

# OVERVIEW OF FERTILITY ISSUES



Within the UK at any one time there are approximately 3.5 million people, or 1 in 6 couples, who will be affected by fertility issues. This number does not include same-sex, single or transgender people who are going through their own fertility journeys and challenges.

This means that within any workforce, there are more people than we may realise who are facing fertility issues. It is in everyone's best interest to help and support our teams.

## Who is affected?

There are many myths about who undergoes fertility treatment and investigations, and it is essential that workplaces have a realistic assessment of who will be affected and what the implications will be.

In terms of initial diagnosis, the majority of cases are a result of male fertility factors; approximately 30-40% of all initial diagnoses will be male, approximately 30% female, and the remainder may be unexplained.

Likewise, fertility issues are experienced by all ethnicities and all socio-economic backgrounds.

## Types of treatment and success rates

There is often an extended period of investigations, either via the GP or within a clinic setting, prior to treatment itself. This period is a rollercoaster of emotions and practicalities.

IVF is just one of many types of fertility treatment available to people today, along with other options such as Clomid (to start ovulation) and IUI. The reality is that not all cycles will end with a pregnancy, even after numerous attempts and many years. There are no guarantees. As such, we need to acknowledge that not every fertility journey ends in the way people hope, and support will be needed no matter what the outcome.

Success rates in the UK should always be individually assessed but on average we see:

- **32% for women under 35**
- **25% for women aged 35 to 37**
- **19% for women aged 38 to 39**
- **11% for women aged 40 to 42**

An average IVF cycle can last between 4 to 6 weeks and involve numerous clinical visits, a variety of medication, and for many people a huge financial cost. It is useful to see this as a series of stages for the individual rather than a one-off event, and understand that within this framework there will be a wide variety of experiences and highs and lows to navigate.

The effects of medication also can be wide ranging with headaches, mood swings, brain fog and bloating being very common and a difficult part of the process for all involved.

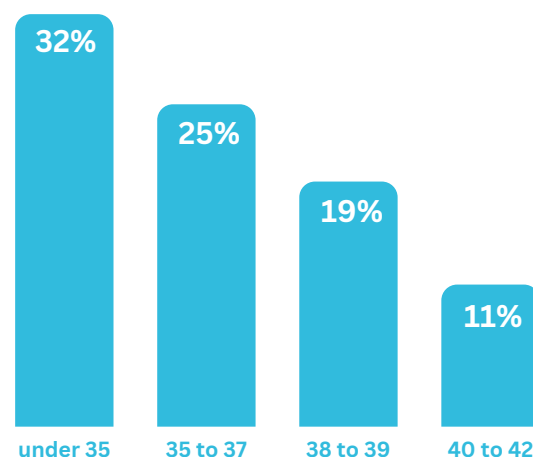
## Funding criteria

Our research with Middlesex university showed that two-thirds of patients (63%) had to pay for their own medical treatment.

The average cost of investigations and treatment was £13,750. Around 1 in 10 couples (12%) spent more than £30,000 and a few (0.5%) spent over £100,000. Funding for NHS fertility treatment varies across the country, with access entirely dependent on your postcode.

Scotland, Wales and Northern Ireland each have their own standard access criteria, and the number of cycles available is equitable across each area. However, despite national guidance in England, the criteria and number of cycles available there varies widely. This is because, unlike the devolved nations, decisions on provision of fertility treatment in England are left to local Clinical Commissioning Groups (CCGs).

This is very unfair; difficulties conceiving are distressing enough without finding your postcode precludes you from accessing treatment and as a charity we will keep campaigning so that access to medical treatment is available to all who need it.



## Mental health implications

*“Infertility and the subsequent treatment was by far one of the hardest things I have ever faced. The isolation, daily worry and fear of the unknown challenged me in ways I never could have expected”*

- Former patient

**83% of all patients report feeling sad, frustrated, and worried often or all the time.**

**47% experience feelings of depression often or all of the time.**

**30% report suicidal feelings sometimes or occasionally.**

**10% experience suicidal feelings often or all the time.**

It is essential that the mental health implications are better understood and supported, not just for the individual but for the workplace as a whole. As a charity we offer a huge range of support but it is also vital that employers help their team members too.

## Other considerations

### Physical

Most treatment cycles will be physically very demanding for the individual with the effects of medication, numerous clinical visits and the overall uncertainty taking its toll.

### Financial

With the majority of patients having to self-fund, and a postcode lottery around the levels of funding available, there is often a huge additional burden on people to finance their medical treatment.

As a charity we often hear from people remortgaging, saving and even crowdfunding to raise money. This itself can add huge stress onto all involved.

### Effect on relationships

The majority of patients (59%) reported some detrimental impact of fertility problems and/or treatment on their relationship with their partner, while 2% reported their relationship had ended as a result.

Other key relationships can also be affected, with patients often talking of feeling isolated or misunderstood in family or friendship groups.

It is vital that people feel supported and understood when going through fertility challenges. At Fertility Network we have a wide range of help available and free to access.



### Summary

**There will be more people affected by fertility than we may realise. Although each person's journey is different, there are common themes of isolation, financial burden and emotional distress. Workplaces can be a key part of providing care and support for all involved and together we can help and equip all those facing these issues.**