



Reproductive Medicine Associates
of New Jersey

TRENDS IN INFERTILITY 2017

SURVEY AND REPORT



Basking Ridge | Eatontown | Englewood | Freehold | Hamilton | Marlton | Morristown | Somerset | Springfield | West Orange

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2017 NIAW SURVEY INFOGRAPHIC

With nearly 7 million men and women facing infertility, we need to better understand how to reach hopeful parents and how and where conversations around fertility are taking place. Unfortunately, our 2017 national survey uncovered a persistent gap in awareness and information. Too often, conversations about fertility aren't even started until it's much too late. 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.

STARTING LINE



86%

SAID THAT THE BIOLOGICAL CLOCK STOPS TICKING AFTER AGE 35. UNFORTUNATELY, FOR MOST WOMEN PEAK FERTILITY IS IN THEIR MID TO LATE 20'S.



81%

OF WOMEN SAID THEY NEVER HAD A DISCUSSION ABOUT THEIR FERTILITY WITH THEIR DOCTOR, WITHOUT BRINGING IT UP FIRST.



8 OUT OF 10

SAID THEY WOULD BE LIKELY TO SHARE THEIR
TREATMENT EXPERIENCE WITH FAMILY AND FRIENDS.

DID YOU KNOW?

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 things right now, talking about your future fertility options like egg freezing with your OBGYN or reproductive endocrinologist might be helpful.

Perhaps just as important, patients have a number of sources like friends, family and colleagues, to lean on for emotional support. Organizations like RESOLVE, the National Infertility Association or social media groups like FertiTalk can be a great way to connect and talk to someone who's "been there and done that."

FERTILITY FINANCIALS



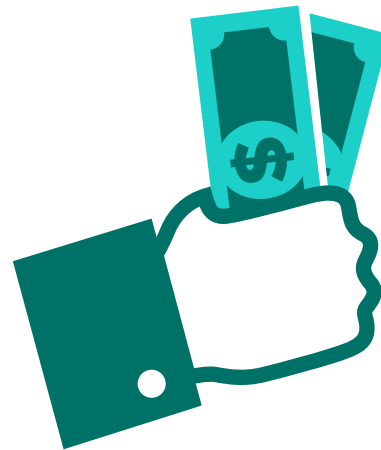
NEARLY TWO-THIRDS

OF RESPONDENTS SAID THEY WOULD BE WILLING TO SWITCH JOBS IF A NEW EMPLOYER OFFERED INFERTILITY TREATMENTS SUCH AS IVF OR EGG FREEZING AS PART OF THEIR HEALTH BENEFITS PLAN.



NEARLY 40%

OF RESPONDENTS SAID DEBT SUCH AS CREDIT CARDS OR STUDENT LOANS WAS HOLDING THEM BACK FROM BUILDING A FAMILY.



72%

SAID A FINANCIAL REFUND IF UNSUCCESSFUL AFTER IVF CARE WOULD MAKE IT EASIER TO ENTER CARE.

DID YOU KNOW?

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. And even in those states often more sophisticated and effective treatment options may not be covered.

Understandably, cost remains a practical and significant barrier for many patients thinking about infertility care. Although the average cost for care has not significantly increased in the last several years, \$12,000-\$15,000 per IVF cycle is hard for many to manage.

The risk of failure and expense tied to failure is keeping many patients away from care. More and more fertility specialists are offering different types of programs to lessen the financial risks of care. RMANJ's CareShare 100% Refund Program, launched late last year, provides up to six IVF attempts for a single price. If the patient is unsuccessful after all cycles are used, they receive 100% refund. The CareShare program now also includes a 100% refund medication package as well.

ONE HEALTHY BABY AT A TIME



77%

OF RESPONDENTS SAID THEY WERE VERY OR SOMEWHAT CONCERNED ABOUT HAVING MULTIPLES IN IVF.



87%

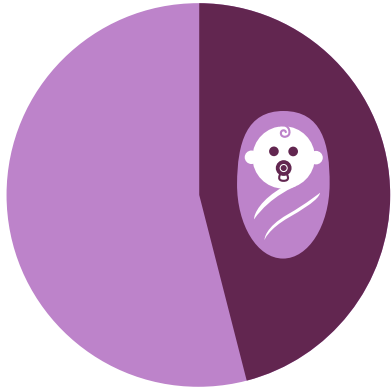
SAID TO INCREASE IVF SUCCESS, MULTIPLE EMBRYOS MUST BE TRANSFERRED. MOST RESPONDENTS UNAWARE THAT NEW TREATMENT PARADIGMS INCLUDING THE USE OF COMPREHENSIVE CHROMOSOME SCREENING IS MAKING SINGLE EMBRYO TRANSFER JUST AS SUCCESSFUL.

DID YOU KNOW?

Fertility treatments and processes like frozen embryo transfer, endometrial synchronization and comprehensive chromosome screening (CCS) is 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 but no 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.

INFORMATION IS POWER



JUST 42%

OF RESPONDENTS SAID THAT SUCCESS RATES OR DELIVERY RATES WERE MOST IMPORTANT WHEN CHOOSING INFERTILITY CARE.



ONLY 21%

WERE AWARE THAT FERTILITY SPECIALISTS ARE REQUIRED TO PUBLISH THEIR SUCCESS RATES ANNUALLY.

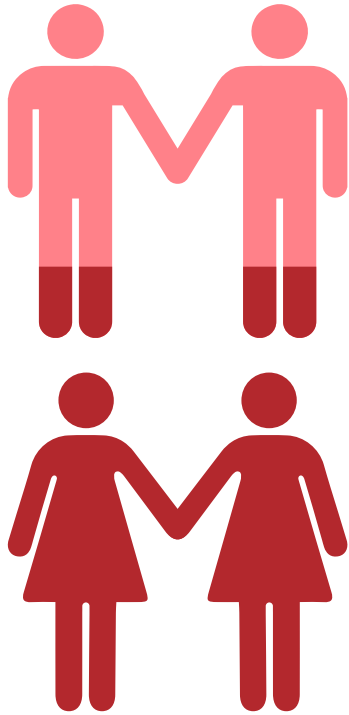
DID YOU KNOW?

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 the 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).

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 on their initial consultation:

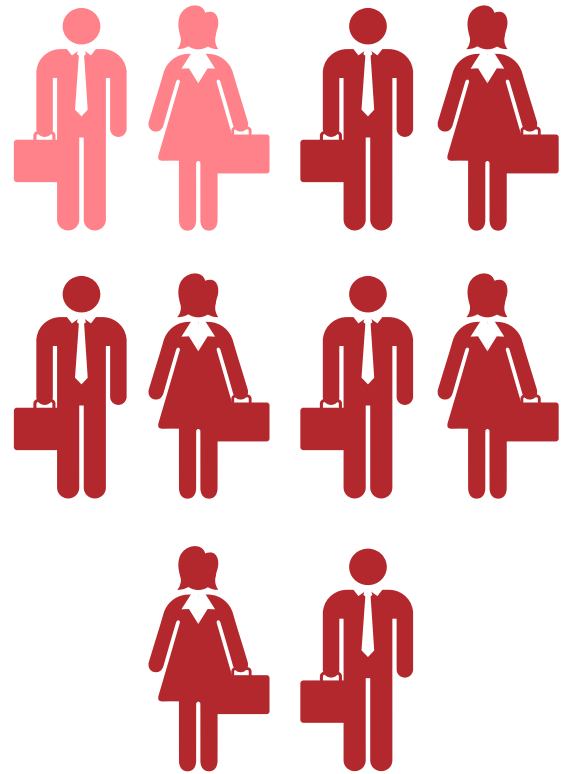
- **Has the center consistently reported to the CDC and SART with delivery rates at or above the national average?**
- **(CCS) for embryonic testing?**
- **Does the center routinely perform trophectoderm embryo biopsy when genetic screening is indicated?**
- **Does the center account for endometrial 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?**
- **Are their costs in line with their success rates? Are their fees excessive or discounted too heavily?**

FAMILY BUILDING



68%

OF RESPONDENTS AGREE THAT MEMBERS OF THE LGBT (LESBIAN, GAY, BISEXUAL AND TRANSGENDER) COMMUNITY SHOULD HAVE EQUAL ACCESS TO REPRODUCTIVE CARE.



NEARLY 8 OUT OF 10

RESPONDENTS ARE WILLING TO USE FERTILITY PRESERVATION AND OTHER PROCEDURES TO HAVE A FAMILY IN THE FUTURE.

DID YOU KNOW?

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.



The Reproductive Medicine Associates of New Jersey 2017 Infertility Trends Survey was conducted March 7-10th by Ipsos among 1,312 nationally representative U.S. adults between the ages of 18-40 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.