

National Perinatal Epidemiology and Statistics Unit (NPESU)

Assisted Reproductive Technology in New Zealand 2021

March 2024

Foreword

The Advisory Committee on Assisted Reproductive Technology (ACART) presents this report, *Assisted Reproductive Technology in New Zealand* 2021, the thirteenth New Zealand-specific report based on the Australian and New Zealand Assisted Reproduction Database (ANZARD). The report provides a quantitative summary of the numbers, types and outcomes of assisted reproductive technology (ART) in Aotearoa New Zealand.

This report contributes to ACART's statutory role to monitor the outcomes of ART in Aotearoa New Zealand. We trust that the report and associated thirteen years of data trends (available in the monitoring reports, at acart.health.govt.nz) will be useful to the sector including clinics, consumers, and researchers of ART health outcomes.

It is interesting to note the overall use of ARTs continues to increase. In 2021, there were 8.7 cycles per 1,000 women of reproductive age. This rate is up from 6.5 in 2014, and from 8.2 in 2020. This report is also the third ANZARD report to include data on outcomes by ethnicity, consistent with other reporting in Aotearoa New Zealand. While it is still too early to identify trends in this data, it should soon help us to develop a better understanding of who is accessing ART.

ACART thanks the Ministry of Health for procuring this report. We also thank the National Perinatal Epidemiology and Statistics Unit at the University of New South Wales for collaborating with ACART to develop the report.

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Calum Barrett Chair, Advisory Committee on Assisted Reproductive Technology May 2024

Acknowledgments

The authors of this report acknowledge the Traditional Owners of Country throughout Australia. We pay our respects to the people, the culture, and the Elders past and present. We acknowledge Māori as the tangata whenua of Aotearoa and recognise our responsibility under Te Tiriti o Waitangi to deliver better health outcomes for iwi, hapū, whānau Māori and Māori communities.

The Australian and New Zealand Assisted Reproduction Database (ANZARD) is a collaborative effort between the National Perinatal Epidemiology and Statistics Unit (NPESU), the Fertility Society of Australia and New Zealand (FSANZ), and fertility clinics in Australia and New Zealand. The NPESU is a unit within the Centre for Big Data Research in Health and the School of Clinical Medicine of the University of New South Wales (UNSW), Sydney.

We would like to thank all staff in the fertility centres for their efforts in compiling the data and providing additional information when requested. A list of all contributing fertility clinics can be found in Appendix A.

Abbreviations

ANZARD	Australian and New Zealand Assisted Reproduction Database
ART	assisted reproductive technology
DET	double embryo transfer
DI	donor sperm insemination
FSANZ	Fertility Society of Australia and New Zealand
FSH	follicle stimulating hormone
GIFT	gamete intrafallopian transfer
ICSI	intracytoplasmic sperm injection
IVF	in vitro fertilisation
IUI	Intrauterine insemination
LMP	Last menstrual period
NPESU	National Perinatal Epidemiology and Statistics Unit
OHSS	Ovarian hyperstimulation syndrome
OPU	oocyte pick-up
PGT	preimplantation genetic testing
RTAC	Reproductive Technology Accreditation Committee
SD	standard deviation
SET	single embryo transfer

UNSW University of New South Wales

WHO World Health Organization

Symbols

.. not applicable

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Summary

ART treatment cycles

There were 8,861 assisted reproductive technology (ART) treatment cycles reported from New Zealand fertility clinics in 2021. This represented 8.7 cycles per 1,000 women of reproductive age (15-44 years) in New Zealand. Women used their own oocytes/embryos (autologous) in 93.1% of treatments and 48.8% of these autologous cycles involved frozen/thawed embryos.

Treatment outcomes and number of babies

Of all the ART treatments in 2021, 28.8% (2,553) resulted in a clinical pregnancy, 23.2% (2,059) resulted in a birth, and 22.8% (2,021) in a live birth. There were 2,055 liveborn babies, of which 85.5% (1,756) were singletons at term (gestational age of 37-41 weeks) with normal birthweight (\geq 2,500 grams).

Women's age and parity

The average age of women undertaking autologous and oocyte/embryo recipient cycles was 35.6 years. For women undergoing oocyte/embryo recipient cycles, the mean age was 39.8 years, four years older than for autologous cycles (mean 35.2 years). Of all autologous and oocyte/embryo recipient cycles, 19.9% were undertaken by women aged 40 years or older. Where parity was stated, 53.5% of autologous cycles were undertaken by nulliparous women compared with 51.7% for oocyte/embryo recipient cycles.

Autologous fresh cycles

The overall live birth rate per autologous fresh embryo transfer cycle was 29%. The highest live birth rate per autologous fresh embryo transfer cycle was in women aged less than 30 years (42.9%) and declined with an increase in women's age. Overall, 96.8% of autologous fresh embryo transfer cycles were single embryo transfer (SET) cycles, 3.2% were double embryo transfer (DET) cycles. The rates of clinical pregnancy and live birth were higher in blastocyst transfer cycles than in cleavage stage embryo transfer cycles regardless of a woman's age.

Autologous thaw cycles

The overall live birth rate per autologous thaw embryo transfer cycle was 34.9%. The highest live birth rate per embryo transfer cycle was in women aged less than 30 years (41.8%). Of the 4,018 frozen/thawed embryo transfer cycles 97.9% were SET cycles and 2.1% were DET cycles. The rates of clinical pregnancy and live birth overall, were higher in blastocyst transfer cycles than in cleavage stage embryo transfer cycles.

Births by plurality and maternal age

Of the 2,038 births following autologous and recipient cycles in 2021, 1.8% were multiple gestation births. The proportion of multiple gestation births was less than 3% in all age groups.

Cumulative live birth rates

ANZARD includes data items which make it possible to follow a woman from her first fresh ART treatment cycle through subsequent fresh and thaw cycles. There were 1,958 women identified as having their first fresh autologous cycle in 2019. These women were followed through their subsequent fresh and thaw cycles until 31st December 2021 or until they achieved a live birth (up to October 2022). For women identified in this cohort, the cumulative live birth rate was 30.4% after the first cycle, increasing to 46.0% after two cycles, 53.1% after three cycles, 56.9% after four cycles and 59.4% after five cycles.

1 Introduction

Estimates suggest that approximately one in six people of reproductive age experience infertility in their lifetime (World Health Organization, 2023). The common medical definition of 'infertility' is the failure to achieve a clinical pregnancy after 12 or more months of regular unprotected sexual intercourse (Zegers-Hochschild et al. 2017). Infertility is increasingly being overcome through advancements in fertility treatment, such as assisted reproductive technologies (ARTs). ARTs have evolved over the last four decades into a suite of mainstream medical interventions that have resulted in the birth of more than 10 million children worldwide (ESHRE, n.d.).

The purpose of this annual report is to inform clinicians, researchers, government, patients and the community about ART treatment and the resulting pregnancy and birth outcomes; to provide ongoing monitoring of ART treatment practices, success rates, and perinatal outcomes; and to facilitate national and international comparisons.

The Fertility Society of Australia and New Zealand (FSANZ), in collaboration with the University of New South Wales (UNSW), are committed to providing informative annual statistics on ART treatments and is pleased to present the annual report on the use of ART in New Zealand in 2021.

Treatments covered in this report

ART is a group of procedures that involve the *in vitro* (outside of body) handling of human oocytes (eggs) and sperm or embryos for the purposes of establishing a pregnancy (Zegers-Hochschild et al. 2017). A typical fresh *in vitro* fertilisation (IVF) cycle involves the following five steps:

- 1. Controlled ovarian hyperstimulation during which an ovarian stimulation regimen, typically using follicle stimulating hormone (FSH) or gonadotrophins, is administered to a woman over a number of days to induce the maturation of multiple oocytes (eggs).
- 2. Oocyte pick-up (OPU) where mature oocytes are aspirated from ovarian follicles.
- 3. Fertilisation of the collected oocytes using the male intending parent or donor sperm.
- 4. Embryo maturation during which a fertilised oocyte is cultured for 2–4 days to form a cleavage stage embryo (6–8 cells) or 5–6 days to create a blastocyst (60–100 cells).
- 5. Transfer of one fresh embryo into the uterus in order to achieve a pregnancy.

Treatment may be discontinued at any stage during a treatment cycle due to various reasons including suboptimal response ovarian stimulation, failure to obtain oocytes, failure of oocyte fertilisation, inadequate embryo growth, or patient choice.

Over the last four decades, ART has evolved to encompass complex ovarian hyperstimulation protocols and numerous variations to the typical fresh IVF treatment cycle described above. Some of these variations include:

- intracytoplasmic sperm injection (ICSI) when a single sperm is injected directly into the oocyte
- assisted hatching when the outer layer of the embryo, the zona pellucida, is either thinned or perforated in the laboratory to aid 'hatching' of the embryo
- gamete intrafallopian transfer (GIFT) when mature oocytes and sperm are placed directly into a woman's fallopian tubes so that fertilisation may take place *in vivo* (inside the body). While once popular, this procedure now accounts for only a very small percentage of ART cycles.

- preimplantation genetic testing (PGT) when DNA from oocytes or embryos is tested for chromosomal disorders or genetic diseases before embryo transfer.
- oocyte/embryo donation when a female patient who is not an intending parent, intends to donate or donates her oocytes/embryos to others, or where a female intending parent provides oocytes/embryos to a female partner who is also an intending parent.
- oocyte/embryo recipient when a female patient who is an intending parent receives oocytes/embryos from another individual/couple who is not an intending parent, or where a female intending parent receives oocytes/embryos from a female partner who is also an intending parent, to achieve a pregnancy.
- cryopreservation and storage of embryos that are not transferred in the initial fresh treatment cycle. Once thawed or warmed, the embryos can be transferred in subsequent treatment cycles. Cryopreservation techniques include both the traditional slow freezing method and vitrification. Vitrification can be used to cryopreserve gametes and embryos and uses an ultra-rapid temperature change with exposure to higher concentrations of cryoprotectants.
- cryopreservation and storage of oocytes and embryos for medical and non-medical fertility preservation.
- freeze-all cycles where all oocytes or embryos resulting from an OPU are cryopreserved for potential future use.
- in vitro maturation where immature oocytes are collected and placed in a special culture medium to mature before fertilisation is attempted.
- surrogacy arrangement where a female patient, known as the 'gestational carrier' or 'surrogate', agrees to carry a child for another person or couple, known as the 'intending parent(s)', with the intention that the child will be raised by the intending parent(s). The oocytes and/or sperm used to create the embryo(s) in the cycle can be either from the intending parent(s) or from a donor(s).

Along with ART, there are other fertility treatments that are undertaken in New Zealand. Artificial insemination is one such treatment by which sperm are placed into the female genital tract (for example, intracervical or intrauterine), and can be used with controlled ovarian hyperstimulation or in natural cycles. Artificial insemination can be undertaken using a partner's sperm, or donated sperm, also known as 'donor sperm insemination' (DI). Only DI performed at an ART Unit is reported to ANZARD.

Data used in this report

This report provides information on ART and DI treatments and the resulting pregnancy and birth outcomes. Also included is an analysis of trends in ART treatments and outcomes in the five years from 2017 to 2021. The data presented in this report were supplied by seven fertility centres and compiled into the Australian and New Zealand Assisted Reproduction Database (ANZARD). The full list of contributing ART Units can be found in Appendix A.

ANZARD is a data collection which uses a statistical linkage key (SLK) that links successive treatment cycles undertaken by one female patient. The SLK is a combination of the first two letters of a female patient's first name, the first two letters of her surname and her date of birth. The SLK enables the number of female patients undergoing treatment across time to be reported. As a joint initiative of the NPESU at UNSW Sydney and FSANZ, ANZARD was upgraded in 2020 to the ANZARD 3.0 Data Dictionary for treatments performed from 2020 to accommodate new treatment types and reflect different types of patients involved in ART treatments. ANZARD 3.0 collects more information about the intending parents, causes of infertility, period of infertility, PGT, lab-only cycles and fertility preservation.

A more detailed description of ANZARD 3.0 can be found in Appendix B.

Structure of this report

This report has nine chapters, including this introductory chapter (Chapter 1).

Chapter 2 – 'Overview of ART treatment in 2021', provides an outline of the numbers and outcomes of all ART treatments undertaken in New Zealand.

Chapter 3 – 'Autologous and donation/recipient cycles in 2021', presents data on women undergoing treatment, cycle types, and the outcomes of treatment.

Chapter 4 – 'Pregnancy and birth outcomes following autologous and recipient cycles in 2021', presents data on the outcomes of clinical pregnancies and births following autologous and recipient cycles including a description of perinatal outcomes.

Chapter 5 – 'Preimplantation genetic testing in 2021', includes information on the numbers of embryos that had cells removed and analysed for chromosomal disorders or genetic diseases before transfer.

Chapter 6 – 'Donor insemination cycles in 2021', presents data on DI cycles and their outcomes, including a description of pregnancy and perinatal outcomes.

Chapter 7 – 'Trends in ART treatment and outcomes 2017-2021', presents trends in ART treatment over the last five years of data collection in New Zealand.

Chapter 8 – 'Cumulative success rates for women undertaking autologous treatment 2019-2021', presents information on all women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019.

Chapter 9 – 'Cumulative success rates for women undertaking autologous treatment 2018-2021', presents information on all women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018.

Appendices – Appendix A lists the contributing fertility clinics. Appendix B provides an overview of the ANZARD 3.0 data collection that was used to prepare this report.

2 Overview of ART treatment in 2021

There were 8,861 assisted reproductive technology (ART) treatment cycles reported from New Zealand clinics in 2021. This represented 8.7 cycles per 1,000 women of reproductive age (15-44 years) in New Zealand (Statistics New Zealand, 2021). Of these, 93.1% of cycles were autologous cycles (where a woman used or intended to use her own oocytes or embryos).

There were, 8,247 autologous cycles in 2021. Of these, 4,219 (51.2%) were fresh cycles and 4,028 (48.8%) were thaw cycles. Other treatment cycles accounted for a small proportion of cycles comprising 3.5% oocyte recipient cycles, 0.9% embryo recipient cycles, 1.6% oocyte/embryo donation cycles and 0.9% surrogacy cycles.

Of all the ART cycles in 2021 in New Zealand, 2,553 (28.8%) resulted in a clinical pregnancy, 2,059 (23.2%) resulted in a birth and 2,021 (22.8%) resulted in a live birth. Of the 2,055 liveborn babies, 1,756 (85.5%) were singletons at term (gestational age of 37-41 weeks) with normal birthweight (\geq 2,500 grams).

Table 1: Number of initiated ART treatment cycles by treatment type, New Zealand, 2021

Treatment type	Number of initiated ART cycles	Percent of treatment types	Number of clinical pregnancies	Number of live births	Number of liveborn babies	Number of liveborn singletons at term with normal birthweight
Autologous	8,247	93.1	2,373	1,879	1,909	1,627
Fresh	4,219	47.6	602	476	477	392
Thaw	4,028	45.5	1,771	1,403	1,432	1,235
Oocyte recipient	309	3.5	124	95	98	85
Embryo recipient	80	0.9	33	26	27	23
Oocyte donation	127	1.4				
Embryo donation	19	0.2				
Surrogacy arrangement cycles	79	0.9	23	21	21	21
Commissioning cycles ^(a)	37	0.4				
Gestational carrier cycles ^(b)	42	0.5	23	21	21	21
Total	8,861	100.0	2,553	2,021	2,055	1,756

(a) A variety of cycle types undertaken as part of surrogacy arrangements, e.g. cycles undertaken by intending parent(s) providing their oocytes or embryos for use by the surrogate gestational carrier.

(b) A cycle undertaken by a female patient who carries, or intends to carry, a child on behalf of the intending parent(s) with an agreement that the child will be raised by the intending parent(s).

Note: 'not applicable' is denoted by ..

2.1 Ethnicity

In 2021, there were 5,192 women that undertook 8,782 initiated ART treatment cycles (excluding surrogacy cycles) (Table 2 and Table 3). The largest proportion of these cycles was undertaken by women of European ethnicity (55.8%), followed by women of Asian ethnicity (23%) (Table 2).

In 2021, there were 146 oocyte/embryo donation cycles and 389 oocyte/embryo recipient cycles. Noting that, oocytes/embryos in a recipient cycle may be from a donation cycle that occurred in 2021, or a previous treatment year or may have been received from overseas.

	Autologous							
Ethnicity ^(a)	Fresh	Thaw	Oocyte recipient	Embryo recipient	Oocyte donation	Embryo donation	Total	Mean age (years) ^(b)
				n				
European	2,299	2,280	183	46	84	11	4,903	35.5
Māori	189	165	16	1	10	1	382	34.4
Pacific Peoples	98	82	6	0	1	0	187	34.9
Asian	1,006	948	41	11	12	2	2,020	35.5
Middle Eastern/Latin American/African	169	130	3	1	3	0	306	35.6
Other ethnicity	50	72	7	0	3	0	132	35.8
Residual categories ^(c)	408	351	53	21	14	5	852	36.4
Total	4,219	4,028	309	80	127	19	8,782	35.5
				%				
European	54.5	56.6	59.2	57.5	66.1	57.9	55.8	n/a
Māori	4.5	4.1	5.2	1.3	7.9	5.3	4.3	n/a
Pacific Peoples	2.3	2.0	1.9	0.0	0.8	0.0	2.1	n/a
Asian	23.8	23.5	13.3	13.8	9.4	10.5	23.0	n/a
Middle Eastern/Latin American/African	4.0	3.2	1.0	1.3	2.4	0.0	3.5	n/a
Other ethnicity	1.2	1.8	2.3	0.0	2.4	0.0	1.5	n/a
Residual categories ^(c)	9.7	8.7	17.2	26.3	11.0	26.3	9.7	n/a
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	n/a

Table 2: Number of initiated ART treatment cycles (excluding surrogacy) by ethnicity, Ne	W
Zealand, 2021	

(a) Ethnicity groups descriptions are sourced from the Ministry of Health, New Zealand website.

(b) Age at start of initiated treatment cycle.

(c) Cycles where ethnicity data was not provided by ART Units or was reported as "Don't know", "Refused to answer", "Response unidentifiable" or "Not stated".

Note: Data are collected for each treatment cycle. Therefore, some individuals may be counted more than once

In 2021, a total of 5,192 women undertook at least one ART treatment cycle (excluding surrogacy). Of these, 2,000 women (38.5%) had a live birth. The mean age of women undertaking ART treatment cycles was 35.4 years. Women of European ethnicity made up more than half (58%) of the women that had a live birth. Forty percent of women who reported more than one ethnicity had a live birth (Table 3).

	Women		Women who had a	live birth ^(b)	Mean age (years) ^(c)
Ethnicity ^(a)	n	%	n	%	
European	2,878	55.4	1,159	58.0	35.4
Māori	225	4.3	89	4.5	34.1
Pacific Peoples	112	2.2	34	1.7	34.6
Asian Middle Eastern/Latin	1,201	23.1	446	22.3	35.5
American/African	180	3.5	60	3.0	35.7
Other ethnicity	78	1.5	26	1.3	35.8
Residual categories	508	9.8	182	9.1	36.3
Multiple ethnicities ^(d)	10	0.2	4	0.2	35.9
Total	5,192	100.0	2,000	100.0	35.4

Table 3: Number of women undertaking ART treatment cycles (excluding surrogacy) by ethnicity, New Zealand, 2021

(a) Ethnicity groups descriptions are sourced from the Ministry of Health, New Zealand website.

(b) Excludes occyte donation cycles because occyte donation cycles do not involve and embryo transfer in that woman.
(c) Age at start of the first initiated treatment cycle in the treatment year.
(d) The woman reported more than one ethnicity.

3 Autologous and donation/recipient cycles in 2021

This chapter presents data on initiated autologous cycles, oocyte/embryo donation cycles and oocyte/embryo recipient cycles.

An 'autologous cycle' is defined as an ART treatment cycle in which a female intending parent intends to use or uses her own oocytes or embryos to achieve a pregnancy.

A 'donation cycle' is defined as an ART treatment cycle in which a female patient who is not an intending parent, intends to donate or donates, her oocytes/embryos to others or where a female intending parent provides oocytes/embryos to a female partner who is also an intending parent. The use of donor sperm does not influence the donor status of the cycle.

A 'recipient cycle' is defined as an ART treatment cycle in which a female patient who is an intending parent, receives oocytes or embryos from another individual/couple who is not an intending parent, or where a female intending parent receives oocytes or embryos from a female partner who is also an intending parent, to achieve a pregnancy.

Autologous and donor/recipient cycles can involve the use of, or intended use of, either fresh or frozen/thawed oocytes or embryos.

3.1 Overview of autologous and recipient cycles

Age of women and their partners

The average age of women undertaking autologous and oocyte/embryo recipient cycles was 35.6 years (SD 4.5). For women undergoing oocyte/embryo recipient cycles, the mean age was 39.8 years (SD 5.5); four years older than women undertaking autologous cycles (mean 35.2 years; SD 4.2). Of all autologous and oocyte/embryo recipient cycles, 19.9% were undertaken by women aged 40 years or older (Table 4). The average age of male partners was 37.9 years (SD 6.4), with one-third (30.6%) aged 40 years or older (Table 5). For 11% of autologous and oocyte/embryo recipient cycles, the partner's age was not stated, or no partner was involved.

Table 4: Number of autologous and recipient cycles by women's age group and treatmenttype, New Zealand, 2021

		Autologo	bus					
Age group (years) ^(a)	Fresh		Thaw		Oocyte/Embryo Recipient		All	
	n	%	n	%	n	%	n	%
<30	385	9.1	361	9.0	16	4.1	762	8.8
30-34	1,257	29.8	1,394	34.6	58	14.9	2,709	31.4
35-39	1,766	41.9	1,593	39.5	91	23.4	3,450	39.9
40-44	765	18.1	651	16.2	146	37.5	1,562	18.1
≥45	46	1.1	29	0.7	78	20.1	153	1.8
Total	4,219	100.0	4,028	100.0	389	100.0	8,636	100.0

(a) Age at start of treatment cycle.

Note: Data are collected for each treatment cycle. Therefore, some individuals may be counted more than once.

Table 5: Number of autologous and recipient cycles by women's male partners' age group and treatment type, New Zealand, 2021

		Autolog	ous					
- Age group (years) ^(a)	Fresh		Thaw		Oocyte/Emb Recipien	ryo t	All	
	n	%	n	%	n	%	n	%
<30	229	5.4	230	5.7	10	2.6	469	5.4
30-34	953	22.6	1,014	25.2	35	9.0	2,002	23.2
35-39	1,163	27.6	1,326	32.9	88	22.6	2,577	29.8
40-44	774	18.3	788	19.6	88	22.6	1,650	19.1
≥45	422	10.0	470	11.7	100	25.7	992	11.5
Not stated	678	16.1	200	5.0	68	17.5	946	11.0
Total	4,219	100.0	4,028	100.0	389	100.0	8,636	100.0

(a) Age at start of treatment cycle.

Note: Data are collected for each treatment cycle. Therefore, some individuals may be counted more than once.

Parity

Parity is the number of previous pregnancies of 20 weeks or more gestation experienced by a woman. A woman who has had no previous pregnancies of 20 or more weeks gestation is called nulliparous. A woman who has had at least one previous pregnancy of 20 weeks or more gestation is described as parous. Where parity was stated, 53.5% of autologous cycles compared with 51.7% of oocyte/embryo recipient cycles, were undertaken by nulliparous women (Table 6).

		Autolog						
Fr		Fresh Thaw			Oocyte/Eml Recipier	bryo It	All	
Parity	n	%	n	%	n	%	n	%
Nulliparous	2,731	64.7	1,685	41.8	201	51.7	4,617	53.5
Parous	1,488	35.3	2,343	58.2	188	48.3	4,019	46.5
Total	4,219	100.0	4,028	100.0	389	100.0	8,636	100.0

Table 6: Number of autologous and recipient cycles by parity and treatment type, NewZealand, 2021

Note: Data are collected for each treatment cycle. Therefore, some individuals may be counted more than once.

Intracytoplasmic sperm injection (ICSI) procedures

Of the 3,368 autologous fresh cycles where fertilisation was attempted, 1,631 (48.4%) used ICSI procedures and 1,737 (51.6%) used IVF procedures.

Table 7: Number of autologous and recipient cycles with fertilisation attempted by treatment type and procedure, New Zealand, 2021

		Autologo	us		Oocyte/Embryo Recipient					
_	Fresh ^(a))	Thaw ^(b)		Fresh ^(a))	Thaw ^(b)			
Procedure	n	%	n	%	n	%	n	%		
IVF	1,737	51.6	2,059	51.2	15	62.5	179	49.0		
ICSI ^(c)	1,631	48.4	1,959	48.8	9	37.5	186	51.0		
Not stated	0	0.0	0	0.0	0	0.0	0	0.0		
Total	3,368	100.0	4,018	100.0	24	100.0	365	100.0		

(a) Fresh cycles where fertilisation was attempted.

(b) Thaw cycles where embryos were transferred.

(c) Mixed IVF/ICSI cycles were classed as ICSI cycles.

Number of embryos transferred

Of the 6,024 fresh and thawed autologous and recipient embryo transfer cycles, 97.6% were single embryo transfer (SET) cycles, 2.4% were double embryo transfer (DET) cycles and there were no cycles involving the transfer of three or more embryos. In women aged under 35, 99% of embryo transfer cycles were SET cycles and 1% were DET cycles. In women aged 35 or older, 96.8% of cycles were SET cycles and 3.2% were DET cycles (Table 8).

Age group (years) ^(a)	Number of embryos transferred								
	One		Тwo		Three or more		All		
	n	%	n	%	n	%	n	%	
<30	471	99.4	3	0.6	0	0.0	474	100.0	
30-34	1,882	98.9	21	1.1	0	0.0	1,903	100.0	
35-39	2,367	98.0	48	2.0	0	0.0	2,415	100.0	
40-44	1,055	94.6	60	5.4	0	0.0	1,115	100.0	
≥45	107	91.5	10	8.5	0	0.0	117	100.0	
Total	5,882	97.6	142	2.4	0	0.0	6,024	100.0	

Table 8: Number of embryo transfer cycles by number of embryos transferred per cycle andwomen's age group, New Zealand, 2021

(a) Age at start of a treatment cycle.

Stage of embryo development

Of the 6,024 embryo transfer cycles, 87.6% involved the transfer of blastocysts (day 5-6 embryos) with the remaining transfers involving cleavage stage embryos (day 2-4 embryos). Of autologous cycles, blastocyst transfers made up 99.3% of thaw cycles compared with 56.8% of fresh cycles (Table 9).

Table 9: Number of embryo transfer cycles by treatment type and stage of embryodevelopment, New Zealand, 2021

Type and procedure		Autologe	ous		Oocyte/embryo recipient			
	Fresh		Thaw		Fresh		Thaw	
	n	%	n	%	n	%	n	%
Cleavage embryo	708	43.2	30	0.7	0	0.0	7	1.9
Blastocyst	932	56.8	3,988	99.3	2	100.0	357	98.1
Total	1,640	100.0	4,018	100.0	2	100.0	364	100.0

Transfer of cryopreserved embryos

Embryos created in a fresh cycle can be cryopreserved by either slow freezing or ultra-rapid cryopreservation (vitrification) methods. Slow frozen and vitrified embryos can be thawed/warmed and then transferred in subsequent cycles. Of the 4,382 frozen/thawed embryo transfer cycles, 95.8% involved the transfer of vitrified embryos.

		Autolog	ous	Oocyte/embryo recipient				
Type and procedure	Cleavage ei	Cleavage embryo Blasto		/st	Cleavage e	mbryo	Blastocyst	
	n	%	n	%	n	%	n	%
Slow frozen embryo	29	96.7	126	3.2	7	100.0	20	5.6
Vitrified embryo ^(a)	1	3.3	3,862	96.8	0	0.0	337	94.4
Total	30	100.0	3,988	100.0	7	100.0	357	100.0

Table 10: Number of embryo transfer cycles by freezing method and stage of embryodevelopment, New Zealand, 2021

(a) Ultra-rapid cryopreservation.

3.2 Autologous fresh cycles

Clinical pregnancies and live births from autologous fresh cycles by women's age

The highest live birth rate per embryo transfer cycle was in women aged less than 30 years (42.9%). The overall live birth rate per autologous fresh embryo transfer cycle was 29% and the overall live birth rate per initiated autologous fresh cycle (excluding freeze-all) was 20.9% (Table 11).

	Age group (years) ^(a)							
Stage/outcome of treatment	< 30	30-34	35-39	40-44	≥ 45	All		
Initiated cycles	385	1,257	1,766	765	46	4,219		
Freeze-all cycles	250	658	749	282	6	1,945		
Cycles with OPU	364	1,198	1,648	691	40	3,941		
Embryo transfers	98	456	740	328	18	1,640		
Clinical pregnancies	49	228	266	59	0	602		
Live births	42	193	210	31	0	476		
Live births per initiated cycle (%)	10.9	15.4	11.9	4.1	0.0	11.3		
Live births per initiated cycle (excluding freeze-all) (%)	31.1	32.2	20.6	6.4	0.0	20.9		
Live births per embryo transfer cycle (%)	42.9	42.3	28.4	9.5	0.0	29.0		
Live births per clinical pregnancy (%)	85.7	84.6	78.9	52.5		79.1		

Table 11: Outcomes of autologous fresh cycles by women's age group, New Zealand, 2021

(a) Age at start of a treatment cycle.
 (b) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

Clinical pregnancies and live births by number of embryos transferred from autologous fresh cycles

Overall, 96.8% of autologous fresh embryo transfer cycles were SET cycles and 3.2% were DET cycles. Overall, the live birth rate per embryo transfer cycle was 29.5% for SET cycles and 13.5% for DET cycles (Table 12).

Table 12: Outcomes of autologous fresh embryo transfer cycles by women's age and number of embryos transferred, New Zealand, 2021

	Age group (years) ^(a)									
	<3	35	35-3	9	≥ 4	0	All			
Stage/outcome of treatment	SET ^(b)	DET ^(c)	SET ^(b)	DET ^(c)	SET ^(b)	DET ^(c)	SET ^(b)	DET ^(c)		
Embryo transfer cycles	549	5	729	11	310	36	1,588	52		
Clinical pregnancies	275	2	263	3	53	6	591	11		
Live births	233	2	207	3	29	2	469	7		
Clinical pregnancies per embryo transfer cycle (%)	50.1	40.0	36.1	27.3	17.1	16.7	37.2	21.2		
Live births per embryo transfer cycle (%)	42.4	40.0	28.4	27.3	9.4	5.6	29.5	13.5		

(a) Age at start of a treatment cycle.

(b) SET: single embryo transfer.

(c) DET: double embryo transfer.

Clinical pregnancies and live births by stage of embryo development from autologous fresh cycles

The rates of clinical pregnancy and live birth were higher in blastocyst transfer cycles than in cleavage stage embryo transfer cycles regardless of a woman's age (Table 13). Overall, the live birth rate for blastocyst transfer cycles (36.6%) was 17 percentage points higher than for cleavage stage embryo transfer cycles (19.1%).

	Age group (years) ^(a)									
Stage/outcome of treatment	< 35		35-39		≥ 40		All			
	CL ^(b)	BL ^(c)	CL ^(b)	BL ^(c)	CL ^(b)	BL ^(c)	CL ^(b)	BL ^(c)		
Embryo transfer cycles	199	355	311	429	198	148	708	932		
Clinical pregnancies	74	203	76	190	26	33	176	426		
Live births	65	170	56	154	14	17	135	341		
Clinical pregnancies per embryo transfer cycle (%)	37.2	57.2	24.4	44.3	13.1	22.3	24.9	45.7		
Live births per embryo transfer cycle (%)	32.7	47 9	18.0	35.9	71	11.5	191	36 F		

Table 13: Outcomes of autologous fresh embryo transfer cycles by women's age and stage of embryo development, New Zealand, 2021

(a) Age at start of a treatment cycle.

(b) CL: cleavage stage embryo.

(c) BL: blastocyst.

3.3 Autologous thaw cycles

Clinical pregnancies and live births from autologous thaw cycles by women's age

The overall live birth rate per autologous thaw embryo transfer cycle was 34.9%. The highest live birth rate per embryo transfer cycle (41.8%) and per clinical pregnancy (83.9%) was in women aged less than 30 years (Table 14). It is important to note that embryos thawed during a thaw cycle were created during an earlier initiated fresh cycle, therefore, a woman's age at the start of a thaw cycle is older than her age at the start of the initiated fresh cycle.

	Age group (years) ^(a)						
Stage/outcome of treatment	<30	30-34	35-39	40-44	≥ 45	All	
Initiated cycles	361	1,394	1,593	651	29	4,028	
Embryo transfers	361	1,392	1,588	648	29	4,018	
Clinical pregnancies	180	689	673	221	8	1,771	
Live births	151	565	522	160	5	1,403	
Live births per initiated cycle (%)	41.8	40.5	32.8	24.6	17.2	34.8	
Live births per embryo transfer cycle (%)	41.8	40.6	32.9	24.7	17.2	34.9	
Live births per clinical pregnancy (%)	83.9	82.0	77.6	72.4	62.5	79.2	

(a) Age at start of a treatment cycle.

Clinical pregnancies and live births by number of embryos transferred from autologous thaw cycles

Of the 4,018 autologous thaw embryo transfer cycles, 97.9% were SET cycles and 2.1% were DET cycles. There were no cycles where three or more embryos were transferred. In total, there were 1,771 clinical pregnancies and 1,403 live births. SET cycles had a higher percentage of live births per embryo transfer cycle (35.1%) than DET cycles (27.4%) (Table 15).

Table 15: Outcomes of autologous thaw embryo transfer cycles by women's age and number of embryos transferred, New Zealand, 2021

	Age group (years) ^(a)									
-	<35	5	35-	39	≥ 4	10	Α	11		
Stage/outcome of treatment	SET ^(b)	DET ^(c)	SET ^(b)	DET ^(c)	SET ^(b)	DET ^(c)	SET ^(b)	DET ^(c)		
Embryo transfer cycles	1,735	18	1,551	37	648	29	3,934	84		
Clinical pregnancies	862	7	660	13	219	10	1,741	30		
Live births	710	6	511	11	159	6	1,380	23		
Clinical pregnancies per embryo transfer cycle (%)	49.7	38.9	42.6	35.1	33.8	34.5	44.3	35.7		
Live births per embryo transfer cycle (%)	40.9	33.3	32.9	29.7	24.5	20.7	35.1	27.4		

(a) Age at start of a treatment cycle.

(b) SET: single embryo transfer.

(c) DET: double embryo transfer.

Clinical pregnancies and live births by stage of embryo development from autologous thaw cycles

The live birth rate was higher for blastocyst transfer cycles than for cleavage stage embryo transfer cycles regardless of a woman's age. Overall, the rate of live birth for blastocyst transfer cycles (35.1%) was 25 percentage points higher than for cleavage stage embryo transfer cycles (10%) (Table 16).

Table 16: Outcomes of autologous thaw embryo transfer cycles by women's age and stage of embryo development, New Zealand, 2021

	Age group (years) ^(a)									
	<3	5	35-3	39	≥ 40	0	Al	I		
Stage/outcome of treatment	CL ^(b)	BL ^(c)	CL ^(b)	BL ^(c)	CL ^(b)	BL ^(c)	CL ^(b)	BL ^(c)		
Embryo transfer cycles	11	1,742	12	1,576	7	670	30	3,988		
Clinical pregnancies	3	866	2	671	0	229	5	1,766		
Live births	2	714	1	521	0	165	3	1,400		
Clinical pregnancies per embryo transfer cycle (%)	27.3	49.7	16.7	42.6	0.0	34.2	16.7	44.3		
Live births per embryo transfer cycle (%)	18.2	41.0	8.3	33.1	0.0	24.6	10.0	35.1		

Age at start of a treatment cycle. CL: cleavage stage embryo. BL: blastocyst. (a)

(b) (c)

3.4 Donation and recipient cycles

Oocyte/embryo donation cycles

Of the 146 cycles where the intention was to donate oocytes or embryos to a recipient/intending parent(s), all but two cycles proceeded to OPU (98.6%) and 124 (84.9%) of these resulted in oocytes or embryos being donated. The average age of women donating oocytes or embryos was 32.1 years with 31.5% of donation cycles undertaken by women aged 35 or older (Table 17).

Age group (years) ^(a)	Initiated cycles (number)	Cycles with OPU performed (number)	Cycles with OPU performed (percent)	Cycles with oocytes/embryos donated (number)	Cycles with oocytes/embryos donated (percent)
< 30	34	34	100.0	33	97.1
30-34	66	65	98.5	57	86.4
35-39	45	44	97.8	34	75.6
≥40	1	1	100.0	0	0.0
Total	146	144	98.6	124	84.9

Table 17: Number of oocyte/embryo donation cycles by donor's age group, New Zealand, 2021

(a) Age at start of a treatment cycle.

Clinical pregnancies and live births from oocyte/embryo recipient cycles by type of recipient cycle

There were 389 oocyte/embryo recipient cycles in 2021, the majority of which were oocyte recipient cycles (79.4%). Of the 309 cycles involving donated oocytes, 92.6% were thaw cycles (Table 18). Of the 285 thaw oocyte recipient cycles that proceeded to embryo transfer, 33.3% resulted in a live birth. The live birth rate per embryo transfer for embryo recipient cycles was 32.5%.

Table 18: Outcomes of oocyte/embryo recipient cycles by treatment type, New Zealand,2021

	Oocyte rec	ipient		
Stage/outcome of treatment	Fresh	Thaw	Embryo recipient	All
Initiated cycles	23	286	80	389
Embryo transfers	1	285	80	366
Clinical pregnancies	0	124	33	157
Live births	0	95	26	121
Live births per initiated cycle (%)	0.0	33.2	32.5	31.1
Live births per embryo transfer cycle (%)	0.0	33.3	32.5	33.1
Live births per clinical pregnancy (%)		76.6	78.8	77.1

.. 'not applicable'

Clinical pregnancies and live births from oocyte/embryo recipient cycles by recipient's age

The live birth rates of recipient cycles varied by recipients' age group. The overall live birth rate per initiated cycle was 31.1%. Across the five age groups, live birth rates per initiated cycle ranged between 18.8% and 41.4% (Table 19). Recipients aged 30 to 34 years of age, had the highest live birth rate per embryo transfer cycle (43.6%). These rates are higher compared to live birth rates in Table 11 and Table 14 from autologous fresh and thaw cycles for women aged 30 to 34 years (42.3% and 40.6% respectively).

	Age group (years) ^(a)							
Stage/outcome of treatment	< 30	30-34	35-39	40-44	≥ 45	All		
Initiated cycles	16	58	91	146	78	389		
Embryo transfers	15	55	87	139	70	366		
Clinical pregnancies	5	30	35	62	25	157		
Live births	3	24	27	50	17	121		
Live births per initiated cycle (%)	18.8	41.4	29.7	34.2	21.8	31.1		
Live births per embryo transfer cycle (%)	20.0	43.6	31.0	36.0	24.3	33.1		
Live births per clinical pregnancy (%)	60.0	80.0	77.1	80.6	68.0	77.1		

Table 19: Outcomes of oocyte/embryo recipient cycles by recipient's age group, Ne	w Zealand
2021	

(a) Age at start of a treatment cycle.

Clinical pregnancies and live births from oocyte/embryo recipient cycles by donor's age

The overall live birth rate per embryo transfer cycle was 33.1%. Across age categories, the live birth rate per initiated cycle ranged between 0% and 48.1%, with the highest live birth rate in the less than 30 years old age group (Table 20).

Table 20: Outcomes of oocyte/embryo recipient cycles by donor's age group, New Zealand,2021

	Age group (years) ^(a)						
Stage/outcome of treatment	< 30	30-34	35-39	≥ 40	All		
Initiated cycles	77	164	131	17	389		
Embryo transfers	73	152	124	17	366		
Clinical pregnancies	45	67	44	1	157		
Live births	37	54	30	0	121		
Live births per initiated cycle (%)	48.1	32.9	22.9	0.0	31.1		
Live births per embryo transfer cycle (%)	50.7	35.5	24.2	0.0	33.1		
Live births per clinical pregnancy (%)	82.2	80.6	68.2	0.0	77.1		

(a) Age at start of treatment cycle.

4 Pregnancy and birth outcomes following autologous and recipient cycles in 2021

There were 2,530 clinical pregnancies following autologous and recipient embryo transfer cycles in 2021. Four out of five clinical pregnancies (80.6%) resulted in a birth and 19.4% resulted in early pregnancy loss (less than 20 weeks gestation and less than 400 grams birthweight). The outcomes of two clinical pregnancies were not known because the patient could not be followed up or contacted by the fertility centre.

Early pregnancy loss

Of the 490 early pregnancy losses, 92.2% were miscarriages, 4.3% were due to termination of pregnancy, and 3.5% were ectopic/heterotopic pregnancies. Pregnancies following SET resulted in a lower rate of early pregnancy loss (19.3%) than pregnancies following DET (23.8%).

	Fresh	Thaw			Oocyte/embryo recipient		All	
	n	%	n	%	n	%	n	%
Early pregnancy loss	121	20.1	336	19.0	33	21.0	490	19.4
Miscarriage	109	18.1	311	17.6	32	20.4	452	17.9
Termination	7	1.2	14	0.8	0	0.0	21	0.8
Ectopic or heterotopic								
pregnancy	5	0.8	11	0.6	1	0.6	17	0.7
Birth	480	79.7	1,434	81.0	124	79.0	2,038	80.6
Not stated	1	0.2	1	0.1	0	0.0	2	0.1
Total	602	100.0	1,771	100.0	157	100.0	2,530	100.0

Table 21: Early pregnancy losses by pregnancy outcome and treatment type, N	lew Zealand
2021	

Birth outcomes and treatment type

There were 2,038 women who gave birth to at least one baby of 20 weeks or more gestation or at least 400 grams birthweight following embryo transfer cycles. Of these, 98.1% (2,000) gave birth to at least one liveborn baby (live birth) (Table 22).

	Autologous							
-	Fresh		Thaw		Oocyte/embryo recipient		AII	
-	n	%	n	%	n	%	n	%
Live birth	476	99.2	1,403	97.8	121	97.6	2,000	98.1
< 37 weeks	55	11.5	105	7.3	10	8.1	170	8.3
≥ 37 weeks	421	87.7	1,298	90.5	111	89.5	1,830	89.8
Gestational age unknown	0	0.0	0	0.0	0	0.0	0	0.0
Stillbirth ^(a)	3	0.6	13	0.9	3	2.4	19	0.9
Not stated	1	0.2	18	1.3	0	0.0	19	0.9
Total	480	100.0	1,434	100.0	124	100.0	2,038	100.0

Table 22: Births by birth outcome and treatment type, New Zealand, 2021

(a) Stillbirth is reported by patients to fertility centre staff. These data are not vital statistics.

Births by plurality and maternal age

The average age of women at the time of birth was 35.6 years. Of the 2,038 autologous and recipient births, 1.8% were multiple gestation births (Table 23).

		Age group (years) ^(a)								
-		< 35			35-39			≥ 40		
-	One embryo	Two embryos	All	One embryo	Two embryos	All ^(b)	One embryo	Two embryos	All ^(b)	
				n						
Singleton	831	6	837	801	10	811	346	7	353	
Multiple	12	1	13	15	5	20	1	3	4	
Twin	12	1	13	15	5	20	1	3	4	
Higher order multiple	0	0	0	0	0	0	0	0	0	
Total	843	7	850	816	15	831	347	10	357	
				%						
Singleton	98.6	85.7	98.5	98.2	66.7	97.6	99.7	70.0	98.9	
Multiple	1.4	14.3	1.5	1.8	33.3	2.4	0.3	30.0	1.1	
Twin	1.4	14.3	1.5	1.8	33.3	2.4	0.3	30.0	1.1	
Higher order										
multiple	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

Table 23: Births by plurality and maternal age, New Zealand, 2021

(a) Age at time of birth.(b) Includes three or more embryos.

Gestational age of babies

The average gestational age of babies born following autologous and recipient embryo transfer cycles was 38.3 weeks (Table 24). One in ten babies (10.5%) were preterm (less than 37 weeks gestation); the average gestational age of ART singletons was 38.5 weeks, while the average gestational age for ART twins was 34.6 weeks.

Gestational age (weeks)	Singletons		ns Twins 5) 34.6 (3.3)		Higher order m	ultiples	Total		
Mean (SD)							38.3 (2.7)		
	n	%	n	%	n	%	n	%	
≤ 27	30	1.5	4	5.4	0	0.0	34	1.6	
28-31	22	1.1	8	10.8	0	0.0	30	1.4	
32-36	112	5.6	42	56.8	0	0.0	154	7.4	
≥ 37	1,837	91.8	20	27.0	0	0.0	1,857	89.5	
Total	2,011	100.0	74	100.0	0	0.0	2,075	100.0	

Table 24: Babies by gestational age and plurality, New Zealand, 2021

Birth outcomes

The average birthweight for liveborn babies to women who had autologous and recipient embryo transfer cycles was 3,320 grams. Of all liveborn babies, 8.4% were low birthweight (less than 2,500 grams) (Table 25). The average birthweight was 3,355 grams and 2,307 grams for liveborn ART singletons and twins, respectively. Low birthweight was reported for 6.8% of liveborn singletons following SET.

	Singletons				
Birthweight (grams)	SET ^(a)	DET ^(b)	Twins	Higher order multiples	Total
			n		
< 1,000	13	0	5	0	18
1,000-1,499	17	1	3	0	21
1,500-1,999	28	0	4	0	32
2,000-2,499	74	3	22	0	99
< 2,500	132	4	34	0	170
2,500-2,999	281	2	24	0	307
3,000-3,499	656	5	7	0	668
3,500-3,999	623	7	1	0	631
≥ 4,000	233	3	0	0	236
Not stated	16	1	5	0	22
Total	1,941	22	71	0	2,034
			%		
< 1,000	0.7	0.0	7.0		0.9
1,000-1,499	0.9	4.5	4.2		1.0
1,500-1,999	1.4	0.0	5.6		1.6
2,000-2,499	3.8	13.6	31.0		4.9
< 2,500	6.8	18.2	47.9		8.4
2,500-2,999	14.5	9.1	33.8		15.1
3,000-3,499	33.8	22.7	9.9		32.8
3,500-3,999	32.1	31.8	1.4		31.0
≥ 4,000	12.0	13.6	0.0		11.6
Not stated	0.8	4.5	7.0		1.1
Total	100.0	100.0	100.0		100.0

(a) SET: single embryo transfer.(b) DET: double embryo transfer.

.. not applicable

5 Preimplantation genetic testing in 2021

Preimplantation genetic testing (PGT) is a procedure where DNA from oocytes or embryos is tested for chromosomal disorders or genetic diseases before embryo transfer. This term includes PGT for aneuploidies (PGT-A), PGT for monogenic/single gene defects (PGT-M) and PGT for chromosomal structural rearrangements (PGT-SR).

In 2021, PGT was performed in 952 cycles, representing 12.4% of cycles in which embryos were created or thawed. Among the 952 PGT cycles, 403 (42.3%) were part of a freeze-all cycle. Of the 549 PGT cycles (excluding freeze-all cycles), 545 (99.3%) had embryos transferred, resulting in 263 (47.9%) clinical pregnancies and 219 (39.9%) live births.

	Stage of treat	ment		
Type of embryo	Number of cycles with fresh or thawed embryos	Number of cycles with PGT	Number of embryo transfers following PGT	Number of live births following PGT
Fresh	3,269	456	52	13
Freeze-all cycles	1,458	403		
Thaw	4,393	496	493	206
Total	7,662	952	545	219

.. not applicable PGT: Preimplantation genetic testing

Note: The ANZARD 2.0 PGT definition was applied to the ANZARD 3.0 data used to create this table.

6 Donor insemination cycles in 2021

Donor sperm insemination (DI) covers a range of techniques of placing sperm into the female genital tract using donated sperm from a man who is not the woman's partner. The information presented in this section only describes DI cycles undertaken in fertility centres in New Zealand and does not include DI undertaken outside of this setting.

In 2021, there were 352 DI cycles reported. Of all DI cycles, 19.3% resulted in a clinical pregnancy and 16.2% resulted in a live birth (Table 27). There were two multiple births following DI cycles in 2021. The average age of women who had a DI cycle was 35.5 years. The clinical pregnancy rate and live birth rate per DI cycle were highest in women aged less than 30 years. Of the DI cycles in women aged under 35 years, 18.8% resulted in a live birth, compared with 9.7% of DI cycles in women aged 40 years or older (Table 27).

Table 27:	Outcomes	of DI cycles	s bv women's	age group.	New Zealand.	2021
	outcomod	0. 0. 090.00	<i>, .,</i>	ugo group,	How Equilation,	

	Age group (years) ^(a)							
	< 30	30-34	35-39	≥ 40	Overall			
DI cycles	26	118	146	62	352			
Clinical pregnancies	10	22	30	6	68			
Live births	8	19	24	6	57			
Clinical pregnancies per DI cycle (%)	38.5	18.6	20.5	9.7	19.3			
Live births per DI cycle (%)	30.8	16.1	16.4	9.7	16.2			
Live births per clinical pregnancy (%)	80.0	86.4	80.0	100.0	83.8			

(a) Age at start of treatment cycle. DI: Donor sperm insemination

Clinical pregnancies

Of the 68 clinical pregnancies following DI cycles, 11 (16.2%) ended in early pregnancy loss. Of the 57 births, all were live births. Of the live births, 55 (96.5%) were singleton births and 2 (3.5%) were twin births.

Perinatal outcomes of babies

There were 59 babies born to women who had DI treatment; all were liveborn babies. Of these, 4 were born preterm (less than 37 weeks gestation). The mean birthweight of liveborn babies was 3,386 grams (SD 572 grams). There were 3 liveborn babies (5.1%) born with low birthweight (less than 2,500 grams).

7 Trends in ART treatment and outcomes 2017-2021

This section includes autologous cycles, donation/recipient cycles, and surrogacy cycles undertaken in New Zealand from 2017 to 2021. It does not include DI cycles or lab-only cycles.

In 2021, 8,861 initiated fresh or thaw ART treatment cycles were undertaken in New Zealand. This was an increase of 5.7% compared to 2020 and an increase of 21.8% from 2017 (Table 28). Between 2017 and 2021, the live birth rates per initiated cycle ranged from 21.9% to 23.7%. In the same time period, the live birth rate per initiated cycle (excluding freeze-all) has ranged between 25.8% and 29.7% (Table 28).

Table 28: Number of fresh and thaw cycles by stage/outcome of treatment, New Zealand, 2017-2021

Stage/outcome of treatment	2017	2018	2019	2020	2021
Initiated cycles ^(a)	7,273	7,723	7,880	8,382	8,861
Cycles with OPU ^(b)	3,488	3,502	3,537	3,882	4,090
Freeze-all	986	1,213	1,327	1,687	1,945
Embryo transfers	5,055	5,416	5,457	5,852	6,065
Clinical pregnancies	2,060	2,194	2,276	2,460	2,553
Live births	1,625	1,755	1,729	1,987	2,021
Clinical pregnancies per initiated cycle (%)	28.3	28.4	28.9	29.3	28.8
Clinical pregnancies per embryo transfer (%)	40.8	40.5	41.7	42.0	42.1
Live births per initiated cycle (%)	22.3	22.7	21.9	23.7	22.8
Live births per initiated cycle (excluding freeze-all ^(c)) (%)	25.8	27.0	26.4	29.7	29.2
Live births per embryo transfer (%)	32.1	32.4	31.7	34.0	33.3

(a)

(b)

Included autologous cycles, oocyte donation cycles, oocyte/embryo recipient cycles, and surrogacy cycles. Cycles with OPU included cycles where no oocytes were collected during the procedure. Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take (c) place.

8 Cumulative success rates for women undertaking autologous treatment 2019-2021

This section presents information on all women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019. The first cycle is identified according to first stimulation data reported by clinics plus the first occurrence of the woman's autologous fresh cycle in 2019. Women were followed from the start of their first autologous fresh cycle through subsequent fresh and thaw cycles, excluding freeze-all cycles, until 31st December 2021 or until they achieved a live birth (a birth of at least one liveborn baby) up to and including 31st October 2022. This longitudinal perspective provides a measure of the outcomes of successive ART treatment cycles undertaken by the same woman up to her first birth following ART treatment. These women might have had additional treatment cycles after 2021 and their treatment information and resulting outcomes will be captured in subsequent annual reports. Therefore, in this dynamic cohort of women undergoing their first autologous fresh ART treatment between 1st January 2019 and 31st December 2019, the cumulative success rates may increase over time as women return for treatment at a later date.

ART treatment cycles presented in Tables 29 to 34 include all initiated autologous fresh and thaw cycles, excluding freeze-all cycles. Cycles which were cancelled at any stage and did not proceed to oocyte collection or embryo transfer are included. Donor sperm insemination cycles, oocyte/embryo recipient cycles, oocyte/embryo donation cycles, surrogacy arrangement cycles, and gamete intrafallopian transfer (GIFT) cycles are not included. A pregnancy that ends before 20 weeks gestation or a stillbirth are not counted as a live birth.

Table 29 presents the number of cycles by women's age group. Tables 30 to 34 present cycle-specific live birth rates, non-progression rates, and cumulative live birth rates for all age groups and women aged under 30 years, between 30-34 years, between 35-39 years and over 40 years. Only the first five cycles are presented due to the small number of women undertaking six or more treatment cycles between 1st January 2019 and 31st December 2021.

Definitions and calculations

- The cycle-specific live birth rate for a specific number of cycles is calculated as the number of live births resulting from the specific number of cycles divided by the number of women who undertook that cycle number. For instance, in Table 30, the cycle-specific live birth rate of 23.6% for cycle number three represents the proportion of women who undertook a third cycle and achieved a live birth in that cycle.
- The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that cycle. For example, the non-progression rate of 25.7% for a third cycle represents the proportion of women who did not achieve a live birth in their third cycle and did not progress to a fourth cycle (Table 30). The reasons surrounding a woman's or couple's choice to not return to or progress with further treatment, include poor prognosis, natural pregnancy, migration, financial, psychological, and other unrelated reasons; these are not collected by ANZARD.

The cumulative live birth rate for a specific cycle is calculated as the total number of live births following this cycle and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019. For example, the cumulative live birth rate of 53.1% for the third cycle represents the proportion of women who started ART treatment in 2019 and achieved a live birth following their first three cycles (Table 30). Note that only the first birth to a woman is counted in cumulative live birth rates.

		Age	e group (years) ^(b)		
Cycle number	< 30	30-34	35-39	≥ 40	All
			n		
One	128	320	271	133	852
Тwo	61	167	200	88	516
Three	23	88	99	45	255
Four	17	48	64	19	148
Five or more	19	48	97	23	187
Total	248	671	731	308	1,958
			%		
One	51.6	47.7	37.1	43.2	43.5
Тwo	24.6	24.9	27.4	28.6	26.4
Three	9.3	13.1	13.5	14.6	13.0
Four	6.9	7.2	8.8	6.2	7.6
Five or more	7.7	7.2	13.3	7.5	9.6
Total	100.0	100.0	100.0	100.0	100.0

Table 29: Number of cycles by women's age group for all women who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2019 and 31st December 2019, New Zealand

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

place.(b) Age at start of first autologous fresh ART treatment cycle undertaken in 2019.

Note: Women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019 were followed through subsequent fresh and thaw cycles (excluding freeze-all cycles) until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022. Totals and subtotals may not equal 100.0 due to rounding. Data should be interpreted with caution due to small numbers in certain cells.

Table 30: Cycle-specific and cumulative live birth rates for all women who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2019 and 31st December 2019, New Zealand, 2019-2021

				Number of		
Cycle Number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	1,958	595	30.4	257	18.9	30.4
Two	1,106	305	27.6	211	26.3	46.0
Three	590	139	23.6	116	25.7	53.1
Four	335	75	22.4	73	28.1	56.9
Five	187	50	26.7	41	29.9	59.4

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2019 and 31st December 2019. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019.

Table 31: Cycle-specific and cumulative live birth rates for women aged less than 30 years who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2019 and 31st December 2019, New Zealand, 2019-2021

				Number of		
Cycle number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	248	111	44.8	17	12.4	44.8
Two	120	43	35.8	18	23.4	62.1
Three	59	14	23.7	9	20.0	67.7
Four	36	8	22.2	9	32.1	71.0
Five	19	8	42.1	4	36.4	74.2

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2019 and 31st December 2019. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.

(d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.
 (f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019.

Table 32: Cycle-specific and cumulative live birth rates for women aged 30-34 years who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2019 and 31st December 2019, New Zealand, 2019-2021

				Number of		
Cycle number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	671	267	39.8	53	13.1	39.8
Two	351	123	35.0	44	19.3	58.1
Three	184	57	31.0	31	24.4	66.6
Four	96	29	30.2	19	28.4	70.9
Five	48	12	25.0	15	41.7	72.7

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2019 and 31st December 2019. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019.

Table 33: Cycle-specific and cumulative live birth rates for women aged 35-39 years who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2019 and 31st December 2019, New Zealand, 2019-2021

				Number of		
Cycle number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	731	186	25.4	85	15.6	25.4
Two	460	118	25.7	82	24.0	41.6
Three	260	54	20.8	45	21.8	49.0
Four	161	31	19.3	33	25.4	53.2
Five	97	28	28.9	13	18.8	57.0

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2019 and 31st December 2019. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019.

Table 34: Cycle-specific and cumulative live birth rates for women aged 40 years and over who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2019 and 31st December 2019, New Zealand, 2019-2021

				Number of		
Cycle number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	308	31	10.1	102	36.8	10.1
Two	175	21	12.0	67	43.5	16.9
Three	87	14	16.1	31	42.5	21.4
Four	42	7	16.7	12	34.3	23.7
Five	23	2	8.7	9	42.9	24.4

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2019 and 31st December 2019. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2019 and 31st December 2019.

9 Cumulative success rates for women undertaking autologous treatment 2018-2021

This section presents information on all women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018. The first cycle is identified according to first stimulation data reported by clinics plus the first occurrence of the woman's autologous fresh cycle in 2018. Women were followed from the start of their first autologous fresh cycle through subsequent fresh and thaw cycles, excluding freeze-all cycles, until 31st December 2021 or until they achieved a live birth (a birth of at least one liveborn baby) up to and including 31st October 2022. This longitudinal perspective provides a measure of the outcomes of successive ART treatment cycles undertaken by the same woman up to her first birth following ART treatment. These women might have had additional treatment cycles after 2021 and their treatment information and resulting outcomes will be captured in subsequent annual reports. Therefore, in this dynamic cohort of women undergoing their first autologous fresh ART treatment between 1st January 2018 and 31st December 2018, the cumulative success rates may increase over time as women return for treatment at a later date.

ART treatment cycles presented in Tables 36 to 40 include all initiated autologous fresh and thaw cycles, excluding freeze-all cycles. Cycles which were cancelled at any stage and did not proceed to oocyte collection or embryo transfer are included. Donor sperm insemination cycles, oocyte/embryo recipient cycles, oocyte/embryo donation cycles, surrogacy arrangement cycles, and gamete intrafallopian transfer (GIFT) cycles are not included. A pregnancy that ends before 20 weeks gestation or a stillbirth are not counted as a live birth.

Table 35 presents the number of cycles by women's age group. Tables 36 to 40 present cycle-specific live birth rates, non-progression rates, and cumulative live birth rates for all age groups and women aged under 30 years, between 30-34 years, between 35-39 years and over 40 years.

Definitions and calculations

- The cycle-specific live birth rate for a specific number of cycles is calculated as the number of live births resulting from the specific number of cycles divided by the number of women who undertook that cycle number. For instance, in Table 36, the cycle-specific live birth rate of 25.7% for cycle number three represents the proportion of women who undertook a third cycle and achieved a live birth in that cycle.
- The non-progression rate for a specific cycle is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that cycle. For example, the non-progression rate of 20.7% for a third cycle represents the proportion of women who did not achieve a live birth in their third cycle and did not progress to a fourth cycle (Table 36). The reasons surrounding a woman's or couple's choice to not return to or progress with further treatment, include poor prognosis, natural pregnancy, migration, financial, psychological, and other unrelated reasons; these are not collected by ANZARD.

The cumulative live birth rate for a specific cycle is calculated as the total number of live births following this cycle and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st

January 2018 and 31st December 2018. For example, the cumulative live birth rate of 55.3% for the third cycle represents the proportion of women who started ART treatment in 2018 and achieved a live birth following their first three cycles (Table 36). Note that only the first birth to a woman is counted in cumulative live birth rates.

		Age	e group (years) ^(b)		
Cycle number	< 30	30-34	35-39	≥ 40	All
			n		
One	121	287	275	145	828
Two	46	188	165	69	468
Three	37	88	89	29	243
Four	11	50	63	21	145
Five or more	19	71	87	27	204
Total	234	684	679	291	1,888
			%		
One	51.7	42.0	40.5	49.8	43.9
Two	19.7	27.5	24.3	23.7	24.8
Three	15.8	12.9	13.1	10.0	12.9
Four	4.7	7.3	9.3	7.2	7.7
Five or more	8.1	10.4	12.8	9.3	10.8
Total	100.0	100.0	100.0	100.0	100.0

Table 35: Number of cycles by women's age group for all women who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2018 and 31st December 2018, New Zealand

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take

place.(b) Age at start of first autologous fresh ART treatment cycle undertaken in 2018.

Note: Women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018 were followed through subsequent fresh and thaw cycles (excluding freeze-all cycles) until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022. Totals and subtotals may not equal 100.0 due to rounding. Data should be interpreted with caution due to small numbers in certain cells.

Table 36: Cycle-specific and cumulative live birth rates for all women who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2018 and 31st December 2018, New Zealand, 2018-2021

				Number of		
Cycle Number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	1,888	594	31.5	234	18.1	31.5
Two	1,060	298	28.1	170	22.3	47.2
Three	592	152	25.7	91	20.7	55.3
Four	349	68	19.5	77	27.4	58.9
Five	204	38	18.6	57	34.3	60.9

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2018 and 31st December 2018. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018.

Table 37: Cycle-specific and cumulative live birth rates for women aged less than 30 years who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2018 and 31st December 2018, New Zealand, 2018-2021

				Number of		
Cycle number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	234	107	45.7	14	11.0	45.7
Two	113	37	32.7	9	11.8	61.5
Three	67	27	40.3	10	25.0	73.1
Four	30	7	23.3	4	17.4	76.1
Five	19	1	5.3	4	22.2	76.5

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2018 and 31st December 2018. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
(d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018.

Table 38: Cycle-specific and cumulative live birth rates for women aged 30-34 years who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2018 and 31st December 2018, New Zealand, 2018-2021

	Number of	Number of	Cycle-specific	Number of women who did	Non-	Computerting line
Cycle number ^(b)	women starting cycle	a live birth ^(c)	live birth rate (%) ^(d)	not progress to next treatment	rate (%) ^(e)	birth rate (%) ^(f)
One	684	252	36.8	35	8.1	36.8
Two	397	145	36.5	43	17.1	58.0
Three	209	62	29.7	26	17.7	67.1
Four	121	27	22.3	23	24.5	71.1
Five	71	20	28.2	14	27.5	74.0

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2018 and 31st December 2018. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018.

Table 39: Cycle-specific and cumulative live birth rates for women aged 35-39 years who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2018 and 31st December 2018, New Zealand, 2018-2021

	Number of	Number of	Cycle-specific	Number of women who did	Non-	
Cycle number ^(b)	women starting cycle	women who had a live birth ^(c)	live birth rate (%) ^(d)	not progress to next treatment	progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	679	203	29.9	72	15.1	29.9
Two	404	99	24.5	66	21.6	44.5
Three	239	51	21.3	38	20.2	52.0
Four	150	28	18.7	35	28.7	56.1
Five	87	13	14.9	23	31.1	58.0

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2018 and 31st December 2018. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018.

Table 40: Cycle-specific and cumulative live birth rates for women aged 40 years and over who started their first autologous fresh cycle (excluding freeze-all cycles^(a)) between 1st January 2018 and 31st December 2018, New Zealand, 2018-2021

				Number of		
Cycle number ^(b)	Number of women starting cycle	Number of women who had a live birth ^(c)	Cycle-specific live birth rate (%) ^(d)	women who did not progress to next treatment	Non- progression rate (%) ^(e)	Cumulative live birth rate (%) ^(f)
One	291	32	11.0	113	43.6	11.0
Two	146	17	11.6	52	40.3	16.8
Three	77	12	15.6	17	26.2	21.0
Four	48	6	12.5	15	35.7	23.0
Five	27	4	14.8	16	69.6	24.4

(a) Freeze-all cycles are fresh ART treatment cycles where all oocytes or embryos are cryopreserved, and an embryo transfer does not take place.

(b) Cycle one represents a woman's first autologous (excluding freeze-all) fresh ART treatment cycle between 1st January 2018 and 31st December 2018. Cycles two to five could be either a fresh or thaw cycle (excluding freeze-all cycles) undertaken by a woman until 31st December 2021 or birth of a liveborn baby up to and including 31st October 2022.

(c) A live birth is the birth of one or more liveborn infants, with the birth of twins or higher order multiples counted as one live birth.
 (d) The cycle-specific live birth rate is calculated as the number of live births resulting from a specific 'cycle number' divided by the number of women who undertook that same 'cycle number'.

(e) The non-progression rate for a specific 'cycle number' is calculated as the number of women who did not return for further ART treatment cycles before 31st December 2021 divided by the number of women who did not have a live birth in that 'cycle number'.

(f) The cumulative live birth rate for a specific 'cycle number' is calculated as the total number of live births following this 'cycle number' and all previous cycles divided by the total number of women who started their first autologous fresh ART treatment cycle between 1st January 2018 and 31st December 2018.

Appendix A: Contributing fertility clinics

Fertility Associates, Auckland (Dr Simon Kelly) Fertility Associates Christchurch, Christchurch (Dr Sarah Wakeman) Fertility Associates Hamilton, Hamilton (Dr VP Singh) Fertility Associates Otago, Dunedin (Associate Professor Wayne Gillett) Fertility Associates Wellington, Wellington (Dr Andrew Murray) Fertility Plus, Auckland (Dr Cindy Farquhar) Repromed Auckland, Auckland (Dr Devashana Gupta)

Appendix B: Data used in this report

The data presented in this report are supplied by eight fertility clinics in New Zealand and are compiled into ANZARD 3.0. ANZARD 3.0 includes autologous treatment cycles, treatment involving donated oocytes or embryos, and treatment involving surrogacy arrangements. ANZARD 3.0 collects data on the use of ART techniques such as ICSI, oocyte/embryo freezing methods, PGT and cleavage/blastocyst transfers. In addition to ART procedures, ANZARD 3.0 also collects data on artificial insemination cycles using donated sperm (DI) from ART Units. The outcomes of pregnancies, births and babies born following ART and DI treatments are also maintained in ANZARD 3.0. This includes the method of birth, birth status, birthweight, gestational age, plurality, perinatal mortality, and selected information on maternal morbidity.

This report presents information on ART and DI treatment cycles that took place in fertility clinics in New Zealand in 2021, and the resulting pregnancies and births. The babies included in this report were conceived through treatment cycles undertaken in 2021 and were born in either 2021 or 2022.

Data validation

Most fertility centres have computerised data information management systems and provide the National Perinatal Epidemiology and Statistics Unit (NPESU) with high-quality data. All data processed by NPESU undergo a validation process, with data queries being followed up with fertility centre staff.

The Reproductive Technology Accreditation Committee (RTAC) of the Fertility Society of Australia and New Zealand (FSANZ) also plays a role in ensuring the quality of ANZARD 3.0 data. ANZARD submissions from ART Units are audited by certifying bodies according to the RTAC Code of Practice. This includes selected records against ART Unit files in their annual inspections. All ART cycles and DI undertaken in Australia and New Zealand must be reported to ANZARD as part of their accreditation by the RTAC of the FSANZ.

Data presentation

Data presented in Chapters 2 to 6 are for treatment cycles and not patients. It is possible for an individual woman to undergo more than one treatment cycle in a year or experience more than one pregnancy. This means that information reported about patient characteristics, such as age, parity, and cause of infertility, is based on calculations in which individuals may be counted more than once.

The rates of clinical pregnancy and live birth in Chapters 2 to 6 were measured per initiated cycle. Where the number of initiated cycles was not available, the rates were measured per embryo transfer cycle.

Where applicable, percentages in tables have been calculated including the 'Not stated' category. Throughout the report, for totals, percentages may not add up to 100.0 and, for subtotals, they may not add up to the sum of the percentages for the categories. This is due to rounding error.

Data limitations

Follow-up of pregnancy and birth outcomes is limited because the ongoing care of pregnant patients is often carried out by non-ART practitioners. The method of follow-up varies by

fertility centre and includes follow-up with the patient or clinician, or the use of routine data sourced from a health department. In a small proportion of cases this information is not available. For pregnancies in which there is successful follow-up, data are limited by the selfreported nature of the information. Fertility centre staff invest significant effort in validating such information by obtaining medical records from clinicians or hospitals. Data about previous ART treatment and history of pregnancies are, in some cases, reported by patients.

Note that some contributing ART Units may have closed or changed their name since 2021. The medical director listed is based on information provided by the FSANZ at the time this report was prepared.

Glossary

This report categorises ART treatments according to whether a woman used her own occytes or embryos, or oocytes or embryos were donated by another woman or couple, and whether the embryos were transferred soon after fertilisation or following cryopreservation.

Artificial insemination: a range of techniques for placing sperm into the female genital tract and can be used with controlled ovarian hyperstimulation or in unstimulated cycles. These techniques are referred to as 'donor insemination' (DI) in this report.

ART (assisted reproductive technology): treatments or procedures that involve the in vitro handling of human oocytes (eggs) and sperm or embryos for the purposes of establishing a pregnancy. ART does not include artificial insemination.

ART Unit: a facility with a laboratory collecting or preparing human gametes and/or embryos for therapeutic service, possibly across a range of sites of clinical activity. Where the collection of gametes/embryos takes place at a different site to the preparation, the two sites are considered to be a single ART Unit.

Assisted hatching: when the outer layer of the embryo, the zona pellucida, is either thinned or perforated in the laboratory to aid 'hatching' of the embryo, the aim being to potentially improve the chance of implantation in the uterus.

Autologous cycle: an ART treatment cycle in which a woman intends to use, or uses, her own oocytes or embryos. GIFT cycles are classified separately from autologous cycles.

Birth: a birth event in which one or more babies of 20 weeks or more gestation or of 400 grams or more birthweight is born, either liveborn or stillborn.

Blastocyst: an embryo comprising around 100 cells usually developed by five or six days after fertilisation.

Caesarean section: an operative birth by surgical incision through the abdominal wall and uterus.

Cleavage-stage embryo: an embryo comprising about eight cells usually developed two to four days after fertilisation.

Clinical pregnancy: a pregnancy in which at least one of the following criteria is met:

- known to be ongoing at 20 weeks
- evidence by ultrasound of an intrauterine sac (with or without a fetal heart)
- · examination of products of conception reveals chorionic villi, or
- an ectopic pregnancy has been diagnosed by laparoscope or by ultrasound.

Controlled ovarian hyperstimulation: medical treatment to induce the development of multiple ovarian follicles in order to obtain multiple oocytes at oocyte pick-up (OPU).

Cryopreservation: freezing embryos for potential future ART treatment.

Cycle: when a medical procedure is attempted or takes place, or when certain laboratory procedures are undertaken. This is further broken down to specific terms, 'treatment cycles' and 'lab-only cycles.' Please refer to the glossary for definitions of these specific terms.

DI (donor insemination) cycle: an artificial insemination cycle in which sperm not from the woman's partner (donor sperm) is used.

Discontinued cycle: an ART cycle that does not proceed to oocyte pick-up (OPU) or embryo transfer.

Donation cycle: an ART treatment cycle where a female patient who is not an intending parent, intends to donate or donates her oocytes/embryos to others, or where a female intending parent provides oocytes/embryos to a female partner who is also an intending parent. A donation cycle may result in the donation of either oocytes or embryos to a recipient(s). The use of donor sperm does not alter the donor status of the cycle.

Ectopic pregnancy: a pregnancy in which implantation takes place outside the uterine cavity.

Embryo: an egg that has been fertilised by a sperm and has undergone one or more divisions.

Embryo transfer: a procedure whereby embryo(s) are placed in the uterus or fallopian tube. The embryo(s) can be fresh or thawed following cryopreservation and may include the transfer of cleavage-stage embryos or blastocysts.

Freeze-all (freeze-only) cycle: a fresh cycle where all oocytes or embryos that are potentially suitable for transfer are cryopreserved for potential future use.

Fresh cycle: an ART treatment cycle that intends to use, or uses, embryo(s) that have not been cryopreserved (frozen).

Gestational age: the completed weeks of gestation of the fetus. This is calculated as follows:

- cycles with embryos transferred: (pregnancy end date embryo transfer date + 16 days) for transfer of cleavage-stage embryos and (pregnancy end date – embryo transfer date + 19 days) for transfer of blastocysts
- GIFT cycles: (pregnancy end date OPU date) + 14 days
- DI cycles: (pregnancy end date date of insemination) + 14 days.

GIFT (gamete intrafallopian transfer): an ART treatment where mature oocytes and sperm are placed directly into a woman's fallopian tubes so that in vivo fertilisation may take place. GIFT cycles are classified separately from autologous cycles.

Heterotopic pregnancy: a double gestation pregnancy in which implantation takes place both inside and outside the uterine cavity.

ICSI (intracytoplasmic sperm injection): a procedure whereby a single sperm is injected directly into the oocyte to aid fertilisation. If an embryo transfer cycle involves the transfer of at least one embryo created using ICSI, it is counted as an ICSI cycle.

IVF (in vitro fertilisation): an ART procedure that involves extracorporeal fertilisation.

Lab-only cycle: involves a laboratory procedure with no planned patient involvement and includes the following scenarios:

- receipt of donor oocytes with the intention of fertilisation and freezing of all resulting embryos
- attempted/actual oocyte thaw with intention of fertilisation and freezing of all resulting embryos
- PGT cycles where embryos are thawed and refrozen with no intention of embryo transfer in the reported cycle.

Live birth: according to the World Health Organization (WHO) definition, a live birth is defined as "the complete expulsion or extraction from the mother of a baby, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered liveborn" (AIHW 2022). In this report, live births are included if they meet the WHO definition and if they are of 20

weeks or more gestation or 400 grams or more birthweight. Live births are counted as birth events, e.g. the birth of one or more liveborn infants. For example, where a multiple birth (twins, triplets) results in a liveborn and a stillborn baby, this is still considered one live birth.

Low birthweight: a birthweight of less than 2,500 grams.

Nulliparous: refers to a woman who has never had a pregnancy of 20 weeks or more gestation.

OHSS (ovarian hyperstimulation syndrome): the complication of ovulation stimulation therapy, which involves the administration of follicle stimulating hormone (FSH). OHSS symptoms include abdominal pain and fluid retention.

Oocyte (egg): a female reproductive cell.

OPU (oocyte pick-up): the procedure to collect oocytes from ovaries, usually by ultrasoundguided transvaginal aspiration and rarely by laparoscopic surgery.

Parity: a classification of a woman in terms of the number of previous pregnancies experienced that reached 20 weeks or more gestation.

Parous: refers to a woman who has had at least one previous pregnancy of 20 weeks or more gestation.

PGT (preimplantation genetic testing): a procedure where DNA from oocytes or embryos is tested for chromosomal disorders or genetic diseases before embryo transfer. This term includes PGT for aneuploidies (PGT-A); PGT for monogenic/single gene defects (PGT-M); and PGT for chromosomal structural rearrangements (PGT-SR).

Perinatal death: a stillbirth or neonatal death of at least 20 weeks gestation or at least 400 grams birthweight.

Preterm: a gestation of less than 37 weeks.

Recipient cycle: an ART treatment cycle in which a female patient who is an intending parent receives oocytes/embryos from another individual/couple who is not an intending parent, or where a female intending parent receives oocytes/embryos from a female partner who is also an intending parent, to achieve a pregnancy.

Secondary sex ratio: the number of male liveborn babies per 100 female liveborn babies.

Singleton: refers to the birth of only one child during a single birth event.

Stillbirth: the birth of an infant after 20 or more weeks gestation or 400 grams or more birthweight that shows no signs of life.

Surrogacy arrangement: an arrangement where a female patient, known as the 'gestational carrier' or 'surrogate' agrees to carry a child for another person or couple, known as the 'intending parent(s)', with the intention that the child will be raised by the intending parent(s). The oocytes and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intending parents or from a donor(s).

Thaw cycle: an ART treatment cycle in which cryopreserved embryos are thawed with the intention of performing embryo transfer.

Thawed embryo: an embryo thawed after cryopreservation. It is used in thaw cycles or labonly cycles.

Treatment cycle: involves an attempted/actual medical procedure being carried out on a female patient and includes the following scenarios:

ovarian stimulation with the intention of oocyte collection in autologous or donation cycle

- attempted/actual oocyte collection, whether in a stimulated or unstimulated, autologous or donation cycle
- attempted/actual oocyte thaw with the intention of fertilisation and embryo transfer
- attempted/actual embryo thaw with the intention of embryo transfer
- insemination of donated sperm as part of an intrauterine insemination (IUI) cycle.

Vitrification: an ultra-rapid cryopreservation method that prevents ice formation within the suspension which is converted to a glass-like solid.

Note: The International Committee Monitoring Assisted Reproductive Technologies (ICMART) has published an Infertility and Fertility Care glossary for the terms used in ART data collections (Zegers-Hochschild et al. 2017). However, the terminology used in this report may differ from that in the ICMART glossary.

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