

# Why Knowledge Matters in Family Building

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FertilityIQ

# 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.

| Patient Regret & Lack of Education               |                       |             |
|--|-----------------------|-------------|
|  | Elective Egg Freezing | IVF Add-Ons |
| 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.



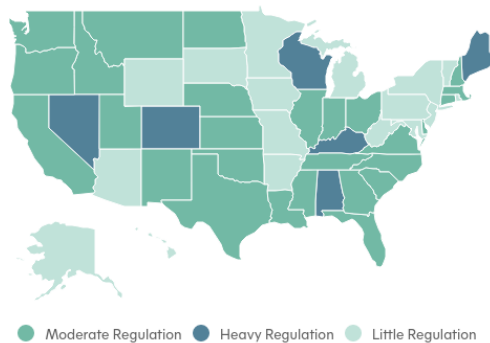
# Supporting Twenty-First Century Families

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

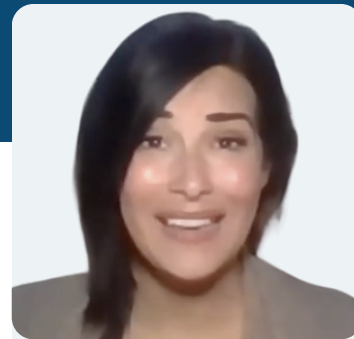


Because, again, every state law varies.

## Adoption

Lesson 3 of 7 The Domestic Adoption Process

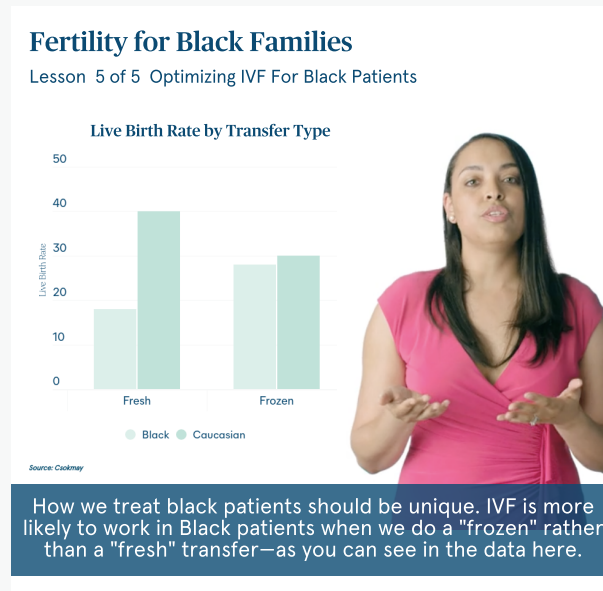
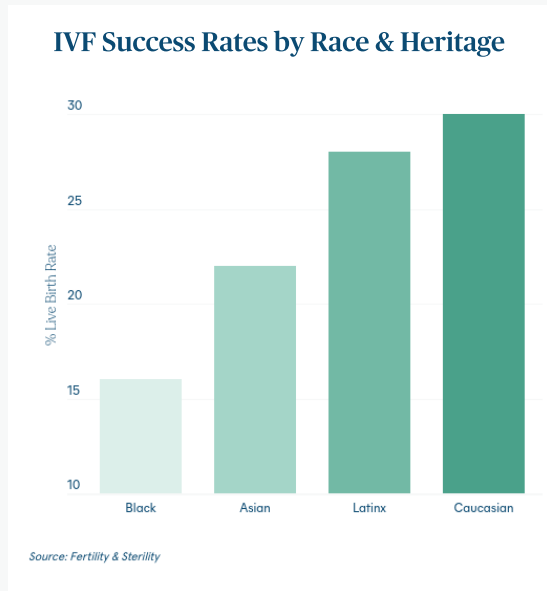
Ashley Mitchell  
Birth Mom  
Founder of Lifetime Healing Foundation



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

### 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

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

# 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

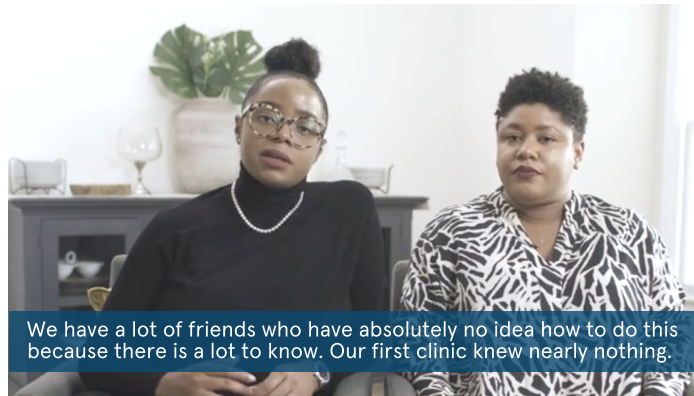
Lesson 4 (15 min)  
In Vitro Fertilization, Reciprocal IVF & Co-Maternity

Lesson 5 (4 min)  
Where to Start: IUI or IVF?

Lesson 6 (35 min)  
Lacey & Crystal's Reciprocal IVF Story

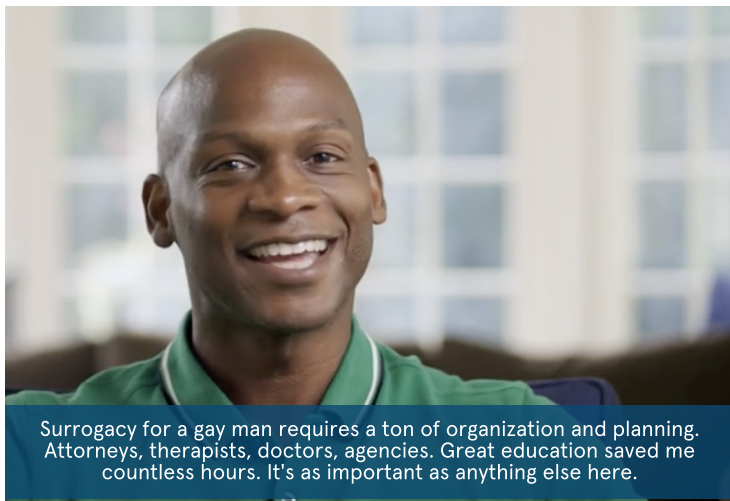
## Fertility for Lesbian Women Becoming Moms

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

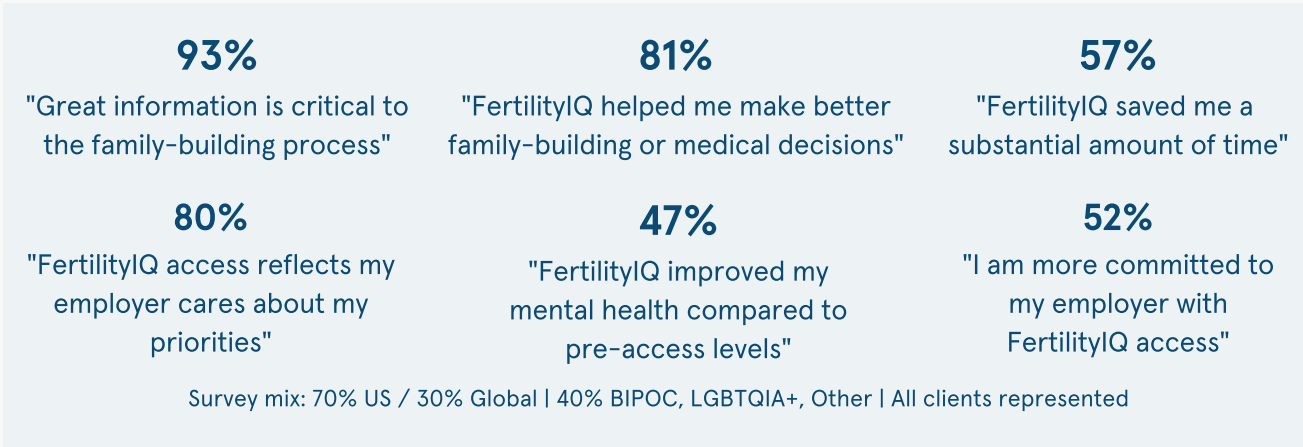
Lesson 10 of 41 Czech Republic - LGBTQIA+ Family Building



# 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.

| Inputs Required to Build Rigorous Education |                     |                  |                             |
|---|---------------------|------------------|-----------------------------|
| 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        | Continuous Change & Updates |


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



Experts you'll learn from

- Dr. Torie Comeaux Plowden, Assistant Division Director, Walter Reed Medical Center
- Dr. Owen Davis, President, ASRM, Associate Director, REI, Weill Cornell Medical Center
- Dr. Jamie Grifo, Medical Director, NYU School of Medicine
- Dr. Eve Feinberg, Medical Director, REI, Northwestern Medicine
- Dr. Chantel Cross, Associate Director, REI, Johns Hopkins School of Medicine
- Dr. Valerie Baker, Division Chief, Johns Hopkins School of Medicine
- Dr. Eric Forman, Medical & Laboratory Director, Columbia University Medical Center
- 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 you can do to help ensure the cycle is successful.

- 1. 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.
- 2. Cut Back on Caffeine**  
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.
- 3. Age is a Factor**  
Success rates with IVF decrease as many as 1% in 3% women conceive after they turn 40. If the odds of having a healthy b
- 4. 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 a benefit 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.
- 5. 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)



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