

ART SPOTLIGHT





Did you know?

...that performance indicators (PIs) for clinical practice in ART have been defined by ESHRE?

ESHRE recommends six PIs to be used for monitoring clinical work for different steps of the ART process¹

Performance indicators

Cycle cancellation rate (before OPU),%

Rate of cycles with moderate/severe OHSS, %

Proportion of MII oocytes at ICSI, %

Complication rate after OPU, %

Clinical pregnancy rate, %

Multiple pregnancy rate, %

How to calculate

Cycles cancelled before OPU x 100 / started cycles

Cycles with moderate-tosevere OHSS x 100 / started cycles

MII oocytes at ICSI x 100 / cumulus-oocyte complexes retrieved

Complications (any) that require an (additional) medical intervention or hospital admission (apart from OHSS) x 100 / OPUs performed

Pregnancies* x 100 / embryo transfer cycles

Pregnancies with more than one embryo or foetus x 100 / pregnancies

Frequency of analysis/reporting

Calculate



or



whichever comes first

Calculate





whichever comes first

Collected by ESHRE via online survey consisting of a total of 31 statements and formulas on PIs described for each step of the ART process. It was open for 5 weeks, and 222 replies were received. Statements (indicators, indicator definitions, or general statements) were considered accepted when \geq 70% of the responders agreed (agreed or strongly agreed).

These performance indicators can be used to monitor, improve and sustain quality in ART practices and can be used in conjunction with previously defined criteria for ART laboratories^{1,2}

ART, assisted reproductive technology; ESHRE, European Society of Human Reproduction and Embryology; ET, embryo transfer; ICSI, intracytoplasmic sperm injection; MII, metaphase II; OHSS, ovarian hyperstimulation syndrome; OPU, oocyte pick-up.

- 1. ESHRE Clinic PI Working Group. Hum Reprod Open 2021;2021(3):hoab022.
- 2. ESHRE Special Interest Group of Embryology, Alpha Scientists in Reproductive Medicine. *Hum Reprod Open* 2017;2017(2):hox011.

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^{*}diagnosed by ultrasonographic visualisation of one or more gestational sacs or definitive clinical signs of pregnancy.