

Live Birth Rate Variation Across US Fertility Clinics: A Cross-Sectional Analysis of 454 CDC Reporting Clinics

By the zReports Healthcare Research Team

zReports Research Institute · press@zreports.org · <https://zreports.org/research>

ORCID: 0009-0005-5971-8361 · October 2026

Abstract

US fertility clinics report treatment outcomes to the Centers for Disease Control and Prevention under the Fertility Clinic Success Rate and Certification Act of 1992. Using the latest Final ART Success Rates file (reporting year 2021), as normalized in the zReports Consumer Records Database™, we analyze cumulative own-egg live-birth rates per intended egg retrieval across all 454 reporting clinics in 52 US jurisdictions (340,661 treatment cycles). Among the 348 clinics with a reportable rate for patients under 35, the median is 59.4% with an interquartile range of 50.0% to 67.3% (P10 40.4%, P90 71.3%). Expressed as expected retrievals per live birth, the interquartile spread alone implies 2.00 versus 1.49 retrievals; at ASRM's estimate of \$15,000 to \$20,000 per cycle before medications, that is an expected-spend difference of roughly \$10,300 per live birth between quartile environments, before any patient-level adjustment. For 106 clinics (23%), the file contains no reportable under-35 rate at all. Reported volume is highly concentrated: the top tenth of clinics performed 72% of all own-egg cycles. Consistent with CDC guidance, these figures document system-level variation and its visibility gap; they do not rank clinics, whose patient populations and treatment policies differ.

Keywords: fertility clinics, IVF, assisted reproductive technology, CDC NASS, live-birth rates, information asymmetry, consumer protection, employer benefits

1. Background

Assisted reproductive technology is one of the few areas of American medicine with a federally mandated, clinic-level outcome registry. Since the Fertility Clinic Success Rate and Certification Act of 1992, every US fertility clinic has been required to report treatment outcomes, and the CDC publishes them through the National ART Surveillance System (NASS). ART now accounts for roughly two percent of US births annually (CDC, 2026).

Yet most patients first encounter success rates inside a clinic's own marketing, not in the federal file. The NASS release is a long-format statistical table published on data.cdc.gov with a multi-year lag, and no consumer-facing surface places a clinic's reported rates beside the alternatives a patient is actually considering. This paper measures what that file contains at the system level: how widely cumulative live-birth rates vary across clinics, what that variation implies in expected retrievals and dollars, and how much of the file is readable at all. It extends our earlier work on the divergence between official records and consumer-facing reputation (Redd, 2026b).

2. Data and Methods

We analyze the CDC NASS Final ART Success Rates clinic-level dataset (data.cdc.gov identifier ey8b-ejrf), reporting year 2021, the latest Final release, as ingested and normalized in the zReports Consumer Records Database™ (v2026.08). The source is long-format: one row per clinic, patient type, question, and breakout. We retain overall-population rows only (no diagnosis filters) and fold, per clinic: cumulative own-egg live-birth rates per intended egg retrieval by patient age band (retaining a band only where it reflects at least 10 cycles, preferring the cumulative all-intended-retrievals measure), the donor-egg frozen-embryo live-birth rate per

transfer, singleton and multiple-birth percentages, and reported cycle volume.

The analysis cohort comprises the 348 clinics (77% of 454) reporting a nonzero cumulative under-35 rate. The 106 excluded clinics split as follows: 29 publish no age-band rates in the file, 69 publish bands that are uniformly zero (a pattern consistent with cumulative outcomes not yet reportable for recently opened programs, though true zeros cannot be excluded), and 8 report other bands but no under-35 rate. Expected retrievals per live birth are computed as 100 divided by the cumulative rate, a cohort-level simplification that ignores within-patient dependence across attempts. Dollar figures use \$20,000 per retrieval cycle, the upper bound of ASRM's published \$15,000 to \$20,000 estimate, which excludes medications (ASRM, 2025), making our dollar translations conservative.

3. Findings

Table 1. National summary, CDC NASS 2021 Final file via zReports Consumer Records Database™ (v2026.08).

Metric	Value	Source
Reporting clinics (2021 Final file)	454 in 52 jurisdictions	CDC NASS ey8b-ejrf
Treatment cycles reported	340,661 (own-egg 290,746; donor 49,915)	CDC NASS
Clinics with reportable under-35 rate	348 (77%)	This analysis
Under-35 cumulative live-birth rate	median 59.4%; IQR 50.0% to 67.3%	This analysis
Expected retrievals per live birth (IQR)	1.49 to 2.00	This analysis
Expected spend per live birth at \$20,000	\$29,700 to \$40,000	ASRM cost basis
Own-egg cycle volume in top 10% of clinics	72%	This analysis
Clinics with multiple-birth rate above 15%	21 of 394 (5%)	This analysis

3.1 The spread

Among the 348 clinics with a reportable under-35 rate, cumulative live-birth rates per intended retrieval span 0.4% to 82.6%, with a median of 59.4%. The percentile environments translate directly into expected treatment burden: 1.40 retrievals per live birth at the 90th percentile rate, 1.49 at the 75th, 1.68 at the median, 2.00 at the 25th, and 2.47 at the 10th. At \$20,000 per cycle, the spread between the 10th and 90th percentile environments is roughly \$28,000 versus \$49,500 in expected spend per live birth, a difference of about \$21,500, before medications.

Table 2. Under-35 cumulative live-birth rate by state, six states with the most analyzable clinics. The spread inside a single state routinely exceeds 30 points.

State	Clinics	Median	IQR	Range
CA	45	57.1%	49.6 to 63.5	33.3 to 78.3
NY	36	57.0%	44.0 to 65.8	0.4 to 75.0
TX	33	60.4%	50.0 to 67.3	18.2 to 72.2
FL	20	53.8%	46.6 to 60.1	5.6 to 70.4
IL	20	57.8%	52.1 to 67.9	33.3 to 79.4
AZ	13	55.0%	45.0 to 60.9	16.2 to 73.6

3.2 The visibility gap

For 106 of 454 clinics (23%), a prospective patient reading the federal file cannot find a cumulative under-35 live-birth rate at all. The latest Final file reflects treatment year 2021, a publication lag exceeding three years.

Measures patients rarely see anywhere else sit in the same file: among clinics reporting them at meaningful volume, the donor frozen-embryo live-birth rate per transfer has a median of 45.8% (n=146), and the own-egg rate for patients over 40 has a median of 12.8% (n=138), an anchor figure for the age conversations that clinic marketing tends to leave out.

3.3 Concentration and practice signals

Reported volume is heavily concentrated: the top tenth of clinics (45 of 454) performed 72% of all own-egg retrieval cycles. Practice-pattern signals also vary: the median multiple-birth percentage is 4.5%, yet 21 clinics (5% of those reporting at volume) exceed 15%, a threshold associated with elevated maternal and neonatal risk and cost. The median singleton live-birth percentage is 52.2%.

4. Discussion

The federal government has collected clinic-level fertility outcomes for three decades. What this analysis documents is not a data deficit but a delivery failure: variation wide enough to change the expected cost of a child by five figures is recorded in a public file that patients, employers, and even referring physicians rarely open. The finding mirrors the pattern we documented in nursing home enforcement records (zReports Research Institute, 2026): the record exists, the decision happens elsewhere.

Two audiences bear the cost. Patients fund repeat cycles out of pocket at \$15,000 to \$20,000 each before medications. And self-funded employers, who increasingly carry fertility benefits as a distinct line item, purchase these episodes with no view of the variation documented here. Tools that place the official record beside the decision, at the moment of clinic choice, are the obvious delivery mechanism, provided they respect the interpretive limits below.

5. Limitations

The central caution is the CDC's own: success rates depend on patient mix, entrance criteria, and treatment policies, and comparisons between clinics may therefore mislead; a clinic treating harder cases honestly will report lower rates. Accordingly this paper reports distributions and percentile environments, never clinic rankings, and none of its figures should be read as clinic quality scores. Cumulative measures censor recently opened programs, which is the likely explanation for most of the 69 all-zero clinics we exclude. Rates are from treatment year 2021; folding retains bands only at 10 or more cycles, suppressing small cohorts; expected-retrieval arithmetic is a population simplification; and no risk adjustment is possible from the public file alone.

References

- American Society for Reproductive Medicine. (2025). Evaluating the Trump administration's initiative on IVF. ASRM fact sheet. <https://www.asrm.org/advocacy-and-policy/>
- Centers for Disease Control and Prevention. (2026). 2021 Final Assisted Reproductive Technology (ART) Success Rates [Data set ey8b-ejrf]. <https://data.cdc.gov/>
- Centers for Disease Control and Prevention. (2026). ART success rates: interpretation guidance. <https://www.cdc.gov/art/>
- Fertility Clinic Success Rate and Certification Act of 1992, Pub. L. No. 102-493.
- KFF. (2025). Coverage and use of fertility services in the U.S. <https://www.kff.org/womens-health-policy/>
- Redd, S. (2026). The Consumer Z Score: A methodology for auditing public reputation against government records. SSRN Working Paper, Abstract ID 7193819.
- Redd, S. (2026b). Information asymmetry in consumer facility choice. zReports Working Paper WP-2026-02.
- zReports Research Institute. (2026). Federal penalty patterns across Medicare-certified nursing homes. Working Paper WP-2026-05. SSRN Abstract ID 7255298.
- zReports Research Institute. (2026). Consumer Records Database™ v2026.08. <https://zreports.org/research>
-

Data Provenance. This paper was generated from the zReports Consumer Records Database™ (v2026.08), which normalizes official government licensing, inspection, enforcement, and outcome records across federal and state agencies. Every statistic is traceable to its originating public record and can be re-derived from the named CDC dataset. Clinics were never contacted, had no input, and cannot pay to alter scores, rankings, or findings.

Cite: zReports Research Institute. (2026). *Live Birth Rate Variation Across US Fertility Clinics: A Cross-Sectional Analysis of 454 CDC Reporting Clinics* (Working Paper WP-2026-06). <https://zreports.org/research>