

## Assumptions and Methodology for CaFC success rates

17<sup>th</sup> November 2025

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### 1. Introduction and Context for 2025 Choose and Fertility Clinic (CaFC)

This briefing document outlines decisions that have been made by the HFEA Authority regarding the statistics that the HFEA will be using to publish the full CaFC later in 2025.

Over the Summer of 2025, the HFEA ran a focused consultation asking for views from professionals and patients on the main profile page statistics for each licensed clinic. The consultation was to provide further information to the Authority in deciding what headline statistics should be shown on a clinic's main profile page. Thank you to all those who took the time to complete the consultation.

The Authority met on 5<sup>th</sup> November 2025 and made several decisions that we outline below. The full Authority papers can be read [here](#), and a recording of the meeting is available to view [here](#).

#### **The Authority decided**

- That the main profile page statistics to be published will be 'births per egg collection procedure' (including PGT-A cycles) and 'births per embryo transferred' (excluding PGT-A cycles).
- Both success rate metrics will include fresh and frozen transfers but will exclude treatments using donor eggs
- [Note that the Authority has previously decided earlier in 2025 to retain the multiple birth rate statistics as one of the three headline metrics that are published on the front page of the clinic's CaFC profile page].
- Births per egg collection procedure (cumulative rate) is calculated using the number of "birth events" (meaning twin or triplet births would only be counted once) divided by the number of egg collections, shown as a percentage. This is calculated using egg collections over a 12-month period and includes any outcomes from those egg collections over a period of two years.
- For those clinics who do not meet the full CaFC publication deadline this year, no data will be shown – any old data will be removed and there will be an explanation for why there is no data for that clinic. A clinic can 'rejoin' CaFC once it has signed off the appropriate data.
- That the heading "IVF Birth Rate" at the top of each clinic's page will be removed and we will not reinstate a symbol to signify whether a clinic is 'in line with national average'.
- That a sub-group of Authority members will decide on methodological questions. Further information on methodology will also be published on the Clinic Portal.

The sub-group of the Authority met on 11<sup>th</sup> November 2025. This included all the professional members of the Authority who have experience working in clinics. The methodology tables in sections 2 and 3 below are based on the decisions made at that meeting.

## 2. General Assumptions used in CaFC calculations

General Assumptions	
Reliability Range	<ul style="list-style-type: none"> <li>For all reliability range, we use the 99.8% binomial confidence interval calculated using the Wilson Score method.</li> </ul>
Age Bandings	<ul style="list-style-type: none"> <li>To allocate treatments to age bands, we use the age of the patient at treatment, EXCEPT FOR...</li> <li>Donor eggs – where we use the age of the egg donor at the date of egg collection</li> <li>Thawed treatments – where we use the age of the patient at the date of egg collection.</li> </ul>
Clinical Pregnancies	<ul style="list-style-type: none"> <li>We define a clinical pregnancy as the detection of either a fetal heart <b>or</b> a sac.</li> <li>This is the definition that is most used internationally, so adopting it in CaFC will aid comparison with other sources of data.</li> <li>For example, reference ‘clinical pregnancy’ in the following link: <a href="#">The International Glossary on Infertility and Fertility Care (2017)   American Society for Reproductive Medicine   ASRM</a></li> </ul>
Donor Eggs	<ul style="list-style-type: none"> <li>We define donor eggs as any eggs used in treatment that was not the patient’s own eggs.</li> <li>For the purpose of CaFC calculations, partner eggs used in reciprocal IVF treatments are classed as donor eggs.</li> </ul>

## 3. Assumptions used for the CaFC Headline ‘Success Rate’ Statistics

Births per Embryos Transferred	
Reporting Year	<ul style="list-style-type: none"> <li>2023</li> </ul>
Formula used	<ul style="list-style-type: none"> <li>The number of live birth events <i>[divided by]</i></li> <li>The number of embryos transferred</li> </ul>
Embryo Transfers	<ul style="list-style-type: none"> <li>The number of embryos transferred by a clinic in the reporting year.</li> </ul>

Live Birth Events	<ul style="list-style-type: none"> <li>• The number of times a live birth event has been recorded by the clinic for the embryos transferred in the reporting year.</li> <li>• Twins and other multiple births are counted as a single live birth event.</li> </ul>
Exclusions	<ul style="list-style-type: none"> <li>• Transfers involving donor eggs</li> <li>• Transfers involving PGT-A embryo tests - either at the time of transfer or at any time since egg collection.</li> </ul>
<b>Births per Egg Collection</b>	
Reporting Year	<ul style="list-style-type: none"> <li>• 2022</li> </ul>
Formula used	<ul style="list-style-type: none"> <li>• The number of qualifying live birth events relating to embryo transfers of those eggs collected in the 24 months after a qualifying egg collection. <i>[divided by]</i></li> <li>• The number of qualifying egg collections for the reporting year</li> </ul>
Qualifying egg collections	<ul style="list-style-type: none"> <li>• A qualifying egg collection is a cycle that has NOT been entered into PRISM as an embryo freeze-all, egg freeze, egg donation, embryo donation or embryo thaw for screening or a combination of these reasons and is not abandoned and is stimulated.</li> <li>• If a cycle has been entered into PRISM as an embryo freeze-all, egg freeze, egg donation, embryo donation or embryo thaw for screening or a combination of these reasons but has been transferred within 24 months of egg collection then this is flagged as 'qualifying'.</li> <li>• Any egg collection that results in zero eggs collected will still be counted as a qualifying egg collection as an egg collection has taken place.</li> <li>• Any egg collection (not included as 'qualifying' in the points above) where a genetic test occurred but which did not result in a transfer within 24 months of egg collection, will also be counted as a qualifying egg collection.</li> </ul>
Qualifying live birth events	<ul style="list-style-type: none"> <li>• Any live birth event recorded by the clinic which relates to an embryo transfer of those eggs collected arising in the 24 months after the date of the qualifying egg collections.</li> <li>• Twins and other multiple births are counted as a single live birth event.</li> <li>• Any additional live birth events relating to the same egg collection event are not counted.</li> </ul>
Exclusions	<ul style="list-style-type: none"> <li>• Cycles involving natural or unstimulated egg collections</li> <li>• Cycles involving donor eggs</li> </ul>

	<ul style="list-style-type: none"> <li>• Cycles involving gamete movements – any cases where the qualifying live birth event took place at a different clinic to the qualifying egg collection.</li> </ul>
<b>Multiple Birth Rate</b>	
Reporting Year	<ul style="list-style-type: none"> <li>• 2023</li> </ul>
Formula used	<ul style="list-style-type: none"> <li>• The number of live birth events where there was more than one baby born <i>[divided by]</i></li> <li>• The total number of live birth events for that clinic for that reporting year</li> </ul>

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## 4. Next Steps

We are planning that by the end of 2025, CaFC will be updated with data to the end of 2023 (births) and 2024 (pregnancies), with the agreed headline statistics - ‘births per embryo transferred’, birth per egg collection procedure’ and ‘multiple birth rates’ - shown on each clinic’s main profile page. For accuracy it’s important that births are reported to us by all clinics in a timely manner, as ‘births per egg collection procedure’ is cumulative over 24 months.

We’re pleased that we will be able to present the most recent data available on CaFC and consider that the decisions made strike an appropriate balance that reflects treatment as it is today.

Contact [PRISMsupport@hfea.gov.uk](mailto:PRISMsupport@hfea.gov.uk) if clinics have any queries relating specifically to the methodologies used in CaFC.