

# Assisted reproductive technology in Europe, 2001. Results generated from European registers by ESHRE

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

European results of assisted reproductive techniques from treatments initiated during 2001 are presented in this fifth report. Data were collected mainly from already existing national registers. From 23 countries, 579 clinics reported 289 690 cycles with: IVF 120 946, ICSI 114 378, frozen embryo transfer (FER) 47 195 and egg donation (ED) 7171. Overall this represents a 4% increase since the year 2000. For the first time, results on European data on intra-uterine inseminations (IUIs) were reported from 15 countries. A total of 67 124 cycles [IUI husband's sperm (IUI-H) 52 949 and IUI donor sperm (IUI-D) 14 185] were included. In 12 countries where all clinics reported to the register, a total of 108 910 cycles were performed in a population of 131.4 million, corresponding to 829 cycles per million inhabitants. For IVF, the clinical pregnancy rate per aspiration and per transfer was 25.1 and 29.0%, respectively. For ICSI, the corresponding rates were 26.2 and 28.3%. These figures are similar to the results from 2000. After IUI-H, the clinical pregnancy rate was 12.8% in women <40 and 9.7% in women ≥40 years of age. After IVF and ICSI, the distribution of transfer of one, two, three and ≥4 embryos was 12.0, 51.7, 30.8 and 5.5%, respectively. Compared with the year 2000, fewer embryos were transferred, but huge differences existed between countries. The distribution of singleton, twin and triplet deliveries for IVF and ICSI combined was 74.5, 24.0 and 1.5%, respectively. This gives a total multiple delivery rate of 25.5%, compared with 26.9% in the year 2000. The range of triplet deliveries after IVF and ICSI differed from 0.0 to 8.2% between countries. After IUI-H in women <40 years of age, 10.2% were twin and 1.1% were triplet gestations.

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

## Introduction

This report is the fifth annual ESHRE publication on European data on assisted reproduction technology (ART). The four previous reports, also published in *Human Reproduction* (ESHRE, 2001a,b, 2002, 2004), covered treatment cycles during 1997, 1998, 1999 and 2000.

Data have been collected from 23 European countries and cover IVF, ICSI, frozen embryo replacements (FERs), egg donations (EDs) and preimplantation genetic diagnosis (PGD) initiated during 2001. Additionally, for 2001, data on intra-uterine inseminations with husband semen (IUI-H) or donor semen (IUI-D) were also included from 15 countries. The number of clinics reporting IUI data may differ from the number of clinics presenting data on the *in vitro* techniques.

Data from each participating country are sent to ESHRE once a year. A draft report is made and then scrutinized by all consortium members, listed at the end of this paper.

A fourth Consortium meeting was held at the ESHRE meeting in Berlin in July 2004 with representatives from participating countries, where the present and future reporting systems were discussed. Here it was noted that Germany reported a marked increase in the coverage in their register. Austria and the Czech Republic would not be able to provide data for 2001. The consortium stressed that efforts should be made to include the Balkan countries and have better coverage in east Europe.

The consortium noted that the quality of data still differs between countries. Data collection systems, coverage, definitions and validation are different. At the Madrid Consortium meeting in 2003, it was decided that the EIM Consortium members should adapt to the definitions published in the WHO report (World Health Organization, 2002). These definitions have also been adopted by ICMART (The International Committee on the Monitoring of ART) as well as WHO, ESHRE, IFFS and ASRM/SART. Some countries

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have been able to adjust the 2001 data sent to ESHRE to these definitions.

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

## Materials and methods

### National registers

A total of 15 countries already had existing data collection programmes for 2001, and therefore provided data directly from these sources. In Bulgaria, Greece, Ireland, Italy, Latvia, Poland, Slovenia and the Ukraine, where no such register existed, national data were collected *de novo* for the purpose of the EIM programme. Details regarding the registers have been described previously (ESHRE, 2001a).

### Data collection

The present report summarizes data from IVF treatments started during 2001. The data include treatments from IVF, ICSI, ED, FER, IUI-H and IUI-D performed from January 1, 2001 to December 31, 2001. Follow-up data on pregnancies and deliveries are cohort data. For IUI, only pregnancies, and not deliveries, were recorded.

Registers from a number of countries have been unable to provide some of the data. Lack of such specific variables will appear in the tables as 'not available' (NA).

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

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

## Results

### Number of treatment cycles

Table I shows the number of all treatment cycles recorded in each country, the number of clinics in the country (if available) and the number of clinics reporting to the register. The cycles are subdivided into IVF, ICSI, FER and ED. In France and Iceland, the number of aspirations was used, as the number of initiated cycles was not available. Similarly the number of transfers rather than the number of thawings was used in Bulgaria and The Netherlands. In total, 579 clinics from 23 countries reported 289 690 cycles.

Table II shows data from those 12 countries where all clinics have reported to the register: the number of cycles is related to the total population in the country, and the number of infants born after ART is expressed as a percentage of the total number of live born in the country. Overall, 108 910 cycles were undertaken in a population of 131.4 million, giving a mean of 829 cycles per million. The percentage of infants born after ART ranged from 0.2 to 3.9%.

### Size of the clinics

Table III shows the size distribution of the 579 reporting clinics. The size of a clinic (or unit) is based on all cycles performed per year. The size of the clinics is only related to the number of treatments with the *in vitro* techniques.

### Age distribution

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

**Table I.** ART in European countries in 2001

Country	IVF clinics in the country		Treatment cycles				
	Clinics	Clinics reporting	IVF	ICSI	FER	ED	All
Belgium	22	22	3081	6291	2348	485	12 205
Bulgaria	8	3	299	52	38	7	396
Denmark	20	20	5672	3133	1341	159	10 305
Finland	18	17	2740	1810	2842	588	7980
France	92	82	22 124	22 799	9428	111	54 462
Germany	NA	109	31 704	27 698	12 350	0	71 752
Greece	46	7	1371	2022	429	241	4063
Hungary	12	12	2182	3939	131	25	6277
Iceland	1	1	142	132	69	17	360
Ireland	5	3	917	569	238	0	1724
Italy	115	59	6060	9306	2416	820	18 602
Latvia	3	3	68	26	22	0	116
The Netherlands	13	13	9379	4596	1360	0	15 335
Norway	8	8	2484	1561	351	0	4396
Poland	15	11	897	2277	1043	45	4262
Portugal	20	9	835	1160	213	0	2208
Russia	36	31	4990	1612	418	645	7665
Slovenia	3	3	867	1104	266	0	2237
Spain	182	47	3440	6439	1841	1635	13 355
Sweden	15	15	4325	4072	1685	0	10 082
Switzerland	18	18	944	2002	1983	0	4929
UK	77	77	15 526	11 330	6365	2271	35 492
Ukraine	11	9	899	448	18	122	1487
All	740	579	120 946	114 378	47 195	7171	289 690

FER refers to thawings, except for Bulgaria and The Netherlands. For Germany and Switzerland, FER relates to 2PN cryopreservation.

**Table II.** ART in 2001 in those countries where all clinics reported to the national register

Country	Cycles	Population ( $\times 10^6$ )	Cycles/ $10^6$	ART deliveries	ART infants	National births	ART infants % of all
Belgium	12 076	10.26	1177	1366	1734	115 592	1.5%
Denmark	10 305	5.36	1923	2049	2563	65 504	3.9%
Finland	7980	5.19	1538	1273	1360	56 189	2.4%
Hungary	6263	10.19	615	1250	1604	97 047	1.7%
Iceland	345	0.29	1190	94	116	4091	2.8%
Latvia	116	2.35	49	32	37	19 664	0.2%
The Netherlands	15 335	16.05	955	NA	NA	202 603	NA
Norway	4396	4.51	975	968	1243	56 696	2.2%
Slovenia	2237	2.00	1119	447	563	17 417	3.2%
Sweden	10 082	8.90	1133	2062	2528	91 466	2.8%
Switzerland	4929	7.26	679	628	752	73 509	1.0%
UK	34 846	59.00	591	7496	8933	669 123	1.3%
All	108 910	131.36	829				

NA = not available.

### Number of embryos transferred

Table V shows the number of embryos transferred after IVF and ICSI combined. The total number of single embryo transfers was 20 940 (12.0%), dual embryo transfers 90 364 (51.7%), triple embryo transfers 53 885 (30.8%) and  $\geq 4$  embryo transfers 9637 (5.5%). As indicated in the table, large differences were seen between countries. The range of triple embryo transfers was 2.1–49.8% and the range of transfer of  $\geq 4$  embryos was 0.0–52.0%.

Elective single embryo transfer (eSET) was only reported from France and from one clinic in Slovenia. The data from France indicated eSET in 1128 of 34 267 (3.3%) fresh IVF/ICSI transfers.

### Pregnancies and deliveries after treatment

Table VI–IX show the number of pregnancies and deliveries in relation to the number of initiated cycles, aspirations and

transfers, for IVF (Table VI), ICSI (Table VII), FER (Table VIII) and ED (Table IX).

Table VI shows that after IVF, the 27 102 pregnancies resulted from 107 823 aspirations and 93 482 embryo transfers. Thus, the mean clinical pregnancy rate was 25.1% per aspiration and 29.0% per embryo transfer. The latter figure ranged from 20.4 to 36.9% between countries. The delivery rates per embryo transfer after IVF have not been summarized due to incomplete follow-up of pregnancies in many countries, as shown in Table X.

Table VII shows that after ICSI, the 27 156 pregnancies resulted from 103 538 aspirations and 95 919 transfers. Thus the mean clinical pregnancy rate was 26.2% per aspiration and 28.3% per embryo transfer. The latter figure ranged from 10.9 to 57.7%. The delivery rates per embryo transfer after ICSI have not been summarized due to incomplete follow-up of pregnancies in many countries, as shown in Table X.

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

Country	IVF clinics in the country		Size of clinics (cycles per year)				
	All	Reporting	<100	100–199	200–499	500–1000	>1000
Belgium	22	22	1	4	6	9	2
Bulgaria	8	3	1	2	0	0	0
Denmark	20	20	4	2	4	8	2
Finland	18	17	1	3	8	3	2
France	92	82	2	10	20	35	15
Germany	NA	109	14	14	28	27	26
Greece	46	7	0	1	2	4	7
Hungary	12	12	1	1	6	3	1
Iceland	1	1	0	0	1	0	0
Ireland	5	3	0	1	0	2	0
Italy	115	59	12	18	16	11	2
Latvia	3	3	1	2	0	0	0
The Netherlands	13	13	0	1	0	3	9
Norway	8	8	0	0	6	2	0
Poland	15	11	3	3	3	2	0
Portugal	20	9	2	1	5	1	0
Russia	36	31	11	9	6	4	1
Slovenia	3	3	0	0	1	1	1
Spain	182	47	9	12	19	4	3
Sweden	15	15	1	0	6	6	2
Switzerland	18	18	4	4	7	3	0
UK	77	77	12	12	23	21	9
Ukraine	11	9	4	3	2	0	0
All	740	579	83	103	169	149	82

**Table IV.** Age distribution (years) of women treated with IVF and ICSI

Country	<29%	30–34%	35–39%	40–44%	>45%
Belgium	16.4	38.9	29.2	14.0	1.5
Bulgaria	26.2	37.6	25.4	9.4	16.0
Denmark	21.6	37.1	32.1	8.4	0.7
Finland	21.6	31.2	30.7	12.1	0.0
France	19.2	37.0	31.5	12.1	0.2
Germany	20.2	38.8	32.0	8.6	0.5
Greece	13.6	30.9	32.8	18.5	4.1
Hungary	29.5	38.5	20.9	9.8	1.4
Iceland	19.3	31.8	34.7	14.2	0.0
Ireland	5.4	31.7	37.9	11.4	0.7
Italy	13.4	31.8	35.7	16.0	3.2
Latvia	6.4	31.9	54.3	7.4	0.0
The Netherlands	NA				
Norway	NA				
Poland	22.1	37.1	28.0	10.7	2.1
Portugal	19.4	39.8	32.9	7.1	0.7
Russia	27.9	33.4	25.9	9.6	1.3
Slovenia	19.7	34.5	31.3	13.8	0.7
Spain	10.3	38.8	38.6	11.1	1.1
Sweden	15.6	35.7	36.0	12.7	0.0
Switzerland	12.6	34.5	39.1	11.8	0.6
UK	13.1	33.3	9.9	0.6	11.0
Ukraine	34.3	35.3	23.6	6.5	0.2
All	6.4–34.3	31.2–38.9	9.9–54.3	0.6–16.0	0.0–16.0

Table VIII shows that after FER, 6821 pregnancies resulted from 41 583 transfers. Thus the mean clinical pregnancy rate per embryo transfer after FER was 16.4%. The delivery rates per embryo transfer after FER have not been summarized due to incomplete follow-up of pregnancies in many countries, as shown in Table XI.

Table IX shows that after ED, 2197 clinical pregnancies resulted from 6580 embryo transfers, giving a pregnancy rate per transfer of 33.4%, with a range from 17.2 to 50.4%. The delivery rates per embryo transfer after ED have not been summarized due to incomplete follow-up of pregnancies in many countries.

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

Country	All transfers	1 embryo	%	2 embryos	%	3 embryos	%	≥ 4 embryos	%
Belgium	8001	1122	14.0%	4269	53.4%	2176	27.2%	434	5.4%
Bulgaria	304	56	18.4%	76	25.0%	117	38.5%	55	18.1%
Denmark	7468	1135	15.2%	5797	77.6%	536	7.2%	0	0.0%
Finland	3820	1164	30.5%	2543	66.6%	113	3.0%	0	0.0%
France	30 368	3997	13.2%	15 731	51.8%	9233	30.4%	1407	4.6%
Germany	48 066	5061	10.5%	24 759	51.5%	18 246	38.0%	0	0.0%
Greece	2991	287	9.6%	479	16.0%	670	22.4%	1555	52.0%
Hungary	5289	624	11.8%	1252	23.7%	2632	49.8%	781	14.8%
Iceland	248	30	12.1%	169	68.1%	49	19.8%	0	0.0%
Ireland	1275	117	9.2%	630	49.4%	502	39.4%	26	2.0%
Italy	12 242	1708	14.0%	4367	35.7%	4610	37.7%	1557	12.7%
Latvia	82	28	34.1%	40	48.8%	14	17.1%	0	0.0%
The Netherlands	11 259	NA		NA		NA		NA	
Norway	3441	NA		NA		NA		NA	
Poland	2822	375	13.3%	1663	58.9%	677	24.0%	107	3.8%
Portugal	1614	211	13.1%	627	38.8%	680	42.1%	96	5.9%
Russia	5805	585	10.1%	1305	22.5%	1922	33.1%	1970	33.9%
Slovenia	1601	218	13.6%	1129	70.5%	249	15.6%	5	0.3%
Spain	8278	836	10.1%	2050	24.8%	4240	51.2%	1152	13.9%
Sweden	7115	1157	16.3%	5809	81.6%	149	2.1%	0	0.0%
Switzerland	2683	351	13.1%	1621	60.4%	709	26.4%	2	0.1%
UK	23 561	1730	7.3%	15 819	67.1%	6012	25.5%	0	0.0%
Ukraine	1216	148	12.2%	229	18.8%	349	28.7%	490	40.3%
All	189 549	20 940	12.0%	90 364	51.7%	53 885	30.8%	9637	5.5%

### Singleton, twin, triplet and quadruplet deliveries

Table X shows the deliveries after IVF and ICSI in relation to singleton, twin and triplet deliveries. It is seen that the distribution of the deliveries was: singleton 27 920 (74.5%), twin 8975 (24.0%) and triplet 570 (1.5%). Quadruplets occurred in seven cases in 2001.

Table XI shows the deliveries after FER in relation to singleton, twin and triplet deliveries. It is seen that the distribution of the deliveries was: singleton 4060 (84.3%), twin 715 (14.8%) and triplet 39 (0.8%). No quadruplets occurred after FER in 2001.

### Risks and fetal reductions

Table XII presents the incidence of ovarian hyperstimulation syndrome (OHSS) recorded from registers in 20 of the 23 countries. It is seen that 1851 cases of OHSS were recorded. The number of IVF and ICSI cycles in those 20 countries was 204 147, corresponding to a risk of OHSS of 0.9% of all stimulated cycles. Other complications are seen in the table.

Table XII also gives data on the number of recorded fetal reductions. In total, 397 fetal reductions were recorded.

One 'parameter of excellence', defined as the number of pregnancies per embryo transferred or the number of embryos replaced for each pregnancy, can be calculated. After IVF and ICSI, 21 countries replaced 401 871 embryos and this resulted in 54 258 pregnancies. The number of embryos transferred for each pregnancy was thus 7.4%.

Another 'parameter of excellence' could be the number of singleton deliveries per transfer. After IVF and ICSI, 22 countries reported 27 920 singleton deliveries after 178 142 transfers. The singleton delivery rate per transfer was thus 15.7%. Considering this figure, it is important to know that a number of pregnancies are lost to follow-up, so the true singleton delivery rate remains unknown.

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

Country	Cycles	Aspirations	Transfers	Pregnancies	Deliveries	Pregnancies per cycle	Pregnancies per aspiration	Pregnancies per transfer	Deliveries per cycle	Deliveries per aspiration	Deliveries per transfer
Belgium	3081	2759	2424	656	387	21.3%	23.8%	27.1%	12.6%	14.0%	16.0%
Bulgaria	299	293	280	57	45	19.1%	19.5%	20.4%	15.1%	15.4%	16.1%
Denmark	5672	5405	4732	1462	1182	25.8%	27.0%	30.9%	20.8%	21.9%	25.0%
Finland	2740	2396	2166	609	480	22.2%	25.4%	28.1%	17.5%	20.0%	22.2%
France	NA	17 603	14 000	3509	2033		19.9%	25.1%		11.5%	14.5%
Germany	31 704	28 565	24 386	6965	4498	22.0%	24.4%	28.6%	14.2%	15.7%	18.4%
Greece	1371	1295	1163	376	256	27.4%	29.0%	32.3%	18.7%	19.8%	22.0%
Hungary	2182	2022	1820	581	468	26.6%	28.7%	31.9%	21.4%	23.1%	25.7%
Iceland		142	122	45	33		31.7%	36.9%		23.2%	27.0%
Ireland	917	812	756	203	162	22.1%	25.0%	26.9%	17.7%	20.0%	21.4%
Italy	6060	5404	4733	1228	972	20.3%	22.7%	25.9%	16.0%	18.0%	20.5%
Latvia	68	68	66	24	20	35.3%	35.3%	36.4%	29.4%	29.4%	30.3%
The Netherlands	9379	8395	7372	2379	NA	25.4%	28.3%	32.3%			
Norway	2484	2365	2101	723	594	29.1%	30.6%	34.4%	23.9%	25.1%	28.3%
Poland	897	858	747	195	119	21.7%	22.7%	26.1%	13.3%	13.9%	15.9%
Portugal	835	708	633	200	162	24.0%	28.2%	31.6%	19.4%	22.9%	25.6%
Russia	4990	4580	4369	1488	723	29.8%	32.5%	34.1%	14.5%	15.8%	16.5%
Slovenia	867	836	697	252	204	29.1%	30.1%	36.2%	23.5%	24.4%	29.3%
Spain	3440	3164	2900	909	609	26.4%	28.7%	31.3%	17.7%	19.2%	21.0%
Sweden	4325	4000	3655	1213	957	28.0%	30.3%	33.2%	22.1%	23.9%	26.2%
Switzerland	944	826	757	176	112	18.6%	21.3%	23.2%	11.9%	13.6%	14.8%
UK	15 526	14 464	12 798	3638	3030	23.4%	25.2%	28.4%	19.5%	20.9%	23.7%
Ukraine	899	863	805	214	153	23.8%	24.8%	26.6%	17.0%	17.7%	19.0%
All		107 823	93 482	27 102			25.1%	29.0%			

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

Country	Cycles	Aspirations	Transfers	Pregnancies	Deliveries	Pregnancies per cycle	Pregnancies per aspiration	Pregnancies per transfer	Deliveries per cycle	Deliveries per aspiration	Deliveries per transfer
Belgium	6291	6023	5577	1405	902	22.3%	23.3%	25.2%	14.3%	15.0%	16.2%
Bulgaria	52	50	46	5	4	9.6%	10.0%	10.9%	7.7%	8.0%	8.7%
Denmark	3133	3016	2736	894	706	28.5%	29.6%	32.7%	22.5%	23.4%	25.8%
Finland	1810	1783	1658	407	314	22.5%	22.8%	24.5%	17.3%	17.6%	18.9%
France	NA	17995	16402	4111	2252		22.8%	25.1%		12.5%	13.7%
Germany	27698	24955	23680	6657	4462	24.0%	26.7%	28.1%	16.1%	17.9%	18.8%
Greece	2022	1936	1828	660	449	32.6%	34.1%	36.1%	22.2%	23.2%	24.6%
Hungary	3939	3705	3320	897	759	22.8%	24.2%	27.0%	19.3%	20.5%	22.9%
Iceland	NA	132	126	46	38		34.8%	36.5%		28.8%	30.2%
Ireland	569	542	519	132	110	23.2%	24.4%	25.4%	19.3%	20.3%	21.2%
Italy	9306	8341	7509	2060	1586	22.1%	24.7%	27.4%	17.0%	19.0%	21.1%
Latvia	26	26	26	15	12	57.7%	57.7%	57.7%	46.2%	46.2%	46.2%
The Netherlands	4596	4142	3887	1407	NA	30.6%	34.0%	36.2%	0.0%	0.0%	
Norway	1561	1472	1340	416	342	26.6%	28.3%	31.0%	21.9%	23.2%	25.5%
Poland	2277	2187	2075	676	361	29.7%	30.9%	32.6%	15.9%	16.5%	17.4%
Portugal	1160	1056	981	223	172	19.2%	21.1%	22.7%	14.8%	16.3%	17.5%
Russia	1612	1540	1436	425	184	26.4%	27.6%	29.6%	11.4%	11.9%	12.8%
Slovenia	1104	1081	904	273	223	24.7%	25.3%	30.2%	20.2%	20.6%	24.7%
Spain	6439	5868	5378	1795	1234	27.9%	30.6%	33.4%	19.2%	21.0%	22.9%
Sweden	4072	3861	3460	1085	850	26.6%	28.1%	31.4%	20.9%	22.0%	24.6%
Switzerland	2002	2071	1937	478	328	23.9%	23.1%	24.7%	16.4%	15.8%	16.9%
UK	11330	11319	10683	2986	2401	26.4%	26.4%	28.0%	21.2%	21.2%	22.5%
Ukraine	448	437	411	103	77	23.0%	23.6%	25.1%	17.2%	17.6%	18.7%
All		103538	95919	27156			26.2%	28.3%			

**Table VIII.** Pregnancies and deliveries after FER

Country	Thawings	Transfers	Pregnancies	Deliveries	Pregnancies per thawing	Pregnancies per transfer	Deliveries per thawing	Deliveries per transfer
Belgium	2348	1654	202	59	8.6%	12.2%	2.5%	3.6%
Bulgaria	NA	38	3	NA		7.9%		
Denmark	1341	1047	177	140	13.2%	16.9%	10.4%	13.4%
Finland	2842	2486	507	360	17.8%	20.4%	12.7%	14.5%
France	9428	8165	1237	954	13.1%	15.2%	10.1%	11.7%
Germany	12 350	11 526	1968	1172	15.9%	17.1%	9.5%	10.2%
Greece	429	406	107	81	24.9%	26.4%	18.9%	20.0%
Hungary	131	116	21	19	16.0%	18.1%	14.5%	16.4%
Iceland	69	68	19	18	27.5%	27.9%	26.1%	26.5%
Ireland	238	181	46	32	19.3%	25.4%	13.4%	17.7%
Italy	2416	1959	410	283	17.0%	20.9%	11.7%	14.4%
Latvia	22	21	2	0	9.1%	9.5%	0.0%	0.0%
The Netherlands	NA	1360	275	NA		20.2%		
Norway	351	218	40	32	11.4%	18.3%	9.1%	14.7%
Poland	1043	899	125	60	12.0%	13.9%	5.8%	6.7%
Portugal	213	198	21	16	9.9%	10.6%	7.5%	8.1%
Russia	418	370	54	39	12.9%	14.6%	9.3%	10.5%
Slovenia	266	245	38	20	14.3%	15.5%	7.5%	8.2%
Spain	1841	1606	363	233	19.7%	22.6%	12.7%	14.5%
Sweden	1685	1485	322	255	19.1%	21.7%	15.1%	17.2%
Switzerland	1983	1777	293	188	14.8%	16.5%	9.5%	10.6%
UK	6365	5742	589	849	9.3%	10.3%	13.3%	14.8%
Ukraine	18	16	2	2	11.1%	12.5%	11.1%	12.5%
All		41 583	6821			16.4%		

**Table IX.** Pregnancies and deliveries after oocyte donation

Country	Donation	Transfers	Pregnancies	Deliveries	Pregnancies per donation	Pregnancies per transfer	Deliveries per donation	Deliveries per transfer
Belgium	485	482	83	18	17.1%	17.2%	3.7%	3.7%
Bulgaria	7	7	3	2	42.9%	42.9%	28.6%	28.6%
Denmark	159	129	35	21	22.0%	27.1%	13.2%	16.3%
Finland	NA	588	186	129		31.6%		21.9%
France	50	111	25	NA	50.0%	22.5%		
Germany	0							
Greece	241	232	75	56	31.1%	32.3%	23.2%	24.1%
Hungary	25	22	5	4	20.0%	22.7%	16.0%	18.2%
Iceland	17	16	6	5	35.3%	37.5%	29.4%	31.3%
Ireland	0	0	0					
Italy	820	721	215	163	26.2%	29.8%	19.9%	22.6%
Latvia	0							
The Netherlands	0							
Norway	0	0	0					
Poland	45	45	14	13	31.1%	31.1%	28.9%	28.9%
Portugal	0							
Russia	645	520	168	104	26.0%	32.3%	16.1%	20.0%
Slovenia	0	0	0	0				
Spain	1636	1497	755	492	46.1%	50.4%	30.1%	32.9%
Sweden	0							
Switzerland	0							
UK	2271	2090	589	464	25.9%	28.2%	20.4%	22.2%
Ukraine	122	120	38	25	31.1%	31.7%	20.5%	20.8%
All		6580	2197			33.4%		

PGD was recorded in 10 countries: Belgium, Denmark, Finland, Greece, Hungary, Italy, Portugal, Russia, Spain and the UK. A total of 1145 aspirations and 859 transfers resulted in 218 pregnancies and 161 deliveries. This gives a clinical pregnancy rate of 25.3% and a delivery rate of 19.0% per transfer. The major countries were Italy, Belgium and Spain with 366, 321 and 309 aspirations, respectively.

#### *Intra-uterine inseminations*

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

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

Country	All deliveries	Clinical pregnancies	Documented pregnancy loss	Lost to follow-up	Singleton deliveries	%	Twin deliveries	%	Triplet deliveries	%
Belgium	1289	2061	349	0	947	73.5%	333	25.8%	9	0.7%
Bulgaria	49	62	10	0	22	44.9%	23	46.9%	4	8.2%
Denmark	1888	2356	292	176	1405	74.4%	474	25.1%	9	0.5%
Finland	784	1016	219	3	629	80.2%	163	20.8%	2	0.3%
France	6797	8934	2137	0	5218	76.8%	1508	22.2%	69	1.0%
Germany	8960	13 622	3153	1509	6824	76.2%	2004	22.4%	132	1.5%
Greece	705	939	214	20	487	69.1%	208	29.5%	10	1.4%
Hungary	1227	1478	230	20	909	74.1%	266	21.7%	46	3.7%
Iceland	71	91	20	0	53	74.6%	18	25.4%	0	0.0%
Ireland	272	335	70	0	197	72.4%	70	25.7%	5	1.8%
Italy	2558	3288	581	149	1889	73.8%	600	23.5%	67	2.6%
Latvia	32	32	7	0	27	84.4%	5	15.6%	0	0.0%
The Netherlands	NA	3786	843	NA						
Norway	936	1139	203	0	671	71.7%	262	28.0%	3	0.3%
Poland	480	871	97	294	349	72.7%	127	26.5%	4	0.8%
Portugal	334	423	72	17	238	71.3%	82	24.6%	14	4.2%
Russia	907	1920	412	533	647	71.3%	228	25.1%	31	3.4%
Slovenia	427	525	84	14	319	74.7%	103	24.1%	5	1.2%
Spain	1843	2704	463	398	1257	68.2%	508	27.6%	75	4.1%
Sweden	1807	2298	480	0	1383	76.5%	421	23.3%	3	0.2%
Switzerland	440	654	125	90	360	81.8%	77	17.5%	6	1.4%
UK	5431	6624	491	702	3936	72.5%	1426	26.3%	68	1.3%
Ukraine	230	317	69	18	153	66.5%	69	30.0%	8	3.5%
All	37 467	55 475			27 920	74.5%	8975	24.0%	570	1.5%

NA = not available.

Quadruplet deliveries are not in the table. Seven cases were recorded in 2001.

It is seen that in women below 40 years of age, 50912 treatments resulted in 6500 pregnancies, giving a pregnancy rate per procedure of 12.8%. In women at  $\geq 40$  years, the corresponding figures were 2027, 196 and 9.7%.

In women below 40 years of age, singleton, twin and triplet pregnancies accounted for 88.5, 10.2 and 1.1% of the pregnancies, respectively. In women above 40, the corresponding figures were 96.1, 3.8 and 0.0%.

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

It is seen that in women below 40 years of age, 12 811 treatments resulted in 2197 pregnancies, giving a pregnancy rate per insemination of 17.1%. In women at

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

Country	All deliveries	Clinical pregnancies	Documented pregnancy loss	Lost to follow-up	Singleton deliveries	%	Twin deliveries	%	Triplet deliveries	%
Belgium	59	202	38	NA	50	84.7%	8	13.6%	1	1.7%
Bulgaria	0	0								
Denmark	140	177	29	8	122	87.1%	18	12.9%	0	0.0%
Finland	360	507	132	15	321	89.2%	39	10.8%	0	0.0%
France	NA	1237	283	0	812		138		4	
Germany	1172	1968	619	117	992	84.6%	168	14.3%	12	1.0%
Greece	81	107	23	3	68	84.0%	12	14.8%	1	1.2%
Hungary	19	22	3	0	17	89.5%	2	10.5%	0	0.0%
Iceland	18	19	1	0	16	88.9%	2	11.1%	0	0.0%
Ireland	32	46	15		27	84.4%	3	9.4%	2	6.3%
Italy	283	410	74	53	240	84.8%	37	13.1%	6	2.1%
Latvia	0	0								
The Netherlands	NA	275	88	187						
Norway	32	40	8	0	25	78.1%	7	21.9%	0	0.0%
Poland	60	125	13	52	52	86.7%	8	13.3%	0	0.0%
Portugal	16	21	3	2	14	87.5%	2	12.5%	0	0.0%
Russia	39	54	13	5	31	79.5%	8	20.5%	0	0.0%
Slovenia	20	38	0	18	17	85.0%	3	15.0%	0	0.0%
Spain	233	363	89	41	170	73.0%	56	24.0%	7	3.0%
Sweden	255	332	76		217	85.1%	37	14.5%	1	0.4%
Switzerland	188	293	68	36	161	85.6%	28	14.9%	1	0.5%
UK	849	1024	89	86	706	83.2%	139	16.4%	4	0.5%
Ukraine	2	2			2	100.0%		0.0%		0.0%
All		7262			4060	84.3%	715	14.8%	39	0.8%

There were no quadruplet deliveries in 2001.



**Table XII.** Complications and fetal reductions

Country	OHSS	All complications of oocyte retrieval	Bleeding	Infection	Maternal death	Fetal reduction
Belgium	134	16	6	10	0	6
Bulgaria	13	8	4			
Denmark	NA	NA				NA
Finland	35	5	0	0	1	1
France	188		7	0	0	80
Germany	382	420	323	0	0	NA
Greece	34	0	1	2	0	41
Hungary	28	0	0	0	0	
Iceland	1	1	0	1	0	0
Ireland	26	1				
Italy	155	27	21	6	0	25
Latvia	2	0	0	0	0	0
The Netherlands	NA	NA				NA
Norway	38	5		1	0	0
Poland	55	1	1	0	0	0
Portugal	29	2	1	1	0	NA
Russia	186	17	15	2	0	44
Slovenia	22	1	1	0	0	0
Spain	42	11	9	1	0	93
Sweden	NA	NA				1
Switzerland	14	0	3	0	0	1
UK	457	52	1	0	0	87
Ukraine	10	2	2	0	0	18
All	1851					

NA = not available.

**Table XIII.** Intra-uterine insemination with husband's semen (IUI-H)

Country	Cycles	Pregnancies	Pregnant %	Singleton	%	Twins	%	Triplets	%
<b>Woman &lt; 40</b>									
Bulgaria	105	6	5.7%	5	83.3%	1	16.7%	0	
Denmark	6458	993	15.4%	898	90.4%	84	8.5%	11	1.1%
France	24 459	3063	12.5%	2745	89.6%	303	9.9%	14	0.5%
Hungary	2392	150	6.3%	122	81.3%	8	5.3%	0	
Iceland	210	27	12.9%	19	70.4%	2	7.4%	0	
Ireland	60	12	20.0%	10	83.3%	1	8.3%	1	8.3%
Italy	4575	627	13.7%	463	73.8%	78	12.4%	21	3.3%
Latvia	48	8	16.7%	8	100.0%		0.0%	0	
Norway	482	56	11.6%	32	57.1%	3	5.4%	0	
Poland	1413	208	14.7%	173	83.2%	32	15.4%	3	1.4%
Portugal	672	84	12.5%	65	77.4%	8	9.5%	2	2.4%
Slovenia	415	16	3.9%	11	68.8%	1	6.3%	1	6.3%
Spain	8802	1139	12.9%	994	87.3%	126	11.1%	19	1.7%
Ukraine	821	111	13.5%	106	95.5%	6	5.4%	0	
All	50 912	6500	12.8%	5651	88.5%	653	10.2%	72	1.1%
<b>Women ≥ 40</b>									
Bulgaria	6	0							
Denmark	477	53	11.1%	51	96.2%	2	3.8%	0	
Iceland	25	1	4.0%	1	100.0%	0	0.0%	0	
Ireland	17	1	5.9%	1	100.0%	0	0.0%	0	
Italy	811	73	9.0%	57	78.1%	5	6.8%	0	
Latvia	5	0	0.0%						
Poland	83	7	8.4%	7	100.0%	0	0.0%	0	
Portugal	16	3	18.8%	0	0.0%	0	0.0%	0	
Slovenia	20		0.0%						
Spain	557	57	10.2%	57	100.0%	0	0.0%	0	
Ukraine	10	1	10.0%	1	100.0%	0	0.0%	0	
All	2027	196	9.7%	175	96.1%	7	3.8%	0	0%

For France, Hungary and Norway, there are no data in relation to age groups. All IUI-Hs are included in the upper part of the table. Note that data on the distribution of singleton, twin and triplet pregnancies are not consistent in all countries.

**Table XIV.** Intra-uterine insemination with donor semen (IUI-D)

Country	Cycles	Pregnancies	Pregnant %	Singleton	%	Twins	%	Triplets	%
<b>Women &lt; 40</b>									
Bulgaria	40	5	12.5%	5	100.0%				
Denmark	2002	398	19.9%	357	89.7%	40	10.1%	1	0.3%
France	2321	368	15.9%	335	91.0%	30	8.2%	2	0.5%
Hungary	398	28	7.0%	26	92.9%	1	3.6%	1	3.6%
Iceland	47	11	23.4%	8	72.7%	1	9.1%	0	0.0%
Ireland	32	12	37.5%	11	91.7%	1	8.3%	0	0.0%
Italy	783	106	13.5%	90	84.9%	10	9.4%	2	1.9%
Latvia	37	15	40.5%	15	100.0%		0.0%		0.0%
Norway	490	106	21.6%	71	67.0%	12	11.3%	2	1.9%
Poland	322	52	16.1%	48	92.3%	3	5.8%	1	1.9%
Portugal	196	36	18.4%	25	69.4%	7	19.4%	1	2.8%
Slovenia	0	0		0		0		0	
Spain	2102	475	22.6%	413	86.9%	52	10.9%	10	2.1%
UK	3832	523	13.6%	433	82.8%	34	6.5%	5	1.0%
Ukraine	209	62	29.7%	54	87.1%	7	11.3%	0	0.0%
All	12 811	2197	17.1%	1891	89.5%	198	9.4%	25	1.2%
<b>Woman ≥ 40</b>									
Bulgaria	2	0							
Denmark	287	26	9.1%	24	92.3%	2	7.7%	0	
Iceland	3	1	33.3%	1	100.0%	0	0.0%	0	
Italy	129	14	10.9%	12	85.7%	1	7.1%		
Latvia	12	4	33.3%	4	100.0%		0.0%		
Poland	44	3	6.8%	3	100.0%	0	0.0%	0	
Portugal	3	0	0.0%						
Spain	251	25	10.0%	22	88.0%	3	12.0%	0	
UK	637	37	5.8%	23	62.2%	1	2.7%	0	
Ukraine	6	0	0.0%			0		0	
All	1374	110	8.0%	89	92.7%	7	7.3%	0	0%

For France, Hungary and Norway, there are no data in relation to age. All IUI-D are included in the upper part of the table. Note that data on the distribution of singleton, twin and triplet pregnancies are not consistent.

≥40 years, the corresponding figures were 1374, 110 and 8.0%.

### Comments

The present report is the fifth consecutive European report on IVF data covering treatment cycles from 1997, 1998, 1999, 2000 and 2001, respectively.

The number of countries reporting to the EIM's consortium and contributing to the fifth report has increased from 22 to 23, covering the whole of Western Europe with the exception of Austria who is due to join next year, and Luxembourg where there is no IVF clinic. In Eastern Europe, the Czech Republic who participated previously, was unable to provide data for 2001.

Twelve of the participating countries had a complete coverage in their reporting system: Belgium, Denmark, Finland, Hungary, Iceland, Latvia, Norway, Slovenia, Sweden, Switzerland, The Netherlands and the UK. For 2001, ~10 000 cycle were missing from France. These data did not become available to the EIM in time for inclusion. Germany, the largest contributor to the EIM, with >70 000 cycles in 2001, is now very close to having complete coverage of all clinics in the country.

The number of reported cycles continues to grow. For this year, 579 clinics reported 289 690 cycles, which is an

increase of 4% compared with 2000. As an estimated 10 000 cycles from France were missing for this year, the increase could have been similar to earlier years where it ranged from 8 to 14%. During the 5 year period of EIM reporting, the number of cycles has increased from 203 893 in 1997 to 289 690 in 2001, equivalent to an overall increase of 41%. This marked increase during the period is partly due to a better coverage in the reporting systems, but is also due to a true expansion of activities in some countries.

Within Europe, the largest contribution came from Germany with 72 000 cycles, followed by France with 54 000 cycles and the UK with 35 000 reported cycles. For comparison, the ASRM/SART registry reported 99 989 cycles from the USA in 2000 (ASRM/SART, 2004).

In southern Europe, a number of countries have a low coverage, with 47 out of 182 (Spain), 59 out of 115 (Italy) and seven out of 46 (Greece) clinics reporting to the EIM.

The availability of services remained highest in Denmark with 1923 cycles per million inhabitants. It was also high in the other Nordic countries and in The Netherlands. The average number of treatment cycles per million inhabitants in those countries with complete coverage in their reporting was 829. The proportion of IVF children to all children born was again highest in the Nordic countries, but also very high in Slovenia.

The proportion of ICSI versus standard IVF procedures increased from 44% in 2000 to 49% in 2001 but, as indicated in Table I, there are many countries where ICSI is much more prevalent than IVF.

The number of embryos transferred in IVF and ICSI cycles differed substantially between countries, but there is a clear trend during the years towards transfer of fewer embryos. The mean number of single embryo transfers remained at ~12%, whereas the proportion of two embryo transfers increased from 39.2% in 1999 to 46.6% in 2000 and to 51.7% in 2001. The proportion of three embryo transfers decreased from 39.6% in 1999 to 33.3% in 2000 and to 30.8% in 2001. Four embryo transfers also decreased from 9.3% in 1999 to 6.9% in 2000 and to 5.5% in 2001. Seven countries have completely abandoned transfer of four embryos.

The overall occurrence of multiple deliveries after IVF and ICSI was 25.5% in 2001 compared with 26.9% in 2000. During the 5 year period of the EIM, the most remarkable finding regarding multiples was that the incidence of triplet deliveries has been reduced from 3.6% in 1997, to 2.3% in 1998, 2.3% in 1999, 1.9% in 2000 and now to 1.5% in 2001. However, regarding triplet rates, huge differences still exist between countries. Regarding the multiple rates, the number of fetal reductions should also be considered. A total of 397 procedures were performed, the largest number being in Spain (93), France (80) and the UK (87).

Pregnancy rates for IVF, ICSI and FER remained fairly stable in 2001, compared with earlier years. For IVF, the mean pregnancy rate per transfer was 29.0% compared with 28.4% in 2000. For ICSI, this was 28.3% compared with 28.7% in 2000. For FER, the mean pregnancy rate was 16.4% compared with 16.5% in 2000. The figures from Europe remain lower than in the USA, where 62 881 IVF/ICSI retrievals in 2000 resulted in 22 567 pregnancies (35.9%). In the USA, however, multiple births occurred in 35.4% of all deliveries (ASRM/SART, 2004).

One other possible way to report the success rate would be to report on singleton delivery rates, separately. At the present stage, where delivery rates are somewhat uncertain in many countries, we have only given an estimated overall figure of 15.8% singleton deliveries per transfer after IVF and ICSI.

Alternative ways of presenting the success rate within a single 'parameter of excellence' was the number of fresh embryos replaced for each pregnancy. This figure was 7.4% in 2001, which is an improvement from 8.2% in 2000.

Altogether 882 embryo transfers after PGD were reported, compared with 543 in 2000 and 131 in 1999, suggesting an expansion of this activity in the coming years.

For the first time, the fifth report includes European data on 52 939 treatments with IUI-H and 14 185 treatments with IUI-D. The coverage of IUI activities is probably much less comprehensive than was seen regarding the *in vitro* techniques.

In women below 40 years of age, the pregnancy rate was 12.8% for IUI-H and 17.1% for IUI-D. In women at  $\geq 40$  years, the corresponding figures were 9.7 and 8.0%.

After IUI-H in women below 40 years of age, twin pregnancies occurred in only 10.2% and triplet pregnancies in 1.1%. After IUI-D in women below 40, twin pregnancies occurred in 9.4% and triplet pregnancies in 1.2% of the cases. The data suggest that the twinning rates are less than half that is found with the *in vitro* techniques, and that the triplet rates are also lower.

To summarize, the present fifth ESHRE report on ART for Europe in 2001 shows a continuing expansion of the register regarding participating clinics, countries and number of cycles reported. The pregnancy rates per treatments remain fairly stable, but fewer embryos are transferred. The twinning rate remains stable, but the triplet rates have been reduced markedly from 3.6% in 1997 to 1.5% in 2001. eSET still had a minimal overall impact in 2001. Multiple gestations seem to be much less frequent after IUI-H and IUI-D compared with IVF and ICSI.

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Ukraine: Victor Veselovsky, Clinic Isida IVF, 28/1 Chornovilla Str. Kyiv, 01135, Ukraine. E-mail: 6vvv@isidaivf.com.ua

## List of participating centres—EIM data collection 2001

### Belgium

Antwerpen: Algemeen ziekenhuis Middelheim; Universitair ziekenhuis Antwerpen; AZ St.-Camillus/St.-Augustinus Wilrijk

Brugge: Algemeen ziekenhuis Sint-Jan

Brussel/Bruxelles: Institut médical Edith Cavell; Academisch ziekenhuis VUB; Hôpital universitaire St-Pierre; Hôpital Erasme

Charleroi: Clinique Notre-Dame

Genk: St-Jansziekenhuis

Gent: Universitair ziekenhuis Gent; Algemeen ziekenhuis Jan Palfijn; Algemeen ziekenhuis St.-Lucas

Kortrijk: Sint-Niklaaskliniek

Leuven: Universitair ziekenhuis Gasthuisberg; Leuven Institute for Fertility and Embryology

Liège: Clinique St Vincent Rocourt; Hôpital de la Citadelle

Mont-sur-Sambre: Centre de PMA Sainte Thérèse

Namur: Centre Hospitalier régional de Namur

Roeselare: Heilig Hartziekenhuis

Vilvoorde: Van Helmontziekenhuis

### Bulgaria

Sofia: ObGy Hospital 'Dr Shterev'

Sofia: IVF Department, 1st ObGy Hospital 'St Sofia'

Varna: Medical Centre 'Olimed'

### Denmark

Aalborg: Fertilitetsklinikken Aalborg

Aarhus: Ciconia Vest; Fertilitetsklinikken Skejby Sygehus; Maigaards Fertilitetsklinik

Brædstrup: Fertilitetsklinikken Brædstrup Sygehus

Copenhagen: Ciconia Øst; Dansk Fertilitetsklinik; Fertilitetsklinikken Helsehuset; Fertilitetsklinikken Herlev Sygehus; Fertilitetsklinikken Hvidovre Hospital; Fertilitetsklinikken Rigshospitalet; Fertilitetsklinikken Trianglen; Gentofte Fertilitetsklinik; Speciallæge praksis, Lygten

Holbæk: Fertilitetsklinikken Holbæk Sygehus

Horsens: Horsens Fertilitetsklinik

Odense: Fertilitetsklinikken Odense Universitetshospital; Odense IVF-Klinik

Skive: Fertilitetsklinikken Skive Sygehus; Klinik for

Kvindesygdomme og graviditet

**Finland**

Helsinki: Diacor; Eira Hospital; Family Federation of Finland Helsinki; Felicitas; Fertinova; Helsinki University Central Hospital

Joensuu: Northern Carelia Central Hospital

Jyväskylä: In-Tiimi Jyväskylä

Kuopio: In-Tiimi Kuopio; Kuopio University Central Hospital

Lappeenranta: Fermedi

Oulu: Family Federation of Finland Oulu; Oulu University Central Hospital

Tampere: AVA Tampere; Tampere University Central Hospital

Turku: AVA Turku; Family Federation of Finland Turku; Turku University Central Hospital

**France**

Amiens: Centre Picard; CHU; CHR

Aubervilliers: La Roseraie

Avignon: Urbain V

Bagnolet: La Dhuis

Bayonne: Lafargue

Besancon: CHU; Franche-Comté

Blanc Mesnil: Clinique

Bois-Guillaume: Saint Antoine

Bondy: Jean Verdier

Bordeaux: Pellegrin Fédération

Brest: CHU; Pasteur

Bruges: Jean Villar

Caen: CHRU

Cayenne: CHG

Chambray-Les-Tours: Parc Clinique

Charleville-Mezieres: CH

Clamart: Antoine Bécèle

Clermont-Ferrand: CHU

Cormeilles en Paris: Clinique

Courbevoie: CH-La Défense

Dijon: CHR

Dreux: CH

Epinal: Arc en Ciel

Equeudreville: Cotentin

Grenoble: Belledonne; CHU

Guilherand Granges: Pasteur

Le Chesnay: Parly II

Le Havre: CH

Le Mans: Tertre Rouge

Le Port: Jeanne d'Arc

Lille: Polyclinique Du Bois; Jeanne De Flandres

Limoges: CHRU

Lorient: CH

Lyon Bron: Ste Marie-Thérèse

Lyon: Edouard Herriot; Montplaisir; Tonkin

Marseille: Conception; Saint Joseph; IMR

Martinique-Fort De France: Sainte Marie

Metz: Sainte Croix

Montpellier CHU; Saint Roch

Mulhouse: Diaconat

Nancy: A Pinard; Majorelle

Nantes: CHU; ND De Grâce; St Herblain/Atlantique

Neuilly: Chérest; Hôpital Américain

Nice: CHU; Saint Georges

Nimes CHRU

Paris: Bichat; Cochin; Diaconesses; Les Bluets; La Murette;

Montsouris; Pitié Salpêtrière; Saint Vincent De Paul; Tenon

Paulagrange

Perigueux: Francheville

Perpignan: Saint Pierre

Poissy: CHI

Poitiers: CHU

Reims: CHU; Courlancy

Rennes: CHRU Sud; La Sagesse

Roanne: CH

Rouen: CHU

Saint Etienne: Michelet

Saint-Jean: L'Union et le Vaurais

Saint-Saulve: Le Parc

Schiltigheim: CMCO

Sevres: J.Rostand

Toulon: Saint Michel

Toulouse: CHU

Toulouse: Saint Jean Languedoc

Tours: CHU

Vitry Sur Seine: Les Noriets

**Germany**

Aachen: Frauenarztpraxis mit Schwerpunkt Gynäkologische Endokrinologie und Reproduktionsmedizin an der Itertalklinik, Dr med. K.-M.Grunwald; Universitäts-Frauenklinik für Gynäkologische Endokrinologie und Reproduktionsmedizin, Medizinische Fakultät der RWTH Aachen, Prof. Dr med. J.Neulen

Aalen: IVF-Zentrum Aalen, Dr med. Rainer Rau

Augsburg: VF-Zentrum Augsburg, Gemeinschaftspraxis, Dr med. Dr rer. nat. Warnecke, Dr med. K.-F.Hiller, Dr med. T.H.Bauer, Dr med. H.Kraus

Bad Münden: Zentrum für IVF und Reproduktionsmedizin, Deutsche Klinik Bad Münden, Drs Bispink, Chandra, Kast, Braulke, Schneider

Bayreuth: IVF-Zentrum Bayreuth im Klinikum Bayreuth, Gemeinschaftspraxis Dr med. S.Todorow, Dr med. E.Schwarz

Bedburg/Erft: Dr med. Dieter Struller, Facharzt für Frauenheilkunde und Geburtshilfe

Berlin: Charité, Campus Virchow-Klinikum, Klinik für Frauenheilkunde und Geburtshilfe, Reproduktionsmedizin, Dr med. B.Pfüller, Dr med. A.Jantke, Dr H.Schmiady; Dr med. Matthias Bloechle, Dr med. Silke Marr; Dr med. M.Zaghloul-Abu Dakah, Kinderwunsch- und Privatpraxis; Fertility Center Berlin, Prof. Dr med. H.Kentenich, Dr med.

G.Stief, Dr med. A.Tandler-Schneider; Gemeinschaftspraxis Drs med. A.Haase/P.Rott; Gemeinschaftspraxis im Lützw Center, Reproduktionsmedizinisches Zentrum, Dr med. Detlef H.G.Temme, Dr med. Rolf Metzger; Praxisklinik für Fertilität, Dr med. David J.Peet, Dr med. Peter Sydow, Dr med. Carmen Sydow; Praxis Dr med. Reinhard Hannen; Universitätsklinikum der Humboldt-Universität zu Berlin, Charité Campus Mitte, Klinik für Frauenheilkunde und Geburtshilfe, Abteilung für Reproduktionsmedizin und Endokrinologie, Dr med. B.Pfüller, Dr med. I.Scheiber

Bielefeld: Bielefeld Fertility-Center, Gemeinschaftspraxis Paul A.Ebert, Dr med. Karl Völklein; BIF-Bielefelder Institut für Fortpflanzungsmedizin der Städtischen Kliniken Bielefeld-Rosenhöhe, Leitung: Dr med. Beate Harms

Bonn: Abteilung für Gynäkologische Endokrinologie und Reproduktionsmedizin, Universitätsklinikum Bonn, Prof. Dr med. Hans H.van der Ven; Praxisklinik für Gynäkologische Endokrinologie und Reproduktionsmedizin, PD Dr med. Ger-not Prietl

Bremen: Bremer Zentrum für Fortpflanzungsmedizin (BZF) in der Frauenklinik des Ev. Diakonie-Krankenhauses gGmbH, Prof. Dr Ernst Heinrich Schmidt, Dr Olaf Drost; Zentrum für Kinderwunschbehandlung Bremen, Dr A.von Stutterheim, Dr C.Clasing

Cottbus: Carl-Thiem-Klinikum Cottbus, Bereich Reproduktionsmedizin und Gynäkologische Endokrinologie, Prof. Dr med. H.-H.Riedel

Darmstadt: Reproduktionsmedizinisches und Endometriose Zentrum Darmstadt, Frauenklinik des Klinikum Darmstadt, Prof. Dr G.Leyendecker

Deggendorf: Gemeinschaftspraxis Drs Kroiss und Bernhardt

Dortmund: Gemeinschaftspraxis Drs med. S.Dieterle/A.-Neuer

Dresden: Praxis Dr med. H.J.Held; Universitätsklinikum Carl Gustav Carus, Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe, Prof. Dr med. W.Distler, Dr rer. nat. G.Keck

Düsseldorf: Gemeinschaftspraxis Dr (B) Hugo Verhoeven, Dr med. Michael Scholtes, Dipl.-med. Kersten Marx, Dr med. Martina Behler, Dr med. Manfred Schulte; Städt. Kliniken Düsseldorf gGmbH, Frauenklinik Benrath, Abteilung für Reproduktionsmedizin und Gynäkologische Endokrinologie, Prof. Dr G.Freundl, Dr C.Gnoth, Dipl. Biol. E.Halbe; Universitätsfrauenklinik der Heinrich-Heine-Universität-Düsseldorf, Prof. Dr H.G.Bender

Erlangen: Dr J.van Uem; Gemeinschaftspraxis der Frauenärzte Prof. Dr Dr K.-G.Bregulla, Dr M.Hamori, Dr R.Behrens; Universitätsfrauenklinik Erlangen, Prof. Dr med. Ludwig Wildt

Essen: Gemeinschaftspraxis Dr med. Thomas Katzorke, Dr med. Dirk Propping, Dr med. Susanne Wohlers

Esslingen: IVF-Zentrum Esslingen, Dr med. J.E.Costea

Frankfurt/Main: IVF Zentrum Frankfurt, Schwerpunkt Gynäkologische Endokrinologie und Reproduktionsmedizin, Universitäts Frauenklinik; Krankenhaus Nordwest, Frauenkli-

nik/Zentrum für Reproduktionsmedizin, Prof. Dr E.Merz, Dr M.Amroni/Frau Dr S.Schuh

Freiburg: Frauenklinik der Albert-Ludwigs-Universität, PD Dr med. C.Keck; Gemeinschaftspraxis Dr Weitzell, Dr M.Thiemann, Prof. Dr F.Geisthövel

Gelsenkirchen: Schwerpunkt Kinderwunschtherapie, Wissenschaftspark Gelsenkirchen, Dr med. Ute Czeromin, Dr med. Ina Walter-Göbel

Gießen: Arbeitsgruppe Endokrinologie, Fortpflanzungsmedizin und Mikrochirurgie der Justus-Liebig-Universität, Prof. Dr W.Künzel, Prof. Dr W.Weidner; Gesellschaft zur Förderung der In-Vitro-Fertilisation und Reproduktionsmedizin GbR, Prof. Dr Gips

Göttingen: Dr Monica Tobler, Fachärztin für Frauenheilkunde und Geburtshilfe; Georg-August-Universität, Klinik für Gynäkologie und Geburtshilfe, Prof. Dr med. Dr Bernd Hinney; Gemeinschaftspraxis, Dr Peter Böhm, Dr Sabine Hübner, Dr Rüdiger Moltrecht, Dr Christine Noeldechen, Dr Stephanie Mittmann

Greifswald: Ernst-Moritz-Arndt-Universität, Frauen- und Poliklinik, Dr S.Möller

Grevenbroich: Gemeinschaftspraxis Dr Tigges, Dr Kaiser, Dr Tüchel

Haan: Gynäkologisch-Geburtshilfliche Abteilung für Gynäkologische Endokrinologie/Reproduktionsmedizin, St Josef Krankenhaus GmbH, Dr med. Thomas Bremen, Dr rer. nat. Uwe Weidner

Halle/Saale: Martin-Luther-Universität Halle-Wittenberg, Klinik und Poliklinik für Geburtshilfe und Reproduktionsmedizin, Prof. Dr med. habil. F.Röpke, Dr med. Petra Kaltwasser, Dr rer. nat. E. Seliger

Hamburg: Fertility Center Hamburg; Gemeinschaftspraxis Bispink, Horn, Michel und Seeler; Praxisgemeinschaft Hinrichsen u. Partner GbR am Endokrinologikum Hamburg; Praxis BKS, Prof. Dr med. H.G.Bohnet, PD Dr med. U.A.Knuth, PD Dr med. M.A.Graf; Universitätsklinikum Hamburg-Eppendorf, Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe, Abteilung für Gynäkologische Endokrinologie und Reproduktionsmedizin, Prof. Dr W.Braendle; Zentrum für Fertilitätsmedizin Kocak und Kollegen, Dr Semsettin Kocak

Hannover: Frauenklinik der MHH am Oststadt Krankenhaus, Prof. Dr H.W.Schlösser; Gynäkologische Gemeinschaftspraxis, Dr M.Müseler-Albers, H.P.Arendt, Dr K.Bühler

Heidelberg: Kinderwunschzentrum Heidelberg, Drs Maletz-Kehry, Parta, Hinderer, Tesarz; Universitätsklinikum Heidelberg, Abteilung für Gynäkologische Endokrinologie und Fertilisationsstörungen, Kinderwunsch-Sprechstunde, Prof. Dr T.Strowitzki, Dr Daniela Seehaus

Hildesheim: Zentrum für Reproduktionsmedizin und Humangenetik Hildesheim, Dr F.-J.Algermissen, Dr P.F.Justus, Dr G.Wilke, Dr N.Graf

Homburg: Universitätskliniken des Saarlandes, Frauenklinik und Poliklinik, Prof. Dr Drs h.c. mult. W.Schmidt, Dr P.Rosenbaum, Dr H.E.Hammadeh, Dr C.Clauèen, Dr K.Laufs, Dr D.Tigges

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Karlsruhe: Karlsruher IVF-Programm, Dr V.Wetzel, H.J.Gräber, E.Wetzel, Dr F.Tetens, Dr G.Zoulek

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Köln: Krankenhaus Porz am Rhein, Frauenklinik, Prof. Dr K.-H.Broer; PAN Klinik am Neumarkt, Dr S.Palm, Dr V.Sasse, Dr I.Pütz; Universitäts-Frauenklinik Köln, OA Dr Frank Nawroth

Leipzig: Praxisklinik Reproduktionsmedizin und Gynäkologische Endokrinologie, Dr med. F.A.Hmeidan, Dr med. P.Jogschies, Dr med. A.Gabert; Universitätsfrauenklinik, Zentrum für Reproduktionsmedizin und Gynäkologische Endokrinologie, Prof. Dr med. H.Alexander

Lübeck: Universitätsklinikum Lübeck, Klinik für Frauenheilkunde und Geburtshilfe

Magdeburg: Klinik für Reproduktionsmedizin und Gynäkologische Endokrinologie, Otto-von-Guericke-Universität Magdeburg, Prof. Dr med. J.Kleinsteinst, Dr med. I.Nickel

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Minden: Gemeinschaftspraxis Dr med. Onno Buurman, Dr med. Michael Dumschat, Dr (YU) Akram El Harake, Fachärzte für Frauenheilkunde

Mönchengladbach: Gemeinschaftspraxis Dr med. Georg Döhmen, Dr med. Thomas Schalk

Mühlheim a. d. Ruhr: Ev. Krankenhaus Mühlheim an der Ruhr, Frauenklinik und Zentrum für Reproduktionsmedizin, Prof. Dr H.von Matthiessen

München: Hormonzentrum München, PD Dr med. A. ömmler, Dr med. H Lacher, Dr med. J.Puchta, Dr med. M.Conrad; Kinderwunsch Centrum München an der Frauenklinik Dr Wilhelm Krüsmann, Gynäkologische Endokrinologie und Sterilitätsmedizin, Dr med. Klaus Fiedler, Dr med. Irene von Hertwig, Dr med. Gottfried Krüsmann, Prof. Dr med. Wolfgang Würfel; Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe, Klinikum der Universität München-Grosshadern, Prof. Dr med. C.J.Thaler, Prof. Dr med. H.Hepp; Prof. Dr med. Dieter Berg, Dr med. Bernd Lesoine; Zentrum für Reproduktionsmedizin, Dr med. Walter Bollmann, Dr med. Thomas Brückner, Dr med. Ulrich Noss

Münster: Gemeinschaftspraxis Dr Dr med. Lutz Belkien, PD Dr med. Bernd Krause; Universitätsklinikum Münster, Klinik und Poliklinik für Frauenheilkunde und Geburtshilfe, Dr med. Robert B.Greb, Prof. Dr Ludwig Kiesel; Institut für Reproduktionsmedizin, Prof. Dr med. Eberhard Nieschlag

Neubrandenburg: Dietrich Bonhoeffer Klinikum Neubrandenburg; Klinik für Frauenheilkunde und Geburtshilfe, Prof. Dr med. R.Sudik

Neuwied: Gemeinschaftspraxis Dr Beran und Dr Müller  
Nürnberg: Reproduktionsmedizinische Praxis Dr med. J.Neuwinger und Dr med. B.Munzer-Neuwinger

Oldenburg: Dr med. Saif Jibril; Tagesklinik Oldenburg, Dr med. Jörg Hennefründ, Dr med. Heike Ochs-Ring, Dr med. Michael Heeder

Osnabrück: Kinderwunschzentrum Osnabrück, Drs med. Irene Coordes, Doris Proffen, Manfred Schneider

Pforzheim: Zentrum für Reproduktionsmedizin in der Centraklinik, Dr med. R.-P.Stein

Prien am Chiemsee: Priener Zentrum für Reproduktionsmedizin, Dr med. Mathias Lehnert, PD Dr Dr med. Rainer Steldinger, Dr med. Susann Böhm, Dr med. (Univ. Izmir) Cenar Cevatli, Dr med. Wolfgang Lehnert

Regensburg: Zentrum für Gynäkologische Endokrinologie und Reproduktionsmedizin, Prof. Dr med. Bernd Seifert, PD Dr med. Monika Bals-Pratsch, Dr med. Ute Hehr

Remscheid: Gynäkologische Endokrinologie und Reproduktionsmedizin am Klinikum Remscheid

Rostock: Universitäts-Frauenklinik Rostock, Reproduktionsmedizin, PD Dr med. H.Müller, Dr med. S.Hansch

Saarbrücken: Dr med. Jens Happel, Dr med. Michael Thaele, Dr med. Lars Happel

Schwäbisch Gmünd: Klinikum Schwäbisch Gmünd; Margariten Hospital, Geburtshilfe/Fortpflanzungsmedizin

Schwerin: Medizinisches Zentrum der Landeshauptstadt Schwerin, Klinikum Schwerin, Prof. Dr med. E.Petri, Dr F.Thielemann

Stuttgart: Dr. med. Fred Maleika; Praxis Dr D.B.Mayer-Eichberger; IVF-Zentrum, Univ.-Prof. Dr med. Ute Fuchs

Tübingen: Universitätsklinikum Tübingen, Frauenklinik; Schwerpunkt Gynäkologische Endokrinologie und Reproduktionsmedizin, PD Dr P.Licht, Dr R. Emig

Ulm: IVF-Zentrum Ulm, Dr. med. Friedrich Gagsteiger, Prof. Dr med. Karl Sterzik; Universitätsklinikum Ulm, Zentrum für Reproduktionsmedizin und Gynäkologische Endokrinologie, Prof. Dr C.Brucker

Wiesbaden: Zentrum für Reproduktionsmedizin, Dr med. Th.Hahn, Dr. med. M. Schorsch

Würzburg: Dr med. R.Mai, Dr. med. Wolfgang Schmitt; Universitäts-Frauenklinik Würzburg, Prof. Dr T.Steck

## *Greece*

Athens: Fertility Institute, Center for Human Reproduction; Iatriki Erevna; IVF and Genetics; Neogenesis IVF Center; IVF Center Euromedica

Thessaloniki: Infertility & IVF Center, Geniki Kliniki

## *Hungary*

Budapest: 1st Department of OB/GYN, Semmelweis University of Medicine; Department of OB/GYN, 'Jahn Ferenc' Hospital; Department of OB/GYN, 'Nyiro Gyula' Hospital; Department of OB/GYN, St John's Hospital, Kaali Institute, Devai Institute, Forgacs Institute

Debrecen: Department of OB/GYN, Debrecen University of Medicine

Győr: Kaali Institute

Pécs: Department of OB/GYN, Pécs University of Medicine

Szeged: Kaali Institute

Tapolca: Pannon Institute for Reproduction

### **Iceland**

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

### **Ireland (Republic of)**

Clane: Assisted Conception Unit, Clane General Hospital

Dublin: HARI Unit (Human Assisted Reproduction Ireland), Rotunda Hospital

Galway: Galway Fertility Unit, University College Hospital

### **Italy**

Abano Terme (PD): Casa di Cura Abano Terme-Centro Ripr. Assistita

Ancona: Ospedale Salesi

Bari: Clinica S. Maria; Studio Medico 'San Luca'; Studio Associato CECOS; University of Bari

Bergamo: Ospedali Riuniti

Bologna: SISMER; Tecnobios

Bolzano: Ospedale di Bolzano

Brescia: Istituto Citta di Brescia

Bressanone (BZ): Ospedale di Bressanone

Brunico (BZ): Ospedale di Brunico

Cagliari: Ospedale Regionale Microcitemie

Caserta: Centro Genesis

Castellana Grotte: IRCCS

Catania: CRA

Fermo (AP): Istituto Palmatea

Firenze: Università di Firenze

Fossano (CN): Ospedale di Fossano

Genova: Università di Genova

Lecce: Centro Studi Riproduzione Umana

Messina: Centro di Riproduzione Umana

Mestre (VE): ARC-STER

Milano: Fondazione S.Raffaele del Monte Tabor; Polo Universitario S.Paolo; Centro Cerva

Modena: Università di Modena e Reggio Emilia

Monza (MI): Centro di Medicina della Riproduzione 'Biogenesi'

Motta di Livenza (TV): Ospedale di Motta di Livenza

Napoli: Centro Mediterraneo di Fecondazione Assistita; BDR

Nardo' (LE): Tecnomed

Padova: Studio 'Gemma'; Euganea Medica

Palermo: Centro 'Andros'; Centro di Biologia della Riproduzione

Parma: CIR Università di Parma

Pesaro: Centro Salus

Pescara: Villa Serena

Pieve di Cadore (BL): Ospedale Civile

Pisa: Casa di Cura S. Rossore; Università di Pisa

Pordenone: Ospedale S.M. degli Angeli

Roma: European Hospital; Centro RAPRUI; Università 'La Sapienza'; CIPA

Rozzano (MI): Istituto Clinico Humanitas

Salerno: CMR

Sassari: Università di Sassari

Sora (FR): Centro STS

Torino: Centro LIVET; Ospedale S. Anna; ARTES; Centro Diagnosi e Cura dell'Infertilità di Coppia

Varese: Centro Diagnostico Varesino

Verona: Policlinico Borgoroma

### **Latvia**

Not available

### **The Netherlands**

Amsterdam: Academisch Medisch Centrum, Vrije Universiteit Medisch Centrum

Eindhoven: Catharina Ziekenhuis

Groningen: Academisch Ziekenhuis Groningen

Leiden: Leids Universitair Medisch Centrum, Stichting Medisch Centrum voor Geboorteregeling

Maastricht: Academisch Ziekenhuis Maastricht

Nijmegen: Universitair Medisch Centrum St Radboud

Rotterdam: Academisch Ziekenhuis Rotterdam

Tilburg: St Elisabeth Ziekenhuis

Utrecht: Universitair Medisch Centrum

Voorburg: Reiner de Graaf Groep

Zwolle: Isala Klinieken

### **Norway**

Bergen: Kvinnekliviken Helse-Bergen, Haukeland Sykehus

Haugesund: Haugesund Sjukehus Helse Fonna

Oslo: Fertilitetssenteret Omnia; Rikshospitalet; Ullevål

Universitetssykehus; Volvat Medisinske Senter

Trondheim: St Olavs Hospital HF

Tromsø: Universitetssykehuset I Nord-Norge HF

### **Poland**

Bialystok: Department of Gynecology, Medical Academy of Bialystok; Center for Reproductive Medicine 'Kriobank'

Bytom: 1st Chair and Clinic of OB/GYN, Silesian Medical Academy

Lodz: 'Gameta' Fertility Center

Lublin: 'AB OVO', NZOZ Centrum Zdrowia Rodziny



Poznan: Division of Infertility and Reproductive Endocrinology, Poznan University of Medical Sciences; Clinic of Infertility 'Intermedica'

Szczecin: Clinic for Reproduction and Gynecology, Pomeranian Medical University

Warsaw: 1st Department of Gynecology and Obstetrics, University Hospital Warsaw; Private Infertility Clinic 'Novum'; Private Gynaecological Clinic of Reproduction 'Germen'

### *Portugal*

Guimarães: Hospital N.S. da Oliveira

Lisboa: Ava Clinic; CLINDIGO; Hospital de Santa Maria; Maternidade Dr Alfredo da Costa

Oporto: Centro de Genética Prof. Alberto Barros; CETI; Maternidade Júlio Dinis

Vila Nova de Gaia: Centro Hospitalar

### *Russia*

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

Vladivostok: Medical Center for IVF 'Santa Maria'

Vladikavkaz: Region Center for Family Planning and Reproduction

Ekaterinburg: Center of Family Medicine, Center for rehabilitation of infringements of reproductive function

Krasnoyarsk: Center for Reproductive Medicine

Moscow: IVF Department of Sechenov Medical Academia; Medical Center for ART; Medical Center 'The Medicine'; Center for Family Planning and Reproduction; IVF Department, Center for Infertility Treatment 'IVF'; Center 'Lera'; Medical clinic of reproduction 'MAMA'; Clinic of reproduction 'Test tube baby'; Medical Center for Infertility Treatment 'Embryon'

Nignekamsk: Center for Family Planning and Reproduction, IVF Department

Nigny Novgorod: Center for Family Planning and Reproduction

Novokuzneck: Zone Center of perinatology

Novosibirsk: Medical Center 'Avicenna'

Rostov-Don: Center of Human Reproduction and IVF

Samara: Medical Company 'IDK'

Saratov: Region Center for Family Planning and Reproduction

St Petersburg: International Center for Reproductive Medicine; Ob/Gyn Ott Institute; Center for Family Planning, Pushkinsky District; Russian Finnish Medical Center 'AVA-Peter'; Baltic Institute of Human Reproductology

Tomsk: The Siberian Institute of Human Reproduction

Tumen: Center for Reproductive Medicine 'Mercury'; Medical Center 'Malysh'

Cheboksary: Republican Center for Family Planning and Reproduction, Ministry of Health Chuvashia Republic

### *Slovenia*

Ljubljana: Department of Obstetrics and Gynecology, Medical Centre Ljubljana

Maribor: Department of Reproductive Medicine and Gynecologic Endocrinology, Hospital Maribor

Postojna: Centre for Infertility Treatment, Hospital Postojna

### *Spain*

Albacete: Complejo Hospitalario de Albacete

Alicante: Clínica Vista Hermosa de Alicante, Insituto Bernabeu

America: IVI Almería

Badajoz: IERA (Clínica Ginecológica González Carrera)

Barcelona: CIRH (Centro de Infertilidad y Reproducción Humana, Dr Brassesco), Cetre Medic Fuster, FECUNMED, Hospital Clínico, Instituto Dexeus

Canarias: Centro FIV Ángela Palumbo

Cordoba: Clinica BAU

Granada: Hospital Virgen de las Nieves, Clínica Sanabria

Guipuzcoa: Policlínica de Gipuzkoa

La Rioja: Hospital San Millán-San Pedro de Logroño, Centro Ginecológico Manzanera

Madrid: Fundación Jiménez Díaz, Hospital Maternal de La Paz; IVI Madrid; GINEFIV Madrid; FIV Madrid; Clínica Tambre; URH García del Real; Centro de Reproducción Humana; Centro Ginecológico Sojo; Hospital Madrid-Montepíncipe; Inst. Ginec. y Med Reprod. Dres Ordás y Palomo, Hospital Santa Cristina

Malaga: Centro de Reproducción Asistida de Marbella

Mallorca: Instituto Balear de Infertilidad; Fundación Hospital de Manacor

Menorca: Hospital Verge del Toro

Murcia: IVI Murcia

Toledo: Hospital Virgen de la Salud

Oviedo: CEFIVA, Hospital Central de Asturias

Valencia: IVI Valencia; Hospital La Fe; IMER

Vizcaya: Hospital de Cruces de Barakaldo; Hospital de Galdakao; Clinica Euskalduna

Zaragoza: Hospital Miguel Servet; Clínica Quirón; Clínica Montpellier

### *Sweden*

Falun: IVF unit, Falun Hospital

Göteborg: Fertility center, Carlanderska Hospital, Sahlgrenska University Hospital

Linköping: IVF unit, Linköping University Hospital

Malmö: Curakliniken, Öresundskliniken

Stockholm: IVF Stockholm; St Görans Hospital; IVF unit, Huddinge University Hospital; IVF unit, Sophiahemmet; Lucinakliniken; Reproductive Medicine Center, Karolinska University Hospital

Umeå: IVF unit, Norrlands Universitetssjukhus

Uppsala: Carl von Linne Kliniken; Reproduktionscentrum, Academic Hospital

Örebro: IVF unit, Örebro University Hospital

### Switzerland

Baden: Reproduktionsmedizinisches Zentrum Kantonsspital

Basel: IVF-ICSI Zenter Institut Dr Viollier; Universitäts-Frauenklinik, Abteilung für gynäkologische Endokrinologie und Reproduktionsmedizin

Bellinzona: ProCrea, Centro Fertilità della Svizzera Italiana

Bern: Lindenhofspital, IVF-Labor; Universitätsfrauenklinik, Abteilung für Gynäkologie, IVF und Reproduktionsmedizin, Inselspital

Frauenfeld-Kreuzlingen: IVF Zenter ILAMED

Genève: Centre Privé de Procréation Médicalement assistée de la Clinique de Champel Elysée; Hôpital Universitaire, Clinique et Policlinique de Stérilité et d'Endocrinologie Gynécologique

Lausanne: CHUV, Unité de Médecine de la Reproduction et d'Endocrinologie Gynécologique; Centre Vanderlick-Montchoisi; Centre de Procréation Médicalement Assistée; Dr J.Dequesne

Locarno: Centro Cantonale di Infertilità, Servizio di Endocrinologia Ginecologica

Luzern: Kantonalspital, Sterilitätssprechstunde

Frauenklinik, IVF-ICSI Labor

Schaffhausen-Zürich: Zentrum für Reproduktionsmedizin, Dr P.Fehr, Dr Singer

Winterthur: Dr R.Köppel

Zollikerberg: IVF Zürich

Zürich: Universitätsspital, Klinik für Endocrinologie

### UK

Aberdeen: University of Aberdeen

Airdrie: Lanarkshire Acute Hospital NHS Trust

Aldridge: Midland Fertility Services

Bath: Bath Assisted Conception Clinic

Belfast: Regional Fertility Centre, Belfast

Birmingham: Birmingham Women's Hospital; BMI Priory Hospital

Bishop Auckland: Bishop Auckland General Hospital

Brentwood: Brentwood Fertility Centre

Bristol: BUPA Hospital Bristol (now closed); Centre for Reproductive Medicine, University of Bristol; New Life Centre; Obstetrics and Gynaecology (Clinical Science at South Bristol); Southmead Hospital

Buckhurst Hill: Essex Fertility Centre

Burton Upon Trent: Burton Hospitals NHS Trust

Cambridge: Bourn Hall Clinic; The Rosie Hospital

Canterbury: BMI The Chaucer Hospital

Cardiff: Cardiff Assisted Reproduction Unit

Colchester: Isis Fertility Centre

Coventry: Centre for Reproductive Medicine, Coventry

Darlington: Cromwell IVF and Fertility Centre, Darlington

Derby: Derby City General Hospital

Dorchester: The Winterbourne Hospital

Dundee: Ninewells Hospital

Eastbourne: Eperance Private Hospital

Edinburgh: Edinburgh Assisted Conception Unit; Western General Hospital NHS Trust (now closed)

Exeter: Peninsular Centre for Reproductive Medicine

Gateshead: Centre for Assisted Reproduction, Gateshead

Glasgow: BMI Ross Hall Hospital (now closed); Glasgow Nuffield Hospital, Glasgow Royal Infirmary

Goreleston on Sea: Subfertility Unit, James Paget Healthcare NHS Trust

Great Missenden: The Chiltern Hospital Fertility Services Unit

Hartlepool: Hartlepool General Hospital

Hull: Hull IVF Unit

Ilford: North East London Fertility Services

Isleworth: West Middlesex University Hospital (now closed)

Leeds: Assisted Conception Unit, St James' University Hospital-Leeds; Clarendon Wing-Leeds

Leicester: Leicester Royal Infirmary; Middle England Fertility Centre (now closed)

Liverpool: Hewitt Centre for Reproductive Medicine; University Hospital Aintree (now closed)

London: Assisted Conception Unit, King's College Hospital; Assisted Reproduction and Gynaecology Centre; Barts and the London Fertility Centre; Chelsea & Westminster Hospital; Cromwell IVF and Fertility Centre; Diana, Princess of Wales Centre for Reproductive Medicine (now closed); Guys Hospital; Homerton University Hospital; London Female and Male Fertility Centre; London Fertility Centre; London Women's Clinic/Hallam Medical Centre; Louis Hughes; Newham General; Reproductive Medicine Unit-UCL Hospitals NHS Trust; Seymour Clinic (now closed); Shirley Oaks Hospital; The Bridge Centre; The Hammersmith Hospital; The Harley Street Fertility Centre; The Lister Fertility Clinic; The Portland Hospital Fertility Unit (now closed); University College Hospital London

Maidstone: Maidstone Fertility Centre (now closed)

Manchester: CARE Manchester; Manchester Fertility Services Ltd; Salford Royal IVF and Fertility Centre (now closed); St Mary's Hospital

Middlesbrough: Cleveland Gynaecology and Fertility Centre; The James Cook University Hospital

Neath: Neath General Hospital

Newcastle under Lyme: ACU, Lifestyle Sandy Lane Clinic

Newcastle Upon Tyne: Newcastle Fertility Centre at Life

Northampton: CARE Northampton

Nottingham: CARE Nottingham; NURTURE; Queens Medical Centre Fertility Unit

## ESHRE

Orpington: BMI Chelsfield Park ACU  
Oxford: Oxford Fertility Unit  
Peterborough: The Fertility Unit, Peterborough District Hospital  
Plymouth: South West Centre for Reproductive Medicine  
Sheffield: CARE at The Sheffield Fertility Centre; Centre for Reproductive Medicine and Fertility, Sheffield  
Shrewsbury: Shropshire and Mid-Wales Fertility Centre  
Southampton: The Princess Anne Hospital Fertility Unit; Wessex Fertility Limited  
Sunderland: Sunderland Fertility Centre  
Swansea: Cromwell IVF and Fertility Centre, Swansea  
Watford: Watford General Hospital  
Wexham: Willow Suite, Thames Valley Nuffield Hospital  
Wigan: Billinge Hospital  
Wirral: CARE Wirral

Woking: The Woking Nuffield Hospital  
Wolverhampton: St Jude's Clinic for Fertility & Gynaecology; Wolverhampton Assisted Conception Unit (now closed)

## *Ukraine*

Donetsk: Donetsk Regional Centre for Maternity and Child Care; Isida-Don IVF; Ukrainian–French Medical Centre of human reproductive function  
Kharkyv: Center for Reproductive Medicine 'Implant'  
Kyiv: Institute of Genetic Reproduction; Institute of Reproductive Medicine; Isida IVF  
Odessa: Center for Reproductive Medicine REMEDI  
Simferopol: Regional Center for Family Planning and Human Reproduction