

# INFERTILITY FACT SHEET

## Black Maternal Health Statistical Insights

### DEFINING INFERTILITY

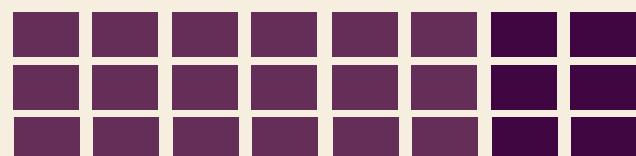


According to Centers for Disease Control and Prevention (CDC), infertility is defined as not being able to get pregnant (conceive) after 1 year (or longer) of unprotected sex.<sup>1</sup> **Black women are disproportionately impacted by infertility and have less access to infertility care and treatment than other racial groups.**<sup>2</sup> The purpose of this fact sheet is to increase awareness of infertility in Black communities (including immigrant and gender expansive people) and provide information on the unique challenges faced by Black women when seeking and receiving infertility care and treatment. In what follows, we highlight the systemic barriers to infertility care along with the associated risks that shape infertility outcomes in the lives of Black women. We conclude by providing recommendations for policy, practice, and further research in infertility care.

### CHALLENGES TO SEEKING AND RECEIVING INFERTILITY CARE

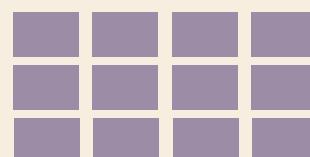
**Black women experience delays in seeking and receiving infertility care and treatment.** These delays often have critical impacts on subsequent fertility treatment outcomes, including the rate of achieving a live birth which remains disproportionately lower for Black women. The following section describes how Black women across ethnic groups may experience varying levels of challenges with seeking and receiving infertility treatments.

#### AVERAGE FERTILITY CARE DELAY FOR BLACK WOMEN



18-24 MONTHS

#### AVERAGE FERTILITY CARE DELAY FOR WHITE WOMEN



12 MONTHS



## Seeking Fertility Care

- \* **Although Black women are more likely to experience difficulty getting pregnant, they are less likely to seek help for infertility.**<sup>3,4</sup> Specifically, Black women initiate infertility treatments (including in vitro fertilization (IVF) and non-IVF treatments) 6-15 months later — and in other instances, two years later — than their White counterparts.<sup>3,5-7</sup> These delays in seeking fertility care are often compounded by several systemic and sociocultural factors, such as a lack of access to health education, delayed referrals to fertility specialists, and cultural stigma related to infertility.<sup>8,9</sup>
- \* **Inequities to seeking fertility care are evidenced by current research**, where one qualitative study found 22% of Black and Latina women mentioned stigma as a barrier to pursuing fertility care, which was a notable contrast to 5% of White women in the study.<sup>8</sup> Larger quantitative studies have also begun to trace the mechanisms that contribute to inequities in seeking fertility care and delayed pathways to treatment among Black communities. As an example,

there is growing evidence that inequities in seeking fertility care are amplified by a lack of access to health education across the life course. One study examining fertility knowledge among Black women in a large metropolitan area (N=158) found that their respondents had lower levels of infertility knowledge (average score of 38%) than the average score of infertility knowledge among women living in the United States (average score of 65%).<sup>4,9</sup> Consequently, constrained levels of fertility knowledge and perceptions of cultural stigma remain significant barriers to care and decrease help-seeking behaviors among Black women experiencing infertility.<sup>4,10,11,12</sup>

- \* **In addition, Black women are less likely to have an awareness of treatment options and financial options when seeking fertility care.**<sup>3</sup> Specifically, Black women report more challenges associated with accessing appointments for fertility treatment, taking time off from work, and paying for treatment.<sup>7,13</sup>

## STIGMA AND KNOWLEDGE GAPS

### CULTURAL STIGMA AS A BARRIER TO SEEKING INFERTILITY CARE ACROSS ETHNIC GROUPS (N = 54)

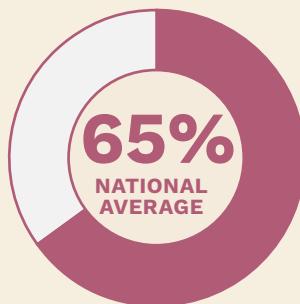
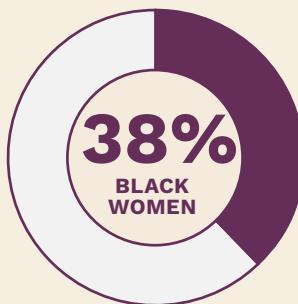
**22%**  
OF RESPONDENTS

BLACK AND LATINA WOMEN

**5%**  
OF RESPONDENTS

WHITE WOMEN

### INFERTILITY KNOWLEDGE SCORES FOR BLACK WOMEN COMPARED TO THE NATIONAL AVERAGE



\* **Notably, these barriers to care create unique challenges for Black women seeking infertility treatment in the United States across ethnic groups.** In one study, Black Haitian and Black African populations were more likely to experience initial access challenges when seeking fertility care and treatment than African American women. Specifically, challenges to seeking fertility care in Black Haitian and Black African communities were exacerbated by a greater prevalence of being uninsured or on Medicaid.<sup>14</sup> Such findings highlight how structural factors — including insurance access and Medicaid coverage for fertility care — further impact infertility outcomes across Black subpopulations.<sup>14</sup>

\* **The barriers to seeking fertility care expose intersectional patterns of inequity, including factors related to structural racism, immigration status, and medical mistrust.**<sup>2,4</sup> Collectively, drivers of systemic inequity expose a pattern in which Black women are more prone to experience adverse outcomes at every point of the infertility care process. Moreover, these effects trickle down from seeking infertility care, receiving infertility treatment, and the subsequent outcomes of utilizing IVF treatment and other assisted reproductive technologies.<sup>4,15</sup>

## Receiving Infertility Care

\* **Women pursue various pathways to fertility care,** including accessing ART (Assisted Reproductive Technology) treatments such as IVF, intrauterine insemination (IUI), and other related infertility therapies. However, when Black women make the decision to formally seek infertility treatment, they are more likely

to face additional barriers in obtaining a diagnosis and pursuing a treatment plan than other racial groups.

\* **Researchers find that Black women experience approximately a 70% lower likelihood of receiving infertility care and treatment** as compared to their White counterparts.



- \* **Additionally, existing research highlights lower clinical referral patterns to reproductive endocrinology for Black women which further impede their ability to receive fertility care.**

Although Black women may consult with a primary care provider and express an interest to receive an assessment from a fertility specialist, one mixed-methods study found that Black women still experienced referral delays from their physicians.<sup>2,3</sup> Relatedly, Black women are less likely than White women to receive a preliminary evaluation for infertility, further delaying care from a specialist.<sup>16,17</sup>

- \* **Along with delayed referrals to a fertility specialist, other factors restricting Black women's ability to effectively receive infertility care include racial discrimination along with provider bias (implicit and explicit).**

Moreover, several studies examined how Black women — particularly across the intersection of racial and sexual identities — expressed additional challenges finding a fertility specialist they felt comfortable with.<sup>3,18</sup> These feelings of discomfort are often not unfounded. Indeed, extensive research has previously documented

historical and contemporary racial biases experienced across reproductive medicine, which contribute to experiences of medical neglect and feeling misunderstood by fertility specialists among Black women.<sup>13,19,20</sup> As an example, one cross-sectional study conducted at an Illinois fertility clinic found that nearly half of the Black patients reported that they felt misunderstood by their provider due to their cultural background.<sup>21</sup>

- \* **Collectively, these factors highlight how Black women continue to navigate disproportionate barriers across the infertility journey.**

Importantly, current research suggests that Black women are three times more likely to discontinue treatment than White women regardless of socioeconomic status or insurance coverage.<sup>15,22</sup> These identified challenges with receiving fertility care contribute not only to higher rates of discontinuation of infertility treatments among Black women but also to an increased risk of adverse outcomes for those who remain in treatment.<sup>10,15</sup>

# INFERTILITY CARE OUTCOMES AMONG BLACK WOMEN



## Black women experience a greater prevalence of comorbidities which further impacts fertility and fertility care outcomes.

Along with the challenges faced when seeking and receiving care, studies point to the adverse outcomes experienced by Black women who undergo IVF treatments. The experiences of Black women pursuing infertility treatment highlights how systemic barriers escalate comorbidities across the life course and position Black women experiencing infertility on an uneven trajectory for achieving a clinical pregnancy.

In this section, we briefly highlight infertility treatment patterns and how underlying comorbidities may contribute to adverse outcomes in Black women.

- \* Even as Black women are less likely to have access to fertility care and treatment, they are more likely to experience a greater prevalence of miscarriages and disproportionately lower birth rates following IVF treatments.**<sup>4</sup>

In one study, Black women experienced significantly lower live birth rates than all other racial groups after undergoing IVF. Specifically, researchers found that Black women were 30% less likely than their White counterparts to achieve a live birth following all cycles of IVF.<sup>15</sup>

- \* These outcomes are related to several social and biological factors that contribute to comorbidities and diminish the effectiveness of infertility treatments across Black populations.**

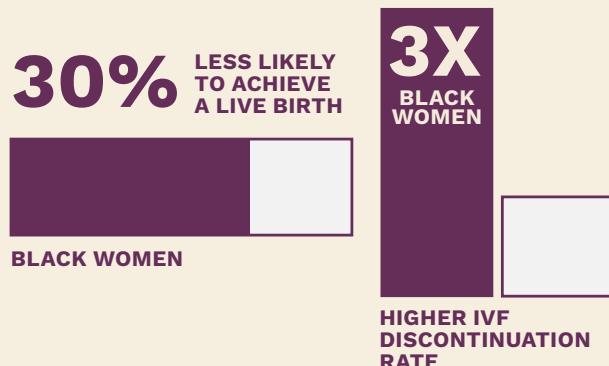
Higher incidence of tubal factor infertility and diabetes in Black women, along with several other conditions, contributes to infertility and subpar fertility care among Black women. Researchers find that other associated risk factors include age at the time of IVF treatment, heart disease, and a higher body mass index.<sup>15</sup>

## ACCESS AND OUTCOMES

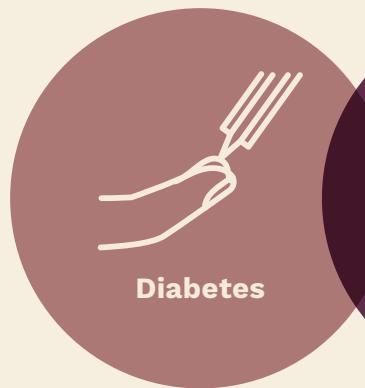
### LIKELIHOOD OF RECEIVING INFERTILITY CARE



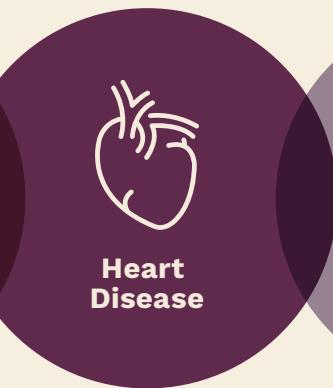
### IVF OUTCOMES AMONG BLACK WOMEN IN COMPARISON TO WHITE WOMEN



## COMORBIDITIES IMPACTING FERTILITY



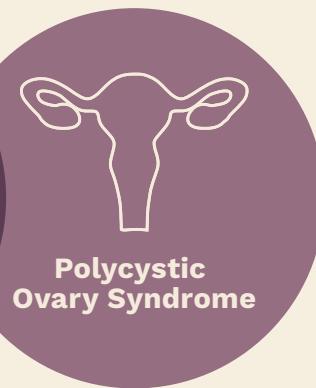
Diabetes



Heart Disease



Higher BMI



Polycystic Ovary Syndrome

- \* **Growing evidence indicates that these factors are further complicated by nativity and migrant status.** In one study, researchers examined whether the comorbidities contributing to infertility diagnoses were homogenous across Black ethnic subpopulations living in the United States. This study found significant differences across Black subpopulations where Black American women ( $n = 99$ ) more frequently experienced infertility due to polycystic ovary syndrome (PCOS) in comparison to Black African women ( $n = 61$ ). Furthermore, Black African women were less likely to receive a tubal factor infertility diagnosis than Black American women and Black Haitian women ( $n = 110$ ).<sup>14</sup> Differences in fertility outcomes across Black ethnic groups have also been documented across research studies. In one cross-sectional study exploring the ART outcomes of Afro-Caribbean women living in the Caribbean (i.e., Bermuda, Barbados, Puerto Rico, and The Bahamas) the cumulative live birth rate for patients who received ART was 31.5% for patients of all ages.<sup>23</sup> This value differs from the reported outcomes for African-American women. Several studies suggest the cumulative live birth rates for African

American women who undergo initial ART cycles range from 22.2%–42.4% with diminished success across age.<sup>24,25</sup> This brief has described the impact of race on diagnosis and care, but these findings also raise important questions regarding lifestyle and environmental factors, along with psychosocial factors like chronic stress and weathering, and how they shape etiologies of infertility and treatment outcomes across Black ethnic subgroups.<sup>14</sup>

- \* **Collectively, there is consistent research highlighting the diminished returns in ovarian reserve coupled with the lower live birth rates among Black women who undergo infertility therapies regardless of socioeconomic status or educational attainment.**<sup>5,24</sup>

These disparate outcomes expose an underlying need to address structural health inequities that compromise the efficacy of infertility care and treatment in Black communities.

#### CUMULATIVE LIVE BIRTH RATE FOR AFRICAN AMERICAN WOMEN WHO RECEIVED ART

22.2%

42.4%

**22.2%–42.4%**

#### CUMULATIVE LIVE BIRTH RATE FOR AFRO-CARIBBEAN WOMEN WHO RECEIVED ART

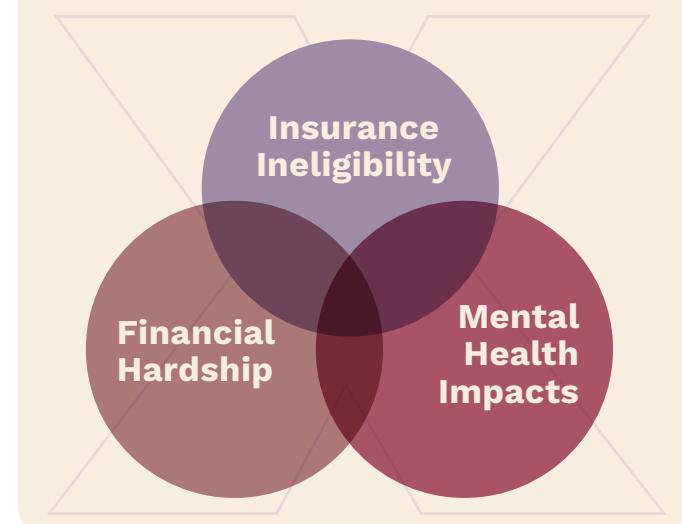
**31.5%**

## INFERTILITY CARE AMONG BLACK QUEER AND GENDER EXPANSIVE POPULATIONS

### A burgeoning body of research points to the unique challenges experienced by Black Queer and gender expansive populations seeking infertility care and treatment.

Gender expansive populations include persons whose gender identities resist heteronormative categories and who may identify as nonbinary, genderqueer, transgender, two-spirit, among other orientations.<sup>26</sup> In this section, we center the diverse needs and challenges faced by sexual and gendered minorities in Black communities, acknowledging how heteronormative policies undermine equitable pathways to infertility.

#### BARRIERS TO INFERTILITY CARE



### \* Black Queer and gender expansive populations often experience intersecting forms of discrimination and stigma when seeking infertility care.

One recent qualitative study explored the experiences of Black sexual and gender minorities by centering gestation-based storytelling to trace their experiences of accessing and receiving infertility care. In

this study, researchers identified several unique challenges faced by Black Queer and gender expansive populations, including the additional stress experienced when navigating bureaucratic insurance processes and heteronormative care practices in fertility clinics. Due to the current clinical definition of infertility, Black Queer and gender expansive populations in this sample



encountered unique challenges when it came to determining their eligibility for health insurance benefits, further delaying their access to treatment.<sup>18</sup>

- \* **In this way, the current definition of medical infertility (i.e., the inability to achieve conception after attempting for at least one year of unprotected sex) does not adequately capture the experiences of Queer families, gender expansive populations, or persons who chose to pursue single parenthood.**

Because many Black Queer and gender expansive populations cannot formerly

document a medical history of infertility, they are denied insurance coverage for assisted reproductive technologies. Consequently, research suggests Queer and gender expansive families encounter mounting financial hardships when pursuing infertility care which has been shown to diminish their quality of life.<sup>18,27</sup>

- \* **Collectively, research finds that these and other interrelated factors contribute to a decline in mental health** for many Black Queer and gender expansive families who often require additional support.<sup>18,27</sup>

## DISCUSSION

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**Black women continue to face heightened challenges when seeking, receiving, and utilizing infertility care and treatment.** Throughout this fact sheet, we aimed to center the experiences of Black women by providing an overview of current trends in infertility care research and outlining several of the structural drivers that contribute to delayed care and adverse infertility treatment outcomes. Although evidence presented in this report highlights the ongoing inequities in Black infertility care across class, ethnicity/nativity, insurance status, and gender identity, it is critical to recognize that these challenges are not necessarily homogenous or uniformed across Black subpopulations. As discussed, Black LGBTQIA+ populations and Black migrant communities experience varying challenges in accessing and receiving infertility care that warrant further attention. We conclude by providing several recommendations to target current inequities and expand infertility care and services in Black communities.

# RECOMMENDATIONS FOR POLICY, PRACTICE, AND RESEARCH

## RECOMMENDATIONS FOR POLICY

Expand the clinical definition of infertility

Increase health insurance coverage for fertility care

## RECOMMENDATIONS FOR PRACTICE

Strengthen health education across the reproductive life course

Provide timely referrals to fertility specialists

Expand racial concordance by training more Black physicians

## RECOMMENDATIONS FOR RESEARCH

Prioritize research on Black subpopulations

Advance research on uninvestigated infertility in Black communities

Expand research on secondary infertility

## Recommendations for Policy

Healthcare policies and insurance practices have a critical impact on the decision-making practices of Black women and gender expansive populations seeking infertility care and treatment. With escalating costs and heightened regulations that restrict reproductive autonomy, it becomes even more timely to address current policies in efforts to accommodate the diverse needs of Black women and birthing populations living in the U.S.

### ○ **Expand the clinical definition of infertility.**

The current clinical definition of infertility narrowly defines it in heteronormative language that is not reflective of the needs of Black Queer couples, gender expansive persons, or individuals seeking to pursue single parenthood. In efforts to advance reproductive justice, policymakers should consider social infertility to better support the reproductive needs of all persons seeking to achieve a clinical pregnancy. Furthermore, incorporating social infertility into the current definition may increase eligibility for insurance coverage for gender expansive populations and other persons seeking to parent.<sup>28,29</sup>

### ○ **Increase health insurance coverage for fertility care.**

To create more equitable access to care, policymakers and stakeholders should advocate for increased insurance coverage of fertility care (i.e., ART) through Medicaid and private insurance. In addition, current research highlights the importance of increasing coverage for fertility doulas, midwives, and others as eligible providers through Medicaid to provide holistic support for those seeking infertility treatments.<sup>30</sup>

## Recommendations for Practice

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According to the American College of Obstetricians and Gynecologists (ACOG) and the American Society for Reproductive Medicine (ASRM), it is recommended that persons younger than 35 years old seek evaluation for fertility treatments 12 months after “unprotected intercourse.”<sup>31</sup> For persons 36 years and older, it is recommended that they seek evaluation for infertility after 6 months.<sup>31</sup> However, the evidence presented in this fact sheet underscores the importance of recognizing the unique challenges represented in Black communities. These observations should prompt practitioners to revisit current standards of care and guidelines through a lens of reproductive justice and health equity.

**O Strengthen health education across the reproductive life course, including guidelines related to infertility, preventative options, and infertility treatment options.**

To increase infertility knowledge among Black women and birthing people, medical practitioners should expand health education through clinical and non-clinical services to women and birthing people of reproductive age. Researchers suggest that infertility health education could be offered during routine visits, community outreach opportunities, or workshops.<sup>4,16,32</sup> Moreover, these interventions could aid in the destigmatization of infertility treatments and enhance clinical support by providing guidance on when to seek a clinical evaluation for infertility, how to navigate available treatment options, and how to plan for the associated costs.

**O Provide timely referrals to fertility specialists.**

Study findings demonstrate that delays in receiving an infertility diagnosis are partially attributed to delayed referrals to fertility specialists. By providing more timely referrals, providers may help to mitigate adverse outcomes in fertility care and treatment.<sup>33</sup>

**O Expand racial concordance by training more Black physicians.**

While research on racial concordance and infertility care outcomes remained limited, some qualitative findings point to the reported importance of racial and gender concordance with fertility specialists among Black women.<sup>12</sup> However, African Americans only make up 8% of current OB/GYN residents and 7% of reproductive endocrinology and infertility fellows, pointing to a critical need to increase representation in medical schools across race and gender.<sup>29,34</sup>

## Recommendations for Research

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Although this fact sheet highlighted several trends in infertility care research, critical gaps remain. Importantly, research that centers the experiences of Black populations navigating infertility care and treatment remains even more limited. More research is needed to guide culturally congruent care and to cultivate interventions that reflect the needs of Black women and gender expansive populations.

- **Prioritize research on Black subpopulations including Black men along with gender expansive and migrant populations.** The bulk of existing research focuses on infertility as experienced by cisgender females and does not include experiences of gender expansive populations. Studies exploring male infertility are also limited. Because males account for 20-30% of all infertility cases, it is critical to conduct more high-quality studies, including clinical trials, that explore genetic, molecular, and cellular causes of male infertility and to develop effective treatments.<sup>35</sup> Several studies also underscore the heterogeneity experienced across Black populations navigating infertility care and treatment. Future research should disaggregate data by ethnicity, nativity, and gender identity to more effectively understand the unique challenges experienced within racial groups and to inform care needs.
- **Advance research on uninvestigated infertility in Black communities.** A small body of research calls for a greater examination of uninvestigated infertility, noting how many methodological approaches to infertility research deploy recruitment strategies that are based in fertility clinics or are retrospective studies of women already diagnosed with infertility. While important, these research designs discount the disproportionate number of Black women who experience undiagnosed infertility and the associated barriers they encounter when seeking infertility care.
- **Expand research on secondary infertility.** Future research should further explore the implications of secondary infertility in Black women. Secondary infertility is broadly defined as the inability to conceive after experiencing at least one live birth. It remains an understudied area of research that disproportionately impacts Black women.<sup>13</sup> Although limited research has been conducted to further examine these experiences, several factors contribute to secondary infertility, including advanced reproductive age, structural inequities, Asherman's syndrome, uterine fibroids, and smoking.

## Fertility Care Organizations and Platforms

The following organizations provide advocacy, education, and financial support for Black women and families as they navigate their fertility journeys.

### Advocacy Organizations and Educational Services

- Sisters in Loss ([sistersinloss.com](http://sistersinloss.com))
- SisterSong's Black Infertility Awareness Week: July 28th – August 2nd ([sistersong.net/black-infertility-awareness-week](http://sistersong.net/black-infertility-awareness-week))

### Community Support, Counseling, and Financial Assistance

- The Brown Broken Egg ([thebrokenbrownegg.org](http://thebrokenbrownegg.org))
- Tinina Q Cade Foundation ([cadefoundation.org](http://cadefoundation.org))
- Fertility for Colored Girls + Guys ([fertilityforcoloredgirls.org](http://fertilityforcoloredgirls.org))

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## CONTRIBUTORS:

Rose Archer, MDiv., M.S. & Ayanna Robinson, MPH, PhD. (July 2025).  
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