**How to define a good IVF program**

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Success in IVF can be assessed in many different ways. Most national and regional registries use ongoing pregnancy or life birth rates per started IVF cycle (following a fresh embryo transfer only). Such an approach encourages the transfer of multiple embryos, aiming to optimize ‘success’ rates, consequently resulting in an increased proportion of multiple pregnancies. With distinct improvement in the cryopreservation of human embryos, it seems justified to move towards reporting cumulative outcomes of an IVF cycle using fresh and frozen embryo transfer outcomes combined. Even, it can be considered to move towards reporting cumulative outcomes following multiple IVF cycles for instance over a given period of time, as we usually do for IUI or ovulation induction. Hence, which proportion of people/ couples who start with IVF will actually end up with having a baby. The pros and cons of such approaches will be discussed.

Second, the endpoint of life birth may require revision. This term is defined as birth of a child with signs of life following at least 20 weeks gestational age. Life birth is usually applied as a proxy for a healthy child, and could be misleading.

Thirdly, success cannot be viewed in isolation. As in any other medical intervention, desired outcomes should be assessed in a more holistic manner also involving, Time-to-pregnancy, patient discomfort, risks (such as OHSS), and cost of treatment (directly related to access to care in many parts of the world). Therefore, a successful IVF program may be defined differently depending on the context of the intervention and couples.