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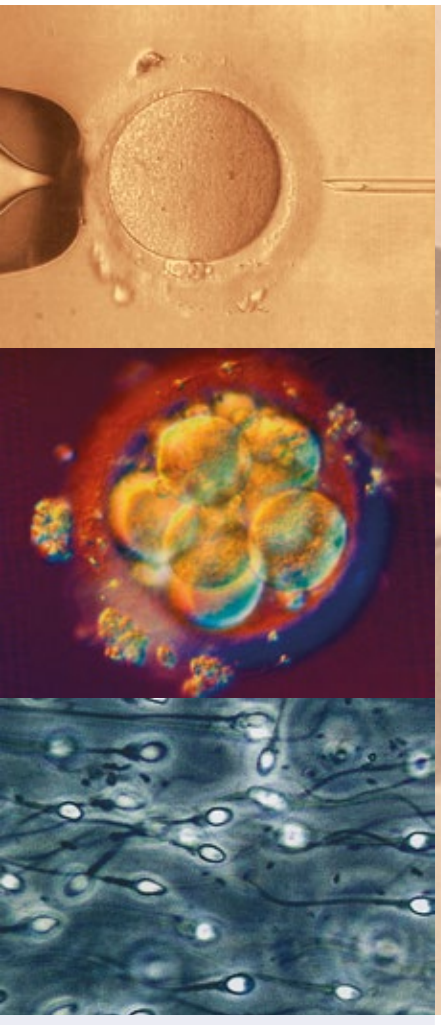
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D·I·R® Annual 2025 – The German IVF-Registry

S. Bartnitzky, V. Blumenauer, U. Czeromin, D. Fehr, C. Grewe, J.-S. Krüssel, M. S. Kupka, N. Sänger, A. Tandler-Schneider, S. Tauchert

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Preface

D·I·R® Annual 2025 – The German IVF-Registry

S. Bartnitzky, V. Blumenauer, U. Czeromin, D. Fehr, C. Grewe, J.-S. Krüssel, M. S. Kupka, N. Sänger, A. Tandler-Schneider, S. Tauchert

Ladies and gentlemen, dear colleagues, dear patients, dear members of the D·I·R community,

We are pleased to present the German IVF Registry's 2025 Annual Report.

About this Annual Report

The German IVF Registry currently comprises 142 member centers. Of these, 138 submitted data for 2024 and 2025. As in previous years, the dedication and active support of Germany's IVF centers enabled us to conduct a wide range of complex analyses. Over the course of numerous meetings, the Board of Trustees, the Executive Board, the Registry Office and the Data Management team carefully reviewed the submitted data, investigated potential sources of error and assessed the trends emerging from the results.

In total, 136,770 cycles were plausibly documented in 2025. This represents an increase of 4,172 cycles compared with 2024, corresponding to a 3.1% rise over the previous year.

Germany therefore recorded the third-largest number of IVF cycles performed in Europe, surpassed only by Spain and France. Encouragingly, the proportion of ICSI treatments is declining in favour of conventional IVF, while the number of frozen embryo transfer cycles is growing significantly. An increasing proportion of embryos are cryopreserved and subsequently transferred in natural cycles.

Pregnancy rates have remained stable at around 30% per embryo transfer despite the increasing use of single embryo transfer and the concomitant decline in multiple pregnancy rates. This is particularly encouraging, as the rate of multiple births following fresh cycles has been reduced by more than 15 percentage points between 2017 and 2024. Multiple birth rates now stand at just 6.7% in fresh cycles and an even lower 5.1% in frozen embryo transfer cycles.

Between 1997 and 2024, almost 460,000 children were born following in vitro fertilisation in Germany. This is roughly equivalent to the combined populations of the cities of Krefeld and Halle (Saale).

Special Evalutions

This year, we once again conducted a number of special analyses.

You will find age-stratified analyses of treatment outcomes in relation to anti-Müllerian hormone (AMH) levels. Drawing on data from two reporting years comprising more than 83,000 cycles, we are now also able to report outcomes for AMH levels below 1 ng/mL across different age groups.

For the first time, we can link the patient's age at the time of oocyte retrieval and the subsequent cryopreservation of fertilized oocytes or embryos to the later embryo transfer. This allows us to assess the likelihood of a successful outcome according to the patient's age at the time of cryopreservation. These data will play an important role in the future, particularly with the use of cryopreserved oocytes from social freezing.

This Annual Report also includes an excellent laboratory-based analysis, examining for the first time in the D·I·R how sperm quality affects IVF and ICSI outcomes.

For many years, we have been committed to reducing multiple pregnancy rates following IVF treatment in Germany. This Annual provides a summary of our article published in the *Deutsches Ärzteblatt*, comparing single and double embryo transfer in fertility treatment: https://api.aerzteblatt.de/pdf/123/10/m263.pdf. The article compellingly demonstrates the particular value of the German IVF Registry: by analyzing large volumes of prospectively collected data from routine clinical practice, we can address clinically relevant questions under everyday care conditions while also providing important insights for patient counselling and health policy discussions. This is particularly relevant given that single embryo transfer, the associated cryopreservation and the subsequent frozen embryo transfer cycle are still not covered by health insurance.

Political Matters

This situation is further compounded by the fact that funding programs provided by Germany's federal states have largely been discontinued. Germany also remains the only country in Europe where unmarried couples are not eligible for reimbursement of fertility treatment costs.

Jens Spahn's resignation as chair of the CDU/CSU parliamentary group has brought the debate on egg donation and surrogacy in Germany back into the spotlight. We hope that this renewed debate will pave the way for a long-overdue reform of the Embryo Protection Act that reflects the needs of our patients. At the very least, egg donation and elective single embryo transfer should be permitted in Germany. Such a reform would spare thousands of women the need to seek treatment abroad.

Center-specific analyses and ReproCheck

The center-specific D·I·R analyses continue to be highly valued. They allow centers to benchmark their performance over several years and against national data, making them a widely used tool for quality assurance.

Finally, we would like to introduce ReproCheck, our new prognostic tool. Available since May 2026, this web-based tool calculates the likelihood of successful treatment based on data from more than 600,000 treatment cycles conducted between 2020 and 2024. For the first time, ReproCheck enables couples to assess their individual chances of success

themselves, realistically and on a sound scientific basis. www.deutsches-ivf-register.de/patienten.php

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We would like to thank everyone who contributed to this Annual Report:

Markus Kimmel, who coordinates the work of the Registry Office and Data Management team and, in close collaboration with NEXUS / MEDITEX GmbH (until recently CRITEX GmbH), ensures that our technology and data collection systems are continuously updated. These include our own data collection software, DIRproNOVA®, as well as the integration of other software solutions such as QuinniSoft and DynaMed IVF.

We would also like to thank Transact – Gesellschaft für Software und Analyse mbH, our technical and content partner for the Qlik® analytics platform, which Markus Kimmel uses to generate all standard and special analyses at both national and individual-center level.

We would like to thank Soo-Hee Kim, who has been responsible for the appealing design of the German IVF Registry, its website and its Annual Report for many years, and who is always on hand to accommodate last-minute changes to the report.

We are also grateful to our industry partners, whose financial support makes the printed edition possible (see also the penultimate page of this Annual Report).

We thank the members of the Board of Trustees for their valuable contributions and collaboration. Our particular thanks go to Verona Blumenauer for contributing additional insights and laboratory-based data analyses.

Above all, we would like to thank you, the fertility centers, for your meticulous data collection, submission of data to the Registry and financial support. We recognize that the Registry's exceptional quality, which is unique worldwide, is made possible only through our collaborative efforts. At international conferences, we are frequently told that our Registry sets an exemplary standard. Many are surprised to learn that we, the German fertility centers, fund it ourselves. This gives us independence – and is something of which we can rightly be proud.

We encourage you to use both the Annual Report and ReproCheck to share our findings with your patients. The Annual Report is available in print and online, in both German and English, at www.deutsches-ivf-register.de

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Single versus Double Embryo Transfer – Insights from the German IVF Registry

The question of the optimal embryo transfer strategy remains a key issue in reproductive medicine. While double embryo transfer (DET) may increase the probability of pregnancy per transfer, single embryo transfer (SET) aims to avoid multiple pregnancies and their associated maternal and neonatal complications. Using data from the German IVF Registry (D·I·R)®, Krüssel et al. analysed the outcomes of two consecutive single embryo transfers (SET + SET) compared with a single double embryo transfer. The retrospective registry analysis included 25,780 first IVF/ICSI treatment cycles from 133 German fertility centres between 2017 and 2022, in which at least two blastocysts were available on the day of transfer. Following propensity score matching, 11,205 patients were included in each of the DET and SET groups. As expected, DET resulted in higher clinical pregnancy and live birth rates per fresh transfer than the first SET (CPR 49.2% versus 45.1%; LBR 38.4% versus 35.2%). However, when the second cryopreserved SET was taken into account, more women achieved a live birth after two consecutive SETs than after DET (45.6% versus 38.4%). The number of children born per 1,000 women treated was slightly higher after DET (503 versus 464), but this difference was almost entirely attributable to the higher multiple birth rate: 30.3% after DET compared with only 1.7% after two consecutive SETs. Accordingly, the preterm birth rate was approximately 2.5 times higher after DET (46.5% versus 18.1%); mean birth weight was also significantly lower, and extremely preterm births were more than three times as frequent. In contrast, the SET strategy resulted in substantially more singleton births and thus a considerable reduction in neonatal risks.

In the accompanying editorial, Kentenich emphasises that these registry data support the international trend towards elective SET. They challenge the assumption that transferring two embryos simultaneously results in substantially more births in the long term than two sequential single embryo transfers. At the same time, Germany's Embryo Protection Act and the resulting limited availability of embryos make the consistent implementation of a SET strategy more difficult.

Overall, the data demonstrate that, with appropriate patient selection, two consecutive SETs represent an effective strategy for maintaining high live birth rates while substantially reducing multiple pregnancies and preterm births.

Link: *https://www.aerzteblatt.de/archiv/einzelner-oder-doppelter-embryonentransfer-bei-unerfuelltem-kinderwunsch-147273ed-b51a-4b11-a557-6570afc25245*

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Fertility Treatment: Calculate Your Chances Yourself

Launched in May 2026, the online calculator ReproCheck—developed by the German IVF Registry (D·I·R)®—allows couples to independently assess their individual chances of pregnancy and childbirth based on high-quality registry data.

ReproCheck: Individual forecasts at the touch of a button! "What are my chances?" – this is a key question surrounding fertility treatment. ReproCheck enables individuals wishing to conceive to gain an initial, realistic picture of their individual prospects for success by entering just a few simple details. Age, medical history, and the potential type of treatment are all that is needed to better understand one's own chances of pregnancy and childbirth in just a few clicks.

ReproCheck is designed for couples who are either considering or currently undergoing treatment. However, it cannot replace a medical consultation: the starting point for those facing infertility—and consequently the chances of pregnancy and childbirth—is always unique and depends heavily on the specific patient and couple. Nevertheless, ReproCheck fosters informed decision-making during a sensitive phase of life.

For many affected individuals, ReproCheck offers valuable guidance. It helps to contextualize expectations, prepare for discussions with treating physicians, and make well-founded, joint decisions. The calculator is therefore intended as a supplementary source of information rather than a substitute for medical advice.

The validity of ReproCheck's results relies on a high-quality data foundation. The calculations incorporate data from over 600,000 treatments performed between 2020 and 2024, recorded at virtually all German fertility centers. This systematically collected and quality-assured registry data is reliable and representative of the fertility care landscape in Germany. Its strength thus lies in the quality and breadth of the data provided by the German IVF Registry.

ReproCheck is freely accessible, free of charge, and user-friendly. Clear structures and easy-to-understand presentations make the information accessible even to medical laypersons. Queries are not stored and remain anonymous.

With this initiative, the German IVF Registry is driving greater transparency and patient-centeredness in reproductive medicine – and is already developing the next generation!

Go to ReproCheck:
https://www.deutsches-ivf-register.de/patienten.php

In a Nutshell – 2024's and 2025's Findings of the German IVF-Registry

- 138 of the 141 member centres of the German IVF Registry (D·I·R®) had successfully exported their 2024 and 2025 treatment data by the reporting deadline. One newly established centre was still too new to be included, and in cooperation with two additional centres the data export could not be completed in time. The total number of validated treatment cycles recorded in 2025 was 136,770.
- Treatment cycles involving oocyte retrieval accounted for 61.1% of all cycles, while 38.9% were frozen embryo transfer (FET) cycles using previously cryopreserved oocytes or embryos. The proportion of cryopreservation cycles therefore continued to increase.
- The clinical pregnancy rate per embryo transfer in fresh cycles was 30.2% in 2025, compared with 31.5% per embryo transfer in frozen embryo transfer cycles.
- Despite the increasing adoption of single embryo transfer (SET) to reduce the risk of multiple pregnancies, the improvement in pregnancy rates following frozen embryo transfer is particularly noteworthy. The pregnancy rate per embryo transfer in frozen cycles increased from 26.2% in 2017 to 31.5% in 2024. The live birth rate per embryo transfer in 2024 was 22.3% in fresh cycles and 22.7% in frozen embryo transfer cycles.
- Maternal age continues to have a major impact on treatment success. Women aged 30–34 years achieved a 39.0% pregnancy rate and a 31.1% live birth rate per embryo transfer. In contrast, women aged 41–44 years had a pregnancy rate of 16.9% and a live birth rate of 8.9% per embryo transfer (IVF data 2020–2024).
- The continuous reduction in multiple births is particularly encouraging. Between 2017 and 2024, the multiple birth rate declined by 15.3 percentage points in fresh cycles and by more than 10 percentage points in frozen embryo transfer cycles. In 2024, multiple birth rates were 6.7% after fresh embryo transfer and 5.1% after frozen embryo transfer, compared with 22.0% and 15.4%, respectively, in 2017 *(also see D·I·R® Annual 2018)*.
- In treatment cycles with a favourable prognosis, single embryo transfer is increasingly becoming the standard of care. Although pregnancy rates are only slightly lower than after transferring two embryos, transferring two embryos dramatically increases the risk of multiple pregnancies and, consequently, pregnancy complications and preterm birth.
- Of particular importance is the cumulative live birth rate achieved after several embryo transfers following a single oocyte retrieval, provided embryos were successfully cryopreserved. After only one fresh embryo transfer followed by two frozen embryo transfers, more than half of all couples can expect the birth of a child, even though only a single ovarian stimulation and egg retrieval procedure was required.
- To date, 457,280 children have been born following IVF treatment documented in the German IVF Registry. This corresponds approximately to the combined populations of the German cities of Krefeld and Halle (Saale). In 2024, the rate of preterm birth (before 37 completed weeks of gestation) was 17.0% among singleton pregnancies, 87.8% among twins, and 100% among triplets.
- Assisted reproductive technologies remain very safe. The incidence of ovarian hyperstimulation syndrome (OHSS) following hormonal stimulation was only 0.3%, while complications associated with oocyte retrieval, such as bleeding, occurred in 0.6% of procedures.

Our recommendations for couples experiencing infertility

Remain optimistic. Seek advice at a specialised fertility centre before making treatment decisions. Choose a fertility centre that participates in the German IVF Registry (D·I·R)®. By contributing treatment data, these centres help ensure transparency, quality assurance, and continuous improvements in reproductive medicine.

Do not delay treatment unnecessarily. The chances of achieving pregnancy and live birth decline significantly with increasing maternal age.

Take advantage of single embryo transfer, blastocyst culture, and cryopreservation. These strategies maximise safety while preserving cumulative success rates. Cryopreservation ensures that no viable embryo is lost and provides additional opportunities for pregnancy - with relatively little effort - for a first, second, or even third child.

Brief overview of the most important results for the public

As in previous years, the following pages provide a concise overview of the most important findings from the German IVF Registry.

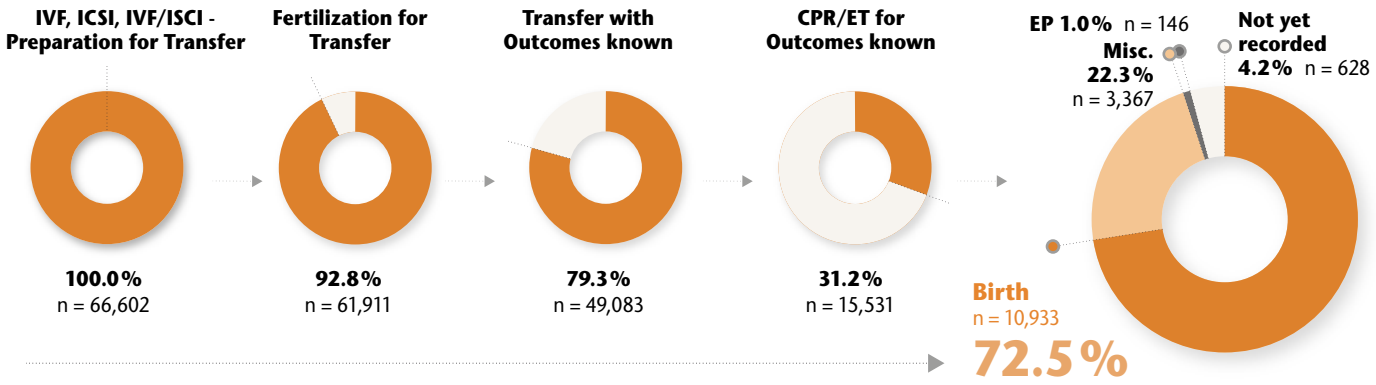
The first summary presents the outcomes of all treatment cycles initiated in 2024, including their final outcomes through to live birth.

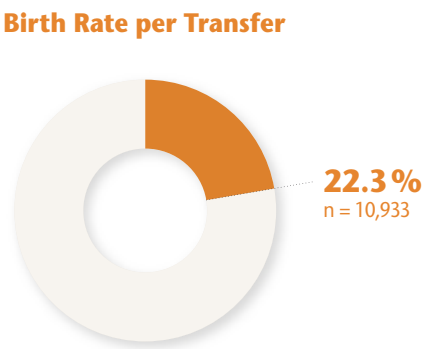
The second summary illustrates the age-dependent changes in the pregnancy rate per embryo transfer, as well as the corresponding live birth and miscarriage rates.

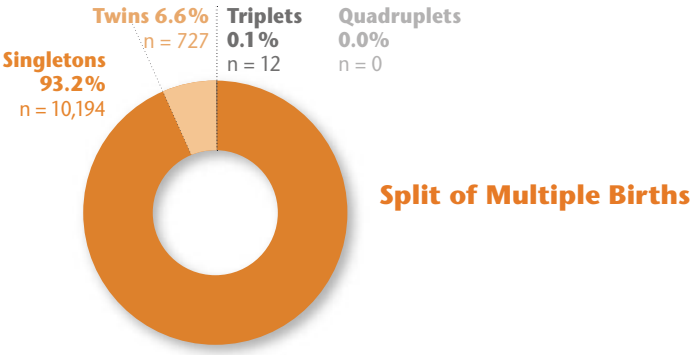
The third summary focuses on the cumulative pregnancy rate per embryo transfer, irrespective of whether the embryo was transferred in a fresh cycle or after cryopreservation (frozen embryo transfer). After four embryo transfers, the cumulative pregnancy rate exceeds 70%.

Summary D·I·R® Statistic in Brief 2024 – CoD April 28th, 2026

IVF, ICSI, IVF/ISCI - Prospective and Retrospective Data







In 2024, a total of 66,742 fresh IVF/ICSI treatment cycles involving ovarian stimulation and oocyte retrieval were performed in Germany. This represents an increase of 140 cycles compared with 2023.

An embryo transfer with a known treatment outcome was performed in 79.3% of these cycles.

The live birth rate per embryo transfer remained virtually unchanged at 22.3% in 2024 compared with 2023, despite a continued and substantial reduction in the multiple birth rate. This development can be regarded as a major success of the increasing implementation of the single embryo transfer (SET) strategy.

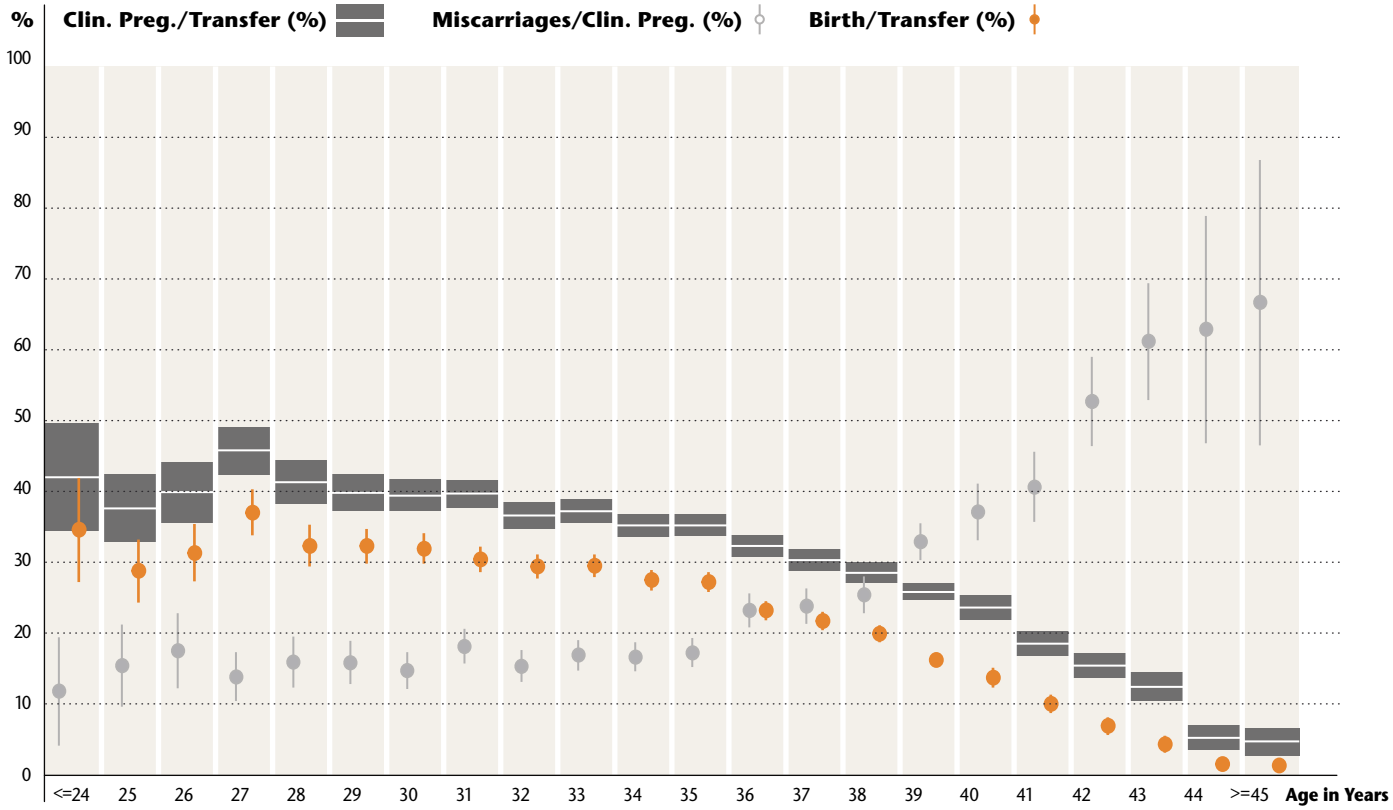
Whereas 1,017 twin deliveries (9.1% of all births) were recorded in 2023, this number declined to 727 twin deliveries in 2024, corresponding to only 6.6% of all births.

Today, 93.2% of all births following assisted reproductive treatment are singleton births. Although the overall multiple birth rate has fallen markedly to 6.7%, it remains slightly higher than in several other European countries. In Scandinavian countries and the Netherlands, for example, multiple birth rates have reached levels comparable to those seen after natural conception, i.e. below 5%. Nevertheless, we are encouraged by the continuing downward trend in Germany, as multiple pregnancies are associated with a markedly increased risk of preterm birth, affecting more than 80% of such pregnancies.

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2024

Prospective Data

IVF, ICSI, IVF/ICSI 2024



	<=24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45	Age in Years
n	164	396	502	838	965	1,385	1,816	2,418	2,707	3,236	3,627	3,858	3,727	3,724	3,797	4,971	2,402	2,050	1,583	1,086	672	455	ET
%	42.0	37.6	39.9	45.8	41.3	39.8	39.4	39.7	36.6	37.2	35.2	35.2	32.3	30.3	28.5	25.8	23.6	18.5	15.4	12.4	5.2	4.7	CP/ET
n	56	114	157	310	310	445	579	735	795	955	995	1,047	863	806	757	803	328	205	109	46	10	6	Birth

Pregnancy, miscarriage, and birth rates: The 95% confidence intervals shown indicate how precisely the respective rate can be estimated based on the available data.

This figure illustrates the relationship between maternal age and the pregnancy rate, live birth rate, and miscarriage rate. The analysis includes fresh IVF and ICSI treatment cycles only, with pregnancy and live birth rates calculated per embryo transfer.

Up to the age of 31 years, the pregnancy rate remains above 39% per embryo transfer. The live birth rate exceeds 25% per embryo transfer until 35 years of age. These findings are highly relevant for patient counselling and for providing realistic estimates of the chances of treatment success.

Age-related changes in the miscarriage rate should also be discussed during counselling. While the miscarriage rate remains well below 20% per pregnancy in women younger than 35 years, it increases to 37.1% at the age of 40 years and exceeds 66% in women aged 45 years or older.

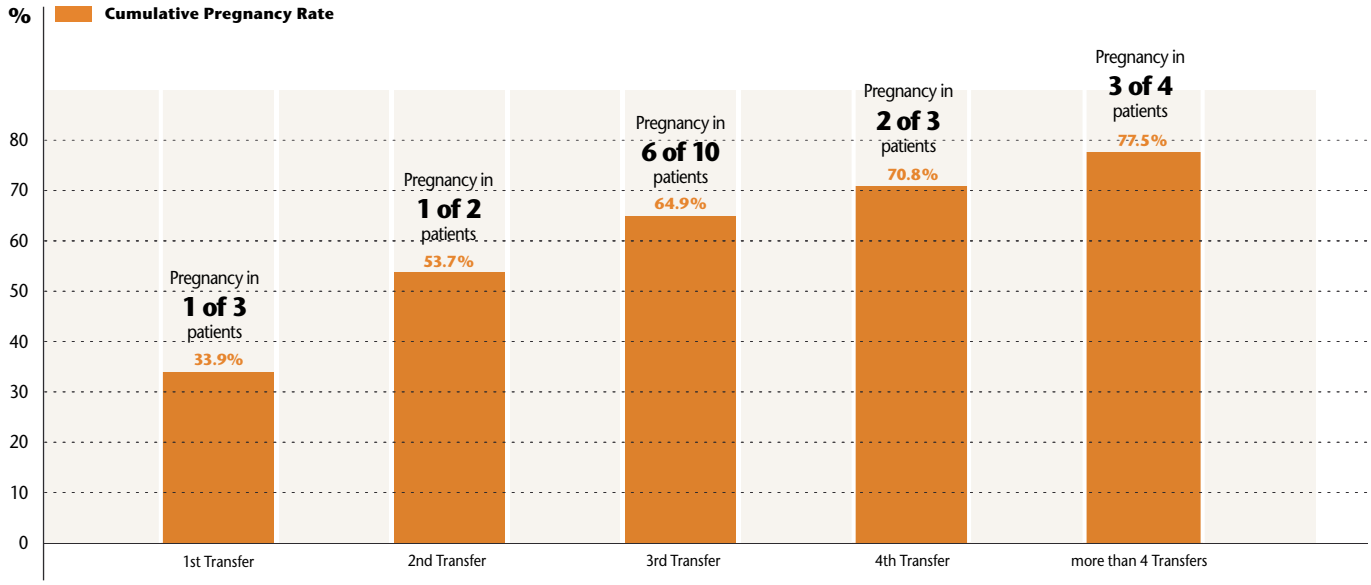
For example, a 35-year-old woman has a pregnancy rate of 35.2% and a live birth rate of 27.2% per embryo transfer.

From the age of 40 years onwards, both pregnancy and live birth rates decline markedly with each additional year of age. Every year has a substantial impact on the likelihood of treatment success. Among women aged 45 years and older, only 21 pregnancies (4.7%) were achieved following 455 embryo transfers, resulting in just six live births, corresponding to a live birth rate of 1.3% per embryo transfer during the entire year 2024.

These findings underline the importance of timely fertility treatment, particularly for women aged 35 years and older, who represent the largest proportion of patients attending fertility centres. Early counselling and treatment can make a significant difference to the likelihood of achieving a successful pregnancy and live birth.

Pregnancies Cumulative 2020 – 2024

Prospective Data



2020 – 2023 total	Fresh Cycles w. Transfer	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycles w. Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	130,660	44,051	33.7	28,993	10,129	34.9	54,180	**33.9**
2nd Transfer	43,275	12,747	29.5	58,697	18,733	31.9	85,660	**53.7**
3rd Transfer	23,903	6,892	28.8	35,670	11,034	30.9	103,586	**64.9**
4th Transfer	12,480	3,536	28.3	20,335	5,928	29.2	113,050	**70.8**
>4 Transfers	14,031	3,596	25.6	26,462	7,015	26.5	123,661	**77.5**

Follow-up clinical pregnancies until Dec. 31st, 2025.
No distinction was made here as to the order in which a patient underwent fresh or thawing cycles from the second transfer onwards.

For patient counselling and estimating the likelihood of treatment success, it is important to consider not only the pregnancy and live birth rates per treatment cycle or per embryo transfer, but also the cumulative pregnancy rate across multiple embryo transfers. This has become particularly relevant in the era of single embryo transfer (SET)and the markedly improved outcomes achieved with vitrification-based cryopreservation.

For this reason, we have calculated cumulative pregnancy rates per embryo transfer, irrespective of whether the subsequent transfer occurred in a second fresh treatment cycle or after thawing a cryopreserved embryo (frozen embryo transfer, FET).

After two embryo transfers, 53.7% of patients had achieved a pregnancy. Following three transfers, more than six out of ten patients were pregnant, and after four transfers, more than two-thirds of all patients had achieved pregnancy.

This analysis also includes treatment cycles in which the first embryo transfer was not performed in the fresh cycle but only after thawing a cryopreserved embryo—for example, when a fresh embryo transfer had to be cancelled for medical reasons. In total, 28,993 first embryo transfers were performed after thawing. Interestingly, the pregnancy rate after frozen embryo transfer was slightly higher than after fresh embryo transfer (34.9% vs. 33.7%).

Achieving high cumulative pregnancy rates is largely made possible by cryopreservation, allowing additional embryo transfers after thawing without the need for another cycle of ovarian stimulation and oocyte retrieval.

In Germany, however, statutory health insurance still does not reimburse either cryopreservation or subsequent frozen embryo transfers. This financial barrier prevents some couples from taking full advantage of the opportunities offered by cryopreservation. Nevertheless, the use of cryopreservation continues to increase, as success rates are at least equivalent to those of fresh transfers while requiring considerably less physical and emotional effort for patients.

Conclusion:
Although receiving a negative pregnancy test after an embryo transfer is understandably disappointing, the fact that more than two-thirds of patients achieve pregnancy after up to four embryo transfers — including frozen embryo transfers — should provide hope. These cumulative success rates are of great importance for patient counselling and highlight the value of continuing treatment when appropriate.

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Special Evaluation: Outcomes of Fresh Cycles by Patient's Age and AMH Levels

Plausible cycles, treatment performed: IVF, ICSI, IVF/ICSI, years 2024 and 2025

Following the initial evaluation of AMH levels for the year 2024 in the previous D·I·R® Annual, a dataset covering two full calendar years (2024 and 2025) is now available. The AMH level is an established marker of ovarian reserve and is of high clinical relevance for both individual prognosis assessment during patient counseling and the determination of an appropriate stimulation strategy.

A total of **109,996 fresh cycles** initiated in 2024 and 2025 were included in the analysis. A documented AMH level was available for **83,849 cycles**, representing **76.2%** of all initiated cycles. This marks an increase in the documentation rate compared to the single year 2024 (58,592 cycles or 72.7%). The larger sample size and improved data completeness now allow for significantly more robust results and more nuanced analyses.

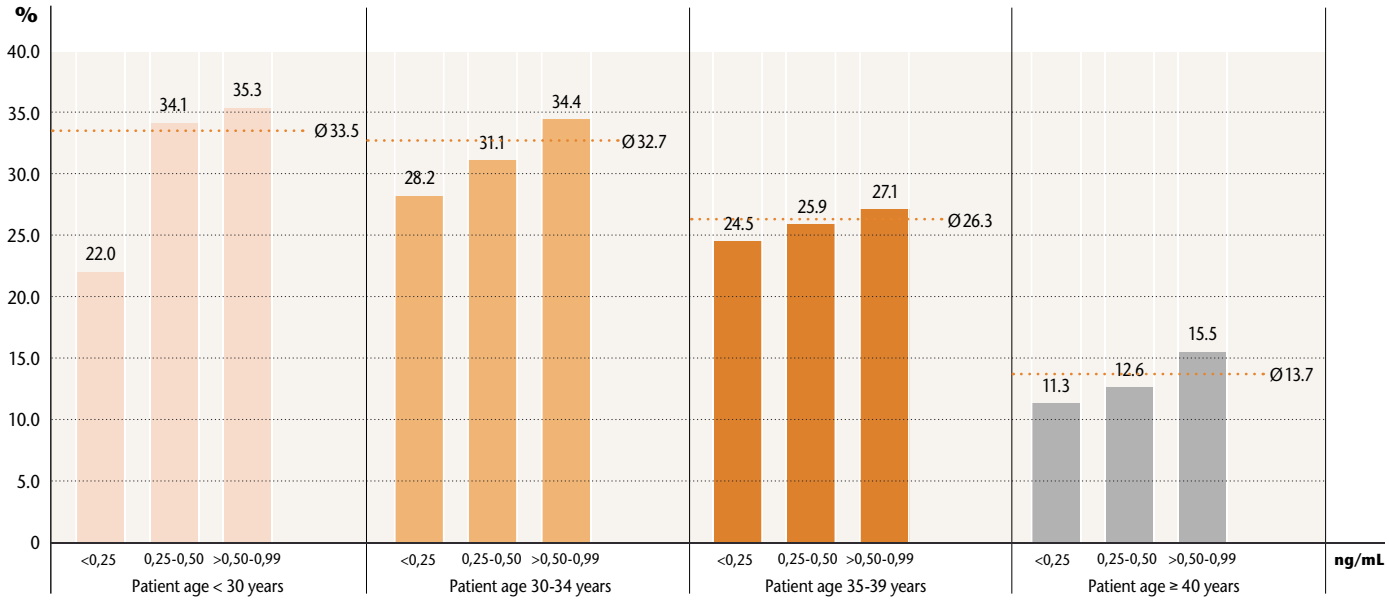
AMH value groups (ng/mL)	**<0.25**	**0.25-0.50**	**>0.50-0.99**	**Total <1**	**1-3.5**	**>3.5**	**Total**
Started fresh cycles with AMH > 0	5,063	7,691	13,569	26,323	41,138	16,388	83,849
Mean age of patients	38.4	38.0	37.2	37.6	35.5	33.4	35.7
Oocytes retrieved (mean)	2.51	3.79	5.60	4.48	9.09	11.58	8.13
2PN oocytes assessed (mean)	1.39	2.06	2.98	2.40	4.77	5.93	4.25
Mean culture duration (days)	3.39	3.65	3.95	3.77	4.29	4.41	4.16
Transfers: IVF, ICSI, IVF/ICSI	3.510	6.043	11.396	20.949	36.941	14.748	72.638
Transfers (%) per started fresh cycle	69.3	78.6	84.0	79.6	89.8	90.0	86.6
Proportion of fresh cycles with transfer and cryopreservation (%)	11.2	19.6	31.8	24.8	51.2	61.9	45.8
CP IVF, ICSI, IVF/ICSI	704	1,365	2,956	5,025	11,812	5,499	22,336
CP / embryo transfer: IVF, ICSI, IVF/ICSI	20.1	22.7	26.0	24.1	32.0	37.3	30.8

In addition, a more detailed subdivision of patients with an **AMH level <1.0 ng/mL** was newly introduced, comprising the groups **<0.25 ng/mL, 0.25–0.49 ng/mL, and >0.50–0.99 ng/mL.**

Furthermore, the previous pragmatic classification of patients within the **AMH <1.0 ng/mL** clusters was expanded and now includes the age groups **<30 years, 30–34 years, 35–39 years, and ≥40 years**.

This differentiation improves the **clinical interpretation of the results** and supports more **individualized patient counseling**.

Clinical Pregnancy/ET IVF, ICSI, IVF/ICSI % Transfer by Patient's Age and AMH Groups <1 ng/mL



Clinical Pregnancy/ET IVF, ICSI, IVF/ICSI % Transfer by Patient's Age and AMH Groups <1 ng/mL

Patient age	< 30 Years				30–34 Years				35–39 Years				≥ 40 Years			
AMH value groups (ng/mL)	**<0.25**	**0.25-0.50**	**>0.50-0.99**	**Total**	**<0.25**	**0.25-0.50**	**>0.50-0.99**	**Total**	**<0.25**	**0.25-0.50**	**>0.50-0.99**	**Total**	**<0.25**	**0.25-0.50**	**>0.50-0.99**	**Total**
Started fresh cycles with AMH > 0	118	205	526	849	696	1,172	2,677	4,545	2,315	3,651	6,774	12,740	1,934	2,663	3,592	8,189
Mean age of patients	27.5	27.6	27.7	27.6	32.6	32.5	32.5	32.5	37.5	37.4	37.3	37.4	42.2	41.9	41.8	41.9
Oocytes retrieved (Ø)	2.70	5.57	6.81	5.94	3.13	4.59	6.53	5.51	2.58	3.89	5.68	4.60	2.20	3.17	4.58	3.56
2PN oocytes assessed (Ø)	1.53	3.07	3.63	3.20	1.77	2.46	3.46	2.94	1.44	2.12	3.03	2.48	1.19	1.72	2.43	1.91
Mean culture duration (days)	3.34	3.96	4.13	4.00	3.56	3.78	4.12	3.96	3.42	3.69	3.94	3.79	3.29	3.50	3.78	3.59
Transfers: IVF, ICSI, IVF/ICSI	82	179	466	727	516	961	2,339	3,816	1,616	2,950	5,739	10,305	1,296	1,953	2,852	6,101
Transfers (%)/started fresh cycle	69.5	87.3	88.6	85.6	74.1	82.0	87.4	84.0	69.8	80.8	84.7	80.9	67.0	73.3	79.4	74.5
Proportion of fresh cycles with transfer and cryopreservation (%)	15.9	27.4	39.3	33.7	19.2	25.6	41.3	34.4	12.7	22.0	33.1	26.7	5.8	12.3	20.0	14.5
CPs IVF, ICSI, IVF/ICSI	18	61	164	243	145	298	803	1,246	395	761	1,548	2,704	146	245	441	832
CPs/ET: IVF, ICSI, IVF/ICSI	22.0	34.1	35.3	33.5	28.2	31.1	34.4	32.7	24.5	25.9	27.1	26.3	11.3	12.6	15.5	13.7

As expected, a clear association was observed between AMH levels and treatment success. The lowest clinical pregnancy rate per embryo transfer was found in patients with **AMH levels <0.25 ng/mL (20.1%)**, whereas patients with **AMH levels >3.5 ng/mL** achieved the highest pregnancy rate at **37.3% per transfer**. Notably, however, even within the patient group with the lowest AMH levels, **one in five women** achieved a clinical pregnancy following embryo transfer. A limiting factor to consider is that, in this group, only **69.3%** of initiated fresh cycles actually resulted in an embryo transfer, compared to **86.6%** in the overall cohort.

For the clinical assessment of this patient group, the live birth rate will be of particular interest in the future, allowing for an investigation into whether low AMH levels are associated with an increased risk of miscarriage. Such analyses will become possible in future annual reports as follow-up data accumulates.

Within the group with **AMH levels <0.25 ng/mL**, stratification by age reveals interesting differences. The highest clinical pregnancy rate per embryo transfer was observed among women aged **30 to 34 (28.2%)**. However, given the - in some cases - still small sample sizes, these results should be interpreted with caution.

At the same time, the data demonstrate that patients aged **≥40 years** with an **AMH level <0.25 ng/mL** can still achieve a clinical pregnancy rate of **11.4% per embryo transfer**. These findings can thus make a significant contribution to realistic prognostic assessments when counseling patients with severely diminished ovarian reserve.

To the best of our knowledge, this marks the first time registry data have been presented that provide such a detailed breakdown of treatment outcomes for patients with **AMH levels below 1 ng/mL**.

	All Patients			
AMH value groups (ng/mL)	**<0.25**	**0.25-0.50**	**>0.50-0.99**	**Total**
Started fresh cycles with AMH > 0	5,063	7,691	13,569	26,323
Mean age of patients	38.4	38.0	37.2	37.6
Oocytes retrieved (mean)	2.51	3.79	5.60	4.48
2PN oocytes assessed (mean)	1.39	2.06	2.98	2.40
Mean culture duration (days)	3.39	3.65	3.95	3.77
Transfers: IVF, ICSI, IVF/ICSI	3,510	6,043	11,396	20,949
Transfers (%) per started fresh cycle	69.3	78.6	84.0	79.6
Proportion of fresh cycles with transfer and cryopreservation (%)	11.2	19.6	31.8	24.8
CPs IVF, ICSI, IVF/ICSI	704	1,365	2,956	5,025
CPs/ET : IVF, ICSI, IVF/ICSI	20.1	22.7	26.0	24.1

When interpreting the results, it should be noted that different **AMH assays** may yield systematic differences in measured hormone concentrations, potentially limiting comparability between laboratories. Further in-depth analyses are planned for future evaluations, with a particular focus on **live birth rates** and their relationship to AMH levels.

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Special analysis: Cryopreservation at a young age – a possible solution to the age-related decline in the chances of pregnancy and childbirth

The age-related decline in pregnancy and birth rates remains a significant limitation, despite continuous improvements in assisted reproductive technologies.

The treatment effort required to achieve a live birth increases substantially with age. While women up to the age of 34 require an average of 4.5 stimulation cycles and 3.3 embryo transfers, women aged 41 and older would theoretically require 14.2 stimulation cycles and 9.3 embryo transfers to achieve a live birth.

For the first time, thanks to an expansion of the D·I·R® analyses presented in this Annual, it has been possible to analyze the probability of pregnancy in thaw cycles while taking into account the woman's age at the time of oocyte retrieval.

This analysis was based on 260,191 embryo transfers from fresh cycles and 173,831 embryo transfers from thaw cycles performed between 2020 and 2024.

Patient age	Stimulation cycles started/birth (n)	Transfers/birth (n)
<=29	4.2	3.0
30-34	4.5	3.3
35-39	6.5	4.6
40	10.9	7.3
41	14.2	9.3
42	21.9	13.8
43	34.7	20.8
44	64.0	36.4
>=45	174.3	89.9

Table 1: Number of treatments theoretically required based on the patient's age. Cycle years 2020–2024; plausible fresh cycles (excluding "freeze-all" cycles) with initiated stimulation. Analysis of 58,795 births.

To assess the impact of cryopreservation, the results from fresh cycles (orange) were compared with those from thaw cycles (blue) in which oocyte retrieval had taken place in one or more younger age groups. This comparison alone reveals a consistent improvement in birth rates across almost all age groups. The benefit is evident even when oocyte retrieval occurs between the ages of 35 and 39.

Table 2: Comparison of age-dependent results in fresh cycles with results from thaw cycles, stratified by age at oocyte retrieval. (fresh cycle columns: **orange**, thaw cycle columns: **white**).

	Comparison		Comparison		Comparison		Comparison	
Patient age groups	**30-34**	**<=29**	**35-39**	**30-34**	**>=40**	**30-34**	**>=40**	**35-39**
Cryo-thaw performed		24,449		69,362		69,362		70,078
Embryo transfers	79,673	23,424	110,251	66,354	45,323	66,354	45,323	67,034
Clinical pregnancies	30,323	8,535	33,525	22,912	7,572	22,912	7,572	19,383
Clinical pregnancies (%) / ET	38.1	36.5	**30.5**	**34.6**	**16.8**	**34.6**	**16.8**	**29.0**
Miscarriages (%) / Clinical pregnancies	16.4	19.5	24.7	19.4	43.1	19.4	43.1	26.0
Births	24,095	6,453	23,834	17,433	3,996	17,433	3,996	13,544
Births (%) / ET	30.3	27.6	**21.7**	**26.3**	**8.8**	**26.3**	**8.8**	**20.3**
Thawing: Mean patient age at time of retrieval cycle		27.4		32.2		32.2		37.0
Mean duration of cryostorage (days)		272		269		269		248
Mean duration of cryostorage (years)		0.7		0.7		0.7		0.7
Mean patient age at thawing		28.3		33.0		33.0		37.6

This relationship is even more pronounced when the storage duration is also taken into account. For this purpose, only thawing cycles with a storage duration of at least 1,000 days were evaluated.

The following table 3: Comparison of age-dependent results in fresh cycles with results from thaw cycles, stratified by age at oocyte retrieval. See next page.

	Comparison		Comparison		Comparison		Comparison	
Patient age groups	**30-34**	**<=29**	**35-39**	**30-34**	**>=40**	**30-34**	**>=40**	**35-39**
Cryo-thaw performed		2,309		5,571		5,571		3,771
Embryo transfers	79,673	2,190	110,251	5,298	45,323	5,298	45,323	3,549
Clinical pregnancies	30,323	877	33,525	1,973	7,572	1,973	7,572	1,114
Clinical pregnancies (%) / ET	38.1	40.2	**30.5**	**37.4**	**16.8**	**37.4**	**16.8**	**31.7**
Miscarriages (%) / Clinical pregnancies	16.4	18.4	24.7	17.1	43.1	17.1	43.1	23.2
Births	24,095	649	23,834	1,529	3,996	1,529	3,996	801
Births (%) / ET	30.3	29.7	**21.7**	**29.0**	**8.8**	**29.0**	**8.8**	**22.8**
Thawing: Mean patient age at time of retrieval cycle		27.4		32.1		32.1		36.7
Mean duration of cryostorage (days)		1,364		1,331		1,331		1,340
Mean duration of cryostorage (years)		3.7		3.6		3.6		3.7
Mean patient age at thawing		31.1		35.7		35.7		40.2

The chances of success for treatment in a thaw cycle vary depending on whether fertilized oocytes at the pronuclear stage or embryos were cryopreserved, or whether unfertilized oocytes were frozen—for instance, as part of preventive oocyte cryopreservation (PEKK, formerly known as "social freezing").

Although pregnancy rates following oocyte thawing are currently lower when ICSI is performed only after the oocytes have been thawed, this analysis also demonstrates a clear advantage to cryopreservation at a younger age.
The following table 3: Comparison of the age-dependent results in fresh cycles with the results of thawing cycles after a storage period of ≥ 1,000 days depending on the age at egg collection

	Comparison		Comparison		Comparison		Comparison	
Patient age groups	**30-34**	**<=29**	**35-39**	**30-34**	**>=40**	**30-34**	**>=40**	**35-39**
Cryo-thaw performed		169		423		423		752
Embryo transfers	79,673	119	110,251	309	45,323	309	45,323	565
Clinical pregnancies	30,323	37	33,525	96	7,572	96	7,572	137
Clinical pregnancies (%) / ET	38.1	31.4	**30.5**	**31.2**	**16.8**	**31.2**	**16.8**	**24.4**
Miscarriages (%) / Clinical pregnancies	16.4	32.4	24.7	28.1	43.1	28.1	43.1	26.3
Births	24,095	25	23,834	66	3,996	66	3,996	98
Births (%) / ET	30.3	21.2	**21.7**	**21.4**	**8.8**	**21.4**	**8.8**	**17.5**
Thawing: Mean patient age at time of retrieval cycle		27.0		32.3		32.3		37.1
Mean duration of cryostorage (days)		404		407		407		654
Mean duration of cryostorage (years)		1.1		1.1		1.1		1.8
Mean patient age at thawing		28.4		33.5		33.5		38.8

Conclusion

Based on the expanded D·I·R® analysis, the data presented here demonstrate for the first time the significant impact that the woman's age at the time of oocyte retrieval has on subsequent treatment outcomes following cryopreservation.

A comparison of fresh cycles and thaw cycles using cryopreserved embryos from younger age groups consistently shows higher birth rates in women aged 30 and older. This advantage is also evident even when oocytes are retrieved between the ages of 35 and 39 and persists even after prolonged storage.

These results underscore the clinical benefit of cryopreservation at a younger age and should be incorporated into patient counseling. Specifically, patients should be advised that – whenever possible – additional cryopreservation should be performed during a fresh cycle. Furthermore, and particularly before a decision is made to discard cryopreserved entities, it should be pointed out that doing so reduces the chances of fulfilling a future or additional desire for a child.

We acknowledge that patients undergoing transfer with cryopreserved entities are, on average, younger at the time of transfer than those in fresh cycles. However, there are currently insufficient cases to compare identical age groups directly. We anticipate seeing increasingly robust data in the near future.

For Patient Counseling

The following heatmap displays birth rates broken down by the woman's age at the time of oocyte retrieval (G) and her age during the fresh cycle (F), as well as the respective difference in percentage points (D). The x-axis represents the woman's age during the fresh cycle, while the y-axis represents her age at the time of oocyte retrieval.

By way of example, the birth rate for a 39-year-old patient in a fresh cycle is 16.8%. In contrast, if cryopreserved entities retrieved at age 31 are available, the birth rate rises to 27.7%. The heatmap illustrates this relationship through color coding.The green area indicates age combinations where using previously cryopreserved ocytes or embryos offers a greater advantage.

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Professor Jan-Steffen Krüssel, MD, Düsseldorf
Sascha Tauchert, MD, Saarbrücken

Differences in birth rates in thaw cycles by patient's age in the fresh retrieval cycle compared with patient's age in a later fresh cycle

Example: A patient is currently 35 (row) and plans to give birth only at age 39 (column). Cryopreserved entities frozen today at age 35 have a predicted birth rate of 24.1%. In a fresh cycle at age 39, this rate decreases by 7.3 percentage points to a predicted birth rate of only 16.8%.

Patient age in the retrieval cycle (age of the thawed cryopreserved entities)	Patient age in the fresh cycle																					
	<= 24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45
<=24	G 27.0 / F 31.2 D -4.1	G 27.0 / F 31.9 D -4.9	G 27.0 / F 32.6 D -5.6	G 27.0 / F 34.0 D -7.0	G 27.0 / F 34.2 D -7.1	G 27.0 / F 33.6 D -6.5	G 27.0 / F 31.9 D -4.9	G 27.0 / F 31.1 D -4.0	G 27.0 / F 31.0 D -4.0	G 27.0 / F 29.8 D -2.7	G 27.0 / F 28.8 D -1.7	G 27.0 / F 26.9 D +0.1	G 27.0 / F 24.6 D +2.4	G 27.0 / F 22.4 D +4.7	G 27.0 / F 19.8 D +7.2	G 27.0 / F 16.8 D +10.2	G 27.0 / F 13.6 D +13.4	G 27.0 / F 10.6 D +16.4	G 27.0 / F 7.2 D +19.8	G 27.0 / F 4.7 D +22.4	G 27.0 / F 2.8 D +24.2	G 27.0 / F 1.1 D +25.9
25		G 26.9 / F 31.9 D -5.0	G 26.9 / F 32.6 D -5.7	G 26.9 / F 34.0 D -7.1	G 26.9 / F 34.2 D -7.3	G 26.9 / F 33.6 D -6.7	G 26.9 / F 31.9 D -5.0	G 26.9 / F 31.1 D -4.2	G 26.9 / F 31.0 D -4.1	G 26.9 / F 29.8 D -2.9	G 26.9 / F 28.8 D -1.9	G 26.9 / F 26.9 D -0.0	G 26.9 / F 24.6 D +2.3	G 26.9 / F 22.4 D +4.5	G 26.9 / F 19.8 D +7.1	G 26.9 / F 16.8 D +10.1	G 26.9 / F 13.6 D +13.3	G 26.9 / F 10.6 D +16.3	G 26.9 / F 7.2 D +19.7	G 26.9 / F 4.7 D +22.2	G 26.9 / F 2.8 D +24.1	G 26.9 / F 1.1 D +25.8
26			G 26.6 / F 32.6 D -6.1	G 26.6 / F 34.0 D -7.4	G 26.6 / F 34.2 D -7.6	G 26.6 / F 33.6 D -7.0	G 26.6 / F 31.9 D -5.4	G 26.6 / F 31.1 D -4.5	G 26.6 / F 31.0 D -4.5	G 26.6 / F 29.8 D -3.2	G 26.6 / F 28.8 D -2.2	G 26.6 / F 26.9 D -0.3	G 26.6 / F 24.6 D +2.0	G 26.6 / F 22.4 D +4.2	G 26.6 / F 19.8 D +6.8	G 26.6 / F 16.8 D +9.7	G 26.6 / F 13.6 D +13.0	G 26.6 / F 10.6 D +16.0	G 26.6 / F 7.2 D +19.4	G 26.6 / F 4.7 D +21.9	G 26.6 / F 2.8 D +23.8	G 26.6 / F 1.1 D +25.5
27				G 27.7 / F 34.0 D -6.3	G 27.7 / F 34.2 D -6.5	G 27.7 / F 33.6 D -5.9	G 27.7 / F 31.9 D -4.2	G 27.7 / F 31.1 D -3.4	G 27.7 / F 31.0 D -3.3	G 27.7 / F 29.8 D -2.1	G 27.7 / F 28.8 D -1.1	G 27.7 / F 26.9 D +0.8	G 27.7 / F 24.6 D +3.1	G 27.7 / F 22.4 D +5.3	G 27.7 / F 19.8 D +7.9	G 27.7 / F 16.8 D +10.9	G 27.7 / F 13.6 D +14.1	G 27.7 / F 10.6 D +17.1	G 27.7 / F 7.2 D +20.5	G 27.7 / F 4.7 D +23.0	G 27.7 / F 2.8 D +24.9	G 27.7 / F 1.1 D +26.6
28					G 28.0 / F 34.2 D -6.2	G 28.0 / F 33.6 D -5.6	G 28.0 / F 31.9 D -4.0	G 28.0 / F 31.1 D -3.1	G 28.0 / F 31.0 D -3.1	G 28.0 / F 29.8 D -1.8	G 28.0 / F 28.8 D -0.8	G 28.0 / F 26.9 D +1.1	G 28.0 / F 24.6 D +3.4	G 28.0 / F 22.4 D +5.6	G 28.0 / F 19.8 D +8.2	G 28.0 / F 16.8 D +11.2	G 28.0 / F 13.6 D +14.4	G 28.0 / F 10.6 D +17.4	G 28.0 / F 7.2 D +20.8	G 28.0 / F 4.7 D +23.3	G 28.0 / F 2.8 D +25.2	G 28.0 / F 1.1 D +26.9
29						G 27.9 / F 33.6 D -5.6	G 27.9 / F 31.9 D -4.0	G 27.9 / F 31.1 D -3.1	G 27.9 / F 31.0 D -3.1	G 27.9 / F 29.8 D -1.8	G 27.9 / F 28.8 D -0.9	G 27.9 / F 26.9 D +1.0	G 27.9 / F 24.6 D +3.3	G 27.9 / F 22.4 D +5.6	G 27.9 / F 19.8 D +8.1	G 27.9 / F 16.8 D +11.1	G 27.9 / F 13.6 D +14.3	G 27.9 / F 10.6 D +17.3	G 27.9 / F 7.2 D +20.7	G 27.9 / F 4.7 D +23.2	G 27.9 / F 2.8 D +25.1	G 27.9 / F 1.1 D +26.8
30							G 27.2 / F 31.9 D -4.8	G 27.2 / F 31.1 D -3.9	G 27.2 / F 31.0 D -3.9	G 27.2 / F 29.8 D -2.6	G 27.2 / F 28.8 D -1.6	G 27.2 / F 26.9 D +0.3	G 27.2 / F 24.6 D +2.5	G 27.2 / F 22.4 D +4.8	G 27.2 / F 19.8 D +7.3	G 27.2 / F 16.8 D +10.3	G 27.2 / F 13.6 D +13.6	G 27.2 / F 10.6 D +16.6	G 27.2 / F 7.2 D +20.0	G 27.2 / F 4.7 D +22.5	G 27.2 / F 2.8 D +24.4	G 27.2 / F 1.1 D +26.1
31								G 27.7 / F 31.1 D -3.4	G 27.7 / F 31.0 D -3.4	G 27.7 / F 29.8 D -2.1	G 27.7 / F 28.8 D -1.1	G 27.7 / F 26.9 D +0.8	G 27.7 / F 24.6 D +3.1	G 27.7 / F 22.4 D +5.3	G 27.7 / F 19.8 D +7.9	G 27.7 / F 16.8 D +10.9	G 27.7 / F 13.6 D +14.1	G 27.7 / F 10.6 D +17.1	G 27.7 / F 7.2 D +20.5	G 27.7 / F 4.7 D +23.0	G 27.7 / F 2.8 D +24.9	G 27.7 / F 1.1 D +26.6
32									G 27.0 / F 31.0 D -4.1	G 27.0 / F 29.8 D -2.8	G 27.0 / F 28.8 D -1.8	G 27.0 / F 26.9 D +0.1	G 27.0 / F 24.6 D +2.4	G 27.0 / F 22.4 D +4.6	G 27.0 / F 19.8 D +7.2	G 27.0 / F 16.8 D +10.1	G 27.0 / F 13.6 D +13.4	G 27.0 / F 10.6 D +16.4	G 27.0 / F 7.2 D +19.8	G 27.0 / F 4.7 D +22.3	G 27.0 / F 2.8 D +24.2	G 27.0 / F 1.1 D +25.9
33										G 25.5 / F 29.8 D -4.3	G 25.5 / F 28.8 D -3.3	G 25.5 / F 26.9 D -1.4	G 25.5 / F 24.6 D +0.8	G 25.5 / F 22.4 D +3.1	G 25.5 / F 19.8 D +5.6	G 25.5 / F 16.8 D +8.6	G 25.5 / F 13.6 D +11.9	G 25.5 / F 10.6 D +14.9	G 25.5 / F 7.2 D +18.3	G 25.5 / F 4.7 D +20.8	G 25.5 / F 2.8 D +22.7	G 25.5 / F 1.1 D +24.4
34											G 24.9 / F 28.8 D -3.9	G 24.9 / F 26.9 D -2.0	G 24.9 / F 24.6 D +0.3	G 24.9 / F 22.4 D +2.6	G 24.9 / F 19.8 D +5.1	G 24.9 / F 16.8 D +8.1	G 24.9 / F 13.6 D +11.3	G 24.9 / F 10.6 D +14.3	G 24.9 / F 7.2 D +17.7	G 24.9 / F 4.7 D +20.2	G 24.9 / F 2.8 D +22.1	G 24.9 / F 1.1 D +23.8
35												G 24.1 / F 26.9 D -2.8	G 24.1 / F 24.6 D -0.5	G 24.1 / F 22.4 D +1.8	G 24.1 / F 19.8 D +4.3	G 24.1 / F 16.8 D +7.3	G 24.1 / F 13.6 D +10.5	G 24.1 / F 10.6 D +13.5	G 24.1 / F 7.2 D +16.9	G 24.1 / F 4.7 D +19.4	G 24.1 / F 2.8 D +21.3	G 24.1 / F 1.1 D +23.0
36													G 22.4 / F 24.6 D -2.2	G 22.4 / F 22.4 D +0.1	G 22.4 / F 19.8 D +2.6	G 22.4 / F 16.8 D +5.6	G 22.4 / F 13.6 D +8.8	G 22.4 / F 10.6 D +11.8	G 22.4 / F 7.2 D +15.2	G 22.4 / F 4.7 D +17.7	G 22.4 / F 2.8 D +19.6	G 22.4 / F 1.1 D +21.3
37														G 20.3 / F 22.4 D -2.0	G 20.3 / F 19.8 D +0.5	G 20.3 / F 16.8 D +3.5	G 20.3 / F 13.6 D +6.7	G 20.3 / F 10.6 D +9.7	G 20.3 / F 7.2 D +13.1	G 20.3 / F 4.7 D +15.6	G 20.3 / F 2.8 D +17.5	G 20.3 / F 1.1 D +19.2
38															G 18.0 / F 19.8 D -1.9	G 18.0 / F 16.8 D +1.1	G 18.0 / F 13.6 D +4.4	G 18.0 / F 10.6 D +7.4	G 18.0 / F 7.2 D +10.8	G 18.0 / F 4.7 D +13.3	G 18.0 / F 2.8 D +15.2	G 18.0 / F 1.1 D +16.9
39																G 16.0 / F 16.8 D -0.9	G 16.0 / F 13.6 D +2.4	G 16.0 / F 10.6 D +5.4	G 16.0 / F 7.2 D +8.8	G 16.0 / F 4.7 D +11.3	G 16.0 / F 2.8 D +13.2	G 16.0 / F 1.1 D +14.9
40																	G 12.9 / F 13.6 D -0.7	G 12.9 / F 10.6 D +2.3	G 12.9 / F 7.2 D +5.7	G 12.9 / F 4.7 D +8.2	G 12.9 / F 2.8 D +10.1	G 12.9 / F 1.1 D +11.8
41																		G 10.7 / F 10.6 D +0.1	G 10.7 / F 7.2 D +3.5	G 10.7 / F 4.7 D +6.0	G 10.7 / F 2.8 D +7.9	G 10.7 / F 1.1 D +9.6
42																			G 7.7 / F 7.2 D +0.5	G 7.7 / F 4.7 D +3.1	G 7.7 / F 2.8 D +4.9	G 7.7 / F 1.1 D +6.6
43																				G 5.2 / F 4.7 D +0.5	G 5.2 / F 2.8 D +2.4	G 5.2 / F 1.1 D +4.1
44																					G 3.0 / F 2.8 D +0.2	G 3.0 / F 1.1 D +1.8
>=45																						G 1.9 / F 1.1 D +0.8

D·I·R® Annual 2025, cycle years 2020–2024, number of transfers: 260,191 in fresh cycles, 173,831 in thaw cycles. G = birth rate in % based on patient's age in the retrieval cycle, F = birth rate in % in the fresh cycle, D = difference F minus G in percentage points.

D·I·R® Annual 2025 – Tables

Number of Treatments in 2025

Centers for IVF-, ICSI-, and Cryo Transfer Treatments

Members of the German IVF-Registry 2025	n = 141
Registry Participants 2025*	n=138
Data Received by Deadline April 28th 2026	n=138
Documented Treatment Cycles	n=139,907
Number of Women Treated**	n= 71,629
Mean Number of Treatment Cycles per Woman	**2.0**

Type of plausible Treatments 2021 – 2025

IVF, ICSI, IVF/ICSI, Cryo Transfer – Prospective and Retrospective Data

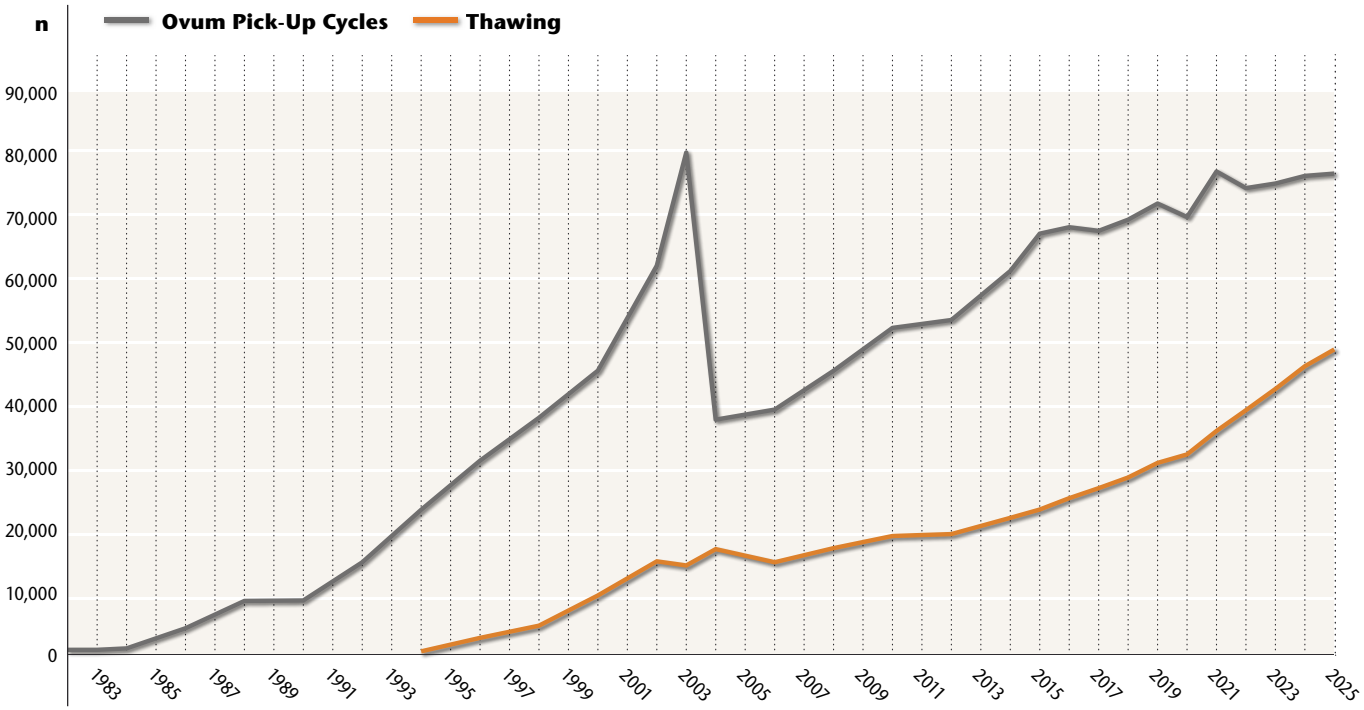
	2021		2022		2023		2024		2025	
	n	%	n	%	n	%	n	%	n	%
IVF	20,584	16.9	19,721	16.0	19,744	15.5	20,564	15.5	21,427	15.7
ICSI	48,845	40.1	46,891	38.0	45,837	36.0	44,467	33.5	42,289	30.9
IVF/ICSI	1,333	1.1	1,218	1.0	1,467	1.2	1,711	1.3	1,929	1.4
Freeze all - MII	3,148	2.6	3,630	2.9	5,073	4.0	6,539	4.9	7,972	5.8
Freeze All - PNs and Embryos	8,138	6.7	8,652	7.0	9,198	7.2	10,084	7.6	11,311	8.3
Cryo	35,815	29.4	39,145	31.7	42,684	33.6	46,194	34.8	48,878	35.7
Mixed Fresh and Cryo Cycles	398	0.3	360	0.3	417	0.3	475	0.4	518	0.4
None (= Break-off before oocyte treatment or thawing)	3,586	2.9	3,745	3.0	2,753	2.2	2,564	1.9	2,446	1.8
Total Plausible Cycles	**121,847**		**123,362**		**127,173**		**132,598**		**136,770**	

**) A new center was still too young to be integrated. With two centers, the export could not be completed on time.*
***) Base quantity: Total number of women, including implausible treatment cycles.*

Number of Oocyte Retrievals (Fresh Cycles) 1982 – 2025
Number of Thawing Cycles 1994 – 2025

IVF, ICSI, IVF/ICSI, Kryotransfer – Prospective and Retrospective Data

Registry Participants 1982 – 2025



	1982	1986	1990	[...]	2002	2003	2004	[...]	2021	2022	2023	2024	2025
Oocyte Retrievals	742	4,201	8,653	*For values from 1991 to 2001 see www.deutsches-ivf-register.de*	62,306	80,434	37,633	*For values from 2005 to 2020 see www.deutsches-ivf-register.de*	77,398	74,739	75,423	76,693	77,063
IVF	742	3,806	7,343		23,936	28,058	11,848		20,584	19,721	19,744	20,564	21,427
ICSI					37,692	51,389	25,339		50,178	48,109	47,304	46,178	44,218
Thawing					14,923	14,265	16,883		35,815	39,145	42,684	46,194	48,878
Registry Participants	**5**	**28**	**53**		**112**	**116**	**120**		**133**	**134**	**136**	**138**	**138**

Data for 1982 to 2020 are published and available. Separate presentation of GIFT, ZIFT, IVF/ICSI was abstained from. Where IVF/ICSI is not explicitly mentioned, the treatments were added to ICSI.

Quality of Documentation 2024/2025

Plausible and Prospectively Documented Cycles, Cycle- and Pregnancy-Outcomes

Any evaluation is only as good as the raw data.
The annual team thanks the centers for their meticulous work!

Plausible cycles 2025

136,770 plausible cycles out of **139,907** documented cycles. **97.8%** of all documented cycles are plausible – a slight decrease compared to the previous year (99.0%).

Prospectively recorded cycles 2025

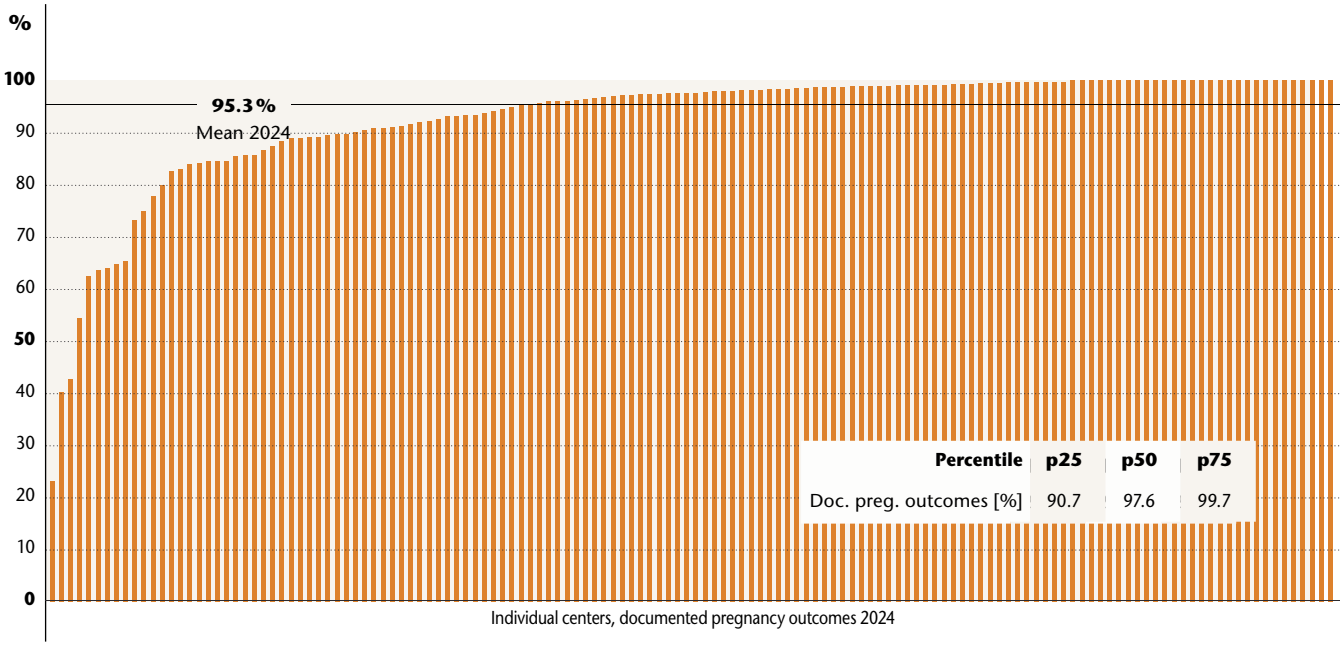
125,569 prospectively recorded cycles out of **136,770** plausible cycles. **91.8%** of all plausible cycles were recorded prospectively.
The German IVF Registry is the only registry worldwide that shows the number of prospectively recorded cycles.
This is a quality feature in itself!

Recorded cycle outcomes 2025

The result of the cycle was recorded in **92,821** of **93,195** embryo transfers. **99.6%** of cycle outcomes were recorded.

Recorded pregnancy outcomes 2024

The pregnancy outcome was recorded for **27,697** of **29,056** clinical pregnancies. **95.3%** of pregnancy outcomes were recorded.
The centers were again above the D·I·R® target rate of **95%** and the D·I·R® would like to thank them for this carefully time-consuming work.



We know: The work, especially on the documentation qualities mentioned here, is laborious, time-consuming and ties up resources.

The D·I·R® data analyses team is therefore very happy to state that the percentage of prospectively recorded cycles is above **90%** for the eighth year in a row and has increased slightly again.

With a rate of **95.3%** for documented pregnancy outcomes, the D·I·R® target of 95% was once again exceeded.

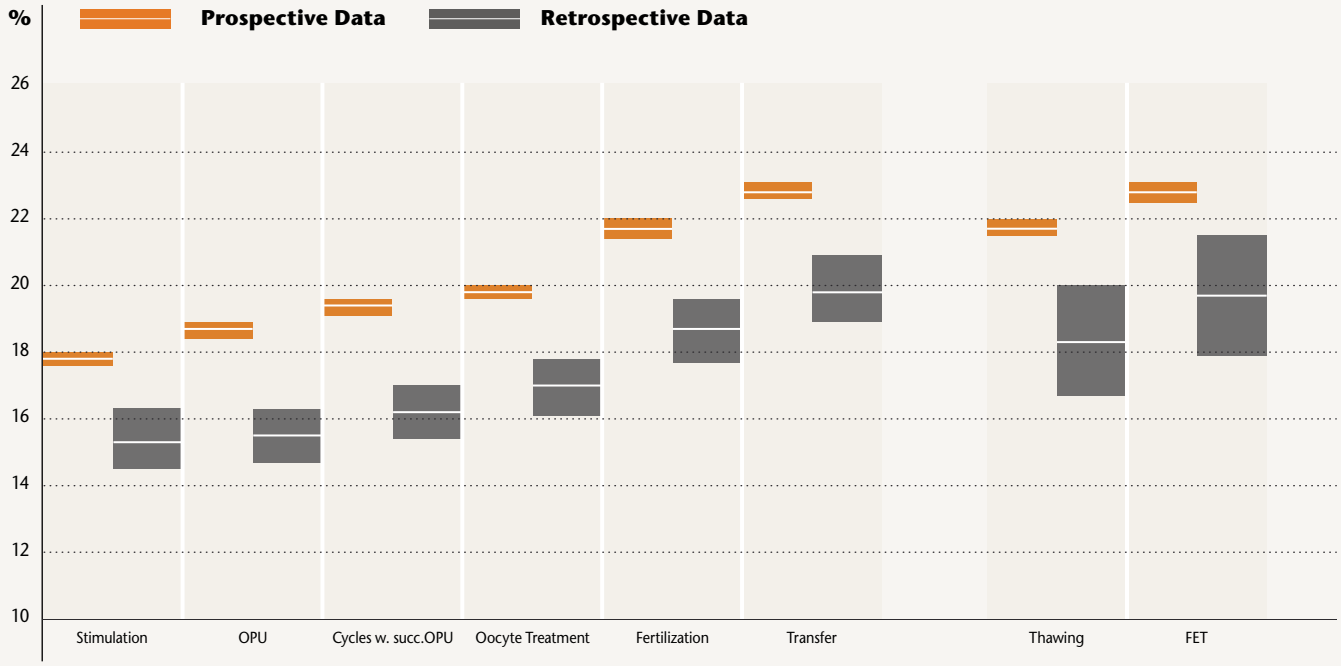
49 centers had a quota of over **99%**, **29** centers even had a quota of **100%**!!

The aim of the Executive Board and the Board of Trustees is to continue to motivate the centers to draw attention to the parameter of prospectivity.

We are also aiming for a documented pregnancy outcome quota of more than 95%.

Birth Rate per Treatment Level in Fresh and Cryo Treatment Cycles 2023 and 2024

Prospective and Retrospective Data, Freeze all Cycles excluded

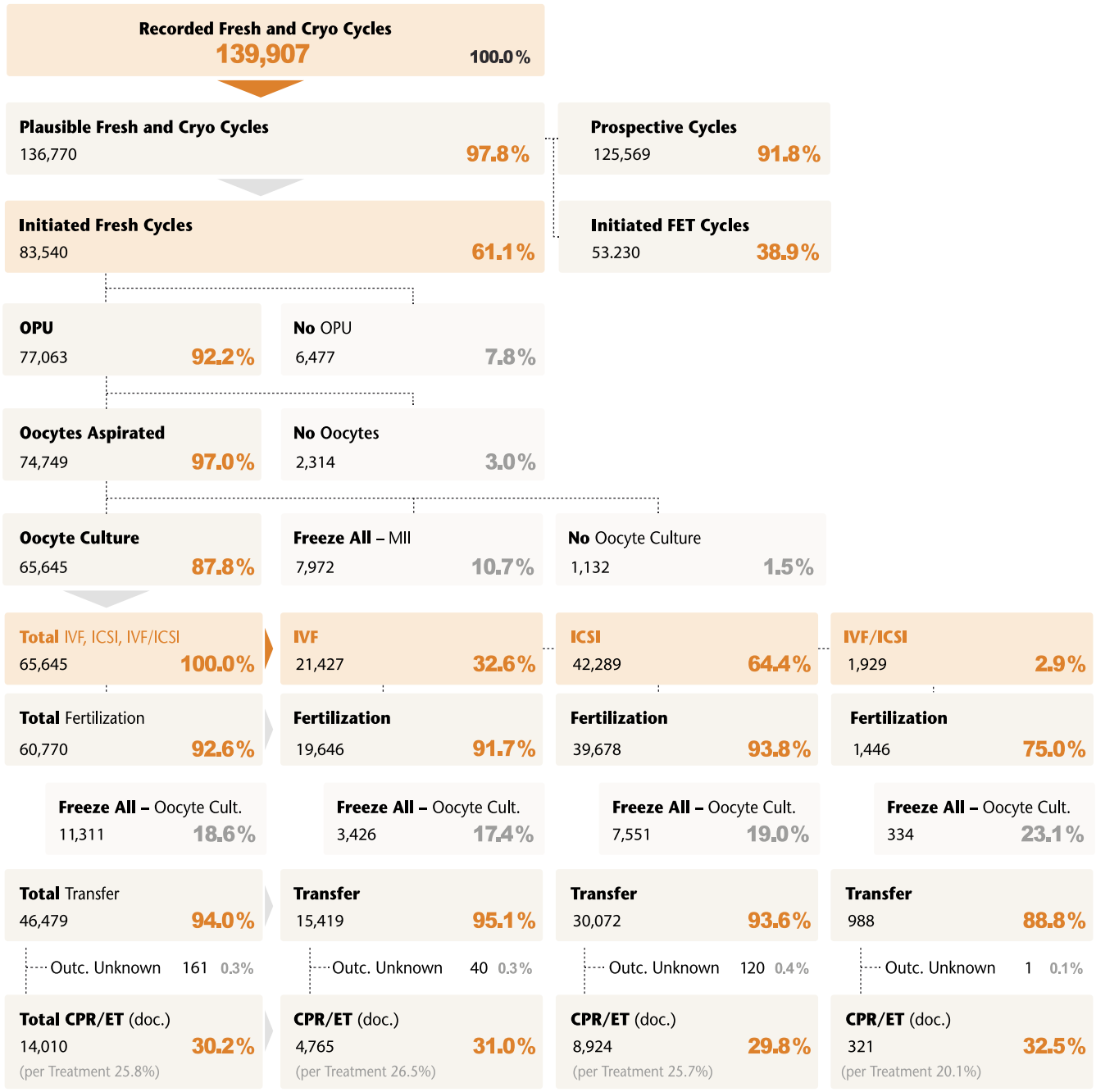


	Stimulation	OPU	Cycles with Successful OPU	Oocyte Treatment	Fertilization	Transfer	Thawing	FET
Prospective Numbers	119,355	113,956	109,827	107,526	98,097	93,375	86,833	82,867
Birth	21,281	21,281	21,281	21,281	21,281	21,281	18,881	18,881
Upper Confid. Limit*	18.0	18.9	19.6	20.0	22.0	23.1	22.0	23.1
Birth/Treatm. %	17.8	18.7	19.4	19.8	21.7	22.8	21.7	22.8
Lower Confid. Limit*	17.6	18.4	19.1	19.6	21.4	22.6	21.5	22.5
Retrospective Numbers	7,726	7,625	7,309	6,982	6,343	5,966	2,045	1,902
Birth	1,184	1,184	1,184	1,184	1,184	1,184	375	375
Upper Confid. Limit*	16.1	16.3	17.0	17.8	19.6	20.9	20.0	21.5
Birth/Treatm. %	15.3	15.5	16.2	17.0	18.7	19.8	18.3	19.7
Lower Confid. Limit*	14.5	14.7	15.4	16.1	17.7	18.9	16.7	17.9

**) Birth rates: The 95% confidence intervals shown indicate how precisely the respective rate can be estimated based on the available data.*

D·I·R® Statistics in Brief – Fresh Cycles 2025 (CoD April 28th 2026)

German IVF Registry – Prospective and Retrospective Data



For FertiPROTEKT (medical freezing), 1,906 cycles have been documented. Among them 1,582 cycles freeze all oocytes and 50 cycles freeze all oocytes cultured.
For Preventive Egg Freezing (formerly: Social Freezing), 4,973 plausible cycles have been documented, resulting in 4,964 aspirations with an average of 11.4 oocytes retrieved. Freeze all oocytes: 4,822 cycles.
First time analysis based on new option Reason for Freeze all = Preventive Egg Freezing.
For PID, 755 plausible cycles have been documented, resulting in 727 aspirations with an average of 11.8 oocytes retrieved. Freeze all oocytes cultured: 489 cycles.

For this and the next page:
Clinical pregnancy rates per transfer are adjusted by unknown outcomes.
Transfer rate, clinical pregnancy rates per treatment and birth rates per treatment are adjusted by freeze all oocytes cultured.

D·I·R® Statistics in Brief – Fresh Cycles 2024 (CoD April 28th 2026)

German IVF Registry – Prospective and Retrospective Data

Recorded Fresh and Cryo Cycles 133,934 — 100.0%

Plausible Fresh and Cryo Cycles 132,598 — 99.0%

Prospective Cycles 122,151 — 92.1%

Initiated Fresh Cycles 82,710 — 62.4%

Initiated FET Cycles 49,888 — 37.6%

OPU 76,693 — 92.7%

No OPU 6,017 — 7.3%

Oocytes Aspirated 74,476 — 97.1%

No Oocytes 2,217 — 2.9%

Oocyte Culture 66,742 — 89.6%

Freeze All – MII 6,539 — 8.8%

No Oocyte Culture 1,195 — 1.6%

- *For FertiPROTEKT (medical freezing), 1,504 cycles have been documented. Among them 1,308 cycles freeze all oocytes and 21 cycles freeze all oocytes cultured.*
- *For Preventive Egg Freezing (formerly: Social Freezing), 4,282 plausible cycles have been documented, resulting in 4,002 aspirations with an average of 11.0 oocytes retrieved. Freeze all oocytes: 2,968 cycles.*
- *The analysis was based on the previous criteria but had been improved: Preventive Egg Freezing based on patient-related indications and/or indications related to planned therapy.*
- *For PID, 750 plausible cycles have been documented, resulting in 706 aspirations with an average of 11.2 oocytes retrieved. Freeze all oocytes cultured: 447 cycles.*

	Total Fresh Cycles	**IVF**	**ICSI**	**IVF/ICSI**
	66,742 — 100.0%	20,564 — 30.8%	44,467 — 66.6%	1,711 — 2.6%
Fertilization	**Total** Fertilization 61,911 — 92.8%	**Fertilization** 18,902 — 91.9%	**Fertilization** 41,762 — 93.9%	**Fertilization** 1,247 — 72.9%
Freeze All – Oocyte Cult.	10,084 — 16.3%	2,905 — 15.4%	6,939 — 16.6%	240 — 19.2%
Transfer	**Total** Transfer 49,169 — 94.9%	**Transfer** 15,288 — 95.6%	**Transfer** 32,967 — 94.7%	**Transfer** 914 — 90.8%
Outc. Unknown	86 — 0.2%	24 — 0.2%	62 — 0.2%	0 — 0.0%
CPR/ET (doc.)	**Total CPR/ET** (doc.) 15,074 — 30.7% (per Treatment 26.6%)	**CPR/ET** (doc.) 4,924 — 32.3% (per IVF-Treatment 27.9%)	**CPR/ET** (doc.) 9,863 — 30.0% (per ICSI-Treatment 26.3%)	**CPR/ET** (doc.) 287 — 31.4% (per IVF/ICSI-Treatment 19.5%)
Misc.	3,367 — 22.3%	1,069 — 21.7%	2,224 — 22.5%	74 — 25.8%
EP	146 — 1.0%	49 — 1.0%	96 — 1.0%	1 — 0.3%
Not yet Recorded	628 — 4.2%	175 — 3.6%	443 — 4.5%	10 — 3.5%
Birth (doc.)	10,933 — 72.5% per Transfer 22.3% per Treatment 19.3%	3,631 — 73.7% per Transfer 23.8% per Treatment 20.6%	7,100 — 72.0% per Transfer 21.6% per Treatment 18.9%	202 — 70.4% per Transfer 22.1% per Treatment 13.7%

Births	n	%
Singletons	10,194	93.2
Twins	727	6.6
Triplets	12	0.1
Quadruplets	0	0.0

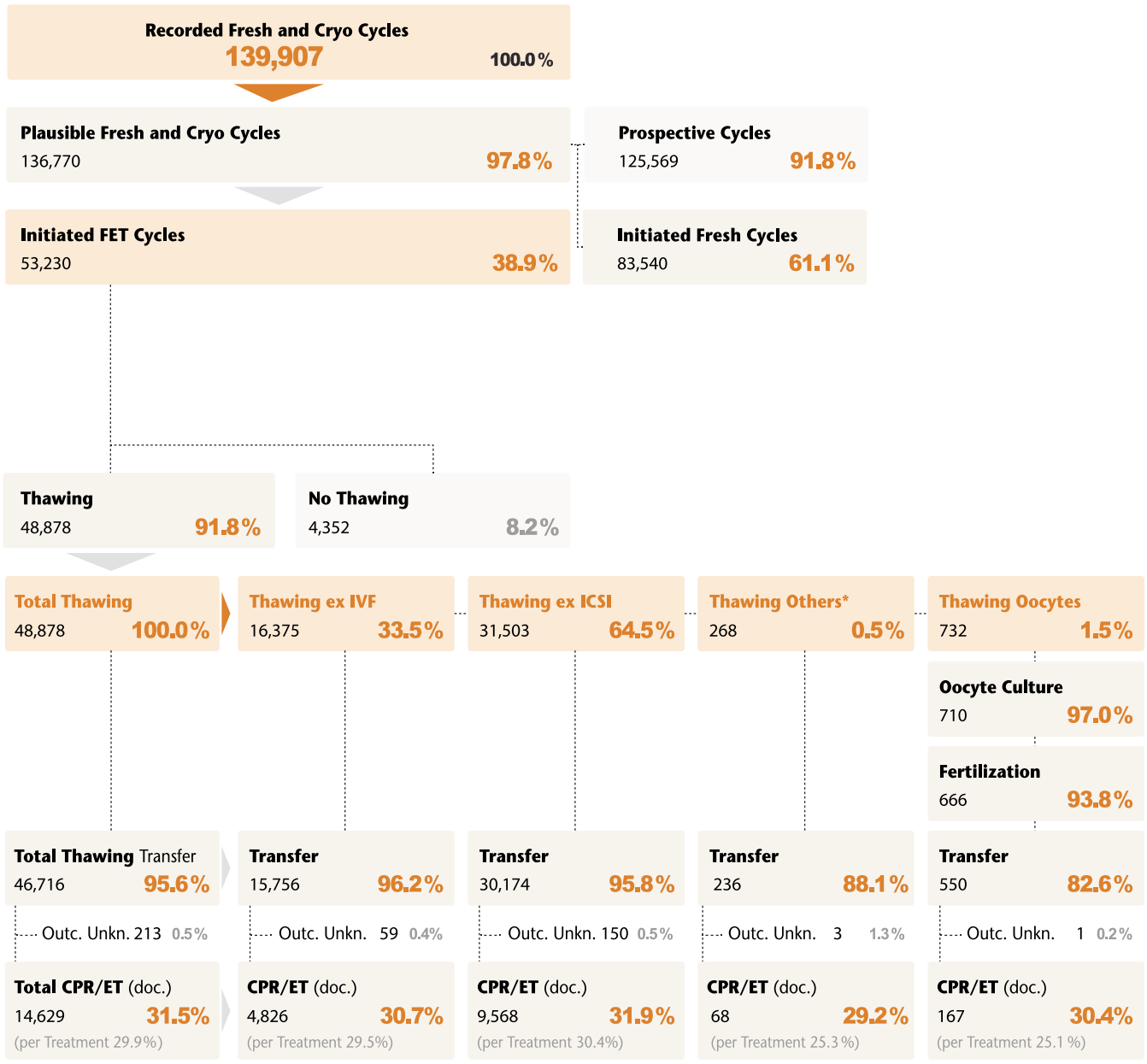
Births	n	%
Singletons	3,426	94.4
Twins	201	5.5
Triplets	4	0.1
Quadruplets	0	0.0

Births	n	%
Singletons	6,588	92.8
Twins	504	7.1
Triplets	8	0.1
Quadruplets	0	0.0

Births	n	%
Singletons	180	89.1
Twins	22	10.9
Triplets	0	0.0
Quadruplets	0	0.0

D·I·R® Statistics in Brief – Cryo Cycles 2025 (CoD April 28th 2026)

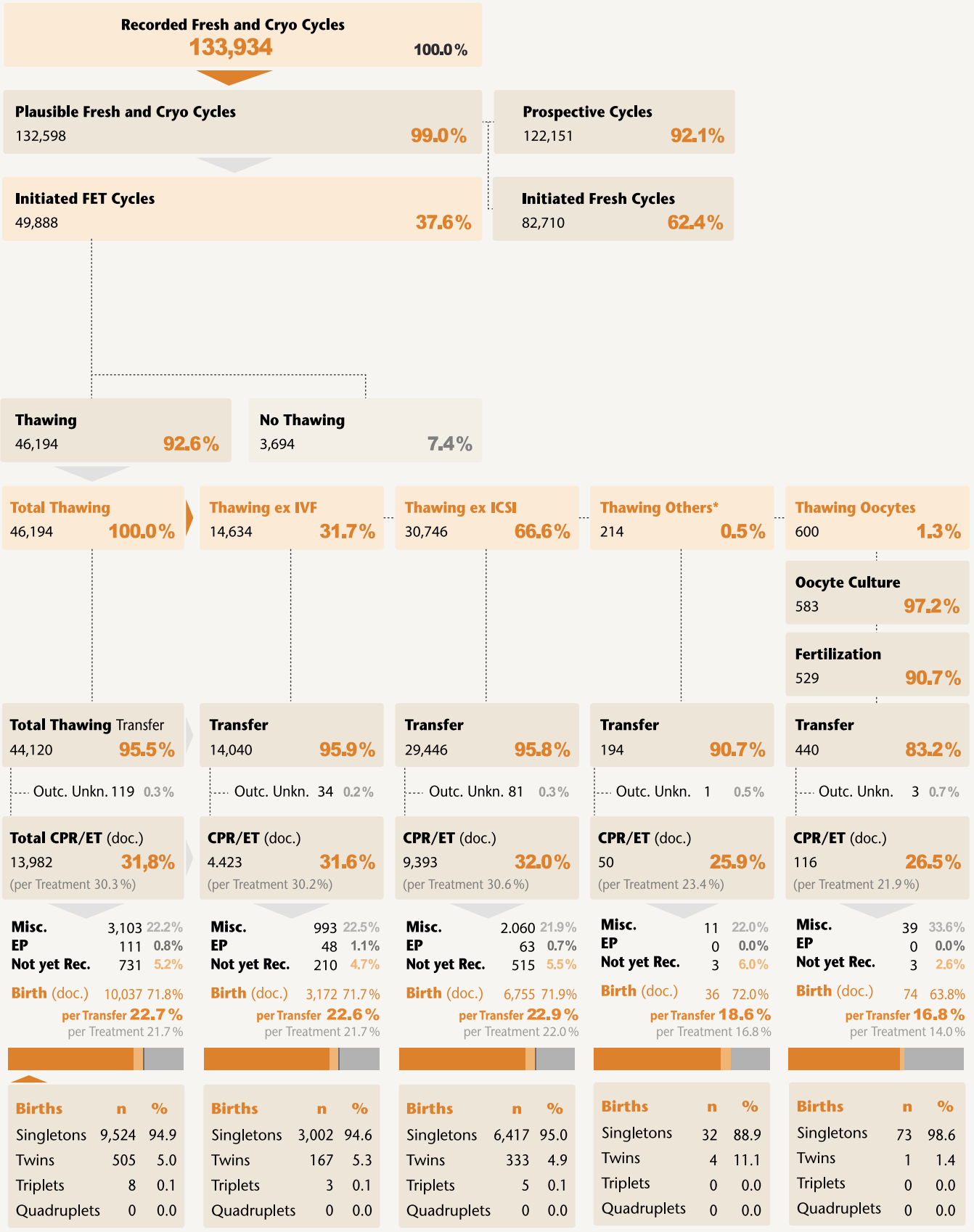
German IVF Registry – Prospective and Retrospective Data



*) Thawing others means cycles with unknown previous treatment, previous treatment not documented or previous treatment has partly been IVF and ICSI.

D·I·R® Statistics in Brief – Cryo Cycles 2024 (CoD April 28th 2026)

German IVF Registry – Prospective and Retrospective Data

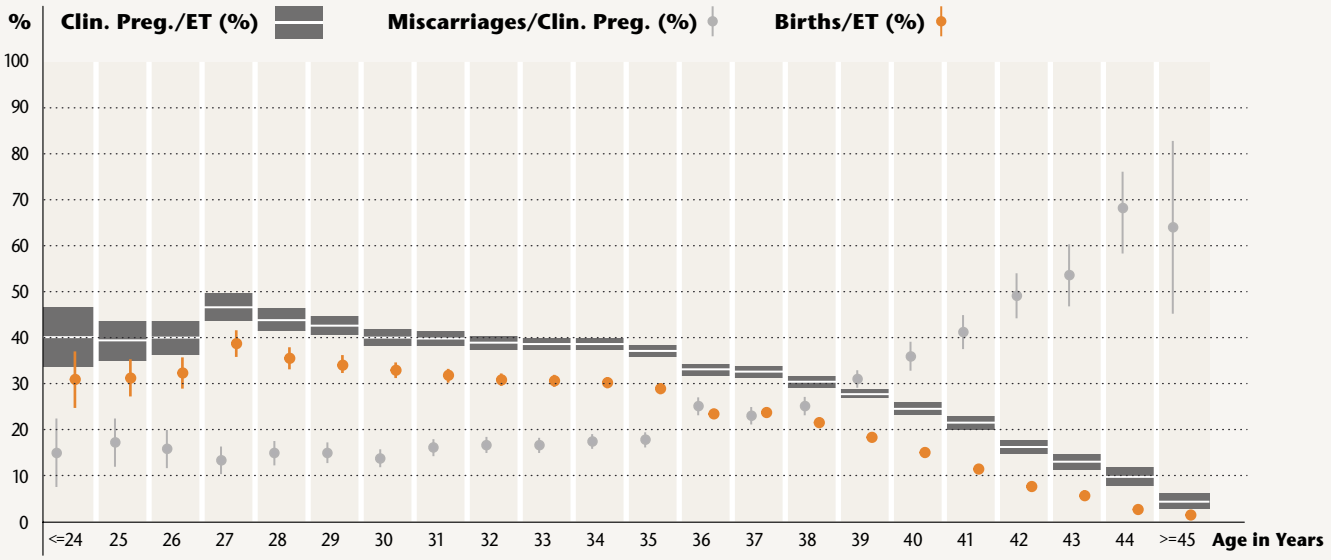


*) Thawing others means cycles with unknown previous treatment, previous treatment not documented or previous treatment has partly been IVF and ICSI.

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2020 – 2024

Prospective Data

IVF 2020 – 2024



	<=24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45	
n	220	503	730	1,082	1,539	2,271	2,975	3,808	4,484	5,099	5,503	5,632	5,668	5,582	5,834	8,268	3,630	3,170	2,471	1,617	878	584	ET
%	40.1	39.4	40.0	46.6	43.8	42.6	40.0	39.8	38.9	38.6	38.6	37.1	33.1	32.6	30.4	27.7	24.5	21.5	16.2	13.0	9.7	4.3	CP/ET
n	67	157	236	419	545	776	978	1,208	1,379	1,558	1,659	1,627	1,325	1,318	1,256	1,507	542	362	187	91	23	8	Birth

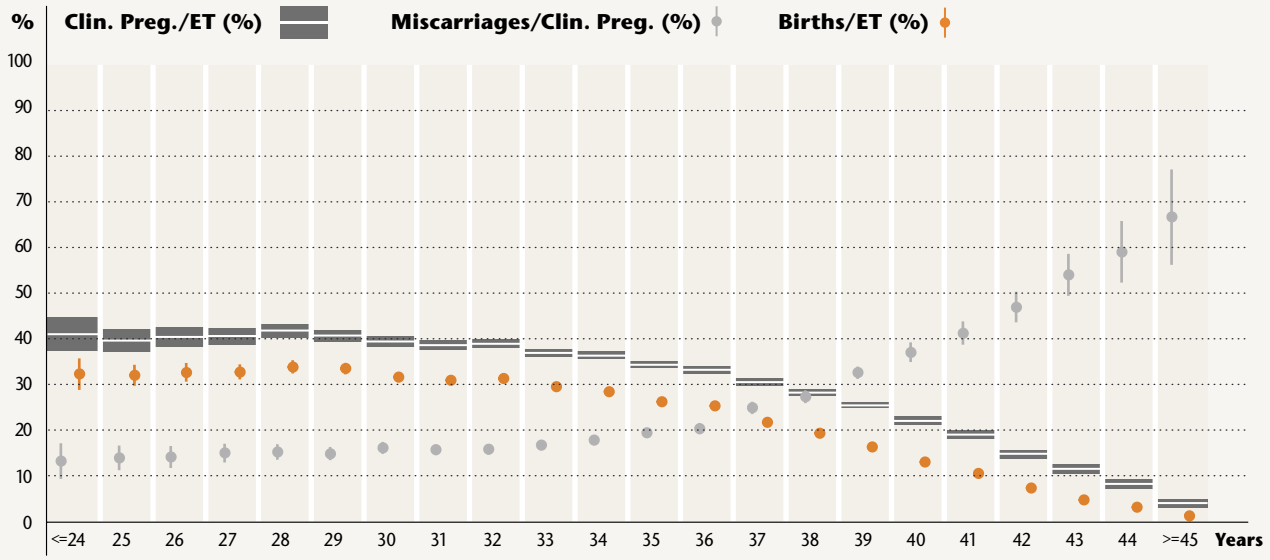
Age in Years	<= 29	30 – 34	35 – 39	40	41	42	43	44	>=45	Total
OPU	8,699	28,735	39,601	4,714	4,117	3,223	2,160	1,219	833	**93,301**
Oocytes	11.8	10.5	8.4	6.8	6.3	5.8	5.3	4.9	4.2	**8.9**
Insemination	11.6	10.3	8.3	6.8	6.3	5.8	5.2	4.9	4.1	**8.8**
Transfer	6,345	21,869	30,984	3,630	3,170	2,471	1,617	878	584	**71,548**
ET/OPU %	72.9	76.1	78.2	77.0	77.0	76.7	74.9	72.0	70.1	**76.7**
Trans. Embr.	1.41	1.39	1.42	1.46	1.46	1.49	1.51	1.53	1.49	**1.42**
CP	2,720	8,526	9,833	888	679	399	209	85	25	**23,364**
CP/OPU %	31.3	29.7	24.8	18.8	16.5	12.4	9.7	7.0	3.0	**25.0**
CP/ET Upper Confidence Limit*%	44.2	39.7	32.3	25.9	22.9	17.6	14.6	11.7	6.0	**33.1**
CP/ET %	**42.9**	**39.0**	**31.8**	**24.5**	**21.5**	**16.2**	**13.0**	**9.7**	**4.3**	**32.7**
CP/ET Lower Confidence Limit*%	41.7	38.4	31.3	23.1	20.0	14.7	11.3	7.7	2.7	**32.4**
CP/ET %: 2 Embr. Transf. + min. 2 2PN Surplus	48.0	45.5	39.3	34.2	29.8	23.6	16.9	12.4	9.2	**40.2**
CP/ET %: 1 Embr. Transf. + min. 3 2PN Surplus	46.9	41.8	34.9	31.5	25.2	19.6	12.7	19.4	5.3	**37.7**
Misc./CP Upper Confidence Limit*%	16.2	17.1	25.4	39.1	44.9	54.0	60.3	78.1	82.8	**22.7**
Misc./CP %	**14.9**	**16.3**	**24.5**	**35.9**	**41.2**	**49.1**	**53.6**	**68.2**	**64.0**	**22.2**
Misc./CP Lower Confidence Limit*%	13.5	15.5	23.7	32.8	37.5	44.2	46.8	58.3	45.2	**21.7**
Births/ET Upper Confidence Limit*%	35.9	31.7	23.2	16.1	12.6	8.6	6.8	3.7	2.3	**24.4**
Births/ET %	34.7	31.1	22.7	15.0	11.4	7.6	5.6	2.6	1.4	**24.1**
Births/ET Lower Confidence Limit*%	33.6	30.4	22.3	13.8	10.3	6.5	4.5	1.6	0.4	**23.8**

**) Pregnancy, miscarriage, and birth rates: The 95% confidence intervals shown indicate how precisely the respective rate can be estimated based on the available data.*

Pregnancy Rate and Ongoing Pregnancy as a Function of Female Age 2020–2024

Prospective Data

ICSI 2020 – 2024



	<=24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	>=45	
n	705	1,580	2,057	2,953	4,114	5,578	7,522	9,443	10,764	12,174	13,043	13,735	13,274	13,404	13,774	18,547	8,688	7,474	5,785	3,913	2,497	1,955	**ET**
%	41.0	39.6	40.4	40.6	41.8	40.7	39.4	38.6	38.9	36.9	36.3	34.3	33.2	30.5	28.2	25.4	22.0	19.0	14.8	11.5	8.2	4.0	**CP/ET**
n	227	505	670	965	1,389	1,865	2,370	2,917	3,368	3,589	3,702	3,589	3,354	2,901	2,650	3,005	1,130	782	422	182	77	23	**Birth**

Age in Years	**<= 29**	**30 – 34**	**35 – 39**	**40**	**41**	**42**	**43**	**44**	**>=45**	**Total**
OPU	22,101	67,287	91,906	11,264	9,796	7,665	5,194	3,438	2,727	**221,378**
Oocytes	12.4	11.1	8.8	7.0	6.5	5.9	5.3	4.6	3.9	**9.4**
Insemination	9.7	8.7	6.9	5.5	5.2	4.7	4.3	3.7	3.2	**7.4**
Transfer	16,987	52,946	72,734	8,688	7,474	5,785	3,913	2,497	1,955	**172,979**
ET/OPU %	76.9	78.7	79.1	77.1	76.3	75.5	75.3	72.6	71.7	**78.1**
Trans. Embr.	1.46	1.45	1.47	1.50	1.49	1.51	1.53	1.51	1.51	**1.47**
CP	6,922	20,012	21,758	1,906	1,417	852	448	205	78	**53,598**
CP/OPU %	31.3	29.7	23.7	16.9	14.5	11.1	8.6	6.0	2.9	**24.2**
CP/ET Upper Confidence Limit*%	41.6	38.3	30.3	22.9	19.9	15.7	12.5	9.3	4.9	**31.3**
CP/ET %	**40.8**	**37.8**	**30.0**	**22.0**	**19.0**	**14.8**	**11.5**	**8.2**	**4.0**	**31.0**
CP/ET Lower Confidence Limit*%	40.1	37.4	29.6	21.1	18.1	13.8	10.5	7.2	3.1	**30.8**
CP/ET %: 2 Embr. Transf. + min. 2 2PN Surplus	47.0	44.3	37.3	28.7	27.0	22.0	18.9	12.5	8.7	**39.0**
CP/ET %: 1 Embr. Transf. + min. 3 2PN Surplus	42.2	39.7	33.4	26.5	23.5	18.1	15.5	10.3	15.0	**35.9**
Misc./CP Upper Confidence Limit*%	15.5	17.0	25.4	39.2	43.8	50.3	58.6	65.8	77.1	**22.4**
Misc./CP %	**14.7**	**16.5**	**24.9**	**37.0**	**41.2**	**46.9**	**54.0**	**59.0**	**66.7**	**22.1**
Misc./CP Lower Confidence Limit*%	13.9	16.0	24.3	34.9	38.7	43.6	49.4	52.3	56.2	**21.7**
Births/ET Upper Confidence Limit*%	33.9	30.5	21.7	13.8	11.2	8.0	5.3	3.8	1.7	**23.2**
Births/ET %	33.1	30.2	21.4	13.0	10.5	7.3	4.7	3.1	1.2	**23.0**
Births/ET Lower Confidence Limit*%	32.4	29.8	21.1	12.3	9.8	6.6	4.0	2.4	0.7	**22.8**

**) Pregnancy, miscarriage, and birth rates: The 95% confidence intervals shown indicate how precisely the respective rate can be estimated based on the available data.*

Treatment outcomes for IVF and ICSI with COHS* and in the natural cycle 2024

Prospective Data

IVF 2024 with COHS*– Ø Avg. Patient Age: 35.5

	n	%	Fertilization %	Embryo exist. %	Transfer %	Clin. Preg. %
Performed IVF Treatm.	18,498	100.0				
Successful Fertilization**	17,119	92.5	100.0			
Freeze All Treated Oocytes	2,705	14.6	15.8			
Minimum 1 Embryo	14,992	81.0	87.6	100.0		
ET Performed***	13,830	87.6	95.9	92.2	100.0	
Clin. Pregnancy	4,489	**24.3**	26.2	29.9	**32.5**	100.0
Birth	3,340	**18.1**	**19.5**	**22.3**	**24.2**	**74.4**
Miscarriage	965					21.5
Ectopic Pregnancy	44					1.0
Not Yet Recorded	141					3.1

ICSI 2024 with COHS*– Ø Avg. Patient Age: 35.5

	n	%	Fertilization %	Embryo exist.%	Transfer %	Clin. Preg. %
Performed ICSI Treatm.	41,053	100.0				
Successful Fertilization**	38,503	93.8	100.0			
Freeze All Treated Oocytes	6,483	15.8	16.8			
Minimum 1 Embryo	33,505	81.6	87.0	100.0		
ET Performed***	30,355	87.8	94.8	90.6	100.0	
Clin. Pregnancy	9,292	**22.6**	24.1	27.7	**30.6**	100.0
Birth	6,738	**16.4**	**17.5**	**20.1**	**22.2**	**72.5**
Miscarriage	2,091					22.1
Ectopic Pregnancy	85					1.0
Not Yet Recorded	379					4.4

IVF and ICSI in Natural Cycles 2024**** – Ø Avg. Patient Age: 38.4

	n	%	Cycle %	Fertilization %	Embryo exist. %	Transfer %	Clin. Preg. %
Started Cycles	4,270	100.0					
No Oocyte Treatment	1,549	36.3					
Treatm. in Natural Cycles****	2,721	63.7	100.0				
ø Oocytes Retrieved	3,3						
Successful Fertilization**	2,202	51.6	80.9	100.0			
Freeze All Treated Oocytes	233	5.5	8.6	10.6			
Minimum 1 Embryo	1,902	44.5	69.9	86.4	100.0		
ET Performed***	1,820	45.1	73.2	92.4	95.7	100.0	
Clin. Pregnancy	449	**10.5**	**16.5**	20.4	23.6	**24.7**	100.0
Birth	303	**7.1**	**11.1**	**13.8**	**15.9**	**16.6**	**67.5**
Miscarriage	111						24.7
Ectopic Pregnancy	5						1.1
Not Yet Recorded	30						6.7

**) COHS: controlled ovarian hyperstimulation*
***) Successful fertilization of at least one oocyte per cycle.*
****) %-rates up to fertilization adjusted by freeze all oocytes cultured.*
*****) Evaluation for "IVF and ICSI in Natural Cycles" if "Yes, without any ovarian stimulation" or "Yes, with mild ovarian stimulation (e.g. with CC, letrozole, low dose FSH/HMG)" was documented manually.*

Results of Thawing-Cycles, TESE, IVF and ICSI with Donor Sperm 2024

Prospective Data

Cryo Transfer Cycles 2024 – Ø Patient Age at Thaw: 35.2, Ø Patient Age at OPU: 34.3

	n	%	PN/Embryo %	Transfer %	Clin. Preg. %
Cryo Transfer Cycles	45,111	100.0			
Thawed PN/Embryo	44,551	98.8	100.0		
ET Performed	43,129	95.6	96.8	100.0	
Clin. Pregnancy	13,714	**30.4**	30.8	**31.8**	100.0
Birth	9,862	**21.9**	**22.1**	**22.9**	**71.9**
Miscarriage	3,039				22.2
Ectopic Pregnancy	109				0.8
Not Yet Recorded	707				5.2

TESE 2024 – Ø Avg. Patient Age: 34.9

	n	%	Fertilization %	Embryo %	Transfer %	Clin. Preg. %
Perf. ICSI/TESE Treatm.	1,989	100.0				
Successful Fertilization*	1,786	89.8	100.0			
Freeze All Treated Oocytes	297	14.9	16.6			
Minimum 1 Embryo	1,531	77.0	85.7	100.0		
ET Performed**	1,349	79.7	90.6	88.1	100.0	
Clin. Pregnancy	411	**20.7**	23.0	26.8	**30.5**	100.0
Birth	304	**15.3**	**17.0**	**19.9**	**22.5**	**74.0**
Miscarriage	88					21.4
Ectopic Pregnancy	3					0.7
Not Yet Recorded	16					3.9

IVF and ICSI with Donor Sperm 2024– Ø Avg. Patient Age: 37.3

	n	%	Fertilization %	Embryo %	Transfer %	Clin. Preg. %
ART-Treatm. (donor sperm)	3,314	100.0				
Successful Fertilization*	3,143	94.8	100.0			
Freeze All Treated Oocytes	470	14.2	15.0			
Minimum 1 Embryo	2,791	84.2	88.8	100.0		
ET Performed**	2,572	90.4	96.2	92.2	100.0	
Clin. Pregnancy	779	**23.5**	24.8	27.9	**30.3**	100.0
Birth	583	**17.6**	**18.5**	**20.9**	**22.7**	**74.8**
Miscarriage	176					22.6
Ectopic Pregnancy	8					1.0
Not Yet Recorded	12					1.5

**) Successful fertilization of at least one oocyte per cycle.*
***) %-rates up to fertilization adjusted by freeze all oocytes cultured.*

Culture According to the "German Compromise" and Impact on Therapy Outcome – Fresh Cycles 2024

Prospective and Retrospective Data

Number of centers choosing >=3 x 2PN for extended culture: n=136

Oocyte Treatment (All) - Culture >= 3 x 2PN
34,905

Oocyte Treatment - Culture >= 3 x 2PN for Transfer on Day 4-6
26,591

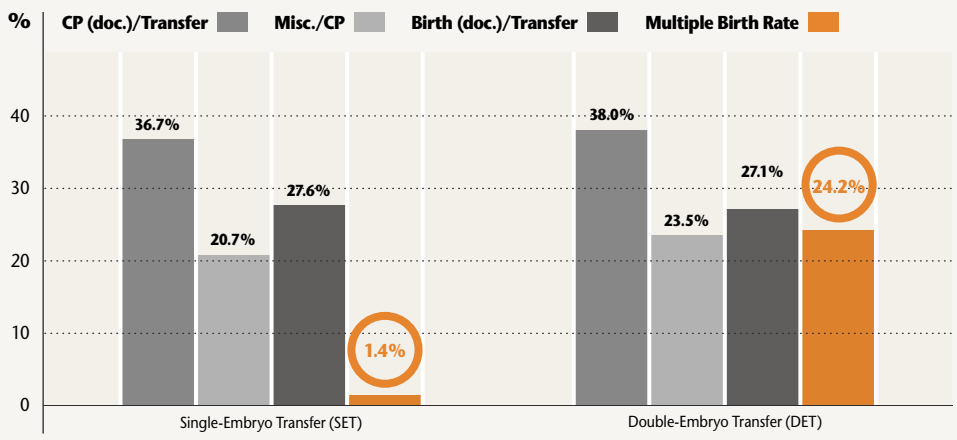
Number of Transfer Cycles with SET Day 4-6			Number of Transfer Cycles with DET Day 4-6		
21,350	81.0%	ø Mean age woman: 34.7	5,021	19.0%	ø Mean age woman: 36.0
CP/ET (doc. and outcome known)*			**CP/ET (doc. and outcome known)***		
7,824	36.7%		1,906	38.0%	
Outcome unknown			**Outcome unknown**		
20	0.1%		5	0.1%	

Miscarriage	1,617	20.7%	Miscarriage	447	23.5%
EP	70	0.9%	EP	20	1.0%
Not yet Recorded	248	3.2%	Not yet Recorded	78	4.1%
Birth (doc.)	**5,889**	**75.3%**	**Birth (doc.)**	**1,361**	**71.4%**
	per Transfer	27.6%		per Transfer	27.1%

Births	n	%	Births	n	%
Singletons	5,805	98.6	Singletons	1,032	75.8
Twins	84	1.4	Twins	320	23.5
Triplets	0	0.0	Triplets	9	0.7
Quadruplets	0	0.0	Quadruplets	0	0.0
Multiple Birth Rate (MBR)	**1.4%**		**Multiple Birth Rate (MBR)**	**24.2%**	

**) please note: documented clinical pregnancies (5,344) per transfer with outcome known (22,737) on other days than 4-6: 23.5%*

Comparison SET and DET "German Compromise" Fresh Cycles 2024



SET versus DET:
The likelihood of a birth following DET is actually decreasing in 2024!
The likelihood of multiple birth after DET increases by a factor of 16.9.
With a DET, the risk of multiple births increases by 17 times - even with a lower birth rate in 2024!

Culture According to the "German Compromise" and Impact on Therapy Outcome – Thawing Cycles Embryos 2024

Prospective and Retrospective Data

Number of centers transfering previously cryopreserved embryos: n=136

Thawing total
46,194

Thawing Embryos
26,420

Transfer Single ET
23,167 **91.5%**

CP/ET (doc. and outcome known)
7,321 **31.7%**

Miscarriage	1,603	21.9%
EP	54	0.7%
Not yet Recorded	440	6.0%
Birth (doc.)	**5,224**	**71.4%**
	per Transfer	22.5%

Births	**n**	**%**
Singletons	5,161	98.8
Twins	62	1.2
Triplets	1	0.0
Quadruplets	0	0.0

Multiple Birth Rate (MBR) **1.2%**

Outcome unknown
48 **0.2%**

Transfer Double ET
2,148 **8.5%**

CP/ET (doc.)
776 **36.3%**

Miscarriage	172	22.2%
EP	8	1.0%
Not yet Recorded	36	4.6%
Birth (doc.)	**560**	**72.2%**
	per Transfer	26.1%

Births	**n**	**%**
Singletons	446	79.6
Twins	113	20.2
Triplets	1	0.2
Quadruplets	0	0.0

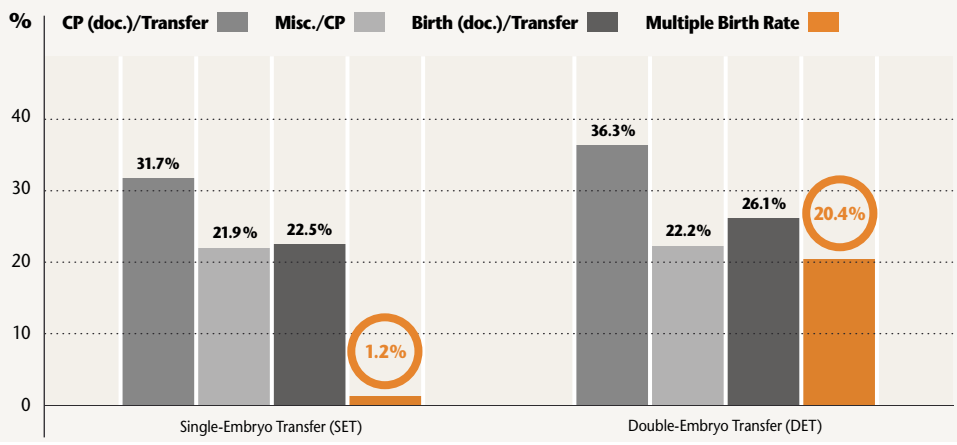
Multiple Birth Rate (MBR) **20.4%**

Outcome unknown
8 **0.4%**

Compared to thawing 2PNs:

	SET (n)	CP/Transfer (%)	Births/Transfer (%)	MBR (%)	DET (n)	CP/Transfer (%)	Births/Transfer (%)	MBR (%)
Transfers (outcome kown)	12,325	32.2	23.4	1.9	2,857	30.7	22.1	22.0
Transfers d2/3	2,570	18.9	13.9	1.7	3,334	25.5	18.4	18.0
Transfers d5/6	8,982	36.4	26.5	1.8	2,133	39.4	28.3	25.8
others	751	26.9	18.5	3.6	401	27.7	18.5	24.4

Comparison SET and DET "German Compromise" Thawing Cycles Embryos 2024



SET versus DET:
The likelihood of birth after DET increases by a factor of 1.16. The likelihood of multiple birth after DET increases by a factor of 17.0.
For an increase in the birth rate of not even 3.6 percentage points, the risk of multiples is raised by 17 times!

Pregnancies Cumulative 2020 – 2024 as a Function of Female Age

IVF, ICSI, Cryo Cycles – Prospective Data

Age Group <= 29	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	16,160	6,845	42.4	4,288	1,680	39.2	8,525	**41.7**
2nd Transfer	4,524	1,798	39.7	8,647	3,152	36.5	13,475	**65.9**
3rd Transfer	2,311	844	36.5	5,197	1,867	35.9	16,186	**79.2**
4th Transfer	1,153	445	38.6	2,796	972	34.8	17,603	**86.1**
>4 Transfers	1,130	424	37.5	3,131	1,035	33.1	19,062	**93.2**

Age Group 30-34	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	44,561	17,621	39.5	11,071	4,255	38.4	21,876	**39.3**
2nd Transfer	13,475	4,778	35.5	23,022	8,049	35.0	34,703	**62.4**
3rd Transfer	7,624	2,683	35.2	14,237	4,859	34.1	42,245	**75.9**
4th Transfer	4,121	1,417	34.4	8,126	2,675	32.9	46,337	**83.3**
>4 Transfers	4,430	1,407	31.8	10,374	3,068	29.6	50,812	**91.3**

Age Group 35-39	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	52,206	16,583	31.8	9,740	3,291	33.8	19,874	**32.1**
2nd Transfer	18,567	5,108	27.5	21,448	6,478	30.2	31,460	**50.8**
3rd Transfer	10,433	2,835	27.2	13,081	3,753	28.7	38,048	**61.4**
4th Transfer	5,396	1,432	26.5	7,659	1,990	26.0	41,470	**66.9**
>4 Transfers	6,078	1,477	24.3	10,568	2,559	24.2	45,506	**73.5**

Age Group >= 40	Transfers	CP (Fresh Cycles)	CP (Fresh Cycles) in %	Cryo Cycle with Transfer	CP (Cryo Cycles)	CP/ET (Cryo Cycles) in %	Cum. CP	Cumulative Pregnancy Rate in %
1st Transfer	17,733	3,002	16.9	3,894	903	23.2	3,905	**18.1**
2nd Transfer	6,709	1,063	15.8	5,580	1,054	18.9	6,022	**27.8**
3rd Transfer	3,535	530	15.0	3,155	555	17.6	7,107	**32.9**
4th Transfer	1,810	242	13.4	1,754	291	16.6	7,640	**35.3**
>4 Transfers	2,393	288	12.0	2,389	353	14.8	8,281	**38.3**

Follow-up clinical pregnancies until Dec. 31st, 2025.
No distinction was made here as to the order in which a patient underwent fresh or thawing cycles from the second transfer onwards.

Here again, we present cumulative chances after several cycles depending on age. Patients under 34 years of age have a chance of becoming pregnant with four transfers of over 83%.

In patients between 35 and 39 years of age, 2 out of 3 patients achieve a pregnancy after four transfers.

In patients aged 40 and over, the chances increase to "only" a third. So even in a cumulative view, the age of our patients plays a decisive role.

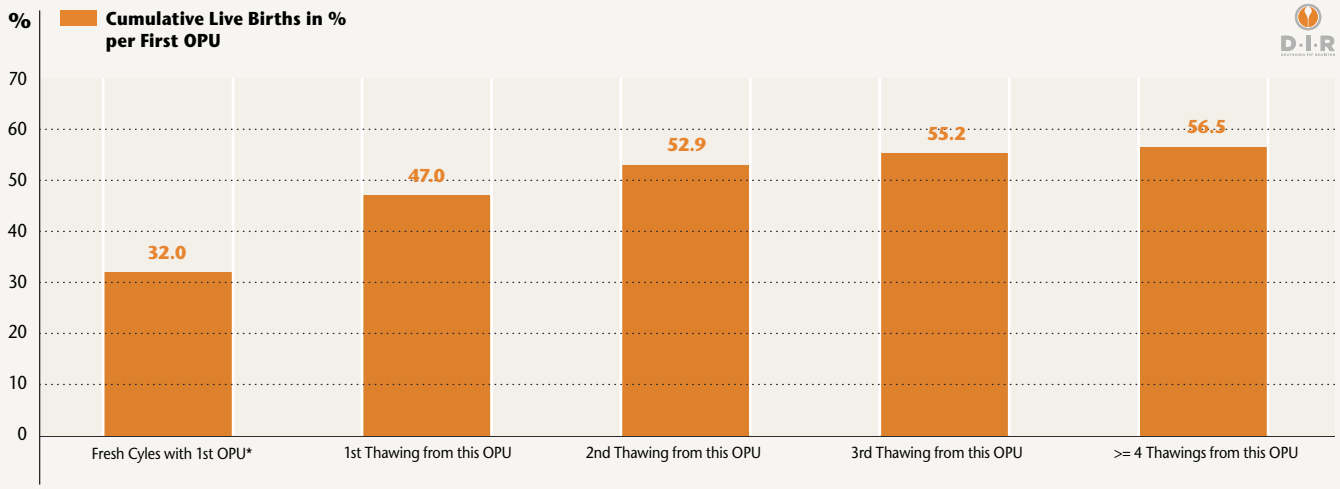
These figures can help assess the chances during counselling.

Live Births Cumulative Based on First OPU 2018 – 2023

IVF, ICSI, Cryo Cycles – Prospective Data

This evaluation presents cumulative probability of having a child per aspiration. Other evaluations present cumulative probability of pregnancies with regard to transfers. After first aspiration, the chance of birth in Germany is just more than 30%. Subsequent thawing transfers can increase birth rate to more than 55%.

And this is after only one aspiration for oocyte retrieval! The relatively small percentage increase after the 3rd transfer is due to the small number of people who even have the option for 4 or more transfers from one egg retrieval, as the proportion of remaining embryos becomes low after three transfers.

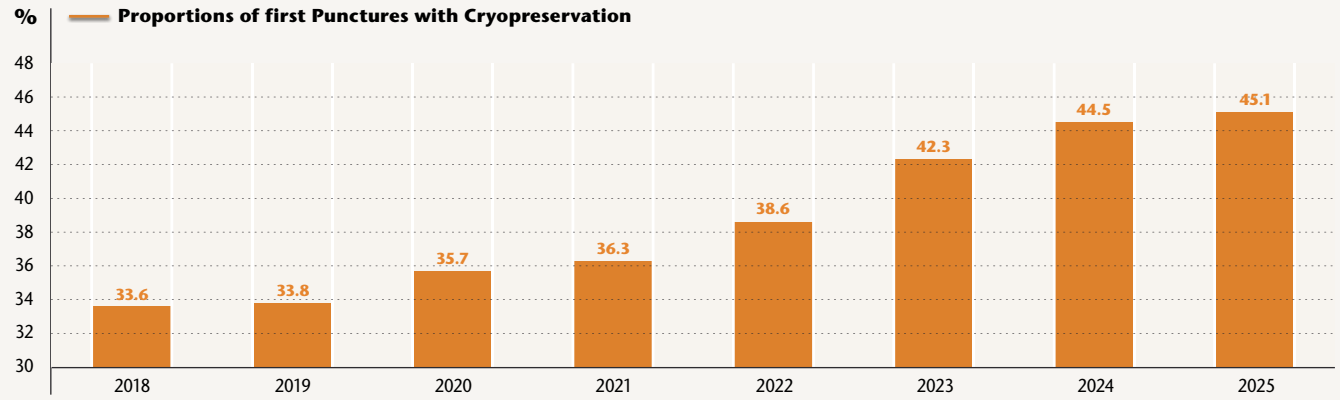


2018 – 2023 (Total)	1st OPU*	Thawings Based on 1st OPU	Live Births	Live Births/OPU / Live Births/FET (%)	Live Births Cumulative	Cumulative Live Births per 1st OPU (%)
Fresh Cyles with 1st OPU*	61,275		19,607	32.0	19,607	**32.0**
1st Thawing from this OPU		41,221	9,165	22.2	28,772	**47.0**
2nd Thawing from this OPU		17,231	3,626	21.0	32,398	**52.9**
3rd Thawing from this OPU		6,703	1,432	21.4	33,830	**55.2**
>= 4 Thawings from this OPU		3,970	812	20.5	34,642	**56.5**

Follow-up births until Dec. 31st, 2024.
**) Cycles without fresh transfer (freeze all) and cycles without cryopreservation were excluded.*
2018-2023: 1st OPU = 201,389; 1st OPU without freeze all = 169,027; Cycles without cryopreservation = 61,275; Cycles with Cryopreservation = 107,752.

Until 2019, cryopreservation was performed in only one-third of all initial follicle punctures involving a transfer. Since 2020, we have observed a steady annual increase in the proportion of initial punctures accompanied by cryopreservation, rising from 35.7% to the current 45.1%. The volume of cryopreservation continues to grow each year, even though the rate of increase is (unfortunately) slowing down. We view this as a positive development, given that more than half of our patients give birth to a child after three embryo transfers resulting from a single puncture (see above). This success rate is attributable, on the one hand, to improved freezing and thawing techniques (vitrification). On the other hand, the increased use of single-embryo transfer results in a greater number of cryopreserved embryos – following the principle that "1 plus 1" is better than "2 plus 0."

Annual development of the proportions of first punctures with cryopreservation, without Freeze All 2018–2025



Positive Pregnancy Outcomes 2024

IVF, ICSI – Prospective and Retrospective Data

	Fresh Cycles		Cryo Cycles	
	n	%	n	%
Clinical Pregnancies	15,074	100.0	13,982	100.0
Outcome documented	14,446	95.8	13,251	94.8
Transfer	49,169		44,120	
Births	10,933		10,037	
Life-Birth-Rate/Birth	10,908	99.8	10,019	99.8
Life-Birth-Rate/ET	10,908	22.2	10,019	22.7
SET Good Prognosis Patient*				
Number of Transfers	4,855			
Life-Birth-Rate/ET	1,685	34.7		
Multiple Pregnancies	24	1.4		
DET Good Prognosis Patient*				
Number of Transfers	957			
Life-Birth-Rate/ET	335	35.0		
Number of Multiple Births	108	32.2		

*) *Good prognosis patient in D·I·R: age <=35, fresh cycle, 1st cycle, oocytes retrieved >=8, 2PNs >=5, sperm collection anterograde*

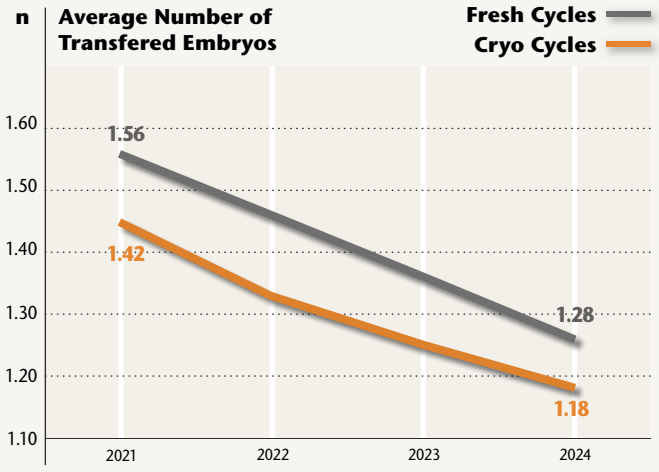
Loss of Pregnancy 2024

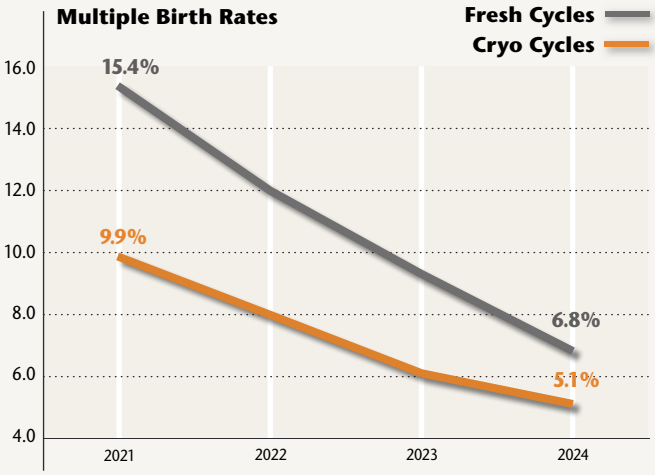
Prospective and Retrospective Data

	Fresh Cycles		Cryo Cycles	
	n	%	n	%
Clinical Pregnancies	15,074	100.0	13,982	100.0
Outcome documented	14,446	95.8	13,251	94.8
Miscarriages	3,367	22.3	3,103	22.2
Among those: Induced Abortions	274	8.1	233	7.5
Stillbirths	25	0.2	18	0.2

Embryos per Transfer and Multiple Birth Rate 1997 – 2024

IVF, ICSI, Cryo – Prospective and Retrospective Data





		1997	[...]	2021	2022	2023	2024
Fresh Cycles	ø Number of Transf. Embryos	2.56	*For values from 1998 to 2020 see www.deutsches-ivf-register.de*	1.56	1.46	1.36	1.28
	Multiple Birth Rate %	25.2		15.4	12.0	9.3	6.8
Cryo Cycles	ø Number of Transf. Embryos	2.34		1.42	1.33	1.25	1.18
	Multiple Birth Rate %	11.6		9.9	8.0	6.1	5.1

The significant reduction in multiple births continues! Single-embryo transfer is becoming increasingly widespread and firmly established in Germany - both in terms of the number of centers adopting the practice and regarding the decisions made within those centers concerning embryo culture and transfer.

In 2016, the combined rate of multiple births from fresh and thaw cycles stood at 20.4%. By 2024, it improved by another 2%-points compared to 2023 and now stands at 6.0%!

Special Laboratory Analysis: IVF or ICSI? An individualised decision based on sperm parameters!

The increasing use of ICSI in couples without male factor infertility is based on the assumption that sperm injection results in higher pregnancy and live-birth rates. However, evidence demonstrating the superiority of ICSI over conventional IVF is largely lacking, particularly for normal or mildly impaired semen analysis results. The ESHRE guideline therefore recommends strict criteria: ICSI primarily for severely impaired sperm quality, and conventional IVF for semen parameters in the normal range.

The Analyzed Data Pool

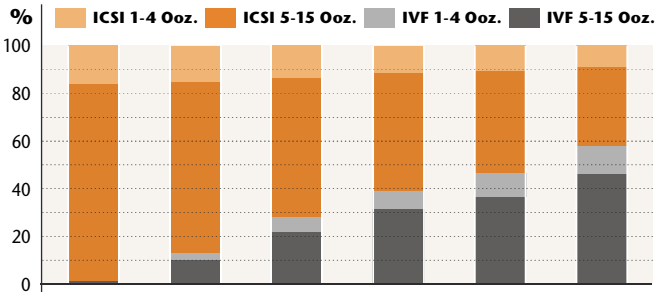
For this analysis, treatment cycles performed between 2020 and 2024 were included if oocyte retrieval yielded either 1–4 or 5–15 oocytes and sperm was obtained by antegrade/orthograde ejaculation. Cycles involving women aged ≥35 years were excluded to ensure data comparability. Due to incomplete documentation regarding the relevant semen analysis parameters, approximately 15% of IVF cycles and 22% of ICSI cycles had to be excluded. All outcome parameters (clinical pregnancy/ET, miscarriage/clinical pregnancy, and birth/ET) were derived exclusively from fresh cycles with single-embryo transfer (SET). Following these exclusions, 24,656 IVF cycles and 48,448 ICSI cycles remained available for analysis.

The following parameters were used to assess their association with treatment outcomes:

- Sperm concentration in the native ejaculate (in millions per milliliter); classivied in increments of 10 into the following groups: >0 to <10 million/ml, ≥10 to <20 million/ml, ≥20 to <30 million/ml, ≥30 to <40 million/ml, ≥40 to <50 million/ml, and ≥50 million/ml.
- Progressive sperm motility, calculated as the sum of categories A and B (WHO Manual, 2021), was divided into two groups: >0 to <30% (A+B) and ≥30% (A+B).
- Number of oocytes retrieved: 5–15 oocytes (good oocyte yield) and 1–4 oocytes (low oocyte yield).

The first figure on the right shows the number of IVF and ICSI cycles with 1–4 or 5–15 oocytes, respectively (absolute numbers in the table), represented as a percentage (y-axis) of the total cycles across the six concentration groups (>0 to <10 million/ml, ≥10 to <20 million/ml, ≥20 to <30 million/ml, ≥30 to <40 million/ml, ≥40 to <50 million/ml, ≥50 million/ml).

Included IVF and ICSI cycles



	>0 <10 million/mL	≥10 <20 million/mL	≥20 <30 million/mL	≥30 <40 million/mL	≥40 <50 million/mL	≥50 million/mL
ICSI 1-4 Ooz.	2,487	1,487	1,122	871	663	2,314
ICSI 5-15 Ooz.	12,515	7,159	4,857	3,737	2,701	8,653
IVF 1-4 Ooz.	42	294	530	602	620	3,126
IVF 5-15 Ooz.	157	972	1,791	2,354	2,284	11,920

In the lowest sperm concentration group (<10 million/ml), only 1.3% of all cycles were IVF attempts (42 cycles with 1–4 oocytes and 157 cycles with 5–15 oocytes); whereas 98.7% were ICSI cycles. This distribution is consistent with current clinical practice: significantly fewer IVF treatments are performed when sperm parameters are severely impaired. Consequently, as sperm values increase, the respective proportion of IVF cycles also rises to 12.8%, 28%, 39.1%, and 46.3%, reaching 57.8% in the group with ≥50 million sperm per milliliter.

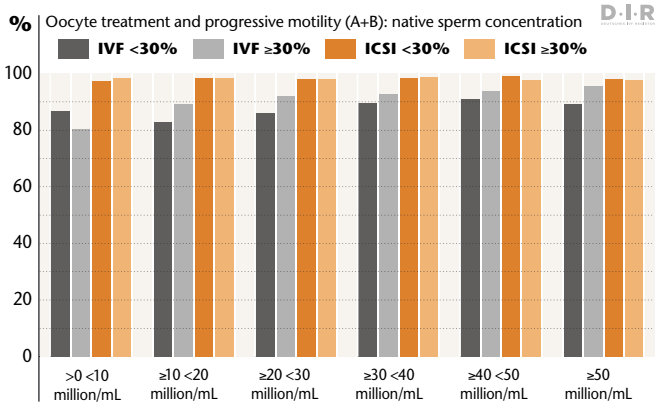
Influence of sperm quality with a normal oocyte yield (5–15)

Only cycles with a higher number of oocytes (5–15 oocytes) were included in this analysis (see table above for absolute numbers). The cycles were stratified into two groups according to progressive motility (summed categories A+B) of less than 30%, and those with good motility parameters (≥30%).

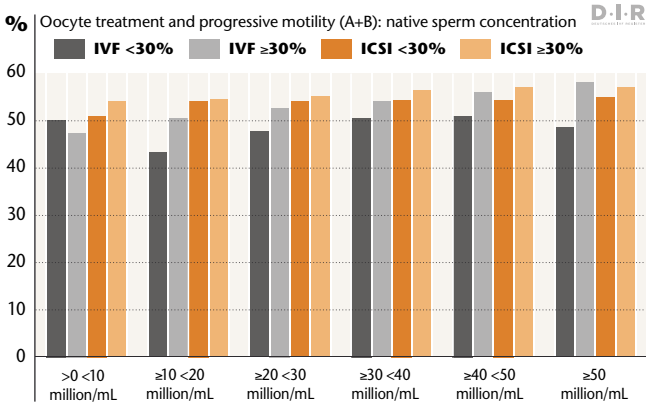
The figure shows the proportion of cycles with at least one regular fertilized oocyte. This ranged from 80.4% to 95.7% for IVF cycles and from 97.5% to 99.1% for ICSI cycles. As expected, the lowest IVF success rates were observed with native ejaculate concentrations below 10 million/ml and poorer progressive motility; higher concentration and motility values were associated with higher success rates. In contrast, for ICSI the values remained remarkably consistent across all concentration and motility groups.

Fertilization rates per retrieved oocyte show a similar picture: for IVF they increase with increasing concentration and progressive motility. For ICSI, rates also increase with higher concentrations, but motility plays no role, since a single sperm is injected directly and does not need to make its own way to the oocyte. See charts on the next page.

Proportion of cycles with regular fertilization (5-15 oocytes)

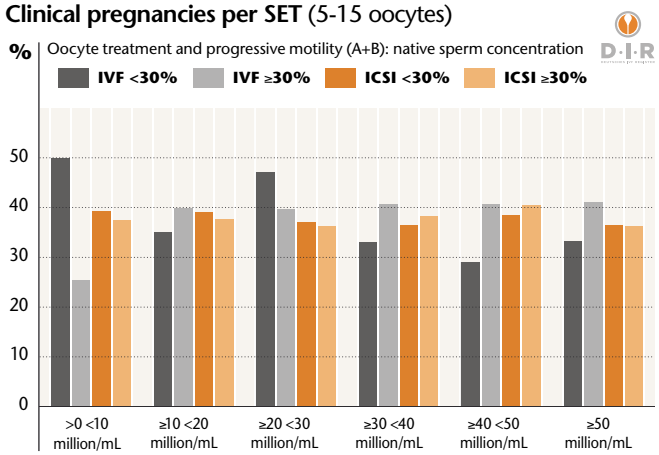


Fertilization rate per retrieved oocyte (5-15 oocytes)

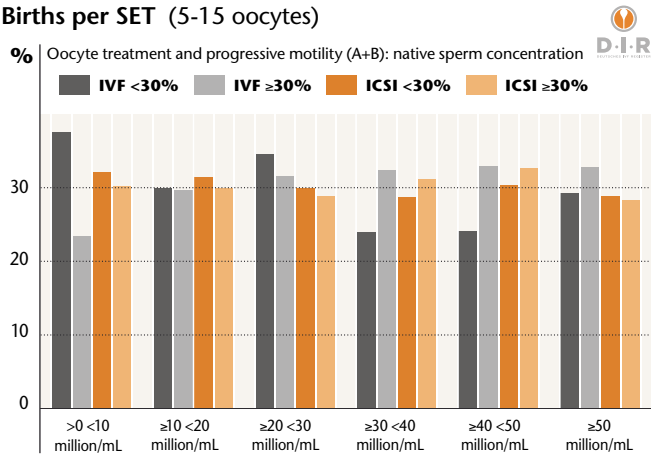


Notably, at high sperm concentrations from around 30 to 40 million/ml with good progressive motility, the fertilization rates for IVF and ICSI cycles equalise, and for normal semen parameters, ICSI no longer achieves higher fertilization rates. The clinical pregnancy, miscarriage, and birth rates are comparable across all concentration groups and motility parameters for both IVF and ICSI. There is only one exception: IVF cycles with motility below 30% (categories A+B). In this subgroup, lower clinical pregnancy rates were observed, accompanied with higher miscarriage rates (in the intermediate concentration groups) and, consequently, lower live-birth rates.

Clinical pregnancies per SET (5-15 oocytes)



Births per SET (5-15 oocytes)

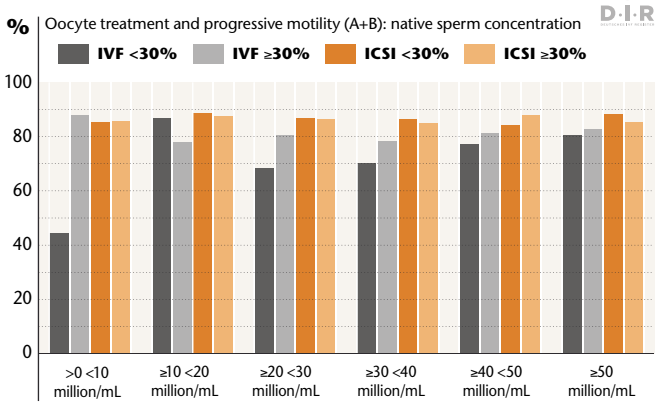


What should be done if only a few oocytes (1–4) were retrieved?

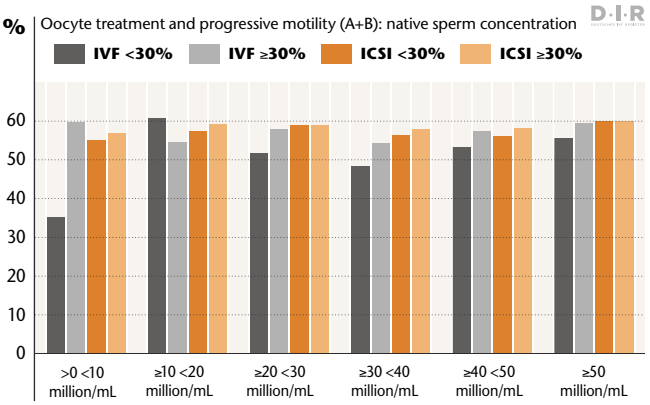
In treatment cycles yielding few oocytes, ICSI is often chosen in the expectation that it will increase the likelihood of fertilization. But what do the data actually show?

Overall, only a relatively small number of cycles (see first figure) could be included in these analyses, which limits the strength of the conclusion. A meaningful comparison can only be drawn at levels of 20–30 million/ml or higher (530 IVF cycles and 1,122 ICSI cycles). The proportion of cycles with at least one regular fertilized oocyte ranged from 44.4% to 87.9% for IVF (varying by concentration and motility range, approximately 81% on average), and from 84.2% to 88.6% for ICSI. Neither concentration nor motility have an influence in ICSI, and the proportion of cycles with regular fertilization is consistent across all groups.

Proportion of cycles with regular fertilization (1-4 oocytes)

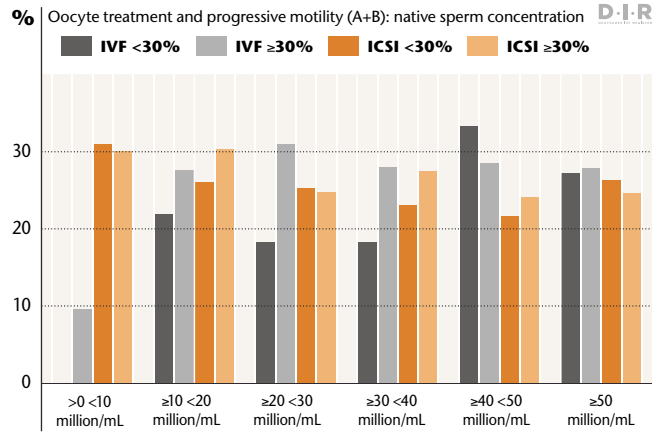


Fertilization rate per retrieved oocyte (1-4 oocytes)

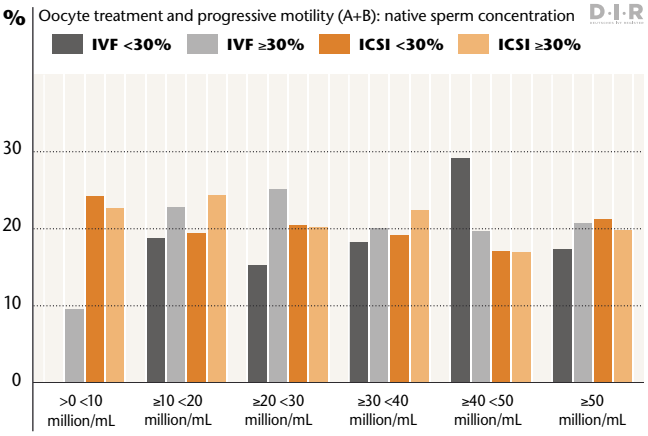


A similar pattern is observed regarding fertilization rates per retrieved oocyte: in IVF, low values are associated with low concentration and/or reduced progressive motility, while at good concentrations the rates align across all concentrations. For ICSI, neither sperm concentration nor progressive motility appear to affect the rates - they are consistently comparable, including in comparison to IVF cases with good progressive motility.

Clinical pregnancies per SET (1-4 oocytes)



Births per SET (1-4 oocytes)



With good concentration (above 20 million/ml) and good progressive motility, clinical pregnancy rates for IVF and ICSI are nearly identical; they are only lower with low concentration and poor progressive motility. Miscarriage rates varied considerably and are difficult to interpret reliably due to the small sample size. Live birth rates are also comparable between IVF and ICSI for sperm concentrations of 20–30 million/ml, except for the IVF subgroup with low progressive motility (the deviation at 40–50 million/ml is probably due to the small sample size). Again, for ICSI, no influence of progressive motility.

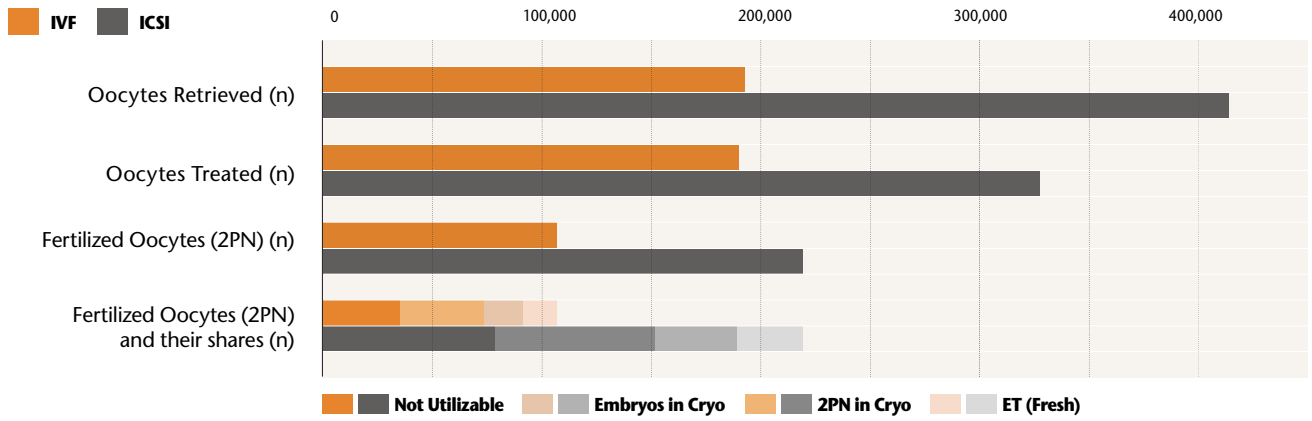
Conclusion: When IVF is enough, why choose ICSI? IVF can deliver the same success rates as ICSI. The main exception appears to be cycles involving low sperm concentrations and/or markedly reduced progressive motility, in which ICSI remains the more appropriate treatment option.
Therefore, our conclusion is: not "ICSI for all," but "IVF when IVF is enough": when appropriately selected, IVF is just as effective as ICSI.

Dipl. Biol. Verona Blumenauer, Leipzig
Prof. Dr. Verena Nordhoff, Münster

Development of the Retrieved Oocytes 2025

Prospective and retrospective data

	IVF	%		ICSI	%	
retrieved oocytes	192,818	100.0		413,706	100.0	
treated oocytes	189,864	98.5	100.0	327,288	79.1	100.0
fertilized (2PN)	106,928	55.5	56.3	219,190	53.0	67.0
cryopreserved 2PN	38,271		35.8	72,670		33.2
transferred embryos	18,011		16.8	37,789		17.2
cryopreserved embryos	15,277		14.3	29,936		13.7



Clinical Pregnancies (CP)/Transfer as a Function of Embryo Quality 2025

IVF, ICSI, IVF/ICSI

Quality		<= 29 Years		30 – 34 Years		35 – 39 Years		>= 40 Years		Total	
Ideal	**Not Ideal**	**ET**	**CP/ET %**	**ET**	**CP/ET %**	**ET**	**CP/ET %**	**ET**	**CP/ET %**	**ET**	**CP/ET %**
0	1	477	18.1	1,667	19.6	2,692	14.7	1,256	7.1	6,093	14.7
0	2	68	26.5	252	24.3	455	20.3	268	7.5	1,043	18.4
0	3	0	-	3	66.7	5	20.0	7	0.0	15	20.0
1	0	2,827	43.4	9,061	40.0	13,042	32.5	4,725	17.7	29,656	33.5
1	1	113	38.1	322	36.3	617	28.9	366	17.5	1,418	28.4
1	2	0	-	3	0.0	4	25.0	6	33.3	13	23.1
2	0	420	42.6	1,337	42.0	2,480	37.4	1,320	19.6	5,558	34.7
2	1	0	-	2	0.0	7	42.9	15	20.0	24	25.0
3	0	0	-	3	33.3	17	23.5	23	4.3	43	14.0
Total*		**3,905**	**39.8**	**12,653**	**37.1**	**19,325**	**30.2**	**7,990**	**16.0**	**43,876**	**30.5**

13 transfers could not be allocated.

Cryo Transfer

Quality		IVF		ICSI	
ideal	**Not Ideal**	**ET**	**CP/ET %**	**ET**	**CP/ET %**
0	1	1,051	19.8	2,329	18.8
0	2	201	16.5	503	17.2
0	3	1	100.0	11	10.0
1	0	12,476	31.8	23,225	33.6
1	1	299	30.2	629	28.7
1	2	3	33.3	5	40.0
2	0	1,415	33.4	2,701	33.7
2	1	5	20.0	12	25.0
3	0	21	23.8	57	35.7
Total		**15,482**	**30.8**	**29,489**	**32.1**

27 transfers could not be allocated.

Children Born as a Function of Week of Gestation (WoG) and Birth Weight 2024

Prospective and Retrospective Data

IVF, ICSI, IVF/ICSI

Current WoG	20 - 26		27 - 31		32 - 37		38 - 41		>= 42		Total	% of total
Singletons (n and %)	39	0.4	118	1.3	1,511	16.6	7,390	81.0	62	0.7	**9,120**	**87.7**
Average Birth Weight (g)	673		1,291		2,738		3,406		3,487		**3,257**	
Twins (n and %)	26	2.1	121	9.6	968	77.1	140	11.1	1	0.1	**1,256**	**12.1**
Average Birth Weight (g)	628		1,281		2,415		2,816		2,430		**2,314**	
Triplets (n and %)	-	-	12	44.4	15	55.6	-	-	-	-	**27**	**0.3**
Average Birth Weight (g)	-		1,417		1,770		-		-		**1,613**	

Percentage of preterm deliveries in singleton pregnancies is 18.3% and their average birth weight 2,587g.
Percentage of preterm deliveries in twin pregnancies is 88.8% and their average birth weight 2,251g.
Percentage of preterm deliveries in triplets pregnancies is 100.0% and their average birth weight 1,613g.

Cryo Transfer

Current WoG	20 - 26		27 - 31		32 - 37		38 - 41		>= 42		Total	% of total
Singletons (n and %)	32	0.4	62	0.8	1,184	14.4	6,781	82.6	148	1.8	**8,207**	**90.4**
Average Birth Weight (g)	697		1,234		2,850		3,505		3,531		**3,386**	
Twins (n and %)	28	3.3	62	7.3	640	75.7	112	13.2	4	0.5	**846**	**9.3**
Average Birth Weight (g)	631		1,272		2,498		2,982		3,144		**2,411**	
Triplets (n and %)	-	-	12	50.0	12	50.0	-	-	-	-	**24**	**0.3**
Average Birth Weight (g)	-		1,206		1,798		-		-		**1,502**	

Percentage of preterm deliveries in singleton pregnancies is 15.6% and their average birth weight 2,714g.
Percentage of preterm deliveries in twin pregnancies is 86.3% and their average birth weight 2,322g.
Percentage of preterm deliveries in triplets pregnancies is 100.0% and their average birth weight 1,502g.

Multiple births can occur at different weeks of pregnancy.

Children Born 1997 – 2024

Prospective and Retrospective Data

Total (IVF, ICSI, IVF/ICSI, Cryo Transfer)

	Singletons		Twins		Triplets		Quadruplets		Total
	n	%	n	%	n	%	n	%	n
1997	4,175	58.7	1,902	32.8	492	8.4	8	0.1	6,577
1998	5,357	58.2	3,152	34.2	702	7.6	0	-	9,211
1999	6,116	60.5	3,396	33.6	600	5.9	4	0.0	10,116
2000	6,143	60.5	3,504	34.5	507	5.0	4	0.0	10,158
2001	7,726	62.2	4,252	34.3	435	3.5	0	-	12,413
2002	8,930	63.8	4,662	33.3	387	2.8	8	0.1	13,987
2003	11,922	63.1	6,334	33.6	597	3.2	24	0.1	18,877
2004	6,891	65.6	3,336	31.8	273	2.6	0	-	10,500
2005	7,038	65.8	3,440	32.1	213	2.0	12	0.1	10,703
2006	7,419	66.9	3,450	31.1	222	2.0	4	0.0	11,095
2007	8,407	66.4	4,076	32.2	183	1.4	4	0.0	12,670
2008	8,444	65.7	4,142	32.3	240	1.9	8	0.1	12,834
2009	9,016	67.3	4,152	31.0	216	1.6	8	0.1	13,392
2010	8,619	66.2	4,156	31.9	249	1.9	0	-	13,024
2011	9,388	63.3	5,131	34.7	300	2.0	0	-	14,819
2012	10,188	66.4	4,906	32.0	249	1.6	0	-	15,343
2013	11,713	64.9	6,003	33.3	327	1.8	8	0.0	18,051
2014	13,092	65.5	6,566	32.9	309	1.5	12	0.1	19,979
2015	13,702	65.4	6,942	33.2	297	1.4	8	0.0	20,949
2016	13,692	66.0	6,800	32.8	258	1.2	4	0.0	20,754
2017	14,580	67.2	6,800	31.3	321	1.5	8	0.0	21,709
2018	15,423	69.6	6,508	29.4	225	1.0	0	-	22,156
2019	16,467	70.7	6,560	28.2	273	1.2	0	-	23,300
2020	17,050	74.4	5,690	24.8	156	0.7	8	0.0	22,904
2021	18,547	76.0	5,702	23.4	165	0.7	0	-	24,414
2022	18,270	81.1	4,130	18.3	129	0.6	0	-	22,529
2023	19,175	85.2	3,236	14.4	90	0.4	0	-	22,501
2024	19,775	88.6	2,480	11.1	60	0.3	0	-	22,315
Total	**317,265**	**69.4**	**131,408**	**28.7**	**8,475**	**1.9**	**132**	**0.0**	**457,280**



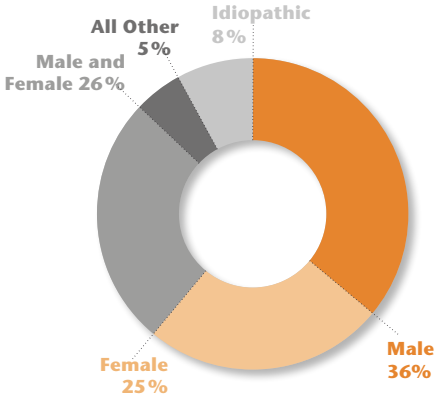
Distribution of Indications 2025

IVF and ICSI – Prospective Data

	Ø Age Pat.	Treatments	Transfers		Clin. Preg.	
	n	n	n	%	n	%*
No Information	34.8	746	625	83.8	155	24.8
Idiopathic	35.8	4,859	3,263	67.2	970	29.8
Male	35.1	22,310	16,245	72.8	5,252	32.4
Female	35.7	15,323	10,938	71.4	3,227	29.6
Male and Female	36.5	16,177	11,005	68.1	3,192	29.1
Single Woman	36.7	1,451	1,078	74.5	264	24.6
Lesbian Couple	35.6	1,004	722	72.0	272	37.9
Total	**35.7**	**61,870**	**43,876**	**70.9**	**13,332**	**30.5**

*) CPR/ET for outcomes known

Shares of Indications (Cycles) 2025



IVF

Male Factor	Normal		Red. Semen Quality		Unknown		Other***		Total****	
Female Factor	n	%	n	%	n	%	n	%	n	%
Normal	3,643	15.7	539	2.3	107	0.5	548	2.4	4,837	20.9
Tubal Pathology	2,537	10.9	422	1.8	95	0.4	467	2.0	3,521	15.2
Endometriosis	2,492	10.7	393	1.7	86	0.4	461	2.0	3,432	14.8
Hyperandrog./PCO	613	2.6	107	0.5	26	0.1	146	0.6	892	3.8
Ovulatory Dysf.	725	3.1	161	0.7	24	0.1	251	1.1	1,161	5.0
Psychogen. Factors	19	0.1	5	0.0	0	0.0	5	0.0	29	0.1
Age	1,635	7.0	357	1.5	45	0.2	401	1.7	2,438	10.5
Other**	4,491	19.4	1,156	5.0	208	0.9	961	4.1	6,816	29.4
No Information	69	0.3	0	0.0	0	0.0	1	0.0	70	0.3
Total**	**16,224**	**69.9**	**3,140**	**13.5**	**591**	**2.5**	**3,241**	**14.0**	**23,196**	**100.0**

ICSI

Male Factor	Normal		Red. Semen Quality		Azoospermia		Unknown		Other***		Total****	
Female Factor	n	%	n	%	n	%	n	%	n	%	n	%
Normal	5,388	9.9	7,270	13.4	1,089	2.0	158	0.3	1,986	3.7	15,891	29.3
Tubal Pathology	1,024	1.9	1,545	2.9	56	0.1	56	0.1	680	1.3	3,361	6.2
Endometriosis	1,546	2.9	2,218	4.1	130	0.2	58	0.1	977	1.8	4,929	9.1
Hyperandrog./PCO	541	1.0	862	1.6	104	0.2	27	0.0	364	0.7	1,898	3.5
Ovulatory Dysf.	640	1.2	1,474	2.7	139	0.3	53	0.1	682	1.3	2,988	5.5
Psychogen. Factors	23	0.0	43	0.1	8	0.0	0	0.0	25	0.0	99	0.2
Age	1,670	3.1	2,414	4.5	276	0.5	97	0.2	1,019	1.9	5,476	10.1
Other**	7,179	13.2	7,561	14.0	771	1.4	247	0.5	3,548	6.5	19,306	35.6
No Information	158	0.3	44	0.1	7	0.0	7	0.0	21	0.0	237	0.4
Total**	**18,169**	**33.5**	**23,431**	**43.2**	**2,580**	**4.8**	**703**	**1.3**	**9,302**	**17.2**	**54,185**	**100.0**

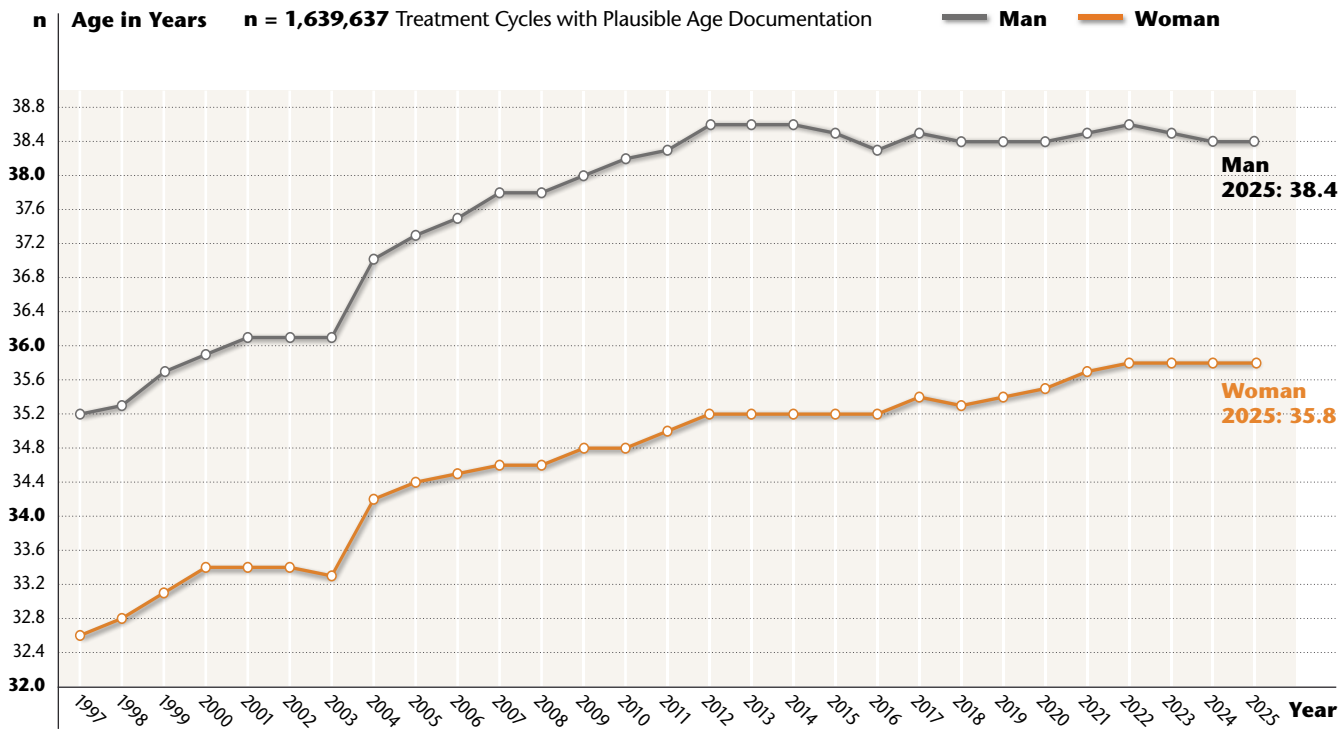
***) This includes the following indications: diminished ovarian reserve, medical freezing, single women, genetic testing (polar body analysis, trophectoderm biopsy for PGT-A, PGT-SR, PGT-M), lesbian couple, social freezing, uterine or cervical factor, others.*

****) This includes following indications: anejaculation, medical freezing, preimplantation genetic testing, CBAVD, pathological function test, psychogenic disturbances, retrograde ejaculation, urogenital malformation, failed or bad fertilization rate in conventional ivf-procedure, condition after genital cancer, condition after severe genital infection, condition after vasectomy, others.*

*****) Multiple answers per cycle permitted.*

Mean Age for Women and Men 1997 – 2025

IVF, ICSI, IVF/ICSI – Prospective and Retrospective Data



Preventive Egg Freezing 2021 – 2025

Fresh Cycles – Prospective and Retrospective Data

	2021	2022	2023	2024	2025
No. of Centers	110	113	116	129	131
Recorded Cycles	2,173	2,311	3,479	4,330	5,156
Plausible Cycles	2,132	2,267	3,450	4,282	4,973
Plausible Cycles %	98.1	98.1	99.2	98.9	96.5
Number of Patients	1,555	1,729	2,604	3,313	3,860
Ø-Age of Patients	35.8	35.6	35.4	35.3	35.3
Ø Number of treatm. / patient	1.4	1.3	1.3	1.3	1.3
OPU	2,009	2,106	3,240	4,002	4,964
Oocytes Aspirated	1,956	2,046	3,180	3,915	4,964
Avg. Oocytes Aspirated / Cycle	10.8	11.0	11.0	11.2	11.0
Freeze All MII	1,796	1,915	2,974	3,628	4,822
Share (%) of Cycles with Cryo-preserved from Retrieved Oocytes	76.2	76.9	76.6	75.8	76.6

2021-2024: Either therapy or patient are marked as Preventive Egg Freezing. Evaluation improved.
2025: First-time analysis based on the "Reason for Freeze-All" field = Preventive Egg Freezing. Therefore, the same number of follicle punctures were performed and oocytes retrieved.
Follow-up from these cycles: Subsequent pregnancies and births from the resulting thawing cycles have not yet been detected in significant numbers.

Clinical Pregnancy Rate as a Function of Stimulation 2025

IVF, ICSI – Prospective Data, "**Freeze-all**" **Cycles excluded**

Total	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total
Stimulations (n)	14,638	12,072	17,094	2,769	898	1,105	4,946	2,488	1,792	57,802
Transfers (n)	12,042	8,923	13,315	2,079	673	922	2,380	2,014	1,165	43,513
Transfers (%)	82.3	73.9	77.9	75.1	74.9	83.4	48.1	80.9	65.0	75.3
CP (n)	4,248	2,560	4,065	509	173	350	453	594	338	13,290
CP/ET (%)	35.3	28.7	30.5	24.5	25.7	38.0	19.0	29.5	29.0	30.5
CP/Stim. (%)	29.0	21.2	23.8	18.4	19.3	31.7	9.2	23.9	18.9	23.0
Ø-Age of Patients	34.0	37.1	36.1	36.8	37.9	34.1	38.9	35.5	36.7	36.0

Short GnRHa	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total	Share (%) from total
Stimulations (n)	148	410	435	233	6	12	83	23	99	1,449	2.5
Transfers (n)	109	262	324	144	3	9	32	19	80	982	2.3
Transfers (%)	73.6	63.9	74.5	61.8	50.0	75.0	38.6	82.6	80.8	67.8	
CP (n)	27	77	80	23	2	3	4	3	24	243	1.8
CP/ET (%)	24.8	29.4	24.7	16.0	66.7	33.3	12.5	15.8	30.0	24.7	
CP/Stim. (%)	18.2	18.8	18.4	9.9	33.3	25.0	4.8	13.0	24.2	16.8	
Ø-Age of Patients	34.3	37.3	36.6	37.9	39.3	33.2	39.0	37.7	34.4	36.8	

Long GnRHa	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total	Share (%) from total
Stimulations (n)	1,059	1,728	1,851	538	68	34	53	239	201	5,771	10.0
Transfers (n)	893	1,371	1,422	440	55	26	26	192	162	4,587	10.5
Transfers (%)	84.3	79.3	76.8	81.8	80.9	76.5	49.1	80.3	80.6	79.5	
CP (n)	331	406	396	108	12	7	1	55	47	1,363	10.3
CP/ET (%)	37.1	29.6	27.8	24.5	21.8	26.9	3.8	28.6	29.0	29.7	
CP/Stim. (%)	31.3	23.5	21.4	20.1	17.6	20.6	1.9	23.0	23.4	23.6	
Ø-Age of Patients	34.4	36.8	36.4	36.3	38.7	35.8	38.0	36.1	36.5	36.2	

GnRH-Antagonists	recFSH	hMG	recFSH & recLH	recFSH & hMG	Long-Acting recFSH	hrFSH	Antiestrogen +/- Gonadotropin	Other*	No Info	Total	Share (%) from total
Stimulations (n)	11,720	8,264	13,013	1,800	745	893	3,030	1,984	1,236	42,685	73.8
Transfers (n)	9,825	6,193	10,383	1,379	580	754	1,607	1,639	818	33,178	76.2
Transfers (%)	83.8	74.9	79.8	76.6	77.9	84.4	53.0	82.6	66.2	77.7	
CP (n)	3,472	1,791	3,209	351	147	290	291	495	237	10,283	77.4
CP/ET (%)	35.3	28.9	30.9	25.5	25.3	38.5	18.1	30.2	29.0	31.0	
CP/Stim. (%)	29.6	21.7	24.7	19.5	19.7	32.5	9.6	24.9	19.2	24.1	
Ø-Age of Patients	33.9	37.2	36.0	36.7	38.0	34.0	38.9	35.4	36.6	35.9	

7,543 stimulations (13.0%) have been realized without Analoga or Antagonists, resulting in 4,528 transfers (60.0%) and 1,341 clinical pregnancies (29.6% CP/ET).

354 stimulations (0.6 %) could not been allocated to a specific protocol, resulting in 238 transfers (59.1%) and 60 clinical pregnancies (25.2% CP/ET).

Total number of fresh cycles with stimulation including freeze all cycles: 75,160. recFSH: 20,510, hMG: 14,964, recFSH and recLH: 22,158, recFSH and hMG: 3,691, long-acting recFSH: 1,414, hrFSH: 1,482.

*) *e.g. uFSH, uFSH and hMG etc.*

Ovarian Hyperstimulation Syndrome (OHSS) as a Function of Stimulation Protocol and Age Cohort 2025

IVF, ICSI, IVF/ICSI – Prospective Data

	Stimulations Started	%	Ø Oocytes Retrieved	OHSS III (WHO)	OHSS III/Cycles %
Short GnRHa	**1,694**	**2.3**	**7.3**	**2**	**0.1**
< = 29 Years	119		10.9	0	0.0
30 – 34 Years	394		8.9	2	0.5
35 – 39 Years	748		7.0	0	0.0
> = 40 Years	433		4.9	0	0.0
Long GnRHa	**6,691**	**9.0**	**9.0**	**22**	**0.3**
< = 29 Years	431		12.2	2	0.5
30 – 34 Years	1,763		10.4	8	0.5
35 – 39 Years	3,298		8.5	11	0.3
> = 40 Years	1,199		6.8	1	0.1
GnRHa-Antagonists	**55,362**	**74.1**	**9.6**	**182**	**0.3**
< = 29 Years	5,594		13.0	41	0.7
30 – 34 Years	16,247		11.4	69	0.4
35 – 39 Years	23,656		9.0	64	0.3
> = 40 Years	9,861		6.0	8	0.1
No Analoga / no Antagonists	**11,010**	**14.7**	**8.8**	**19**	**0.2**
< = 29 Years	1,001		12.8	5	0.5
30 – 34 Years	2,948		11.3	8	0.3
35 – 39 Years	4,581		8.5	5	0.1
> = 40 Years	2,478		4.7	1	0.0
Total*	**74,757**	**100.0**	**9.4**	**225**	**0.3**

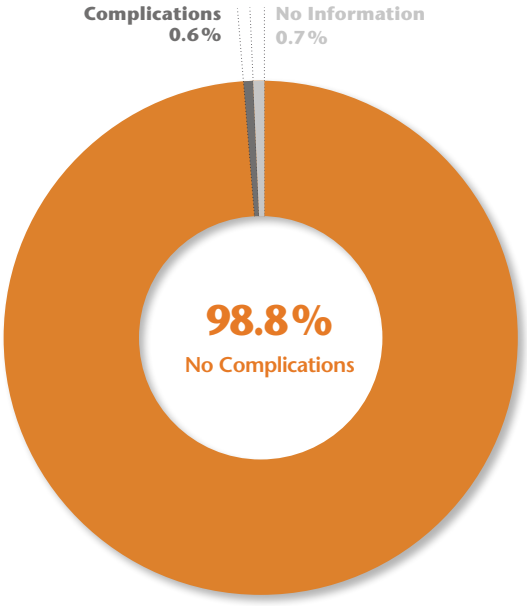
**) in 403 cycles, the protocol could not be reliably determinated.*

Complications as a Function of Ovum Pick-up (OPU) 2025

IVF, ICSI, IVF/ICSI, Prospective Data

Total OPU´s	**70.178**	**100.0%**
No Information	484	0.7%
No Complications	69,302	98.8%
Complications	**392**	**0.6%**

Complications	**n**	**%**
Vaginal Bleeding	209	53.3
Intraabdom. Bleeding	89	22.7
Intestinal Tract Injury	2	0.5
Peritonitis	24	6.1
Other	68	17.3
Total	**392**	**100.0**



FertiPROTEKT
Netzwerk für fertilitätsprotektive Maßnahmen

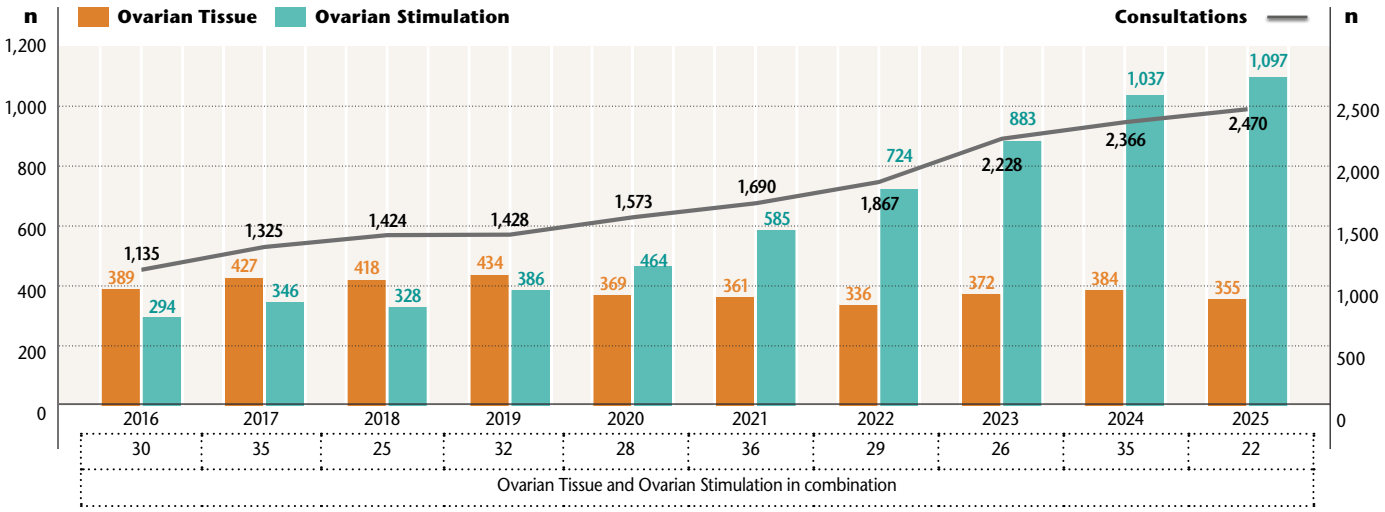
*Ferti*PROTEKT Network e.V. – New Framework, New Patient Groups – Fertility Preservation Continues to Evolve

Growing experience with fertility-preserving procedures and a deeper understanding of individual fertility risks – including in girls and young women – together with the rising importance of endometriosis have broadened the scope of *Ferti*PROTEKT Network e.V. The focus is now on identifying patients early, assessing their individual risks, and developing the most appropriate fertility preservation strategy.

Alongside oncology, non-malignant conditions are increasingly coming into focus. Endometriosis in particular is gaining importance as an indication for counselling and interventions under strict eligibility criteria. Fertility preservation thus extends beyond the traditional context of gonadotoxic therapies and requires an individualised, condition- and age-specific approach.

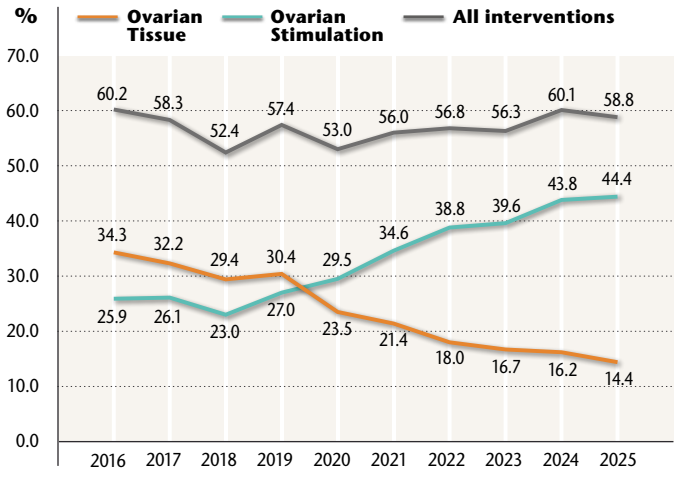
At the same time, the framework has changed. The Cryopreservation Directive (Kryo-Richtlinie) has improved access to and awareness of cryopreservation and provided new stimulus for counselling. The marked increase in consultations at private centres and universities reflects this development in Germany.

Interventions and Consultations 2016–2025



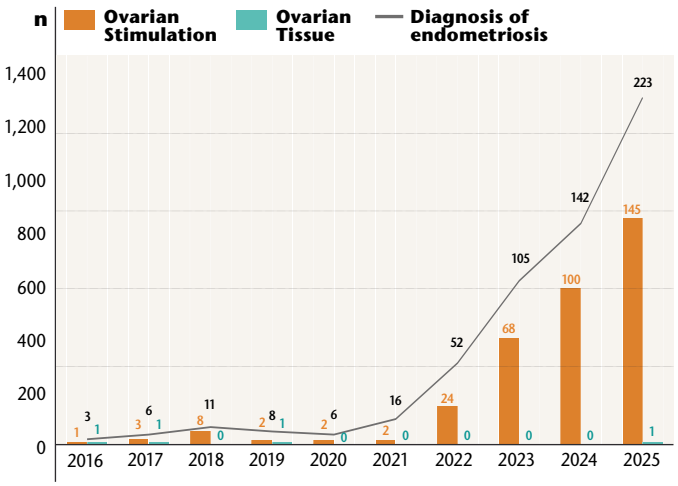
With fertility-preserving consultations continuously increasing, the number of ovarian tissue cryopreservations has declined slightly, whereas the number of ovarian stimulation procedures has continued to rise.

Proportion of consultations resulting in fertility-preserving interventions 2016–2025



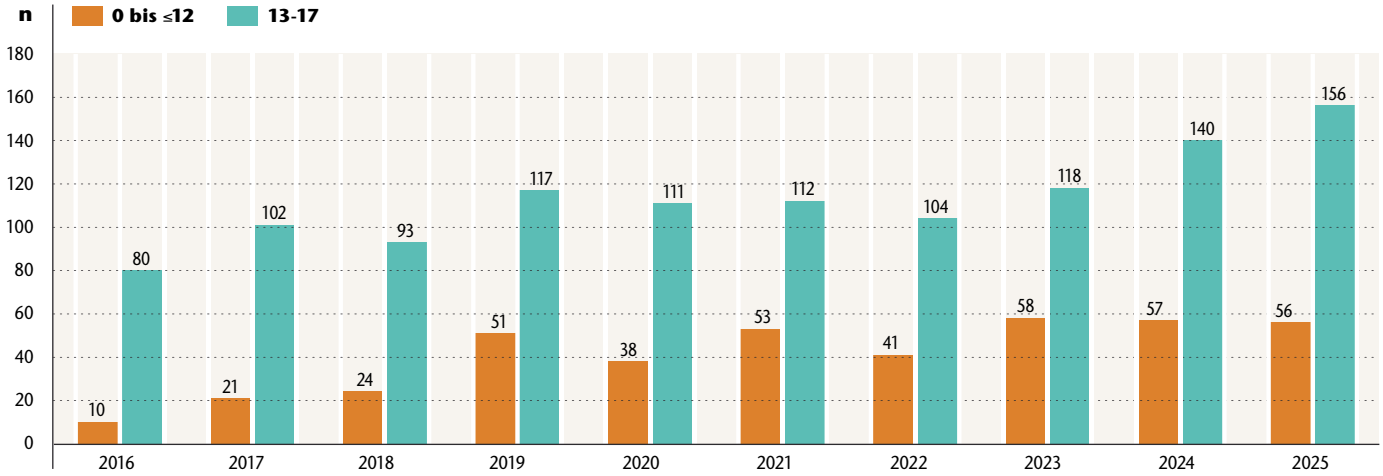
More than half of the consultations (58.8%) also resulted in a fertility-preserving intervention (cryopreservation of ovarian tissue and/or oocytes), with ovarian stimulation again accounting for the majority.

Endometriosis – consultations and interventions 2016–2025



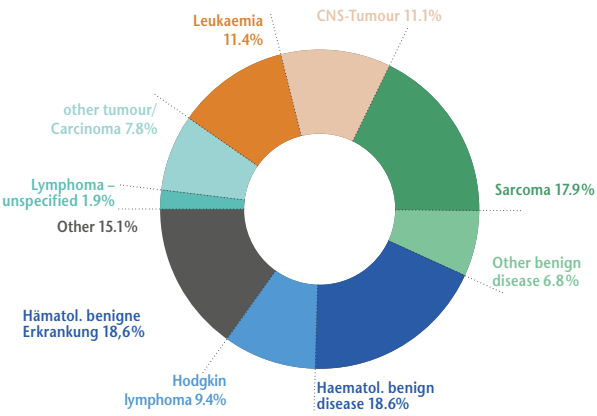
Endometriosis is becoming increasingly important as a documented indication for fertility-preserving counselling and interventions.

Consultations involving girls (aged 0–17 years) 2016–2025



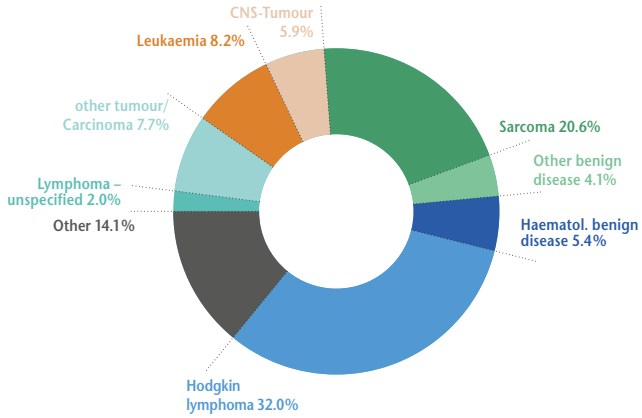
Consultations by age group: girls aged ≤12 years and 13–17 years

The eight most common diagnoses among girls aged 0–≤12 years at initial presentation



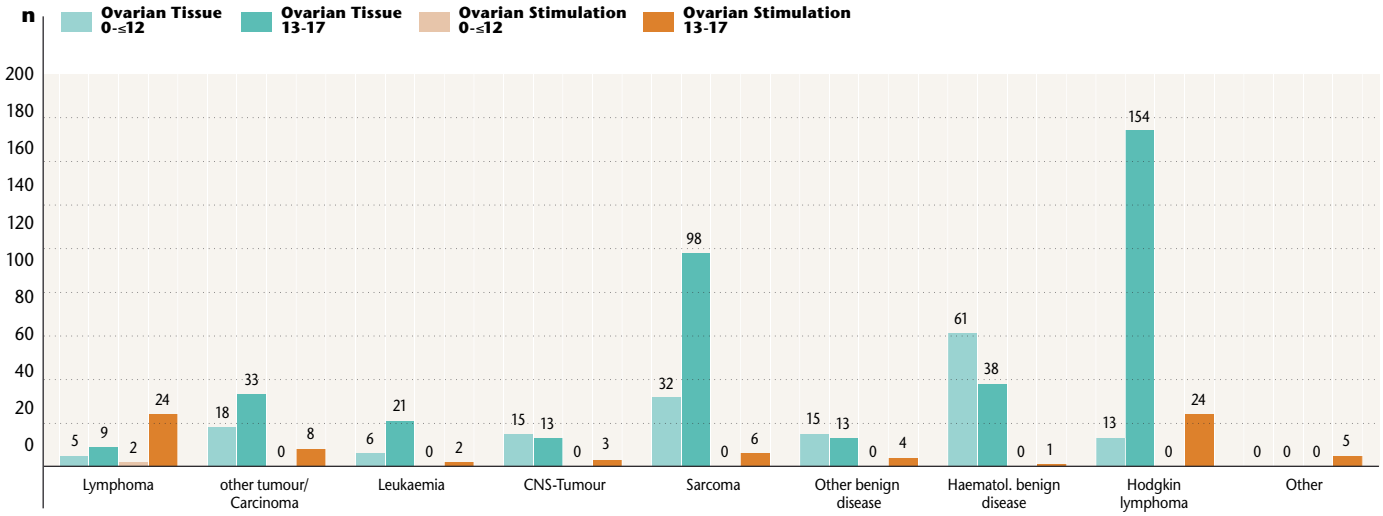
This figure illustrates the distribution of the eight most frequently documented indications for consultation among girls aged ≤12 years.

The eight most common diagnoses among girls aged 13-17 years at initial presentation



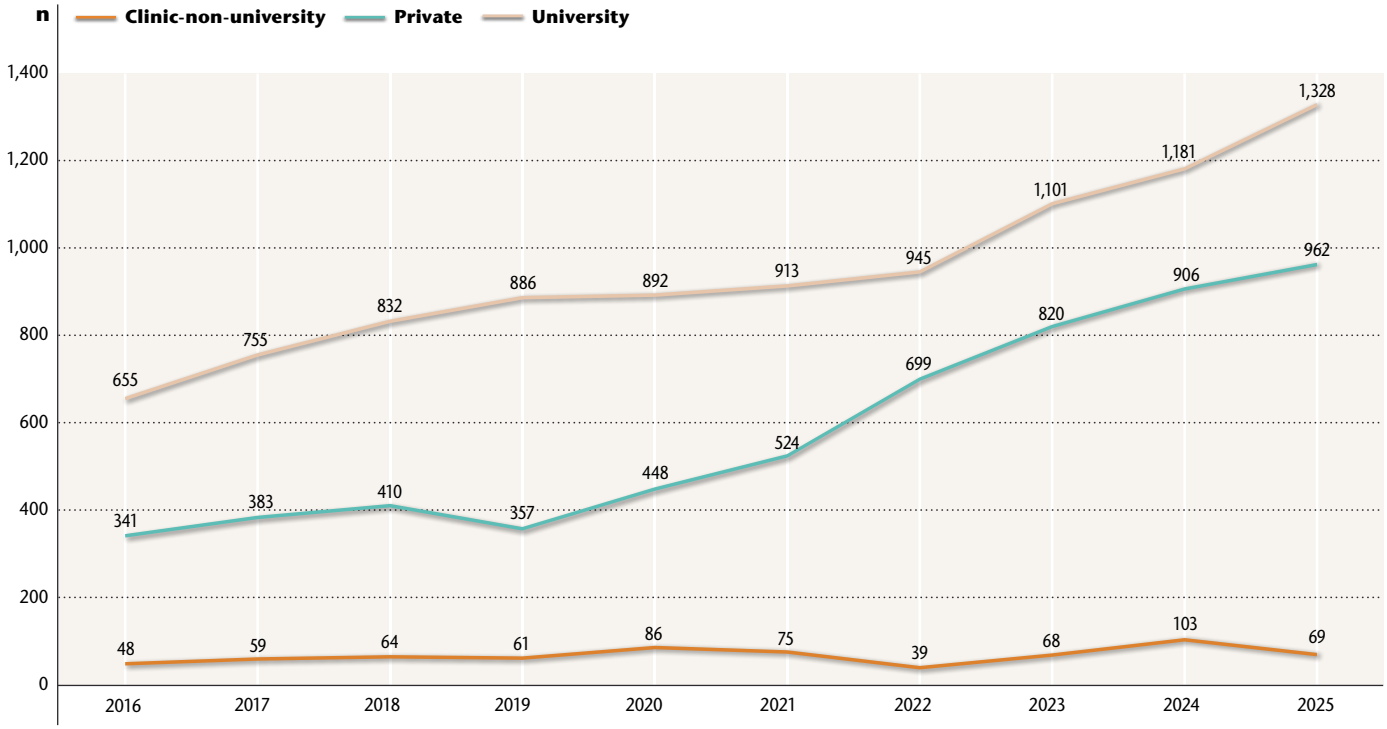
This figure illustrates the distribution of the eight most frequently documented indications for consultation among girls aged 13 to 17 years.

Interventions in girls – ovarian tissue cryopreservation and ovarian stimulation 2025



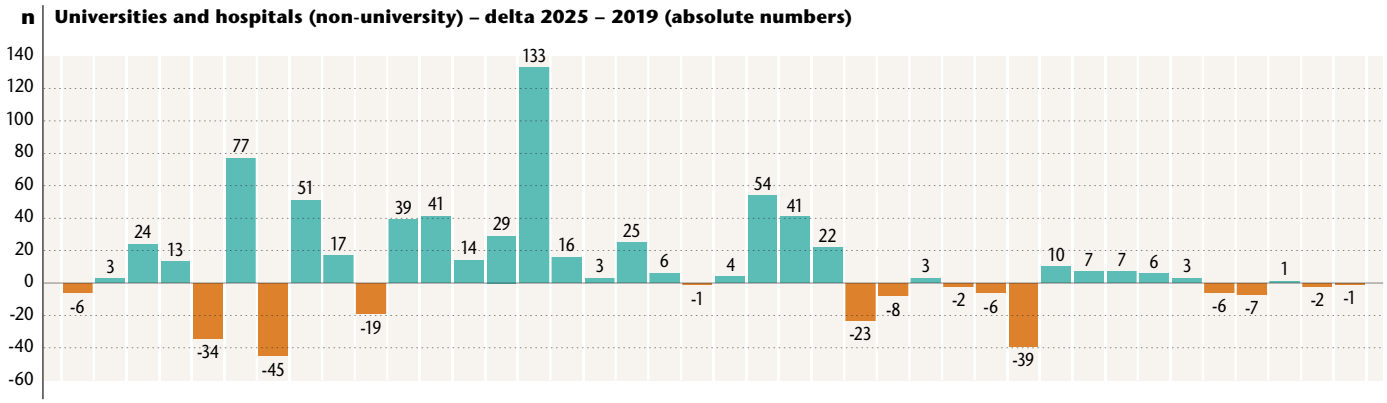
Indication-specific distribution of fertility-preserving interventions (cryopreservation of ovarian tissue and/or oocytes) among girls aged ≤12 years and 13–17 years.

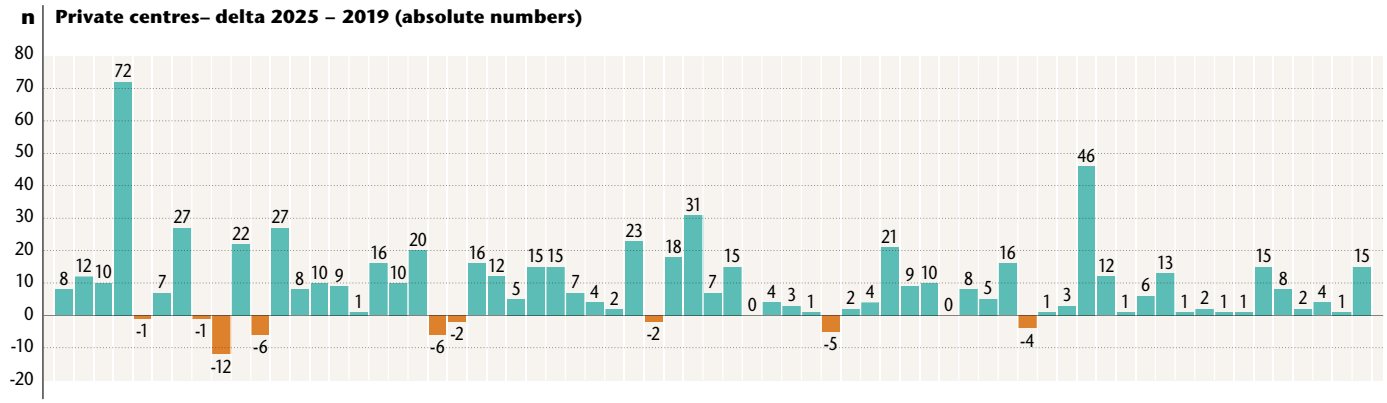
Consultations at the different centres in Germany 2016–2025



While the number of consultations at hospitals has remained largely unchanged on average in recent years, the number at private centres and universities has continued to increase significant.

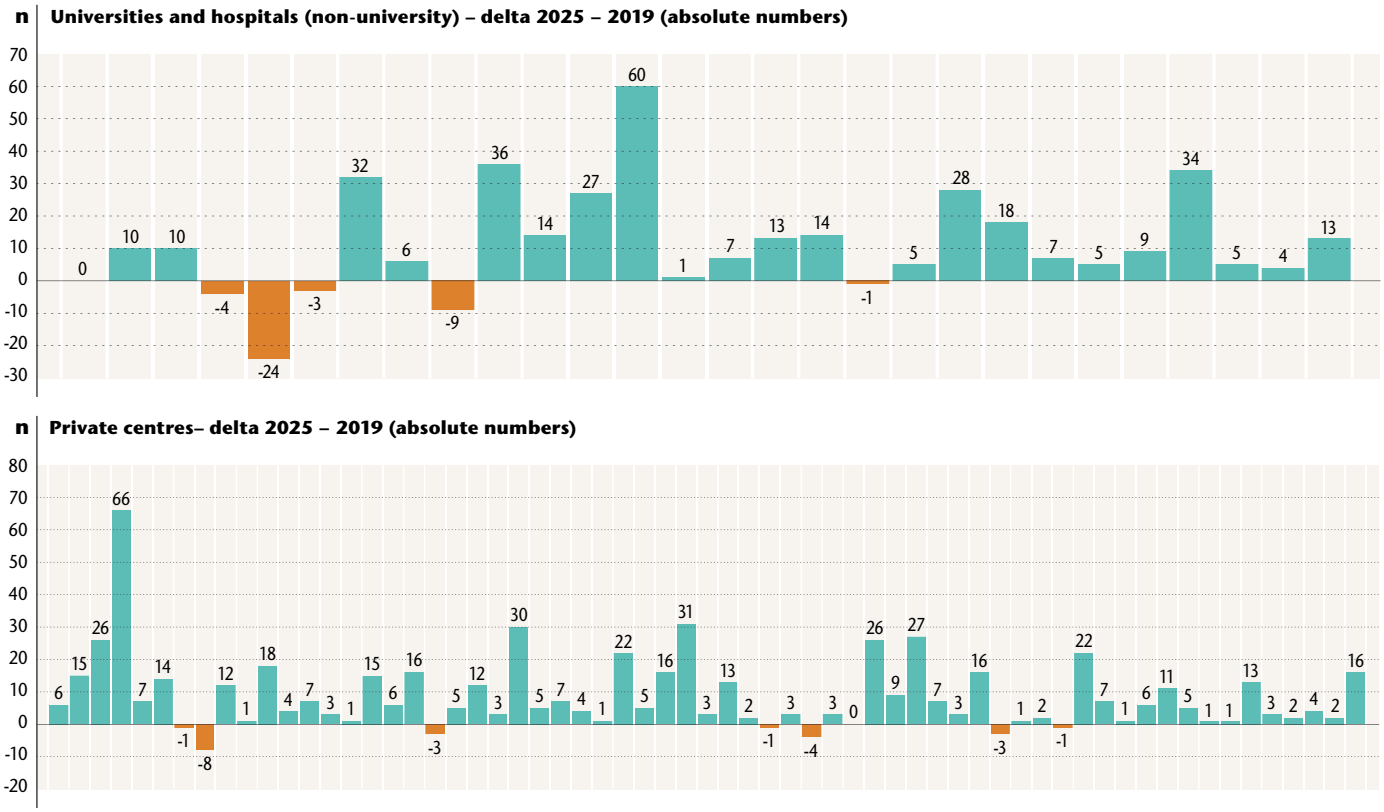
Germany cryopreservation guideline – change in the number of consultations: 2025 vs. 2019





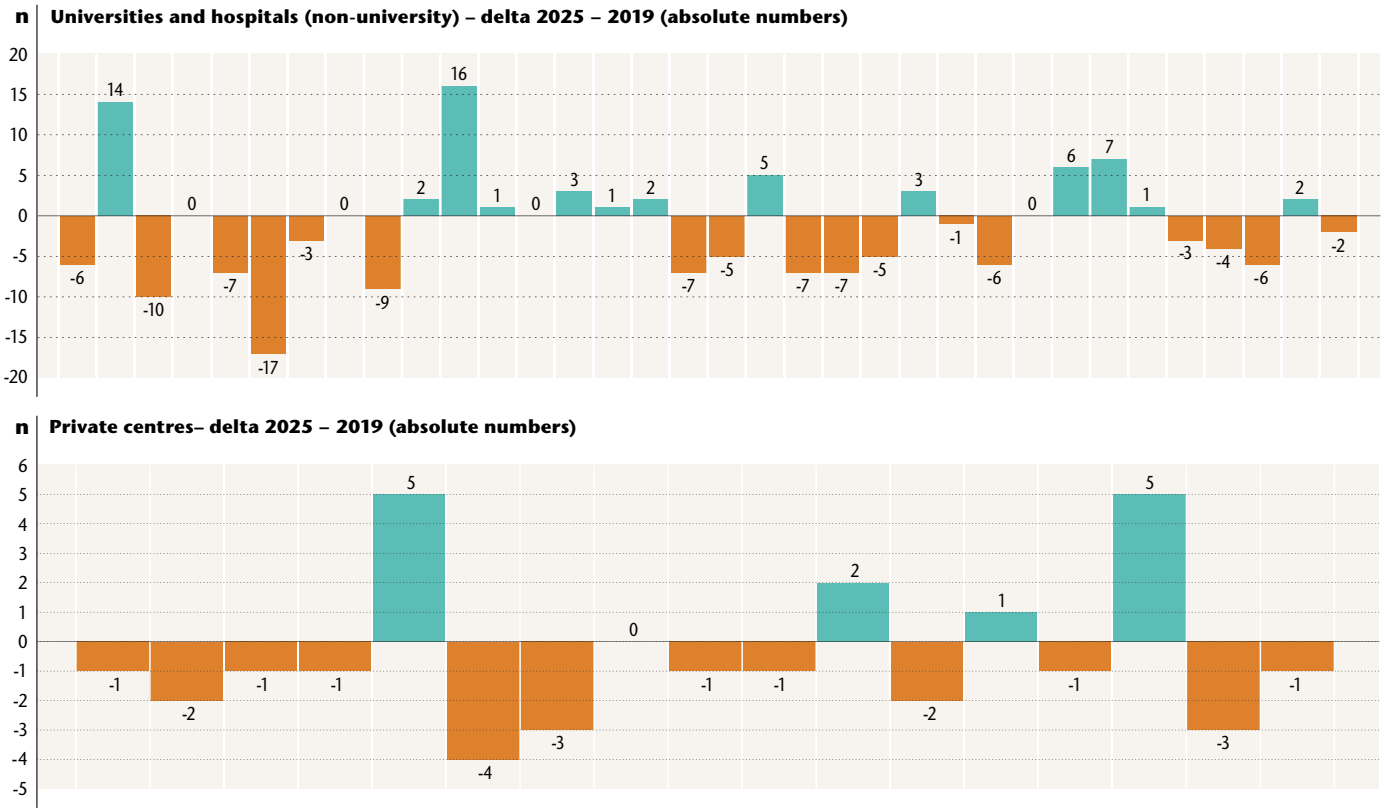
The changes in consultations shown in these figures (A and B) when comparing 2019 with 2025 are also likely to be largely attributable to the cryopreservation guideline.

Germany – change in the number of ovarian stimulation procedures performed: 2025 vs. 2029



Comparison of the number of ovarian stimulation procedures in 2019 and 2025 in relation to the previously described impact of the introduction of the cryopreservation guideline.

Germany – change in the number of ovarian tissue cryopreservation procedures performed: 2025 vs. 2029



Comparison of ovarian tissue cryopreservation procedures in 2019 and 2025 in the context of the impact of the cryopreservation guideline.

DERI | Deutsches Register für Insemination

In the fourth year of the DERI analysis, it is evident that AID/IUI-H has been increasingly utilised by lesbian couples and single women in recent years. To what extent this is primarily due to demographic trends, the early detection and treatment of undescended testicles as part of routine childhood check-ups, or the widespread availability of sperm cryopreservation prior to treatments that may damage germ cells, can only be surmised. For the first time, in 2025 we were able to present the cumulative pregnancy rates following IUI-H and AID/IUI-D in a special analysis. We would like to thank Merck Healthcare Germany for its continued financial support, and all our colleagues from the 52 centres currently actively participating, whose strong commitment to treatment quality has made this data analysis possible.

With best regards,
The Executive Board of the AKDI with DERI: Dr Andreas Hammel, Erlangen; Constanze Bleichrodt, qualified psychologist, Munich; Dr Petra Thorn, Mörfelden; Ann-Kathrin Klym, graduate engineer in medical biotechnology, Berlin

Overview IUI-H Cycles 2020–2025 – CoD July 15th, 2026

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Year	2020	2021	2022	2023	2024	2025
Registry Participants IUI-H	45	45	44	48	48	52
Recorded Cycles IUI-H	13,387	14,322	15,122	15,424	16,537	15,710
Number of Patients IUI-H	5,840	6,179	6,655	7,155	7,590	7,185
Avg. Patient Age IUI-H	34.1	34.2	34.0	34.0	34.1	34.1
Inseminations IUI-H	10,811	11,880	12,985	13,889	14,598	13,641
Clinical Pregnancies IUI-H	1,066	1,140	1,259	1,442	1,543	1,445
Clin. Pregn. / Inseminations % IUI-H	9.9	9.6	9.7	10.4	10.6	10.6
Miscarriages IUI-H	215	206	270	263	307	
Miscarriages / Clin. Pregn. % IUI-H	20.2	18.1	21.4	18.2	19.9	
Births IUI-H	632	703	746	907	939	
Births / Inseminations % IUI-H	5.9	5.9	5.8	6.5	6.5	
Singletons / Births % IUI-H	94.1	95.3	95.7	95.9	95.2	
Multiple births / Births % IUI-H	5.9	4.7	4.3	4.1	4.8	
Number of Children IUI-H	671	737	779	946	986	

Overview IUI-D/AID-Cycles 2020–2025 – CoD July 15th, 2026

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Year	2020	2021	2022	2023	2024	2025
Registry Participants IUI-D/AID	44	44	45	48	49	50
Recorded Cycles IUI-D/AID	3,116	3,559	4,019	3,777	3,886	4,629
Number of Patients IUI-D/AID	1,234	1,448	1,735	1,754	1,887	2,084
Avg. Patient Age IUI-D/AID	34.7	34.8	34.6	34.7	35.0	35.1
Inseminations IUI-D/AID	2,510	2,749	3,143	3,117	3,191	3,720
Clinical Pregnancies IUI-D/AID	385	420	520	553	532	593
Clin. Pregn. / Inseminations % IUI-D/AID*	15.4	15.3	16.6	17.8	16.8	16.0
Miscarriages IUI-D/AID	69	74	101	88	88	
Miscarriages / Clin. Pregn. % IUI-D/AID	17.9	17.6	19.4	15.9	16.5	
Births IUI-D/AID	307	335	408	453	424	
Births / Inseminations % IUI-D/AID*	12.3	12.2	13.0	14.5	13.4	
Singletons / Births % IUI-D/AID	95.8	96.4	95.6	98.2	94.6	
Multiple births / Births % IUI-D/AID	4.2	3.6	4.4	1.8	5.4	
Number of Children IUI-D/AID	320	349	426	461	448	

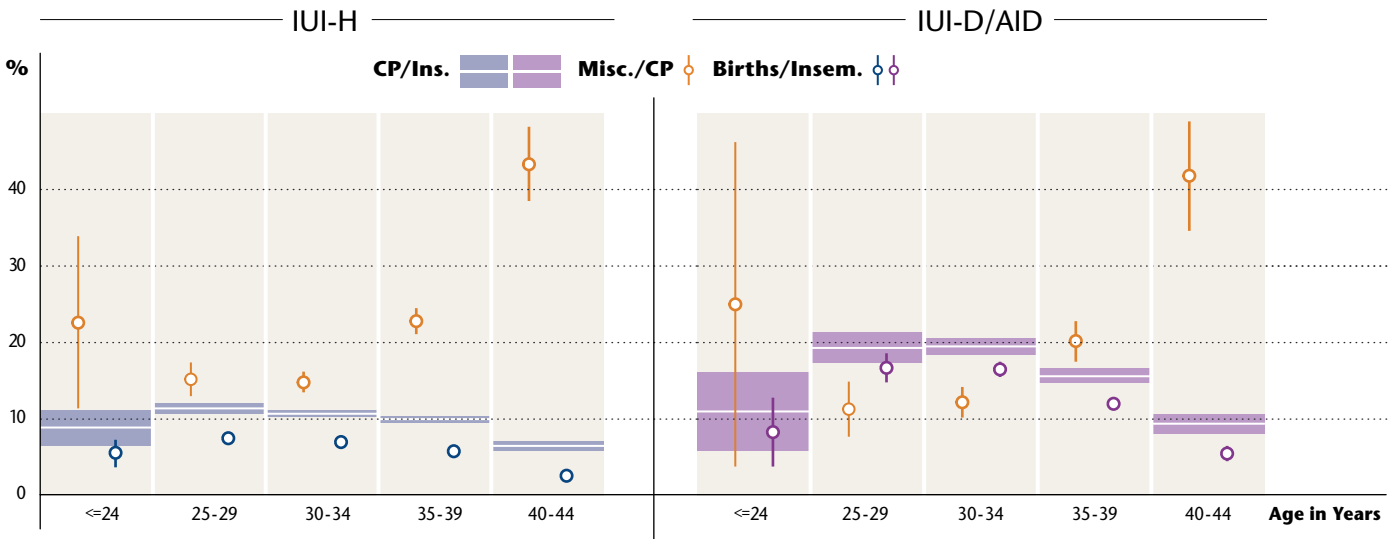
IUI-H: Insemination with partner's sperm
IUI-D/AID: Insemination with donor sperm

**) Adjusted by unknown outcomes.*

Pregnancy Rate and Ongoing Pregnancy in Correlation to Female Age 2020–2024

Plausible Cycles – CoD July 15th, 2026

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	<=24	25-29	30-34	35-39	40-44	
n	601	8,751	25,612	22,716	6,104	Insem.
%	8.9	11.4	10.7	10.0	6.5	CP/Insem.
%	22.6	15.2	14.8	22.8	43.3	Misc./CP
n	33	651	1,778	1,306	159	Births
%	5.6	7.5	7.0	5.8	2.6	Births/Ins.

	<=24	25-29	30-34	35-39	40-44	
	145	1,517	5,278	5,692	1,942	Insem.
	11.0	19.3	19.5	15.6	9.4	CP/Insem.
	25.0	11.3	12.2	20.2	41.8	Misc./CP
	12	253	872	682	106	Births
	8.3	16.7	16.5	12.0	5.5	Births/Ins.

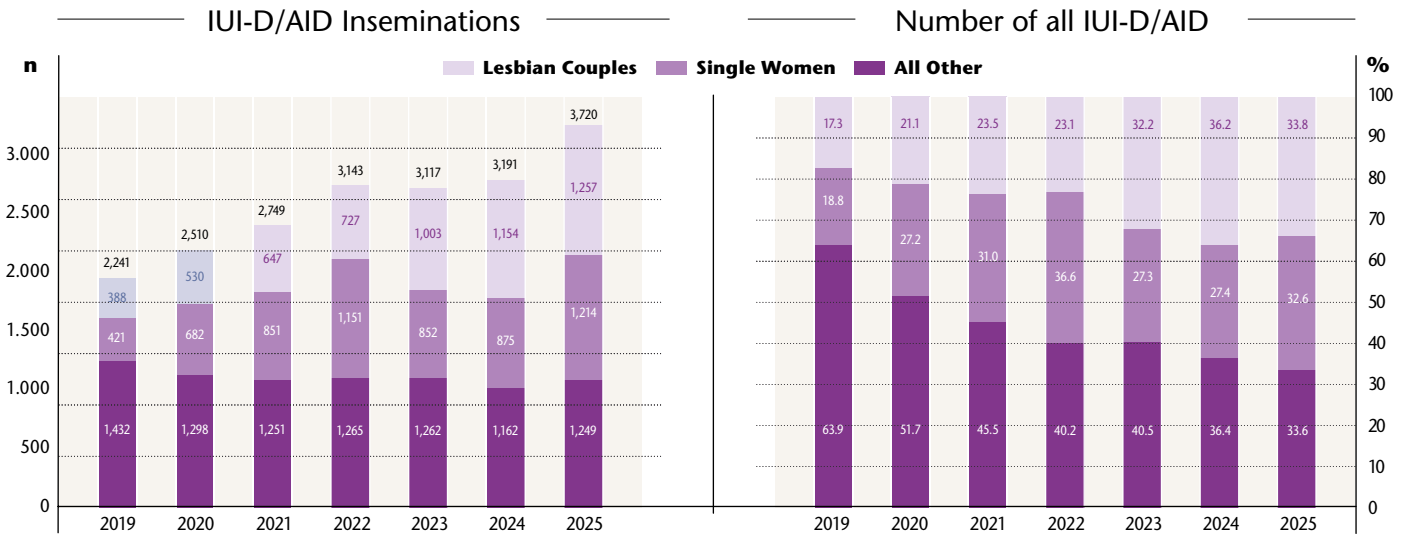
In women aged 45 and older, 136 inseminations took place, resulting in six pregnancies, three miscarriages, one pregnancy of unknown outcome, and - consequently - two or three births.

In women aged 45 and older, 388 inseminations resulted in three pregnancies, three miscarriages, and thus no birth.

IUI-D/AID: Development and Distribution of the Main Indications – Lesbian Couple, Single Woman, and All Others 2019–2025

Plausible Cycles – CoD April 16th, 2025

DERI Deutsches Register für Insemination



Years, values presented as n and %	2019	2020	2021	2022	2023	2024	2025
Number of IUI-D/AID Insem.for Lesbian Couples	388/17.3%	530/21.1%	647/23.5%	727/23.1%	1,003/32.2%	1,154/36.2%	1,257/33.8%
Number of IUI-D/AID Insem. for Single Women	421/18.8%	682/27.2%	851/31.0%	1,151/36.6%	852/27.3%	875/27.4%	1,214/32.6%
Number of all other IUI-D/AID Inseminations	1,432/63.9%	1,298/51.7%	1,251/45.5%	1,265/40.2%	1,262/40.5%	1,162/36.4%	1,249/33.6%

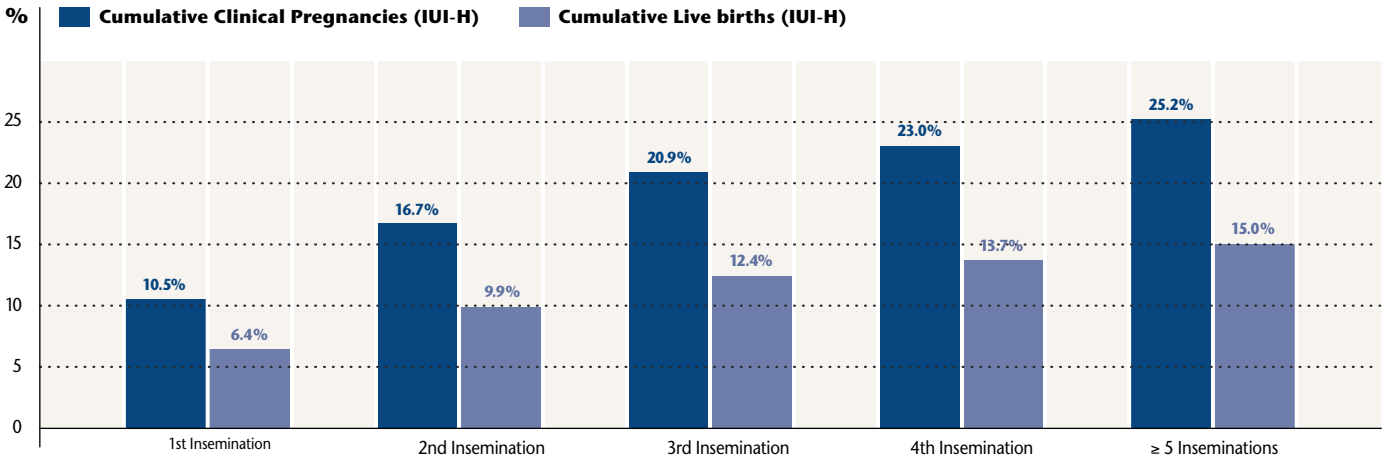
DERI Special Evaluations

DERI Deutsches Register für Insemination

Cumulative Clinical Pregnancies and Live births

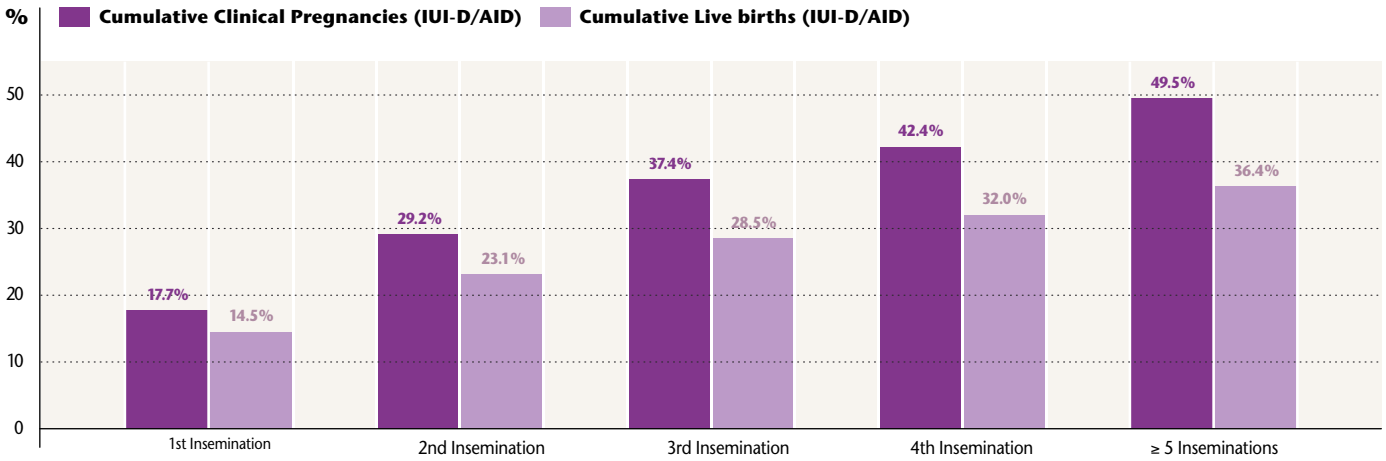
Plausible Data – CoD July 15th, 2026

IUI-H



	Clinical Pregnancies 2020–2024 – follow-up until 31 December 2025					Live Births 2019–2023 – follow-up until 31 December 2024				
	Inseminations	Clin. Pregn.	Clin. Pregn. in %	Cum. Clin. Pregn.	Cum. Clin. Pregn. (IUI-H) in %	Inseminations	Live births	Live births in %	Cum. Live births	Cum. Live births (IUI-H) in %
1st Insemination	22,789	2,391	10.5	2,391	10.5	21,472	1,376	6.4	1,376	6.4
2nd Insemination	14,828	1,404	9.5	3,795	16.7	13,854	758	5.5	2,134	9.9
3rd Insemination	10,028	968	9.7	4,763	20.9	9,312	532	5.7	2,666	12.4
4th Insemination	4,996	478	9.6	5,241	23.0	4,664	268	5.7	2,934	13.7
≥5 Inseminations	5,508	506	9.2	5,747	25.2	5,200	296	5.7	3,230	15.0

IUI-D/AID



	Clinical Pregnancies 2020–2024 – follow-up until 31 December 2025					Live Births 2019–2023 – follow-up until 31 December 2024				
	Inseminations	Clin. Pregn.	Clin. Pregn. in %	Cum. Clin. Pregn.	Cum. Clin. Pregn. (IUI-H) in %	Inseminations	Live births	Live births in %	Cum. Live births	Cum. Live births (IUI-H) in %
1st Insemination	4,314	763	17.7	763	17.7	4,314	627	14.5	627	14.5
2nd Insemination	3,039	498	16.4	1,261	29.2	2,871	369	12.9	996	23.1
3rd Insemination	2,201	351	15.9	1,612	37.4	1,969	232	11.8	1,228	28.5
4th Insemination	1,405	216	15.4	1,828	42.4	1,207	151	12.5	1,379	32.0
≥5 Inseminations	2,075	307	14.8	2,135	49.5	1,656	191	11.5	1,570	36.4

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