

# Why Knowledge Matters in Family Building

November 2021

---

Prepared by

Jacob Anderson, Global Head of Research



# Why This Matters & Why Now?

- 68% of millennials use family-building policies as a criteria to select their employer
- 93% of employees say family-building education is critical
- Millennials are digital natives who rely primarily on education through video
- Current family-building offerings ignore critical DE&I, LGBTQIA+, BIPOC, and global considerations, requiring improvements



## Executive Summary

- Access and education are the crucial components to a family-building benefit
- Superb education is critical in terms of reducing regret, risk, and preserving resources
- Superior education dovetails with employer focus on BIPOC, LGBTQIA+, & global parity
- Employees attest education improves decision-making, retention, and mental health
- Educational offerings from “networks” and “vendors” are inferior as they pertain to:
  - Depth (e.g. full courses versus articles)
  - Comprehensiveness (e.g. by race, orientation, region)
  - Accuracy and rigor (built and endorsed by relevant societies and leadership)
  - Conflict of interest (e.g. agreements with clinics and treatment incentives)



## Introduction

A complete family-building solution consists of a Network (e.g. coverage) and Knowledge (e.g. education). Within the U.S., the "first wave" of family-building benefits was focused on Network and is mostly complete. The "second wave" is devoted to ensuring all (e.g. LGBTQIA+, BIPOC, Global) hopeful parents are given proper education now that access has been established.

### Components of a Twenty-First Century Benefit Plan

	Network	Knowledge
Definition	Coverage, Network, Call Center Support	Independent, rigorous education provided by recognized experts
Penetration	90% of Fortune 500	10% of Fortune 500
Vendors	Progyny, WINFertility, Maven, Carrot, Stork Club, Cleo, All Carriers	FertilityIQ

## Importance of Education

Providing employees rigorous, impartial education is overlooked—but essential—along a number of dimensions including mitigating employee regret and preserving resources.

## More Regret With Less Education

UCSF studies show half of elective egg freezers have some feelings of regret over their decision while 66% of Australian patients regret paying for “IVF add-ons.” Authors in both studies cited patients who were undereducated were more likely to suffer from regret.

	<b>Elective Egg Freezing</b>	<b>IVF Add-Ons</b>
Setting	United States	Australia
% Patients Feeling Regret	50%	66%
Regret Correlates With Lack of Patient Education	Yes	Yes

## Fewer Resources

In 20% of IVF procedures, the medical evidence to support the choice of such treatment is "weak" (*British Medical Journal*). Meantime, IVF is paid out of pocket in many large countries (e.g. the U.S., Brazil, China) and costs patients and employers substantially (IVF = 40%+ of household income in the U.S. and China).



## Aligning With Corporate Priorities

Modern-day benefit programs are focused on three pillars: Supporting All Family Formation, Diversity, Equity & Inclusion and Global Parity. Proper education is tantamount to reinforcing all three, or said differently, withholding comprehensive education imperils each.

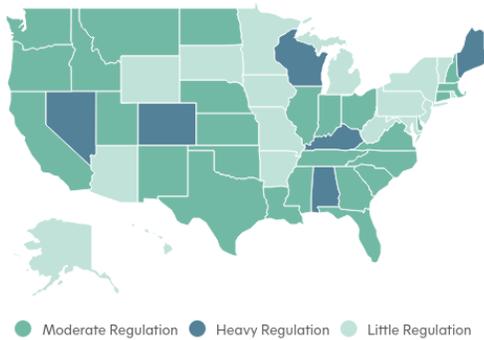
# Supporting Twenty-First Century Families

The adoption, foster, fertility, and unassisted conception processes are each complex and dissimilar. For example, the adoption process involves myriad legal, procedural, and emotional steps, and any misstep can end the process (nearly 50% of all planned adoptions "fall out"). Rigorous training from all parties involved (e.g. attorneys, agencies, birth mothers, pediatricians) improve the odds of an ethical, efficient, and successful process.

## Adoption

Lesson 3 of 7 The Domestic Adoption Process

### Adoption Advertising Laws



Because, again, every state law varies.

## Adoption

Lesson 3 of 7 The Domestic Adoption Process

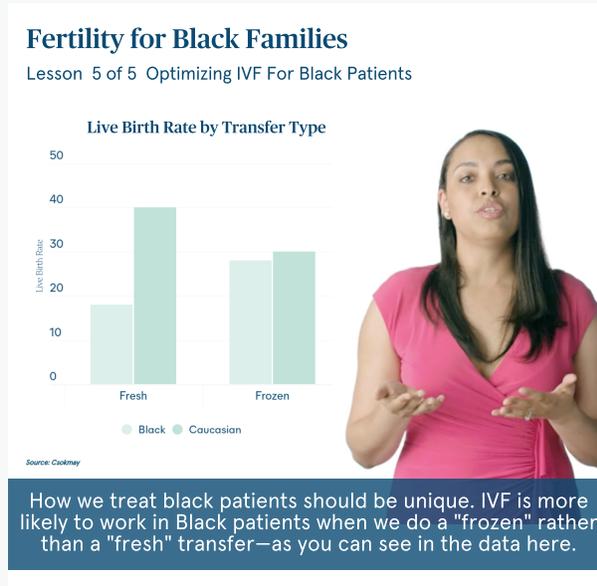
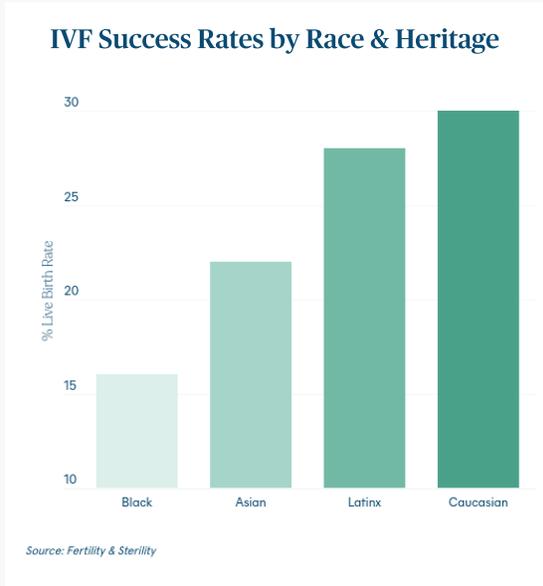
Ashley Mitchell  
Birth Mom  
Founder of Lifetime Healing Foundation



At that moment, when I delivered, I became a mother. And that family gave me the space to be with my boy at that critical moment. That was a pivotal decision.

# Diversity, Equity & Inclusion

Family-building paths vary by race and heritage (see data below). Providers, carriers, and vendors ignore this reality. Unless specific education is provided to each group, employers risk withholding critical information that improves each group's odds of success and helps them prepare financially, emotionally, and temporally.



### Fertility for Patients of South Asian Heritage

Lesson 1 of 4 Success Rates and Nuances for Patients of South Asian Heritage

There have been some studies that show that women with PCOS of South Asian heritage have a more severe phenotype of PCOS.

#### Experts you'll learn from

- Dr. Alice Domar  
Associate Professor, OBGYN  
Harvard Medical School
- Dr. Meera Shah  
Reproductive Fertility Specialist  
Nova Fertility
- Dr. Viji Sundaram  
Reproductive Fertility Specialist  
Kaiser Permanente Centers for Reproductive Health
- Amrit Malhotra, MSW, RSW  
Fertility Counselor
- Beth Jaeger-Skigen  
Licensed Therapist & LCSW  
RESOLVE Committee Member

# LGBTQIA+ Family Formation

LGBTQIA+ family formation is often complex and involves either an adoption process (12+ complex steps) or third-party reproduction (rife with medical, legal, and emotional complexities).

## Course Syllabus

Lesson 1 (2 min)

Becoming Mothers and Parents

Lesson 2 (20 min)

Select Sperm Donors

Lesson 3 (12 min)

Insemination Approaches for Lesbian Women

Lesson 4 (15 min)

In Vitro Fertilization, Reciprocal IVF & Co-Maternity

Lesson 5 (4 min)

Where to Start: IUI or IVF?

Lesson 6 (35 min)

Lacey & Crystal's Reciprocal IVF Story

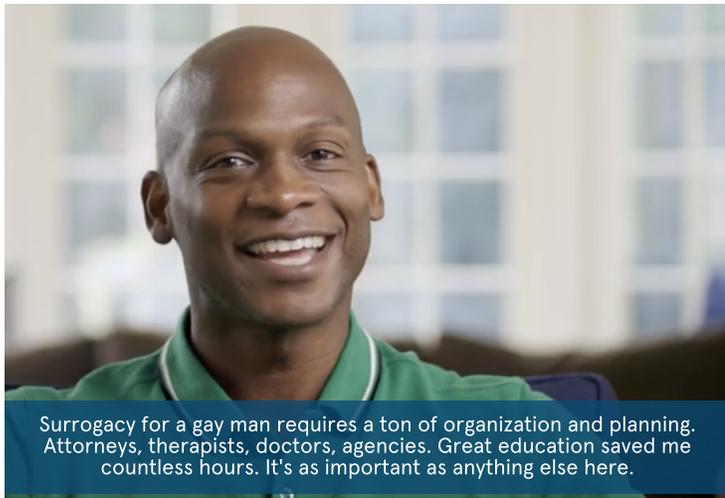
## Fertility for Lesbian Women Becoming Moms

Lesson 6 of 6 Lacey & Crystal's Reciprocal IVF Story



## Paths to Parenthood for Single & Gay Dads: An Introduction

Lesson 5 of 11 The Gestational Surrogacy Process



### Experts you'll learn from



Dr. Heather Huddleston  
Director  
University of California San Francisco



Dr. Daniel Kaser  
Director, Third Party & LGBTQ  
RMA of Northern California



Dr. Meera Shah  
Reproductive Fertility Specialist  
Nova Fertility



Brian Esser  
Reproductive Attorney  
Law Office of Brian Esser

# Global Equity

As we discussed, family-building processes are complex with often unfamiliar terminology. People need to be trained in their own language and consult experts who can discuss what's legal and feasible in their own region. Otherwise, critical information will be missed or employees will waste time pursuing an unrealistic option or ignore a practical path for one that requires handholding.

## Global Perspectives

Lesson 33 of 41 Taiwan



## Global Perspectives

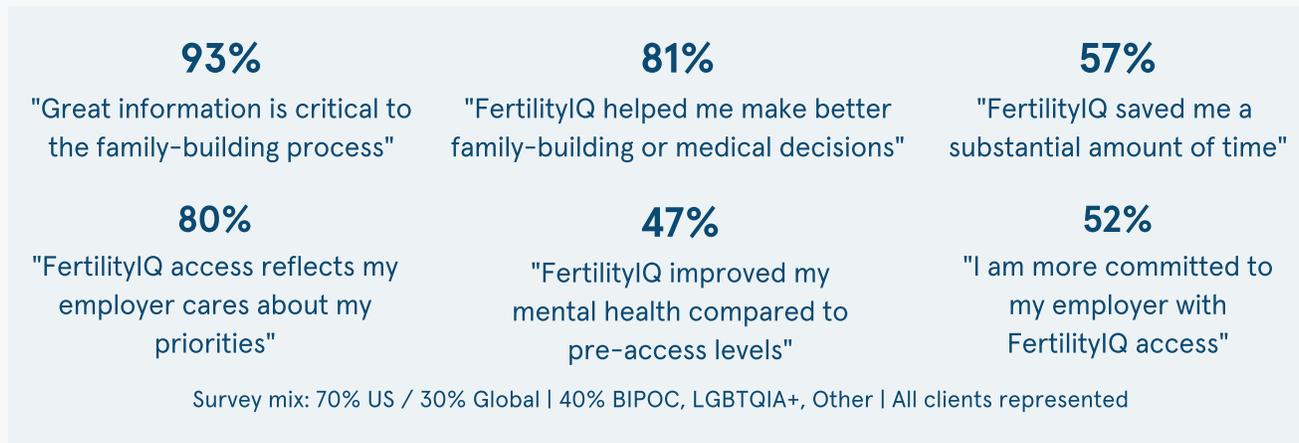
Lesson 10 of 41 Czech Republic - LGBTQIA+ Family Building



# What Great Education Can Produce

As we've seen in our data, if patients are provided superb education, it can improve their ability to make better decisions, save substantial time, enhance commitment to an employer, and improve emotional wellbeing.

## Value of FertilityIQ's Education



## Not All "Education" Is Equal

Thorough family-building education is difficult to offer, and the vast majority of offerings are incomplete, inaccurate, and withhold or ignore critical nuance.

## Required Input

The input required to educate hopeful parents is enormous given the variety and heterogeneity of paths and the medical, legal, financial, social, and emotional aspects which needs to be overlaid by region, race, orientation, and more. Keeping information up-to-date amidst continuous change demands time and attention.

<b>Inputs Required to Build Rigorous Education</b>			
Urologists	Fertility Doctors	Therapists	Attorneys
Patients	Adoptive Parents	Foster Parents	First Parents
Data	Decision Frameworks	Checklists	BIPOC
Costs	Duration	Risk	Odds of Success
Agencies	Social Workers	Payers	Government
Offspring	Foster Children	Adopted Children	Surrogates
LGBTQIA+	Un-partnered	Global	Regulatory
Alternatives	Processes	Budgeting	<b>Continuous Change &amp; Updates</b>

# Depth & Rigor

Given the importance and complexity of the subject, it is crucial employees are educated in a methodical, linear perspective that incorporates data, frameworks, and expert perspectives. Whereas FertilityIQ offers video and written courses, others provide a few paragraphs of written text.

### FertilityIQ's IVF Offering

2 hours video content + 13 Written Lessons

Course Syllabus	
Lesson 1 (10 min) What is IVF?	Lesson 7 (10 min) PGT-A and PGS Genetic Screening of Embryos
Lesson 2 (15 min) The Steps and Decisions In The IVF Process	Lesson 8 (8 min) Which Embryo To Transfer?
Lesson 3 (5 min) IVF Success Rates	Lesson 9 (9 min) Transferring Fresh or Frozen Embryos
Lesson 4 (10 min) Ovarian Stimulation Protocols	Lesson 10 (5 min) How Many Embryos To Transfer At Once?
Lesson 5 (5 min) Conventional Insemination or ICSI	Lesson 11 (5 min) Importance Of The IVF Laboratory
Lesson 6 (15 min) Growing Embryos To Cleavage or Blastocyst Stage	Lesson 12 (13 min) Risks of IVF
	Lesson 13 (4 min) Costs of IVF



Dr. Valerie Baker, Chief of Johns Hopkins School of Medicine

#### Experts you'll learn from



Dr. Torie Comeaux Plowden  
Assistant Division Director  
Walter Reed Medical Center



Dr. Chantel Cross  
Associate Director, REI  
Johns Hopkins School of Medicine



Dr. Owen Davis  
President, ASRM  
Associate Director, REI  
Weill Cornell Medical Center



Dr. Valerie Baker  
Division Chief  
Johns Hopkins School of Medicine



Dr. Jamie Grifo  
Medical Director  
NYU School of Medicine



Dr. Eric Forman  
Medical & Laboratory Director  
Columbia University Medical Center



Dr. Eve Feinberg  
Medical Director, REI  
Northwestern Medicine



Dr. Meera Shah  
Reproductive Fertility Specialist  
Nova Fertility

### Other Vendor's IVF Offering

(6 paragraphs)

Whether getting ready to start a first In Vitro Fertilization (IVF) treatment cycle or having been through IVF before, there are things one can do to help ensure the cycle is successful.

- Focus on Healthy Habits**  
The patient's general state of health affects the chances of a successful embryo transfer and a healthy pregnancy, so the best thing to do is lead a healthy life. Stop smoking, eat a healthy diet, exercise in moderation, lose any extra weight, and get more sleep. Don't overindulge in alcohol.
- Cut Back on Coffee**  
New research shows that, for women, drinking more than five cups of coffee a day has a negative effect on one's chance of getting pregnant. So, back away from the free refills at work, and be aware of daily coffee consumption.
- Age is a Factor**  
Success rates with IVF decrease as many as 5% in 3 women conceive after they turn 40. If the odds of having a healthy b
- Consider Having Acupuncture**  
Acupuncture has been shown to relieve stress. Two recent studies — one in Acupuncture in Medicine and the other in the Journal of Endocrinological Investigation — found it benefits when acupuncture was used or the day an embryo was transferred into a woman's uterus. A study from the Journal of Endocrinological Investigation also found that women with Polycystic Ovary Syndrome and men who had fertility issues with no known cause also benefited from acupuncture.
- Be Patient**  
For couples under 35 years old, time may be on their side. Almost half of couples under age 35 who have been trying for less than two years to get pregnant have a greater than 30 percent pregnancy rate. If the male partner has fertility issues or the woman trying to conceive has been diagnosed with factors that make IVF the best option, age is in their favor.

\*For education purposes only. May not reflect coverages.

# Comprehensiveness

No other offering provides education bespoke to path, race/heritage, orientation, marital status or global region. As a result, critical facts are withheld from those who need them most.

# Accuracy & Rigor

The consequences of misinformation are costly, painful, and longstanding, and therefore, third-party validation is critical. Only FertilityIQ is built with—and endorsed by—experts representing most every global society and institution focused on these issues from a DE&I and health/medical perspective.



"A superb, comprehensive education for all patients, **no matter their diagnosis, race, or sexual identity.**" Dr. Chantel Cross, Johns Hopkins



"FertilityIQ is the **absolute gold standard** in patient education." Dr. Jamie Grifo, Medical Director, NYU



"FertilityIQ fills an absolutely **crucial role in LGBTQ+ family formation.**" Stan Sloan, CEO, Family Equality



"Patients who use FertilityIQ give themselves a **real advantage.**" Dr. Eve Feinberg, Medical Director, Northwestern



"**A resource single mothers wisely rely upon** for details, unbiased information & insight." Jane Mattes, LSCW, Founder, Single Mothers By Choice



"**The education all male factor patients deserve,** but few truly get." Dr. Michael Eisenberg, Medical Director, Stanford



"**FertilityIQ is a game-changer** for all hopeful parents." Dr. Camille Hammond, CEO, The Cade Foundation



"FertilityIQ delivers **crucial information to build healthy families.**" Dr. Jorge Chavarro, Associate Professor, Harvard



"FertilityIQ is the **best resource for cutting-edge, balanced, and unbiased information.**" Dr. Owen Davis, Past ASRM President, Cornell University



"FertilityIQ is truly **admired by the very best doctors.**" Dr. Zev Williams, Division Chief, Columbia University

## Freedom from Financial Conflict of Interest

"Fertility network" vendors strike business agreements with clinics which creates financial incentives. Only FertilityIQ has no business agreements with clinics and is unencumbered by an inherent financial conflict of interest.

To learn more about FertilityIQ research and resources, please contact Mary Tinebra at [mary.tinebra@fertilityiq.com](mailto:mary.tinebra@fertilityiq.com)



Jake Anderson | Global Head of Research  
415-295-2147 | [jake.anderson@fertilityiq.com](mailto:jake.anderson@fertilityiq.com)

