36.2
40–44	11,709	24.6	4,835	16.2	1,250	37.7	17,794	22.1
≥ 45	1,227	2.6	334	1.1	827	24.9	2,388	3.0
Total	**47,545**	**100.0**	**29,808**	**100.0**	**3,316**	**100.0**	**80,669**	**100.0**

(a) Age at start of a treatment cycle.

Note: Data are collected for each treatment cycle; therefore, some individuals may be counted more than once.

Table 3: Number of autologous and recipient cycles by women's male partners' age group and treatment type, Australia and New Zealand, 2017

Age group (years)[(a)]	Autologous				Oocyte/embryo recipient		All	
	Fresh		Thaw					
	n	%	n	%	n	%	n	%
< 30	2,920	6.1	1,847	6.2	78	2.4	4,845	6.0
30–34	10,011	21.1	7,562	25.4	329	9.9	17,902	22.2
35–39	13,014	27.4	9,331	31.3	604	18.2	22,949	28.4
40–44	9,411	19.8	5,664	19.0	735	22.2	15,810	19.6
≥ 45	6,190	13.0	3,269	11.0	783	23.6	10,242	12.7
Not stated	5,999	12.6	2,135	7.2	787	23.7	8,921	11.1
Total	**47,545**	**100.0**	**29,808**	**100.0**	**3,316**	**100.0**	**80,669**	**100.0**

(a) Age at start of a treatment cycle.

Note: Data are collected for each treatment cycle; therefore, some individuals may be counted more than once.

Parity

Parity is the number of previous pregnancies of 20 weeks or more gestation experienced by a woman. A woman who has had no previous pregnancies of 20 or more weeks gestation is called ‘nulliparous’. A woman who has had at least one previous pregnancy of 20 weeks or more gestation is described as ‘parous’.

Of the 80,669 initiated autologous and recipient cycles undertaken in 2017, 63.0% were undertaken by nulliparous women. Of autologous cycles (fresh and thaw), 61.9% were undertaken by nulliparous women, compared with 59.7% for oocyte/embryo recipient cycles (Table 4).

Table 4: Number of autologous and recipient cycles by parity and treatment type, Australia and New Zealand, 2017

	Autologous				Oocyte/embryo recipient		All	
	Fresh		Thaw					
Parity	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Nulliparous	31,034	67.4	16,835	56.5	1,981	59.7	50,850	63.0
Parous	6,230	13.1	6,707	22.5	508	15.3	13,445	16.7
Not stated	9,281	19.5	6,266	21.0	827	24.9	16,374	20.3
Total	**47,545**	**100.0**	**29,808**	**100.0**	**3,316**	**100.0**	**80,669**	**100.0**

Note: Data are collected for each treatment cycle; therefore, some individuals may be counted more than once.

Cause of infertility

Causes of infertility may relate to either the woman or her male partner, or both, or may be unexplained. The reported causes of infertility are based on clinical diagnosis by the treating clinician. However, the diagnostic definitions may vary among fertility centres and should be interpreted with considerable caution.

Of the 80,669 initiated autologous and recipient cycles, 11.1% reported male infertility factors as the only cause of infertility; 31.5% reported only female infertility factors; 9.5% reported combined male–female factors; 21.0% reported unexplained infertility; and 26.9% were not stated.

Intracytoplasmic sperm injection procedures

Of the 39,450 autologous fresh cycles where fertilisation was attempted, 67.0% used ICSI procedures and 33.0% used IVF procedures. Of fresh oocyte recipient cycles where fertilisation was attempted, 80.3% used ICSI procedures and 19.7% used IVF procedures (Table 5).

Table 5: Number of autologous and recipient cycles with fertilisation attempted by treatment type and procedure, Australia and New Zealand, 2017

	Autologous				Oocyte/embryo recipient			
	Fresh[(a)]		Thaw[(b)(d)]		Fresh[(a)]		Thaw[(b)(d)]	
Procedure	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
IVF	13,022	33.0	10,872	37.8	241	19.7	562	27.7
ICSI[(c)]	26,428	67.0	17,287	60.1	985	80.3	1,406	69.3
Not stated	0	0.0	611	2.1	0	0.0	61	3.0
Total	**39,450**	**100.0**	**28,770**	**100.0**	**1,226**	**100.0**	**2,029**	**100.0**

(a) Fresh cycles where fertilisation was attempted.

(b) Thaw cycles where embryos were transferred.

(c) Includes 729 Mixed IVF/ICSI cycles.

(d) Where two or more thawed embryos were transferred, the number of mixed IVF/ICSI transfers cannot be differentiated from ICSI only transfers. 1,480 of the 18,693 thaw ICSI cycles had two or more embryos transferred.

Number of embryos transferred

Of the 55,368 fresh and thaw embryo transfer cycles undertaken in autologous and recipient cycles, 89.3% were single embryo transfer (SET) cycles and 10.5% were double embryo transfer (DET). In women aged under 35, 93.7% of embryo transfer cycles were SET cycles and 6.3% were DET cycles. In women aged 35 or older, 86.4% of cycles were SET cycles and 13.4% were DET cycles (Table 6).

Table 6: Number of fresh and thawed embryos transferred per cycle by women's age group, Australia and New Zealand, 2017

	Number of embryos transferred							
	One		Two		Three or more		Total	
Age group (years)[(a)]	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
< 30	5,492	94.4	324	5.6	0	0.0	5,816	100.0
30–34	15,678	93.4	1,105	6.6	1	0.0	16,784	100.0
35–39	18,213	90.4	1,938	9.6	4	0.0	20,155	100.0
40–44	8,901	79.9	2,190	19.7	43	0.4	11,134	100.0
≥ 45	1,184	80.1	277	18.7	18	1.2	1,479	100.0
All	**49,468**	**89.3**	**5,834**	**10.5**	**66**	**0.1**	**55,368**	**100.0**

(a) Age at start of a treatment cycle.

Stage of embryo development

Of the 55,368 embryo transfer cycles, 18.0% involved the transfer of day 2-4 embryos (cleavage stage embryos) and 82.0% day 5–6 embryos (blastocysts). Of autologous cycles, blastocyst transfers made up 69.0% of fresh cycles compared with 92.6% of thaw cycles (Table 7).

Table 7: Number of embryo transfer cycles by treatment type and stage of embryo development, Australia and New Zealand, 2017

Stage of embryo development	Autologous				Oocyte/embryo recipient			
	Fresh		Thaw		Fresh		Thaw	
	n	%	n	%	n	%	n	%
Cleavage Stage	7,481	31.0	2,137	7.4	93	19.6	253	12.5
Blastocyst[(a)]	16,614	69.0	26,633	92.6	381	80.4	1,776	87.5
Total	**24,095**	**100.0**	**28,770**	**100.0**	**474**	**100.0**	**2,029**	**100.0**

(a) Includes 10 cycles where both blastocyst and cleavage stage embryos were transferred.

Transfer of cryopreserved embryos

Embryos created in a fresh cycle can be cryopreserved by either slow freezing or ultra-rapid (vitrification) methods. Slow frozen and vitrified embryos can be thawed/warmed and then transferred in subsequent cycles. Of the 30,799 frozen/thawed embryo transfer cycles, 88.9% involved the transfer of vitrified embryos. Of the frozen/thawed blastocyst transfer cycles 91.5% had vitrified embryos transferred. By comparison, 58.1% of frozen/thawed cleavage stage embryo transfer cycles used vitrified embryos (Table 8).

Table 8: Number of embryo transfer cycles by cryopreservation method and stage of embryo development, Australia and New Zealand, 2017

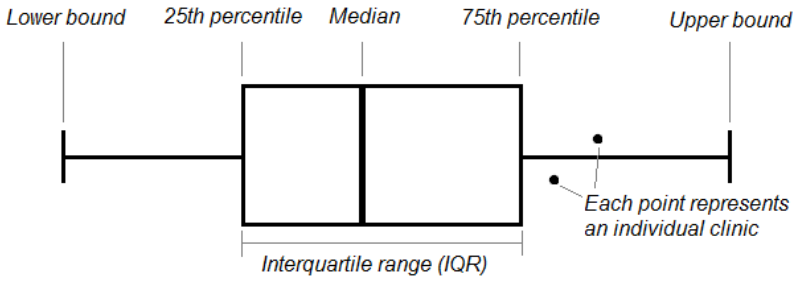
Cryopreservation method	Autologous				Oocyte/embryo recipient			
	Cleavage Stage		Blastocyst[(a)]		Cleavage Stage		Blastocyst	
	n	%	n	%	n	%	n	%
Slow frozen	848	39.7	2,288	8.6	153	60.5	138	7.8
Vitrification[(b)]	1,289	60.3	24,345	91.4	100	39.5	1,638	92.2
Total	**2,137**	**100.0**	**26,633**	**100.0**	**253**	**100.0**	**1,776**	**100.0**

(a) Includes 3 cycles where both blastocyst and cleavage stage embryos and were transferred

(b) Includes 71 cycles where both vitrified and slow frozen embryos were transferred.

Live deliveries from initiated fresh and thaw autologous and recipient cycles among fertility clinics

How to interpret Figure 1



- Figure 1 reports on live deliveries per initiated fresh (excluding *freeze-all)* and thaw autologous cycles, and recipient cycles (%) among the 88 fertility clinics who performed more than 50 of these cycles combined in 2017.
- Each point represents a clinic.
- A percentile indicates the value below which a given percentage of clinics' live delivery rates fall. For example, 50% of clinics had a live delivery rate less than the median (20.6%).
- The interquartile range (IQR) indicates the range of live delivery rates achieved by the middle 50% of clinics (IQR: 18.3% - 24.4%).
- The upper and lower bounds represent the range in which it would be expected that approximately 98% of clinics to fall (9.3% - 33.2%).
- These data should be interpreted with caution because of the small number of patients who underwent autologous and recipient cycles in some clinics. The live delivery rates among clinics may also vary because of differences in the characteristics and prognosis of patients treated, and different approaches to the use of ARTs and other fertility treatments.

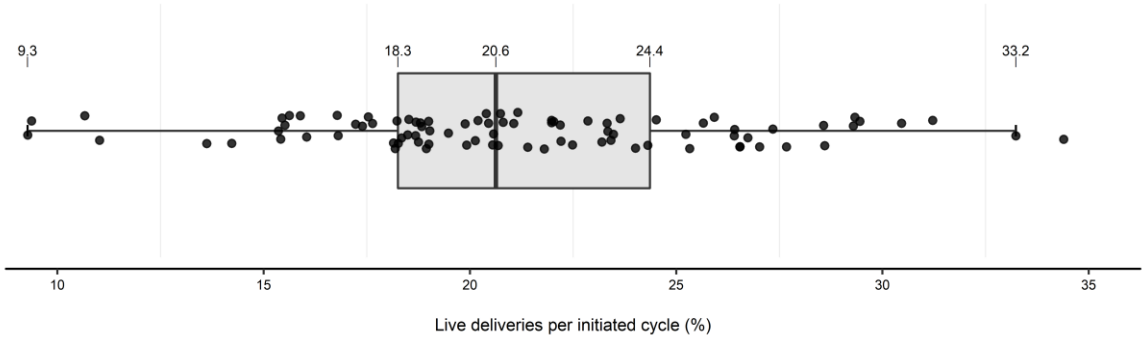


Figure 1: Live delivery rate per initiated fresh (excluding *freeze-all*) and thaw autologous and recipient cycle (%) among fertility clinics, Australia and New Zealand, 2017

3.2 Autologous fresh cycles

In 2017, there were 47,545 initiated autologous fresh cycles, comprising 46,991 (98.8%) FSH-stimulated cycles and 554 (1.7%) unstimulated cycles. There were 505 cycles in which thawed oocytes were used. Of the initiated autologous fresh cycles, 92.2% (43,850) were in Australian clinics and 7.8% (3,695) were in New Zealand clinics.

Progression of autologous fresh cycles

Figure 2 shows the main stages of autologous fresh cycles and the resulting treatment outcomes. Of the 47,545 initiated autologous fresh cycles in 2017, 89.7% had OPU performed; 25.5% were *freeze-all* cycles; 50.7% had embryos transferred (Figure 2). A treatment can be discontinued for a variety of reasons, including inadequate response of ovaries to medication, excessive ovarian stimulation, failure to obtain oocytes, failure of oocyte fertilisation, inadequate embryo growth or patient choice.

Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are frozen for potential future use. This increasingly common practice (Table 37) is used for a variety of reasons, including reducing the risk of ovarian hyperstimulation syndrome (OHSS), improving endometrial - embryo synchronicity, as part of a PGT cycle, for fertility preservation, or as a deliberate treatment option used by some clinicians.

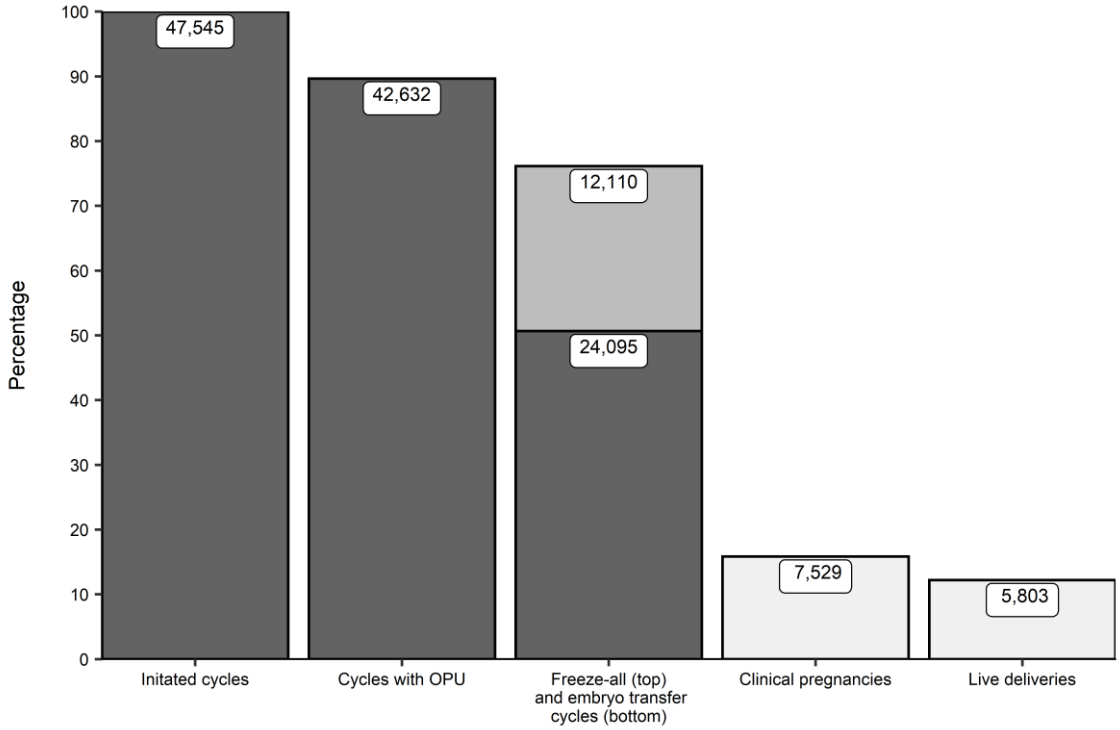


Figure 2: Progression of autologous fresh cycles, Australia and New Zealand, 2017

Clinical pregnancies and live deliveries by women's age

Maternal age is one of the key factors associated with the outcomes of autologous fresh cycles. The highest live delivery rate per embryo transfer cycle was in women aged under 30 (38.5%). The rate declined with advancing women's age, with a rate of 8.9% for women aged 40–44 and 1.4% for women aged 45 or older (Table 9). In women aged 45 or older, 806 cycles (65.7%) occurred in women aged 45 years and 246 cycles (20.0%) in women age 46 years, with the remaining 175 cycles (14.3%) occurring in women aged 47 or older. Of the 7 live deliveries that occurred in women aged 45 or older, four occurred in women age 45, two occurred in women aged 46 and one in a woman aged 50.

In women aged under 30 years, *freeze-all* cycles accounted for 33.1% of initiated fresh cycles with the rate decreasing to 7.7% in women 45 years or older. Of the 12,110 *freeze-all* cycles 17.5% (2,113) were for oocyte freezing and 82.6% (9,997) were for embryo freezing. Table 9 presents the live delivery rate per initiated fresh cycle and the live delivery rate per initiated fresh cycle (excluding *freeze-all* cycles).

Table 9: Outcomes of autologous fresh cycles by women's age group, Australia and New Zealand, 2017

	Age group (years)[a]					
Stage/outcome of treatment	**< 30**	**30–34**	**35–39**	**40–44**	**≥ 45**	**All**
Initiated cycles	4,921	12,491	17,197	11,709	1,227	47,545
Cycles with OPU	4,471	11,516	15,523	10,155	967	42,632
Freeze-all cycles[b]	1,627	3,615	4,698	2,075	95	12,110
Embryo transfer cycles	2,482	6,778	8,704	5,630	501	24,095
Clinical pregnancies	1,131	2,729	2,732	915	22	7,529
Live deliveries	956	2,276	2,061	503	7	5,803
Live deliveries per initiated cycle (%)	*19.4*	*18.2*	*12.0*	*4.3*	*0.6*	*12.2*
Live deliveries per initiated cycle (excluding freeze-all)[c] (%)	*29.0*	*25.6*	*16.5*	*5.2*	*0.6*	*16.4*
Live deliveries per embryo transfer cycle (%)	*38.5*	*33.6*	*23.7*	*8.9*	*1.4*	*24.1*
Live deliveries per clinical pregnancy (%)	*84.5*	*83.4*	*75.4*	*55.0*	*31.8*	*77.1*

(a) Age at start of a treatment cycle.
(b) *Freeze-all* cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved for potential future use.
(c) Live deliveries per initiated cycle (excluding *freeze-all*) were calculated using live deliveries as the numerator and initiated fresh cycles minus *freeze-all* cycles as the denominator

Figure 3 shows age-specific live delivery rates per initiated autologous fresh cycle (excluding freeze-all cycles) by two-year age groups. The 95% confidence intervals represent the uncertainty surrounding the live delivery rates for otherwise similar women of that age-group.

The highest live delivery rates were in women in their early to mid 20s. For women aged 45 or older, only one live delivery resulted from every 175 initiated cycles compared with one live delivery from every five initiated cycles in women aged between 23 and 24.

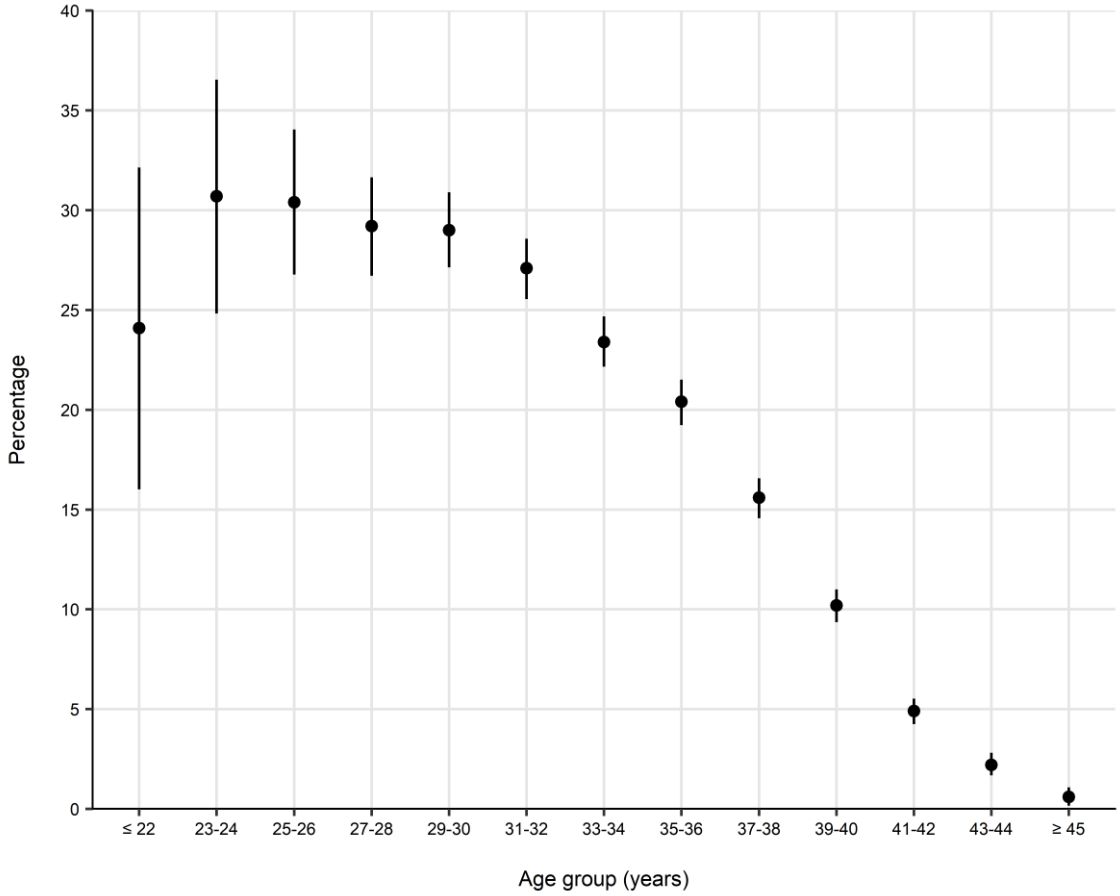


Figure 3: Live delivery rate (with 95% confidence interval) per initiated autologous fresh cycle (excluding *freeze-all*) by women's age at start of a treatment cycle, Australia and New Zealand, 2017

Clinical pregnancies and live deliveries by cause of infertility

Cycles reported with male factor infertility as the only cause of infertility had the highest live delivery rate (22.0%) and clinical pregnancy per initiated non freeze-all cycle (26.9%), followed by cycles where endometriosis was reported as the only cause of infertility (19.8% and 24.3% respectively) (Table 10). There were 10,833 (22.8%) autologous fresh cycles where cause of infertility was not stated.

Table 10: Outcomes of autologous fresh cycles by cause of infertility, Australia and New Zealand, 2017

Cause of infertility	Number of initiated cycles	Embryo transfer cycles per initiated cycle (%)	Clinical pregnancies per initiated non-*freeze-all* cycle[a] (%)	Live deliveries per initiated non-*freeze-all* cycle[b] (%)
Male factor only	5,278	60.6	26.9	22.0
Female factor	16,665	50.2	20.4	15.2
Tubal disease only	1,605	58.4	23.2	16.8
Endometriosis only	2,001	56.8	24.3	19.8
Other female factors only	9,698	45.8	18.5	13.4
Combined female factor	3,361	55.0	22.2	16.4
Combined male—female	4,869	53.7	22.4	17.9
Unexplained	9,900	52.5	20.7	16.0
Not stated	10,833	43.6	19.2	14.7
All	**47,545**	**50.7**	**21.2**	**16.4**

a) Clinical pregnancies per initiated non-*freeze-all* cycle is calculated using clinical pregnancies as the numerator and initiated cycles minus *freeze-all* cycles as the denominator

b) Live deliveries per initiated non-*freeze-all* cycle is calculated using live deliveries as the numerator and initiated cycles minus *freeze-all* cycles as the denominator

Clinical pregnancies and live deliveries by number of embryos transferred

Overall, 85.2% of autologous fresh embryo transfer cycles were SET cycles, 14.6% were DET cycles and 0.2% had three or more embryos transferred. In women aged 30 to 39, three or more fresh embryos were transferred in less than 0.1% of embryo transfer cycles, compared with 0.2% in women aged 40 or older.

The overall live delivery rate per embryo transfer cycle was 25.1% for SET cycles and 18.2% for DET cycles (Table 11). Of embryo transfer cycles in women aged less than 35, the live delivery rate was higher for SET cycles (35.1%) than DET cycles (32%). Of embryo transfer cycles in women aged 35 or older, the live delivery rates were lower for SET cycles than DET cycles (Table 11). Caution should be taken when comparing live delivery rates following SET and DET cycles because patient characteristics and prognosis are different between these groups. For example, poorer prognosis patients may be more likely to receive DET, if they have two embryos available for transfer, than good prognosis patients.

Table 11: Outcomes of autologous fresh embryo transfer cycles by women's age and number of embryos transferred, Australia and New Zealand, 2017

Stage/outcome of treatment	Age group (years)[a]							
	< 35		35–39		≥ 40		All	
	SET[b]	DET[c]	SET[b]	DET[c]	SET[b]	DET[c]	SET[b]	DET[c]
Embryo transfer cycles	8,610	649	7,584	1,117	4,339	1,742	20,533	3,508
Clinical pregnancies	3,611	249	2,373	358	620	307	6,604	914
Live deliveries	3,024	208	1,789	272	349	157	5,162	637
Clinical pregnancies per embryo transfer cycle (%)	*41.9*	*38.4*	*31.3*	*32.1*	*14.3*	*17.6*	*32.2*	*26.1*
Live deliveries per embryo transfer cycle (%)	*35.1*	*32.0*	*23.6*	*24.4*	*8.0*	*9.0*	*25.1*	*18.2*

(a) Age at start of a treatment cycle.

(b) SET: single embryo transfer.

(c) DET: double embryo transfer.

Clinical pregnancies and live deliveries by stage of embryo development

Overall, the rates of clinical pregnancy and live delivery were higher in blastocyst transfer cycles than in cleavage stage embryo transfer cycles regardless of a woman's age (Table 12). The live delivery rate for blastocyst transfer cycles was 11.3 percentage points higher than for cleavage stage embryo transfer cycles.

Caution should be taken when comparing clinical pregnancy and live delivery rates following cleavage stage embryo and blastocyst transfer. Patient characteristics, prognosis and treatment strategies may be different between these groups, and generally fewer embryos are available for transfer and cryopreservation when blastocyst culture is used.

Table 12: Outcomes of autologous fresh embryo transfer cycles by women's age and stage of embryo development, Australia and New Zealand, 2017

Stage/outcome of treatment	Age group (years)[a]							
	< 35		35–39		≥ 40		All	
	CL[b]	BL[c]	CL[b]	BL[c][d]	CL[b]	BL[c][e]	CL[b]	BL[c][f]
Embryo transfer cycles	2,244	7,016	2,666	6,038	2,571	3,560	7,481	16,61
Clinical pregnancies	722	3,138	632	2,100	289	648	1,643	5,886
Live deliveries	604	2,628	474	1,587	142	368	1,220	4,583
Clinical pregnancies per embryo transfer cycle (%)	*32.2*	*44.7*	*23.7*	*34.8*	*11.2*	*18.2*	*22.0*	*35.4*
Live deliveries per embryo transfer cycle (%)	*26.9*	*37.5*	*17.8*	*26.3*	*5.5*	*10.3*	*16.3*	*27.6*

(a) Age at start of a treatment cycle.

(b) CL: cleavage stage embryo.

(c) BL: blastocyst.

(d) Includes 4 cycles where both cleavage stage embryos and blastocysts were transferred

(e) Includes 3 cycles where both cleavage stage embryos and blastocysts were transferred

(f) Includes 7 cycles where both cleavage stage embryos and blastocysts were transferred

3.3 Autologous thaw cycles

There were 29,808 autologous thaw cycles reported in 2017 (Figure 4). Of these, 90.6% (27,001) were in Australian clinics and 9.4% (2,807) in New Zealand clinics.

Progression of autologous thaw cycles

Figure 4 shows the main stages of autologous thaw cycles and the resulting treatment outcomes.

Of the 29,808 initiated autologous thaw cycles, 96.5% had embryos transferred, 34.8% resulted in a clinical pregnancy and 27.9% resulted in a live delivery (Figure 4). Three and a half percent of initiated autologous thaw cycles did not progress to embryo transfer, principally due to non-viability following thawing of cryopreserved (frozen) embryo(s).

The rate of live deliveries per initiated cycle was higher for autologous thaw cycles than for autologous fresh cycles excluding *freeze-all* cycles in 2017 (27.9% and 16.4% respectively) (Figure 4 and Table 9).

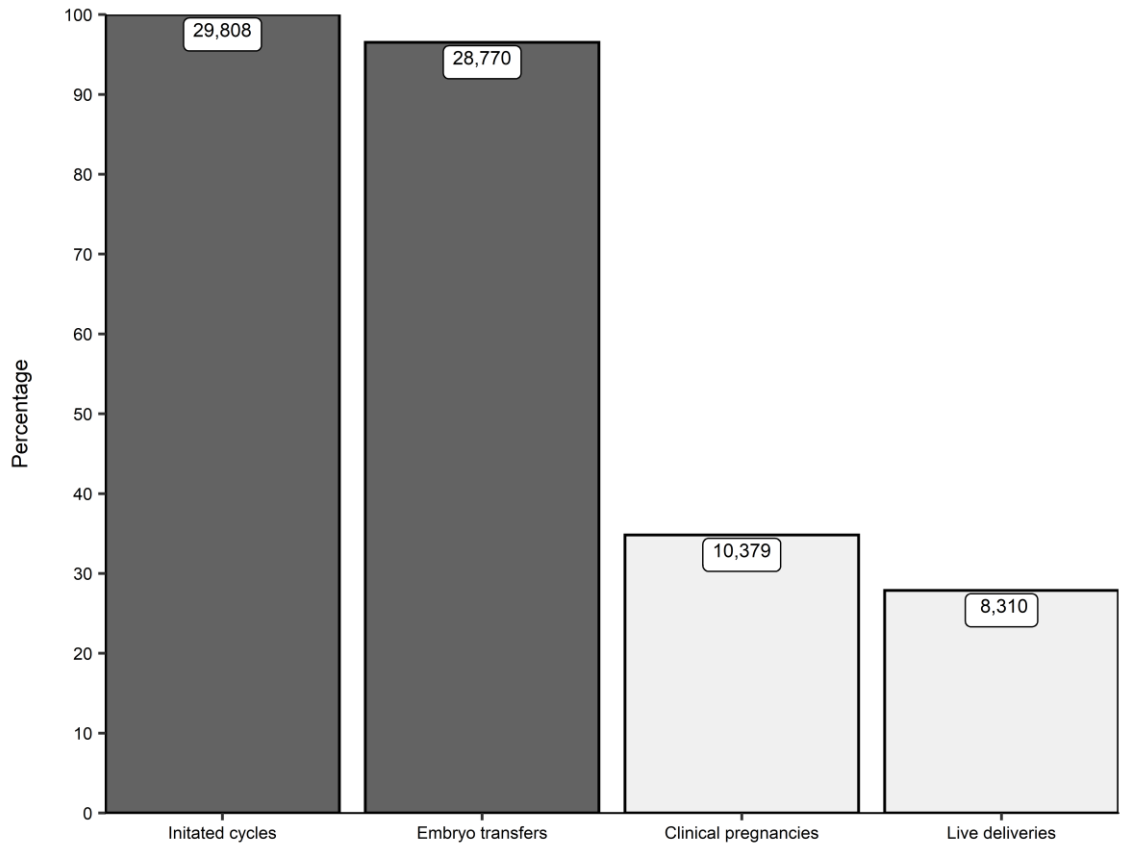


Figure 4: Progression of autologous thaw cycles, Australia and New Zealand, 2017

Clinical pregnancies and live deliveries from autologous thaw cycles by women's age

Similar to autologous fresh embryo transfer cycles, the live delivery rate per thawed embryo transfer cycle declined with advancing women's age (Table 13). It is important to note that embryos thawed during a thaw cycle were created in an earlier initiated fresh cycle; therefore, a woman's age at the start of a thaw cycle is older than her age at the start of the initiated fresh cycle. Also, there has been an increasing trend to *freeze-all* cycles in recent years (Table 37), resulting in more women undergoing thaw cycles without undertaking a previous fresh embryo transfer. This may contribute to the higher success rates following autologous thaw cycles compared to autologous fresh cycles for women aged 35 and older (Table 9).

Table 13: Outcomes of autologous thaw cycles by women's age group, Australia and New Zealand, 2017

	Age group (years)[(a)]					
Stage/outcome of treatment	**< 30**	**30–34**	**35–39**	**40–44**	**≥ 45**	**All**
Initiated cycles	3,298	9,991	11,350	4,835	334	29,808
Embryo transfer cycles	3,211	9,718	10,960	4,571	310	28,770
Clinical pregnancies	1,280	3,818	4,002	1,228	51	10,379
Live deliveries	1,062	3,182	3,174	859	33	8,310
Live deliveries per initiated cycle (%)	*32.2*	*31.8*	*28.0*	*17.8*	*9.9*	*27.9*
Live deliveries per embryo transfer cycle (%)	*33.1*	*32.7*	*29.0*	*18.8*	*10.6*	*28.9*
Live deliveries per clinical pregnancy (%)	*83.0*	*83.3*	*79.3*	*70.0*	*64.7*	*80.1*

(a) Age at start of the thaw treatment cycle.

Figure 5 shows age-specific live delivery rates per initiated autologous thaw cycle by two-year age groups. The 95% confidence intervals represent the uncertainty surrounding the live delivery rates for otherwise similar women of that age-group.

The highest live delivery rates were observed in women in their late 20s and early 30s. The wider 95% confidence intervals for women in age groups under 30 years indicates greater uncertainty in the delivery rates for these women as being representative of all women of similar age and characteristics. For women aged 45 or older, 9.9% of initiated autologous thaw cycles resulted in a live delivery, which is higher than the live delivery rate per initiated autologous fresh cycle in this age group (0.6%) (Figures 3 and 5). Since embryos that are thawed during a thaw cycle were created in an earlier initiated fresh cycle, a woman's age at the start of a thaw cycle is older than her age at the start of the initiated fresh cycle.

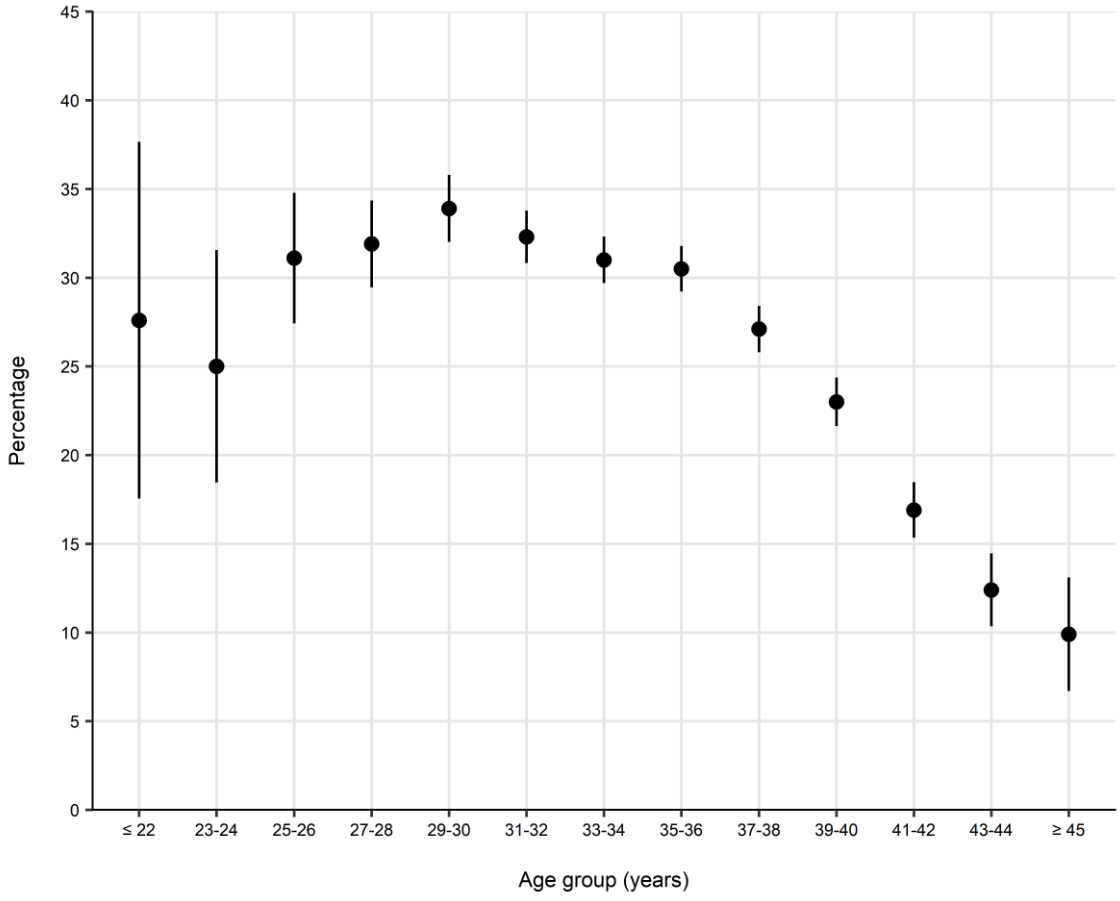


Figure 5: Live delivery rate (with 95% confidence intervals) per initiated autologous thaw cycle by women's age at start of a treatment cycle, Australia and New Zealand, 2017

Clinical pregnancies and live deliveries by cause of infertility

Cycles reported with male factor as the only cause of infertility had the highest rate of live delivery per initiated autologous thaw cycle (30.0%) followed by cycles where the cause of infertility was reportedly due to combined male-female factors (29.3%). The live delivery rate in cycles with female factors as the only cause of infertility was 27.3% (Table 14).

Table 14: Outcomes of autologous thaw cycles by cause of infertility, Australia and New Zealand, 2017

Cause of infertility	Number of initiated cycles	Embryo transfer cycles per initiated cycle (%)	Clinical pregnancies per initiated cycle (%)	Live deliveries per initiated cycle (%)
Male factor only	3,566	96.9	36.3	30.0
Female factor	9,832	96.7	34.7	27.3
Tubal disease only	1,167	97.4	33.6	26.6
Endometriosis only	1,215	97.6	35.8	29.1
Other female factors only	5,299	96.2	34.5	27.0
Combined female factor	2,151	96.8	35.4	27.3
Combined male–female factors	3,288	96.9	36.6	29.3
Unexplained	6,415	95.8	34.3	27.1
Not stated	6,707	96.6	33.8	27.6
All	**29,808**	**96.5**	**34.8**	**27.9**

Clinical pregnancies and live deliveries by number of embryos transferred

Of the 28,770 autologous thaw embryo transfer cycles, 92.7% were SET cycles, 7.3% were DET cycles and less than 0.1% transferred three or more embryos. In women aged under 40, three or more frozen/thawed embryos were transferred in less than 0.1% of embryo transfer cycles, compared with 0.2% in women aged 40 or older. Overall, SET was associated with an increase in live deliveries per embryo transfer cycle (1.4 percentage points higher compared to DET) (Table 15). Caution should be taken when comparing live delivery rates following SET and DET cycles because patient characteristics and prognosis are different between these groups.

Table 15: Outcomes of autologous thaw embryo transfer cycles by women's age and number of embryos transferred, Australia and New Zealand, 2017

Stage/outcome of treatment	Age group (years)[a]							
	< 35		35–39		≥ 40		All	
	SET[b]	DET[c]	SET[b]	DET[c]	SET[b]	DET[c]	SET[b]	DET[c]
Embryo transfer cycles	12,183	746	10,186	773	4,305	565	26,674	2,084
Clinical pregnancies	4,804	294	3,701	301	1,128	149	9,633	744
Live deliveries	3,992	252	2,944	230	798	93	7,734	575
Clinical pregnancies per embryo transfer cycle (%)	*39.4*	*39.4*	*36.3*	*38.9*	*26.2*	*26.4*	*36.1*	*35.7*
Live deliveries per embryo transfer cycle (%)	*32.8*	*33.8*	*28.9*	*29.8*	*18.5*	*16.5*	*29.0*	*27.6*

(a) Age at start of a treatment cycle.

(b) SET: single embryo transfer.

(c) DET: double embryo transfer.

Clinical pregnancies and live deliveries by stage of embryo development

The rates of clinical pregnancy and live delivery were higher for blastocyst transfer cycles than for cleavage stage embryo transfer cycles, regardless of a woman's age. Overall, the rate of live delivery for blastocyst transfer cycles was 15.8 percentage points higher than for cleavage stage embryo transfer cycles (Table 16).

Caution should be taken when comparing clinical pregnancy and live delivery rates following cleavage stage embryo and blastocyst transfer. Patient characteristics and prognosis are different between these groups, and generally fewer embryos are available for transfer and cryopreservation when blastocyst culture is used.

Table 16: Outcomes of autologous thaw embryo transfer cycles by women's age and stage of embryo development, Australia and New Zealand, 2017

Stage/outcome of treatment	Age group (years)[a]							
	< 35		35–39		≥ 40		All	
	CL[b]	BL[c]	CL[b]	BL[c][d]	CL[b]	BL[c][e]	CL[b]	BL[c][f]
Embryo transfer cycles	816	12,113	779	10,181	542	4,339	2,137	26,633
Clinical pregnancies	188	4,910	169	3,833	55	1,224	412	9,967
Live deliveries	154	4,090	121	3,053	30	862	305	8,005
Clinical pregnancies per embryo transfer cycle (%)	*23.0*	*40.5*	*21.7*	*37.6*	*10.1*	*28.2*	*19.3*	*37.4*
Live deliveries per embryo transfer cycle (%)	*18.9*	*33.8*	*15.5*	*30.0*	*5.5*	*19.9*	*14.3*	*30.1*

(a) Age at start of a treatment cycle.
(b) CL: cleavage stage embryo.
(c) BL: blastocyst.
(d) Includes 1 cycle where both blastocyst and cleavage stage embryos were transferred
(e) Includes 2 cycles where both blastocyst and cleavage stage embryos were transferred
(f) Includes 3 cycles where both blastocyst and cleavage stage embryos were transferred

Clinical pregnancies and live deliveries by embryo freezing methods

Of the autologous thaw cycles where a blastocyst was transferred, 91.4% used vitrified embryos compared with cleavage-stage embryo transfer cycles where 60.3% used vitrified embryos (Table 17).

Table 17: Outcomes of autologous thaw embryo transfer cycles by stage of embryo development and embryo freezing methods, Australia and New Zealand, 2017

	Stage of embryo development					
	Cleavage stage		Blastocyst[a]		All	
Stage/outcome of treatment	Slow freezing	Vitrification[b]	Slow freezing	Vitrification[c]	Slow freezing	Vitrification[d]
Embryo transfer cycles	848	1,289	2,288	24,345	3,136	25,634
Clinical pregnancies	167	245	817	9,150	984	9,395
Live deliveries	128	177	657	7,348	785	7,525
Clinical pregnancies per embryo transfer cycle (%)	*19.7*	*19.0*	*35.7*	*37.6*	*31.4*	*36.7*
Live deliveries per embryo transfer cycle (%)	*15.1*	*13.7*	*28.7*	*30.2*	*25.0*	*29.4*

(a) Includes 3 cycles where both blastocyst and cleavage stage embryos were transferred
(b) Includes 6 cycles where both vitrified and slow frozen embryos were transferred
(c) Includes 76 cycles where both vitrified and slow frozen embryos were transferred
(d) Includes 82 cycles where both vitrified and slow frozen embryos were transferred

3.4 Donation and recipient cycles

A donation cycle is defined as an ART treatment cycle in which a woman intends to donate or donates her oocytes to another woman. A donation cycle may result in either oocytes or embryos being donated to a recipient woman. A recipient cycle is defined as an ART treatment cycle in which a woman receives oocytes or embryos. The use of donor sperm does not alter the donor status of the cycle.

In 2017, donation and recipient cycles accounted for 5.5% (4,498) of all treatment cycles in Australia and New Zealand. There were 1,182 initiated cycles where the intention was to donate oocytes to a recipient woman, consisting of 983 (83.2%) cycles in Australia and 199 (16.8%) in New Zealand. There were 3,316 oocyte/embryo recipient cycles (Table 1), comprising 2,799 (84.4%) cycles in Australia and 517 (15.6%) cycles in New Zealand.

Oocyte donation cycles

Of the 1,182 cycles in Australia and New Zealand where the intention was to donate oocytes to a recipient, 39 (3.3%) cycles were cancelled before OPU, and a further 36 did not result in oocytes being donated.

The average age of women donating oocytes was 32.3 years, with 40.4% of cycles in women aged 35 or older (Table 18).

Table 18: Number of oocyte donation cycles by donor's age group, Australia and New Zealand, 2017

Age group (years) [(a)]	Number of initiated cycles	Cycles with OPU performed (n)	Cycles with OPU performed (%)	Number of cycles with oocytes donated	Cycles with oocytes donated (%)
< 30	321	309	96.3	299	93.1
30–34	383	377	98.4	368	96.1
35–39	397	381	96.0	370	93.2
≥ 40	81	76	93.8	70	86.4
Total	**1,182**	**1,143**	**96.7**	**1,107**	**93.7**

(a) Donor's age at start of a treatment cycle.

Oocyte/embryo recipient cycles

There were 3,316 oocyte/embryo recipient cycles in 2017. Of these, 86.3% (2,862) were oocyte recipient cycles and 13.7% (454) were embryo recipient cycles (Table 1). The average age of women undertaking an oocyte/embryo recipient cycle was 40.3 years.

Progression of oocyte/embryo recipient cycles

Figure 6 shows the main stages of oocyte/embryo recipient cycles and the treatment outcomes. Of the 3,316 initiated oocyte/embryo recipient cycles undertaken in 2017, 75.5% resulted in an embryo transfer; 26.6% resulted in a clinical pregnancy and 21.3% in a live delivery.

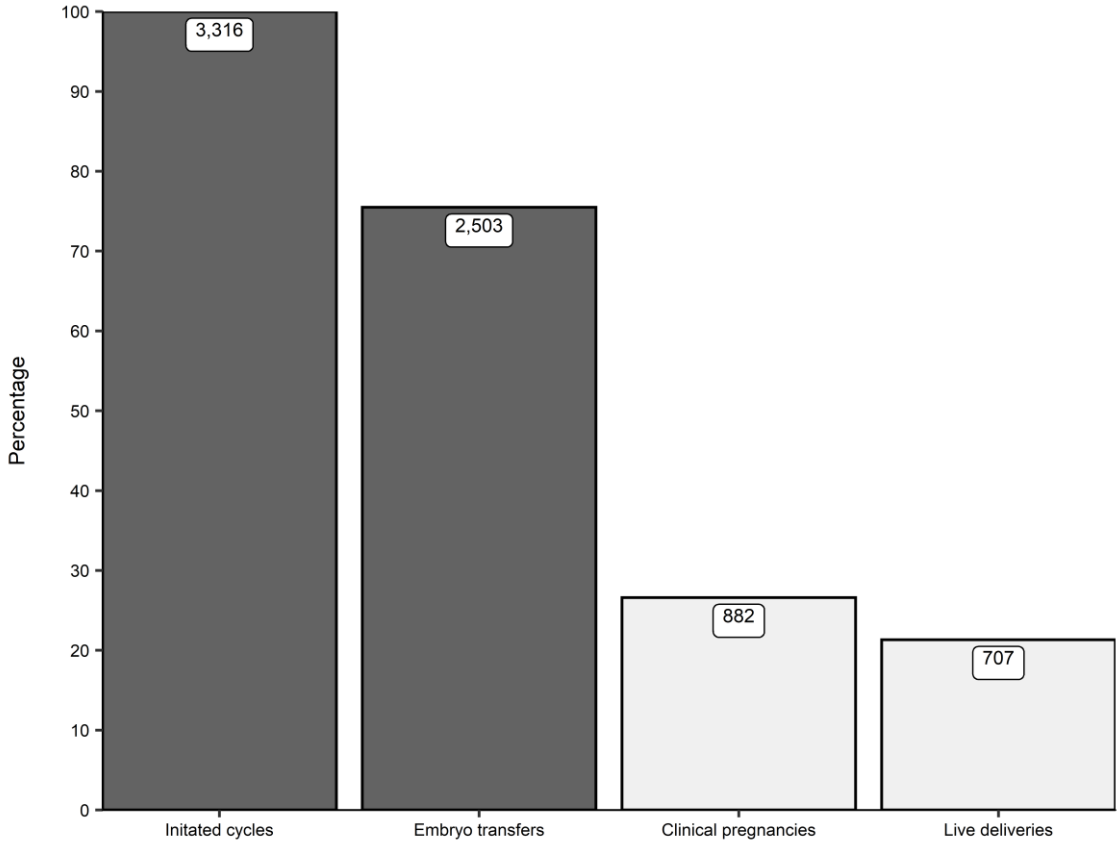


Figure 6: Progression of fresh and thaw oocyte/embryo recipient cycles, Australia and New Zealand, 2017

Clinical pregnancies and live deliveries from oocyte/embryo recipient cycles by type of recipient cycle

Of the 2,862 oocyte recipient cycles, 43.1% were fresh cycles and 56.9% were thaw cycles. The live delivery rate per initiated cycle was 29.4% for thawed oocytes from oocyte recipient cycles, higher than for fresh oocyte recipient cycles (9.8%). Overall, the live delivery rate per initiated oocyte/embryo recipient cycle was 21.3% compared to 16.4% for autologous fresh cycles and 27.9% for autologous thaw cycles.

All 454 embryo recipient cycles were thaw cycles. The overall live delivery rate per initiated cycle was 23.6% for embryo recipient cycles (Table 19).

Table 19: Outcomes of oocyte/embryo recipient cycles by treatment type, Australia and New Zealand, 2017

	Oocyte recipient			
Stage/outcome of treatment	**Fresh**	**Thaw**	**Embryo recipient**	**All**
Initiated cycles	1,232	1,630	454	3,316
Embryo transfer cycles	474	1,591	438	2,503
Clinical pregnancies	159	590	133	882
Live deliveries	121	479	107	707
Live deliveries per initiated cycle (%)	*9.8*	*29.4*	*23.6*	*21.3*
Live deliveries per embryo transfer cycle (%)	*25.5*	*30.1*	*24.4*	*28.2*
Live deliveries per clinical pregnancy (%)	*76.1*	*81.2*	*80.5*	*80.2*

Clinical pregnancies and live deliveries from oocyte/embryo recipient cycles by recipient's age

The clinical pregnancy and live delivery rates of recipient cycles varied by recipient's age group, with the highest live delivery rate per initiated cycle (24.7%) in women aged between 30 and 34. The overall live delivery rate per initiated cycle was 21.3%, varying between 19.8% and 24.7% by recipient's age group (Table 20).

Table 20: Outcomes of oocyte/embryo recipient cycles by recipient's age group, Australia and New Zealand, 2017

	Age group (years)[(a)]					
Stage/outcome of treatment	**< 30**	**30–34**	**35–39**	**40–44**	**≥ 45**	**All**
Initiated cycles	170	397	672	1,250	827	3,316
Embryo transfer cycles	123	288	491	933	668	2,503
Clinical pregnancies	42	118	180	339	203	882
Live deliveries	37	98	149	259	164	707
Live deliveries per initiated cycle (%)	*21.8*	*24.7*	*22.2*	*20.7*	*19.8*	*21.3*
Live deliveries per embryo transfer cycle (%)	*30.1*	*34.0*	*30.3*	*27.8*	*24.6*	*28.2*
Live deliveries per clinical pregnancy (%)	*88.1*	*83.1*	*82.8*	*76.4*	*80.8*	*80.2*

(a) Recipient age at start of a treatment cycle.

Clinical pregnancies and live deliveries from oocyte/embryo recipient cycles by donor's age

The highest live delivery rate per initiated cycle was in donors aged between 30 and 34 (Table 21). As donors' age increased from 35 years or older, the live delivery rate per initiated cycle decreased. The live delivery rate per initiated cycle in which the donor's age was under 40 was 22.0% compared to 9.6% for cycles in which the donor's age was 40 years or more (Table 21).

Table 21: Outcomes of oocyte/embryo recipient cycles by donor's age group, Australia and New Zealand, 2017

	Age group (years)[a]				
Stage/outcome of treatment	**< 30**	**30–34**	**35–39**	**≥ 40**	**All[b]**
Initiated cycles	1,039	1,095	1,002	178	3,316
Embryo transfer cycles	807	823	739	132	2,503
Clinical pregnancies	288	317	252	24	882
Live deliveries	229	263	198	17	707
Live deliveries per initiated cycle (%)	*22.0*	*24.0*	*19.8*	*9.6*	*21.3*
Live deliveries per embryo transfer cycle (%)	*28.4*	*32.0*	*26.8*	*12.9*	*28.2*
Live deliveries per clinical pregnancy (%)	*79.5*	*83.0*	*78.6*	*70.8*	*80.2*

(a) Donor age at start of a treatment cycle.

(b) Includes 2 cycles where donor's age was not stated.

Clinical pregnancies and live deliveries from oocyte/embryo recipient cycles by number of embryos transferred

Of the 2,503 oocyte/embryo recipient cycles where embryos were transferred, 90.3% were SET, 9.7% were DET.

Overall the live delivery rate per oocyte/embryo recipient cycle where embryos were transferred was 30.2% in DET cycles compared with 28.0% in SET cycles (Table 22).

Table 22: Outcomes of oocyte/embryo recipient cycles by recipient's age and number of embryos transferred, Australia and New Zealand, 2017

	Age group (years)[a]							
	< 35		35–39		≥ 40		All	
Stage/outcome of treatment	**SET[b]**	**DET[c]**	**SET[b]**	**DET[c]**	**SET[b]**	**DET[c]**	**SET[b]**	**DET[c]**
Embryo transfer cycles	377	34	443	48	1,441	160	2,261	242
Clinical pregnancies	145	15	162	18	484	58	791	91
Live deliveries	123	12	134	15	377	46	634	73
Clinical pregnancies per embryo transfer cycle (%)	*38.5*	*44.1*	*36.6*	*37.5*	*33.6*	*36.3*	*35.0*	*37.6*
Live deliveries per embryo transfer cycle (%)	*32.6*	*35.3*	*30.2*	*31.3*	*26.2*	*28.8*	*28.0*	*30.2*

(a) Recipient age at start of a treatment cycle.
(b) SET: single embryo transfer.
(c) DET: double embryo transfer.

Clinical pregnancies and live deliveries from oocyte/embryo recipient cycles by stage of embryo development

The live delivery rate per oocyte/embryo recipient cycle with embryos transferred was higher for blastocyst transfer cycles than cleavage stage embryo transfer cycles regardless of a recipient's age group. Overall, the difference in live delivery rates for cleavage stage embryo and blastocyst transfer cycles was 9.3 percentage points (20.2% and 29.5% respectively) (Table 23).

Table 23: Outcomes of oocyte/embryo recipient cycles by recipient's age and stage of embryo development, Australia and New Zealand, 2017

Stage/outcome of treatment	Age group (years)[a]							
	< 35		35–39		≥ 40		All	
	CL[b]	BL[c]	CL[b]	BL[c]	CL[b]	BL[c]	CL[b]	BL[c]
Embryo transfer cycles	51	360	63	428	232	1,369	346	2,157
Clinical pregnancies	17	143	11	169	49	493	77	805
Live deliveries	16	119	10	139	44	379	70	637
Clinical pregnancies per embryo transfer cycle (%)	*33.3*	*39.7*	*17.5*	*39.5*	*21.1*	*36.0*	*22.3*	*37.3*
Live deliveries per embryo transfer cycle (%)	*31.4*	*33.1*	*15.9*	*32.5*	*19.0*	*27.7*	*20.2*	*29.5*

(a) Recipient age at start of a treatment cycle.
(b) CL: cleavage stage embryo.
(c) BL: blastocyst.

Clinical pregnancies and live deliveries from oocyte/embryo recipient cycles by stage of embryo development and embryo freezing methods

More than ninety percent (92.2%) of oocyte/embryo recipient thaw cycles where a blastocyst was transferred used vitrified embryos, compared with 39.5% of cycles where a cleavage stage embryo was transferred. Overall, the live delivery rate per embryo transfer was higher for the transfer of vitrified embryos (29.7%) compared to slow frozen embryos (23.7%) (Table 24).

Table 24: Outcomes of oocyte/embryo recipient thaw cycles by stage of embryo development and embryo freezing methods, Australia and New Zealand, 2017

	Stage of embryo development					
	Cleavage embryo		Blastocyst		All	
Stage/outcome of treatment	Slow freezing	Vitrification[a]	Slow freezing	Vitrification[b]	Slow freezing	Vitrification[c]
Embryo transfer cycles	153	100	138	1,638	291	1,738
Clinical pregnancies	33	19	48	623	81	642
Live deliveries	31	17	38	500	69	517
Clinical pregnancies per embryo transfer cycle (%)	*21.6*	*19.0*	*34.8*	*38.0*	*27.8*	*36.9*
Live deliveries per embryo transfer cycle (%)	*20.3*	*17.0*	*27.5*	*30.5*	*23.7*	*29.7*

(a) Includes 1 cycle where both vitrified and slow frozen embryos were transferred
(b) Includes 8 cycles where both vitrified and slow frozen embryos were transferred
(c) Includes 9 cycles where both vitrified and slow frozen embryos were transferred

4 Pregnancy and birth outcomes following autologous and recipient embryo transfer cycles in 2017

4.1 Clinical pregnancies

Clinical pregnancies overview

There were 55,368 autologous and recipient embryo transfer cycles undertaken in Australian and New Zealand fertility centres, of which 18,790 resulted in a clinical pregnancy. Of these clinical pregnancies, 16,744 (89.1%) were reported from fertility centres in Australia and 2,046 (10.9%) from New Zealand centres. Clinical pregnancies that resulted from other cycles are described in Chapter 5.

Of the 18,790 clinical pregnancies, 79.8% resulted in a delivery and 19.5% resulted in early pregnancy loss (less than 20 weeks gestation or less than 400 grams birthweight). The outcomes of 132 (0.7%) clinical pregnancies were not known because women could not be followed up or contacted by fertility centres.

Fetal hearts by number of embryos transferred

Of the 18,790 clinical pregnancies, 85.3% had one fetal heart (single fetus) detected, 3.8% had multiple fetal hearts (multiple fetuses) detected and 10.4% had no fetal heart detected at the time of ultrasound (Table 25). Multiple fetuses are closely related to the number of embryos transferred in ART treatment. Two fetal hearts were detected in 20.9% of clinical pregnancies following DET cycles compared with 1.9% of clinical pregnancies following SET cycles (Table 25).

Table 25: Clinical pregnancies by number of fetal hearts and number of embryos transferred, Australia and New Zealand, 2017

Number of fetal hearts	One embryo		Two embryos		Three or more embryos		All	
	n	%	n	%	n	%	n	%
0[(a)]	1,751	10.3	209	11.9	2	15.4	1,962	10.4
1	14,863	87.3	1,149	65.7	9	69.2	16,021	85.3
2	321	1.9	365	20.9	2	15.4	688	3.7
3 or 4	8	0.0	5	0.3	0	0.0	13	0.1
Not stated	85	0.5	21	1.2	0	0.0	106	0.6
Total	**17,028**	**100.0**	**1,749**	**100.0**	**13**	**100.0**	**18,790**	**100.0**

(a) No fetal heart detected at the time of ultrasound.

Early pregnancy loss

There were 3,664 early pregnancy losses (less than 20 weeks gestation or less than 400 grams birthweight) following embryo transfers, representing 19.5% of clinical pregnancies.

Table 26: Early pregnancy loss by pregnancy outcome and maternal age and number of embryos transferred, Australia and New Zealand, 2017

Pregnancy outcome	Age group (years)								
	< 35			35–39			≥ 40		
	One embryo	Two embryos	All[(a)]	One embryo	Two embryos	All[(a)]	One embryo	Two embryos	All[(a)]
					n				
Early pregnancy loss	1,271	78	1,349	1,274	144	1,419	679	210	896
Miscarriage	*1,120*	*66*	*1,186*	*1,132*	*123*	*1,256*	*626*	*192*	*824*
Reduction or termination	*56*	*1*	*57*	*75*	*8*	*83*	*27*	*10*	*37*
Ectopic or heterotopic pregnancy	*95*	*11*	*106*	*67*	*13*	*80*	*26*	*8*	*35*
Delivery	7,228	476	7,704	4,923	522	5,445	1,542	298	1,845
Not stated	61	4	65	39	11	50	11	6	17
Total	**8,560**	**558**	**9,118**	**6,236**	**677**	**6,914**	**2,232**	**514**	**2,758**
					%				
Early pregnancy loss	14.8	14.0	14.8	20.4	21.3	20.5	30.4	40.9	32.5
Miscarriage	*13.1*	*11.8*	*13.0*	*18.2*	*18.2*	*18.2*	*28.0*	*37.4*	*29.9*
Reduction or termination	*0.7*	*0.2*	*0.6*	*1.2*	*1.2*	*1.2*	*1.2*	*1.9*	*1.3*
Ectopic or heterotopic pregnancy	*1.1*	*2.0*	*1.2*	*1.1*	*1.9*	*1.2*	*1.2*	*1.6*	*1.3*
Delivery	84.4	85.3	84.5	78.9	77.1	78.8	69.1	58.0	66.9
Not stated	0.7	0.7	0.7	0.6	1.6	0.7	0.5	1.2	0.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes three or more embryos.

4.2 Deliveries

There were 14,994 women who gave birth to at least one baby of 20 weeks or more gestation or at least 400 grams birthweight following embryo transfer cycles. Of these, 98.8% (14,820) gave birth to at least one liveborn baby (live delivery). The proportion of term live deliveries (≥ 37 weeks) among all deliveries was higher for autologous cycles than for oocyte/embryo recipient cycles (Table 27).

Table 27: Deliveries by delivery outcome and treatment type, Australia and New Zealand, 2017

Pregnancy outcome	Autologous				Oocyte /embryo recipient		All	
	Fresh		Thaw					
	n	%	n	%	n	%	n	%
Live delivery	5,803	98.6	8,310	99.0	707	99.3	14,820	98.8
< 37 weeks	750	*12.7*	947	*11.3*	121	*17.0*	*1,818*	*12.1*
≥ 37 weeks	5,053	*85.9*	7,363	*87.7*	585	*82.2*	*13,001*	*86.7*
Gestational age unknown	0	*0.0*	0	*0.0*	1	*0.1*	*1*	*0.0*
Stillbirth[(a)]	36	0.6	53	0.6	5	0.7	94	0.6
Not stated	45	0.8	35	0.4	0	0.0	80	0.5
Total	**5,884**	**100.0**	**8,398**	**100.0**	**712**	**100.0**	**14,994**	**100.0**

(a) Stillbirth (fetal death) is reported by patients to fertility centre staff. These data are not official vital statistics.

Deliveries by number of embryos transferred

Of the 14,994 deliveries, 3.6% were multiple deliveries (Table 28), a slightly lower proportion than in 2016 (3.8%) (Fitzgerald et al. 2018). By comparison, the proportion of multiple deliveries in Australia from all conceptions in 2017 was 1.5% (AIHW, 2019).

Twin deliveries accounted for 3.5% of deliveries following embryo transfer cycles in 2017. Of twin deliveries, 55.7% resulted from the transfer of two or more embryos. Of the 1,296 deliveries following DET cycles, 22.8% were twins, markedly higher than the proportion following SET cycles (1.7%) (Table 28).

Table 28: Deliveries by gestation and type of embryo transfer and number of embryos transferred, Australia and New Zealand, 2017

	Fresh			Thaw			
Gestation	**SET[a]**	**DET[b]**	**Three or more embryos**	**SET[a]**	**DET[b]**	**Three or more embryos**	**All**
				n			
Singleton	5,247	518	4	8,207	479	1	14,456
Multiple	97	141	0	142	158	0	538
Twin	*97*	*139*	*0*	*138*	*157*	*0*	*531*
Higher order multiple	*0*	*2*	*0*	*4*	*1*	*0*	*7*
Total	**5,344**	**659**	**4**	**8,349**	**637**	**1**	**14,994**
				%			
Singleton	98.2	78.6	100.0	98.3	75.2	100.0	96.4
Multiple	1.8	21.4	0.0	1.7	24.8	0.0	3.6
Twin	*1.8*	*21.1*	*0.0*	*1.7*	*24.6*	*0.0*	*3.5*
Higher order multiple	*0.0*	*0.3*	*0.0*	*0.0*	*0.2*	*0.0*	*0.0*
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) SET: single embryo transfer
(b) DET: double embryo transfer.

Deliveries by plurality and maternal age

The average age of women at the time of delivery was 35.1 years. This is five years older than the average age (30.6 years) of women who gave birth in Australia in 2017 (AIHW, 2019).

Multiple delivery rates were similar across age groups, ranging between 3.1% and 3.9% (Table 29). Of deliveries following DET, the proportion of multiple deliveries was higher for women aged under 35 (28.5%) compared with women aged 35–39 (25.8%) and women aged 40 or older (13.2%) (Table 29).

Table 29: Deliveries by plurality and maternal age group and number of embryos transferred, Australia and New Zealand, 2017

	Age group (years)[a]								
	< 35			35–39			≥ 40		
Gestation	One embryo	Two embryos	All[b]	One embryo	Two embryos	All[b]	One embryo	Two embryos	All[b]
					n				
Singleton	6,195	294	6,489	5,233	386	5,619	2,026	317	2,348
Multiple	116	117	233	96	134	230	27	48	75
Twin	*114*	*114*	*228*	*94*	*134*	*228*	*27*	*48*	*75*
Higher order	*2*	*3*	*5*	*2*	*0*	*2*	*0*	*0*	*0*
Total	**6,311**	**411**	**6,722**	**5,329**	**520**	**5,849**	**2,053**	**365**	**2,423**
					%				
Singleton	98.2	71.5	96.5	98.2	74.2	96.1	98.7	86.8	96.9
Multiple	1.8	28.5	3.5	1.8	25.8	3.9	1.3	13.2	3.1
Twin	*1.8*	*27.7*	*3.4*	*1.8*	*25.8*	*3.9*	*1.3*	*13.2*	*3.1*
Higher order	*0.0*	*0.7*	*0.1*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Age at time of delivery.

(b) Includes three or more embryos.

Caesarean section

More than half (51.9%) of deliveries following embryo transfer cycles were by caesarean section (Table 30). The rate of caesarean section following ART treatment may be related to the fact that on average, women receiving ART treatment were five years older than women who gave birth in Australia in 2017 and that there were more multiple births following ART treatment.

The caesarean section rate increased with advancing women's age at delivery: 38.8% of women aged less than 30 had a caesarean section compared with 80.8% of women aged 45 or older (Table 30).

The caesarean section rate varied by plurality, with 50.8% for singleton deliveries, 82.5% for twin deliveries and 71.4% for triplet deliveries.

Table 30: Deliveries by method of delivery and maternal age group, Australia and New Zealand, 2017

	Age group (years)[(a)]					
Method of delivery	**< 30**	**30–34**	**35–39**	**40–44**	**≥ 45**	**Total**
			n			
Caesarean section	611	2,377	3,206	1,358	227	7,779
Not stated	17	52	46	16	2	133
Other	945	2,720	2,597	768	52	7,082
Total	**1,573**	**5,149**	**5,849**	**2,142**	**281**	**14,994**
			%			
Caesarean section	38.8	46.2	54.8	63.4	80.8	51.9
Not stated	1.1	1.0	0.8	0.7	0.7	0.9
Other	60.1	52.8	44.4	35.9	18.5	47.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Age at time of delivery.

4.3 Perinatal outcomes of babies

The babies described in this section were those born at 20 weeks or more gestational age or at least 400 grams birthweight following autologous and recipient embryo transfer cycles. The outcomes of babies born from other cycles are described in Chapter 5.

There were 15,539 babies born to women who had autologous and recipient embryo transfer cycles, 89.3% (13,883) were reported from fertility centres in Australia and 10.7% (1,656) from fertility centres in New Zealand. Of the 15,539 babies, 93.0% were singletons, 6.8% were twins and 0.2% were triplets. There were 15,343 liveborn babies (98.7%). The birth status was not reported for 85 (0.6%) babies.

Sex distribution in liveborn babies

There were 7,828 (51.0%) liveborn male babies, 7,440 (48.5%) liveborn female babies and 85 (0.6%) liveborn babies where sex was not stated. For the 15,268 liveborn babies where the baby's sex was stated, the sex ratio was 105 male babies for every 100 female babies. The sex ratio for all Australian liveborn babies born in 2017 was 106.1 (AIHW, 2019).

Liveborn babies following cleavage stage embryo transfers had a sex ratio of 99 male babies for every 100 female babies. Liveborn babies following blastocyst transfers had a sex ratio of 106 male babies for every 100 female babies. In comparison, in 2016, liveborn babies following cleavage stage embryo transfers had a sex ratio of 94 male babies for every 100 female babies, and liveborn babies following blastocyst transfers had a sex ratio of 109 male babies for every 100 female babies (Fitzgerald et al. 2018).

Gestational age of babies

The average gestational age of babies born following autologous and recipient embryo transfer cycles was 37.9 weeks (Table 31). This is lower than the average gestational age of 38.5 weeks for all babies born in Australia in 2017 (AIHW, 2019).

One in seven babies (14.8%) were preterm (less than 37 weeks gestation), which is higher than the proportion of preterm babies born in Australia in 2017 (8.7%) (AIHW, 2019). For ART singletons and twins, 10.2% and 76.1% were preterm compared with 7.0% and 66.0% of singletons and twins born in Australia in 2017 (AIHW, 2019).

Table 31: Babies by gestational age and plurality, Australia and New Zealand, 2017

Gestational age (weeks)	Singletons		Twins		Higher order multiples		Total	
Mean	*38.1*		*34.2*		*31.9*		*37.9*	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
≤ 27	*141*	*1.0*	*68*	*6.4*	*0*	*0.0*	*209*	*1.3*
28–31	*118*	*0.8*	*86*	*8.1*	*6*	*28.6*	*210*	*1.4*
32–36	*1,209*	*8.4*	*654*	*61.6*	*15*	*71.4*	*1,878*	*12.1*
≤ 36	1,468	10.2	808	76.1	21	100.0	2,297	14.8
≥ 37	12,957	89.6	252	23.7	0	0.0	13,209	85.0
Not stated	31	0.2	2	0.2	0	0.0	33	0.2
Total	**14,456**	**100.0**	**1,062**	**100.0**	**21**	**100.0**	**15,539**	**100.0**

Figure 7 shows the distribution of gestational age for singletons and twins born to women who had autologous and recipient embryo transfer cycles in 2017. Singletons following SET cycles had a lower proportion of preterm birth (10.0%) than singletons following DET cycles (12.8%). The overall proportions of preterm singletons (10.2%) and twins (76.1%) born to women who had embryo transfer cycles in 2017 were higher than the overall proportions of preterm singletons and twins born in Australia in 2017 (7.0% and 66.0% respectively) (AIHW, 2019).

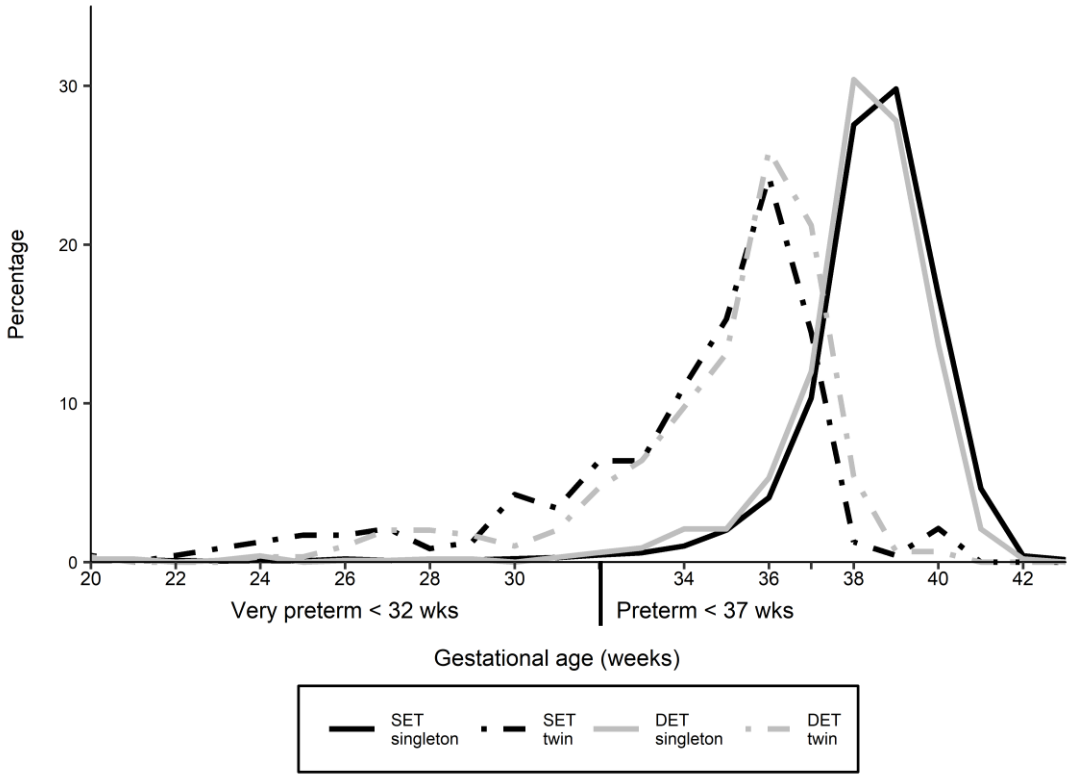


Figure 7: Percentage of babies born following embryo transfer cycles by gestational age, Australia and New Zealand, 2017

Birthweight of liveborn babies

The average birthweight for liveborn babies to women who had autologous and recipient embryo transfer cycles was 3,221 grams. More than one in ten (10.6%) of the15,343 liveborn babies, were low birthweight (less than 2,500 grams) (Table 32).

The average birthweight was 3,295 grams and 2,231 grams for liveborn ART singletons and twins respectively. These were slightly lower than the mean birthweight of all liveborn singletons (3,358 grams) and twins (2,349 grams) in Australia in 2017 (AIHW, 2019). Low birthweight was reported for 6.6% of liveborn singletons following SET and 9.1% of liveborn singletons following DET in comparison with 5.1% of singleton births in Australia in 2017 (AIHW, 2019). For ART twins 62.1% were reported as low birthweight in comparison with 55.3% of twin births in Australia in 2017 (AIHW, 2019).

Table 32: Liveborn babies by birthweight group and plurality, Australia and New Zealand, 2017

	Singletons				
Birthweight (grams)	**SET[a]**	**DET[b]**	**Twins**	**Higher order multiples**	**Total[c]**
			n		
< 1,000	*66*	*9*	*38*	*2*	*115*
1,000–1,499	*83*	*7*	*86*	*6*	*182*
1,500–1,999	*143*	*19*	*162*	*11*	*335*
2,000–2,499	*590*	*55*	*352*	*2*	*999*
< 2,500	882	90	638	21	1,631
2,500–2,999	2,305	190	298	0	2,794
3,000–3,499	5,043	363	67	0	5,474
3,500–3,999	3,681	272	9	0	3,965
≥ 4,000	1,224	61	0	0	1,285
Not stated	163	15	16	0	194
Total	**13,298**	**991**	**1,028**	**21**	**15,343**
			%		
< 1,000	*0.5*	*0.9*	*3.7*	*9.5*	*0.7*
1,000–1,499	*0.6*	*0.7*	*8.4*	*28.6*	*1.2*
1,500–1,999	*1.1*	*1.9*	*15.8*	*52.4*	*2.2*
2,000–2,499	*4.4*	*5.5*	*34.2*	*9.5*	*6.5*
< 2,500	6.6	9.1	62.1	100.0	10.6
2,500–2,999	17.3	19.2	29.0	0.0	18.2
3,000–3,499	37.9	36.6	6.5	0.0	35.7
3,500–3,999	27.7	27.4	0.9	0.0	25.8
≥ 4,000	9.2	6.2	0.0	0.0	8.4
Not stated	1.2	1.5	1.6	0.0	1.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) SET: single embryo transfer.

(b) DET: double embryo transfer.

(c) Included singletons following transfer of three or more embryos.

Perinatal mortality

Perinatal mortality is a summary measure of stillbirths (fetal deaths) and neonatal deaths (defined as the death of liveborn infants within 28 days of birth).

There were 161 reported perinatal deaths, including 108 stillbirths and 53 neonatal deaths. The perinatal mortality rate in 2017 was 10.4 deaths per 1,000 births (Table 33), which was slightly higher than the rate of 10.0 per 1,000 births for all births in Australia in 2017 (AIHW, 2019). Singletons had a markedly lower perinatal mortality rate (8.6 deaths per 1,000 births) compared with multiples (34.2 deaths per 1,000 births) (Table 33).

These data should be interpreted with caution because of the small numbers and potential variability in case reporting, which is compounded by the self-reported nature of ART birth outcome data. In 2017, information relating to pregnancy outcomes was not stated for 0.6% of clinical pregnancies.

Table 33: Perinatal mortality of babies by type of death and plurality, Australia and New Zealand, 2017

			Stillbirths[(a)]		Neonatal Deaths[(b)]		Perinatal Deaths[(b)]	
Plurality	**All births**	**Live births**	**n**	**Rate[(c)(e)]**	**n**	**Rate[(d)(f)]**	**n**	**Rate[(c)(g)]**
Singletons	14,456	14,294	85	5.9	39	2.7	124	8.6
Multiples	1,083	1,049	23	21.2	14	13.3	37	34.2
Total	**15,539**	**15,343**	**108**	**7.0**	**53**	**3.5**	**161**	**10.4**

(a) Stillbirth (fetal death) is reported by patients to fertility centre staff. These data are not official vital statistics.

(b) Neonatal deaths are reported by patients to fertility centre staff. These data are not official vital statistics.

(c) Stillbirth and perinatal mortality rates were calculated using all births (live births and stillbirths) as the denominator.

(d) Neonatal death rate was calculated using live births as the denominator.

(e) Stillbirths per 1,000 births

(f) Neonatal deaths per 1,000 live births

(g) Perinatal deaths per 1,000 births

Note: The birth status was not adequately reported for 88 babies.

5 Other cycle types, procedures and treatment complications in 2017

5.1 Gestational surrogacy cycles

Gestational surrogacy is an arrangement where a woman, known as the 'gestational carrier', agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s). The oocytes and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intended parents or from a donor(s).

There were 364 gestational surrogacy cycles in 2017, including 246 gestational carrier cycles and 118 commissioning cycles. Commissioning cycles include a variety of cycle types involved in the provision of oocytes or embryos by either the intended parents or donors. Among the 246 gestational carrier cycles, 226 (91.9%) involved the transfer of at least one embryo, 70 (28.5%) resulted in a clinical pregnancy and 62 (25.2%) resulted in a live delivery.

5.2 Preimplantation genetic testing

Preimplantation genetic testing (PGT) is a procedure where DNA from oocytes or embryos is tested for chromosomal disorders or genetic diseases before embryo transfer. This term includes pre-implantation genetic diagnosis (PGD) and pre-implantation genetic screening (PGS). The indication for PGT is not recorded in ANZARD2.0. The number of cycles involving PGT increased by 23.5% from 7,425 in 2016 (Fitzgerald et al. 2018) to 9,169 in 2017 (Table 34).

Among the 9,169 PGT cycles, 3,103 (33.8%) were part of a *freeze-all* cycle. Almost two thirds (66.0%) of the 9,169 cycles where PGT was performed, were in women aged 35 or older. Among the 4,405 thaw cycles where PGT was performed 96.4% (4,247) involved vitrified embryos and 3.6% (158) slow frozen embryos. Of the 9,169 PGT cycles, 59.9% (5,463) had embryos transferred and resulted in 2,453 clinical pregnancies and 2,042 live deliveries. The clinical pregnancy rate and live deliveries rate per embryo transfer were 44.9% and 37.4% respectively. Caution is advised when interpreting these results. In a number of cycles, an untested embryo may have been transferred in a cycle where PGT was performed.

Table 34: Number of cycles with PGT by type of embryo, Australia and New Zealand, 2017

	Stage of treatment	
Type of embryo	**Number of cycles with embryo fertilised/thawed**	**Number of cycles with PGT**
Fresh	38,310	4,764
Freeze-all cycles	*9,997*	*3,103*
Thaw	31,874	4,405
Total	**70,184**	**9,169**

5.3 Assisted hatching

Assisted hatching is an ART procedure where the outer layer of the embryo, the zona pellucida, is either thinned or perforated in the laboratory to aid 'hatching' of the embryo.

There were 4,015 assisted hatching cycles reported in 2017 that did not occur in a PGT cycle. Of these, 3,472 (86.5%) had embryos transferred, resulting in 1,186 (29.5%) clinical pregnancies and 932 (23.2%) live deliveries. There were 973 babies born following assisted hatching cycles, including 910 singletons, 60 twins and 3 triplets.

5.4 GIFT cycles

Gamete intrafallopian transfer (GIFT) is an ART treatment where mature oocytes and sperm are placed directly into a woman's fallopian tubes. In 2017, there were no GIFT cycles.

5.5 Ovarian hyperstimulation syndrome

Ovarian hyperstimulation syndrome (OHSS) is a complication of controlled ovarian stimulation where excessive follicles are produced with high levels of oestrogen secretion.

Cases of OHSS that require hospitalisation are reported by patients and clinicians and validated against hospital records by fertility centre staff. However, caution should be used when interpreting these data because OHSS is not consistently reported. In 2017, there were 175 OHSS cases reported that were admitted to hospital (Table 35).

Table 35: Number of cycles with OPU performed and hospitalised OHSS by number of oocytes collected, Australia and New Zealand, 2017

	Number of oocytes collected						
	None	**1–4**	**5–9**	**10–14**	**15–19**	**≥ 20**	**All**
Cycles with OHSS requiring hospitalisation	2	3	29	39	35	67	175
Cycles with OPU	856	10,341	14,928	9,472	4,603	3,614	43,814
OHSS per OPU cycle (%)	*0.2*	*0.0*	*0.2*	*0.4*	*0.8*	*1.9*	*0.4*

6 Donor sperm insemination cycles in 2017

Donor sperm insemination (DI) covers a range of techniques of placing sperm into the female genital tract using donated sperm from a man who is not the woman's partner. The information presented in this section only describes DI cycles undertaken in fertility centres in Australia and New Zealand and does not include DI undertaken outside of this setting.

Number and outcomes of DI cycles

In 2017, there were 2,984 DI cycles reported, which included 29.8% (888) undertaken with controlled ovarian hyperstimulation and 70.2% (2,096) undertaken in unstimulated cycles. Of all DI cycles, 14.3% resulted in a clinical pregnancy and 11.7% resulted in a live delivery (Table 36). The multiple birth rate from deliveries following DI cycles was 4.0%.

The average age of women who had a DI cycle was 34.7. The clinical pregnancy rate and live delivery rate was highest in women aged between 30 and 34 and decreased with advancing women's age. Of the DI cycles in women aged under 35, 14.9% resulted in a live delivery, compared with 3.9% of DI cycles in women aged 40 or older (Table 36).

Table 36: Outcomes of DI cycles by women's age group, Australia and New Zealand, 2017

	Age group (years)[(a)]				
Stage/outcome of treatment	**< 30**	**30–34**	**35–39**	**≥ 40**	**Total**
DI cycles	458	963	1,080	483	2,984
Clinical pregnancies	71	171	150	34	426
Live deliveries	64	147	118	19	348
Clinical pregnancies per DI cycle (%)	*15.5*	*17.8*	*13.9*	*7.0*	*14.3*
Live deliveries per DI cycle (%)	*14.0*	*15.3*	*10.9*	*3.9*	*11.7*
Live deliveries per clinical pregnancy (%)	*90.1*	*86.0*	*78.7*	*55.9*	*81.7*

(a) Age at start of a treatment cycle.

Clinical pregnancies following DI cycles

Of the 426 clinical pregnancies following DI cycles, 82.1% resulted in a delivery, 17.6% ended in early pregnancy loss (including 15.7% miscarriages, 1.2% ectopic/heterotopic pregnancies and 0.7% reductions/termination), and 0.2% were unknown pregnancy outcomes. Of the 350 deliveries, 336 (96.0%) were singleton deliveries and 14 (4.0%) were twin deliveries.

Perinatal outcomes of babies

There were 364 babies born to women who had DI treatment, including 362 liveborn babies, and 2 stillborn babies. Of these liveborn babies, 36 (9.9%) were born preterm (less than 37 weeks gestation). The mean birthweight of liveborn babies following DI treatment was 3,323 grams. This was higher than the mean birthweight of liveborn babies following autologous and recipient embryo transfer cycles (3,221 grams). Twenty-three liveborn babies (6.4%) were born with low birthweight (less than 2,500 grams).

7 Trends in ART treatment and outcomes: 2013 – 2017

This section includes autologous cycles, donation/recipient cycles, surrogacy cycles and GIFT cycles undertaken in Australia and New Zealand from 2013 to 2017. It does not include DI cycles.

ART treatment and outcomes

In 2017, there were 82,215 initiated ART cycles in Australia and New Zealand, a 1.4% increase on 2016. Of these initiated ART cycles, 50,096 were fresh cycles, representing an increase of 0.5% on 2016 (Table 37).

The proportion of initiated fresh cycles reaching embryo transfer has decreased from 67.5% in 2013 to 49.1% in 2017 partly due to changes in clinical practice, including increasing proportions of *freeze-all* cycles. Since 2013 there has been an average 27.2% yearly increase in the number of *freeze-all* cycles (Table 37)

Between 2013 and 2017, the live delivery rate per initiated fresh non *freeze-all* cycle decreased from 17.7% to 15.6% (Table 37). However, the live delivery rate per embryo transfer cycle marginally increased from 23.7% in 2013 to 24.1% in 2017.

Table 37: Number of fresh cycles by stage/outcome of treatment, Australia and New Zealand, 2013 to 2017

Stage/outcome of treatment	2013	2014	2015	2016	2017
Initiated cycles[(a)]	45,115	45,775	48,367	49,826	50,096
Cycles with OPU[(b)]	40,524	40,735	42,937	43,752	43,814
Freeze-all[(c)]	4,717	5,970	8,336	11,285	12,110
Embryo transfers	30,460	29,137	27,770	25,405	24,588
Clinical pregnancies	9,410	8,920	8,446	7,708	7,694
Live deliveries	7,230	6,903	6,628	6,075	5,929
Clinical pregnancy per embryo transfer (%)	*30.9*	*30.6*	*30.4*	*30.3*	*31.3*
Clinical pregnancies per initiated cycle (%)	*20.9*	*19.5*	*17.5*	*15.5*	*15.4*
Live deliveries per embryo transfer (%)	*23.7*	*23.7*	*23.9*	*23.9*	*24.1*
Live deliveries per initiated cycle (%)	*16.0*	*15.1*	*13.7*	*12.2*	*11.8*
Live deliveries per initiated non freeze-all cycle (%)[(d)]	*17.7*	*17.3*	*16.6*	*15.8*	*15.6*

(a) Included autologous cycles, oocyte donation cycles, oocyte/embryo recipient cycles, GIFT cycles and surrogacy cycles.
(b) Cycles with OPU includes cycles where no oocytes were collected during the procedure.
(c) *Freeze-all* cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved for potential future use
(d) *Live deliveries per initiated non freeze-all cycle* is calculated using live deliveries as the numerator and initiated cycles minus *freeze-all* cycles as the denominator.

In comparison, 32,119 initiated thaw cycles were undertaken in 2017, an increase of 2.8% on 2016 (Table 38). The live delivery rate per initiated thaw cycle increased from 21.8% in 2013 to 27.9% in 2017 (Table 38).

For the period 2013 to 2017 the clinical pregnancy and live delivery rate per embryo transfer has remained stable for fresh embryo transfers while increasing for thaw embryo transfers (Figure 8).

Table 38: Number of thaw cycles by stage/outcome of treatment, Australia and New Zealand, 2013 to 2017

Stage/outcome of treatment	2013	2014	2015	2016	2017
Initiated cycles[(a)]	26,401	27,823	29,354	31,236	32,119
Embryo transfers	24,607	25,969	27,742	29,974	31,006
Clinical pregnancies	7,644	8,507	9,280	10,561	11,166
Live deliveries	5,767	6,470	7,412	8,440	8,953
Clinical pregnancy per embryo transfer (%)	*31.1*	*32.8*	*33.5*	*35.2*	*36.0*
Clinical pregnancies per initiated cycle (%)	*29.0*	*30.7*	*31.6*	*33.8*	*34.8*
Live deliveries per embryo transfer (%)	*23.4*	*24.9*	*26.7*	*28.2*	*28.9*
Live deliveries per initiated cycle (%)	*21.8*	*23.3*	*25.3*	*27.0*	*27.9*

(a) Included autologous cycles, oocyte/embryo recipient cycles and surrogacy cycles.

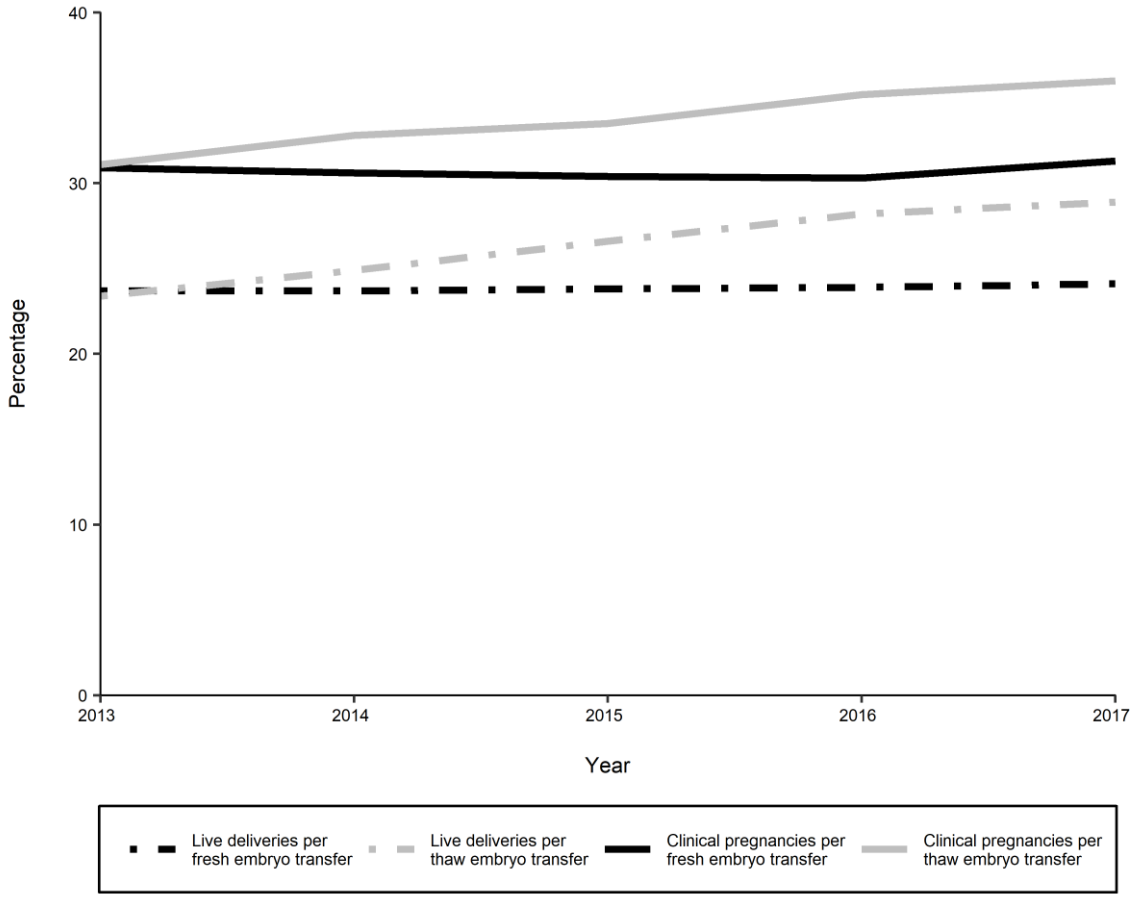


Figure 8: Clinical pregnancy and live delivery rates per fresh and thaw embryo transfers, Australia and New Zealand, 2013 to 2017

The clinical pregnancy and live delivery rates per OPU provide an estimate of the chances of success following a single OPU cycle. All OPUs and fresh and thaw embryo transfers were performed in 2017 and embryo transfers were not linked to the OPU from which they originated. The calculation is the sum of fresh and thaw clinical pregnancies or live deliveries as the numerator and the number of OPUs in the same year as denominator.

Between 2013 and 2017, the live delivery rate from fresh and thaw cycles per OPU cycle increased from 32.1% to 34.0% (Table 39).

Table 39: Outcomes of fresh and thaw cycles following OPU, Australia and New Zealand, 2013 to 2017

Outcome of treatment	2013	2014	2015	2016	2017
Cycles with OPU[(a)]	40,524	40,735	42,937	43,752	43,814
Clinical pregnancies	17,054	17,427	17,726	18,269	18,860
Live deliveries	12,997	13,373	14,040	14,515	14,882
Clinical pregnancies from fresh and thaw cycles per OPU cycles[(b)]	*42.1*	*42.8*	*41.3*	*41.8*	*43.0*
Live deliveries from fresh and thaw cycles per OPU cycle[(c)]	*32.1*	*32.8*	*32.7*	*33.2*	*34.0*

(a) Cycles with OPU includes cycles where no oocytes were collected during the procedure.
(b) *Clinical pregnancies from fresh and thaw cycles per OPU cycle* is calculated using live deliveries from fresh and thaw cycles as the numerator and cycles with OPU as the denominator.
(c) *Live deliveries from fresh and thaw cycles per OPU cycle* is calculated using live deliveries from fresh and thaw cycles as the numerator and cycles with OPU as the denominator.

Multiple gestation deliveries

The decline in multiple gestation deliveries resulting from ART treatment continued in 2017. The proportion of multiple deliveries decreased from 5.6% in 2013 to 3.6% in 2017 (Table 40). The decline is primarily the result of the increasing uptake of SET (Table 44).

Table 40: Number of deliveries following ART treatment by gestation, Australia and New Zealand, 2013 to 2017

Gestation	2013		2014		2015		2016		2017	
	n	%	n	%	n	%	n	%	n	%
Singleton	12,460	94.4	12,900	95.1	13,519	95.6	14,098	96.2	14,528	96.4
Multiple	733	5.6	662	4.9	628	4.4	554	3.8	539	3.6
Twin	*720*	*5.5*	*647*	*4.8*	*615*	4.3	*543*	3.7	*532*	*3.5*
Higher order multiple	*13*	*0.1*	*15*	*0.1*	*14*	0.1	*11*	0.1	*7*	*0.0*
Total[(a)]	**13,193**	**100.0**	**13,562**	**100.0**	**14,148**	**100.0**	**14,652**	**100.0**	**15,067**	**100.0**

(a) Includes cycles in which gestation was unknown.

Women's age for autologous cycles

Women aged 35 to 39 were the largest age group undertaking autologous cycles between 2013 and 2017. The average age of women having autologous cycles remained relatively stable over the period ranging from 35.7 to 35.9 years. The proportion of autologous cycles in women aged 40 and older ranged between 23.4% and 25.6% between 2013 and 2017 (Table 41).

Table 41: Number of fresh and thaw autologous cycles by women's age group, Australia and New Zealand, 2013 to 2017

Age group (years)[(a)]	2013		2014		2015		2016		2017	
Mean	*35.9*		*35.8*		*35.8*		*35.8*		*35.7*	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
< 30	7,257	10.7	7,566	10.9	7,760	10.6	7,832	10.3	8,219	10.6
30–34	18,791	27.6	19,754	28.4	21,039	28.6	22,118	29.0	22,482	29.1
35–39	24,548	36.1	24,559	35.3	26,444	36.0	27,608	36.2	28,547	36.9
40–44	16,167	23.8	16,416	23.6	16,935	23.0	17,279	22.7	16,544	21.4
≥ 45	1,217	1.8	1,343	1.9	1,303	1.8	1,418	1.9	1,561	2.0
Total	**67,980**	**100.0**	**69,638**	**100.0**	**73,481**	**100.0**	**76,255**	**100.0**	**77,353**	**100.0**

(a) Age at start of treatment cycle.

Types of ART treatment and stage of embryo development

In Australia and New Zealand, the proportion of ART embryo transfer cycles that used embryos created with ICSI has decreased from 63.9% in 2013 to 62.2% in 2017. The proportion of blastocyst transfer cycles increased from 61.1% in 2013 to 82.0% in 2017 (Table 42).

Table 42: Number of embryo transfer cycles by treatment type, Australia and New Zealand, 2013 to 2017

Treatment type and procedure	2013		2014		2015		2016		2017	
	n	%	n	%	n	%	n	%	n	%
Fertilisation procedure										
IVF	19,900	36.1	19,935	36.2	20,568	37.1	19,507	35.2	20,325	36.6
ICSI[(a)]	35,162	63.9	35,161	63.8	34,941	62.9	34,830	62.9	34,597	62.2
Not stated	1	0.0	4	0.0	0	0.0	1,040	1.9	672	1.2
Total	**55,063**	**100.0**	**55,100**	**100.0**	**55,509**	**100.0**	**55,377**	**100.0**	**55,594**	**100.0**
Stage of embryo development										
Cleavage stage	21,408	38.9	17,907	32.5	14,734	26.5	11,939	21.6	10,018	18.0
Blastocyst[(b)]	33,655	61.1	37,193	67.5	40,775	73.5	43,438	78.4	45,576	82.0
Total	**55,063**	**100.0**	**55,100**	**100.0**	**55,509**	**100.0**	**55,377**	**100.0**	**55,594**	**100.0**

(a) Includes cycles where both ICSI and IVF fertilised embryos were transferred.
(b) Includes cycles where both cleavage stage embryos and blastocysts were transferred.

Types of cryopreservation and stage of embryo development

The proportion of thaw embryo transfer cycles that used vitrified embryos increased for cleavage-stage embryos and blastocysts between 2013 and 2017 (Table 43 and Figure 9).

Table 43: Number of embryo transfer cycles by cryopreservation method and stage of embryo development, Australia and New Zealand, 2013 to 2017

Treatment type and procedure	2013		2014		2015		2016		2017	
	n	%	n	%	n	%	n	%	n	%
Cleavage stage										
Slow frozen	5,951	84.4	4,313	77.0	2,767	64.0	1,631	50.7	1,033	42.4
Vitrification[(a)]	1,097	15.6	1,282	22.9	1,555	36.0	1,583	49.7	1,405	57.6
Not stated	1	0.0	5	0.1	2	0.0	0	0.0	0	0.0
Total	**7,049**	**100.0**	**5,600**	**100.0**	**4,324**	**100.0**	**3,214**	**100.0**	**2,438**	**100.0**
Blastocyst										
Slow frozen	2,982	17.0	2,928	14.4	3,237	13.8	3,266	12.2	2,440	8.5
Vitrification[(a)]	14,558	82.9	17,428	85.6	20,161	86.1	23,494	87.8	26,128	91.5
Not stated	18	0.1	13	0.1	20	0.1	0	0.0	0	0.0
Total	**17,558**	**100.0**	**20,369**	**100.0**	**23,418**	**100.0**	**26,760**	**100.0**	**28,568**	**100.0**

(a) Includes cycles were both vitrified and slow frozen embryos were transferred.

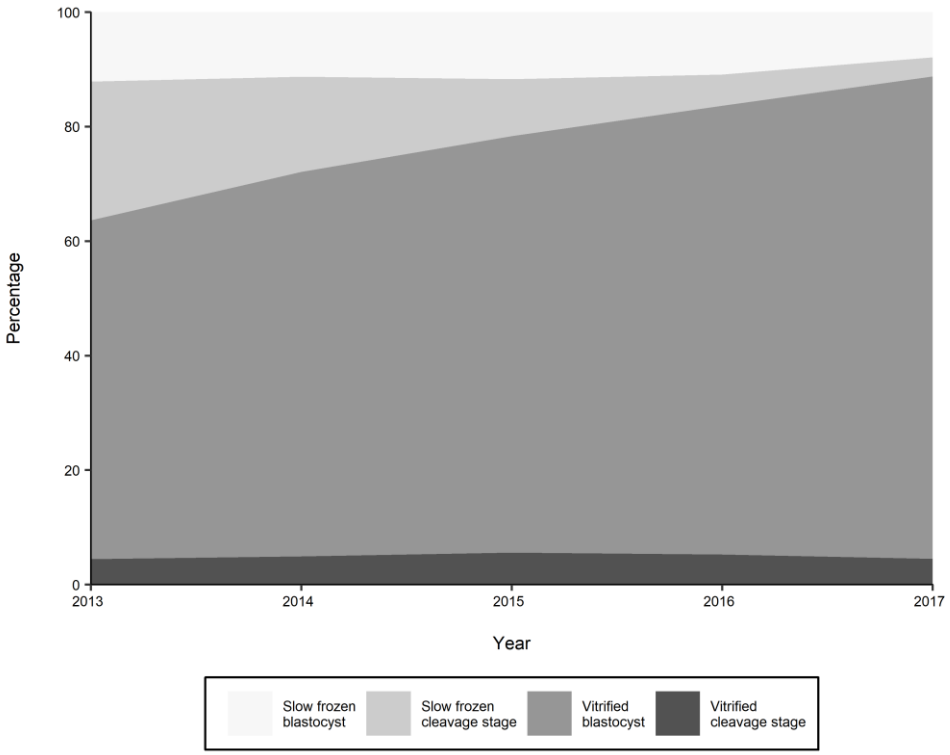


Figure 9: Percentage of embryo transfer cycles by cryopreservation method and stage of embryo development, Australia and New Zealand, 2013 to 2017

Number of embryos transferred per embryo transfer cycle

There has been an ongoing shift towards performing SET cycles in Australia and New Zealand. In 2013, the proportion of SET cycles accounted for 76.3% of embryo transfer cycles increasing to 89.4% in 2017 (Table 44). Simultaneously, the proportion of DET cycles and transferring three or more embryos, has declined over time.

Table 44: Percentage of embryo transfer cycles by number of embryos transferred, Australia and New Zealand, 2013 to 2017

Number of embryos transferred	2013	2014	2015	2016	2017
One embryo	76.3	79.2	82.9	87.7	89.4
Two embryos	23	20.1	16.6	12.1	10.5
Three or more embryos	0.7	0.7	0.5	0.2	0.1

8 Women undertaking autologous treatment in 2017

ANZARD was upgraded from a cycle-based data collection to a woman-based data collection for treatments undertaken from 2009 onwards (ANZARD2.0). This allows reporting of the number of women undergoing treatment and the number of cycles per woman over time. The upgrade to a woman-based data collection was achieved by introducing a statistical linkage key (SLK) that links successive treatment cycles undertaken by one woman. The SLK is a combination of the first two letters of a woman's first name, the first two letters of her surname and her date of birth. The SLK enables the number of women undergoing treatment across time to be reported. This section presents the number of women who underwent autologous ART treatment in 2017. The number of cycles undertaken by a woman included both fresh and thaw cycles. For some women, if their fresh cycles were undertaken in previous years, only thaw cycles were reported and presented.

Women who undertook autologous treatment

There were 40,375 women who undertook 77,353 autologous fresh and/or thaw cycles in Australia and New Zealand in 2017. Of these women, 36,463 had treatment in Australia, 3,919 in New Zealand, including seven having treatment in both Australia and New Zealand.

On average, 1.9 fresh and/or thaw cycles per woman were undertaken in 2017, with more cycles per woman in Australia (1.9 cycles per woman) than in New Zealand (1.7 cycles per woman). In Australia, more than half (52.3%) of the women had two or more autologous treatment cycles compared with 40.0% of women in New Zealand. In line with this, 10.6% of women in Australia had four or more cycles in 2017 compared with 4.5% of women in New Zealand (Table 45).

Table 45: Women undertaking autologous fresh and/or thaw cycles by number of cycles, Australia and New Zealand, 2017

Number of cycles	Australia		New Zealand		All	
	n	%	n	%	n	%
One	17,405	47.7	2,195	56.0	19,592	48.5
Two	10,067	27.6	1,126	28.7	11,190	27.7
Three	5,118	14.0	421	10.7	5,542	13.7
Four or more	3,873	10.6	177	4.5	4,051	10.0
Total	**36,463**	**100.0**	**3,919**	**100.0**	**40,375**	**100.0**

Note: Only women who undertook cycles in 2017 are included. Seven women had treatment in both Australia and New Zealand.

Women who undertook autologous fresh cycles

There were 47,545 fresh cycles undertaken by 32,082 women in Australia and New Zealand in 2017; an average of 1.5 fresh cycles per woman. Younger women had fewer fresh cycles with one in four (24.1%) women aged under 30 having two or more autologous fresh cycles compared to nearly one in three (32.2%) overall. This partly reflects the higher success rate per initiated fresh autologous cycle among younger women, and the fact that younger women tend to have more cryopreserved embryos available for subsequent thaw cycles. One percent of women aged under 30 had four or more cycles. This proportion increased to 7.4% for women aged 40 to 44 and 7.3% for women aged 45 or older (Table 46).

Table 46: Women undertaking autologous fresh cycles by number of cycles, Australia and New Zealand, 2017

	Age group (years)[(a)]					
Number of cycles	**< 30**	**30–34**	**35–39**	**40–44**	**≥ 45**	**All**
			n			
One	2,907	6,968	7,864	3,687	316	21,742
Two	721	1,840	2,541	1,673	157	6,932
Three	156	454	859	713	76	2,258
Four or more	48	156	417	486	43	1,150
Total	**3,832**	**9,418**	**11,681**	**6,559**	**592**	**32,082**
			%			
One	75.9	74.0	67.3	56.2	53.4	67.8
Two	18.8	19.5	21.8	25.5	26.5	21.6
Three	4.1	4.8	7.4	10.9	12.8	7.0
Four or more	1.3	1.7	3.6	7.4	7.3	3.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Age at start of first autologous fresh cycle in 2017.

Women who undertook autologous thaw cycles

There were 29,808 thaw cycles undertaken by 20,325 women in Australia and New Zealand in 2017; an average of 1.5 thaw cycles per woman. Thirty six percent of women aged under 30 had two or more thaw cycles compared with 20.1% of women aged 45 or older (Table 47).

Advancing women's age was associated with a decrease in the proportion of women having two or more thaw cycles, while advancing women's age saw an increase in the proportion of women having two or more fresh cycles (Table 46 and Table 47).

Table 47: Women undertaking autologous thaw cycles by number of cycles, Australia and New Zealand, 2017

	Age group (years)[(a)]					
Number of cycles	**< 30**	**30–34**	**35–39**	**40–44**	**≥ 45**	**All**
			n			
One	1,412	4,345	5,253	2,496	201	13,707
Two	524	1,576	1,725	691	42	4,558
Three	198	527	548	193	4	1,470
Four or more	79	243	209	54	5	590
Total	**2,213**	**6,691**	**7,735**	**3,434**	**252**	**20,325**
			%			
One	63.8	64.9	67.9	72.7	79.8	67.4
Two	23.7	23.6	22.3	20.1	16.7	22.4
Three	8.9	7.9	7.1	5.6	1.6	7.2
Four or more	3.6	3.6	2.7	1.6	2.0	2.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Age at start of first autologous thaw cycle in 2017.

9 Cycle-specific rates for women who started their first ART treatment cycle in 2015

This Chapter presents information for the cohort of women who started their first ART treatment cycle between 1 January 2015 and 31 December 2015. Women in this cohort were followed from the start of their first autologous (non *freeze-all*) fresh cycle through subsequent fresh and thaw cycles, excluding *freeze-all* cycles, until 31 December 2017 or until they achieved a live delivery (a delivery of at least one liveborn baby). This cohort was defined using the SLK described in Chapter 8.

This longitudinal perspective provides a measure of the outcomes of successive ART treatment cycles undertaken by the same woman. These women might have had additional treatment cycles after 2017 and their treatment information and resulting outcomes will be captured in subsequent annual reports. Therefore, in this dynamic cohort of women undergoing their first autologous fresh ART treatment in 2015, the cycle-specific live delivery rates may change over time as more women return for treatment at a later date.

ART treatment cycles presented in Tables 48 to 53 include all initiated autologous fresh and thaw cycles, excluding *freeze-all* cycles. Donor sperm insemination cycles, oocyte/embryo recipient cycles, oocyte/embryo donation cycles, surrogacy arrangement cycles and GIFT cycles were also excluded. A pregnancy that ended before 20 weeks or in a stillbirth (fetal death) are not counted as a live delivery.

In 2015, 16,401 women were identified as having their first ever fresh autologous cycle in that year. Information on whether a fresh cycle was a first or subsequent cycle was not available for 1,656 women representing 5.3% of all women having autologous fresh cycles in 2015. Of the 16,401 women identified as having their first fresh autologous cycle in 2015, 871 had only *freeze-all* cycles without subsequent embryo transfers and are therefore excluded from the cycle-specific live birth rates.

Table 48 presents the number of cycles undertaken by 15,530 women who undertook their first autologous (non *freeze-all*) fresh cycle in 2015. Tables 49 to 53 present cycle-specific live delivery rates and non-progression rates for these women. The rates are presented for all women (Table 49) and by women's age group at the time of their first cycle in 2015, <30, 30–34, 35–39 and 40–44 (Tables 50 to 53). Only the first 10 cycles are presented in Tables 48 to 53 due to the small number of women (99 women and 27 live deliveries) undertaking 11 or more treatment cycles between 1 January 2015 and 31 December 2017.

The *cycle-specific live delivery* rate is calculated as the number of live deliveries in that cycle divided by the number of women who commenced ART treatment in that cycle. The *non-progression rate* for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31 December 2017, divided by the number of women who did not have a live delivery in that cycle.

Number of cycles by women's age group

Table 48 presents the number of cycles by women's age group. Three-quarters (76.9%) of these women had between one and three cycles, and one-quarter (23.1%) had four or more cycles.

Table 48 : Number of cycles by women's age group for all women who started their first autologous fresh cycle (excluding *freeze-all* cycles [(a)]) between 1 January 2015 and 31 December 2015, Australia and New Zealand

	Age group (years)[(b)]					
Cycle number	**< 30**	**30-34**	**35-39**	**40-44**	**≥ 45**	**All**
			n			
One	1,050	1,989	1,808	895	84	5,826
Two	577	1,245	1,225	646	42	3,735
Three	326	793	784	447	31	2,381
Four	211	431	515	254	19	1,430
Five	100	239	318	189	6	852
Six	50	151	196	119	5	521
Seven	29	90	129	74	4	326
Eight	19	58	87	52	0	216
Nine	6	31	44	28	0	109
Ten or more	11	30	55	37	1	134
Total	**2,379**	**5,057**	**5,161**	**2,741**	**192**	**15,530**
			%			
One	44.1	39.3	35.0	32.7	43.8	37.5
Two	24.3	24.6	23.7	23.6	21.9	24.1
Three	13.7	15.7	15.2	16.3	16.1	15.3
Four	8.9	8.5	10.0	9.3	9.9	9.2
Five	4.2	4.7	6.2	6.9	3.1	5.5
Six	2.1	3.0	3.8	4.3	2.6	3.4
Seven	1.2	1.8	2.5	2.7	2.1	2.1
Eight	0.8	1.1	1.7	1.9	0.0	1.4
Nine	0.3	0.6	0.9	1.0	0.0	0.7
Ten or more	0.5	0.6	1.1	1.3	0.5	0.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) *Freeze-all* cycles are fresh ART treatment cycles where all oocytes or embryos are frozen and an embryo transfer does not take place.

(b) Age at start of first autologous fresh ART treatment cycle (excluding *freeze-all* cycles) undertaken in 2015.

Note: Women who started their first autologous fresh non-*freeze-all* ART treatment cycle between 1 January 2015 and 31 December 2015 and were followed through subsequent fresh and thaw cycles, excluding *freeze-all* cycles, until 31 December 2017 or delivery of a liveborn baby up to 31 October 2018.Totals and subtotals may not equal 100.0 due to rounding. Data should be interpreted with caution due to small numbers in certain cells.

Cycle-specific live delivery rates

How to interpret Tables 49 to 53

- The following tables report on women who started their first ART treatment cycle in 2015. They present the proportion of live deliveries achieved in the first and subsequent ART cycles.
- The first cycle is always a fresh ART treatment cycle, where an OPU was performed but cycles two to ten, can be either an initiated fresh or frozen/thaw cycle. Cycles where all embryos were frozen (*freeze-all* cycles) are not counted.
- Only cycles undertaken in 2015–2017 are counted.
- Only the first live delivery by a woman is counted.
- The *cycle-specific rate* is the percentage of women who had a live delivery in a specific cycle after previous failed treatment attempts. For example, 16.4% of women who undertook a fifth cycle achieved a live delivery in that cycle (Table 49).
- The *non-progression rate* is the percentage of women who did not return for further ART treatment cycles before 31 December 2017. For example, 27.6% of women who did not achieve a live delivery by their fifth cycle did not return for a sixth cycle (Table 49).

Table 49: Cycle-specific live delivery rates for all women who started their first autologous fresh cycle (excluding *freeze-all* cycles) between 1 January 2015 and 31 December 2015, Australia and New Zealand

Cycle number[a]	Number of women starting cycle	Number of women who had a live delivery[b]	Cycle-specific live delivery rate (%)[c]	Number of women who did not progress to next treatment	Non-progression rate (%)[d]
One	15,530	3,564	22.9	2,263	18.9
Two	9,704	2,029	20.9	1,708	22.3
Three	5,969	1,154	19.3	1,225	25.4
Four	3,588	615	17.1	815	27.4
Five	2,158	354	16.4	498	27.6
Six	1,306	209	16.0	312	28.4
Seven	785	121	15.4	205	30.9
Eight	459	79	17.2	138	36.3
Nine	243	34	14.0	74	35.4
Ten	134	11	8.2	44	35.8

(a) Cycle one represents a woman's first autologous (non *freeze-all*) fresh ART treatment cycle between 1 January 2015 and 31 December 2015. Cycles two to ten could be either a fresh or thaw cycle (excluding *freeze-all* cycles) undertaken by a woman until 31 December 2017 or delivery of a liveborn baby up to 31 October 2018. For freeze-all cycles, subsequent transfers are included in cycles two to ten.

(b) A live delivery is the delivery of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live delivery.

(c) The cycle-specific live delivery rate for a specific cycle is calculated as the number of live deliveries in that specific cycle divided by the number of women who commenced ART treatment at that cycle.

(d) The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31 December 2017 divided by the number of women who did not have a live delivery in that cycle. Reasons that a woman did not progress to the next treatment, such as poor prognosis, spontaneous pregnancy, migration, financial, psychological and other unrelated reasons, are not collected in ANZARD.

Note: Further treatment cycles after the tenth cycle and resulting live deliveries are not presented in this table due to small numbers. Data should be interpreted with caution due to small numbers in certain cells.

Table 50: Cycle-specific live delivery rates for women aged less than 30 who started their first autologous fresh cycle (excluding *freeze-all* cycles) between 1 January 2015 and 31 December 2015, Australia and New Zealand

Cycle number[a]	Number of women starting cycle	Number of women who had a live delivery[b]	Cycle-specific live delivery rate (%)[c]	Number of women who did not progress to next treatment	Non-progression rate (%)[d]
One	2,379	781	32.8	269	16.8
Two	1,329	397	29.9	181	19.4
Three	752	205	27.3	120	21.9
Four	426	114	26.8	97	31.1
Five	215	63	29.3	37	24.3
Six	115	32	27.8	18	21.7
Seven	65	17	26.2	12	25.0
Eight	36	13	36.1	6	26.1
Nine	17	4	23.5	2	15.4
Ten	11	3	27.3	4	50.0

(a) Cycle one represents a woman's first autologous (non *freeze-all*) fresh ART treatment cycle between 1 January 2015 and 31 December 2015. Cycles two to ten could be either a fresh or thaw cycle (excluding *freeze-all* cycles) undertaken by a woman until 31 December 2017 or delivery of a liveborn baby up to 31 October 2018. For freeze-all cycles, subsequent transfers are included in cycles two to ten.

(b) A live delivery is the delivery of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live delivery.

(c) The cycle-specific live delivery rate for a specific cycle is calculated as the number of live deliveries in that specific cycle divided by the number of women who commenced ART treatment at that cycle.

(d) The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31 December 2017 divided by the number of women who did not have a live delivery in that cycle. Reasons that a woman did not progress to the next treatment, such as poor prognosis, spontaneous pregnancy, migration, financial, psychological and other unrelated reasons, are not collected in ANZARD.

Note: Further treatment cycles after the tenth cycle and resulting live deliveries are not presented in this table due to small numbers. Data should be interpreted with caution due to small numbers in certain cells.

Table 51: Cycle-specific live delivery rates for women aged 30–34 who started their first autologous fresh cycle (excluding *freeze-all* cycles) between 1 January 2015 and 31 December 2015, Australia and New Zealand

Cycle number[a]	Number of women starting cycle	Number of women who had a live delivery[b]	Cycle-specific live delivery rate (%)[c]	Number of women who did not progress to next treatment	Non-progression rate (%)[d]
One	5,057	1,483	29.3	506	14.2
Two	3,068	841	27.4	404	18.1
Three	1,823	503	27.6	290	22.0
Four	1,030	253	24.6	178	22.9
Five	599	136	22.7	103	22.2
Six	360	81	22.5	70	25.1
Seven	209	51	24.4	40	25.3
Eight	119	23	19.3	35	36.5
Nine	61	12	19.7	18	36.7
Ten	30	2	6.7	8	28.6

(a) Cycle one represents a woman's first autologous (non *freeze-all*) fresh ART treatment cycle between 1 January 2015 and 31 December 2015. Cycles two to ten could be either a fresh or thaw cycle (excluding *freeze-all* cycles) undertaken by a woman until 31 December 2017 or delivery of a liveborn baby up to 31 October 2018. For freeze-all cycles, subsequent transfers are included in cycles two to ten.

(b) A live delivery is the delivery of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live delivery.

(c) The cycle-specific live delivery rate for a specific cycle is calculated as the number of live deliveries in that specific cycle divided by the number of women who commenced ART treatment at that cycle.

(d) The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31 December 2017 divided by the number of women who did not have a live delivery in that cycle. Reasons that a woman did not progress to the next treatment, such as poor prognosis, spontaneous pregnancy, migration, financial, psychological and other unrelated reasons, are not collected in ANZARD.

Note: Further treatment cycles after the tenth cycle and resulting live deliveries are not presented in this table due to small numbers. Data should be interpreted with caution due to small numbers in certain cells.

Table 52: Cycle-specific live delivery rates for women aged 35–39 who started their first autologous fresh cycle(excluding *freeze-all* cycles) between 1 January 2015 and 31 December 2015, Australia and New Zealand

Cycle number[(a)]	Number of women starting cycle	Number of women who had a live delivery[(b)]	Cycle-specific live delivery rate (%)[(c)]	Number of women who did not progress to next treatment	Non-progression rate (%)[(d)]
One	5,161	1,094	21.2	716	17.6
Two	3,353	661	19.7	563	20.9
Three	2,128	363	17.1	421	23.9
Four	1,344	205	15.3	311	27.3
Five	829	122	14.7	195	27.6
Six	511	80	15.7	116	26.9
Seven	315	44	14.0	85	31.4
Eight	186	33	17.7	54	35.3
Nine	99	17	17.2	27	32.9
Ten	55	5	9.1	20	40.0

(a) Cycle one represents a woman's first autologous (non-*freeze-all*) fresh ART treatment cycle between 1 January 2015 and 31 December 2015. Cycles two to ten could be either a fresh or thaw cycle (excluding *freeze-all* cycles) undertaken by a woman until 31 December 2017 or delivery of a liveborn baby up to 31 October 2018. For freeze-all cycles, subsequent transfers are included in cycles two to ten.

(b) A live delivery is the delivery of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live delivery.

(c) The cycle-specific live delivery rate for a specific cycle is calculated as the number of live deliveries in that specific cycle divided by the number of women who commenced ART treatment at that cycle.

(d) The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31 December 2017 divided by the number of women who did not have a live delivery in that cycle. Reasons that a woman did not progress to the next treatment, such as poor prognosis, spontaneous pregnancy, migration, financial, psychological and other unrelated reasons, are not collected in ANZARD.

Note: Further treatment cycles after the tenth cycle and resulting live deliveries are not presented in this table due to small numbers. Data should be interpreted with caution due to small numbers in certain cells.

Table 53: Cycle-specific live delivery rates for women aged 40–44 who started their first autologous fresh cycle (excluding *freeze-all* cycles) between 1 January 2015 and 31 December 2015, Australia and New Zealand

Cycle number[a]	Number of women starting cycle	Number of women who had a live delivery[b]	Cycle-specific live delivery rate (%)[c]	Number of women who did not progress to next treatment	Non-progression rate (%)[d]
One	2,741	207	7.6	688	27.2
Two	1,846	127	6.9	519	30.2
Three	1,200	84	7.0	363	32.5
Four	753	43	5.7	211	29.7
Five	499	32	6.4	157	33.6
Six	310	16	5.2	103	35.0
Seven	191	10	5.2	64	35.4
Eight	117	9	7.7	43	39.8
Nine	65	1	1.5	27	42.2
Ten	37	1	2.7	11	30.6

(a) Cycle one represents a woman's first autologous (non *freeze-all*) fresh ART treatment cycle between 1 January 2015 and 31 December 2015. Cycles two to ten could be either a fresh or thaw cycle (excluding *freeze-all* cycles) undertaken by a woman until 31 December 2017 or delivery of a liveborn baby up to 31 October 2018. For freeze-all cycles, subsequent transfers are included in cycles two to ten.

(b) A live delivery is the delivery of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live delivery.

(c) The cycle-specific live delivery rate for a specific cycle is calculated as the number of live deliveries in that specific cycle divided by the number of women who commenced ART treatment at that cycle.

(d) The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31 December 2017 divided by the number of women who did not have a live delivery in that cycle. Reasons that a woman did not progress to the next treatment, such as poor prognosis, spontaneous pregnancy, migration, financial, psychological and other unrelated reasons, are not collected in ANZARD.

Note: Further treatment cycles after the tenth cycle and resulting live deliveries are not presented in this table due to small numbers. Data should be interpreted with caution due to small numbers in certain cells.

Appendix A: Contributing fertility clinics

Australian Capital Territory

IVF Australia Canberra, Deakin (A/Prof Peter Illingworth)

COMPASS Fertility, Barton (Dr Nicole Sides)

Genea - Canberra, Deakin (Associate Professor Mark Bowman)

New South Wales

Adora Fertility, Sydney (Dr Janelle McDonald)

City Fertility Centre – Sydney, Liverpool (Dr Georgina Tang)

Demeter Fertility, Liverpool (Dr David Knight)

Fertility First, Hurstville (Dr Anne Clark)

Genea – Illawarra, Wollongong (A/Prof Mark Bowman)

Genea – Liverpool, Liverpool (A/Prof Mark Bowman)

Genea – Newcastle, Merewether (A/Prof Mark Bowman)

Genea – Northwest, Bella Vista (A/Prof Mark Bowman)

Genea – Orange, Orange (A/Prof Mark Bowman)

Genea – RPAH, Camperdown (A/Prof Mark Bowman)

Genea, Sydney (A/Prof Mark Bowman)

Hunter IVF (IVF Australia), New Lambton Heights (A/Prof Peter Illingworth)

IVF Australia – Eastern Sydney, Maroubra (A/Prof Peter Illingworth)

IVF Australia – North Shore, Greenwich (A/Prof Peter Illingworth)

IVF Australia – Western Sydney, Westmead (A/Prof Peter Illingworth)

Monash IVF – Mosman, Mosman (Dr Peter Benny)

Monash IVF – Bondi Junction, Bondi Junction (Dr Bronwyn Devine)

Monash IVF – Parramatta, Parramatta (Dr Peter Benny)

Reproductive Medicine Albury, Albury (Dr Scott Giltrap)

Reproductive Medicine Wagga, Wagga Wagga (Dr Scott Giltrap)

The Fertility Centre – Liverpool, Liverpool (A/Prof Peter Illingworth)

The Fertility Centre – Wollongong, Wollongong (A/Prof Peter Illingworth)

Westmead Fertility Centre, Westmead (Dr Howard Smith)

Northern Territory

Repromed Darwin, Tiwi (Dr Greg Phillipson)

Queensland

Adora Fertility, Oxley (Dr Janelle McDonald)

CARE Fertility, Greenslopes (Dr Clare Boothroyd)

CARE Fertility, Toowoomba (Dr Clare Boothroyd)

Cairns Fertility Centre, Cairns (Dr John Yovich)

City Fertility Centre – Brisbane, (Dr Ashish Das)

City Fertility Centre – Southside, Sunnybank (Dr Neil Astill)

City Fertility Centre – Gold Coast, Robina (Dr Andrew Davidson)

Coastal IVF, Maroochydore (Dr Paul Stokes)

Fertility Solutions Sunshine Coast, Buderim (Dr James Orford)

Fertility Solutions Bundaberg, Bundaberg (Dr James Orford)

QFG Sunshine Coast, (Dr David Molloy)

Life Fertility Centre, (Dr Glenn Sterling)

Monash IVF Gold Coast, Southport (Dr Irving Korman)

Monash IVF Rockhampton, Rockhampton (Dr Mark Leydon)

Monash IVF Townsville, (Dr Mark Leydon)

Monash IVF Auchenflower, Auchenflower (Dr John Chenoweth)

MyIVF, North Lakes (Dr John Chenoweth)

QFG Cairns, Cairns (Dr Anne Coffey)

QFG Gold Coast, Benowa (Dr Michael Flynn)

QFG Mackay, North Mackay (Dr Lance Herron)

QFG North Brisbane, Everton Park, (Dr David Molloy)

QFG Toowoomba, Toowoomba (Dr John Esler)

QFG Townsville, Hyde Park (Dr Ron Chang)

QFG, Spring Hill (Dr David Molloy)

The Fertility Centre, Springwood (Dr David Molloy)

The Fertility Centre Sunshine Coast, Birtinya (Dr David Molloy)

South Australia

City Fertility Centre – Adelaide, Henley Beach (Dr Marcin Stankiewicz)

Fertility SA, Adelaide (Dr Bruno Radesic)

Flinders Fertility, Glenelg (Dr Enzo Lombardi)

Repromed, Dulwich (Prof Kelton Tremellen)

Tasmania

Fertility Tasmania, Hobart (Dr Richard Henshaw)

TasIVF Hobart, Hobart (Dr Bill Watkins)

TasIVF Launceston, East Launceston (Dr Bill Watkins)

Victoria

Adora Fertility, Preston (Dr Janelle McDonald)

Ballarat IVF, Wendouree (Dr Russell Dalton)

City Fertility Centre Bundoora, Bundoora (Dr David Wilkinson)

City Fertility Centre Melbourne, Melbourne (Dr David Wilkinson)

Melbourne IVF Mt Waverley, Mt Waverley (Dr Lyndon Hale)

Melbourne IVF Werribee, Werribee (Dr Lyndon Hale)

Melbourne IVF, East Melbourne (Dr Lyndon Hale)

Monash IVF Bendigo, Bendigo (Dr Mark Jalland)

Monash IVF Geelong, Geelong (Dr Prue Johnstone)

Monash IVF Mildura (Dr Gareth Weston)

Monash IVF Sale, Sale (Dr Gareth Weston)

Monash IVF Sunshine, St Albans (Dr Gareth Weston)

Monash IVF Hawthorn, Hawthorn (Prof Luk Rombauts)

Monash IVF Monash Surgical Private Hospital, Clayton, (Prof Luk Rombauts)

Reproductive Services, Parkville (Dr Lyndon Hale)

Western Australia

Concept Fertility Centre, Subiaco (Dr Lucy Williams)

Fertility Great Southern, Denmark (Dr Jay Natalwala)

Fertility North, Joondalup (Dr Vince Chapple)

Fertility Specialists South, Attadale (Prof Roger Hart)

Fertility Specialists WA, Claremont (Prof Roger Hart)

Genea Hollywood Fertility Centre, Hollywood (Dr Simon Turner)

PIVET Medical Centre, Leederville (Dr John Yovich)

The Keogh Institute for Medical Research, Nedlands (Dr Brownyn Stuckey)

New Zealand

Fertility Associates, Auckland (Dr Simon Kelly)

Fertility Associates Christchurch, Christchurch (Dr Sarah Wakeman)

Fertility Associates Hamilton, Hamilton (Dr VP Singh)

Fertility Associates Dunedin, Dunedin (A/Professor Wayne Gillett)

Fertility Associates Wellington, Wellington (Dr Andrew Murray)

Fertility Plus, Auckland (Dr Cindy Farquhar)

Genea Oxford Women's Health, Christchurch (Dr Robert Woolcott)

Repromed Auckland, Auckland (Dr Guy Gudex)

Appendix B: Data used in this report

The data presented in this report are supplied by 91 fertility clinics in Australia and New Zealand and are compiled into ANZARD2.0. ANZARD2.0 includes autologous treatment cycles, treatment involving donated oocytes or embryos, and treatment involving surrogacy arrangements. ANZARD2.0 collects data on the use of ART techniques such as ICSI, oocyte/embryo freezing methods, PGT and cleavage/blastocyst transfers. In addition to ART procedures, ANZARD2.0 also collects data on artificial insemination cycles using donated sperm (DI) from fertility centres. The outcomes of pregnancies, deliveries and babies born following ART and DI treatments are also maintained in ANZARD2.0. This includes the method of birth, birth status, birthweight, gestational age, plurality, perinatal mortality and selected information on maternal morbidity.

Data validation

Most fertility centres have computerised data information management systems and can provide NPESU with high-quality data. All data processed by NPESU undergoes a validation process, with data queries being followed up with fertility centre staff. In 2017, information relating to pregnancy and birth outcomes was not provided for 1.1% of clinical pregnancies.

The Reproductive Technology Accreditation Committee (RTAC) of FSA also plays a role in ensuring the quality of ANZARD2.0 data. ANZARD submissions from fertility clinics are audited by Certifying Bodies according to the RTAC Code of Practice, this includes selected records against clinic files in their annual inspections. All assisted reproductive technology (ART) cycles and donor insemination (DI) undertaken in Australia and New Zealand must be reported to ANZARD as part of their accreditation by the Reproductive Technology Accreditation Committee of the Fertility Society of Australia.

Data presentation

Chapters 2 to 7 of this report present information on ART and DI treatment cycles that took place in fertility clinics in Australia and New Zealand in 2017, and the resulting pregnancies and births. The babies included in this report were conceived following treatment cycles undertaken in 2017 and were born in either 2017 or 2018. Data presented in Chapters 2 to 7 are for treatment cycles and not women. It is possible for an individual woman to undergo more than one treatment cycle in a year or experience more than one pregnancy. This means that information reported about patient characteristics in Chapters 2 to 7, such as age, parity and cause of infertility, is based on calculations in which individuals may be counted more than once. The rates of clinical pregnancy and live delivery in Chapters 2 to 7 were measured per initiated cycle. Where the number of initiated cycles was not available, the rates were calculated per embryo transfer cycle.

Chapter 8 presents information on women undergoing ART treatment cycles in 2017.

Chapter 9 presents longitudinal information on the cohort of women who were identified as starting their first autologous (non *freeze-all*) fresh ART cycle in 2015.

Where applicable, percentages in tables have been calculated including the ‘Not stated’ category. Throughout the report, for totals, percentages may not add up to 100.0 and, for subtotals, they may not add up to the sum of the percentages for the categories. This is due to rounding error.

Data limitations

Follow-up of pregnancy and birth outcomes is limited because the ongoing care of pregnant patients is often carried out by non-ART practitioners. The method of follow-up varies by fertility centres and includes follow-up with the patient or clinician or the use of routine data sourced from a health department. In a small proportion of cases this information is not available. For pregnancies in which there is successful follow-up, data are limited by the self-reported nature of the information. Fertility centre staff invest great effort in validating such information by obtaining medical records from clinicians or hospitals.

Appendix C: ANZARD2.0 data items

Variable	Data domain
Unit identifier	3-digit code for clinics provided by NPESU.
Site of the unit	Where the cycle was initiated.
Unit patient ID/medical record number	Unique ID for patient.
First two letters of first name	First two letters of female patient first name.
First two letters of surname	First two letters of female patient surname.
Female patient date of birth	DD/MM/YYYY.
Husband/male partner date of birth	DD/MM/YYYY.
Age of oocyte/embryo donor	Completed age at time of OPU.
Cause of infertility: tubal disease	Yes–in the opinion of the treating clinician or clinic there is sub-fertility due to tubal disease. No–other.
Cause of infertility: endometriosis	Yes–in the opinion of the treating clinician or clinic there is sub-fertility due to endometriosis. No–other.
Cause of infertility: other female factors	Yes–in the opinion of the treating clinician or clinic there is sub-fertility due to other female factors apart from tubal disease and endometriosis. Possible examples could include fibroids, ovulation disorders or premature ovarian failure. No–other.
Cause of infertility: male factor	Yes–in the opinion of the treating clinician or clinic there is a significant male factor problem. No–other.
Cause of infertility: unexplained	Yes–in the opinion of the clinic or clinician there is sub-fertility without any apparent explanation. No–if yes answered to any of the previous cause of infertility fields.
Any pregnancies ≥ 20 weeks	Yes–if the female patient has had a pregnancy of 20 complete weeks or more by ART or by a different partner. No–if the female patient has had no previous pregnancy of 20 complete weeks or more.
Cycle ID	Unique cycle identifier.
Cycle date	Cycle date is coded by: 1. The first date where FSH/stimulation drug is administered 2. The date of LMP for unstimulated cycles (including natural fresh cycles and thaw cycles) 3. The date of embryos disposed for embryo disposal cycles 4. The date of oocytes/embryos imported or exported for oocyte/embryo import/export cycles 5. The date of embryos donated for frozen embryos donation cycles 6. The date of embryos received for non-transfer embryo recipient cycles.
Surrogacy arrangement	Yes–if surrogacy arrangement is involved in this cycle. No–if surrogacy arrangement is not involved in this cycle.
Ovarian stimulation	Yes–FSH administered. Does not include clomiphene or hCG alone unless FSH was also given. No–other.
First ever FSH stimulated cycle for OPU	Yes–if the current cycle is the first ever FSH stimulated cycle with the intention of OPU. No–other.
Date of intrauterine insemination	DD/MM/YYYY.

Variable	Data domain
Date of cancellation for cancelled OPU	Date of the last day FSH is administered in a cancelled cycle. DD/MM/YYYY.
OPU date	Date of oocyte pickup.
Number of eggs retrieved	Number of eggs retrieved at OPU.
Number of eggs donated	Number of eggs donated to someone else.
Number of eggs received	Number of eggs received from someone else.
Number of eggs imported	Records number of oocytes imported into the current unit from another unit.
Number of eggs exported	Records number of oocytes exported from the current unit into another unit.
Number of oocytes slow frozen	Number of oocytes frozen by slow freezing method in this cycle.
Number of oocytes vitrified	Number of oocytes frozen by vitrification in this cycle.
Number of slow frozen oocytes thawed	Number of slow frozen oocytes thawed in this cycle.
Number of vitrified oocytes warmed	Number of vitrified oocytes warmed in this cycle.
Freezing date of thawed/warmed oocytes	DD/MM/YYYY.
Number of eggs GIFT	Number of eggs replaced in a GIFT procedure.
Number of eggs IVF	Number of eggs treated (inseminated) with IVF.
Number of eggs ICSI	Number of eggs treated with ICSI.
Site of sperm used	Site of sperm extraction: ejaculated, epididymal (whether by open biopsy or by PESA), testicular or other.
Person who provided sperm	Husband/partner (h), known donor (k), anonymous donor (a), unknown (u).
Number of eggs fertilised normally	Number of eggs fertilised normally.
Preimplantation genetic diagnosis	Yes–preimplantation genetic diagnosis in any form (including aneuploidy screening or sex selection) has been performed on any of the embryos (transferred or not). No–PGD not performed.
Assisted hatching	Yes–where assisted hatching in any form has been performed on any of the embryos (transferred or not). No–assisted hatching not performed.
Number of embryos imported from another clinic	Records number of embryos imported into the unit from another unit.
Number of embryos received from another patient/ clinic	Records the number of embryos that a patient/couple received from another patient/couple.
Number of slow frozen cleavage embryos thawed	Number of slow frozen cleavage embryos thawed with the intention of performing an embryo transfer.
Number of vitrified cleavage embryos warmed	Number of vitrified cleavage embryos warmed with the intention of performing an embryo transfer.
Number of slow frozen blastocysts thawed	Number of slow frozen blastocysts thawed with the intention of performing an embryo transfer.
Number of vitrified blastocysts warmed	Number of vitrified blastocyst embryos warmed with the intention of performing an embryo transfer.
Freezing date of thawed/warmed embryos	Freezing date of thawed/warmed embryos.
Thawed/warmed embryos originally from oocyte donor or embryo donor	o–embryo from donated oocyte. e–donated embryo.
ET date	Embryo transfer date.
Number of cleavage embryos transferred	Number of cleavage stage embryos transferred.
Number of blastocysts transferred	Number of blastocyst stage embryos transferred.

Variable	Data domain
Any embryos ICSI?	Yes–any embryos transferred were fertilised by ICSI. No–no transferred embryos were fertilised by ICSI.
Number of cleavage embryos slow frozen	Number of cleavage embryos frozen by slow freezing method in this cycle.
Number of cleavage embryos vitrified	Number of cleavage embryos frozen by vitrification in this cycle.
Number of blastocysts slow frozen	Number of blastocysts frozen by slow freezing method in this cycle.
Number of blastocysts vitrified	Number of blastocysts frozen by vitrification method in this cycle.
Number of embryos exported	Number of embryos exported from the current unit to another unit.
Number of embryos donated	Number of embryos donated to another patient.
Number of potentially usable frozen embryos discarded	Frozen embryos disposed in accordance with patient's request or Government regulation.
Clinical pregnancy	A pregnancy that fulfils one of the following criteria: 1. Known to be ongoing at 20 weeks 2. Evidence by ultrasound of an intrauterine sac (with or without a fetal heart) 3. Examination of products of conception reveal chorionic villi 4. A definite ectopic pregnancy that has been diagnosed laparoscopically or by ultrasound.
Date pregnancy ended	Date on which delivery, miscarriage or termination takes place.
Number of fetal hearts	Number of fetal hearts seen on first ultrasound (intrauterine only).
Ectopic pregnancy	If this pregnancy is an ectopic pregnancy, or a combined ectopic and uterine pregnancy (heterotopic). n–No e–Ectopic h–Heterotopic
Elective termination of pregnancy	Yes–pregnancy is terminated. No–pregnancy not terminated.
Selective reduction performed	Yes–If selective reduction has been performed due to fetal abnormality/other reasons. No–If no selective reduction has been performed.
Fetal abnormality in a pregnancy ending < 20 weeks or by selective reduction	Fetal abnormality in a pregnancy ending < 20 weeks or by selective reduction.
Maternal complications of pregnancy	Maternal complications of pregnancy.
Number of babies delivered	Include all liveborn and stillborn babies after 20 weeks gestation or at least 400 grams birthweight.
Caesarean delivery	Yes–delivery by planned or emergency caesarean section. No–other.
Baby 1 outcome	Liveborn, stillborn or neonatal death.
Baby 1 sex	Male or female.
Baby 1 birthweight	Weight in grams.
Baby 1 abnormality	Describes any known congenital malformation.
Baby 1 date of neonatal death	Date of neonatal death.
Baby 2 outcome	Liveborn, stillborn or neonatal death.
Baby 2 sex	Male or female.
Baby 2 weight	Weight in grams.
Baby 2 abnormality	Describes any known congenital malformation.
Baby 2 date of neonatal death	Date of neonatal death.
Baby 3 outcome	Liveborn, stillborn or neonatal death.

Variable	Data domain
Baby 3 sex	Male or female.
Baby 3 weight	Weight in grams.
Baby 3 abnormality	Describes any known congenital malformation.
Baby 3 date of neonatal death	Date of neonatal death.
Baby 4 outcome	Liveborn, stillborn or neonatal death.
Baby 4 sex	Male or female.
Baby 4 weight	Weight in grams.
Baby 4 abnormality	Describes any known congenital malformation.
Baby 4 date of neonatal death	Date of neonatal death.
Admitted with ART morbidity	Yes–woman is admitted to hospital with any condition (excluding any pregnancy-related issues, such as ectopic pregnancy) that could be in any way related to fertility treatment.
OHSS	Answer yes if OHSS occurred.
Morbidity detail	Describes symptoms of treatment-related morbidity.
Postcode	Postcode of patient residential area.
Comments	Any comments on this cycle.

Glossary

This report categorises ART treatments according to whether a woman used her own oocytes or embryos, or oocytes or embryos were donated by another woman or couple, and whether the embryos were transferred soon after fertilisation or following cryopreservation.

Artificial insemination: a range of techniques for placing sperm into the female genital tract and can be used with controlled ovarian hyperstimulation or in unstimulated cycles. These techniques are referred to as 'donor insemination' (DI) in this report.

ART (assisted reproductive technology): treatments or procedures that involve the in vitro handling of human oocytes (eggs) and sperm or embryos for the purposes of establishing a pregnancy. ART does not include artificial insemination.

Assisted hatching: when the outer layer of the embryo, the zona pellucida, is either thinned or perforated in the laboratory to aid 'hatching' of the embryo, the aim being to potentially improve the chance of implantation in the uterus.

Autologous cycle: an ART treatment cycle in which a woman intends to use, or uses, her own oocytes or embryos. GIFT cycles are classified separately from autologous cycles.

Blastocyst: an embryo comprising around 100 cells usually developed by five or six days after fertilisation.

Caesarean section: an operative delivery by surgical incision through the abdominal wall and uterus.

Cleavage stage embryo: an embryo comprising about eight cells usually developed two to four days after fertilisation.

Clinical pregnancy: a pregnancy in which at least one of the following criteria is met:

- known to be ongoing at 20 weeks
- evidence by ultrasound of an intrauterine sac (with or without a fetal heart)
- examination of products of conception reveal chorionic villi, or
- an ectopic pregnancy has been diagnosed by laparoscope or by ultrasound.

Controlled ovarian hyperstimulation: medical treatment to induce the development of multiple ovarian follicles in order to obtain multiple oocytes at oocyte pick-up (OPU).

Cryopreservation: freezing embryos for potential future ART treatment.

Delivery: a birth event in which one or more babies of 20 weeks or more gestation or of 400 grams or more birthweight are born.

DI (donor insemination) cycle: an artificial insemination cycle in which sperm not from the woman's partner (donor sperm) is used.

Discontinued cycle: an ART cycle that does not proceed to oocyte pick-up (OPU) or embryo transfer.

Donation cycle: an ART treatment cycle where a woman intends to donate, or donates, her oocytes to others. A donation cycle may result in the donation of either oocytes or embryos to a recipient woman. The use of donor sperm does not alter the donor status of the cycle.

Ectopic pregnancy: a pregnancy in which implantation takes place outside the uterine cavity.

Embryo: an egg that has been fertilised by a sperm and has undergone one or more divisions.

Embryo transfer: a procedure whereby embryo(s) are placed in the uterus or fallopian tube. The embryo(s) can be fresh or thawed following cryopreservation and may include the transfer of cleavage stage embryos or blastocysts.

Stillbirth (fetal death): the birth of an infant after 20 or more weeks gestation or 400 grams or more birthweight that shows no signs of life.

***Freeze-all (freeze only)* cycle:** a fresh cycle where all oocytes or embryos that are potentially suitable for transfer are cryopreserved for potential future use.

Fresh cycle: an ART treatment cycle that intends to use, or uses, embryo(s) that have not been cryopreserved (frozen).

Gestational age: the completed weeks of gestation of the fetus. This is calculated as follows:

- cycles with embryos transferred: (pregnancy end date – embryo transfer date + 16 days) for transfer of cleavage stage embryos and (pregnancy end date – embryo transfer date + 19 days) for transfer of blastocysts
- GIFT cycles: (pregnancy end date – OPU date) + 14 days
- DI cycles: (pregnancy end date – date of insemination) + 14 days.

GIFT (gamete intrafallopian transfer): an ART treatment where mature oocytes and sperm are placed directly into a woman's fallopian tubes so that in vivo fertilisation may take place. GIFT cycles are classified separately from autologous cycles.

Heterotopic pregnancy: a double gestation pregnancy in which implantation takes place both inside and outside the uterine cavity.

ICSI (intracytoplasmic sperm injection): a procedure whereby a single sperm is injected directly into the oocyte to aid fertilisation. If an embryo transfer cycle involves the transfer of at least one embryo created using ICSI, it is counted as an ICSI cycle.

IVF (in vitro fertilisation): an ART procedure that involves extracorporeal fertilisation.

Live birth: according to the World Health Organization (WHO) definition, a live birth is defined as the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of the pregnancy, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn. In this report, live births are included if they meet the WHO definition and if they are of 20 weeks or more gestation or 400 grams or more birthweight.

Live delivery: a live delivery is the delivery of one or more liveborn infants, with the birth of twins, triplets or more counted as one live delivery.

Low birthweight: a birthweight of less than 2,500 grams.

OHSS (ovarian hyperstimulation syndrome): the complication of ovulation stimulation therapy, which involves the administration of follicle stimulating hormone (FSH). OHSS symptoms include abdominal pain and fluid retention.

Oocyte (egg): a female reproductive cell.

OPU (oocyte pick-up): the procedure to collect oocytes from ovaries, usually by ultrasound-guided transvaginal aspiration and rarely by laparoscopic surgery.

Parity: a classification of a woman in terms of the number of previous pregnancies experienced that reached 20 weeks or more gestation.

Parous: refers to a woman who has had at least one previous pregnancy of 20 weeks or more gestation.

PGT (preimplantation genetic testing): a procedure where DNA from oocytes or embryos is tested for chromosomal disorders or genetic diseases before embryo transfer. This term includes pre-implantation genetic diagnosis (PGD) and pre-implantation genetic screening (PGS).

Nulliparous: refers to a woman who has never had a pregnancy of 20 weeks or more gestation.

Perinatal death: a fetal death (stillbirth) or neonatal death of at least 20 weeks gestation or at least 400 grams birthweight.

Preterm: a gestation of less than 37 weeks.

Recipient cycle: an ART treatment cycle in which a woman receives oocytes or embryos from another woman.

Secondary sex ratio: the number of male liveborn babies per 100 female liveborn babies.

Surrogacy arrangement: an arrangement where a woman, known as the 'gestational carrier' agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s). The oocytes and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intended parents or from a donor(s).

Thaw cycle: an ART treatment cycle in which cryopreserved embryos are thawed with the intention of performing embryo transfer.

Thawed embryo: an embryo thawed after cryopreservation. It is used in thaw cycles.

Vitrification: an ultra-rapid cryopreservation method that prevents ice formation within the suspension which is converted to a glass-like solid.

Note: The International Committee Monitoring Assisted Reproductive Technologies (ICMART) has published an Infertility and Fertility Care glossary for the terms used in ART data collections (Zegers-Hochschild et al. 2017). However, the terminology used in this report may differ from that in the ICMART glossary.

References

Australian Bureau of Statistics 2017. ABS.Stat beta: Quarterly Population Estimates (ERP), by State/Territory, Sex and Age June 2017. Viewed 26 July 2019, <http://stat.data.abs.gov.au//Index.aspx?DataSetCode=ERP_QUARTERLY# >.

Australian Institute of Health and Welfare. (2019). Australia's mothers and babies 2017—in brief. Canberra: AIHW.

Fitzgerald O, Harris K, Paul RC, & Chambers GM 2018. Assisted reproductive technology in Australia and New Zealand 2016. Sydney: National Perinatal Epidemiology and Statistics Unit, the University of New South Wales.

Adamson GD, de Mouzon J, Chambers GM, Zegers-Hochschild F, Mansour R, Ishihara O, Banker M, Dyer S (2018) International Committee for Monitoring Assisted Reproductive Technologies world report: Assisted Reproductive Technology 2011 Fertility and Sterility, 110 (6) 1067-1080

World Health Organization 2010. Mother or nothing: the agony of infertility. Bulletin of the World Health Organization. Volume 88, Number 12, December 2010, 877-953.

Statistics New Zealand 2017.Estimated Resident Population by Age and Sex (1991+) (Annual-Dec). Viewed 26 July 2019, <http://www.stats.govt.nz/infoshare/ViewTable.aspx?pxID=21783f55-c46d-46c7-b87f-1ee5dce9edfb#information>.

Zegers-Hochschild F, Adamson GD, Dyer S, Racowsky C, de Mouza J, Sokol R, Rienzi L, Sunde A, Schmit L, Cooke ID, Leigh Simpson J,Van der Poel 2017. The International Glossary on Infertility and Fertility Care, Fertility and Sterility. 2017 Sep;108(3).

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