



Reproductive Medicine Associates
of New Jersey

IVIRMA Global

REPRODUCTIVE MEDICINE
ASSOCIATES OF NEW JERSEY

2018 INFERTILITY TRENDS NATIONAL SURVEY





REPRODUCTIVE MEDICINE ASSOCIATES OF NEW JERSEY **2018 INFERTILITY TRENDS NATIONAL SURVEY**

Seven million men and women face infertility annually. While scientific and treatment advances close the gap between despair and success in having a child, our 2018 national survey reveals a vast gap between awareness about the advances for success and the economic filter that guides decision to seek treatment. The survey of more than 1,000 people revealed an emotional disconnect when it comes to treatment safety and efficacy and treatment cost.

Breakthrough technologies driven by fertility research are leading to higher success rates that translate to reduced costs for patients and the healthcare system. But the outdated perceptions of disappointment and fear of high-risk pregnancies and multiple births – the cost to reach success – prevail.

According to the American Society for Reproductive Medicine (ASRM.org), women under age 35 should seek the care of a reproductive specialist if they are unable to achieve pregnancy after 12 months of unprotected intercourse, and after six months if the woman is more than 35 years of age. While guidelines are helpful, every patient is different and, too often, conversations about fertility are postponed until it's much too late.

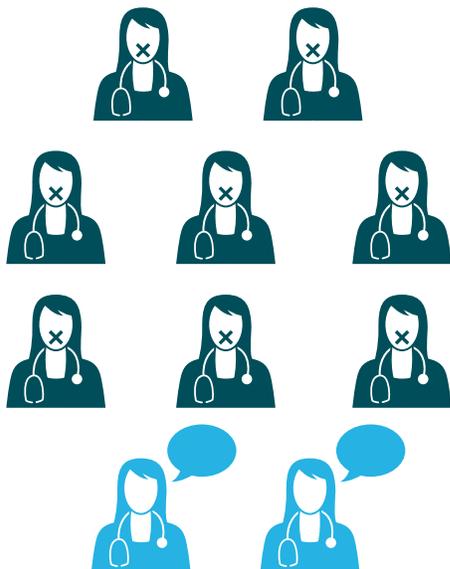
The oldest of the millennial generation are entering their mid-30's, and it is critical that knowledge about scientific breakthroughs and cost impact become better known among OB/GYNs and their patients.

Reproductive Medicine Associates of New Jersey 2018 Infertility Trends National Survey (n=1,289) was conducted February 26 through March 1, 2018 among U.S. adults ages 25-40 using an online survey by Ipsos Public Affairs, an independent market research company.

TIME TO TALK

While most people are aware that fertility declines with age, a woman's peak fertility is actually in her mid to late 20's – despite what you might see in the news about celebrities delivering well into their 40's. While you might be focused on your career, education, or other priorities right now, talking about future fertility options like egg freezing with your OBGYN or reproductive endocrinologist might be helpful.

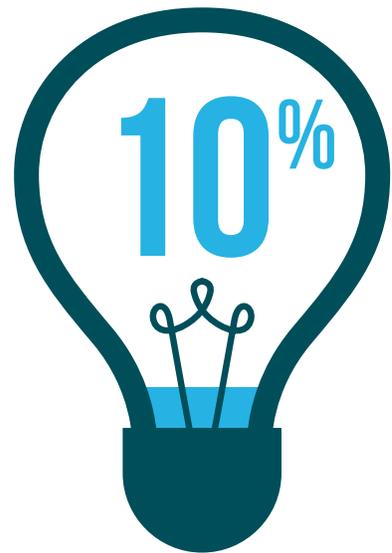
Emotional support from friends, family, colleagues, and others is critically important. Organizations like RESOLVE, the National Infertility Association and social media groups such as FertiTalk can be a great way to connect and talk to someone who's "been there and done that."



Nearly **8 out of 10 (79%)** said they **never had a discussion** about their fertility with their **primary doctor without bringing it up first**. Being your own advocate as an infertility patient is critical.

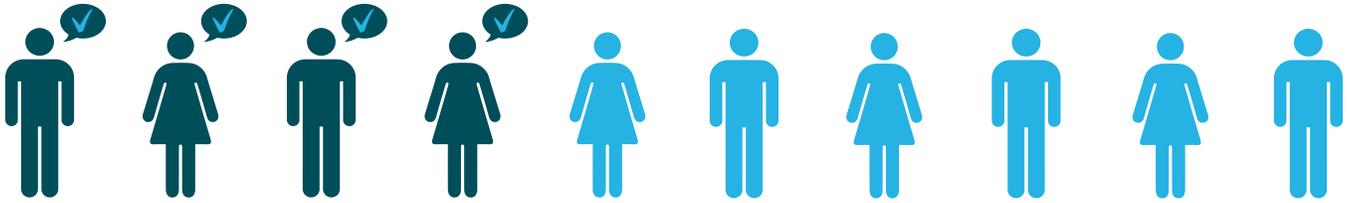


Only **38%** of respondents said they were **aware of someone seeking or currently in care**, suggesting that infertility still needs **greater attention and acceptance**.



Only **10%** of respondents had an **accurate impression** of the **age of peak fertility**, which on average is in the **mid-to late-20's**.

Just 39% of respondents said that **success rates or delivery rates** were most important when **choosing infertility care**.



INFORMATION IS POWER

When considering a fertility clinic for their care, many patients look at pregnancy rates and often misunderstand them for delivery or live birth rates. Since 1992, reproductive specialists in the US are required by law to report success rates, including delivery rates, as well as other outcomes data to the CDC. This data is also published by the Society for Assisted Reproductive Technologies (www.sart.org).

Choosing a clinic with success rates at or above the U.S. average may shorten the overall time and money needed to be successful. Not all practices and fertility treatments provide the same results. Doing a little research can have a big impact on your care and chance for success.

Especially when considering IVF care, patients should ask the following questions at their initial consultation:

Has the center consistently reported to the CDC and SART with delivery rates at or above the national average?

Does the center routinely perform comprehensive chromosome screening (CCS) for embryonic testing?

Does the center routinely perform trophectoderm embryo biopsy when genetic screening is indicated?

Does the center account for endometrial synchronization during time of embryo transfer?

Does the center limit the number of embryos transferred to one or two in all patients at all times?

BUILDING FAMILIES

Fertility treatments and processes like frozen embryo transfer, endometrial synchronization, and comprehensive chromosome screening (CCS) are making the promise of one healthy baby at a time a reality for hopeful parents.

A recent study of nearly 200 patients comparing single embryo transfer with genetic screening versus two embryos transferred with no screening showed: excellent overall success rates without the risk of twins; a lower risk of prematurity; fewer NICU days; higher birth weights; and a lower total cost of care in the single embryo with screening group.

Forman, et al; 2013 In Vitro Fertilization with Single Blastocyst Stage versus Single Cleavage-Stage Embryos. *Fertility and Sterility*, 100(1), 100-107



72% of respondents said they were **very or somewhat concerned** about having **multiples** in IVF.



64% of respondents said they would be **willing to use genetic screening** of embryos to improve the **quality and safety** of fertility treatments.

FERTILITY FINANCIALS

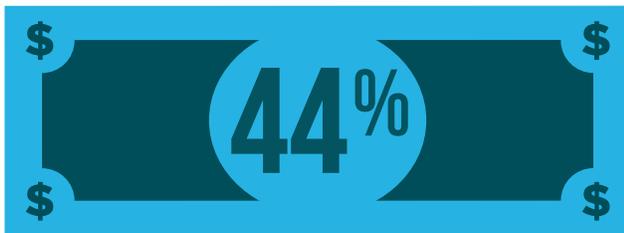
Understandably, cost remains a practical and significant barrier for many patients thinking about infertility care. Currently, most patients in the US pay out of pocket for care and just 15 states have state-based insurance mandates for fertility care coverage. Even in those states, more sophisticated, evidence-based and effective treatment options are not always covered.

Although the average cost for care has not significantly increased in the last several years, cost per cycle remains a barrier for many. Thus, understanding your medical benefits and taking into account the success rates and safety of the treatments provided is critically important.

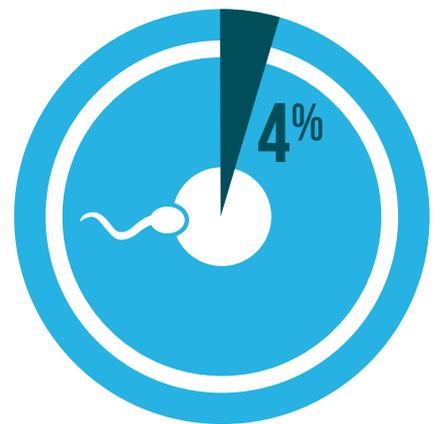
Speaking with your human resources department, benefits administrator, or calling your health plan directly can help you uncover what benefits may be available to you.



More than half (57%) of respondents said they would be willing to **switch jobs** if a new employer **offered infertility treatments** including IVF and egg freezing.



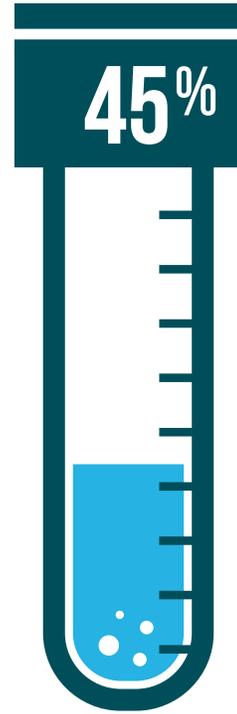
44% said cost and **23% said lack of insurance** were the biggest **barriers** to undergoing infertility treatment.



Only 4% reported **having coverage for IVF treatment**; less than **20%** of respondents said they had any **fertility treatment benefits**

HEALTHY KIDS. BUILDING FAMILIES.

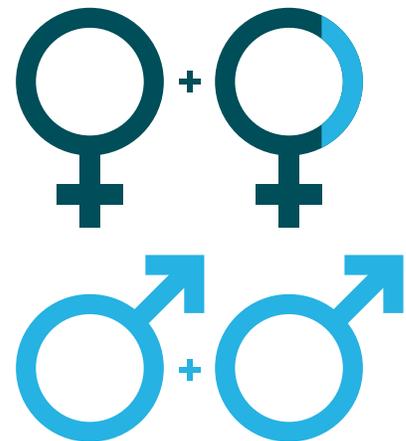
The path to being a parent is different for everyone. Whether for elective reasons or in the case of a cancer diagnosis, advancements in techniques like egg freezing have made fertility preservation more successful. For hopeful parents from the LGBT community, reproductive services like egg donation, sperm donation, or gestational surrogacy provide the necessary options to having a family.



Nearly **half (45%)** of respondents are **interested in fertility preservation** services like egg freezing.



76% of respondents were aware that you can now **screen for a number of health issues** including BRCA1 and II. New developments in pre-implantation genetic screening have made it possible to screen embryos for a number of diseases.



Only **40%** of respondents reported that the **LGBT community was well aware** of their family building options.



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The Reproductive Medicine Associates of New Jersey 2018 Infertility Trends Survey was conducted February 26 through March 1, 2018, by Ipsos among 1,289 nationally representative U.S. adults between the ages of 25-40 who were interviewed online, in English. Results of any sample are subject to sampling variation. The magnitude of the variation is measurable and is affected by the number of interviews and the level of the percentages expressing the results. For the interviews conducted in this particular study, the chances are 95 in 100 that a survey result does not vary, plus or minus, by more than 3.1 percentage points from the result that would be obtained if interviews had been conducted with all persons in the universe represented by the sample.

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