ABOUT RMANJ’S 2016 TRENDS IN INFERTILITY

Life moves fast. This is a frequent discussion that doctors at Reproductive Medicine Associates of New Jersey (RMANJ) have with their patients. The younger generations are spending their 20’s getting their education and their 30’s working on their careers and traveling; before they know it, they are in their late 30’s or early 40’s and struggling to have a family. However, this doesn’t need to be the case. The new technologies available today allow for family planning to be done on their own time, they just need to know their options and plan ahead.

With nearly 7 million men and women facing infertility, we need to better understand how to reach individuals and how and where conversations around fertility are taking place. Unfortunately, our research has found that fertility conversations aren’t even started until it’s much too late. In fact, our findings show that only one in four women have ever spoken to their OB/GYN about fertility. As the oldest of the Millennial generation are already entering their mid-30’s, it is critical that these conversations start earlier and happen more frequently in order to be able to have children when they are ready.

Last year’s report, Infertility in America, outlined many common misconceptions about assisted reproductive technology (ART) that we have been working to overcome. In this year’s report: 2016 Trends in Infertility, we dive deeper into what people do and don’t know about fertility preservation, what their options are, and how open they are to using new technologies to assist in having a family. We also explore topics such as the impact of implanting one vs. multiple embryos, genetic testing, and the importance of success rates.

With these new insights and information, RMANJ will continue to work with other industry professionals to help ensure that we are working together to dispel myths and educate patients. We hope to provide them with the resources to make healthy decisions about their future and their options to ensure they can experience the joys of parenthood – on their own timeline.
Infertility In America 2016

Be it genetics, infertility, LGBT, or aging, there are a growing number of options from egg and sperm preservation to third-party in vitro fertilization (IVF) that are available to hopeful parents. Not only is science making it possible for more and more individuals to realize their dream of becoming a parent, but these processes and options, including gestational carriers, are becoming more well-known and accepted across the country.

In fact, frozen embryo transfers (FET) are becoming the standard of care across all high-performing fertility clinics like RMANJ. FET often result in higher success rates and improved obstetrical outcomes due, in large part, to increased synchrony between the embryo and the uterine environment and hormone levels being at a more normal level.

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Start the Conversation Before It’s Too Late
Getting the right information at the right time is critical when it comes to fertility issues. All too often these conversations are taking place too late. In fact, in our study women repeatedly report their OB/GYN has not talked to them about fertility at any age. Even though there are relatively simple tests that OB/GYNs can administer to help patients better understand their current state of fertility, the conversation simply isn’t happening.

WHERE TO START

WHAT YOU NEED TO KNOW

Women considering freezing their eggs have options that make it simple for an OB/GYN or fertility specialist to evaluate the ovarian reserve or remaining pool of eggs. It’s important to note, however, that these tests only measure a current moment in time—they do not predict the length of time until the pool of eggs is depleted nor can they perfectly predict fertility.

a. Follicle-Stimulating Hormone (FSH): A blood test that measures hormone levels and can help indicate the status of a woman’s ovarian reserve.

b. Anti-Mullerian Hormone (AMH): A protein hormone that can be measured in the blood at any time in the menstrual cycle as a marker for ovarian reserve.

c. Pelvic Ultrasound: Evaluates basal antral follicle count (BAFC), which estimates how many eggs are resting in the ovaries.

FRESH VS. FROZEN

80%
A MAJORITY OF RESPONDENTS ARE IN FAVOR OF FERTILITY PRESERVATION OR EGG FREEZING.

IT IS A GROWING TRENDS WITH MORE MILLENNIALS (65%) THAN GENX (50%) SEEING THIS AS VIABLE OPTION

74%
NEARLY THREE QUARTERS KNOW THAT WHEN GOING THROUGH IVF, FROZEN EMBRYO TRANSFERS ARE JUST AS SUCCESSFUL AS USING FRESH EMBRYOS

WHAT YOU NEED TO KNOW

85%
AN OVERWHELMING 85% FELT THOSE FACING INFERTILITY SHOULD HAVE THIRD PARTY REPRODUCTIVE OPTIONS SUCH AS A GESTATIONAL CARRIER, THIRD PARTY IVF, OR EGG/SPERM DONATION.

WHERE TO START

26%
ONLY ONE QUARTER HAVE HAD CONVERSATIONS WITH THEIR OB/GYN ABOUT FERTILITY

42%
IN FACT, NEARLY HALF OF WOMEN WHO HAVE ACTUALLY EXPERIENCED INFERTILITY ISSUES REPORTED THAT THEIR OB/GYN NEVER STARTED A CONVERSATION WITH THEM ABOUT INFERTILITY

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Delaying Parenthood
Science has evolved to a point that allows you to have a family on your timeline, you just need to plan ahead. While egg freezing was initially introduced to help cancer patients undergoing chemotherapy, today thousands of women rely on this technology to ensure they can start families later in life. So finish your education, build your career, or travel to all seven continents before starting a family, but be sure to plan ahead so you can have your family when you are ready.

Rewinding the Biological Clock
57% PERCEPTION: ON AVERAGE, AMERICANS OVERWHELMINGLY REPORTED THAT A WOMAN’S “BIOLOGICAL CLOCK” STOPS TICKING AT AGE 44

Reality Check
THE PEAK “BIOLOGICAL” AGE OF FERTILITY FOR WOMEN IS IN THEIR 20S.

Nearly 7 million U.S. women have difficulty getting pregnant or staying pregnant, according to the Centers for Disease Control and Prevention. Many people don’t know that age is the number one contributor to infertility. Last year, our report found that Millennials plan to have children in their 30’s and because the peak “biological” age of fertility in women is in their 20’s, we expect an increased number of individuals will need to rely on assisted reproductive technology. It’s not just quantity, it’s quality: by the time a woman is 35-years-old, egg quality significantly decreases leading to an increased risk of genetic and fertility issues. The average woman is born with 1-2 million eggs. At puberty, that number drops to 300,000-500,000 and by age 37, a woman’s egg reserve can drop to as low as 25,000.

The Zika Impact
The Zika virus is driving major headlines around the world with major health implications on unborn children. While many articles are focusing on the fact that people aren’t traveling due to the virus, people have also decided to delay starting their families until they better understand the risks involved.

Why Are People Delaying Parenthood
NEARLY 4 OUT OF 5 (78%) ARE DELAYING GETTING PREGNANT, FOCUSING ON OTHER ASPECTS OF LIFE:

- 34% CAREER OR EDUCATION
- 22% NOT SURE THEY WANT CHILDREN
- 22% CAN’T AFFORD IT

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2 out of 5 respondents are delaying pregnancy for fear of impact of the Zika virus.
The biggest myth about IVF is the belief that implanting two embryos will always increase a woman’s chance of becoming pregnant. Leading reproductive endocrinologists at RMANJ and around the globe have been working hard to help dispel this myth.

While fertility treatments are responsible for less than two percent of all deliveries in the U.S., they account for nearly 20 percent of all multiple deliveries. Those multiples come with substantial health risks to mother and child including, seven times the risk of extreme prematurity, four times the risk of a NICU admission, double the risk of preeclampsia and many more. With proper chromosomal screening, implanting one embryo is a much healthier option, yielding nearly identical success rates.

Peace of Mind: Genetic Testing

Pre-implantation genetic diagnosis (PGD) is a test that is often used in conjunction with IVF to identify certain characteristics of an embryo including certain genetic diseases and chromosomal makeup. Serious medical conditions such as Tay-Sachs, Hemophilia and Spinal Muscular Atrophy can be identified through PGD testing of embryos. Our research found that these types of tests are becoming increasingly accepted and understood as a way to help to improve chances of having a healthy baby.

UNDERSTANDING THE NEED FOR GENETIC TESTING

ACROSS THE BOARD, IF USING IVF, RESPONDENTS WERE WILLING TO HAVE EMBRYOS GENETICALLY TESTED.

1 VS. 2

81% OF RESPONDENTS BELIEVE TO INCREASE CHANCES OF HAVING A CHILD THROUGH IVF YOU NEED TO IMPLANT MULTIPLE EMBRYOS

REALITY CHECK

<table>
<thead>
<tr>
<th>ONE EMBRYO (WITH CCS)</th>
<th>TWO EMBRYOS (WITHOUT CCS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIVE BIRTH RATES</td>
<td></td>
</tr>
<tr>
<td>61%</td>
<td>65%</td>
</tr>
<tr>
<td>TWIN DELIVERY RATES</td>
<td></td>
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<tr>
<td>0%</td>
<td>46%</td>
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<tr>
<td>MISCARRIAGE</td>
<td></td>
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<tr>
<td>12%</td>
<td>20%</td>
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<tr>
<td>PRETERM DELIVERY RATE</td>
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<tr>
<td>8%</td>
<td>28%</td>
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<tr>
<td>TOTAL NICU DAYS</td>
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<tr>
<td>80</td>
<td>373</td>
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<tr>
<td>BIRTH WEIGHT</td>
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<tr>
<td>3,408g</td>
<td>2,745g</td>
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<tr>
<td>TOTAL COSTS</td>
<td></td>
</tr>
<tr>
<td>$48,576</td>
<td>$90,583</td>
</tr>
</tbody>
</table>

Prospective parents need to know that pregnancy rates are not the same as delivery rates. One of the first choices that all patients have to make is where to seek infertility care. It’s a critical decision as practice patterns, treatment strategies and technology used can vary greatly from one practice to another. However, there are resources available to guide patients on their way. Believe it or not, infertility specialists are among the only medical specialists required by law to report success rates and other data to the Centers for Disease Control and Prevention (CDC) and those results are made public—creating an invaluable resource for patients.

Each year the Society for Assisted Reproductive Technology (SART) helps hundreds of thousands of Americans make choosing a center easier by releasing the success (delivery) rates for every single fertility center across the U.S. The current SART report can be found by visiting www.sart.org. There are nearly 500 IVF programs and more than 1,000 reproductive endocrinologists in the U.S. that report valuable and accurate information that patients should not overlook when choosing infertility care.

SART is not the only resource—patients must also be their own advocates and be sure they ask the right questions when meeting with physicians. Here’s just a couple of important questions that can help patients get the “better answers” they need to overcome infertility in the shortest time possible:

- Has the center reported IVF delivery rates consistently at or above the national average?
- Does the center promote pregnancy rates or the more honest and transparent delivery rates?
- Does the center routinely perform embryo transfers at the blastocyst stage (Day 5) of development?
- Does the center routinely perform genetic screening of embryos using validated technologies like Comprehensive Chromosome Screening (CCS)?
- Does the center account for endometrial synchronization (transferring embryos based on the receptivity of the uterus) during time of embryo transfer?
- Does the center provide care to couples with complex problems or do they use prior screening results to determine treatment eligibility?

**KNOW WHAT TO LOOK FOR**

**WHEN ASKED WHAT WAS MOST IMPORTANT TO AN INDIVIDUAL WHEN SELECTING A FERTILITY PRACTICE, DELIVERY RATES, WHICH ARE THE MOST IMPORTANT, CAME IN FOURTH ON THE LIST.**

- **52%**  **PHYSICIAN’S REPUTATION**
- **35%**  **PREGNANCY RATE**
- **35%**  **PERSONALIZED TREATMENT PLAN**
- **22%**  **DELIVERY RATE**
- **15%**  **FLEXIBLE HOURS**
Millennials are changing workplace cultures and demanding more from their employers and it’s not just flexible work schedules and volunteer hours. As Millennials continue to delay parenthood, businesses need to be prepared for the impact of infertility on their workforce. More and more employees are looking for their workplace to offer a wider scope of healthcare benefits to cover and infertility issues they may face.

**Keeping Your Talent**

60% or three in five Americans would be willing to change jobs to receive fertility benefits if they were faced with infertility.

From egg freezing or medical services to prescription coverage, only 26% of working Americans reported that their employer offered fertility benefits as an option in their health insurance coverage.

**Methodology**

The RMANJ 2016 Infertility Trends Survey was conducted by Wakefield Research among 1,000 nationally representative U.S. adults ages 18-40 between March 4th and March 11, 2016 using an email invitation and an online survey. Quotas have been set to ensure reliable and accurate representation of the U.S. adult population ages 18-40.

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.