

2024

ANNUAL REPORT



VARTA



About this report

The Victorian Assisted Reproductive Treatment Authority 2024 annual report is submitted in compliance with section 114 of the *Assisted Reproductive Treatment Act 2008*. The reporting period is 1 July 2023 to 30 June 2024.

The Victorian Assisted Reproductive Treatment Authority (referred to as VARTA or the Authority herein) was established under Part 10 of the Act. The Authority reports to the Victorian Minister for Health.

The work of VARTA and publication of this annual report is supported by funding from the Victorian Government Department of Health.

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About VARTA

The Victorian Assisted Reproductive Treatment Authority (VARTA) is a statutory authority established to undertake a range of functions set out in the *Assisted Reproductive Treatment Act 2008* (the Act) and the *Assisted Reproductive Treatment Regulations 2019* (Regulations).

VARTA regulates assisted reproductive treatment (ART) providers to ensure they deliver safe care and prioritise the best interests of people having ART, and their future children. We support people involved in donor conception to get the information they need and achieve their connection preferences, and we help people understand what they can do to improve their chance of having a baby.

VARTA's functions:

Regulation

- Regulate the provision of ART in Victoria
- Administer the registration of ART providers in Victoria
- Monitor and report on treatment outcomes
- Review and approve the import/export of donor gametes (eggs or sperm) and embryos containing donor gametes into and out of Victoria
- Monitor adverse incidents and advise the Minister for Health of any contraventions of the ART legislation
- Work alongside co-regulators and stakeholders to achieve a cohesive, collaborative approach to the regulation of ART.

Education

- Translate research findings about fertility, infertility, ART and preconception health into information materials and education programs, campaigns and projects
- Educate the community and relevant professionals
- Educate ART clinics to ensure compliance with the Act, information sharing for risk mitigation and the delivery of person-centred care.

Donor Conception Registry Services

- Manage the Central Register and Voluntary Register and process applications from people who want to seek or store information on the registers
- Provide information, counselling and support for donor-conceived people, parents, donors and family members
- Make connections between donors, donor-conceived people and parents who received donor treatment.

VARTA is:

Independent

We operate as a statutory authority guided by the Act and the Minister for Health's Statement of Expectations.

Evidence-informed

We gather and analyse current evidence and translate findings to inform our work and operations.

Collaborative

We work in partnership with those working in ART, health, education, research and legal sectors, and we consult with people with lived experience.

Inclusive

We are committed to the *Charter of Human Rights and Responsibilities Act 2006*, and to the protection of the welfare of all people treated through and born from ART.

Sustainable

We operate as an innovative, responsive and capable organisation.



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Message from the Chair, Julia Griffith PSM and CEO, James Florent

Together, we are pleased to report on another successful year for VARTA in its regulatory role and its support for people using assisted reproductive treatment (ART) and their children.



Changes to the VARTA board in 2023-24 included a number of departures and some new appointments. We would like to acknowledge the valuable contribution of all board members in 2023-24 and welcome those newly appointed.

During the year, 17,444 patients underwent over 31,227 treatment cycles from ART providers and clinics regulated by VARTA. Clinics reported 149 adverse incidents to VARTA, which is broadly consistent with the rates of adverse incident reporting in 2022-23.

VARTA developed and published its compliance strategy, which sets out a commitment to a risk-based, transparent and proportionate approach to our regulation and compliance functions, aligning with the Minister for Health's Statement of Expectations and modern regulatory approaches. We also reviewed the conditions for registration for ART clinics, after seeking their feedback, to ensure that they align with the compliance strategy and are necessary in the public interest, as required by the *Assisted Reproductive Treatment Act 2008*.

VARTA has continued to manage Victoria's Central Register and the Voluntary Register, both of which contain the details of thousands of people involved in donor conception, spanning more than 30 years. The registers enable people related through donor treatment dating back to the 1970s to connect with each other.

Both registers had an increase in applications this year, with 97 applications received for the Central Register and 182 applications received for the Voluntary Register. The donor community continues to utilise the registers to share identifying information and make connections, with parents of donor-conceived children continuing to be the greatest users of this service.

VARTA continued to provide Victorians with access to independent, evidence based information about fertility treatments throughout the year, with 207,000 visits to VARTA's website.

A further 1.8 million visits were recorded for VARTA's Your Fertility program website, which offers evidence-based information in accessible formats for people of all genders and sexual orientations.

VARTA also contributes to research about ART, and many of the findings are publicly available on the VARTA website. A major piece of research VARTA contributed to in 2023-24 found that more than half of women undergoing in-vitro fertilisation (IVF) treatment overestimated their chance of having a baby and wished they had been given more realistic information.

In December 2023, the Victorian Government announced that, in 2024, subject to the passage of its legislative reforms, responsibility for the regulation of ART will be transferred from VARTA to the new Health Regulator in the Department of Health. Amendments to the *Assisted Reproductive Treatment Act 2008* to allow for this transfer and to strengthen compliance and enforcement powers were introduced into the Victorian Parliament in August 2024. These amendments will also transfer management of the donor conception registers to a new Donor Conception Registrar employed in the Department of Health.

Subject to these reforms being enacted, VARTA will cease to be a statutory authority under the Act.

VARTA's public education and research resources, developed and published over many years, are proposed to continue to be made available by the Department of Health.

We would like to acknowledge the Victorian Minister for Health and the Victorian Department of Health, who have supported and assisted VARTA throughout this process.

As VARTA transitions over the coming months, we would like to acknowledge the former staff and board members of the Infertility Treatment Authority, established in 1998 and renamed VARTA in 2010, who all made such a significant contribution to the Victorian community over the years.

Finally, we would like to thank our staff and board members for their contribution to VARTA's objectives. They are a team of talented individuals who have worked hard to help VARTA achieve its goals and deliver important services to the Victorian community. As VARTA approaches its final months of operation, subject to passage of the legislative reforms, we look forward to working with the Department of Health to ensure the successful transition of the regulation of ART and the management of donor conception registers to the department.

Julia Griffith PSM
Chair

James Florent
CEO

The year in review



Regulation at a glance

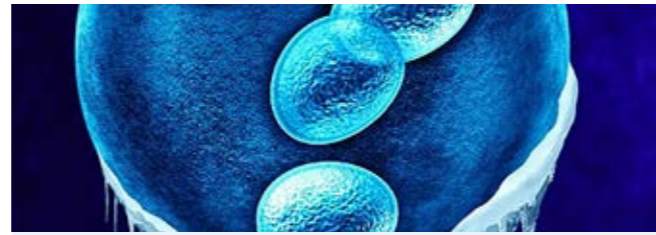
- 24 ART clinics were regulated
- 149 adverse incidents were reported to VARTA
- 48 individual applications for import/export of donated gametes or embryos formed from donated gametes were decided by the Authority
- 21 class applications for import/export of donated gametes or embryos formed from donated gametes were decided by the Authority



24 ART clinics regulated



149 adverse incidents reported



Treatment at a glance

- 17,444 patients treated – similar to previous year
- 31,227 treatment cycles – similar to previous year
- 2,026 women had PGT-A – up 10%
- 9,927 women with frozen eggs in storage – up 22%
- 71% of cycles used ICSI – down 2%
- 4,963 live births in 2022-23
- 187 embryo donation recipients – up 19%



9,927 women with frozen eggs in storage – up 22%



187 embryo donation recipients – up 19%



Donor Conception Registry Services at a glance

- 97 applications to the Central Register – up 45%
- 182 applications to the Voluntary Register – up 56%
- 290 mandatory counselling sessions undertaken
- Working with the Department of Health to build a contemporary IT system for the donor registers



40% applicants to the Voluntary Register matched



Increasing number of applications received



Public education at a glance

- Five published studies on ART included contributions from VARTA staff
- 207,000 visits to the VARTA website
- 144,000 views of 'How likely are you to have a baby after one, two or three IVF cycles?'
- 1.8 million visits to the Your Fertility website



VARTA staff contributed to five published studies on ART



207,000 visits to the VARTA website

Regulation

VARTA’s strategic plan outlines its regulatory role and priorities, focusing on targeted, risk-based actions to protect the interests and wellbeing of those undergoing fertility treatment and the children born.



Regulation

VARTA has a targeted and risk-based approach to its regulatory role under the Act to ensure it protects the welfare and interests of:

- people born from treatment procedures
- people seeking or receiving assisted reproductive treatment
- donors.

In 2023-24 VARTA established its compliance strategy, which sets out its compliance and regulatory priorities for 2024. These are to:

- enable efficient and transparent regulatory decision-making through process and communication improvements, including in relation to import and export applications
- embed processes and systems to ensure that appropriate data and information can be generated to support the identification of risks and subsequent regulatory decisions
- ensure clinical adverse incidents are consistently reviewed by a clinical expert to ensure that regulatory decision-making is evidence based and to facilitate referrals to co-regulators where required
- record and review adverse incidents submitted by registered ART providers in a consistent manner to ensure that trends or breaches can be identified, appropriate investigations are undertaken and notifications to the Minister for Health occur where required
- work collaboratively with registered ART providers to mitigate identified risks, including in relation to breaches of the Act.

The strategy also outlines a number of key principles that guide VARTA's regulatory work, to ensure it operates in an efficient, collaborative and proportionate manner.

Registration of ART providers

ART providers accredited by the Fertility Society of Australia and New Zealand's Reproductive Technology Accreditation Committee (RTAC) can apply to VARTA for registration in Victoria. VARTA imposes the general conditions for registration on the registration of all providers in the public interest. These conditions were reviewed in 2023-24, with new conditions coming into effect in May 2024. These updated conditions for registration address a range of matters, including:

- compliance with the Act, regulations and all other applicable Victorian and Commonwealth legislation
- the provision of RTAC accreditation, audit and surveillance reports and conditions, and any corrective action plans and related documentation to VARTA
- the provision of information to VARTA to allow it to monitor any developments in relation to treatment for or research relating to infertility, to monitor adverse incidents and to perform its functions
- the provision of information to patients regarding the risks and benefits of treatment procedures and adjuvant therapies
- the notification of adverse incidents to VARTA.

The current general conditions for registration are available on VARTA's website varta.org.au.

In addition to the general conditions, VARTA may impose specific conditions on the registration of an ART provider if this is deemed necessary in the public interest. These are also available on VARTA's website varta.org.au. VARTA also has powers to suspend an ART provider's registration under the Act, but did not exercise these powers in 2023-24.

Registered ART entities and sites 1 July 2023 – 30 June 2024

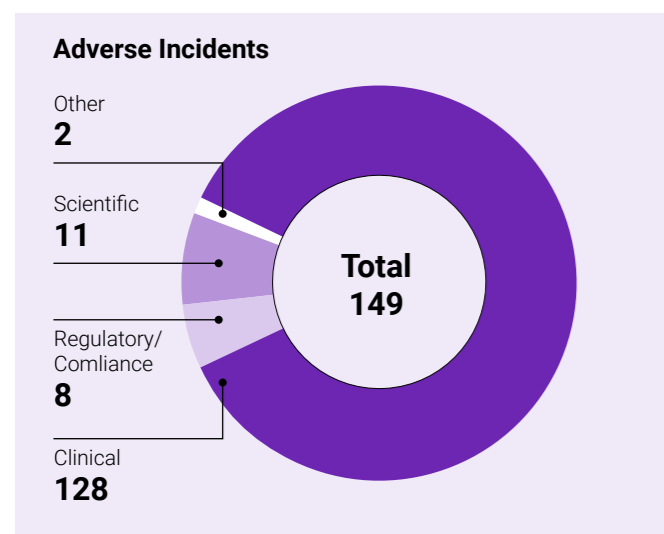
| | |
|--|--|
| Adora Fertility | Adora Fertility, Greensborough |
| Ballarat IVF | Ballarat IVF, Wendouree |
| City Babies | City Babies, Richmond |
| City Fertility Centre | City Fertility, Bundoora |
| | City Fertility, Melbourne |
| | City Fertility, Notting Hill |
| Create Fertility | Create Fertility, Mount Waverley |
| Genea | Genea, Heidelberg |
| | Genea, Melbourne City |
| Life Fertility Clinic Melbourne | Life Fertility Clinic Melbourne, Fitzroy |
| Melbourne IVF | Melbourne IVF, East Melbourne |
| Monash IVF | Monash IVF, Bendigo |
| | Monash IVF, Clayton (Monash IVF Monash Surgical Private Hospital) |
| | Monash IVF, Cremorne (opened during 2023-24) |
| | Monash IVF, Geelong |
| | Monash IVF, Mildura |
| | Monash IVF, Richmond (Monash IVF Epworth Hospital – closed during 2023-24) |
| | Monash IVF, Sale (Central Wellington Health Services) |
| Monash IVF, Sunshine (Western Day Surgery) | |
| Monash IVF, Hawthorn (closed during 2023-24) | |
| Newlife IVF | Newlife IVF, Box Hill |
| Number 1 Fertility | Number 1 Fertility, East Melbourne |
| Reproductive Services | Royal Women's Hospital, Parkville |
| Thrive Fertility | Thrive Fertility, Epping |



Adverse incidents and monitoring of compliance

According to its conditions for registration, VARTA requires that all registered ART providers submit reports on adverse incidents. In 2023-24, a total of 149 adverse incidents were reported to VARTA. These incidents generally relate to either regulatory compliance, or clinical or scientific/laboratory matters. The adverse incidents reported occurred in the context of 17,444 women receiving 31,227 cycles of ART in Victoria in 2023-24.

The breakdown of these incidents by category is as follows:



Adverse incidents must be reported by clinics as soon as practicable or, at the latest, within six weeks of their occurrence. This reporting timeframe is shorter for sentinel events, or actual or potential legislative breaches, which are to be reported within 48 hours and ten business days of the clinic becoming aware of the incident, respectively. VARTA works with ART providers to encourage compliance with these requirements, as this allows VARTA to both monitor these incidents promptly and work with clinics to understand their underlying causes and what corrective actions, if any, can be taken to minimise risks of further incidents in the future.

All adverse incidents are reviewed by VARTA for further action or referral to relevant co-regulators, as appropriate. VARTA also engaged a clinical expert in 2023-24 to provide advice to the board in relation to

clinical adverse incidents on a regular basis. This advice has been invaluable to the board in performing its regulatory functions, as it provides a clinical perspective on specialised ART matters.

As part of its regulatory functions, VARTA also seeks information from ART providers on the implementation of agreed corrective actions to mitigate the risk of similar incidents occurring again, and provides information and guidance to registered ART providers on compliance with the Act, regulations and conditions for registration.

Correction to adverse incident numbers reported in VARTA's 2021-22 and 2022-23 annual reports

VARTA conducted a review of its adverse incident data and reporting processes during 2023-24, which brought to light system errors that had resulted in inaccuracies in the adverse incident numbers reported in VARTA's 2021-22 and 2022-23 annual reports. VARTA formally retracts the data which appeared on the following pages of those annual reports:

- 2021-22 report:
 - On page 4, the statement 'clinics reported 107 adverse incidents – down 25%'.
 - The data and associated information appearing on page 10 under the heading 'adverse incidents'.
 - The sentence 'VARTA received eight scientific adverse event reports in 2021-22' and associated data and information on page 12.
- 2022-23 report:
 - On page 4, the statement 'clinics reported 93 adverse incidents – down 13%'.
 - The data and associated information appearing on page 10.
 - The data and associated information regarding scientific incidents received in 2022-23 on page 11.

and replaces it with the following information, which is based on data exported directly from VARTA's online reporting portal:

| Incident type | Financial Year | |
|-----------------------|----------------|------------|
| | 2021-2022 | 2022-2023 |
| Clinical | 124 | 125 |
| Regulatory/Compliance | 8 | 5 |
| Scientific | 7 | 9 |
| Other | 3 | 0 |
| Total | 142 | 139 |

Import and export of donor gametes and embryos produced from donor gametes

Moving donated gametes and embryos formed using donated gametes into or out of Victoria is subject to VARTA's approval under the Act.

An approval granted by VARTA can apply to an individual case or a class of cases and may be subject to conditions or exemptions. VARTA does not need to approve the movement of a person's own gametes or embryos into or out of Victoria.

In 2023-24, a total of 69 import and export applications were considered by the Safety and Quality Committee and the board. The following is a breakdown of the applications decided in 2023-24:

| Type of application | Approved | Not Approved |
|---------------------|----------|--------------|
| Individual import | 18 | 0 |
| Individual export | 29 | 1 |
| Class import | 20 | 0 |
| Class export | 1 | 0 |

In most instances, once the completed paperwork was received, applications were reviewed and approved within four to six weeks of receipt, consistent with VARTA's timelines.

VARTA considers all the information provided by the applicants and makes a decision according to the merits of the application and the provisions of the Act, including the guiding principles.

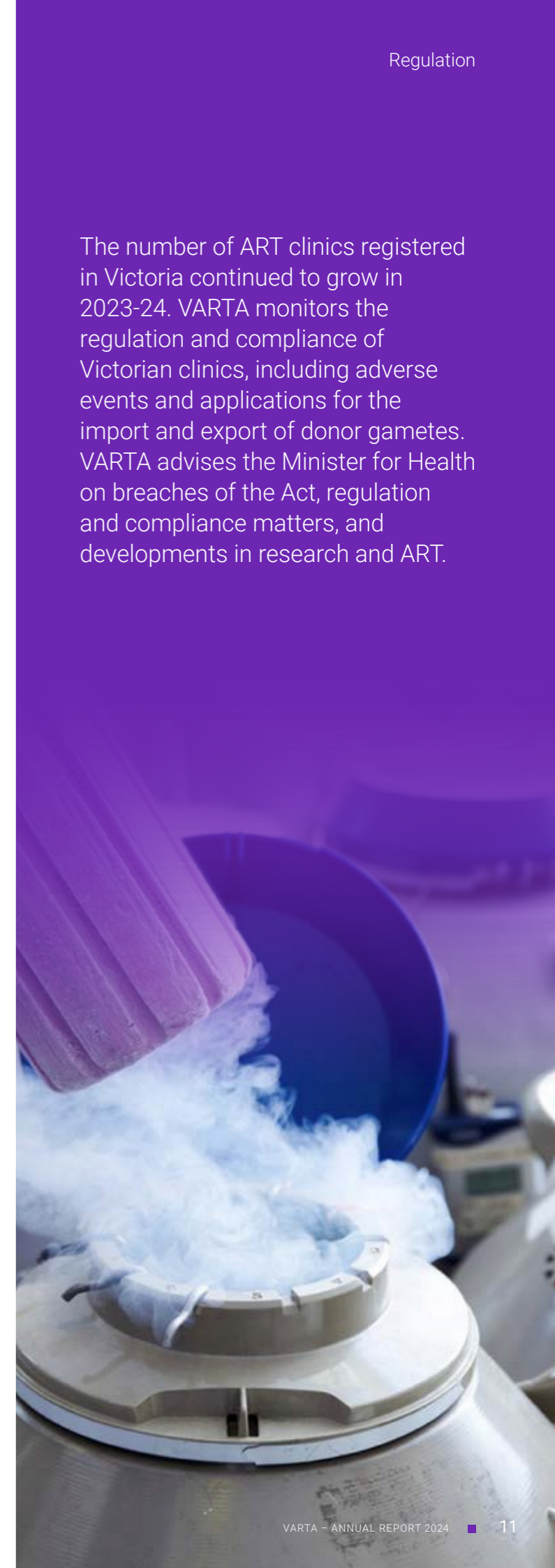
Work with co-regulators

During 2023-24, VARTA maintained relationships with its co-regulators and stakeholders, including the Fertility Society of Australia and New Zealand's Reproductive Technology Accreditation Committee chairperson and auditors, and SaferCare Victoria, to ensure a unified approach to regulating the ART sector, where relevant. This work included liaising in relation to adverse incidents and accreditation audits.

Other regulatory functions

VARTA advises the Minister for Health on breaches of the Act, regulations and/or conditions for registration, and of developments in research and treatment relating to infertility. Details of the latter are set out in the papers, presentations, broadcasts and other media events given or sponsored by VARTA, listed in the Education section of this report.

The number of ART clinics registered in Victoria continued to grow in 2023-24. VARTA monitors the regulation and compliance of Victorian clinics, including adverse events and applications for the import and export of donor gametes. VARTA advises the Minister for Health on breaches of the Act, regulation and compliance matters, and developments in research and ART.



Fertility treatment trends for consumers

Every year VARTA collects data about fertility treatment and outcomes for people over time. This is a summary for people contemplating or undergoing treatment.

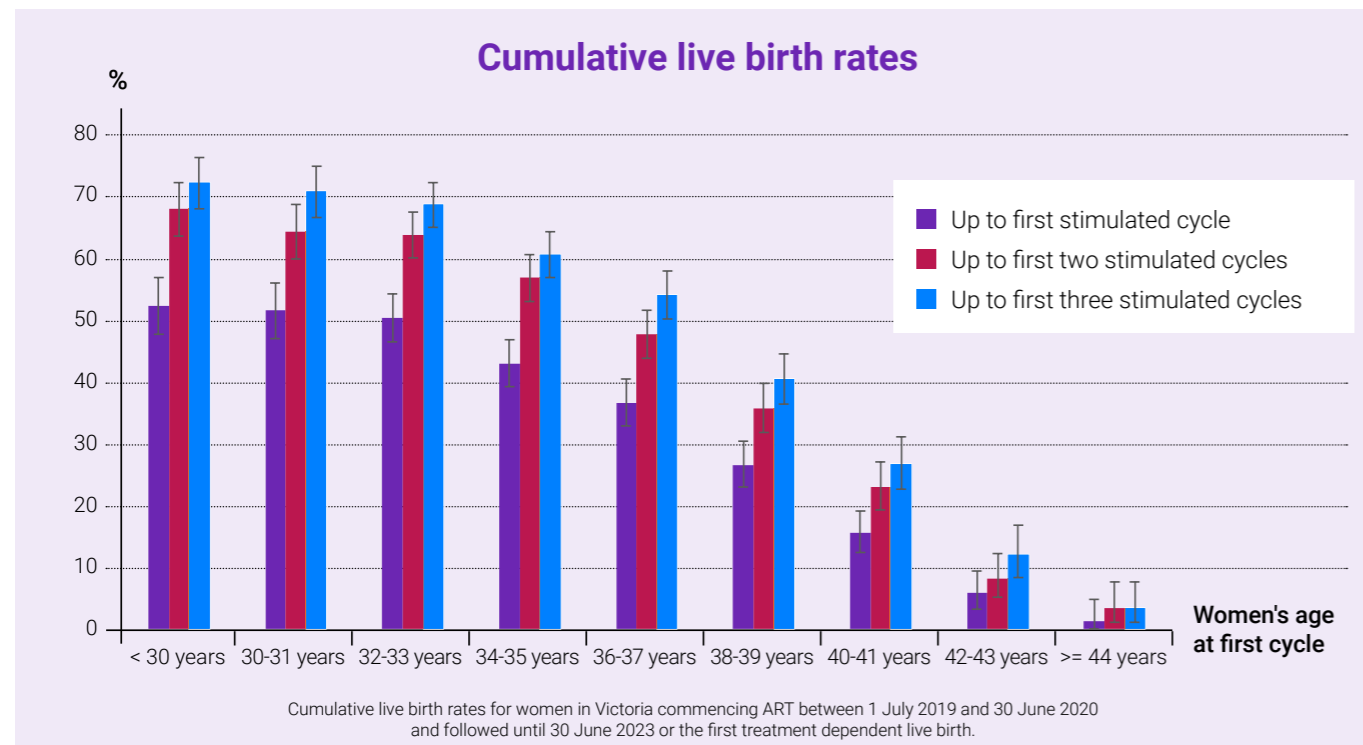
Important note about dates:

This report includes treatment data from 2023-24 and birth outcomes from treatment that occurred in 2022-23. These are reported in 2024 because of the time it takes to follow up treatment, including births arising from treatment that occurred the year before.

IVF success rates according to age

The following graph shows birth rates for people who had up to three stimulated IVF cycles in Victoria by age group. It is called the cumulative live birth rate because it shows the proportion of people who had a baby after one, two or three stimulated IVF cycles, including all fresh and frozen embryo transfer attempts associated with these complete cycles. This data includes people who started IVF treatment between 1 July 2019 and 30 June 2020 and were followed until 30 June 2023 or the first IVF birth.

As can be seen in the graph below, for women aged up to 30 years the chance of a baby was 52 per cent after one stimulated cycle and 72 per cent after three stimulated cycles. For women aged 42-43 years, the chance of a baby was six per cent after one and 12 per cent after three stimulated cycles. While age is a key factor, other factors contribute to the chance of success. The cumulative live birth rate for individual women depends on their circumstances and may be higher or lower than the average figures provided here.



Pregnancy outcomes 2022-23

Overall birth rate

Of all the people who had fertility treatment in Victoria during 2022-23, 29 per cent had a live birth.

Treatment using thawed embryos

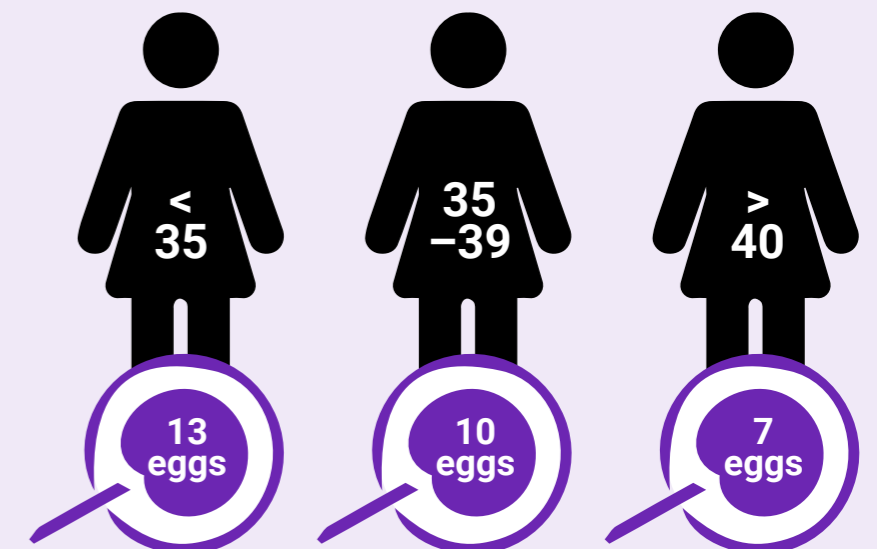
In the 2022-23 financial year, 7,434 women using their own eggs had at least one transfer of frozen embryos. Of the 9,867 transfers of frozen embryos, 3,197 resulted in a live birth (32 per cent live birth rate).

Artificial insemination

Of all the people who used artificial insemination (AI) with partner sperm, also known as intrauterine insemination (IUI), in Victoria in 2022-23, eight per cent had a live birth. While the chance of a baby is lower with AI than with IVF, it is less costly and less invasive. For some people with unexplained infertility, having up to six cycles of AI offers a good chance of pregnancy.

Average number of eggs collected

During 2023-24 the average number of eggs collected during an egg collection procedure varied according to a woman's age.



Treatment trends for 2023-24

Average number of eggs collected

During 2023-24 the average number of eggs collected during an egg collection procedure varied according to a woman's age:

- for women aged under 35 the average was 13 eggs
- for women aged 35-39 the average was 10 eggs
- for women aged 40 plus the average was seven eggs.

The number of eggs collected is linked to the chance of success. Older women are less likely than younger women to have a baby with IVF, in part because they produce fewer eggs.

Intracytoplasmic sperm injection (ICSI)

Clinics used ICSI for 71 per cent of cycles in 2023-24. There was wide variation across treatment sites, with ICSI rates ranging from 34 per cent to 92 per cent. ICSI is more expensive for patients and research shows it does not improve live birth rates for people without a diagnosis of male factor infertility. About a third of infertile couples have a diagnosis of male infertility.

Single embryo transfer

In 2023-24:

- 96% of fresh embryo transfers were single embryo transfers
- 97% of thawed embryo transfers were single embryo transfers

Single embryo transfer reduces risks of multiple pregnancies and medical complications for mothers and babies.

Egg freezing

In 2023-24, there were 3,360 cycles where women froze their eggs, a slight increase from the year before when there were 3,194 egg freezing cycles. A total of 9,927 women had eggs in storage on June 30, 2024 – up 22 per cent from the year before. While egg freezing offers a chance of having a baby later in life, there is no guarantee this will occur. For a reasonable chance of success, multiple cycles may be needed. It is estimated that a woman aged 37 years needs to freeze about 25 eggs for an 80 per cent chance of a baby at a later date. This rises to 35 eggs for a woman aged 39 years.

Genetic testing of embryos

The number of women who used preimplantation genetic testing for aneuploidy (PGT-A) to detect abnormal chromosomal numbers in their embryos increased from 1,836 in 2022-23 to 2,026 in 2023-24. PGT-A is expensive, and while some studies have demonstrated a higher implantation rate for embryos that were selected after a PGT-A, there is no reliable evidence that it improves the chance of having a baby.

Donor treatment

In 2023-24:

- 187 people received embryo donations – up 19 per cent from last year
- 232 people received egg donations – down 19 per cent from last year
- 346 people received embryos containing a donor egg – down five per cent from last year
- 1,775 people received sperm donations – up from 1,661 last year.

Surrogacy

During 2023-24, 35 women agreed to be surrogates – down from 41 the year before.

Fertility treatment data

The data presented here cannot be used to compare success rates between ART procedures and between clinics. A clinic's success rate might be higher or lower relative to another clinic based on its location, the types of patients it treats, and its treatment strategies and services. Success rates found within this annual report should be viewed with caution and not be the sole factor considered in choosing a clinic for treatment, as they do not necessarily reflect an individual's chance of success.

VARTA collects data from all registered ART providers in Victoria to report on fertility treatment outcomes and trends over time. The National Perinatal Epidemiology Statistics Unit (NPESU) at the University of New South Wales assists with this data collection.

Section one includes the outcomes from treatment that occurred in 2022-23. This is reported in the 2023-2024 annual report because of the time it takes to follow up treatment, including clinical pregnancy and live birth rates arising from treatment that occurred the year before.

Sections two to seven include data from treatment that occurred in 2023-24.

For sections two to seven, registered clinics were able to provide data to NPESU up until the submission deadline of 12 July 2024. Clinics are all given the opportunity to provide updates, if any, to clinical pregnancy outcomes by 2 August 2024. Therefore, clinical pregnancy rates should be interpreted with caution as ultrasound scans confirming clinical pregnancies may have been completed before data was submitted.

The fertility treatment data tables that follow include information on all forms of ART using either partner sperm or donor sperm. They do not include data on:

- egg or embryo movement from or to a clinic
- embryo disposal procedures
- cycles cancelled prior to hormone stimulation
- ovulation induction
- cycles cancelled before thawing an egg or embryo.







If a woman has had treatment at more than one clinic, the information is presented per registered ART provider. Women can also have more than one cycle during a financial year. This should be kept in mind when data discussing the number of cycles is referred to.






Glossary

The terminology used in this report is fully explained below:

| | |
|--|---|
| Adjuvant or 'add-on' treatment | Interventions offered in addition to recognised standard ART or AI that are claimed to improve fertility and/or reproductive outcomes. |
| Age at first treatment | The age of a person when they begin treatment – either the first date when a stimulation drug is administered or the date of the last menstrual period (LMP) for unstimulated cycles (including natural fresh cycles and thaw cycles). |
| Artificial insemination (AI) with partner sperm | A procedure where the partner's sperm is injected into the uterus at the time of or just before ovulation. Also known as intrauterine insemination (IUI). |
| Artificial insemination (AI) with donor sperm | A procedure where donor sperm is injected into the uterus at the time of or just before ovulation. Also known as donor insemination (DI). |
| Assisted reproductive treatment (ART) | Also known as assisted reproductive technology, the technologies and associated methods used to assist people in achieving a pregnancy. For this report, ART in the form of in-vitro fertilisation (IVF) and artificial insemination AI treatment cycles are reported separately. |
| Clinical pregnancy | A pregnancy verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies can result in a miscarriage. |
| Clinic recruited donor | A donor who voluntarily donates their gametes (eggs, sperm or embryos) through a clinic to recipients they do not know. This type of donor is also known as a de-identified donor. |
| Egg retrieval | A procedure undertaken to attempt to collect egg(s) from a person's ovaries. |
| Embryo | A fertilised egg in the earliest growth and development stage. |
| Embryo transfer | A procedure whereby embryo(s) are placed in the uterus. The embryo(s) can be fresh or thawed following cryopreservation (freezing). |
| Fertilisation | The process when an egg and sperm combine. Only egg(s) with two pronuclei will be reported as fertilised (indicating a normal fertilisation). |
| Follicle stimulating hormone (FSH) | A treatment cycle in which the ovaries are stimulated with superovulation drugs, excluding clomiphene citrate, to produce more than one egg. |
| Fresh embryo | An embryo that has been created during an IVF cycle with plans to transfer it into the uterus within the same cycle, rather than cryopreserve it (freeze it) for future use. |
| Freeze-all (freeze only) cycle | An IVF cycle where a fresh embryo transfer doesn't take place and all suitable embryos are frozen for future use. |
| Frozen embryo transfer | A previously cryopreserved (frozen) embryo that has been thawed with plans for it to be transferred into the uterus. Also known as thawed embryo transfer. |
| Stimulated cycle | A treatment cycle in which the ovaries are stimulated with fertility drugs, excluding clomiphene citrate, to produce more than one egg. |
| Gamete | An egg or sperm. |
| Gamete intra-fallopian transfer (GIFT) | A GIFT cycle involves eggs being removed from a woman's ovaries to be placed in one of the Fallopian tubes along with a man's sperm. |
| Intracytoplasmic sperm injection (ICSI) | An insemination technique used to help fertilise an egg by directly injecting a single sperm into the egg. For this report, ICSI treatment cycles are included in the total of IVF treatment cycles. |
| In vitro fertilisation (IVF) | An ART procedure where an egg and sperm are combined outside of the body in a laboratory. Embryo(s) created can then be transferred into the uterus (fresh transfer) or frozen for future use during a frozen embryo transfer. IVF does not necessarily result in the formation of an embryo that is fit for transfer. ICSI may also be used as a part of an IVF procedure. |
| Liveborn baby | According to the World Health Organisation (WHO) definition, a liveborn baby is defined as a foetus delivered with signs of life after complete expulsion or extraction from its mother. |

| | |
|---|---|
| Live birth | A birth event in which a liveborn baby is delivered. Twin or triplet live births are counted as one birth event (i.e. twins will be documented as one live birth event). |
| Non-FSH stimulated/unstimulated cycle | A treatment cycle where no injectable fertility drugs are used or where only clomiphene citrate or letrozole is used. |
| Number of foetal heartbeats | Number of foetal hearts seen by ultrasonography. |
| Overseas recruited donor | A donor who voluntarily donates their gametes (eggs or sperm) through a clinic that has an overseas arrangement approved by VARTA, for use by recipients that they do not know during ART procedures. This type of donor is also known as a de-identified donor. |
| Pre-implantation genetic testing for aneuploidy (PGT-A) | A technique that attempts to identify embryos with the correct amount of chromosomal (genetic) material. PGT-A is used to avoid transferring embryos that have too few or too many chromosomes. This is also known as PGS (pre-implantation genetic screening). This is considered an adjuvant or add-on procedure. |
| Pre-implantation genetic testing for monogenic disorders (PGT-M) | Used for individuals that have an increased risk of passing on a known genetic condition. Some people carry a faulty gene that may not affect them but can cause severe genetic conditions in their offspring. PGT-M helps identify embryos that are not affected by this specific genetic disorder. This is also known as PGD (pre-implantation genetic diagnosis). |
| Pre-implantation genetic testing for structural rearrangement (PGT-SR) | Used for people who have chromosomal rearrangements that do not affect their health but can affect their chance of having a healthy baby. PGT-SR helps identify embryos with the correct amount of genetic material and the correct arrangement of chromosomal (genetic) material. |
| Registered ART provider | A place in respect of which registration under Part 8 of the Act is in force. |
| Recipient | A person who receives donor gametes (eggs or sperm) or donor embryos to use in their treatment. |
| Recipient recruited donor | A donor who voluntarily donates their gametes (eggs or sperm) or embryos through a clinic to recipients who they know. This type of donor is also referred to as a known donor |
| Single embryo transfer (SET) | The process of transferring one embryo into a person's uterus, rather than two or more embryos. |
| Singleton | The technical term for a pregnancy and birth involving one baby, rather than multiple babies. |
| Surrogacy | An arrangement where a person with a uterus, known as the 'gestational carrier' agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s). The eggs and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intended parents or from a donor(s). In Victoria, the surrogate cannot be the egg provider/egg donor for a surrogacy arrangement. |
| Thaw cycle | An ART cycle in which cryopreserved (frozen) embryo(s) are thawed to perform an embryo transfer. Also known as a frozen embryo transfer (FET) cycle. |
| Thawed eggs | Eggs that have been previously cryopreserved (frozen) to use in ART. Eggs could have previously been frozen after an IVF or egg freezing cycle, intra-partner IVF cycle, or after receiving fresh donated eggs. |
| Thawed embryo | A previously cryopreserved (frozen) embryo that has been thawed to be used in a thaw cycle. |
| Treatment | For this report, treatment involves all possible ART or AI procedures. |
| Women in treatment | Since 1 January 2010, women in treatment has included women in heterosexual or same-sex relationships or single women. All women must be considered eligible for treatment as outlined in Section 10 of the Act. Before 2010, women were required to be eligible for treatment under Section 8 of the <i>Infertility Treatment Act 1995</i> . |

| The IVF and ICSI process | | |
|---|----------------------------|--|
|  | Hormone stimulation | In a stimulated cycle, fertility drugs are given to develop multiple eggs. In a natural cycle, no superovulatory drugs are used. |
|  | Egg retrieval | Eggs are collected under light sedation using ultrasound guidance. |
|  | Embryo development | In IVF, sperm is added to the eggs, and in ICSI a single sperm is physically injected into each egg for embryos to develop. |
|  | Embryo transfer | The procedure of placing an embryo into the uterus. When there are several embryos available for transfer, most commonly one embryo is transferred and the remainder frozen for later use.* |
|  | Clinical pregnancy | A pregnancy verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies result in a miscarriage. |
|  | Live birth | The birth of a living baby or babies (multiple births are classed as a single live birth). |

| The intrauterine insemination (IUI) process | | |
|---|---------------------------|--|
|  | Egg development | One or two eggs are developed with or without the use of fertility drugs. |
|  | Monitoring | Ultrasound scans and blood tests are used to determine the right time to have the insemination. |
|  | Insemination | Partner or donor sperm is placed in the uterus at the time of, or just before, ovulation. |
|  | Clinical pregnancy | A pregnancy verified by ultrasound at approximately six to seven weeks into the pregnancy. A clinical pregnancy does not guarantee the birth of a baby, as some pregnancies result in a miscarriage. |
|  | Live birth | The birth of a living baby or babies (multiple births are classed as a single live birth). |

* Single embryo transfer (transferring one embryo at a time) is considered the gold standard of practice in IVF to minimise the risk of multiple pregnancy, which are associated with higher risk to both mothers and babies.

Summary of section 1

Outcomes from treatment

This section provides data on the outcomes of treatment that occurred in 2022-23.

Of the 17,344 women who had treatment, 4,963 had a live birth.

Single embryo transfer

The strong preference for single embryo transfer continued in 2022-23.

Single embryo transfer (transferring one embryo at a time) is considered the gold standard of IVF practice as it minimises the risk of multiple pregnancy, which are associated with higher risk to both mothers and babies.

Clinical pregnancy loss

A clinical pregnancy is one that is verified by ultrasound at six-seven weeks. In 2022-23, one in five clinical pregnancies was lost due to ectopic pregnancy, miscarriage or neonatal death.

Outcomes from genetic testing of embryos

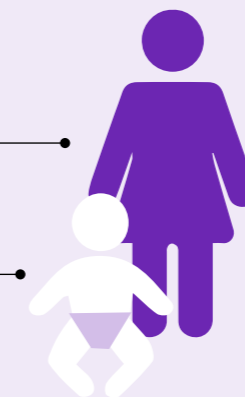
Of the 2,243 embryo transfers following PGT-A testing in 2022-23, 892 resulted in a live birth.

Live births

Outcome in 2022-23:

17,344 women had treatment

4,963 had a live birth



The number of people undertaking ART in Victoria to have a baby continues to increase each year. A significant increase in donor embryo recipients was reported in 2023-24. A similar trend was observed for women freezing eggs. Women under 35 years continue to be the highest age group undertaking egg freezing treatment.



Section 1: Outcomes from 2022-23 financial year

This section includes a final outcome of treatment procedures undertaken in 2022-23. These final figures were not available at the time of the production of the 2023 annual report. Similarly, this year, a full report on treatment outcomes will not be possible until the 2025 annual report. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Overview

Table 1.1 Number of women treated, Victoria, 2022-23 financial year

| Treatment site | No. of women treated | | | | No. of cycles included | No. of women with fresh embryos transferred | No. of women with thawed embryos transferred | No. of women with AI using partner sperm | No. of women with AI using donor sperm |
|-------------------------------------|----------------------|-------------|-------------|--------------|------------------------|---|--|--|--|
| | < 35 | 35-39 | ≥ 40 | ALL | | | | | |
| Adora Fertility, Greensborough | 416 | 434 | 248 | 1098 | 2101 | 572 | 489 | 59 | 0 |
| Ballarat IVF, Wendouree | 238 | 163 | 88 | 489 | 1051 | 35 | 305 | 32 | 10 |
| City Babies, Richmond | 60 | 36 | 26 | 122 | 229 | 0 | 0 | 122 | 0 |
| City Fertility Centre, Bundoora | 109 | 105 | 49 | 263 | 501 | 8 | 142 | 16 | 24 |
| City Fertility Centre, Melbourne | 212 | 253 | 133 | 598 | 1166 | 121 | 298 | 14 | 62 |
| City Fertility Centre, Notting Hill | 230 | 218 | 117 | 565 | 1010 | 158 | 231 | 41 | 23 |
| Create Fertility, Mt Waverley | 42 | 27 | 18 | 87 | 115 | 34 | 23 | 0 | 0 |
| Genea, Melbourne | 104 | 118 | 64 | 286 | 566 | 108 | 102 | 0 | 11 |
| Life Fertility Clinic, Melbourne | 141 | 172 | 67 | 380 | 643 | 48 | 137 | 0 | 0 |
| Melbourne IVF, East Melbourne | 1483 | 1809 | 1009 | 4301 | 7869 | 1191 | 1913 | 205 | 134 |
| Melbourne IVF, Mt Waverley | 24 | 31 | 20 | 75 | 81 | 7 | 13 | 1 | 3 |
| Monash IVF, Bendigo | 72 | 45 | 12 | 129 | 176 | 40 | 38 | 7 | 5 |
| Monash IVF, Clayton | 772 | 777 | 568 | 2117 | 3475 | 417 | 954 | 100 | 55 |
| Monash IVF, Geelong | 194 | 155 | 80 | 429 | 781 | 69 | 215 | 52 | 20 |
| Monash IVF, Hawthorn | 400 | 396 | 285 | 1081 | 1672 | 181 | 434 | 64 | 36 |
| Monash IVF, Mildura | 39 | 17 | 10 | 66 | 89 | 26 | 19 | 6 | 2 |
| Monash IVF, Sale | 57 | 24 | 14 | 95 | 135 | 53 | 20 | 1 | 0 |
| Monash IVF, Sunshine | 117 | 136 | 68 | 321 | 486 | 105 | 103 | 0 | 0 |
| Newlife IVF, Box Hill | 449 | 500 | 254 | 1203 | 2315 | 287 | 518 | 30 | 30 |
| Number 1 Fertility, East Melbourne | 732 | 998 | 593 | 2323 | 4482 | 457 | 967 | 116 | 1 |
| Reproductive Services | 502 | 471 | 343 | 1316 | 2211 | 547 | 513 | 11 | 4 |
| Aggregated total | 6393 | 6885 | 4066 | 17344 | 31154 | 4464 | 7434 | 877 | 420 |

AI: artificial insemination.

Table 1.2 Pregnancy and birth outcomes, Victoria, 2022-23 financial year

| Treatment site | No. of births | | | | No. of live births | No. of babies born | No. of liveborn babies | Pregnancy outcome unknown |
|-------------------------------------|-------------------|----------------------|---------------------------------------|-------------|--------------------|--------------------|------------------------|---------------------------|
| | No. of singletons | No. of sets of twins | No. of sets of higher order multiples | All | | | | |
| Adora Fertility, Greensborough | 376 | 7 | 0 | 383 | 381 | 390 | 388 | 1 |
| Ballarat IVF, Wendouree | 174 | 4 | 0 | 178 | 174 | 182 | 177 | 6 |
| City Babies, Richmond | 18 | 2 | 0 | 20 | 20 | 22 | 22 | 0 |
| City Fertility Centre, Bundoora | 54 | 0 | 0 | 54 | 54 | 54 | 54 | 2 |
| City Fertility Centre, Melbourne | 179 | 1 | 0 | 180 | 176 | 181 | 177 | 0 |
| City Fertility Centre, Notting Hill | 156 | 7 | 1 | 164 | 161 | 173 | 168 | 7 |
| Create Fertility, Mt Waverley | 14 | 0 | 0 | 14 | 14 | 14 | 14 | 1 |
| Genea, Melbourne | 72 | 0 | 0 | 72 | 71 | 72 | 71 | 3 |
| Life Fertility Clinic, Melbourne | 63 | 1 | 0 | 64 | 64 | 65 | 65 | 1 |
| Melbourne IVF, East Melbourne | 1377 | 39 | 1 | 1417 | 1405 | 1458 | 1445 | 2 |
| Melbourne IVF, Mt Waverley | 4 | 0 | 0 | 4 | 4 | 4 | 4 | 0 |
| Monash IVF, Bendigo | 29 | 2 | 0 | 31 | 31 | 33 | 33 | 1 |
| Monash IVF, Clayton | 545 | 14 | 0 | 559 | 551 | 573 | 563 | 0 |
| Monash IVF, Geelong | 145 | 3 | 0 | 148 | 148 | 151 | 151 | 0 |
| Monash IVF, Hawthorn | 270 | 5 | 0 | 275 | 274 | 280 | 279 | 0 |
| Monash IVF, Mildura | 15 | 1 | 0 | 16 | 16 | 17 | 17 | 0 |
| Monash IVF, Sale | 24 | 1 | 0 | 25 | 25 | 26 | 26 | 0 |
| Monash IVF, Sunshine | 65 | 5 | 0 | 70 | 69 | 75 | 74 | 0 |
| Newlife IVF, Box Hill | 397 | 11 | 0 | 408 | 407 | 419 | 418 | 0 |
| Number 1 Fertility, East Melbourne | 569 | 10 | 1 | 580 | 573 | 592 | 584 | 0 |
| Reproductive Services | 340 | 7 | 0 | 347 | 345 | 354 | 351 | 0 |
| Aggregated total | 4886 | 120 | 3 | 5009 | 4963 | 5135 | 5081 | 24 |

Of the 17,344 women treated, 29% had a live birth

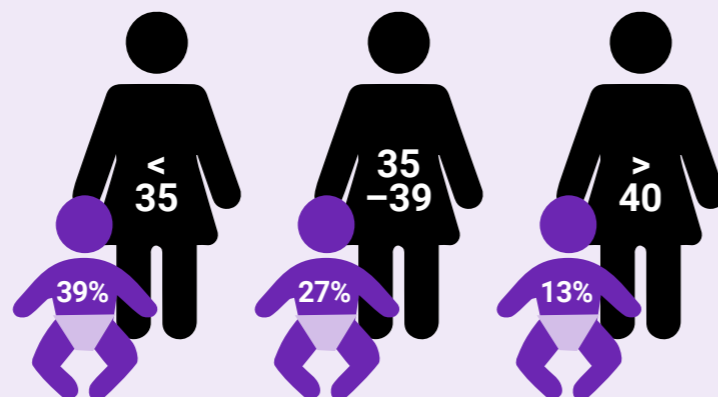
Table 1.3a Fresh embryo transfer cycles and pregnancy outcomes, Victoria, 2022-23 financial year

| Treatment site | Women using embryos derived from their own, their partner's or donated eggs | | | |
|---|---|--------------------------|-----------------------------|--------------------|
| | No. of cycles with fresh embryo transferred | % single embryo transfer | No. of clinical pregnancies | No. of live births |
| All ages by treatment site | | | | |
| Adora Fertility, Greensborough | 753 | 90 | 245 | 184 |
| Ballarat IVF, Wendouree | 36 | 100 | 20 | 15 |
| City Fertility Centre, Bundoora | 8 | 100 | 2 | 0 |
| City Fertility Centre, Melbourne | 142 | 98 | 47 | 36 |
| City Fertility Centre, Notting Hill | 178 | 94 | 70 | 55 |
| Create Fertility, Mt Waverley | 35 | 100 | 9 | 6 |
| Genea, Melbourne | 129 | 98 | 37 | 29 |
| Life Fertility Clinic, Melbourne | 53 | 89 | 8 | 6 |
| Melbourne IVF, East Melbourne | 1436 | 96 | 546 | 437 |
| Melbourne IVF, Mt Waverley | 7 | 86 | 2 | 1 |
| Monash IVF, Bendigo | 42 | 100 | 20 | 16 |
| Monash IVF, Clayton | 480 | 93 | 133 | 103 |
| Monash IVF, Geelong | 73 | 100 | 28 | 21 |
| Monash IVF, Hawthorn | 199 | 95 | 81 | 61 |
| Monash IVF, Mildura | 29 | 97 | 13 | 11 |
| Monash IVF, Sale | 60 | 90 | 25 | 19 |
| Monash IVF, Sunshine | 113 | 92 | 52 | 38 |
| Newlife IVF, Box Hill | 350 | 91 | 124 | 100 |
| Number 1 Fertility, East Melbourne | 534 | 100 | 167 | 127 |
| Reproductive Services | 651 | 100 | 181 | 139 |
| Aggregated total | 5308 | 95 | 1810 | 1404 |
| All treatment sites by age group | | | | |
| Age group | | | | |
| <35 | 1639 | 97 | 761 | 645 |
| 35-39 | 2062 | 96 | 717 | 558 |
| >=40 | 1607 | 93 | 332 | 201 |
| Aggregated total | 5308 | 95 | 1810 | 1404 |

Of the 5,308 fresh embryo transfer cycles, 26% resulted in a live birth

Percentage of live births per fresh embryo transfer

During 2022-23, the percentage of live births from women using embryos derived from their own, their partner's or donated eggs per age group



The data in the table includes fresh embryos formed from thawed eggs.

Table 1.3b Thawed embryo transfer cycles and pregnancy outcomes, Victoria, 2022-23 financial year

| Treatment site | Women using own eggs | | | |
|---|---|-----------------------------|-----------------------------|--------------------|
| | No. of cycles with thawed embryos transferred | % of single embryo transfer | No. of clinical pregnancies | No. of live births |
| All ages by treatment site | | | | |
| Adora Fertility, Greensborough | 723 | 95 | 250 | 191 |
| Ballarat IVF, Wendouree | 436 | 99 | 188 | 143 |
| City Fertility Centre, Bundoora | 209 | 99 | 67 | 49 |
| City Fertility Centre, Melbourne | 419 | 95 | 167 | 120 |
| City Fertility Centre, Notting Hill | 320 | 92 | 128 | 94 |
| Create Fertility, Mt Waverley | 27 | 100 | 9 | 8 |
| Genea, Melbourne | 148 | 97 | 44 | 38 |
| Life Fertility Clinic, Melbourne | 196 | 96 | 63 | 58 |
| Melbourne IVF, East Melbourne | 2588 | 96 | 1082 | 858 |
| Melbourne IVF, Mt Waverley | 13 | 100 | 4 | 3 |
| Monash IVF, Bendigo | 40 | 98 | 17 | 14 |
| Monash IVF, Clayton | 1128 | 95 | 490 | 394 |
| Monash IVF, Geelong | 273 | 97 | 125 | 104 |
| Monash IVF, Hawthorn | 485 | 96 | 216 | 179 |
| Monash IVF, Mildura | 19 | 95 | 6 | 4 |
| Monash IVF, Sale | 24 | 100 | 7 | 5 |
| Monash IVF, Sunshine | 117 | 86 | 38 | 27 |
| Newlife IVF, Box Hill | 665 | 97 | 339 | 281 |
| Number 1 Fertility, East Melbourne | 1345 | 100 | 523 | 423 |
| Reproductive Services | 692 | 100 | 261 | 204 |
| Aggregated total | 9867 | 97 | 4024 | 3197 |
| All treatment sites by age group | | | | |
| Age group | | | | |
| <35 | 3669 | 98 | 1712 | 1442 |
| 35-39 | 4131 | 97 | 1691 | 1322 |
| >=40 | 2067 | 95 | 621 | 433 |
| Aggregated total | 9867 | 97 | 4024 | 3197 |

Of the 9,867 thawed embryo transfer cycles, 32% resulted in a live birth

Percentage of live births per thawed embryo transfer

During 2022-23, the percentage of live births from women using their own eggs per age group

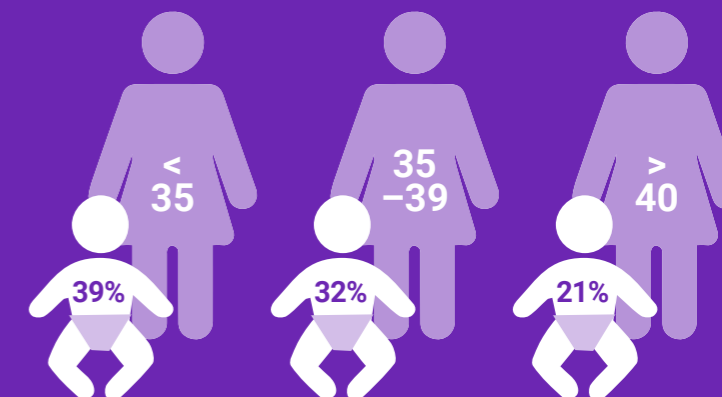


Table 1.3c Artificial insemination (AI) cycles using partner sperm and pregnancy outcomes, Victoria, 2022-23 financial year

| Treatment site | No. of cycles with AI performed | No. of clinical pregnancies | No. of live births |
|---|---------------------------------|-----------------------------|--------------------|
| All ages by treatment site | | | |
| Adora Fertility, Greensborough | 82 | 9 | 6 |
| Ballarat IVF, Wendouree | 53 | 4 | 2 |
| City Babies, Richmond | 229 | 26 | 20 |
| City Fertility Centre, Bundoora | 20 | 3 | 1 |
| City Fertility Centre, Melbourne | 23 | 0 | 0 |
| City Fertility Centre, Notting Hill | 64 | 6 | 5 |
| Melbourne IVF, East Melbourne | 291 | 36 | 26 |
| Melbourne IVF, Mt Waverley | 1 | 0 | 0 |
| Monash IVF, Bendigo | 7 | 0 | 0 |
| Monash IVF, Clayton | 141 | 21 | 14 |
| Monash IVF, Geelong | 82 | 10 | 9 |
| Monash IVF, Hawthorn | 87 | 6 | 6 |
| Monash IVF, Mildura | 8 | 0 | 0 |
| Monash IVF, Sale | 1 | 0 | 0 |
| Newlife IVF, Box Hill | 42 | 5 | 1 |
| Number 1 Fertility, East Melbourne | 146 | 10 | 8 |
| Reproductive Services | 17 | 1 | 1 |
| Aggregated total | 1294 | 137 | 99 |
| All treatment sites by age group | | | |
| Age group | | | |
| <35 | 575 | 70 | 55 |
| 35-39 | 494 | 57 | 39 |
| >=40 | 225 | 10 | 5 |
| Aggregated total | 1294 | 137 | 99 |

Of the 1294 artificial insemination cycles using partner sperm, 8% resulted in a live birth

Percentage of live births per AI cycle using partner sperm

During 2022-23, the percentage of live births from AI cycles using partner's sperm per age group

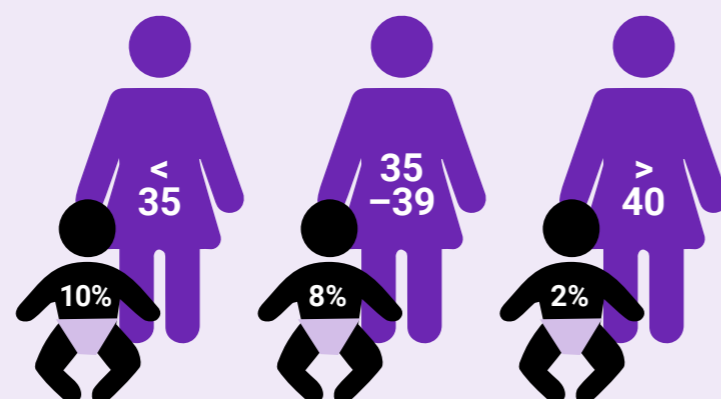


Table 1.3d Artificial insemination (AI) cycles using donor sperm and pregnancy outcomes, Victoria, 2022-23 financial year

| Treatment site | No. of cycles with AI performed | No. of clinical pregnancies | No. of live births |
|---|---------------------------------|-----------------------------|--------------------|
| All ages by treatment site | | | |
| Ballarat IVF, Wendouree | 23 | 4 | 4 |
| City Fertility Centre, Bundoora | 35 | 4 | 3 |
| City Fertility Centre, Melbourne | 102 | 16 | 12 |
| City Fertility Centre, Notting Hill | 35 | 8 | 7 |
| Genea, Melbourne | 13 | 2 | 2 |
| Melbourne IVF, East Melbourne | 225 | 33 | 27 |
| Melbourne IVF, Mt Waverley | 3 | 0 | 0 |
| Monash IVF, Bendigo | 7 | 1 | 1 |
| Monash IVF, Clayton | 84 | 14 | 13 |
| Monash IVF, Geelong | 29 | 5 | 3 |
| Monash IVF, Hawthorn | 54 | 9 | 7 |
| Monash IVF, Mildura | 2 | 1 | 1 |
| Newlife IVF, Box Hill | 43 | 8 | 7 |
| Number 1 Fertility, East Melbourne | 2 | 0 | 0 |
| Reproductive Services | 5 | 0 | 0 |
| Aggregated total | 662 | 105 | 87 |
| All treatment sites by age group | | | |
| Age group | | | |
| <35 | 315 | 56 | 49 |
| 35-39 | 309 | 46 | 36 |
| >=40 | 38 | 3 | 2 |
| Aggregated total | 662 | 105 | 87 |

Of the 662 artificial insemination cycles using donor sperm, 13% resulted in a live birth

Percentage of live births per AI cycle using donor sperm

During 2022-23, the percentage of live births from AI cycles using donor sperm per age group

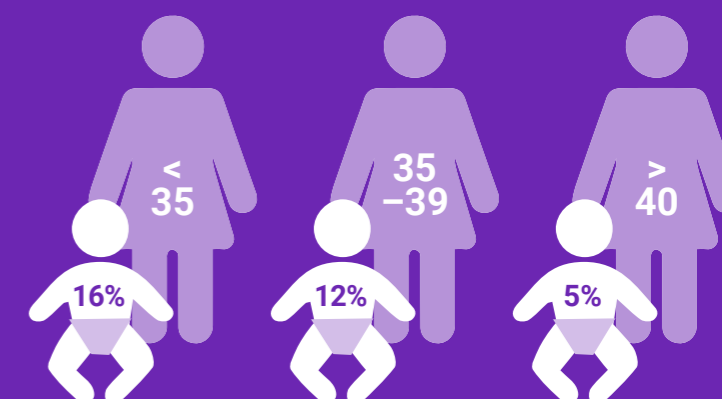


Table 1.4 Treatment using thawed eggs and pregnancy outcomes, Victoria, 2022-23 financial year

| Treatment site | No. of cycles with eggs thawed | No. of cycles with embryos transferred | No. of clinical pregnancies | No. of live births | No. of cycles with eggs thawed | No. of cycles with embryos transferred | No. of clinical pregnancies | No. of live births |
|-------------------------------------|--------------------------------|--|-----------------------------|--------------------|---------------------------------|--|-----------------------------|--------------------|
| | Women using own eggs | | | | Women using donor/partner eggs* | | | |
| Adora Fertility, Greensborough | 8 | 7 | 1 | 0 | 0 | 0 | 0 | 0 |
| Ballarat IVF, Wendouree | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| City Fertility Centre, Bundoora | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| City Fertility Centre, Melbourne | 14 | 7 | 2 | 2 | 2 | 2 | 0 | 0 |
| City Fertility Centre, Notting Hill | 8 | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| Genea, Melbourne | 9 | 6 | 1 | 1 | 0 | 0 | 0 | 0 |
| Life Fertility Clinic, Melbourne | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Melbourne IVF, East Melbourne | 147 | 110 | 57 | 51 | 31 | 24 | 14 | 13 |
| Melbourne IVF, Mt Waverley | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Monash IVF, Bendigo | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| Monash IVF, Clayton | 53 | 22 | 7 | 6 | 24 | 22 | 8 | 5 |
| Monash IVF, Geelong | 5 | 3 | 1 | 0 | 5 | 5 | 1 | 1 |
| Monash IVF, Hawthorn | 53 | 18 | 8 | 7 | 53 | 47 | 19 | 15 |
| Monash IVF, Mildura | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Monash IVF, Sale | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 |
| Monash IVF, Sunshine | 9 | 6 | 4 | 3 | 1 | 1 | 1 | 1 |
| Newlife IVF, Box Hill | 51 | 22 | 8 | 6 | 0 | 0 | 0 | 0 |
| Number 1 Fertility, East Melbourne | 84 | 37 | 11 | 9 | 17 | 17 | 5 | 3 |
| Reproductive Services | 11 | 8 | 2 | 1 | 0 | 0 | 0 | 0 |
| Aggregated total | 466 | 253 | 106 | 90 | 135 | 118 | 48 | 38 |

* Donor eggs include those imported from interstate or overseas

Of the 466 cycles using a woman's own thawed eggs, 19% resulted in a live birth

Of the 135 cycles using donor or partner's thawed eggs, 28% resulted in a live birth

Table 1.5 Surrogacy cycles and pregnancy outcomes, Victoria, 2022-23 financial year

This table includes cycles where embryo(s) was transferred to a surrogate woman.

| Treatment site | No. of surrogate women | No. of cycles with embryos transferred | % of single embryo transfer* | No. of clinical pregnancies | No. of live births |
|------------------------------------|------------------------|--|------------------------------|-----------------------------|--------------------|
| City Fertility Centre, Melbourne | 2 | 2 | 100 | 1 | 1 |
| Genea, Melbourne | 1 | 1 | 100 | 0 | 0 |
| Melbourne IVF, East Melbourne | 22 | 31 | 97 | 13 | 12 |
| Monash IVF, Clayton | 6 | 7 | 100 | 4 | 3 |
| Monash IVF, Geelong | 1 | 2 | 100 | 0 | 0 |
| Monash IVF, Hawthorn | 2 | 4 | 100 | 1 | 1 |
| Newlife IVF, Box Hill | 3 | 4 | 100 | 3 | 3 |
| Number 1 Fertility, East Melbourne | 7 | 10 | 100 | 6 | 4 |
| Aggregated total | 44 | 61 | 98 | 28 | 24 |

* see note page 18
There were 0 GIFT/ZIFT cycles in FY2023**Table 1.6 Outcome for preimplantation genetic testing for aneuploidy (PGT-A), 2022-23 financial year**PGT-A is used for the detection of numerical chromosome abnormalities.
PGT, IVF/ICSI and thaw cycles may be initiated with the aim of freezing all embryos (no embryos transferred).

| Registered ART provider (all sites) | No. of women who had an embryo transfer following PGT-A* | No. of embryos transferred | No. of clinical pregnancies | No. of live births |
|--|--|----------------------------|-----------------------------|--------------------|
| Preimplantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A) | | | | |
| Ballarat IVF, Wendouree | 3 | 3 | 2 | 2 |
| City Fertility Centre, including Monash Public Health | 49 | 49 | 34 | 27 |
| Create Fertility, Mt Waverley | 2 | 2 | 0 | 0 |
| Genea, Melbourne | 34 | 41 | 12 | 9 |
| Life Fertility Clinic, Melbourne | 11 | 13 | 3 | 3 |
| Melbourne IVF | 508 | 687 | 310 | 243 |
| Monash IVF | 435 | 549 | 249 | 247 |
| Newlife IVF, Box Hill | 240 | 305 | 163 | 136 |
| Number 1 Fertility, East Melbourne | 453 | 594 | 274 | 225 |
| Aggregated total | 1735 | 2243 | 1047 | 892 |

* Women may have treatment using embryos tested and stored in a prior year.

Of the 2243 embryo transfer cycles following PGT-A, 40% resulted in a live birth

Summary of sections 2-7

Fertility treatment trends: 2023-24 financial year

The number of women receiving treatment and the number of cycles they had were similar in 2023-24 compared to the previous financial year. (Figure 1). These should be considered preliminary figures due to the lag in the availability of some data.

Figure 1 Number of patients and treatment cycles from 2008-09 to 2023-24

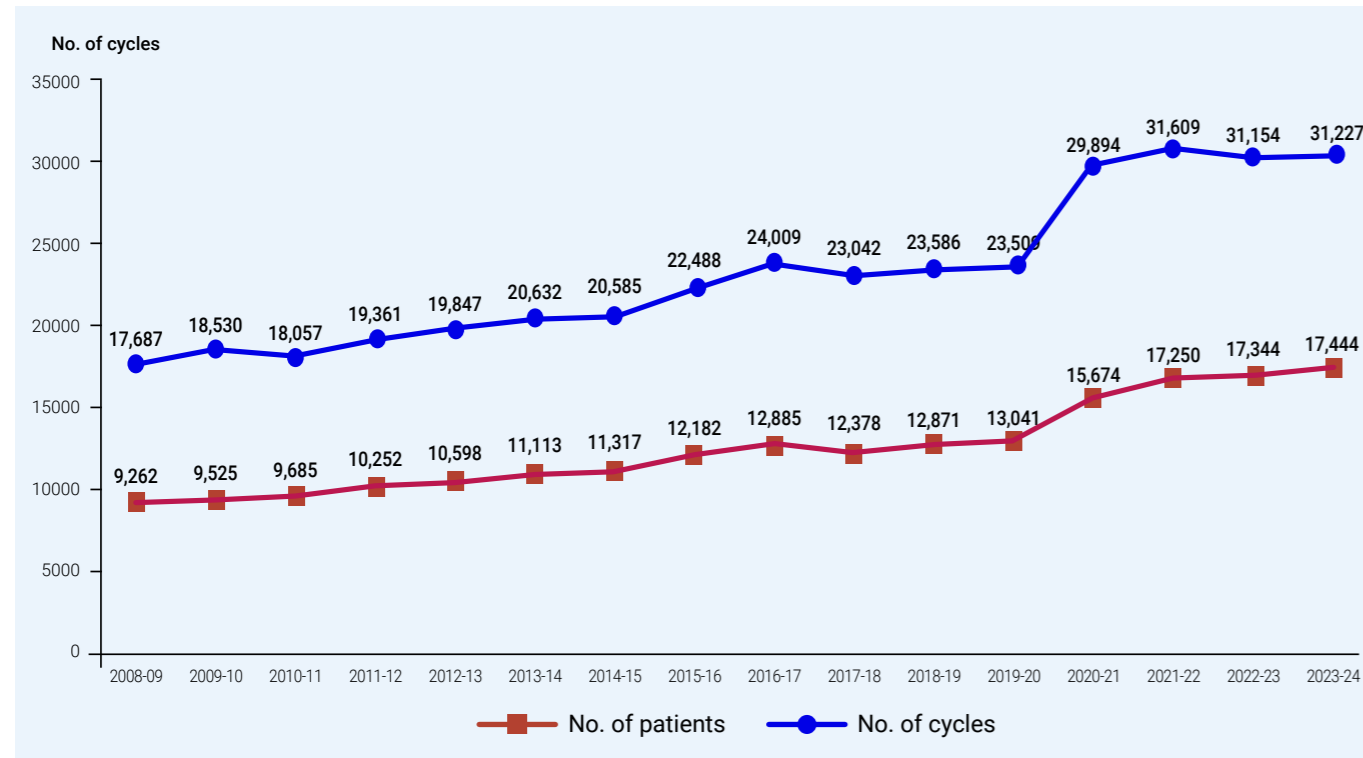
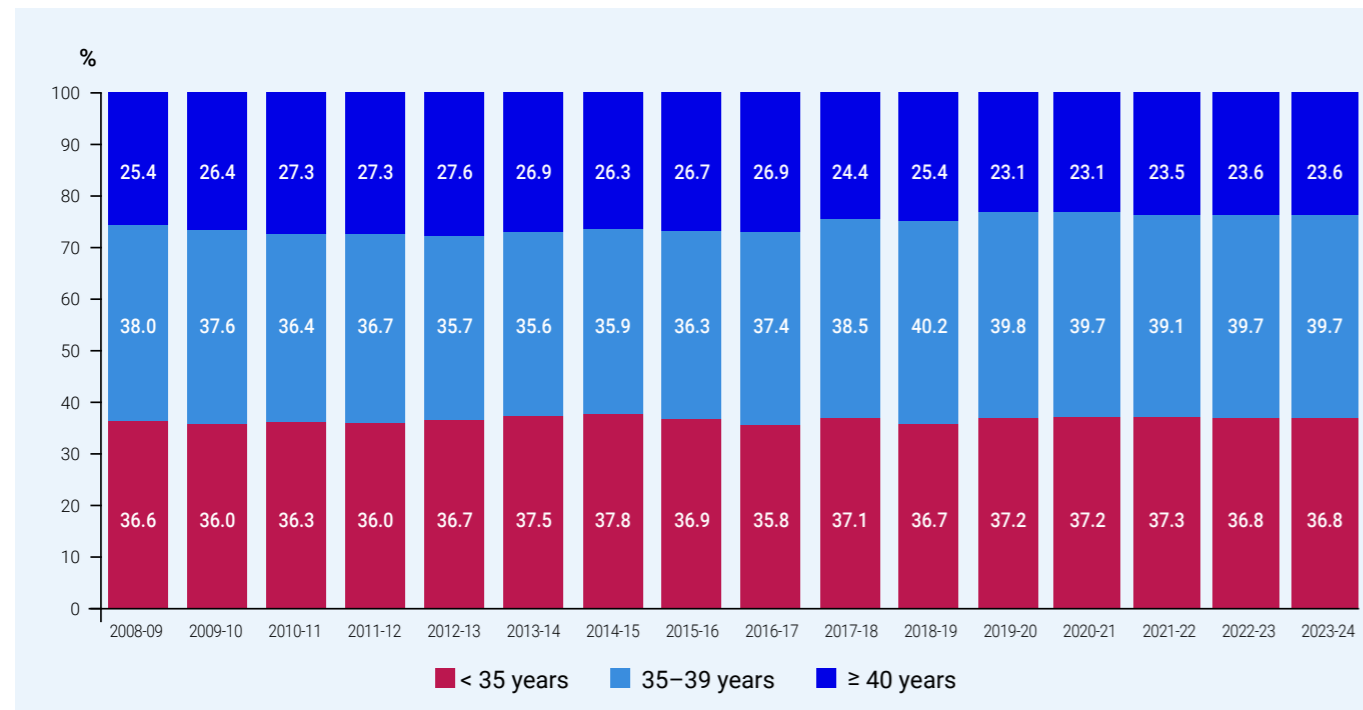


Figure 2 Age of women treated from 2008-09 to 2023-24



Percentages may not add up to 100.0 due to rounding error

Use of intracytoplasmic sperm injection (ICSI)

The overall use of ICSI in 2023-24 was 71 per cent, slightly lower than in 2022-23. However, this percentage varied considerably from clinic to clinic, with the lowest reported rate being 34 per cent and the highest 92 per cent.

Egg freezing

Over the past five years there has been a rapid increase in the number of cycles with eggs being frozen. In 2023-24, however, the rate of increase has slowed (Figure 3). The small increase in numbers during 2023-24 can

largely be attributed to women aged <35 undertaking egg freezing. The number of patients with eggs in storage has increased again over the past 12 months (Figure 4).

Donor treatment

The number of egg, sperm and embryo donors used in treatment was similar to the previous year (Table 4.1).

Genetic testing in embryos

There was a 10 per cent increase in the number of women having PGT-A testing (Figure 5) in 2023-24 compared to the previous year.

Figure 3 Total number of egg freezing cycles, by age from 2015-16 to 2023-24

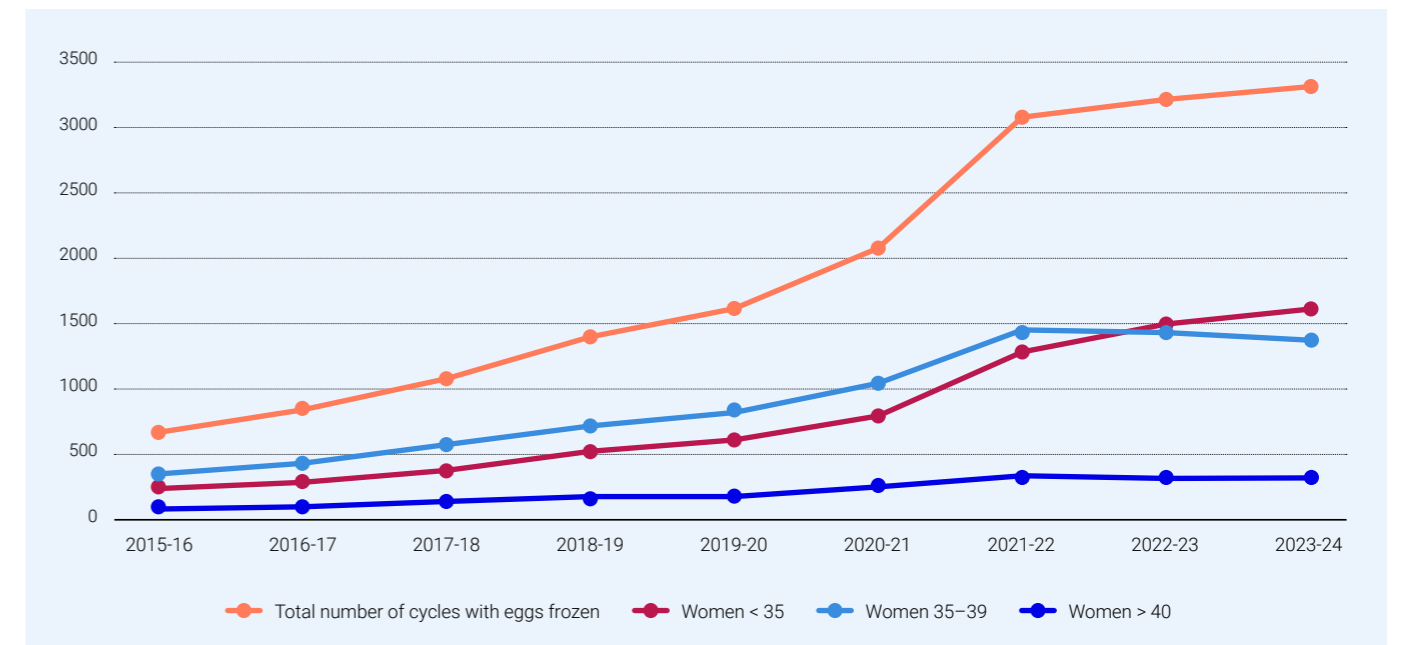


Figure 4 Number of patients with eggs in storage from 2015-16 to 2023-24.

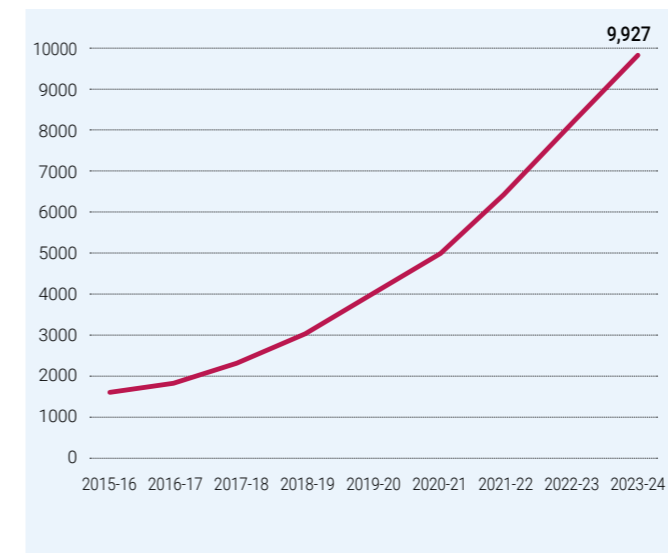
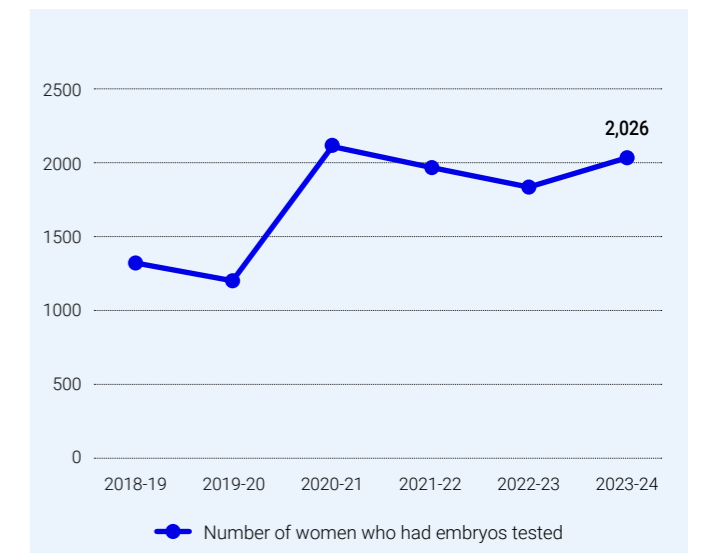


Figure 5 Preimplantation testing for aneuploidy (PGT-A) from 2018-19 to 2023-24



Section 2: ART procedures, 2023–24 financial year

This section provides details of ART treatment and clinical pregnancies for the 2023-24 financial year. As pregnancies are ongoing, some outcomes are not known at the time of this report going to print.

Overview

Table 2.1 Number of women treated, Victoria, 2023-24 financial year

| Treatment site | No. of women treated | | | |
|-------------------------------------|----------------------|-------------|-------------|--------------|
| | < 35 | 35–39 | ≥ 40 | ALL |
| Adora Fertility, Greensborough | 409 | 410 | 248 | 1067 |
| Ballarat IVF, Wendouree | 232 | 168 | 72 | 472 |
| City Babies, Richmond | 64 | 34 | 15 | 113 |
| City Fertility Centre, Bundoora | 111 | 96 | 57 | 264 |
| City Fertility Centre, Melbourne | 187 | 247 | 149 | 583 |
| City Fertility Centre, Notting Hill | 235 | 224 | 149 | 608 |
| Create Fertility, Mt Waverley | 147 | 116 | 56 | 319 |
| Genea, Melbourne | 121 | 127 | 58 | 306 |
| Genea, Melbourne City | 117 | 171 | 66 | 354 |
| Life Fertility Clinic, Melbourne | 296 | 312 | 155 | 763 |
| Melbourne IVF, East Melbourne | 1393 | 1826 | 1031 | 4250 |
| Monash IVF, Bendigo | 93 | 49 | 15 | 157 |
| Monash IVF, Clayton | 687 | 697 | 482 | 1866 |
| Monash IVF, Geelong | 205 | 185 | 81 | 471 |
| Monash IVF, Hawthorn | 475 | 464 | 305 | 1244 |
| Monash IVF, Mildura | 39 | 17 | 12 | 68 |
| Monash IVF, Sale | 54 | 22 | 19 | 95 |
| Monash IVF, Sunshine | 101 | 104 | 59 | 264 |
| Newlife IVF, Box Hill | 498 | 494 | 244 | 1236 |
| Number 1 Fertility, East Melbourne | 686 | 886 | 521 | 2093 |
| Reproductive Services | 326 | 299 | 191 | 816 |
| Thrive Fertility, Epping | 9 | 14 | 12 | 35 |
| Aggregated total | 6485 | 6962 | 3997 | 17444 |

Table 2.1 Number of women treated, Victoria, 2023-24 financial year

| Treatment site | No. of cycles included | No. of women with FSH stimulation | No. of women with egg retrievals | No. of women with fresh/thawed eggs and attempted IVF/ICSI fertilisation | No. of women with embryos thawed | No. of women with fresh/thawed embryos transferred | No. of women with AI using partner sperm | No. of women with AI using donor sperm |
|-------------------------------------|------------------------|-----------------------------------|----------------------------------|--|----------------------------------|--|--|--|
| Adora Fertility, Greensborough | 1963 | 842 | 796 | 714 | 463 | 806 | 53 | 0 |
| Ballarat IVF, Wendouree | 1034 | 328 | 315 | 267 | 303 | 321 | 31 | 5 |
| City Babies, Richmond | 191 | 108 | 0 | 0 | 0 | 0 | 113 | 0 |
| City Fertility Centre, Bundoora | 492 | 171 | 146 | 133 | 153 | 171 | 27 | 13 |
| City Fertility Centre, Melbourne | 1097 | 391 | 369 | 306 | 272 | 345 | 11 | 64 |
| City Fertility Centre, Notting Hill | 1081 | 507 | 474 | 433 | 263 | 371 | 16 | 25 |
| Create Fertility, Mt Waverley | 694 | 254 | 238 | 182 | 148 | 190 | 22 | 0 |
| Genea, Melbourne | 558 | 237 | 228 | 167 | 111 | 159 | 0 | 23 |
| Genea, Melbourne City | 550 | 275 | 264 | 186 | 132 | 195 | 0 | 26 |
| Life Fertility Clinic, Melbourne | 1436 | 629 | 600 | 383 | 309 | 361 | 21 | 1 |
| Melbourne IVF, East Melbourne | 7839 | 2998 | 2872 | 2282 | 2090 | 2853 | 153 | 116 |
| Monash IVF, Bendigo | 227 | 152 | 123 | 91 | 39 | 66 | 13 | 2 |
| Monash IVF, Clayton | 3097 | 1268 | 1153 | 907 | 932 | 1135 | 79 | 51 |
| Monash IVF, Geelong | 903 | 346 | 293 | 242 | 248 | 286 | 42 | 38 |
| Monash IVF, Hawthorn | 1899 | 896 | 720 | 488 | 512 | 634 | 66 | 59 |
| Monash IVF, Mildura | 116 | 51 | 42 | 37 | 29 | 49 | 7 | 3 |
| Monash IVF, Sale | 140 | 69 | 69 | 55 | 34 | 64 | 0 | 0 |
| Monash IVF, Sunshine | 364 | 205 | 191 | 165 | 81 | 157 | 0 | 0 |
| Newlife IVF, Box Hill | 2296 | 1026 | 920 | 700 | 562 | 757 | 32 | 9 |
| Number 1 Fertility, East Melbourne | 3890 | 1603 | 1463 | 974 | 906 | 1151 | 129 | 2 |
| Reproductive Services | 1318 | 764 | 689 | 478 | 213 | 416 | 51 | 2 |
| Thrive Fertility, Epping | 42 | 31 | 30 | 24 | 6 | 16 | 3 | 0 |
| Aggregated total | 31227 | 13151 | 11995 | 9214 | 7806 | 10503 | 869 | 439 |

FSH: Follicle stimulating hormone. IVF: in vitro fertilisation. ICSI: intracytoplasmic sperm injection. AI: artificial insemination.

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2023-24 financial year

| Treatment site | No. of egg retrieval cycles | No. of egg retrievals with eggs collected | No. of eggs collected | Average no. of eggs collected per egg retrieval cycle | No. of cycles with eggs frozen | No. of eggs frozen | Average no. of eggs frozen per cycle with eggs frozen |
|-------------------------------------|-----------------------------|---|-----------------------|---|--------------------------------|--------------------|---|
| Women aged < 35 | | | | | | | |
| Adora Fertility, Greensborough | 378 | 371 | 4161 | 11 | 36 | 303 | 8 |
| Ballarat IVF, Wendouree | 217 | 212 | 2705 | 12 | 38 | 351 | 9 |
| City Fertility Centre, Bundoora | 77 | 77 | 958 | 12 | 7 | 85 | 12 |
| City Fertility Centre, Melbourne | 145 | 144 | 1675 | 12 | 23 | 195 | 8 |
| City Fertility Centre, Notting Hill | 214 | 213 | 2707 | 13 | 26 | 332 | 13 |
| Create Fertility, Mt Waverley | 159 | 155 | 1804 | 11 | 48 | 407 | 8 |
| Genea, Melbourne | 123 | 123 | 1387 | 11 | 49 | 430 | 9 |
| Genea, Melbourne City | 98 | 98 | 1209 | 12 | 35 | 314 | 9 |
| Life Fertility Clinic, Melbourne | 352 | 342 | 5357 | 15 | 180 | 2269 | 13 |
| Melbourne IVF, East Melbourne | 1240 | 1230 | 17705 | 14 | 364 | 4061 | 11 |
| Monash IVF, Bendigo | 83 | 81 | 1031 | 12 | 28 | 275 | 10 |
| Monash IVF, Clayton | 505 | 501 | 6746 | 13 | 142 | 1406 | 10 |
| Monash IVF, Geelong | 148 | 146 | 2082 | 14 | 28 | 345 | 12 |
| Monash IVF, Hawthorn | 325 | 325 | 4303 | 13 | 148 | 1488 | 10 |
| Monash IVF, Mildura | 20 | 20 | 198 | 10 | 4 | 33 | 8 |
| Monash IVF, Sale | 50 | 50 | 478 | 10 | 11 | 69 | 6 |
| Monash IVF, Sunshine | 93 | 92 | 962 | 10 | 16 | 130 | 8 |
| Newlife IVF, Box Hill | 491 | 489 | 7065 | 14 | 156 | 1705 | 11 |
| Number 1 Fertility, East Melbourne | 684 | 677 | 9375 | 14 | 312 | 3154 | 10 |
| Reproductive Services | 352 | 342 | 4444 | 13 | 6 | 41 | 7 |
| Thrive Fertility, Epping | 7 | 6 | 63 | 9 | 1 | 2 | 2 |
| Aggregated total | 5761 | 5694 | 76415 | 13 | 1658 | 17395 | 10 |
| Women aged 35-39 | | | | | | | |
| Adora Fertility, Greensborough | 410 | 390 | 3451 | 8 | 32 | 287 | 9 |
| Ballarat IVF, Wendouree | 169 | 165 | 1561 | 9 | 20 | 252 | 13 |
| City Fertility Centre, Bundoora | 54 | 54 | 456 | 8 | 7 | 58 | 8 |
| City Fertility Centre, Melbourne | 199 | 195 | 1903 | 10 | 25 | 239 | 10 |
| City Fertility Centre, Notting Hill | 206 | 197 | 1741 | 8 | 9 | 115 | 13 |
| Create Fertility, Mt Waverley | 115 | 108 | 1227 | 11 | 25 | 219 | 9 |
| Genea, Melbourne | 129 | 127 | 1367 | 11 | 25 | 193 | 8 |
| Genea, Melbourne City | 149 | 145 | 1656 | 11 | 41 | 453 | 11 |
| Life Fertility Clinic, Melbourne | 347 | 340 | 4034 | 12 | 101 | 941 | 9 |
| Melbourne IVF, East Melbourne | 1647 | 1619 | 17217 | 10 | 384 | 3498 | 9 |
| Monash IVF, Bendigo | 44 | 43 | 495 | 11 | 5 | 58 | 12 |
| Monash IVF, Clayton | 547 | 542 | 5809 | 11 | 113 | 1011 | 9 |
| Monash IVF, Geelong | 142 | 141 | 1554 | 11 | 29 | 282 | 10 |
| Monash IVF, Hawthorn | 335 | 332 | 3430 | 10 | 104 | 969 | 9 |
| Monash IVF, Mildura | 17 | 17 | 136 | 8 | 2 | 6 | 3 |
| Monash IVF, Sale | 22 | 22 | 144 | 7 | 2 | 15 | 8 |
| Monash IVF, Sunshine | 81 | 80 | 632 | 8 | 12 | 98 | 8 |
| Newlife IVF, Box Hill | 550 | 546 | 6790 | 12 | 134 | 1250 | 9 |
| Number 1 Fertility, East Melbourne | 924 | 915 | 10422 | 11 | 300 | 2836 | 9 |
| Reproductive Services | 305 | 294 | 2546 | 8 | 4 | 22 | 6 |
| Thrive Fertility, Epping | 14 | 13 | 99 | 7 | 1 | 6 | 6 |
| Aggregated total | 6406 | 6285 | 66670 | 10 | 1375 | 12808 | 9 |

Egg retrieval cycles

Table 2.2 Number of egg retrieval cycles, Victoria, 2023-24 financial year

| Treatment site | No. of egg retrieval cycles | No. of egg retrievals with eggs collected | No. of eggs collected | Average no. of eggs collected per egg retrieval cycle | No. of cycles with eggs frozen | No. of eggs frozen | Average no. of eggs frozen per cycle with eggs frozen |
|-------------------------------------|-----------------------------|---|-----------------------|---|--------------------------------|--------------------|---|
| Women aged ≥ 40 | | | | | | | |
| Adora Fertility, Greensborough | 291 | 273 | 1634 | 6 | 5 | 30 | 6 |
| Ballarat IVF, Wendouree | 70 | 66 | 476 | 7 | 5 | 35 | 7 |
| City Fertility Centre, Bundoora | 42 | 41 | 317 | 8 | 1 | 1 | 1 |
| City Fertility Centre, Melbourne | 130 | 126 | 886 | 7 | 4 | 34 | 9 |
| City Fertility Centre, Notting Hill | 184 | 170 | 1137 | 6 | 2 | 15 | 8 |
| Create Fertility, Mt Waverley | 84 | 82 | 620 | 7 | 4 | 24 | 6 |
| Genea, Melbourne | 66 | 65 | 539 | 8 | 1 | 3 | 3 |
| Genea, Melbourne City | 76 | 71 | 605 | 8 | 7 | 27 | 4 |
| Life Fertility Clinic, Melbourne | 196 | 190 | 1622 | 8 | 28 | 167 | 6 |
| Melbourne IVF, East Melbourne | 1056 | 1007 | 7144 | 7 | 98 | 635 | 6 |
| Monash IVF, Bendigo | 14 | 14 | 99 | 7 | 0 | 0 | 0 |
| Monash IVF, Clayton | 367 | 358 | 2860 | 8 | 38 | 242 | 6 |
| Monash IVF, Geelong | 80 | 75 | 600 | 8 | 2 | 30 | 15 |
| Monash IVF, Hawthorn | 206 | 197 | 1322 | 6 | 25 | 124 | 5 |
| Monash IVF, Mildura | 17 | 16 | 127 | 7 | 1 | 8 | 8 |
| Monash IVF, Sale | 20 | 18 | 151 | 8 | 6 | 29 | 5 |
| Monash IVF, Sunshine | 52 | 45 | 289 | 6 | 3 | 8 | 3 |
| Newlife IVF, Box Hill | 312 | 309 | 2635 | 8 | 29 | 191 | 7 |
| Number 1 Fertility, East Melbourne | 476 | 459 | 3904 | 8 | 65 | 425 | 7 |
| Reproductive Services | 210 | 200 | 1413 | 7 | 3 | 19 | 6 |
| Thrive Fertility, Epping | 10 | 10 | 47 | 5 | 0 | 0 | 0 |
| Aggregated total | 3959 | 3792 | 28427 | 7 | 327 | 2047 | 6 |

Use of eggs

Table 2.3 Number of ART cycles using fresh eggs, Victoria, 2023-24 financial year

Table 2.3 reports cycles using fresh eggs and embryos with table 2.3a and 2.3b showing data for fresh eggs with attempted fertilisation and the use of fresh embryos respectively.

Table 2.3a Attempted fertilisation, Victoria, 2023-24 financial year

| Treatment site | No. of cycles with attempted fertilisation | % of cycles involving eggs treated with ICSI | No. of cycles with embryos formed* | No. of embryos formed |
|---|--|--|------------------------------------|-----------------------|
| All ages by treatment site | | | | |
| Adora Fertility, Greensborough | 933 | 50 | 892 | 5061 |
| Ballarat IVF, Wendouree | 375 | 46 | 356 | 2343 |
| City Fertility Centre, Bundoora | 155 | 34 | 150 | 1052 |
| City Fertility Centre, Melbourne | 381 | 81 | 367 | 2245 |
| City Fertility Centre, Notting Hill | 535 | 53 | 503 | 3031 |
| Create Fertility, Mt Waverley | 264 | 72 | 250 | 1502 |
| Genea, Melbourne | 233 | 54 | 209 | 1341 |
| Genea, Melbourne City | 223 | 49 | 213 | 1372 |
| Life Fertility Clinic, Melbourne | 563 | 57 | 544 | 4127 |
| Melbourne IVF, East Melbourne | 2863 | 76 | 2693 | 16886 |
| Monash IVF, Bendigo | 104 | 78 | 99 | 711 |
| Monash IVF, Clayton | 1071 | 73 | 1024 | 6396 |
| Monash IVF, Geelong | 292 | 89 | 286 | 1982 |
| Monash IVF, Hawthorn | 553 | 78 | 536 | 3257 |
| Monash IVF, Mildura | 47 | 79 | 46 | 240 |
| Monash IVF, Sale | 67 | 79 | 65 | 310 |
| Monash IVF, Sunshine | 186 | 92 | 173 | 921 |
| Newlife IVF, Box Hill | 989 | 82 | 932 | 5902 |
| Number 1 Fertility, East Melbourne | 1324 | 88 | 1210 | 6662 |
| Reproductive Services | 573 | 57 | 527 | 2922 |
| Thrive Fertility, Epping | 25 | 44 | 23 | 105 |
| Aggregated total | 11756 | 71 | 11098 | 68368 |
| Age group All treatment sites by age group | | | | |
| <35 | 3766 | 70 | 3656 | 28861 |
| 35-39 | 4679 | 72 | 4429 | 26236 |
| >=40 | 3311 | 71 | 3013 | 13271 |
| Aggregated total | 11756 | 71 | 11098 | 68368 |

The average number of embryos formed in cycles with attempted fertilisation was 5.8

* Fertilised eggs with two pronuclei.
ICSI: intracytoplasmic sperm injection.

Use of embryos

Table 2.3b Number of ART cycles using fresh embryos after IVF/ICSI, Victoria, 2023-24 financial year

| Treatment site | No. of cycles with embryos transferred | No. of embryos transferred | No. of cycles with embryos frozen* | No. of cycles with ALL embryos frozen* | No. of embryos frozen* |
|---|--|----------------------------|------------------------------------|--|------------------------|
| All ages by treatment site | | | | | |
| Adora Fertility, Greensborough | 613 | 662 | 462 | 174 | 1449 |
| Ballarat IVF, Wendouree | 38 | 38 | 272 | 241 | 1011 |
| City Fertility Centre, Bundoora | 24 | 24 | 110 | 98 | 313 |
| City Fertility Centre, Melbourne | 113 | 114 | 249 | 182 | 788 |
| City Fertility Centre, Notting Hill | 169 | 172 | 307 | 207 | 897 |
| Create Fertility, Mt Waverley | 87 | 88 | 179 | 124 | 619 |
| Genea, Melbourne | 97 | 101 | 146 | 84 | 461 |
| Genea, Melbourne City | 99 | 101 | 144 | 87 | 476 |
| Life Fertility Clinic, Melbourne | 119 | 138 | 403 | 349 | 1364 |
| Melbourne IVF, East Melbourne | 1477 | 1520 | 2016 | 1042 | 7711 |
| Monash IVF, Bendigo | 36 | 36 | 74 | 52 | 299 |
| Monash IVF, Clayton | 349 | 364 | 774 | 567 | 2698 |
| Monash IVF, Geelong | 72 | 74 | 233 | 176 | 925 |
| Monash IVF, Hawthorn | 184 | 187 | 404 | 286 | 1406 |
| Monash IVF, Mildura | 36 | 36 | 26 | 7 | 77 |
| Monash IVF, Sale | 42 | 47 | 36 | 10 | 79 |
| Monash IVF, Sunshine | 88 | 94 | 117 | 54 | 314 |
| Newlife IVF, Box Hill | 330 | 365 | 688 | 506 | 2526 |
| Number 1 Fertility, East Melbourne | 463 | 463 | 926 | 654 | 3219 |
| Reproductive Services | 315 | 318 | 309 | 150 | 1008 |
| Thrive Fertility, Epping | 12 | 12 | 13 | 5 | 26 |
| Aggregated total | 4763 | 4954 | 7888 | 5055 | 27666 |
| Age group All treatment sites by age group | | | | | |
| <35 | 1457 | 1480 | 2999 | 1928 | 13212 |
| 35-39 | 1921 | 1976 | 3189 | 2011 | 10573 |
| >=40 | 1385 | 1498 | 1700 | 1116 | 3881 |
| Aggregated total | 4763 | 4954 | 7888 | 5055 | 27666 |

All embryos were frozen in 46% of the 11,098 cycles where embryos were formed

* Embryos frozen may need to be suitable - i.e. of good quality and meeting freezing criteria.

Use of thawed eggs

Table 2.4 Number of ART cycles using thawed eggs, Victoria, 2023-24 financial year

Table 2.4a Attempted fertilisation, Victoria, 2023-24 financial year[^]

| Treatment site | Women using own eggs | | |
|---|--|------------------------------------|-----------------------|
| | No. of cycles with attempted fertilisation | No. of cycles with embryos formed* | No. of embryos formed |
| All ages by treatment site | | | |
| Adora Fertility, Greensborough | 3 | 2 | 5 |
| Ballarat IVF, Wendouree | 3 | 3 | 15 |
| City Fertility Centre, Bundoora | 3 | 2 | 22 |
| City Fertility Centre, Melbourne | 3 | 3 | 23 |
| City Fertility Centre, Notting Hill | 9 | 9 | 61 |
| Create Fertility, Mt Waverley | 1 | 1 | 6 |
| Genea, Melbourne | 6 | 6 | 39 |
| Genea, Melbourne City | 3 | 3 | 17 |
| Life Fertility Clinic, Melbourne | 13 | 13 | 105 |
| Melbourne IVF, East Melbourne | 97 | 96 | 697 |
| Monash IVF, Clayton | 41 | 39 | 264 |
| Monash IVF, Geelong | 5 | 5 | 44 |
| Monash IVF, Hawthorn | 21 | 21 | 148 |
| Monash IVF, Mildura | 1 | 0 | 0 |
| Monash IVF, Sale | 1 | 1 | 2 |
| Monash IVF, Sunshine | 2 | 2 | 6 |
| Newlife IVF, Box Hill | 15 | 14 | 89 |
| Number 1 Fertility, East Melbourne | 30 | 27 | 186 |
| Reproductive Services | 1 | 1 | 4 |
| Aggregated total | 258 | 248 | 1733 |
| All treatment sites by age group | | | |
| Age group | | | |
| <35 | 47 | 43 | 370 |
| 35–39 | 89 | 87 | 628 |
| >=40 | 122 | 118 | 735 |
| Aggregated total | 258 | 248 | 1733 |

The average number of embryos formed in cycles with attempted fertilisation of a woman's own thawed eggs was 6.7

[^] Does not include lab-only cycles.

* Fertilised eggs with two pronuclei.

** Donor eggs include those imported from interstate or overseas.

Table 2.4a Attempted fertilisation, Victoria, 2023-24 financial year[^]

| Treatment site | Women using donor/partner eggs** | | |
|---|--|------------------------------------|-----------------------|
| | No. of cycles with attempted fertilisation | No. of cycles with embryos formed* | No. of embryos formed |
| All ages by treatment site | | | |
| Ballarat IVF, Wendouree | 1 | 1 | 7 |
| City Fertility Centre, Bundoora | 3 | 3 | 12 |
| City Fertility Centre, Melbourne | 3 | 3 | 15 |
| City Fertility Centre, Notting Hill | 1 | 1 | 6 |
| Life Fertility Clinic, Melbourne | 1 | 1 | 6 |
| Melbourne IVF, East Melbourne | 38 | 38 | 256 |
| Monash IVF, Geelong | 1 | 1 | 5 |
| Monash IVF, Hawthorn | 6 | 6 | 36 |
| Monash IVF, Sunshine | 3 | 3 | 22 |
| Number 1 Fertility, East Melbourne | 2 | 2 | 17 |
| Reproductive Services | 1 | 1 | 12 |
| Aggregated total | 60 | 60 | 394 |
| All treatment sites by age group | | | |
| Age group | | | |
| <35 | 9 | 9 | 63 |
| 35–39 | 5 | 5 | 21 |
| >=40 | 46 | 46 | 310 |
| Aggregated total | 60 | 60 | 394 |

The average number of embryos formed in cycles with attempted fertilisation of donor or partner 's thawed eggs was 6.6

[^] Does not include lab-only cycles.

* Fertilised eggs with two pronuclei.

** Donor eggs include those imported from interstate or overseas.

Use of thawed eggs

Table 2.4b Number of ART cycles using thawed eggs, Victoria, 2023-24 financial year

| Treatment site | Women using own eggs | | | |
|---|--|------------------------------------|---|------------------------|
| | No. of cycles with embryos transferred | No. of cycles with embryos frozen* | No. of cycles with ALL embryos frozen** | No. of embryos frozen* |
| All ages by treatment site | | | | |
| Adora Fertility, Greensborough | 1 | 1 | 0 | 1 |
| Ballarat IVF, Wendouree | 0 | 2 | 2 | 4 |
| City Fertility Centre, Bundoora | 1 | 2 | 1 | 3 |
| City Fertility Centre, Melbourne | 1 | 3 | 2 | 12 |
| City Fertility Centre, Notting Hill | 2 | 4 | 2 | 8 |
| Create Fertility, Mt Waverley | 1 | 2 | 1 | 4 |
| Genea, Melbourne | 5 | 4 | 0 | 8 |
| Genea, Melbourne City | 3 | 2 | 0 | 5 |
| Life Fertility Clinic, Melbourne | 10 | 9 | 3 | 28 |
| Melbourne IVF, East Melbourne | 97 | 95 | 18 | 291 |
| Monash IVF, Clayton | 30 | 25 | 7 | 76 |
| Monash IVF, Geelong | 4 | 7 | 3 | 25 |
| Monash IVF, Hawthorn | 15 | 28 | 19 | 75 |
| Monash IVF, Sunshine | 1 | 2 | 1 | 2 |
| Newlife IVF, Box Hill | 9 | 12 | 9 | 33 |
| Number 1 Fertility, East Melbourne | 18 | 23 | 9 | 58 |
| Reproductive Services | 1 | 1 | 0 | 3 |
| Aggregated total | 199 | 222 | 77 | 636 |
| All treatment sites by age group | | | | |
| Age group | | | | |
| <35 | 36 | 39 | 11 | 154 |
| 35–39 | 70 | 76 | 26 | 215 |
| >=40 | 93 | 107 | 40 | 267 |
| Aggregated total | 199 | 222 | 77 | 636 |
| Treatment site | Women using donor/partner eggs*** | | | |
| | All ages by treatment site | | | |
| Ballarat IVF, Wendouree | 0 | 1 | 1 | 2 |
| City Fertility Centre, Bundoora | 0 | 2 | 2 | 2 |
| City Fertility Centre, Melbourne | 3 | 1 | 0 | 2 |
| City Fertility Centre, Notting Hill | 1 | 1 | 0 | 2 |
| Life Fertility Clinic, Melbourne | 1 | 0 | 0 | 0 |
| Melbourne IVF, East Melbourne | 38 | 33 | 1 | 92 |
| Monash IVF, Clayton | 0 | 1 | 1 | 1 |
| Monash IVF, Geelong | 1 | 1 | 1 | 3 |
| Monash IVF, Hawthorn | 6 | 5 | 0 | 12 |
| Monash IVF, Sunshine | 3 | 3 | 0 | 7 |
| Number 1 Fertility, East Melbourne | 2 | 1 | 0 | 3 |
| Reproductive Services | 1 | 1 | 0 | 1 |
| Aggregated total | 56 | 50 | 6 | 127 |
| All treatment sites by age group | | | | |
| Age group | | | | |
| <35 | 9 | 9 | 1 | 22 |
| 35–39 | 5 | 4 | 0 | 5 |
| >=40 | 42 | 37 | 5 | 100 |
| Aggregated total | 56 | 50 | 6 | 127 |

* Embryos frozen may need to be suitable - i.e. of good quality and meeting freezing criteria.

** Constitutes a lab-only cycle where eggs are thawed, fertilised and all resulting embryos are frozen.

*** Donor eggs include those imported from interstate or overseas.

Use of embryos

Table 2.5 Number of ART cycles with fresh embryo transferred, Victoria, 2023-24 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 2 August 2024.

| Treatment site | No. of cycles with embryos transferred | No. of clinical pregnancies* | % clinical pregnancies per embryo transfer cycle |
|---|--|------------------------------|--|
| All ages by treatment site | | | |
| Adora Fertility, Greensborough | 613 | 171 | 28 |
| Ballarat IVF, Wendouree | 38 | 16 | 42 |
| City Fertility Centre, Bundoora | 24 | 10 | 42 |
| City Fertility Centre, Melbourne | 113 | 38 | 34 |
| City Fertility Centre, Notting Hill | 169 | 57 | 34 |
| Create Fertility, Mt Waverley | 87 | 22 | 25 |
| Genea, Melbourne | 97 | 23 | 24 |
| Genea, Melbourne City | 99 | 23 | 23 |
| Life Fertility Clinic, Melbourne | 119 | 24 | 20 |
| Melbourne IVF, East Melbourne | 1477 | 539 | 36 |
| Monash IVF, Bendigo | 36 | 13 | 36 |
| Monash IVF, Clayton | 349 | 111 | 32 |
| Monash IVF, Geelong | 72 | 28 | 39 |
| Monash IVF, Hawthorn | 184 | 48 | 26 |
| Monash IVF, Mildura | 36 | 12 | 33 |
| Monash IVF, Sale | 42 | 15 | 36 |
| Monash IVF, Sunshine | 88 | 31 | 35 |
| Newlife IVF, Box Hill | 335 | 121 | 36 |
| Number 1 Fertility, East Melbourne | 463 | 142 | 31 |
| Reproductive Services | 315 | 77 | 24 |
| Thrive Fertility, Epping | 12 | 2 | 17 |
| Aggregated total | 4768 | 1523 | 32 |
| All treatment sites by age group | | | |
| Age group | | | |
| <35 | 1460 | 618 | 42 |
| 35–39 | 1923 | 659 | 34 |
| >=40 | 1385 | 246 | 18 |
| Aggregated total | 4768 | 1523 | 32 |

* Includes cycles using both fresh and thawed eggs in the same cycle.

Use of embryos

Table 2.6 Number of ART cycles with fresh embryo formed from thawed eggs, Victoria, 2023-24 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 2 August 2024.

| Treatment site | No. of cycles with embryos transferred | No. of clinical pregnancies* | % clinical pregnancies per embryo transfer cycle |
|-------------------------------------|--|------------------------------|--|
| All ages by treatment site | | | |
| Adora Fertility, Greensborough | 7 | 2 | 29 |
| City Fertility Centre, Bundoora | 1 | 0 | 0 |
| City Fertility Centre, Melbourne | 4 | 1 | 25 |
| City Fertility Centre, Notting Hill | 3 | 0 | 0 |
| Create Fertility, Mt Waverley | 1 | 0 | 0 |
| Genea, Melbourne | 10 | 2 | 20 |
| Genea, Melbourne City | 4 | 1 | 25 |
| Life Fertility Clinic, Melbourne | 11 | 3 | 27 |
| Melbourne IVF, East Melbourne | 158 | 69 | 44 |
| Monash IVF, Clayton | 35 | 16 | 46 |
| Monash IVF, Geelong | 5 | 0 | 0 |
| Monash IVF, Hawthorn | 27 | 4 | 15 |
| Monash IVF, Sale | 2 | 0 | 0 |
| Monash IVF, Sunshine | 4 | 3 | 75 |
| Newlife IVF, Box Hill | 21 | 14 | 67 |
| Number 1 Fertility, East Melbourne | 30 | 13 | 43 |
| Reproductive Services | 2 | 1 | 50 |
| Aggregated total | 325 | 129 | 40 |

* Includes cycles using both fresh and thawed eggs in the same cycle

Use of embryos

Table 2.7 Number of ART cycles with embryos thawed, Victoria, 2023-24 financial year

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 2 August 2024.

| Treatment site | No. of cycles with embryos thawed | No. of cycles with embryos transferred | No. of clinical pregnancies | % clinical pregnancies per embryo transfer cycle |
|-------------------------------------|-----------------------------------|--|-----------------------------|--|
| All ages by treatment site | | | | |
| Adora Fertility, Greensborough | 689 | 673 | 200 | 30 |
| Ballarat IVF, Wendouree | 488 | 487 | 206 | 42 |
| City Fertility Centre, Bundoora | 228 | 226 | 87 | 38 |
| City Fertility Centre, Melbourne | 423 | 415 | 123 | 30 |
| City Fertility Centre, Notting Hill | 355 | 350 | 101 | 29 |
| Create Fertility, Mt Waverley | 266 | 258 | 64 | 25 |
| Genea, Melbourne | 172 | 171 | 47 | 27 |
| Genea, Melbourne City | 163 | 163 | 60 | 37 |
| Life Fertility Clinic, Melbourne | 460 | 455 | 180 | 40 |
| Melbourne IVF, East Melbourne | 3024 | 2985 | 1091 | 36 |
| Monash IVF, Bendigo | 49 | 49 | 17 | 35 |
| Monash IVF, Clayton | 1246 | 1233 | 488 | 40 |
| Monash IVF, Geelong | 357 | 353 | 133 | 38 |
| Monash IVF, Hawthorn | 633 | 625 | 238 | 38 |
| Monash IVF, Mildura | 39 | 39 | 13 | 33 |
| Monash IVF, Sale | 44 | 44 | 16 | 36 |
| Monash IVF, Sunshine | 98 | 96 | 24 | 25 |
| Newlife IVF, Box Hill | 769 | 765 | 384 | 50 |
| Number 1 Fertility, East Melbourne | 1288 | 1285 | 502 | 39 |
| Reproductive Services | 290 | 286 | 86 | 30 |
| Thrive Fertility, Epping | 7 | 7 | 2 | 29 |
| Aggregated total | 11088 | 10965 | 4062 | 37 |
| Age group | | | | |
| <35 | 3864 | 3828 | 1592 | 42 |
| 35-39 | 4649 | 4597 | 1764 | 38 |
| >=40 | 2575 | 2540 | 706 | 28 |
| Aggregated total | 11088 | 10965 | 4062 | 37 |

There were 0 GIFT/ZIFT cycles in FY2024.

Section 3: Artificial insemination (AI), 2023-24 financial year

This section provides detail of AI treatment and clinical pregnancies for the 2023-24 financial year. This data only includes AI insemination at registered ART providers and does not include AI at private doctor's facilities.

These tables contain preliminary data. Not all pregnancy outcomes are known at the time of this report being finalised. Figures do not include all clinical pregnancies, only those with ultrasound scan available before 2 August 2024.

Table 3.1 AI with partner sperm for stimulated/unstimulated cycles, Victoria, 2023-24 financial year

| Treatment site | No. of cycles with AI performed | No. of clinical pregnancies |
|-------------------------------------|---------------------------------|-----------------------------|
| All ages | | |
| Adora Fertility, Greensborough | 69 | 7 |
| Ballarat IVF, Wendouree | 45 | 1 |
| City Babies, Richmond | 191 | 28 |
| City Fertility Centre, Bundoora | 36 | 1 |
| City Fertility Centre, Melbourne | 17 | 2 |
| City Fertility Centre, Notting Hill | 21 | 3 |
| Create Fertility, Mt Waverley | 35 | 4 |
| Life Fertility Clinic, Melbourne | 33 | 2 |
| Melbourne IVF, East Melbourne | 217 | 32 |
| Monash IVF, Bendigo | 13 | 1 |
| Monash IVF, Clayton | 124 | 12 |
| Monash IVF, Geelong | 72 | 6 |
| Monash IVF, Hawthorn | 98 | 7 |
| Monash IVF, Mildura | 10 | 0 |
| Newlife IVF, Box Hill | 47 | 8 |
| Number 1 Fertility, East Melbourne | 194 | 9 |
| Reproductive Services | 72 | 8 |
| Thrive Fertility, Epping | 3 | 1 |
| Aggregated total | 1297 | 132 |

Of the 1297 artificial insemination cycles using partner sperm, 10% resulted in a clinical pregnancy

AI: artificial insemination.

Table 3.2 AI with donor sperm for stimulated/unstimulated cycles, Victoria, 2023-24 financial year

| Treatment site | No. of cycles with AI performed | No. of clinical pregnancies |
|-------------------------------------|---------------------------------|-----------------------------|
| All ages | | |
| Ballarat IVF, Wendouree | 6 | 1 |
| City Fertility Centre, Bundoora | 20 | 1 |
| City Fertility Centre, Melbourne | 101 | 6 |
| City Fertility Centre, Notting Hill | 35 | 4 |
| Genea, Melbourne | 29 | 5 |
| Genea, Melbourne City | 33 | 1 |
| Life Fertility Clinic, Melbourne | 1 | 0 |
| Melbourne IVF, East Melbourne | 176 | 34 |
| Monash IVF, Bendigo | 2 | 0 |
| Monash IVF, Clayton | 76 | 14 |
| Monash IVF, Geelong | 56 | 14 |
| Monash IVF, Hawthorn | 90 | 23 |
| Monash IVF, Mildura | 6 | 1 |
| Newlife IVF, Box Hill | 15 | 4 |
| Number 1 Fertility, East Melbourne | 3 | 0 |
| Reproductive Services | 3 | 0 |
| Aggregated total | 652 | 108 |

Of the 652 artificial insemination cycles using donor sperm, 17% resulted in a clinical pregnancy

AI: artificial insemination.

Section 4: Donor ART procedures, 2023-24 financial year

For use of AI, refer to section 3. For storage of donor sperm, refer to section 7

Table 4.1 Number of recipients and clinical pregnancies by donation type, Victoria, 2023-24 financial year

This table includes cycles where embryo(s) was/were transferred.

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 2 August 2024.

| Donation type (all treatment sites) | No. of recipients treated | No. of cycles with embryos transferred | No. of clinical pregnancies* | % clinical pregnancies per embryo transfer cycle |
|-------------------------------------|---------------------------|--|------------------------------|--|
| Donor embryo | 187 | 264 | 103 | 39 |
| Donor/partner eggs | | | | |
| --- Fresh egg | 163 | 50 | 22 | 44 |
| --- Thawed egg | 69 | 56 | 25 | 45 |
| --- Embryos from donated eggs | 346 | 476 | 181 | 38 |
| Donor sperm** | 1775 | 2255 | 828 | 37 |
| Aggregated total*** | 2540 | 3101 | 1159 | 37 |

* Number of clinical pregnancies only includes those reported by 28 July 2023.

** Includes cycles where a woman's own eggs or donated eggs were used.

*** Excludes AI using donor sperm (refer to table 3.2). Some recipients had both donated eggs and sperm.

Section 5: Surrogacy, 2023-24 financial year

Table 5 Surrogacy cycles and clinical pregnancies, Victoria, 2023-24 financial year

This table includes cycles where an embryo was transferred to a surrogate woman during the financial year.

Figures do not include all clinical pregnancies, only those with ultrasound scan available before 2 August 2024.

| Treatment site | No. of surrogate women | No. of cycles with embryos transferred | No. of clinical pregnancies |
|-------------------------------------|------------------------|--|-----------------------------|
| City Fertility Centre, Melbourne | 1 | 1 | 1 |
| City Fertility Centre, Notting Hill | 2 | 2 | 0 |
| Genea, Melbourne | 1 | 2 | 0 |
| Genea, Melbourne City | 1 | 1 | 1 |
| Melbourne IVF, East Melbourne | 9 | 10 | 6 |
| Monash IVF, Clayton | 5 | 7 | 1 |
| Monash IVF, Geelong | 1 | 1 | 1 |
| Monash IVF, Hawthorn | 2 | 2 | 0 |
| Monash IVF, Sunshine | 1 | 1 | 1 |
| Newlife IVF, Box Hill | 4 | 6 | 1 |
| Number 1 Fertility, East Melbourne | 8 | 9 | 3 |
| Aggregated total | 35 | 42 | 15 |

Section 6: Storage of gametes, 2023-24 financial year

Table 6.1 Storage of sperm, ovarian tissue, eggs and embryos, 2023-24 financial year

This table does not include donor gametes or donor embryos but includes women who have stored eggs for the use of their partner.

| Registered ART provider (all sites) | No. of patients with their own sperm in storage | No. of patients with their own ovarian tissue in storage | No. of patients with their own eggs in storage | No. of eggs in storage | No. of patients with their own embryos in storage | No. of embryos in storage | as of 30 June 2024 | | |
|---|---|--|--|---------------------------|---|------------------------------|--------------------|--|--|
| | | | | | | | | | |
| Adora Fertility, Greensborough | 188 | 0 | 96 | 439 | 1320 | 3988 | | | |
| Ballarat IVF, Wendouree | 246 | 0 | 147 | 2237 | 797 | 3028 | | | |
| City Fertility Centre, including. Monash Public Health | 979 | 0 | 373 | 4140 | 2191 | 8448 | | | |
| Create Fertility, Mt Waverley | 23 | 0 | 61 | 918 | 201 | 805 | | | |
| Genea, Melbourne | 113 | 0 | 222 | 2426 | 344 | 1117 | | | |
| Life Fertility Clinic, Melbourne | 90 | 0 | 325 | 5398 | 457 | 1826 | | | |
| Melbourne IVF | 1882 | 486 | 3634 | 52583 | 6756 | 25620 | | | |
| Monash IVF | 2057 | 59 | 2341 | 29559 | 4470 | 16395 | | | |
| Newlife IVF, Box Hill | 274 | 0 | 568 | 9044 | 1417 | 7632 | | | |
| Number 1 Fertility, East Melbourne | 279 | 2 | 1998 | 29365 | 2248 | 8615 | | | |
| Reproductive Services | 0 | 36 | 160 | 2261 | 300 | 1018 | | | |
| Thrive Fertility, Epping | 2 | N/A | 2 | 8 | 13 | 26 | | | |
| Aggregated total | 6133 | 583 | 9927 | 138378 | 20514 | 78518 | | | |

Table 6.2 Storage of donor sperm, 2023-24 financial year

| Registered ART provider (all sites) | No. of donors whose sperm was stored and available as of 1 July 2023 | | | No. of sperm donors whose sperm was used in treatment during 2023-24 | | | No. of donors whose sperm was stored and available as of 30 June 2024 | | |
|---|---|-------------------------------------|---------------------|---|-------------------------------------|---------------------|--|-------------------------------------|---------------------|
| | Recipient recruited | Overseas sperm bank recruited | Clinic recruited | Recipient recruited | Overseas sperm bank recruited | Clinic recruited | Recipient recruited | Overseas sperm bank recruited | Clinic recruited |
| Adora Fertility, Greensborough | 0 | 0 | 0 | 2 | 0 | 0 | 3 | 0 | 0 |
| Ballarat IVF, Wendouree | 16 | 0 | 41 | 6 | 0 | 11 | 18 | 0 | 42 |
| City Fertility Centre, including. Monash Public Health | 63 | 0 | 154 | 29 | 0 | 108 | 61 | 0 | 158 |
| Create Fertility, Mt Waverley | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| Genea, Melbourne | 3 | 18 | 7 | 2 | 11 | 6 | 4 | 16 | 1 |
| Life Fertility Clinic, Melbourne | 4 | 0 | 0 | 5 | 0 | 0 | 10 | 0 | 0 |
| Melbourne IVF | 112 | 0 | 231 | 143 | 0 | 423 | 162 | 0 | 348 |
| Monash IVF | 182 | 24 | 365 | 53 | 22 | 191 | 189 | 23 | 390 |
| Newlife IVF, Box Hill | 52 | 5 | 65 | 69 | 7 | 46 | 77 | 7 | 56 |
| Number 1 Fertility, East Melbourne | 51 | 0 | 2 | 22 | 0 | 2 | 46 | 0 | 4 |
| Reproductive Services | 0 | 0 | 0 | 4 | 0 | 0 | 7 | 0 | 2 |
| Aggregated total | 484 | 47 | 865 | 336 | 40 | 787 | 578 | 46 | 1001 |

Table 6.3 Storage of donor eggs, 2023-24 financial year

This table does not include women who have eggs stored for the use of their female partner.

| Registered ART provider (all sites) | No. of donors whose eggs were stored and available as of 1 July 2023 | | | No. of egg donors whose eggs were used in treatment during 2023-24 | | | No. of donors whose eggs are stored and available as of 30 June 2024 | | |
|---|---|-----------------------------------|---------------------|---|-----------------------------------|---------------------|---|-----------------------------------|---------------------|
| | Recipient recruited | Overseas egg bank recruited | Clinic recruited | Recipient recruited | Overseas egg bank recruited | Clinic recruited | Recipient recruited | Overseas egg bank recruited | Clinic recruited |
| Ballarat IVF, Wendouree | 0 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 0 |
| City Fertility Centre, including. Monash Public Health | 0 | 0 | 4 | 11 | 0 | 8 | 0 | 0 | 5 |
| Life Fertility Clinic, Melbourne | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 |
| Melbourne IVF | 8 | 0 | 12 | 68 | 0 | 15 | 14 | 0 | 14 |
| Monash IVF | 10 | 18 | 5 | 81 | 2 | 2 | 10 | 13 | 10 |
| Newlife IVF, Box Hill | 0 | 0 | 0 | 13 | 0 | 2 | 0 | 0 | 0 |
| Number 1 Fertility, East Melbourne | 3 | 0 | 0 | 39 | 21 | 1 | 3 | 0 | 1 |
| Reproductive Services | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Aggregated total | 21 | 18 | 21 | 219 | 23 | 30 | 28 | 13 | 30 |

Section 7: Preimplantation genetic testing, 2023-24 financial year

Table 6.4 Storage of donor embryos, 2023-24 financial year

This table refers to donated embryos; it does not include embryos that contain donor gametes.

| Registered ART provider (all sites) | No. of embryo donors whose embryos were stored and available as of 1 July 2023 | | No. of embryo donors whose embryos were used in treatment during 2023-24 | | No. of embryo donors whose embryos were stored and available as of 30 June 2024 | |
|---|--|------------------|--|------------------|---|------------------|
| | Recipient recruited | Clinic recruited | Recipient recruited | Clinic recruited | Recipient recruited | Clinic recruited |
| Ballarat IVF, Wendouree | 1 | 9 | 3 | 2 | 2 | 12 |
| City Fertility Centre, including Monash Public Health | 4 | 4 | 3 | 3 | 4 | 4 |
| Melbourne IVF | 11 | 25 | 10 | 26 | 14 | 7 |
| Monash IVF | 28 | 27 | 14 | 4 | 16 | 32 |
| Newlife IVF, Box Hill | 3 | 0 | 4 | 0 | 6 | 1 |
| Number 1 Fertility, East Melbourne | 2 | 3 | 3 | 2 | 3 | 4 |
| Reproductive Services | 0 | 0 | 0 | 6 | 0 | 0 |
| Aggregated total | 49 | 68 | 37 | 43 | 45 | 60 |

Table 7 Preimplantation testing for aneuploidy (PGT-A), 2023-24 financial year

| Registered ART provider (all sites) | No. of women who had embryos tested | No. of cycles with embryos tested | No. of women who had an embryo transfer following PGT-A | No. of cycles with embryos transferred following PGT-A |
|--|-------------------------------------|-----------------------------------|---|--|
| Preimplantation testing for aneuploidy (incorrect chromosomal numbers, PGT-A) | | | | |
| Ballarat IVF, Wendouree | N/A | N/A | 3 | 4 |
| City Fertility Centre, including Monash Public Health | 66 | 69 | 44 | 52 |
| Create Fertility, Mt Waverley | 22 | 30 | 12 | 16 |
| Genea, Melbourne | 85 | 102 | 38 | 39 |
| Life Fertility Clinic, Melbourne | 61 | 86 | 56 | 70 |
| Melbourne IVF | 493 | 602 | 502 | 624 |
| Monash IVF | 541 | 635 | 476 | 591 |
| Newlife IVF, Box Hill | 336 | 466 | 280 | 366 |
| Number 1 Fertility, East Melbourne | 422 | 543 | 411 | 524 |
| Aggregated total | 2026 | 2533 | 1822 | 2286 |

Women may have treatment using embryos tested and stored in a prior year.
Some clinics that do not undertake PGT may receive embryos transported from another clinic with PGT information.
PGT-M, PGT-SR and sex selection are used for patients with a known genetic risk. PGT-A is used for the detection of an abnormal number of chromosomes.

Donor Conception Registry Services

Every year, hundreds of children are born in Victoria following egg, sperm, and embryo donation. Under Victorian law, donor-conceived people, their parents, and donors who were involved in donor treatment with a registered ART clinic or private doctor have a right to apply for certain information about each other through the Central Register.

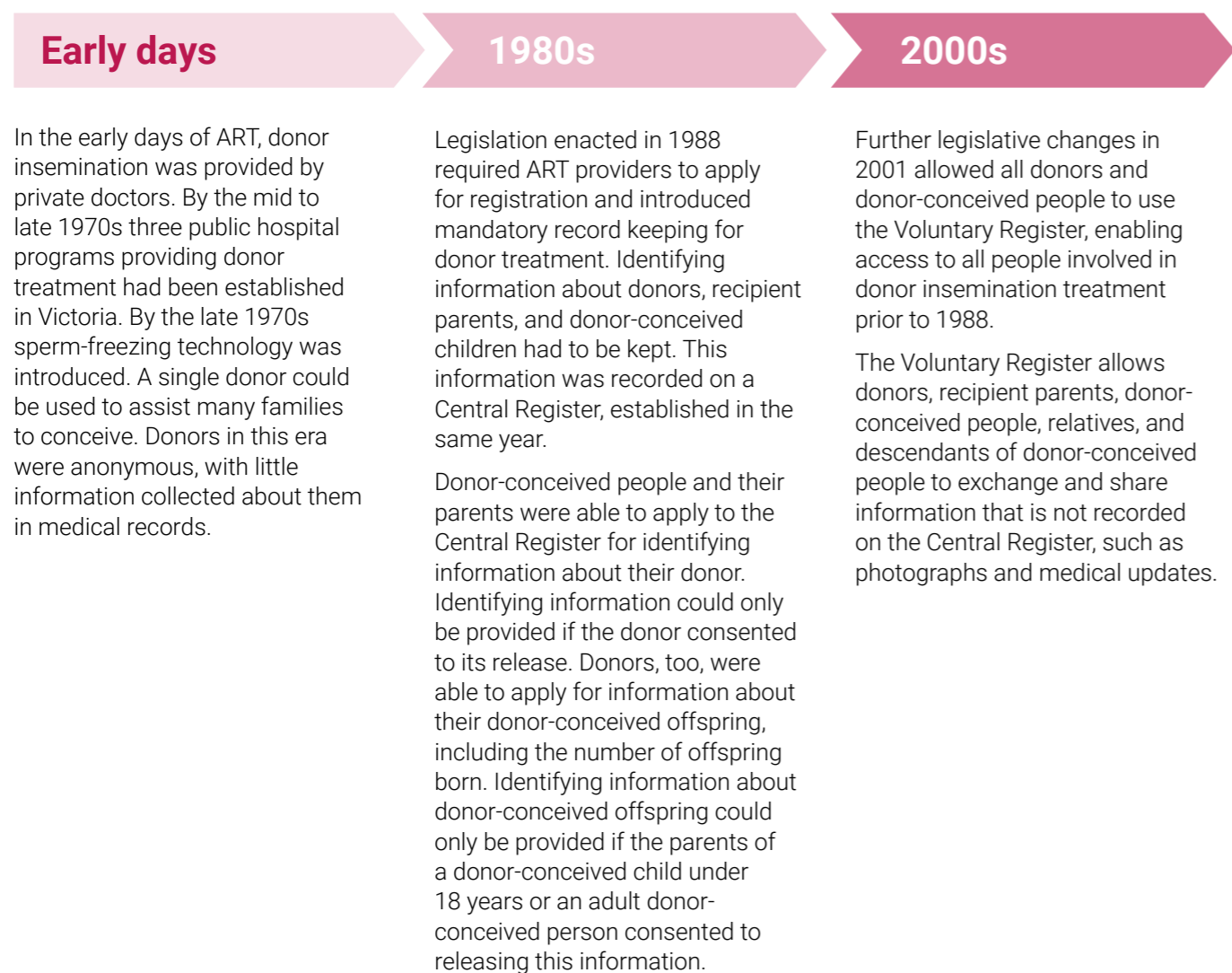


Donor Conception Registry Services

Every year, hundreds of children are born in Victoria following egg, sperm, and embryo donation. Under Victorian law, donor-conceived people, their parents, and donors who were involved in donor treatment with a registered ART clinic or private doctor have a right to apply for certain information about each other through the Central Register. They can also apply to the Voluntary Register to connect voluntarily with each other, other recipient families, and donor siblings.

History of rights to information

Since assisted reproductive treatment in Victoria was first regulated in the late 1980s, the rights to access information of people involved in donor conception with a private doctor or registered ART clinic have evolved over time in line with various legislative changes.



Early days

In the early days of ART, donor insemination was provided by private doctors. By the mid to late 1970s three public hospital programs providing donor treatment had been established in Victoria. By the late 1970s sperm-freezing technology was introduced. A single donor could be used to assist many families to conceive. Donors in this era were anonymous, with little information collected about them in medical records.

1980s

Legislation enacted in 1988 required ART providers to apply for registration and introduced mandatory record keeping for donor treatment. Identifying information about donors, recipient parents, and donor-conceived children had to be kept. This information was recorded on a Central Register, established in the same year.

Donor-conceived people and their parents were able to apply to the Central Register for identifying information about their donor. Identifying information could only be provided if the donor consented to its release. Donors, too, were able to apply for information about their donor-conceived offspring, including the number of offspring born. Identifying information about donor-conceived offspring could only be provided if the parents of a donor-conceived child under 18 years or an adult donor-conceived person consented to releasing this information.

2000s

Further legislative changes in 2001 allowed all donors and donor-conceived people to use the Voluntary Register, enabling access to all people involved in donor insemination treatment prior to 1988.

The Voluntary Register allows donors, recipient parents, donor-conceived people, relatives, and descendants of donor-conceived people to exchange and share information that is not recorded on the Central Register, such as photographs and medical updates.

Highlights and trends in 2023-24

There continues to be a steady increase in the number of parents applying to both donor registers when their children are very young, with the hope of matching with their donor and/or other donor-linked families. Most of these parents are from solo-mum-by-choice families.

Central Register

- Applications to the Central Register were up 45 per cent

Voluntary Register

- Applications to the Voluntary Register were up 56 per cent
- The number of parents applying to the Voluntary Register increased more than two fold.
- Parents of donor-conceived people continue to make up the largest proportion (75 per cent) of Voluntary Register applicants.
- The rate of matches for Voluntary Register applicants was 40 per cent.

2010s

Legislation enacted in 2010 enabled access to assisted reproduction for single women and same-sex couples. Improvements in treating male infertility (which meant fewer heterosexual couples relying on sperm donation) and increased options for family formation have led to single women being the largest group of recipient parents of donor treatment from an ART clinic, followed by same-sex couples, and heterosexual couples.

In 2017, the 'right to know' amendments to ART legislation were introduced. These retrospectively removed anonymity for pre-1998 donors and gave all donor-conceived people the right to know their donor's identity. Donors, too, can apply for identifying information about their donor-conceived offspring, but this information can only be provided if the parents of a donor-conceived child under 18 years or an adult donor-conceived person provides consent.

Donors, donor-conceived people and their parents have the right to apply for non-identifying information and identifying information about each other. They are also able to apply to contact each other through the Central Register.

Pre-1998 and post-1998 donors

Due to the history of the legislative changes regarding the collection and provision of information in ART procedures, applications to the Central Register and Voluntary Register by donor-conceived people, their parents and donors are often divided into two groups: pre-1998 (anonymous) donors and post-1998 (identity-release) donors. Since 1 March 2017, pre-1998 donors have also become identity-release donors.

IT upgrade of the donor registers

Technology has changed enormously since the establishment of the Central Register and the Voluntary Register over 35 and 25 years ago respectively. VARTA has been working on a long-term IT project to upgrade the technology that stores the data in the Central Register and Voluntary Register to a more contemporary platform. In the coming months, the Central Register and Voluntary Register will be moved to a new purpose-built system that was funded and developed by the Department of Health.

Central Register

Updating the Central Register

Registered ART clinics are required to notify VARTA of births from donor treatment for the Central Register throughout the year. Notifications must include information about the treatment procedure and the child's full name, date of birth and place of birth, as well as their parent(s)' and the donor's full name, date of birth and contact details.

Non-identifying details are also recorded about the donor, which may be released to recipient parents or donor-conceived offspring. This information includes the donor's sex assigned at birth, month and year of birth, place of birth, physical traits, occupation, clinics where donations occurred, number of recipients who have conceived from their donation, and the number of donor-conceived offspring born.

VARTA updates the Central Register as new information about pre-1998 (anonymous) donors comes to hand. This work includes the addition of information extracted from paper-based medical records when these are located at the Public Record Office Victoria and shared with VARTA or gained from individuals when they apply to VARTA to update their personal details. There are over 35,000 records on the Central Register spanning more than 35 years.

Occasionally, a person may be recorded in the Central Register more than once. For example, a donor-conceived person may become a donor themselves later in life. When these cases are identified, the duplicate is removed, and the person is recorded once with two roles on the register.

Applications to Central Register

The following people can apply for information from the Central Register:

- donor-conceived people
- parents of donor-conceived people
- donors
- descendants of donor-conceived people.

People applying to the Central Register are referred to as applicants. The person they are seeking to connect with is referred to as a subject.

People may apply for non-identifying and identifying information. Most people seek identifying information.

Non-identifying information can be used to confirm that an individual is donor-conceived or that donor-conceived offspring have been born. This type of non-identifying information can also be given about donor siblings, including the number of families that have conceived

children using the donor, the number of children born in each family, the sex assigned at birth, the birth year, and the birth month. Non-identifying information about a donor is detailed in the Updating the Central Register section above.

Identifying information about a donor-conceived person includes their name and date of birth. Identifying information about a donor includes their name, date of birth, and donor code. A subject's contact details are only released if they consent to donor linking or a contact preference has been lodged that legally governs in what ways contact may occur. All donor-conceived people and donors who donated before 1998 can lodge a contact preference for legal protection. See Donor linking and Contact preferences sections below.

Outcomes

When applicants apply for non-identifying information, consent is not required from the subject and the information requested is disclosed once VARTA has verified that the parties are related through donor treatment. This verification is based on the unique code that was assigned to the donor.

When VARTA receives an application to the Central Register for identifying information, VARTA must notify the subject of the application and, where required, obtain their consent before disclosing any identifying information to the applicant. Consent is not required to release this information when the applicant is a donor-conceived person. All other applications require consent from the subject.

Outreaches

VARTA refers to the process of contacting the subject of a Central Register application as an 'outreach'.

If a donor applies for identifying information about their donor-conceived offspring, VARTA must notify and obtain consent from the donor-conceived person's parent or guardian if they are a child under the age of 18. If they are an adult, VARTA must outreach to the donor-conceived person directly, and not their parents, for legal and privacy reasons.

If a donor-conceived person or descendant of a donor-conceived person applies for identifying information about a donor, VARTA notifies the donor of the application. The donor is advised that there is a four-month waiting period before this information is automatically released to the applicant. The donor can consent to the early release of their identifying information prior to this deadline.

The Central Register allows donor-conceived people, their parents, and donors to apply for information about each other and to try to connect with each other. The largest group of applicants to the Central Register continues to be parents of young donor-conceived children who are seeking early contact with the donor.

If a parent applies for identifying information about a donor, VARTA must outreach to the donor to obtain their consent to release their identifying information to the parent. If the donor does not consent, the information cannot be disclosed to the parent. This applies irrespective of the age of the donor-conceived child.

Donor linking

VARTA offers applicants and subjects of Central Register applications the option of exchanging their preferred contact details, which is referred to as donor linking. This may include a first or preferred name, a specified email address, and/or a postal address.

VARTA staff can also assist with the intermediary exchange of correspondence between applicants and subjects (up to five items over six months) and facilitate a first meeting between donor-linked parties who have connected via the Central Register.

Contact preferences

Contact preferences were introduced as part of the 2017 legislation to protect the legal rights of pre-1998 (anonymous) donors and donor-conceived people who do not want to be contacted or want to legally control how they may be contacted. A contact preference is only required when a subject wants to place enforceable boundaries around how they wish to communicate with the applicant.

Pre-1998 (anonymous) donors and all donor-conceived people (irrespective of when they were born) can lodge a contact preference specifying that they do not want to be contacted ('no contact' preference) or how they may be contacted by the person who has applied for identifying information about them from the Central Register (for example, contact via a specific email address only). Donors can also lodge a contact

preference for their own children until they turn 18. Applicants must sign a legally binding undertaking that commits them to abiding by the contact preference. Penalties apply if the applicant breaches the conditions of the contact preference.

Contact preferences last for five years at which time they are no longer binding unless the subject seeks to extend the contact preference for another five years.

To date, VARTA is not aware of anyone breaching the conditions of a contact preference.

Counselling

VARTA counsellors provide support to the donor-conceived community, including guidance on how to talk to children about donor conception and navigate the donor linking process.

VARTA provides mandatory counselling to donors, donor-conceived people and the parents of donor-conceived people who are applying for information from the Central Register. Counsellors also provide support to the subjects of Central Register applications.

VARTA counsellors support Central Register applicants who request donor linking assistance from staff to facilitate the exchange of information between the applicant and subject and to mediate a first meeting between donor-linked parties.

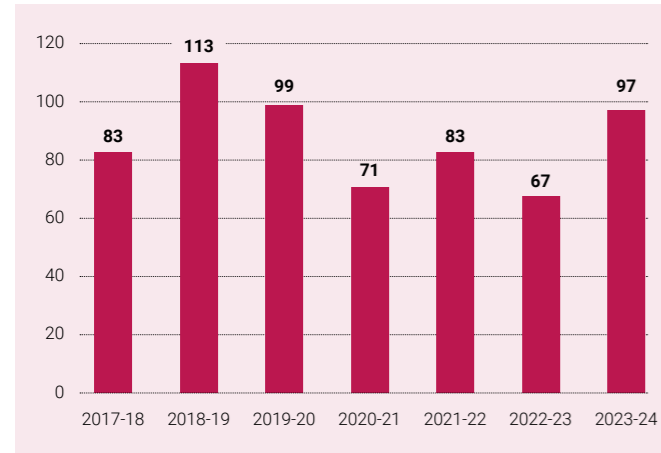
Applicants and subjects can utilise counselling on an as-needs basis to support them through the donor linking process. Applicants who learn that a subject is deceased or has significant medical or psychosocial issues often request support. Similarly, late-discovery donor-conceived people and their family members often require additional counselling support when these disclosures occur.

Central Register figures for 2023-2024

Applications to the Central Register in 2023-24

In 2023-24 VARTA received 97 applications to the Central Register, up 45 per cent from the previous year.

Applications to the Central Register, 2017-18 to 2023-24



Note: Central Register applications peaked in 2018-19 following the removal of donor anonymity on 1 March 2017.

Who is applying to the Central Register?

As has been the trend for some years now, parents of donor-conceived people increasingly make up the biggest group applying to the Central Register.

What are people applying for?

In 2023-24:

- 85 per cent of people who applied to the Central Register applied for identifying information, such as names and dates of birth. This result is consistent with previous years.

Applications to the Central Register by information requested

| | Total number of people who applied | Identifying information | Non-identifying information | Non-identifying donor sibling information |
|--------------|------------------------------------|-------------------------|-----------------------------|---|
| Total | 97 | 82 | 84 | 49 |

Outcomes

In 2023-24, VARTA received 82 applications for identifying information. Some of these applications were from donors and included multiple subjects (based on the number of donor-offspring conceived from their donation). Sixty-five of these cases were resolved by 30 June 2024 and 32 of them (49 per cent) resulted in the disclosure of the person's identifying information to the applicant. This result is slightly lower than previous years. It may be due to an increase in parents applying to the Central Register. Donors may not expect to be contacted by a recipient parent when a donor-conceived child is very young, and they may choose not to release their identifying information to the parent.

Contact preferences

On 30 June 2024 a total of 95 contact preferences were in effect. In 2023-24:

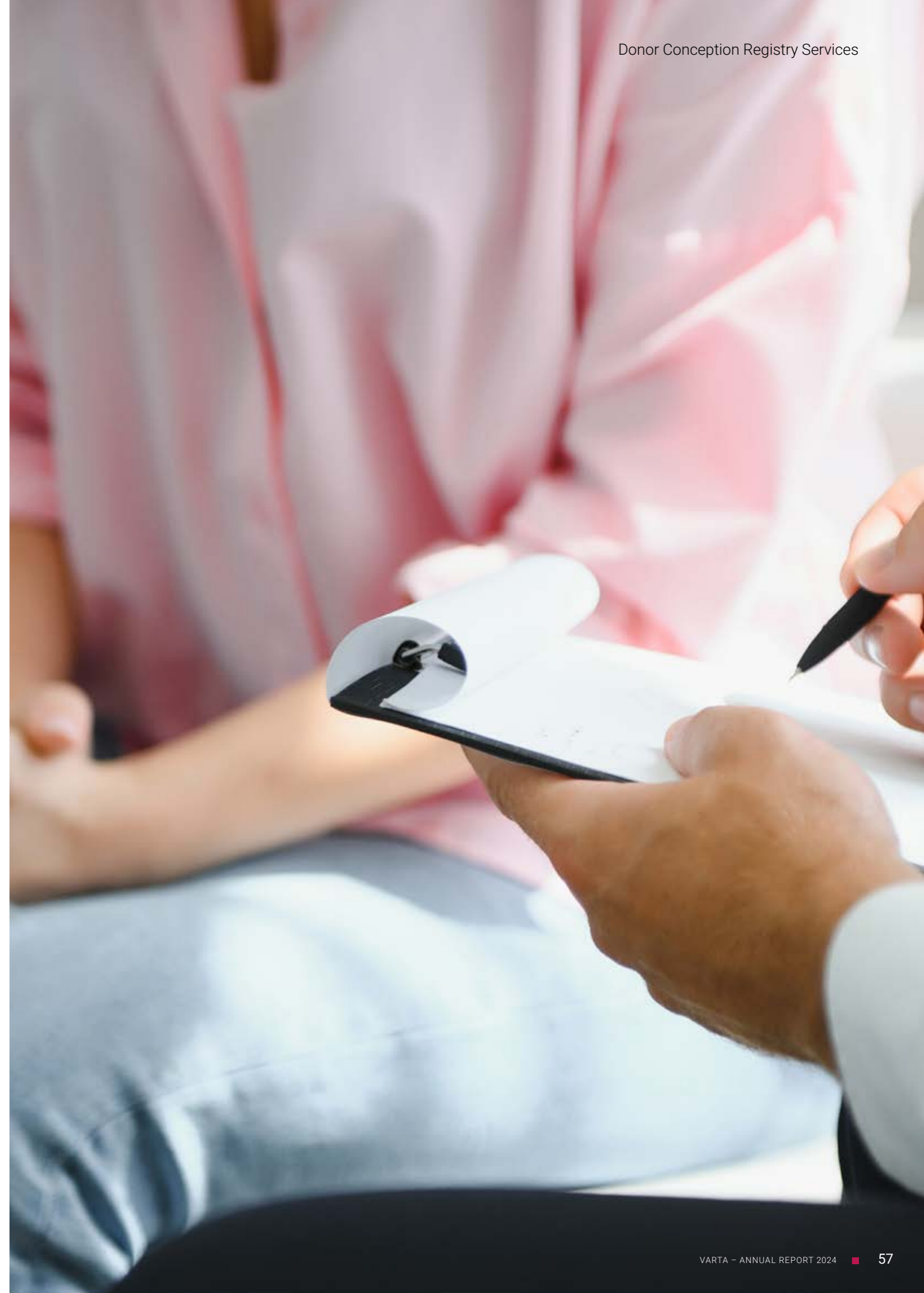
- four new contact preferences were lodged by donors and one by a donor-conceived person
- five contact preferences were withdrawn
- twenty-three contact preferences were extended.

The number of subjects lodging a contact preference has significantly declined over time, particularly those specifying 'no contact' at all with the applicant.

In 2023-24 a high number of contact preferences reached their five-year expiry. Most subjects elected to extend their contact preference for a further five years. In 2023-24, compared to previous years, far fewer subjects who were contacted for the first time lodged a contact preference and more subjects withdrew an existing contact preference.

Counselling

In 2023-24, counsellors provided 105 mandatory counselling sessions for Central Register applicants. Some of these counselling sessions related to the processing of a Central Register application that was received prior to 1 July 2023. All subjects are offered a counselling appointment. Many applicants and subjects request supportive counselling on an as-needs basis while they navigate the early phases of donor linking.



Voluntary Register

Updating the Voluntary Register

The Voluntary Register is a free matching service that allows donor-linked people and their relatives to connect with each other and share information.

Two or more people need to join the Voluntary Register for a match and a connection to occur. If somebody applies to the Voluntary Register and there is no match, they will need to wait until another person linked to them applies. As more people join the Voluntary Register, the likelihood of a match increases.

Unlike the Central Register, the Voluntary Register offers the option of lodging documents, including letters, family trees, biographies, medical history and photographs, that can be shared with others now or in the future.

The Voluntary Register allows for connections that are not legally possible through the Central Register. For example, some donor-conceived people want to connect with donor siblings born from the same donor who were raised in other families, and some parents of young donor-conceived children want to connect with other parents who have used the same donor. VARTA cannot use the Central Register to connect these groups of people.

Donors may also match with donor-conceived offspring and recipient parents through the Voluntary Register. People can withdraw their applications to the Voluntary Register at any time if they no longer want to share their details.

On 30 June 2024 there were 1,295 people recorded on the Voluntary Register.

Eligibility criteria

The following people can record their names and lodge information on the Voluntary Register:

- donors
- donor-conceived people
- parents of donor-conceived people
- descendants of donor-conceived people
- relatives and descendants of these people.

Ineligible applicants generally include new donors or pregnant women where a live birth has not yet occurred.

Counselling

Under the current legislation, VARTA counsellors provide implications counselling to all people seeking identifying information or connections through the Voluntary Register to manage their expectations and alert them to the possibility that they may not receive any matches or that some matches may not proceed.

Counsellors also provide additional support to Voluntary Register applicants on an as-needs basis to support them through the donor linking process.

In 2023-24, counsellors provided 185 mandatory counselling sessions for Voluntary Register applicants. Some of these counselling sessions related to the processing of a Voluntary Register application that was received prior to 1 July 2023. All applicants are offered a counselling appointment. Many applicants request supportive counselling on an as-needs basis while they navigate the early phases of donor linking.



Voluntary Register figures for 2023-2024

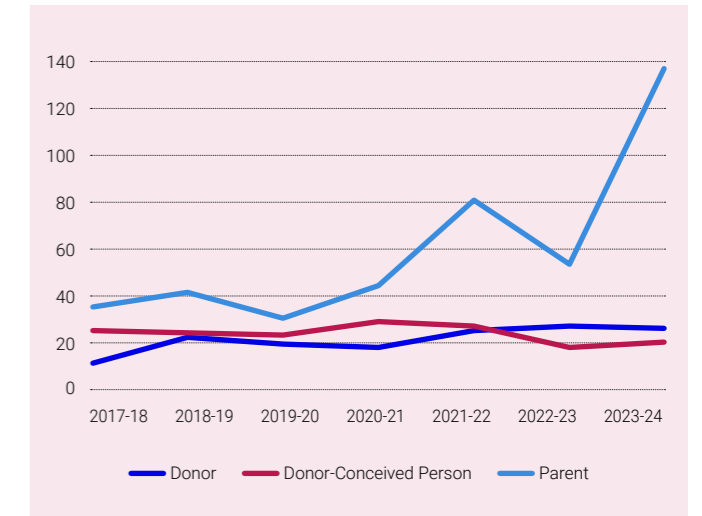
Applications to the Voluntary Register in 2023-24

In 2023-24 VARTA received 182 applications to the Voluntary Register, up 56 per cent from the 117 applications received in the previous year. Twenty people were unable to be added to the Voluntary Register in 2023-24 as they did not meet the eligibility criteria, compared to ten people in 2022-23.

Applications to the Voluntary Register, 2017-18 to 2023-24



Applications to the Voluntary Register by applicant type, 2017-18 to 2023-24

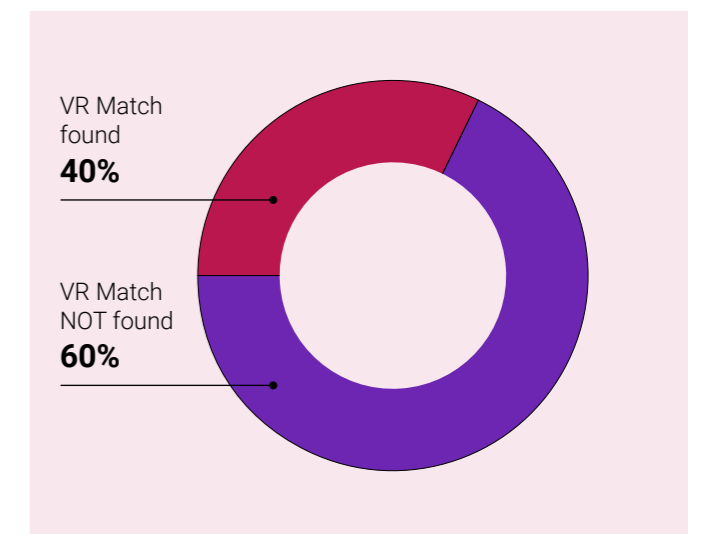


Outcomes

Overall, as of 30 June 2024, 59 per cent (746) of people registered on the Voluntary Register have matched with at least one other person who shares their unique donor code.

In 2023-24, 40 per cent (39) of the applications to the Voluntary Register that had been processed and closed matched with one or more person.

Outcome of Voluntary Register applications, 2023-24



Who is applying to the Voluntary Register?

In 2023-24, 75 per cent (136) of Voluntary Register applications were received from parents, followed by 14 per cent (26) from donors, and 11 per cent (20) from donor-conceived people.

Only 10 eligible relatives have applied to the Voluntary Register over the past seven years and no descendants of donor-conceived people have ever applied as of 30 June 2024.

There was a marked increase in applications by parents to the Voluntary Register, compared to the previous year, when 53 applications, representing 45 per cent of applicants, were received.

Education

Every year, thousands of Victorians turn to fertility treatment. Under the Act, VARTA promotes research into the causes and prevention of infertility and educates the public about fertility treatment options.



VARTA's role

Every year, thousands of Victorians turn to fertility treatment. Under the Act, VARTA promotes research into the causes and prevention of infertility and educates the public about reproductive health and fertility treatment options.

VARTA does this by monitoring and reviewing relevant research, partnering with academic institutions conducting ART-related research, and translating research findings into accessible formats for the public and other stakeholders.

VARTA disseminates information to the public, ART clinics, and health and education professionals through the VARTA (varta.org.au) and Your Fertility websites (yourfertility.org.au). These websites are the go-to places for Victorians who want independent, up-to-date, evidence-based and accessible information about all aspects of fertility, infertility and infertility treatment, including donor conception.

The VARTA website attracted 207,000 visits in 2023-24 and the Your Fertility website 1.8 million visits.

VARTA's education activities prioritise the best interests of people seeking treatment or undergoing treatment, and the children born following treatment.

VARTA's website

VARTA's website has extensive information about the medical, social, legal and psychological aspects and implications of infertility, infertility treatment, donor conception and surrogacy.

This information has been carefully curated by experts to reflect current evidence and is provided in a range of formats to meet the needs of people with different levels of health literacy. Some of the information is also available in languages other than English, including an extensively used brochure on the potential health risks of IVF.

The website features many videos with people with lived experience of donor conception, including donors, donor-conceived people and their families.

The VARTA website also provides information on Victoria's legislation relating to donor conception and surrogacy and how people can apply for information from the donor registers.

Your Fertility website

Your Fertility is a fertility and pre-conception health promotion program which was funded by the Commonwealth Government from 2011 to 2023.

The aim of the program is to increase knowledge and awareness of fertility and reproductive health and reduce the risk of infertility and other poor reproductive outcomes. The Your Fertility website offers evidence-based information in accessible formats for people of all genders and sexual orientations to empower them to make informed and timely decisions regarding their reproductive health and optimise their chances of achieving their parenthood goals.

When the funding stream that supported the program was discontinued in June 2023, the VARTA board allocated modest funding to maintain the program during the 2023-24 financial year while VARTA staff explored alternative funding opportunities.

VARTA: Translating ART research

VARTA is the translation partner for ART-related research projects conducted by researchers at several universities. In these partnerships, VARTA staff contribute to the generation of evidence-based findings and their translation for the public and ART providers.

Some highlights from studies published in 2023-24 include:

IVF treatment and chances of success

An online survey of 217 women who had had IVF found that only about a quarter accurately estimated their chance of having a baby after one IVF cycle, with more than half overestimating their chance. Many women reported that they wished they had been given more realistic information about IVF and their chance of success.

Surrogacy

A survey conducted by researchers at Monash University of 319 Australians who had completed or were planning to complete surrogacy highlighted that most prefer to pursue surrogacy in their home country but turn to overseas destinations because approval for surrogacy in Australia is a long and complicated process and it is difficult to find an Australian surrogate. Respondents who had a child through international surrogacy commonly reported having multiple embryo transfer and anonymous egg donation. Both these practices are banned in Australia because they increase the physical and psychological risks for the children.

Male infertility

A systematic analysis of the research literature suggested that the experience of male infertility, irrespective of its cause, negatively affects men's mental health and that they have unmet psychological needs during ART treatment. This demonstrates the need for ART providers to consider men undergoing assisted reproduction as individuals with their own unique support needs.

Female fertility

An analysis of the content on websites selling anti-Mullerian hormone (AMH) tests direct to consumers revealed that most include false and misleading claims which might lead consumers to purchase an AMH test in the mistaken belief that it can reliably predict fertility potential.

Female fertility preservation

A randomised controlled trial of a decision aid for women who consider freezing their eggs found that the aid reduces decisional conflict, prepares women for decision making, and does not cause distress. Researchers are now working on disseminating this decision aid to help women make informed decisions about elective egg freezing.

VARTA in the media

VARTA appeared in a range of national and international media in 2023-24, and provided expert commentary about fertility, fertility treatment, surrogacy and donor conception.

Media reports

Hammarberg K, Expert commentary on the impact of Ozempic on pregnancy in an article published in *The Guardian*, 2024.

Hammarberg K, *Thinking about freezing your eggs? Beware the spin*, 360, 10 May 2024.

Hammarberg K, Norman R, *What are Ozempic babies? Can the drug really increase your chance of pregnancy?*, *The Conversation*, 17 April 2024.

Reference to information on the Your Fertility website about how to avoid endocrine-disrupting chemicals, Chemicals in plastic (EDCs) can play a role in fertility, SBS News.

Hammarberg K, *Male infertility is more common than you may think. Here are 5 ways to protect your sperm*, *The Conversation*, 11 December 2023.

Kneebone E, Hammarberg K, Beilby K, *It's hard to find a surrogate in Australia but heading overseas comes with risks*, *The Conversation*, 8 November 2023.

Hammarberg K, Interviewed about age and fertility on Women's Health, *Does your fertility really fall off a cliff when you hit 35?* (yahoo.com).

Hammarberg K, Expert commentary on *What to consider before donating sperm to a fertility clinic*, ABC Everyday.

Hammarberg K, Expert commentary on ABC's *Ladies, We need to talk* podcast, *Solo mums by choice*, ABC listen.

Kelly F, Expert commentary on *the Victorian law relating to gamete donation Egg and sperm bank donations needed*, ABC listen.

Data from VARTA's 2022-2023 annual report published in *Health warning for 'experimental' IVF treatment additions*, *The Daily Advertiser*, Wagga Wagga, NSW

Webinar

Egg freezing as assisted reproductive technology, VARTA and Women's Health in the South East (WHISE), 14 September 2023.

Podcasts

Hammarberg K, Expert commentator on podcast on *the impact of age on women's fertility*, 29 May, 2024.

Hammarberg K, Interviewed for *The why wait agenda* podcast series, 20 July, 2023.

Hammarberg K, Interviewed for the *Why didn't anyone tell me this* podcast series, 10 July, 2023.

Research output

VARTA staff contribute to research about fertility and ART and share their knowledge with the community. In 2023-24 VARTA staff contributed to the following publications and presentations:

Publications

Sandhu S, Hickey M, Koye D, Braat S, Lew R, Hart R, Norman R, Hammarberg K, Anderson R, Peate M, *Eggsurance? A randomised controlled trial of a decision aid for elective egg freezing*, *Human Reproduction*, 2024.

Gallagher S, Attinger S, Sassano A, Sutton L, Kerridge I, Newson A, Farsides B, Hammarberg K, Hart R, Jackson E, Ledger W, Mayes C, Mills C, Norcross S, Norman R, Rombauts L, Waldby C, Yazdani A, Lipworth W. *Medicine in the marketplace: clinician and patient views on commercial influences on assisted reproductive technologies*, *Reproductive BioMedicine Online*, 2024.

Kelly F, Dempsey D, Byrt A Eds, *Donor-linked families in the digital age*, Editors Cambridge University Press, July 2023.

Johnson A, Thompson R, Nickel B, Shih P, Hammarberg K, Copp T., *Websites selling direct-to-consumer anti-Mullerian hormone tests*, *JAMA Network Open*, 2023.

Biggs S, Halliday J, Hammarberg K, *Psychological consequences of a diagnosis of infertility in men: a systematic analysis*, *Asian Journal of Andrology*, 2023.

Kneebone E, Hammarberg K, Everingham S, Beilby K, *Australian intended parents' decision-making and characteristics and outcomes of surrogacy arrangements completed in Australia and overseas*, *Human Fertility*, 2023.

McMahon C, Hammarberg K, Mol B, Vollenhoven B, *What do women undergoing in vitro fertilisation (IVF) understand about their chance of IVF success?*, *Human Reproduction*. 2024.

Copp T, Thompson R, Hammarberg K, Lensen S, Augustine L, Doust J, Peate M, Cvejic E, Mol B, Lieberman D, McCaffery K, *Attitudes, knowledge, and practice regarding the anti-Mullerian hormone (AMH) test among general practitioners and reproductive specialists: A cross-sectional study*, *BJOG*, 2024.

Beilby K and Hammarberg K, *ChatGPT: A reliable fertility decision-making tool?*, *Human Reproduction*, 2024.

Martins M, Koert K, Sylvest R, Maeda E, Moura-Ramos M, Hammarberg K, Harper J, on behalf of The International Reproductive Health Education Collaboration (IRHEC), *Operationalizing fertility education: recommendations for developing and implementing tools to improve fertility literacy*, *Human Reproduction*, 2023.

Conference presentations

Hammarberg K, 'Rethinking altruism to tackle the shortage of gamete donors and surrogates', [invited presentation] at *Scientists in Reproductive Technology (SIRT) meeting*, Melbourne, 5 May 2024.

Hammarberg K, 'Should women freeze their eggs?', [invited panelist on a debate about egg freezing], *Australian Society for Psychosocial Obstetrics and Gynaecology annual conference*, Melbourne, 3-4 May 2024.

Kneebone E, Hammarberg K, Beilby K, 'Surrogates', intended parents' and professionals' perspectives on ways to improve access to surrogacy in Australia', *Australian Society for Psychosocial Obstetrics and Gynaecology annual conference*, Melbourne, 3-4 May 2024.

Hammarberg K, Yang H-M, Volks C, Whittaker A, *Quality of information for oocyte donors on South African donor agency websites: a content analysis*, *Australian Society for Psychosocial Obstetrics and Gynaecology annual conference*, Melbourne, 3-4 May 2024.

Hammarberg K, *Attitudes towards reproductive health promotion as part of the European Society of Human Reproduction and Embryology (ESHRE) campus course: Fertility education and reproductive decision-making: why, who, when and how?*, Lyon, France, 26-27 October 2023.

Hammarberg K, *Initiatives on educating healthcare professionals, as part of the ESHRE campus course: Fertility education and reproductive decision-making: why, who, when and how?*, Lyon, France, 26-27 October 2023.

Organisation, corporate governance and information

VARTA works continuously to improve its operations to deliver inclusive services, achieve strategic outcomes, develop efficient ICT systems and foster a positive culture for our staff.



Organisational structure



Corporate governance

VARTA board

The Minister for Health nominates the members of the Authority, and the appointments are made by the Governor-in-Council. Section 101 of the Act states that in making nominations to the Governor-in-Council, the Minister must have regard to the need for diversity and expertise.



Julia Griffith, PSM

BA (Youth Affairs)

Chair
commenced April 2023

Ms Julia Griffith has held senior executive roles in a range of justice portfolios within the Victorian public sector, including corrections, justice health, youth justice, police and crime prevention. Before taking up her role as chair, Ms Griffith was Deputy Commissioner of the Victorian Public Sector Commission. In 2018, Ms Griffith received a Public Service Medal for outstanding public service to youth justice and correctional services.



Julie Walsh

BA (Hons), MA, MPPM

Board member
commenced June 2024

Ms Julie Walsh is a public policy specialist and has held senior executive roles in health, emergency services, budget and financial management and social policy areas. Ms Walsh is currently the Executive Director, Organisational Effectiveness, in the Department of Health. Ms Walsh is a graduate of the Australian Institute of Company Directors and is an Australian and New Zealand School of Government executive fellow.



Nitsa Karahalios

BA/LLB (Hons)

Board member
commenced June 2024

Ms Nitsa Karahalios began her career as a lawyer practising in the areas of commercial litigation and intellectual property law. Ms Karahalios has acted in a number of large-scale litigation matters in various jurisdictions, as well as in the High Court of Australia. She has also advised government in relation to the research and development of diagnostic tools in healthcare and pharmaceutical drugs. Ms Karahalios then began working in the Victorian Government and for the last 15 years has held senior executive roles across a range of portfolios, focussing on reform and policy development and building and leading modern regulators. Ms Karahalios currently holds an executive officer position at the Victorian Department of Health within the Health Regulator. She has significant regulatory and leadership experience and an interest in the provision of safe and quality healthcare services across the Victorian health system.

Board members



Fiona Kelly
BA/LLB (Hons), LLM, PhD (Law)

Board member
until January 2024

Professor Fiona Kelly is Dean of the La Trobe University Law School. Professor Kelly's primary research interests are family and health law, with a particular focus on the legal regulation of assisted reproduction.

She has published extensively on the legal regulation of parentage in the context of assisted reproduction, the ethics of sperm donor anonymity, and the judicial and legislative response to lesbian and single mother by choice families.

Professor Kelly was the chief investigator on an Australian Research Council Discovery Project grant exploring donor linking and is the editor of the recently published *Donor-Linked Families in the Digital Age: Relatedness and Regulation* (Cambridge University Press).



Rosemary Hehir OAM
BA

Board member
until November 2023

Ms Rosemary Hehir's career has combined expertise in governance, ethics, and thoughtful public and community sector leadership in complex organisations.

She is a former longstanding chief executive officer of YWCA Victoria and has also served on the boards of major community service providers – Social Housing Victoria, LifeWorks Counselling and Education (now Relationship Matters), and Parks Victoria. She is an ethics reviewer for the Melbourne Health and Human Research Ethics Committee and an experienced finance, risk and audit committee chair and company secretary.

In 2020 Ms Hehir was awarded a Medal of the Order of Australia (OAM) for services to the community through social services.



Lucy Franzmann
BA, MComm, FCPA, GAICD

Board member
until January 2024

Ms Lucy Franzmann is the Chief Finance Officer at Victoria University. She is an experienced finance leader, committed to the delivery of exceptional public services and the best use of resources, particularly in health, education and the arts.

From 2016-2021, Ms Franzmann was the Chief Financial Officer at the Peter MacCallum Cancer Centre. Other previous roles include Deputy Chief Financial Officer at Barwon Health, Director of Innovation and Improvement at Austin Health, Deputy Managing Director of Victorian Opera and the Project Accountant at the Royal College of Music, London.

Ms Franzmann is a graduate of the Australian Institute of Company Directors and a fellow of CPA Australia, and she has two children who are donor conceived.



Gael Jennings AM
BSc (Hons), Dip Ed, PhD

Board member
until August 2023

Dr Gael Jennings has contributed to science communication and medical research and analysis in Australian media for nearly 30 years as a broadcaster, TV presenter, journalist, interviewer, editor, developer and creator at ABC TV.

Her media career has included national roles at ABC TV News, *7.30*, *Quantum* and *Catalyst*; and she has served as host of programs on 774 ABC Radio Melbourne and Victoria, and as the anchor of SBS TV's *Insight*.

Dr Jennings has served as a director on more than a dozen boards, holds a PhD in Immunology, and has written two books.

She is an honorary fellow of the Centre for Advancing Journalism at the University of Melbourne and in 2020 was awarded an Order of Australia (AM) for significant service to science and broadcast media.



Michael Regos
BA/LLB

Board member
until June 2024

Mr Michael Regos is a lawyer who since 2019 has been principal of the Michael Regos legal practice. Prior to that he spent 25 years as a partner in the international law firm of DLA Piper, where he was head of the Australian Health Litigation Group.

Over the course of his career Mr Regos has advised health services, insurers, medical practitioners and health professionals and organisations in health law, including regulatory issues, governance and risk management through to full-scale litigation and coronial inquiries. Through his representation of health services in litigation he developed a keen interest in safety, quality and risk management in the health sector.

Between 2016 and 2019 Mr Regos was an arbitrator to the Australian Football League.



Siobhan Boyd-Squires
BAppSc (Physio), LLM, MPH,
GD Health Educ, MRI, GAICD

Board member
until August 2023

Ms Siobhan Boyd-Squires has extensive experience in health and human service regulation, risk management and governance. She is a board member of the Emergency Services Telecommunications Authority (ESTA), a member of ESTA's Audit and Risk Management and Compliance Committee, and a sessional member of the Victorian Civil and Administrative Tribunal.

From 2018-2022 Ms Boyd-Squires was a member and deputy chairperson of Victoria's Patient Review Panel, where she gained valuable insight into the assisted reproductive treatment industry and its governing legislation. She has held senior leadership roles in the Department of Health, WorkSafe Victoria and the Commission for Children and Young People, and has served as a statutory conciliation officer, mediating workers' compensation disputes.

Ms Boyd-Squires is a graduate of the Australian Institute of Company Directors and a nationally accredited mediator.

Board committees

Section 113 of the Act provides that the Authority may set up one or more committees, comprising of members of the Authority.

Safety and Quality Committee

| Membership | |
|----------------------------|----------|
| 1. Dr Gael Jennings | |
| 2. Professor Fiona Kelly | |
| 3. Mr Michael Regos | |
| Number of meetings: | 4 |

The Safety and Quality Committee assists VARTA to fulfil its duties and responsibilities relating to:

- consideration of adverse incidents reported by Victorian ART providers in accordance with VARTA's conditions for registration
- review and analysis of data and research relating to the safety and quality of treatment procedures
- promotion of person-centred care, the overseeing of safety and quality compliance and the monitoring and prevention of adverse events such as ovarian hyperstimulation syndrome
- consideration and approval of applications made to import or export donor material under section 36 of the Act
- the effective operation of Parts 6 and 7 of the Act and the guidelines issued under section 100A by the Secretary of the Department of Health.

From February 2024, the committee ceased to operate, given changes in the composition of VARTA's board. The duties, powers and functions of the committee (as delegated by the Minister for Health under the Act) then reverted to the board.

Finance, Audit and Risk Management Committee

| Membership | |
|----------------------------|----------|
| 1. Ms Siobhan Boyd-Squires | |
| 2. Ms Rosemary Hehir | |
| 3. Ms Lucy Franzmann | |
| Number of meetings: | 2 |

The Finance, Audit and Risk Management Committee, Committee assists VARTA to fulfil its duties and responsibilities relating to:

- financial management compliance
- risk management
- information management and information technology
- the effectiveness of internal controls
- statutory financial reporting
- audit of the financial statements for VARTA.

From December 2023, the committee ceased to operate, given changes in the composition of VARTA's board. The duties, powers and functions of the committee then reverted to the board.

Performance, Remuneration and Nomination Committee

| Membership | |
|----------------------------|----------|
| 1. Ms Julia Griffith | |
| 2. Mr Michael Regos | |
| Number of meetings: | 3 |

The primary objective of the Performance, Remuneration and Nomination Committee is to review the chief executive officer's performance and workplan, remuneration package, and contract review/renewal. The committee provides recommendations on these to the board.

Twelve full board meetings of VARTA were held between 1 July 2023 and 30 June 2024.

| Membership | Total |
|----------------------------|-----------|
| Ms Julia Griffith | 12 |
| Ms Siobhan Boyd-Squires | 2 |
| Ms Rosemary Hehir | 6 |
| Ms Lucy Franzmann | 6 |
| Dr Gael Jennings | 2 |
| Professor Fiona Kelly | 7 |
| Mr Michael Regos | 12 |
| Number of meetings: | 12 |

Corporate information

Additional information

Further details of activities carried out by VARTA during 2023-24 that are described in this annual report are available to relevant ministers, members of parliament and the public on request, subject to the provisions of the *Freedom of Information Act 1982*.

Complex people searches

VARTA staff are trained in-house to undertake complex people searches in relation to the Central Register and the Voluntary Register. Some applications to VARTA's Central Register involve searching for people decades after they were involved in fertility treatment. In addition to the usual search avenues, these searches may include checking confidential information on the electoral roll and using Births Deaths and Marriages records to look for name changes, and death notices.

Environmental performance

VARTA follows the extensive waste and recycling protocols put in place by building management at 570 Bourke Street, Melbourne. Employees are continuing the transition towards a paperless environment.

Occupational health and safety

VARTA continues to look for ways to improve occupational health and safety. All staff are offered a sit/stand desk while working in the office and hybrid working arrangements enhance staff flexibility and work-life balance.

Freedom of information – Part II statements

Part II of the *Freedom of Information Act 1982* requires VARTA to publish information about its functions and procedures, the types of documents it keeps, reports and publications and freedom of information arrangements. This information is available on our website: www.varta.org.au.

Freedom of Information requests

The FOI Act provides everyone with the right to request access to documents held by VARTA. The object of the FOI Act is to extend as far as possible the right of the community to access information in the possession of the government and other bodies constituted under the law of Victoria. An FOI request must be made in writing, clearly describe the information or document sought, and be accompanied by the prescribed application fee. A request for access can be made to VARTA by email to regulation@varta.org.au.

VARTA received four requests to access documents under the FOI Act in 2023-24. VARTA released documents in relation to all four.

Operational and budgetary objectives and performance

The Assistant Treasurer has determined, in accordance with section 53(1)(b) of the *Financial Management Act 1994*, that VARTA's financial statements and report of operations may be consolidated with those of the Department of Health for the 2023-24 financial year onwards.

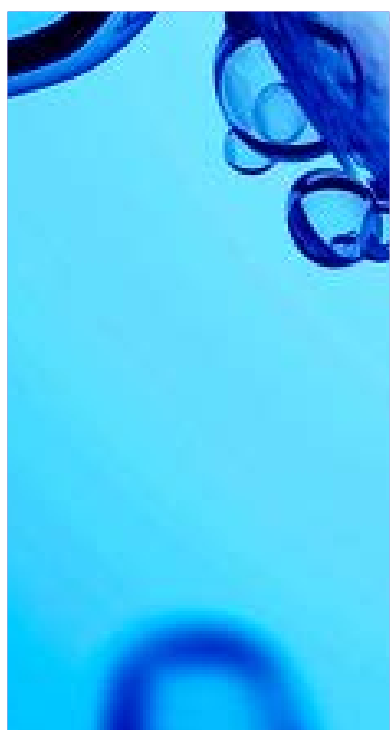
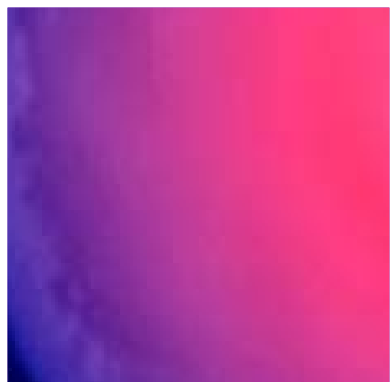
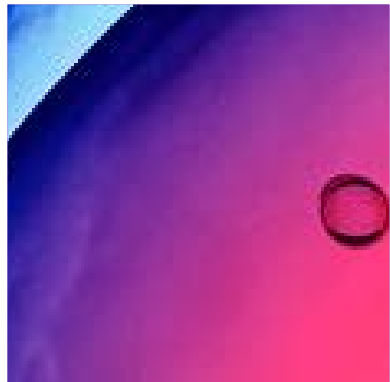
Consistent with the Assistant Treasurer's determination, VARTA's financial statements and report of operations will be reported in the Department of Health's 2023-24 annual report.

Financial statements

The financial statements of VARTA are consolidated into those of the Department of Health. They are audited as part of the department's accounts by the Victoria Auditor-General's Office. The financial statements are therefore not provided in this annual report.

VARTA's financial compliance attestation for this financial year is contained within the Financial Management Compliance Attestation Statement provided by the Secretary of the Department of Health in its annual report.





ABN 94 021 324 852
Level 30, 570 Bourke Street,
Melbourne Vic 3000
Tel (61 3) 8601 5250
Email varta@varta.org.au
www.varta.org.au