

IVF: A Critical Method for Building Families



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Although in vitro fertilization (IVF) is overwhelmingly popular and the most commonly used method of assisted reproductive technology, it is still often misunderstood. This fact sheet aims to explain the IVF process and who needs it to build their family, the major barriers people face when trying to access it, and laws and policies that would best address these barriers.

What is IVF?

IVF is a widely used method of assisted reproductive technology in which an egg is combined with sperm in a lab to help create an embryo.¹

IVF is most often recommended to patients who:

- › Have tried other, less invasive fertility health care treatments;
- › Have an underlying condition that impacts their fertility; or
- › Alone or with their partner do not have the necessary egg and sperm to become pregnant.

IVF can be done using sperm or eggs from a donor and may involve a surrogate who carries the pregnancy.² To date, IVF has helped millions of people build their families since the late 1970s.³ In 2023, IVF accounted for **over 95,000 births** in the United States (approximately 2.6% of all births in the country).⁴

How does IVF work?

IVF is a multistep medical process, typically over a two-week period.⁵

- › First, a patient takes medication that encourages their ovaries to produce more than one mature egg during their ovulation cycle.⁶ This step, referred to as ovulation

stimulation, involves constant monitoring by health care providers to measure whether and how many eggs are maturing and to determine when to trigger ovulation.⁷

- › Because ovulation is time sensitive, within a day or two of triggering ovulation a doctor surgically retrieves from the patient's ovaries any eggs that have matured.⁸
- › Once retrieved, the eggs are each combined with sperm in the lab in an effort to create embryos.⁹
- › If an embryo results, it can be frozen for potential future use, genetically screened to predict its chance of implanting, or transferred into a person's uterus, where it may implant in the uterine lining and result in a pregnancy.¹⁰

Why create more than one embryo?

While IVF helps millions of people start or build their families, not every person who undergoes IVF will become pregnant and have a baby through the treatment because:

- › **Not every cycle of ovulation stimulation leads to mature eggs;**
- › **Not every egg fertilizes;**
- › **Not every fertilized egg leads to an embryo;** and
- › **Multiple embryos are often needed to have a baby.**¹¹ In fact, only about 70% of retrieved mature eggs end up fertilizing, and of those that do fertilize, only 50% go on to develop into an embryo.¹²
- › After an embryo is transferred into a person's uterus, **it may or may not implant** in the uterine lining.¹³

Given these odds, IVF is practiced to create as many embryos as possible per cycle to give patients the best chance of becoming pregnant and having a baby.

It is best medical practice to transfer a single embryo at a time to avoid a multiples pregnancy.¹⁴ And since it is common for people to have multiple embryos at the end of an IVF cycle, they may decide to cryopreserve (freeze) the remaining embryos and in the future decide to use, donate, or discard them.¹⁵ Embryo cryopreservation is safe and has been shown to have no negative effects on either a person's pregnancy or the health and well-being of their newborn.¹⁶

Who needs IVF?

Many people need IVF to build their family, including:

- › **Heterosexual couples facing infertility.** Infertility is frequently defined as the inability of an individual who is under 35 years of age to become pregnant after 12 months of having regular, unprotected sexual intercourse with a partner, or after six months if the individual is 35 or older.¹⁷ Both men and women can have conditions

that contribute to infertility.¹⁸ Conditions affecting men are a contributing factor in 40% of all infertility cases and have been found to be the sole cause of infertility in 20% of cases.¹⁹

- › **Individuals and couples who have difficulty becoming pregnant due to certain health conditions**, including but not limited to:²⁰
 - › **Endometriosis**, which causes the lining of the uterus to grow outside the uterus and often affects the uterus, ovaries, and fallopian tubes
 - › **Fallopian tube damage or blockage** that makes it difficult for eggs from the ovary to travel to the uterus
 - › **Low sperm count numbers or other sperm-specific issues** that decrease the chances of fertilizing an egg
 - › **Unexplained infertility**, where the reason why a person struggles to become pregnant is not clearly indicated
 - › **Uterine fibroids** that may decrease the likelihood that a fertilized egg implants in the lining of the uterus
 - › **Individuals and couples who do not have the necessary gametes** (egg and/or sperm) to become pregnant. This includes single individuals and same-sex couples.
 - › **Individuals or couples who face an increased risk of transmitting a serious, inheritable genetic or chromosomal condition** to a child, who need to use eggs or sperm from a donor or to access genetic screening before an embryo transfer.

What keeps people from being able to access IVF?

There are many barriers to accessing IVF. If a person does not have insurance coverage, for example, IVF can be prohibitively expensive, often costing up to \$30,000 per cycle.²¹

- › **Limited insurance coverage:** IVF insurance coverage is limited, and even where it exists, it can be discriminatory. Currently, only 21 states and Washington, D.C. mandate some degree of private insurance coverage for fertility care.²² Not all of these mandates include coverage for IVF, and even some that do impose discriminatory eligibility requirements that exclude non-married individuals, same-sex couples, and individuals or couples who need to use donor gametes.²³ These mandates do not apply to self-insured employers,²⁴ may only apply to certain types of private insurance plans (e.g., individual or small group), and often exempt religious employers.²⁵ Notably, there are no states that provide comprehensive IVF coverage to those on Medicaid,²⁶ which disproportionately impacts people living on low incomes, people with disabilities, and Black, Indigenous, and other people of color.²⁷

- › **Stigma and bias:** Infertility is often also highly stigmatized and a person struggling to become pregnant may not feel comfortable talking about it with others, including their health care providers.²⁸ Additionally, people may face bias from providers who hold stereotypes or negative preconceptions about who can or should be able to parent.²⁹ These barriers lead to disproportionately low rates of IVF access for Black, Indigenous, and other people of color, people living on low incomes, people with disabilities, people with a high body mass index, and the LGBTQ+ community.³⁰
- › **State laws limiting access:** Following the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Center*, there have been increased efforts across state legislatures to limit IVF access. These bills include those that would grant legal rights to embryos as well as Targeted Restriction of IVF Providers (TRIP) bills. TRIP bills, like TRAP laws in the anti-abortion context, single out IVF providers with unnecessary and burdensome licensing schemes and reporting requirements.³¹ If enacted, these kinds of bills could lead fertility health care providers and clinics to close, leaving people without access to quality IVF care.

WHAT IS MEDICAID?

Medicaid is an income-restricted health insurance program and the largest source of public funding for medical and health-related services for low-income people and families in the United States.

For the currently 40.1 million adults enrolled in Medicaid, IVF is prohibitively expensive. The median income for people on Medicaid varies by state, however, the Affordable Care Act (ACA) permits states to provide Medicaid coverage to adults with incomes up to 138% of the federal poverty level, which is around \$20,780 annually for an individual and below \$35,630 for a family of three.

What laws and policies can address these barriers to IVF?

Insurance mandates are an important way to promote non-discriminatory and equitable access to IVF and help ensure that people have access to the quality fertility health care they need.

To be most effective, mandates must:

- › **Be inclusive of the diverse communities who need IVF.** They must extend coverage not only to patients who receive a clinical diagnosis of infertility, but also to single people and people in same-sex couples who also need IVF to start or build their families.
- › **Apply to both private insurance programs and public health programs** like Medicaid so that people can access IVF regardless of their source of insurance.
- › **Be comprehensive.** They must cover not only IVF but also fertility health care counseling, diagnosis (including tests and labs), intrauterine insemination, and fertility preservation.

While insurance mandates are important proactive legislative tools to improve non-discriminatory and equitable access to IVF, **they alone cannot address all the barriers that put IVF out of reach for so many.** Deeper investments must be made to research and address disparities in access to fertility health care information and services;³² disparities in fertility health care outcomes;³³ and personal bias and institutional racism in medicine.³⁴

Endnotes

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