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Assisted reproductive technology in Europe, 1998. Results generated from European registers by ESHRE

The European IVF-monitoring programme (EIM)*, for the European Society of Human Reproduction and Embryology (ESHRE)

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European results of assisted reproductive techniques from treatments initiated during 1998 are presented in this second ESHRE report. Data was collected from 18 European countries, usually from pre-existing national registers. A total of 521 clinics from these 18 countries reported 232 443 cycles: IVF 103 919, intracytoplasmic sperm injection (ICSI) 89 192, unclassified fertilization method 667, frozen embryo replacement (FER) 34 036 and oocyte donations (OD) 4629. In nine countries where all clinics reported to the register, a total of 128 801 cycles were performed in a population of 165 million, corresponding to 781 cycles per million inhabitants and 3.2 cycles per 1000 women aged 15–49 years. After IVF and ICSI the distribution of transfer of 1, 2, 3 and ≥4 embryos was 11.5, 37.2, 42.0 and 9.4% respectively. Huge differences existed between countries. For IVF the clinical pregnancy rate per aspiration and per transfer was 23.2% and 27.0% respectively. For ICSI the corresponding rates were 24.8% and 26.8%. The distribution of singleton, twin, triplet and quadruplet deliveries for IVF and ICSI combined was 73.7, 23.9, 2.3 and 0.1%. This gives a total multiple delivery rate of 26.3%. The range of triplet deliveries after IVF and ICSI differed from 0.2–5.3% between countries. Compared with 1997, the number of reported cycles has increased by 14% and the number of reporting clinics by 8%. The clinical pregnancy rate per transfer increased from 26.1 to 27.0% after IVF and from 26.4 to 26.8% after ICSI. Multiple deliveries after IVF and ICSI decreased from 29.6 to 26.3%.

Key words: Register data/Europe/IVF/ICSI/ESHRE

Introduction

This report is the second publication (ESHRE, 2001) on European data on assisted reproduction technology (ART). Data has been collected from 18 European countries and covers IVF, intracytoplasmatic sperm injections (ICSI), frozen embryo replacements (FER) and oocyte donations (OD) initiated during 1998.

A Consortium meeting was held at the ESHRE Central Office in April 2001 with representatives from participating countries, where present and future reporting systems were discussed. It was noted that Germany reported an increased coverage in their register. Belgium, Hungary and Switzerland were planning to advance their registration systems from voluntary, non-governmental registers to mandatory registers run by the authorities. Additionally, contacts were made to countries that have not yet participated in the European IVF-monitoring (EIM) programme, such as Austria, Ireland and Ukraine. For the present report it was decided to add a list of participating centres in each country in order to give credit to all contributors.

One of the difficulties in the present reporting system is the different definitions used in each country. It was decided to have an inventory done and to list the various definitions used. Although difficult, it would be highly recommendable for the future to try and harmonize the definitions used. The Consortium noticed that efforts are being made to that effect by the International Federation of Fertility Societies (IFFS) Taskforce for IVF World Data and by the World Health Organization (WHO).

The Consortium again noted that the quality of data needs to be improved in the future. European countries have different data collection systems with a variable degree of coverage,

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Table I. ART in European countries in 1998. Number of clinics in the country, number of clinics reporting to the national register and number of initiated[1] cycles of IVF, ICSI, frozen embryo replacement [FER (thawings)] and oocyte donation (OD) in 1998

Country country	Clinics in to register	Clinics reporting	IVF	ICSI	FER	OD	All
Belgium	35	23	3137	4778	1932	143	10 529
Czech Republic	15	14	4489	2276	1114	64	7943
Denmark	17	17	5180	2101	1128	121	8530
Finland	19	19	2864	2032	2651	340	7877
France	95	95	21 831	17 583	7088	218	46 720
Germany	~110	93	15 703	24 347	6082	NA	46 132
Greece	45	20	3598	3221	154	415	7388
Hungary	8	6	916	1128	50	5	2099
Iceland	1	1	210	116	57	1	422
Italy	~100	54	5770	5973	1598	339	13 680
Netherlands	12	12	9225	3517	1123	NA	13 965
Norway	7	7	2306	1017	320	NA	3643
Portugal	NA	6	512	646	59	NA	1217
Russia	24	15	3588	838	88	178	4692
Spain	87	33	2342	4265	2164	1191	9962
Sweden	15	15	3629	3488	1264	NA	8381
Switzerland	14	14	978	1712	1312	NA	4002
UK	77	77	17 641	10 154	5852	1614	35 261
All	~700	521	103 919	89 192	34 036	4411	232 443

[1]Germany, France, Iceland, Spain: aspirations rather than initiated cycles.
Finland: FER and OD refer to transfers. Germany, Netherlands and Portugal: FER based on transfers.
Germany and Switzerland: FER refers to two pronuclei cryopreservation.
Belgium: Sum of cycles with different treatments less that of all cycles due to lack of information on distribution between IVF and ICSI when initiated.
NA = not available.

loss of follow-up and with different definitions. The Consortium decided to continue to present annual reports and to try to improve the quality of the reports.

Material and Methods

National registers

A total of 16 countries had pre-existing data collection programmes for 1998, and provided data directly from these sources. In Greece and Italy, where no such register existed, national data was collected *de novo* for the purpose of the EIM programme. National data have not been available from two Western European countries: Austria and Ireland. From Eastern Europe only the Czech Republic, Hungary and Russia were able to provide data. Details regarding the registers has been described earlier (ESHRE, 2001). Regarding the Czech Republic, the 1997 report covered all clinics in the country, whereas one clinic did not wish to participate in the data collection for 1998.

Data collection

The present report summarizes data from IVF treatments started during 1998. The data include treatments from IVF, ICSI, OD and FER performed from January 1–December 31, 1998. Follow-up data on pregnancies and deliveries are cohort data.

The data collection programmes vary considerably from one country to another. 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 1998 data is basically similar to the preceding year (ESHRE, 2001). The following nine countries reported data from all clinics in the country: Denmark, Finland, France, Iceland, the Netherlands, Norway, Sweden, Switzerland and the UK. In most countries reports of pregnancies are based on the presence of one or more intrauterine gestational sacs at sonography ~5 weeks after embryo transfer. Deliveries were normally reported within the same reporting system as for treatments and pregnancies. For the present report neither the definitions of pregnancies nor births have been standardized.

As the data presented here is incomplete and generated through different methods using different definitions in different countries, interpretation of the data must be done with some caution. Eventually the quality and conformity of the data will improve in later reports.

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 and size of clinics reporting to the register. The cycles are subdivided into IVF, ICSI, FER and OD. In Germany, France, Iceland and Spain the number of aspirations were used, as the number of initiated cycles were not available. In total 521 clinics from 18 countries reported 232 443 cycles.

Table II shows data from those nine countries where all clinics have reported to the register. The number of cycles are related to the total population in the country and to the female populations aged 15–49 years. Overall there were 3.2 cycles per 1000 women in the fertile age. In addition, the number of infants born after ART are expressed in percentage of the total number of live-born in the country. Overall, 128 801 cycles were undertaken in a population of 164.9 million, giving a mean of 781 cycles per million. The percentage of infants born after ART was 1.14 in the UK, 1.29 in France and from 1.70–3.79 in the Nordic countries.

Table II. IVF in 1998 in those European countries where all clinics have reported to a national register. Number of reported initiated[1] cycles, deliveries and infants in relation to the population and the national number of live born. Cycles include initiated treatment cycles of IVF and ICSI, frozen embryo replacement [FER (thawings)] and oocyte donation (OD)

Country	Initiated cycles (*n*)	Population (*n*; $\times 10^6$)	Cycles /$\times 10^6$	Cycles/1000 women 15–49 years of age	ART deliveries (*n*)	Infants born after ART (*n*)	National births (*n*)	ART infants % of all
Denmark	8530	5.3	1608	6.7	1600	2014	66 170	3.04
Finland	7877	5.2	1528	6.4	1218	1584	57 108	2.77
France	46 720	58.8	795	3.1	7531	9513	740 300	1.29
Iceland	422	0.3	1540	6.0	121	158	4179	3.79
Netherlands	13 965	15.7	889	3.5	NA	NA	199 408	NA
Norway	3643	4.4	822	3.4	775	994	58 352	1.70
Sweden	8381	8.9	947	4.2	1740	2152	89 028	2.42
Switzerland	4002	7.1	563	2.3	338[2]	408[2]	78 949	0.50[1]
UK	35 261	59.2	595	2.5	6263	8140	717 081	1.14
All[a]	128 801	164.9	781	3.2	–	–	2 010 575	–

Source of populations size and deliveries:
Council of Europe (1999). *Recent demographic developments in Europe—1999*. Strasbourg, Council of Europe Publishing.
World Health Organization (2001). *Health for all—database* http://www.who.dk/country/country.
[1]France and Iceland: aspirations rather than initiated cycles.
[2]Switzerland: major loss of follow-up on deliveries. Deliveries therefore underestimated.
[a] ART deliveries and infants born after ART were not summarized due to lack of, or, incomplete follow-up of pregnancies in two countries.
NA = not available.

Table III. Size of IVF clinics in Europe, 1998

Country	Clinics reporting to the register	Recorded cycles in register	Size of clinics in % (all ART cycles in 1998)				
			<100	100–199	200–499	500–999	>1000
Belgium	23	10 529	NA	NA	NA	NA	NA
Czech Republic	14	7943	7	0	57	21	14
Denmark	17	8530	18	0	29	47	6
Finland	19	7877	17	11	39	22	11
France	95	46 720	11	16	36	26	12
Germany	93	46 132	11	9	32	25	24
Greece	20	7388	45	35	15	0	5
Hungary	6	2099	0	17	67	17	0
Iceland	1	422	0	0	100	0	0
Italy	54	13 680	26	39	22	11	2
Netherlands	12	13 965	0	0	17	33	50
Norway	7	3643	0	14	57	29	0
Portugal	6	1217	33	33	17	17	0
Russia	15	4692	27	27	27	13	7
Spain	33	9962	39	18	24	12	6
Sweden	15	8381	7	7	27	40	20
Switzerland	14	4002	21	29	36	14	0
UK	77	35 261	21	12	26	34	8
All, range	1–95	232 443	0–45	0–39	15–100	0–47	0–50

NA = not available.

Size of the clinics

Table III shows the size distribution of the 521 reporting clinics. The size of a clinic (or unit) is based on all cycles performed per year.

Age distribution

Table IV shows the age distribution of the treated women in various countries.

Number of embryos transferred

Table V shows the number of embryos transferred after IVF and ICSI combined. As indicated in the table, wide differences were seen between countries. The range of triple embryo transfers was 4.4–58.8% and the range of transfer of ⩾4 embryos was 0.0–54.7%.

Pregnancies and deliveries after treatment

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

Table VI shows that after IVF, 22 683 pregnancies resulted from 84 066 embryo transfers. The mean clinical pregnancy rate per embryo transfer was 27.0%, with a range from 21.0–44.6%. If Iceland, with only a single clinic, is excluded, the pregnancy rate per embryo transfer ranges between 21.0–

35.1%. The delivery rate per embryo transfer after IVF has not been summarized due to incomplete follow-up of pregnancies in many countries.

Table VII shows that after ICSI, 21 665 pregnancies resulted from 80 785 embryo transfers. The mean clinical pregnancy rate per embryo transfer was 26.8%, with a range from 18.2–46.4%. If Iceland, with only a single clinic, is excluded, the pregnancy rate per embryo transfer ranges between 18.2–33.8%. The delivery rate per embryo transfer after ICSI has not been summarized due to incomplete follow-up of pregnancies in many countries.

Table VIII shows that after FER, 4620 pregnancies resulted from 31 121 transfers. The mean clinical pregnancy rate per embryo transfer after FER was 14.9%. The delivery rates per embryo transfer after FER has not been summarized due to incomplete follow-up of pregnancies in many countries.

Table IX shows that after OD, 4264 transfers resulted in 1306 clinical pregnancies, giving a pregnancy rate per transfer of 30.6%.

Table IV. Percentage age distribution in women treated with IVF and ICSI (oocyte donation excluded)

Country	⩽29 years	30–34 years	35–39 years	⩾40 years
Czech Republic	30.2	34.7	22.6	12.4
Denmark	NA	NA	NA	8.4
Finland	19.7	36.7	29.7	14.0
France	20.5	37.6	30.2	11.3
Germany	20.1	39.0	29.6	11.3
Greece	10.1	38.9	39.7	11.2
Hungary	32.3	34.7	21.0	12.0
Iceland	19.3	35.6	34.0	11.0
Italy	13.3	35.3	37.5	13.9
Portugal	19.9	44.3	28.2	7.6
Russia	33.1	32.2	24.9	9.8
Spain	10.6	40.6	38.2	10.5
Sweden	15.8	35.0	36.0	13.2
Switzerland	10.9	36.0	36.5	16.6
UK	16.6	39.0	34.3	10.2
Range	10.1–33.1	32.2–44.3	21.0–39.7	7.6–16.6

NA = not available.

Singleton, twin, triplet and quadruplet deliveries

Table X shows the deliveries after IVF and ICSI in relation to singleton, twin, triplet and quadruplet deliveries in 16 countries. It is seen that the distribution of the deliveries was: singleton 73.7%, twin 23.9%, triplet 2.3% and quadruplet 0.1%.

Table XI shows the deliveries after FER in relation to singleton, twin, triplet and quadruplet deliveries in 16 countries. It is seen that the distribution of the deliveries was: singleton 84.5%, twin 13.9%, triplet 1.5% and quadruplet 0.0%.

Table XII shows the proportion of infants born as singletons, twins, triplets and quadruplets. It is seen that 57.3% are born as singletons, 37.1% as twins, 5.4% as triplets and 0.2% as quadruplets.

Table XIII presents calculations on the number of clinical pregnancies per embryo replaced. The same parameter can also be expressed as the number of embryos replaced in order to achieve one clinical pregnancy. It is seen that on average the number of pregnancies per embryo was 0.13 and the number of embryos used to achieve one pregnancy was 7.7.

Discussion

The first report on European ART treatments was published in *Human Reproduction* in February this year (ESHRE, 2001) and included a total of 203 893 cycles from 18 European countries during 1997. The present report covers the same countries and includes data from 232 443 (+14%) initiated cycles from 521 clinics (+8%) initiated in 1998. For comparison the report from the USA from 1997 covered a total of 73 069 cycles (ASRM/SART Registry, 2000)

The largest number of cycles again comes from France and Germany, with ~46 000 cycles each, and the UK with ~35 000 cycles. Altogether these countries contribute to >50% of all cycles.

Germany reported a large increase in treatment cycles from ~28 000 in 1997 to ~46 000 cycles in 1998. According to the German register there will be a further marked increase in the number of reported cycles in the following years, primarily due to a better coverage of the reporting system in Germany.

Table V. Number of transferred embryos after IVF and ICSI (fresh cycles)

Country of transfers	Number (*n*)	1 embryo %	2 embryos (*n*)	3 embryos %	⩾4 embryos (*n*)	%	(*n*)	%	
Belgium	5850	554	9.5	2804	47.9	1975	33.8	517	8.8
Czech Republic	5117	536	10.5	820	16.0	2055	40.2	1706	33.3
Finland	4292	706	16.4	3182	74.1	402	9.4	2	0.0
France	33 763	4882	14.5	12 496	37.0	13 465	39.9	2920	8.6
Germany	33 580	3608	10.7	10 212	30.4	19 760	58.8	0	0.0
Greece	5565	546	9.8	1017	18.3	1901	34.2	2101	37.8
Hungary	1770	133	7.5	328	18.5	885	50.0	424	24.0
Iceland	308	28	9.1	194	63.0	86	27.9	0	0.0
Italy	9486	1144	12.1	2474	26.1	4114	43.4	1754	18.5
Portugal	903	102	11.3	182	20.2	386	42.7	233	25.8
Russia	2951	300	10.2	416	14.1	620	21.0	1615	54.7
Spain	5997	588	9.8	982	16.4	2512	41.9	1915	31.9
Sweden	5893	622	10.6	5013	85.1	258	4.4	0	0.0
Switzerland	2258	274	12.1	1305	57.8	615	27.2	64	2.8
UK	23 518	2163	9.2	11 067	47.0	10 288	43.7	0	0.0
All, range in %	141 251	16 186	11.5	52 492	37.2	59 322	42.0	13 251	9.4

Table VI. Pregnancies and deliveries after IVF in European countries in 1998

Country	Cycles	Aspirations	Transfers	Pregnancies	Deliveries	Pregnancies in % per			Deliveries in % per		
						Cycle	Asp	Transfer	Cycle	Asp	Transfer
Belgium	NA	3137	2466	668	NA	NA	21.3	27.0	NA	NA	NA
Czech Republic	4489	3996	3204	968	745	21.6	24.2	30.0	16.6	18.6	23.3
Denmark	5180	4814	4238	1196	1048	23.0	24.8	28.2	20.2	21.8	24.7
Finland	2864	2774	2432	754	568	26.0	27.2	31.0	19.8	20.5	23.4
France	NA	21 831	17 639	4772	3596	NA	21.9	27.1	NA	16.5	20.4
Germany	NA	15 703	13 703	3478	2155	NA	22.0	25.4	NA	13.7	15.7
Greece	3598	3177	2807	868	558	24.1	27.3	30.9	15.5	17.6	20.0
Hungary	916	847	757	191	149	20.9	22.6	25.2	16.3	17.6	19.7
Iceland	NA	184	168	75	61	NA	40.1	44.6	NA	33.0	36.3
Italy	5770	5183	4564	1089	846	18.9	21.0	23.9	14.7	16.3	18.5
Netherlands	9225	8172	7051	1767	NA	19.2	21.7	25.1	NA	NA	NA
Norway	2306	2100	1872	603	512	26.1	28.7	32.2	22.2	24.4	27.4
Portugal	512	439	384	99	54	19.3	22.6	25.8	10.5	12.3	14.1
Russia	3588	3468	3094	820	495	22.9	23.6	26.5	13.8	14.3	16.0
Spain	NA	2342	2059	539	408	NA	23.0	26.2	NA	17.4	19.8
Sweden	3629	3320	2921	1024	795	28.2	30.8	35.1	21.9	23.9	27.2
Switzerland	978	919	778	163	101	16.7	17.7	21.0	10.3	11.0	13.0
UK	17 641	15 437	13 929	3609	3079	20.5	23.4	25.9	17.5	19.9	22.1
All[a]	–	97 843	84 066	22 683	–	–	23.2	27.0	–	–	–

Note that in the following countries >5% of pregnancies (or an unknown number) are lost for follow-up. Therefore the true delivery rates are likely to be higher in these countries: Czech Republic, France, Germany, Greece, Hungary, Italy, Portugal, Russia, Spain, Switzerland and the United Kingdom.
[a]The delivery rates per embryo transfer after IVF have not been summarized due to incomplete follow-up of pregnancies in many countries.
NA = not available.

Table VII. Pregnancies and deliveries after ICSI in European countries in 1998

Country	Cycles	Aspirations	Transfers	Pregnances	Deliveries	Pregnancies in % per			Deliveries in % per		
						Cycle	Aspn	Transfer	Cycle	Aspn	Transfer
Belgium	NA	4778	3764	912	NA	NA	19.1	24.2	NA	NA	NA
Czech Republic	2276	2209	1912	516	353	22.7	23.4	27.0	15.5	16.0	18.5
Denmark	2101	2033	1861	523	424	24.9	25.7	28.1	20.2	20.9	22.8
Finland	2022	1981	1772	503	378	24.9	25.4	28.4	18.7	19.1	21.3
France	NA	17 583	16 124	4218	3197	NA	24.0	26.2	NA	18.2	19.8
Germany	NA	24 336	23 374	6075	3753	NA	25.0	26.0	NA	15.4	16.1
Greece	3221	2897	2758	933	602	29.0	32.2	33.8	18.7	20.8	21.8
Hungary	1128	1065	1013	247	213	21.9	23.2	24.4	18.9	20.0	21.0
Iceland	NA	142	140	65	53	NA	45.8	46.4	NA	37.3	37.9
Italy	5973	5498	4922	1340	1048	22.4	24.4	27.2	17.5	19.1	21.3
Netherlands	3517	3191	2985	839	NA	23.9	26.3	28.1	NA	NA	NA
Norway	1017	951	870	255	221	25.1	26.8	29.3	20.7	23.2	25.4
Portugal	646	588	521	139	60	21.5	23.6	26.7	9.3	10.2	11.5
Russia	838	829	782	142	98	16.9	17.1	18.2	11.7	11.8	12.5
Spain	NA	4265	3938	1137	833	NA	26.7	28.9	NA	19.5	21.2
Sweden	3488	3276	2972	949	756	27.2	29.0	31.9	21.7	23.1	25.4
Switzerland	1712	1652	1488	351	171	20.5	21.2	23.6	10.0	10.4	11.5
UK	10 154	10 154	9589	2521	2186	24.8	24.8	26.3	21.5	21.5	22.8
All[a]	–	87 428	80 785	21 665	–	–	24.8	26.8	–	–	–

Note that in the following countries >5% of pregnancies (or an unknown number) are lost for follow-up. Therefore the true delivery rates are likely to be higher in these countries: Czech Republic, France, Germany, Greece, Hungary, Italy, Portugal, Russia, Spain, Switzerland and the UK.
[a]The delivery rates per embryo transfer after IVF have not been summarized due to incomplete follow-up of pregnancies in many countries.
NA = not available.

A similar increase was observed in Italy and Belgium, whereas the number of reported treatment cycles declined in Spain. In other countries the number of reported cycles remained relatively stable. During 2001 contacts have been made with Austria, Ireland and Ukraine, in order to achieve data for future reports.

IVF treatments with standard fertilization techniques still predominate over ICSI (103 919, 53.8% versus 89 192, 46.2%), but the difference is less than in 1997. In several countries such as Belgium, Germany, Hungary, Italy, Portugal, Spain, and Switzerland, ICSI is now the most frequently performed treatment.

Table VIII. Pregnancies and deliveries after frozen embryo replacment in European countries in 1998

Country	Thawings	Transfers	Pregnancies	Deliveries	Pregnancies in % per		Deliveries in % per	
					Thawing	Transfer	Thawing	Transfer
Belgium	1932	1091	130	NA	6.7	11.9	–	–
Czech Republic	1114	998	173	124	15.5	17.3	11.9	12.4
Denmark	1128	883	126	111	11.2	14.3	9.8	12.6
Finland	2651	2273	406	272	15.3	17.9	10.3	12.0
France	7088	NA	1000	697	14.1	–	14.1	–
Germany	NA	6082	935	570	NA	15.4	NA	9.4
Greece	154	126	44	12	28.6	34.9	7.8	9.5
Hungary	50	40	1	1	2.0	2.5	2.0	2.5
Iceland	57	54	11	7	14.3	20.3	12.3	13.0
Italy	1598	1444	276	174	17.3	19.1	10.9	12.0
The Netherlands	NA	1223	157	NA	NA	12.8	–	–
Norway	320	267	47	43	14.7	17.6	13.4	16.1
Portugal	NA	59	12	8	NA	20.3	–	13.6
Russia	NA	88	18	10	NA	20.5	–	11.4
Spain	2164	1425	197	148	9.1	13.8	6.8	10.4
Sweden	1264	1090	245	189	19.4	22.5	15.0	17.3
Switzerland	1312	1139	151	95	11.5	13.3	7.2	8.3
UK	5852	5273	813	679	13.9	15.4	11.6	12.9
All[a]	–	31 021[1]	4620	–	–	14.9[1]	–	–

[1]France: transfers unknown but given the same number as thawings.
Note that in the following countries above 5% of pregnancies (or an unknown number) are lost for follow-up. Therefore the true delivery rates are likely to be higher in these countries: Czech Republic, France, Germany, Greece, Hungary, Italy, Portugal, Russia, Spain, Switzerland and the UK.
[a]The delivery rates per embryo transfer after IVF have not been summarized due to incomplete follow-up of pregnancies in many countries.
NA = not available.

Table IX. Pregnancies and deliveries after oocyte donation in European countries in 1998

Country	Donations	Transfers	Pregnancies	Deliveries	Pregnancies in % per		Deliveries in % per	
					Donation	Transfer	Donation	Transfer
Belgium	143	NA	43	NA	30.1	NA	–	–
Czech Republic	64	64	18	NA	28.1	28.1	–	–
Denmark	121	103	21	17	17.4	20.4	14.0	16.5
Finland	NA	340	120	91	NA	35.3	–	26.8
France	NA	218	57	41	NA	26.1	–	18.9
Greece	415	382	112	48	27.0	29.3	11.6	12.6
Hungary	5	5	2	2	40.0	40.0	40.0	40.0
Iceland	1	1	0	0	0.0	0.0	0.0	0.0
Italy	339	301	82	58	24.2	27.2	17.1	19.3
Russia	178	178	49	NA	27.5	27.5	–	–
Spain	1191	1057	417	263	35.0	39.5	22.1	24.9
United Kingdom	1614	1472	385	319	23.8	26.2	19.8	21.7
All[a]	–	4264[1]	1306[1]	–	–	30.6[1]	–	–

[1]Belgium: calculations based on the assumption that the number of transfers is the same as the number of donations.
The data from Finland and Spain includes a number of embryo donations.
[a]The delivery rates per embryo transfer after IVF have not been summarized due to incomplete follow-up of pregnancies in many countries.
NA = not available.

The mean availability of treatment cycles, expressed as the number of cycles per million inhabitants was defined in those countries where all clinics reported to the register. A small increase was observed from 765 cycles per million in 1997 to 781 cycles per million in 1998.

The highest availability is found in the Nordic countries and the Netherlands. Denmark reported the highest number of treatments with 1608 cycles per million, whereas 595 cycles per million were performed in the UK.

The proportion of children born after ART can be compared with the total number of live-births in the same countries. It is seen that in the Nordic countries 1.70–3.45% of all infants are born after ART, whereas the corresponding figure is 1.14 for the UK and 1.29 for France.

The proportion of single embryo transfers remain relatively constant at ~10–15%. Finland has the highest rate of 16.4 followed by France with 14.5%. The proportion of dual embryo transfers varies. Sweden has the highest proportion with 85.1%, followed by Finland with 74.1% and Iceland with 63.0%. From 1997–1998 a substantial increase in the proportion of

Table X. Deliveries in relation to multiple births after IVF and ICSI treatments initiated in 1998 (frozen embryo replacment excluded)

Country	Deliveries							
	Singleton		Twin		Triplet		Quadruplet	
	(*n*)	%	(*n*)	%	(*n*)	%	(*n*)	%
Czech Republic	660	60.1	390	35.5	43	3.9	5	0.5
Denmark	1096	74.4	362	24.6	14	1.0	0	0.0
Finland	715	75.6	230	24.3	1	0.1	0	0.0
France	5031	74.0	1651	24.3	110	1.6	1	0.0
Germany	4424	75.0	1265	21.4	217	3.7	2	0.0
Greece	711	61.2	430	37.1	18	1.6	1	0.1
Hungary	265	73.2	84	23.1	13	3.6	0	0.0
Iceland	80	70.1	32	28.1	2	1.8	0	0.0
Italy	1380	72.9	437	23.1	73	3.9	4	0.2
Norway	530	72.4	198	27.0	4	0.5	0	0.0
Portugal	83	72.8	25	21.9	6	5.3	0	0.0
Russia	411	69.3	152	25.6	30	5.1	0	0.0
Spain	833	67.1	357	28.8	49	3.9	2	0.0
Sweden	1175	75.8	372	24.0	4	0.2	0	0.0
Switzerland	200	78.1	53	20.7	3	1.1	0	0.0
UK	5265	77.7	1370	20.2	137	2.0	2	0.0
All	22 859	73.7	7408	23.9	724	2.3	17	0.1

Belgium and the Netherlands: not available.

Table XI. Deliveries in relation to multiple births after frozen embryo replacement treatments initiated in 1998

Country	Deliveries							
	Singleton		Twin		Triplet		Quadruplet	
	(*n*)	%	(*n*)	%	(*n*)	%	(*n*)	%
Czech Republic	99	79.8	22	17.7	2	1.6	1	0.8
Denmark	91	82.0	20	18.0	0	0.0	0	0.0
Finland	240	88.0	30	11.0	2	0.7	0	0.0
France	606	86.9	83	11.9	8	1.1	0	0.0
Germany	478	83.9	79	13.9	13	2.3	0	0.0
Greece	10	83.3	2	16.7	0	0.0	0	0.0
Hungary	1	100.0	0	0.0	0	0.0	0	0.0
Iceland	6	86.0	1	14.0	0	0.0	0	0.0
Italy	148	85.1	21	12.1	5	2.9	0	0.0
Norway	31	72.1	11	25.6	1	2.3	0	0.0
Portugal	7	87.5	0	0.0	1	12.5	0	0.0
Russia	8	80.0	2	20.0	0	0.0	0	0.0
Sweden	158	83.6	30	15.9	1	0.5	0	0.0
Switzerland	72	87.8	9	11.0	1	1.2	0	0.0
UK	563	82.9	106	15.6	10	1.5	0	0.0
All	2518	84.5	416	13.9	44	1.5	1	0.0

Belgium and the Netherlands: not available.

dual embryo transfers was reported from Belgium (41–48%), France (31–37%), Switzerland (50–58%) and the UK (42–47%).

Regarding triple embryo transfers the reported percentage has gone down in some countries, notably Belgium from 41.1–33.8%, but it remained high and actually increased in several countries. Two countries reported very low rates of triple embryo transfers. In Sweden and Finland three embryos were replaced in 4.4 and 9.4% of all transfers respectively.

Transfers of ⩾4 embryos are still performed in many countries. Three Eastern European countries reported a high proportion of replacements of ⩾4 embryos: Russia 54.7%, the Czech Republic 33.3% and Hungary 24.0%. From Southern Europe: Greece 37.8%, Spain 31.9% and Portugal 25.8%. In a number of countries four embryos are never replaced.

The pregnancy rate per transfer was 27.0% after IVF and 26.8% after ICSI. This is a small increase compared with 26.1% after IVF and 26.4% after ICSI in 1997 (ESHRE, 2001).

For comparison, the clinical pregnancy rate per transfer was 36.5% (IVF) and 35.2% (ICSI) in 1997 in the USA (ASRM/SART Registry, 2000). The delivery rates should not be summarized due to incomplete follow-up of pregnancies in

Table XII. Percentage of infants born as singletons, twins, triplets and quadruplets after IVF and ICSI (frozen embryo replacement and oocyte donation excluded)

Country	Singletons, %	Twins, %	Triplets, %	Quadruplets, %
Czech Republic	41.5	49.1	8.1	1.3
Denmark	58.9	38.9	2.3	0.0
Finland	60.7	39.0	0.3	0.0
France	51.0	38.1	3.8	0.0
Germany	58.1	33.2	8.6	0.0
Greece	43.6	52.8	2.8	0.2
Hungary	56.1	35.6	8.3	0.0
Iceland	55.6	44.4	4.2	0.0
Italy	55.4	35.1	8.8	0.6
Norway	56.5	42.2	1.3	0.0
Portugal	55.0	33.1	11.9	0.0
Russia	51.1	37.8	11.2	0.0
Spain	48.9	42.0	8.6	0.5
Sweden	60.8	38.5	0.6	0.0
Switzerland	63.5	33.7	2.9	0.0
UK	62.5	32.5	7.8	0.0
All (*n*; %)	22 859 (57.3%)	14 816 (37.1%)	2172 (5.4%)	68 (0.2%)

Belgium and the Netherlands: not available.

Table XIII. The number of clinical pregnancies for each embryo transferred and the number of embryos transferred per pregnancy. Data on IVF and ICSI with fresh embryos

Country	Total number of embryos transferred	Pregnancies per embryo	Pregnancies per pregnancy	Embryos
Belgium	14 155	1580	0.11	9.0
Czech Republic	15 165	1484	0.10	10.2
Denmark (*)	11 893	1719	0.14	6.9
Finland	8284	1257	0.15	6.6
France	81 949	8990	0.11	9.1
Germany	83 312	9553	0.12	8.7
Greece	16 687	1801	0.11	9.3
Hungary	5140	438	0.09	11.4
Iceland	868	140	0.16	6.2
Italy	25 450	2429	0.10	10.5
Norway (*)	5484	858	0.16	6.4
Portugal	2556	238	0.09	10.7
Russia	9452	962	0.10	10.2
Spain	17 748	1676	0.09	10.6
Sweden	11 422	1973	0.17	5.8
Switzerland	4986	514	0.10	9.7
UK	5516	6130	0.11	9.0
All	320 067	41 742	0.13	7.7

(*) Denmark and Norway. Estimates based on an average number of transferred embryos of 1.95 per embryo transfer.

several countries. For IVF the highest pregnancy rates were reported from Iceland (44.6%), Norway (36.3%) and Sweden (35.1%).

The mean proportion of singleton deliveries after IVF and ICSI has increased from 71.0% in 1997 to 73.7% in 1998. The proportion of twin and triplet deliveries decreased to 23.9 and 2.3%, respectively. For comparison, the data after IVF from the USA from 1997 gives the following distribution of deliveries: 60.9% singletons, 32.2% twins, 6.3% triplets and 0.5% quadruplets (ASRM/SART Registry, 2000). Major differences exist between European countries, where the rate of twin deliveries is as high as 35.5% in the Czech Republic and 37.1% in Greece. Triplets deliveries occurred at ~1% in the Nordic countries but up to 5.1% in Russia and 5.3% in Portugal. Spain reported a major decline in the rate of triplets which was reduced from 11.9% in 1997 to 3.9% in 1998. However, the total number of cycles reported from Spain was reduced in 1998 compared with 1997, so there may be a reporting bias in this marked reduction.

This year data have also been calculated on the percentage of infants born as singletons, twins, triplets and quadruplets. In this perspective 57.3% of the children are born as singletons, 37.1% as twins, 5.4% as triplets and 0.2% as quadruplets.

Table XIII gives a presentation of the number of clinical pregnancies per embryo replaced, and the number of embryos used for one clinical pregnancy. This will be different from

the implantation rates, and it will focus on achievement of singleton pregnancies and deliveries and replacement of few embryos with a high implantation rate. It is seen that around 7.7 embryos have to be replaced to give one clinical pregnancy.

The coverage of data collection has increased since the first report, the definitions are still different and the loss of follow-up of deliveries remains high in several countries. Therefore the data in this report should be interpreted cautiously.

In summary, the report from 1998 shows that the number of reported treatment cycles has increased and the pregnancy rate per treatment has increased slightly simultaneously with a reduction in the rate of multiple deliveries.

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Stuttgart: Lessingstraβe 9; Hölderlinplatz 2b.

Tübingen: Eberhard-Karls-Universität, Frauenklinik.

Ulm: IVF-Zentrum Ulm, Zentrum für Reproduktionsmedizin; Universitätsfrauenklinik Ulm.

Wiesbaden: Gemeinschaftspraxis, Mainzer Str. 98-102.

Würzburg: Gemeinschaftspraxis, Juliuspromenade; Universitätsfrauenklinik.

Greece

Athens: Biogenetic Center; Division of Human Reproduction 'Elena Venizelou'; Division of Reproductive Medicine; Fertility Institute; In Vitro Fertilization and Genetics 'IVF'; IVF Center; IVF Center 'Alexandra' Hospital; IVF Center 'Embryogenesis'; IVF Center 'Euromedica'; IVF Center 'Iatriki Erevna'; IVF Center 'Mitrotis'.

Crete: IVF Unit of Crete, Chania; IVF Center of Crete, Heraklion.

Drama: IVF Center of Drama.

Ioannina: IVF Unit, University Hospital of Ioannina.

Larissa: IVF Center 'Biogenessis'; IVF Center of Larissa.

Patra: IVF Center 'Gyni'.

Thessaloniki: Infertility and IVF Center, 'Geniki Kliniki'; IVF Center 'Iatriki Erevna Epe'.

Hungary

Budapest: 1st Department of OB/GYN, Semmelweis University; Department of OB/GYN, 'Jahn Ferenc' Hospital; Department of OB/GYN, 'Nyfro Gyula' Hospital; Department of OB/GYN, St John's Hospital.

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

Pées: Department of OB/GYN, University of Pées.

Iceland

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

Italy

Abano Terme (Pd): Casa di Cura Abano Terme.

Bari: Clinica S. Maria; Bari: San Luca.

Bologna: S.I.S.ME.R.; Tecnobios s.r.l.

Brescia: Città di Brescia.

Brunico (Bz): Ospedale di Brunico.

Cagliari: Ospedale Regionale Microcitemie; University of Cagliari.

Cassano Murge (Ba): Casa Bianca.

Castelfranco Veneto (Tv): ART.

Catania: CRA.

Cittadella (Pd): Ospedale di Cittadella.

Fermo (Ap): Palmatea.

Firenze: Centro Demetra; Futura; University of Firenze.

Fossano (Cn): Ospedale di Fossano.

Genova: Biotech; University of Genova.

Gragnano (Na): A.G.O.I.

Lecce: Centro di Fecondazione Assistita; Centro Studi Riproduzione Umana.

Manduria (Ta): Ospedale M. Giannuzzi.

Mercogliano (Av): Diagnostica Medica.

Messina: Centro Riproduzione Umana.

Mestre (Ve): ARC-STER.

Milano: Centro S. Raffaele; M.A.T.R.I.S.

Modena-Reggio Emilia: University of Modena and Reggio Emilia.

Monza (Mi): Centro Biogenesi.

Motta di Livenza (Tv): Ospedale di Motta di Livenza.

Napoli: Clinica Mediterranea; Nuovi Orizzonti.

Nardò (Le): Tecnomed.

Padova: Studio Gemma.

Palermo: Centro Andros; Centro Biologia della Riproduzione; Studio Genesi.

Parma: University of Parma.

Pisa: Casa di Cura S. Rossore; University of Pisa.

Reggio Emilia: Poliambulatorio Raoul Palmer.

Roma: European Hospital; University 'La Sapienza'.

Rozzano (Mi): Humanitas.

Salerno: C.M.R.; Human Fertilization Center.

Sassari: University of Sassari.

Sora (Fr): Centro S.T.S.

Torino: Laparoscopy and Fertility Center; LIVET; University of Torino.

Varese: Centro Diagnostico Varesino.

The Netherlands

Amsterdam: AMC; AZVU.

Eindhoven: Catharina Hospital.

Groningen: AZG.

Leiden: LUMC .

Maastricht: AZM.

Nijmegen: UMC St Radboud.

Rotterdam: AZR.

Leiden: SMCG.

Tilburg: St Elisabeth Hospital.

Utrecht: UMC.

Voorburg: Reinier de Graaf Gasthuis.

Zwolle: Isala Clinics.

Norway

Bergen: Department for Infertility and Reproductive Medicine, Haukeland Sykehus.

Haugesund: Department for Infertility and Reproductive Medicine, Fylkessykehuset i Haugesund.

Oslo: Department for Infertility and Reproductive Medicine, Rikshospitalet; Department for Infertility and Reproductive Medicine, Ullevaal Sykehus; Department for Reproductive Medicine, Volvat Medisinske Center.

Trondheim: Department for Infertility and Reproductive Medicine, Regional sykehus i Trondheim.

Tromsø: Department for Infertility and Reproductive Medicine, Regional sykehus i Tromsø.

Portugal

Gaia: Centro Hospitalar de Vila Nova de Gaia.

Guimarães: Hospital Senhora da Oliveira.

Lisboa: Hospital de Santa Maria; Maternidade Dr Alfredo da Costa.

Porto: Centro de Genética da Reprodução Professor Alberto Barros; Maternidade Júlio Dinis.

Russia

St Petersburg: International Center for Reproductive Medicine, Ob/Gyn Ott Institute; Center for Family Planning, Pushkinsky District; Baltic Institute of Human Reproductology.

Tumen: Center for Reproductive Medicine 'Mercury'.

Krasnoyarsk: Center for Reproductive Medicine.

Samara: Medical Company 'IDK'.

Rostov-Don: Center of Human Reproduction and IVF.

Tumen: Medical Center 'Malish', Medical Director N.M.Kovalev.

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

Moskaw: IVF Department of Sechenov Medical Academia; Center for Family Planning and Reproduction, IVF Department; Center 'Lera'; Medical Center for Infertility Treatment 'Embryon'; Center for Infertility Treatment 'IVF'.

Spain

Alicante: Clinica Vistahermosa; Instituto Bernabeu.

Baracaldo (Vizcaya): Hospital de Cruces.

Barcelona: CIRH; Clinica de Reproduccion Asistida; Clinica Eugin; Hospital Clinico de Barcelona; Hospital de la Santa Creu i Sant Pau; Instituto Marques; Instituto Universitario Dexeus.

Bilbao (Vizcaya); Clinica Euskalduna; Clinica Quiron Bilbao; Consultorio Ginecologico Elcano.

Cordoba: Clinica Bau.

Gerona: Centre de Genetica Girona; Unitat de Reproduccio Humana, Clinica Girona.

Granada: Centro de Reproduccion Humana; Virgen de Las Nieves.

Lerida: CIRH Lleida.

Llobregat (Barcelona): C.T.G. Centre Tocoginecologico.

Madrid: Centro de Reproduccion Humana; FIV Center; FIV Madrid; Fundacion Jimenez Diaz; Instituto Ginecologico 'La Cigüena'.

Murcia: IVI Murcia.

Oviedo (Asturias): CEFIVA.

Reus (Tarragona): Instituto de Infertilidad y Reproduccion Conceptum.

Sabadell (Barcelona): Centre Medic Fuster.

Sevilla: Centro Hispalense de Reproduccion Asistida.

Valencia: IVI Valencia; Valladolid; Clinica Ginecologica Recoletos.

Vigo (Ponteverda): Consultorio de Ginecologia y Obstetricia Pintado, S.A.

Zaragoza: Hospital Miguel Servet.

Sweden

Falun: Falu lasarett.

Goeteborg: Fertilitetscentrum; Sahlgrenska universitetssjukhuset.

Huddinge: Huddinge sjukhus.

Linkoeping: Universitetssjukhuset.

Malmoe: Curakliniken; Ideonkliniken; Malmoe allmaenna sjukhus.

Oerebro: Regionsjukhuset.

Stockholm: Karolinska sjukhuset; Lucinakliniken; Sophiahemmet.

Umeaa: Norrlands universitetssjukhus.

Uppsala: Akademiska sjukhuset; Carl von Linnékliniken.

Switzerland

Baden: Reproduktionsmedizinisches Zentrum Kantonsspital Baden, Frauenklinik.

Basel: IVF/ICSI Zenter Institut; Praxis, Schützenmattstrasse; Praxis, Schiffländе 3; Universitäts - Frauenklinik Basel, Abt. für gynäkologische Endokrinologie und Reproduktionsmedizin.

Bellinzona: ProCrea, Centro Fertilità della Svizzera Italiana.

Bern: IVF-Labor Lindenhofspital; Universitätsfrauenklinik, Abt. für Gynäkologie, IVF und Reproduktionsmedizin, Frauenklinik.

Frauenfeld: IVF Zenter Ilamed Praxis.

Geneva: Centre Privé de Procréation Médicalement Assistée de la Clinique de Champel; Clinique et Policlinique de Stérilité et d'Endocrinologie Gynécologique.

Kreuzlingen: Praxis, Klinik Seeschau; Praxis, Bernrainstrasse 19.

Laufen: Praxis, Viehmarktgasse 37.

Lausanne: Centre Vanderlick-Montchoisi; Centre de procréation médicalement assistée; Unité de Médecine de la Reproduction et d'Endocrinologie Gynécologique, Departement de Gynécologie et d'Obstétrique.

Locarno: Sterility Center.

Luzern: IVF-ICSI-Labor, Sterilitätssprechstunde Frauenklinik.

Reinach: Praxis, Angensteinerstr. 22.

Schaffhausen: Zentrum für Reproduktionsmedizin.

Therwil, Praxis, Mittlerer Kreis 2.

Winterthur: St Gallerstrasse 39.

Zollikerberg: IVF-Zürich.

Zürich: IVF Praxis, Schulhausstrasse 5; Universitätsspital Zürich, Klinik für Endokrinologie.

United Kingdom

Aberdeen: University of Aberdeen.

Aldridge: Midland Fertility Services.

Basingstoke: North Hampshire Fertility Centre; The Hampshire Clinic.

Bath: Bath Assisted Conception Clinic.

Belfast: Royal Maternity Hospital Belfast.

Birmingham: BMI Priory Hospital; Birmingham Women's Hospital.

Bristol: Southmead District Teaching Hospital NHS Fertility Unit; Bristol University IVF Service.

Cambridge: Bourn Hall Clinic.

Canterbury: BMI The Chaucer Hospital.

Cardiff: University Hospital of Wales.

Cleveland: South Cleveland Hospital.

Coventry: Centre for Reproductive Medicine, Coventry.

Dorchester: The Winterbourne Hospital.

Dundee: Ninewells Hospital Assisted Conception Unit.

Eastbourne: Esperance Private Hospital.

Edinburgh: Edinburgh Assisted Conception Unit.

Essex: The BUPA Roding Hospital; Essex Fertility Centre.

Exeter: Exeter Fertility Clinic.

Gateshead: Centre for Assisted Reproduction.

Glasgow: BMI Ross Hall Hospital; Glasgow Royal Infirmary; Glasgow Nuffield Hospital.

Great Missenden: BMI Chiltern Hospital.

Hartlepool: Hartlepool General Hospital The Cameron Unit.

Hull: Hull IVF Unit.

Leeds: Clarendon Wing - Leeds; St James' University Hospital, Leeds.

Leicester: Leicester Royal Infirmary Assisted Conception Unit; Middle England Fertility Centre.

Liverpool: Liverpool Women's Hospital; University Hospital Aintree.

London: The Lister Hospital; The Churchill Clinic; UCH London; The Bridge Centre; The Portland Hospital Fertility Unit; Cromwell IVF & Fertility Centre; Wolfson Family Clinic (Hammersmith Hospital); Royal Masonic Hospital; Newham General Hospital; London Fertility Centre; Royal Hospitals Trust Fertility Centre; Guy's and St Thomas' Hospital; London Womens Clinic/Hallam Medical Centre; Kings College Hospital; London Female and Male Fertility Centre; Homerton Hospital; Assisted Reproduction and Gynaecology Centre (ARGC); Chelsea and Westminster Hospital; Multi Care International; Diana, Princess of Wales Centre for Reproductive Medicine.

Manchester: South Manchester NHS Trust Reproductive Medicine Unit; St Mary's Hospital Regional IVF and DI Unit.

Newcastle-under-Lyme: North Staffordshire Nuffield Hospital.

Newcastle-upon-Tyne: Reproductive Medicine.

North Staffordshire: North Staffordshire Hospital.

Northampton: Northamptonshire Fertility Service.

Nottingham: NURTURE; CARE at the Park Hospital.

Orpington: BMI Chelsfield Park Hospital.

Oxford: Oxford Fertility Unit.

Plymouth: South West Centre for Reproductive Medicine.

Salford: Salford Royal IVF and Fertility Centre.

Sheffield: Sheffield Fertility Centre.

Southampton: BUPA Chalybeate Hospital; Wessex Fertility Services.

Sunderland: The Cromwell IVF and Fertility Centre.

Swansea: Cromwell - Singleton.

Washington: The Washington Hospital Cromwell IVF and Fertility Unit.

Whalley Range: Manchester Fertility Services.

Wirral: Wirral Fertility Centre.

Woking: The Woking Nuffield Hospital Assisted Conception Services.

Wolverhampton: Wolverhampton Assisted Conception Unit.