# SART Member Clinics and Non-SART Member Clinics: A Comparison of ART Success Rates

Daniela Diego MD<sup>1</sup>, Ilissa Pipia<sup>2</sup>, Ariana Traub<sup>3</sup>, James Toner MD<sup>1</sup>, PhD, Steven Spandorfer MD<sup>4</sup>

<sup>1</sup>Emory Reproductive Center, Atlanta, GA, <sup>2</sup>Weill Cornell School of Medicine, New York, NY, <sup>3</sup>Emory University School of Medicine, Atlanta, GA, <sup>4</sup>The Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine, New York

### BACKGROUND

- SART, established in 1985, collects and reports national and clinic-specific ART outcomes, issues practice guidance, and enforces compliance for violations by withdrawing membership <sup>1,2</sup>
- In 1992, the Federal government passed the Fertility Clinic Success Rates and Certification Act, requiring all ART clinics to report ART outcomes to the CDC,³ but there are no compliance requirements

# **OBJECTIVES**

To compare the attributes and ART outcomes of SART and non-SART member clinics

# **METHODS**

- Cross-sectional study of all autologous ART cycles reported to the CDC in 2021 based on SART and reporting status
- Outcomes: clinic volume, live birth rate, multifetal delivery rate, and miscarriage rates

#### RESULTS **ART Clinic Oversight** Non-reporting Clinics **Reporting Clinics SART status:** Non-Member SART Clinic reports to: No one Medical Director must be Board Certified or Eligible **Reproductive Endocrinologist** Of the 496 US ART clinics in 2021: Lab Directory must be MD or PhD with ELD or **HCLD Certification** • 361 (72.8%) were SART Lab must be accredited members 88 (17.7%) were not SART **Compulsory adherence to Embryo Transfer Policy** members but reported directly to the CDC Compulsory adherence to Minimum Standards of 47 (9.4%) were not SART members and did not report **Compulsory adherence to Advertising policy** at all **Targeted validation Prospective Reporting of cycle starts** % Term, singleton, normal weight % Multifetal Deliveries per Transfer births per Retrieval by SART status 35-37 35-37 40+ 38-40 <35 Age

SART

Non-SART

## CONCLUSION

- SART clinics have:
  - 1. More live births per retrieval
  - 2. More singleton, term, normalweight deliveries
  - 3. Fewer multifetal deliveries
  - 4. Fewer miscarriages
- By adhering to the highest standards in ART care and promoting transparent, accurate, and ethical reporting, SART-member clinics have been able to improve their ART outcomes

## REFERENCES

- . SART IVF Clinic Membership. [cited 2024 August 20]; Available from: <a href="https://www.sart.org/about-us/sart-ivf-clinic-membership/">https://www.sart.org/about-us/sart-ivf-clinic-membership/</a>.
- 2. Oversight of Assisted Reproductive Technology. American Society for Reproductive Medicine. 2021.
- 3. United States. Congress. House. Committee on Energy and Commerce. Subcommittee on Health and the Environment., Fertility clinic services: hearing before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives, One Hundred Second Congress, second session, on H.R. 3940, a bill to provide for the certification of embryo laboratories, February 27, 1992. 1992, Washington: U.S. G.P.O.: For sale by the U.S. G.P.O., Supt. of Docs., Congressional Sales Office. iii, 103 p.

