

MENU



## WHAT IS IN VITRO FERTILIZATION?

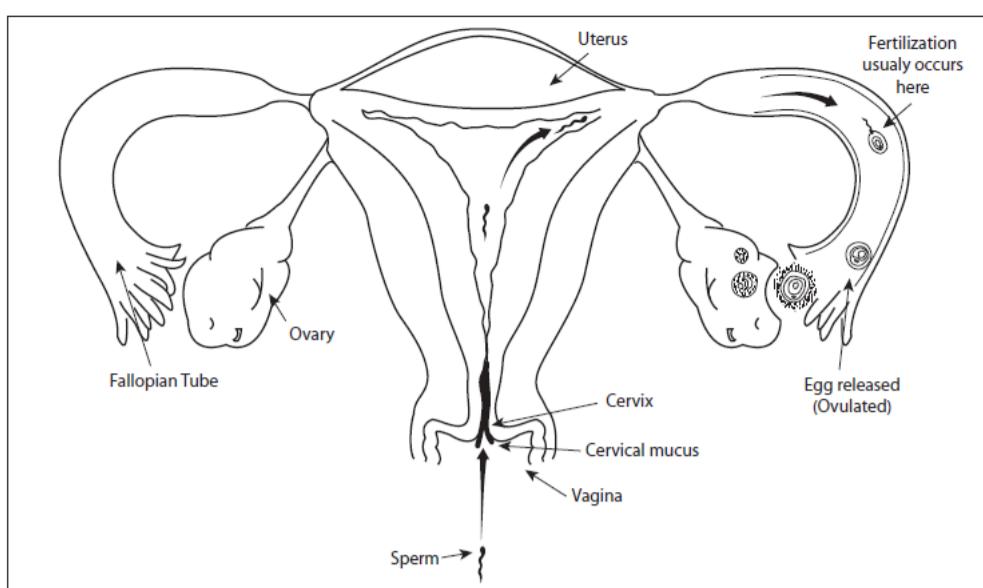
In vitro fertilization (IVF) is a type of assisted reproductive technology. An egg is removed from a woman's ovaries and placed in a laboratory dish to help with fertilization. If fertilization is successful, the embryo may attach to the lining and develop into a pregnancy.

[EXPLORE ALL OF OUR RESOURCES ON IVF](#)

IVF was originally used to help individuals with blocked, damaged, or missing fallopian tubes. Today, it's used for many fertility challenges, including male infertility, endometriosis, or unexplained infertility. IVF also may be used by LGBTQIA+ or single individuals to help in their family building goals. The process typically involves several steps, such as stimulating the ovaries, retrieving eggs, fertilizing them with sperm, and transferring embryos.

While IVF is generally safe, as with any medical procedure, there are some risks. It's important to talk to your doctor about what to expect and whether IVF is the right option for you.

## UNDERSTANDING CONCEPTION AND IN VITRO FERTILIZATION (IVF)



*Figure 1. Solid arrows indicate path sperm must travel to reach the egg.*

*The fertilized egg continues traveling through the fallopian tube to the uterus.*

To understand how in vitro fertilization (IVF) helps couples and individuals facing infertility, it's helpful to first know how conception works.

In conception, a man ejaculates semen containing sperm into a woman's vagina near the time of ovulation. Ovulation happens when the ovary releases a mature egg. This process is controlled by the pituitary gland, located at the brain's base, which releases follicle-stimulating hormone (FSH) to help follicles grow in one ovary. These follicles produce estrogen and hold the maturing egg. Once the egg matures, the pituitary gland releases luteinizing hormone (LH), causing the follicle to release the egg in a process called ovulation.

After ovulation, the egg is picked up by one of the fallopian tubes, where fertilization usually happens. For this to occur, sperm must swim from the vagina, through the cervix and uterus, and into the fallopian tube to meet and fertilize the egg. The fertilized egg then travels to the uterus, attaches to the uterine lining, and starts developing into a pregnancy.

IVF replicates this process in a laboratory setting. By understanding conception, we can better appreciate how IVF works to assist in overcoming fertility challenges.

All ART Births

## WHEN WAS IN VITRO FERTILIZATION (IVF) FIRST INTRODUCED?

When Was In Vitro Fertilization (IVF) First Introduced?

In vitro fertilization (IVF) was first introduced in the United States in 1981. Since 1985, when data collection began, the number of babies born from IVF in United States has increased from 60,000/year in 2010 to around 91,800 in 2022. However, more than 10 million children have been born worldwide thanks to IVF. Other ART procedures include GIFT (gamete intrafallopian transfer), ZIFT (zygote intrafallopian transfer), TET (tubal embryo transfer) and combination techniques, but these are less commonly performed. Today, IVF accounts for over 99% of ART procedures.

The success rates for IVF have steadily improved with advances in science and technology. In 2005, the average live birth rate per IVF egg retrieval was 31.6%, which is higher than the 20% chance a reproductively healthy couple has of conceiving and carrying a pregnancy to term in any given month. By 2002, approximately 1 out of every 100 babies born in the U.S. was conceived using ART. This number has since grown, with more than 2.5% of all U.S. births now resulting from IVF or other ART procedures.

[VIEW MORE IVF TRENDS ON THE SART WEBSITE](#)

## WHAT IS THE PROCESS OF IN VITRO FERTILIZATION (IVF)?

In vitro fertilization (IVF) is a treatment that gives hope.

The IVF process begins with eggs being surgically retrieved from the ovaries and combined with sperm in a laboratory dish ("in vitro" means "in glass" in Latin). After about 40 hours, the eggs are checked to confirm fertilization and cell division. Fertilized eggs (embryos) are then transferred to the uterus, bypassing the fallopian tubes.

Any extra embryos can be frozen (cryopreserved) for future use. This makes later ART cycles less invasive, more affordable, and simpler, as the woman does not need ovarian stimulation or egg retrieval again. Frozen embryos can be stored for many years, with live births recorded from embryos frozen for nearly 30 years.

Today, IVF is used to treat a wide range of infertility causes, including endometriosis, male factor infertility, and unexplained infertility, helping many achieve their dream of parenthood.

# What is In Vitro Fertilization (IVF)?



In vitro fertilization (IVF) is where eggs are taken from a person's ovaries and fertilized with sperm in a laboratory. The resulting fertilized egg (embryo) may be placed into the uterus to establish a pregnancy.

## Who uses IVF?

IVF is widely used by a broad spectrum of individuals.

IVF is a common way to help people get pregnant. It's recommended by medical professionals when other fertility treatments, including medications and surgery, have not led to a successful pregnancy. IVF can also be used to overcome fertility issues caused by endometriosis, uterine fibroids, or a very low sperm count.



It's important to discuss the costs, potential risks, side effects, and chances of success with your doctor before you decide to undergo treatment.

## The IVF Process



### Ovarian stimulation

Treatment resulting in more than one mature egg developing in a menstrual cycle.



### Egg Retrieval

Process in which eggs are taken from the ovary



### Fertilization

The eggs from the ovary are combined with sperm in a laboratory. Sometimes ICSI is needed, a process where a single sperm is injected into an egg.



### Embryo Culture

Incubation of fertilized eggs in a laboratory, allowing them to develop.



### Embryo Transfer

Process in which the embryo is placed into the uterus.



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## What kind of side effects can occur with IVF medicines?

Usually, injectable hormonal medications (gonadotropins) are used for an IVF cycle. These medicines help stimulate the ovaries to grow follicles containing eggs. A more detailed discussion of fertility medications can be found in the ASRM booklet, Medications for Inducing Ovulation. Possible side effects of injectable fertility medicines include:

- Mild bruising and soreness at the injection site (using different sites for the injections can help)
- Temporary allergic reactions, such as skin reddening and/or itching at the injection site
- Nausea and occasional vomiting
- Breast tenderness and increased vaginal discharge
- Mood swings and fatigue
- Ovarian hyperstimulation syndrome (OHSS)

Most symptoms of OHSS (nausea, bloating, pelvic discomfort) are mild. They usually go away without treatment within a few days after the egg collection. In severe cases, OHSS can cause ovaries to become very enlarged and large amounts of fluid to build up in the abdomen (belly) and possibly the lungs. This can cause dehydration, trouble breathing, and severe abdominal pain. Very rarely (in less than 1% of IVF cases), OHSS can lead to blood clots and kidney failure. For more information about OHSS, see the [ASRM fact sheet Ovarian Hyperstimulation Syndrome \(OHSS\)](#).

Studies from several decades ago suggested a link between ovarian cancer and the use of fertility medicines. However, more recent, high-quality studies no longer show clear associations between ovarian cancer and the use of fertility medications.

## What are the risks of the egg retrieval?

During the egg retrieval, your doctor uses ultrasound through the vagina to guide the insertion of a long, thin needle through your vagina into the ovary and then into each follicle to retrieve the eggs. Possible risks for this procedure include:

- Mild to moderate pelvic and abdominal pain during or after. In most cases, the pain disappears within a day or two and can be managed with over-the-counter pain medications.
- Injury to organs near the ovaries, such as the bladder, bowel, or blood vessels. Very rarely, bowel or blood vessel injury can require emergency surgery and, occasionally, blood transfusions.
- Pelvic infections following egg retrieval or embryo transfer are uncommon. Severe infection may require hospitalization and/or treatment with intravenous antibiotics. Rarely, to manage a severe infection, surgery may be required to remove one or both of the ovaries, tubes, and/or uterus. Women who have had pelvic infections or endometriosis involving the ovaries are more likely to get IVF-related infections.

## What are the risks associated with the embryo transfer?

A catheter containing the embryo(s) is used to gently place it(them) into the uterus (womb). Women may feel mild cramping when the catheter is inserted through the cervix or they may have vaginal spotting (slight bleeding) afterward. Very rarely, an infection may develop, which can usually be treated with antibiotics.

**READ THE ASSISTED REPRODUCTIVE TECHNOLOGIES (ART) PATIENT EDUCATION BOOKLET**

**READ THE FACT SHEET "IN VITRO FERTILIZATION (IVF): WHAT ARE THE RISKS?"**

## WHAT TO EXPECT WHEN YOU BEGIN IVF

When you start the in vitro fertilization (IVF) process, your first visits to the fertility clinic will involve a few important steps:

1. **Medical History:** Your doctor will ask for a detailed medical history, including information about past pregnancies, your menstrual cycles, previous fertility treatments, and any medical conditions, surgeries, or medications that could affect your treatment.

- 2. Lifestyle Assessment:**  
Your doctor will also talk about lifestyle habits. For example, smoking, alcohol and recreational drug use, too much caffeine, and being very overweight are all factors that can decrease a person's chance of success. Smoking reduces IVF success rates by up to 50%. Obesity can lower pregnancy rates and increase miscarriage risks; achieving a healthier weight is advised. Avoid alcohol, recreational drugs, and excessive caffeine. Review all medications, including supplements, with your doctor. Women should begin taking prenatal vitamins with at least 400 mcg of folic acid to reduce the risk of neural tube defects.

- 3. Health Examination:** Both partners will have fertility testing done. This will include blood tests to check hormone levels, an ultrasound to look at the health of the reproductive organs, and a semen test to see if there are any problems with the sperm.
- Ovarian Reserve Testing:** Methods include measuring hormone levels (FSH, estradiol, AMH) during specific points in your cycle, clomiphene citrate challenge tests, or antral follicle counts. These tests assess your ovaries' ability to respond to fertility medications.
  - Uterine Evaluation:** Structural abnormalities like fibroids, polyps, or septa, as well as fluid-filled tubes (hydrosalpinx), may need to be corrected before starting IVF to improve success rates.
  - Semen Analysis:** Male partners will undergo testing to identify potential issues, such as sperm abnormalities or genetic conditions. If necessary, advanced sperm retrieval techniques (e.g., MESA, TESE) may be recommended.
- 4. Financial and Insurance Planning.** Review ART insurance benefits to understand coverage for consultations, testing, medications, and procedures like ICSI or cryopreservation. Be aware of additional costs like travel, lodging, and time off work.
- 5. IVF Process Explanation:** Your fertility team will explain each step of the IVF process works and create a customized treatment plan. They will also answer any questions you have to make sure you understand everything and feel ready. This includes ovarian stimulation, egg retrieval, fertilization, embryo culture, and embryo transfer. Don't be afraid to ask questions.

Understanding your treatment plan is important and will make the process go smoothly. Open communication with your healthcare team is key to navigating this process confidently.

## OVARIAN STIMULATION IN IVF

### 4 Facts About Ovarian Reserve

- A woman's ability to get pregnant normally decreases as she gets older.
- As women age, they have both fewer eggs and poorer quality eggs.
- Older women have lower pregnancy rates and higher miscarriage rates.
- One third of couples will have problems getting pregnant when the female partner is age 35 or older.

Visit ReproductiveFacts.org



Ovarian stimulation is a key step in in vitro fertilization (IVF). Fertility medications are used to encourage the growth of eggs in the ovaries, increasing the chances of successful fertilization and embryo development. Here's what to know about the process and potential challenges:

### How Ovarian Stimulation Works

- Medications:** Commonly used drugs include clomiphene citrate, letrozole (oral medications), and injectable gonadotropins containing follicle-stimulating hormone (FSH) and/or luteinizing hormone (LH). Injectables are more potent and widely used in IVF cycles.
- Monitoring:** Your physician will use ultrasounds and blood tests to track the development of ovarian follicles and hormone levels. Estrogen levels increase as follicles mature, while progesterone remains low until after ovulation.

- Timing:** The stimulation phase typically lasts 8–14 days. When follicles are ready, an injection of hCG (or a similar medication) triggers the final stage of egg maturation. Eggs are retrieved approximately 36 hours after this injection, just before ovulation occurs.

## Challenges in Ovarian Stimulation

- Low Ovarian Reserve**
  - Patients with diminished ovarian reserve may not respond well to stimulation. Indicators of DOR include high FSH levels, low anti-Müllerian hormone (AMH), or a low follicle count on ultrasound.

- Alternative protocols may improve outcomes, or donated eggs can be considered for IVF.
- 2. Hormonal Imbalances
  - If the ovaries fail to respond due to insufficient hormones, medications may help stimulate egg development.
- 3. Cycle Cancellation
  - Low Response: Up to 20% of cycles are cancelled before egg retrieval, often due to an inadequate number of follicles. Cancellation rates increase with age, especially after 35.
  - Premature LH Surge: Despite preventive medications, premature ovulation can occur in rare cases, necessitating cycle cancellation.
  - Risk of OHSS: To avoid ovarian hyperstimulation syndrome (OHSS), cycles may be cancelled if excessive ovarian response is detected.

## Strategies for Poor Response

When cycles are cancelled due to low response, physicians may try alternate drug protocols or adjust doses to improve outcomes in future attempts.

Understanding the process and potential hurdles of ovarian stimulation can help you and your healthcare team make informed decisions and optimize your IVF journey.

## WHAT IF MY EGGS DON'T FERTILIZE DURING IN VITRO FERTILIZATION (IVF)?

In most cases, fertilization occurs when eggs are placed in a culture dish with thousands of normal, functioning sperm. This process, known as in vitro fertilization (IVF), typically leads to successful fertilization.

### Intracytoplasmic Sperm Injection (ICSI)

If there are not enough normal and motile sperm to achieve fertilization naturally through IVF, a specialized procedure called intracytoplasmic sperm injection (ICSI) can be used. In ICSI, a single live sperm is directly injected into each egg to promote fertilization.

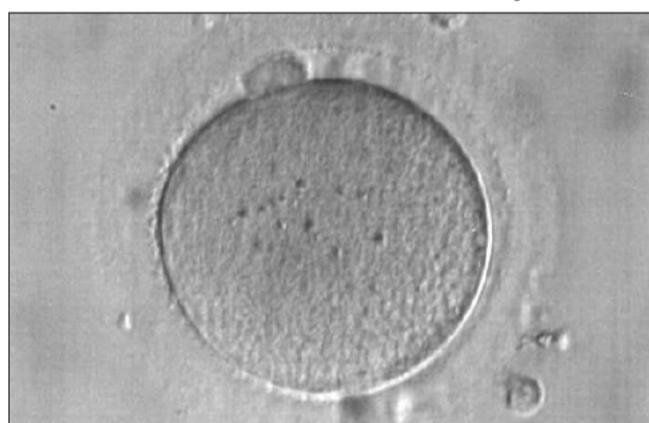
### When Fertilization Does Not Occur

- Even with ICSI: On rare occasions, fertilization may not occur even with ICSI. This is often due to issues inherent to the eggs or sperm quality.
- Alternative Options: If this happens, donor sperm or donor eggs can often be used to achieve successful fertilization.

### Next Steps

Your fertility specialist and the IVF laboratory team will evaluate the situation and recommend the best course of action to maximize your chances of achieving fertilization and moving forward with treatment.

#### READ THE INTRACYTOPLASMIC SPERM INJECTION FACT SHEET FOR MORE INFORMATION



*Figure 4. A mature, unfertilized egg.*

## PREIMPLANTATION GENETIC TESTING (PGT)

A diagram showing a large orange and purple stylized baby figure at the top. Below it is a 2x2 grid containing four smaller stylized baby figures. The top-left figure is orange, the top-right is purple, the bottom-left is purple, and the bottom-right is orange. This likely represents the selection of a healthy embryo for transfer.

Preimplantation genetic testing (PGT) is a diagnostic tool used during in vitro fertilization (IVF) to evaluate the genetic health of embryos. A cell or group of cells is biopsied from the embryo for genetic analysis, allowing fertility specialists to identify genetic disorders or chromosomal abnormalities. This testing helps ensure that only genetically healthy embryos are transferred to the uterus, potentially increasing the chances of a successful pregnancy.

### Who Can Benefit from PGT?

PGT is especially valuable for individuals or couples at risk of passing inherited genetic conditions to their children. Common conditions include:

- Single-Gene Disorders: Cystic fibrosis, sickle cell anemia, or Tay-Sachs disease.

- Sex-Linked Disorders: Duchenne muscular dystrophy or Fragile X syndrome.
- Other Applications: Families in need of a compatible bone marrow donor for an existing child may use PGT to identify an embryo capable of providing matching stem cells.

## Genetic Risk Factors and Screening Recommendations

### Ethnic Associations:

- Sickle Cell Disease: Screening is recommended for individuals of African American descent, as 1 in 10 may carry the gene.
- Cystic Fibrosis (CF): Common in individuals of Northern or Central European and Ashkenazi Jewish descent, with 3% to 10% of Caucasians carrying the gene.
- Thalassemia: Prevalent in Greek, Italian, Mediterranean, and Southern Asian populations.
- Tay-Sachs Disease: Higher incidence in Eastern European Jews and French Canadians.

### Familial Associations:

A history of the following conditions may warrant genetic counseling and testing:

- Chromosomal syndromes or Down syndrome
- Cystic fibrosis, neurofibromatosis, or Huntington's disease
- Recurrent miscarriages or stillbirths
- Bleeding disorders or neural tube defects

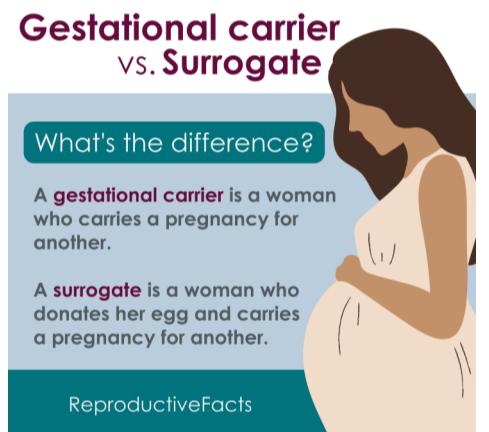
## Why Consider PGT?

By identifying embryos free from serious genetic conditions, PGT can help individuals and families reduce the risk of transmitting inherited diseases, increase the chances of a successful pregnancy, and, in some cases, help meet additional family health needs. Consult with a fertility specialist to determine if PGT is appropriate for your situation.

## THIRD-PARTY REPRODUCTION IN IN VITRO FERTILIZATION (IVF)

Third-party reproduction refers to involving an individual or individuals outside the intended parents in the process of reproduction. This can include the use of donated eggs, sperm, or embryos, surrogacy and gestational carriers

A specific form of third-party reproduction is surrogacy, also known as traditional carrier. In this arrangement, the person who carries the pregnancy also provides the egg. In other cases, a gestational carrier is a person who carries and delivers a pregnancy but has no genetic connection to the child, as their egg is not used in the process. While traditional surrogacy is a less expensive and less complicated process than gestational surrogacy, the vast majority of surrogacies today are gestational surrogacy due to the legal certainty involved in parentage orders in gestational surrogacy.



These reproductive methods are employed in cases where the intended parents cannot conceive naturally or carry a pregnancy themselves, providing an opportunity to build or grow their family.

**READ THE THIRD-PARTY REPRODUCTION PATIENT EDUCATION BOOKLET FOR MORE INFORMATION**

### Who needs donor eggs?

- **Older Cisgender Women:** Cisgender women experiencing a natural decline in fertility due to age are the primary group who may require donor eggs.
- **Younger Cisgender Women with Ovarian Issues:** Some younger cisgender women suffer from early ovarian failure or ovarian insufficiency, which can drastically reduce both their egg count and ovarian function.
- **Same-Sex Cisgender Male Couples or Single Cisgender Males:** These individuals typically need donor eggs for fertility treatments.
- **Genetic Conditions:** Rare genetic conditions may also make the use of donor eggs necessary.

**WATCH THE VIDEO ON "WHO NEEDS AN EGG DONOR?" FOR FURTHER DETAILS**

### Who needs a gestational carrier?

A gestational carrier (GC) may be recommended in the following situations:

- **Absent Uterus:** This could be congenital (present from birth) or a result of surgery.
- **Uterine Abnormalities:** Conditions such as severe intrauterine scarring (Asherman's syndrome) or the presence of multiple fibroids, depending on their size, location, and surgical history.
- **Medical Contraindications:** Health conditions in which carrying a pregnancy could pose a risk to the pregnant person or baby, such as pulmonary hypertension.
- **Turner's Syndrome:** Cisgender women with this condition often require both egg donation and a GC due to the inability to produce eggs and potential risks to carrying a pregnancy.
- **Recurrent Miscarriages:** Unexplained recurrent miscarriages, despite thorough evaluation and treatment, may necessitate the use of a GC.

- **Other Circumstances:** Single males, gay cisgender male couples, or transgender women may also require a GC. Additionally, cisgender women with a history of multiple uterine surgeries or cesarean sections, which can weaken the uterine muscle, may need a GC to avoid pregnancy complications.

**WATCH THE VIDEO ON "WHAT IS A GESTATIONAL CARRIER AND WHO NEEDS ONE?" FOR MORE INSIGHTS**

 The goal of infertility treatment: one healthy baby at a time

## EMBRYO TRANSFER

### What is Elective Single-Embryo Transfer (eSET)?

Elective single-embryo transfer (eSET) is a decision made by individuals undergoing in vitro fertilization (IVF) and their fertility provider to transfer only one embryo, even when multiple embryos are available.

### Why Choose eSET?

The primary goal of eSET is to reduce the risk of multiple pregnancies, which can result from transferring more than one embryo. Multiple pregnancies are associated with higher risks for both the mother and the babies.

- **Less Risks for the Mother:** Carrying multiples increases the chances of complications such as high blood pressure (preeclampsia), gestational diabetes, and bleeding problems, both during and after pregnancy. In severe cases, it can lead to maternal death.
- **Less Risks for the Babies:** Babies born from multiple pregnancies are more likely to be premature, which increases their risk for short-term and long-term health issues, such as cerebral palsy, lung problems, and gastrointestinal issues. Premature babies also face a higher risk of death in the first months of life.

### What are the Benefits of eSET?

eSET helps avoid the need for multifetal pregnancy reduction, a procedure where the number of fetuses is reduced to lower the risk of premature delivery. Reducing the number of embryos transferred also decreases the likelihood of requiring this procedure, which comes with its own set of risks, including the potential loss of the entire pregnancy.

**FOR MORE INFORMATION, READ "FERTILITY DRUGS AND THE RISK OF MULTIPLE BIRTHS"**

**WATCH THE VIDEO ON MULTIPLE PREGNANCY**

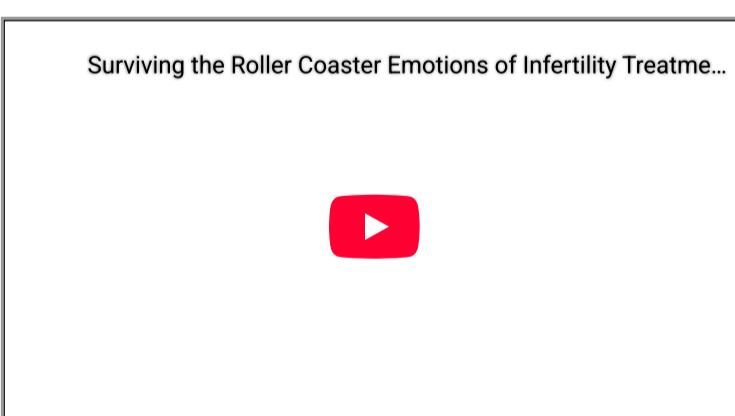
## EMOTIONAL AND PSYCHOLOGICAL SUPPORT DURING IN VITRO FERTILIZATION (IVF)

Infertility can be one of the most distressing challenges a couple or individual faces. The prolonged struggle to conceive often leads to profound feelings of loss. The emotional impact of navigating the many medical decisions and uncertainties associated with infertility can be overwhelming.

If you find yourself feeling anxious, depressed, helpless, or isolated during your IVF journey, it is important to remember that you are not alone. Many people experience these emotions, and seeking support is crucial for coping with the psychological challenges of infertility.

**READ THE PATIENT EDUCATION FACT SHEET "INFERTILITY COUNSELING AND SUPPORT: WHEN AND WHERE TO FIND IT"**

**LISTEN TO THE SART FERTILITY EXPERTS PODCAST EPISODE "NAVIGATING IVF AS A COUPLE**



# Where can I find emotional support?



Ask your healthcare provider for a referral to trained reproductive mental health professionals for individual and/or couples counseling.

Attend a local support group or informational meeting

Consider sharing with supportive friends and family members

Read books that offer information and understanding about the emotional aspects of infertility

Look at ASRM directory for a mental health professional

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Couple reviews insurance information for reproductive care

## IS IN VITRO FERTILIZATION (IVF) EXPENSIVE?

In vitro fertilization (IVF), like other delicate medical procedures, involves highly trained professionals, sophisticated laboratories, and specialized equipment. The process may need to be repeated to achieve success, contributing to its cost. While IVF and other assisted reproductive technologies are not inexpensive, they account for only three-hundredths of one percent (0.03%) of U.S. healthcare costs.

The American Society for Reproductive Medicine (ASRM) provides a breakdown of infertility coverage by U.S. state and territory to assist you in making informed financial decisions.

### VIEW YOUR STATE'S INSURANCE COVERAGE LEGISLATION FOR MORE DETAILS

ASRM is actively advocating to safeguard reproductive medicine procedures like IVF and to increase healthcare coverage for patients.

### FIND OUT HOW YOU CAN HELP

## WHAT ARE MY OPTIONS IF I DECIDE NOT TO USE MY STORED EMBRYOS AFTER IVF?

If you have stored embryos from IVF that you decide not to transfer for pregnancy, you have four options for their final disposition:



**Non-Directed Embryo Donation:** You can choose to donate your embryos to another person you do not know who is experiencing fertility challenges. It is important to note this process often requires legal considerations and additional testing on you as the donor. This process allows the embryos to be used by another individual for their family building goals.



**Directed Embryo Donation:** Alternatively, you may decide to donate your embryos to a person you do know, again providing the chance for another person or couple to attempt pregnancy. Similar to non-directed donation, there is often additional testing and legal considerations that must be addressed to proceed with this option.



**Research Donation:** You may donate your embryos for laboratory research.



**Thaw and Discard:** Finally, you can request that your embryos be thawed and discarded, ensuring no further use or transfer of the embryos.



## HOW DO I CHOOSE AN IVF CLINIC?

When selecting an IVF clinic, the first step is to verify that it is a member of the Society for Assisted Reproductive Technology (SART), an ASRM-affiliated society.

- Quality Standards: SART clinics are committed to the highest quality standards of care.
- Truthful Advertising: All SART clinics are required to advertise truthfully.
- Accurate Reporting: SART clinics accurately report outcomes, so you can trust your provider.
- Accredited Laboratories: All SART clinics work with nationally accredited laboratories to ensure the best possible reproductive environments.

VISIT THE SART WEBSITE TO FIND A CLINIC NEAR YOU AND VIEW THEIR INDIVIDUAL SUCCESS RATES

## SART FERTILITY EXPERTS PODCAST

Listen to these episodes on in vitro fertilization:

[✓ experts teaser](#)

[✓ experts teaser](#)

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### PODCAST EPISODE

#### [SART FERTILITY EXPERTS: COMPLIMENTARY AND INTEGRATIVE MEDICINE IN REPRODUCTIVE CARE AND INFERTILITY TREATMENT](#)

Explore how acupuncture and naturopathic care support IVF, endometriosis, and fertility in this ASRM expert talk on integrative reproductive medicine.

[LISTEN TO THE EPISODE](#)

### PODCAST EPISODE

#### [SART FERTILITY EXPERTS: CAN IVF MAKE PEOPLE HAPPY?](#)

SART Fertility Experts podcast: Dr. Mark Trolice, Dr. Sousa-Leite, and Dr. Lawson discuss IVF's psychological effects and meaning beyond conception.

[LISTEN TO THE EPISODE](#)

### PODCAST EPISODE

#### [SART FERTILITY EXPERTS: RELIGION WITH DR. K AND DR. BILL PETOK](#)

Explore how major religions affect fertility with Kelly Lynch, MD, ar Bill Petok, PhD, on balar fertility, and family building.

[LISTEN TO THE EPISODE](#)



[SUBSCRIBE TO SART FERTILITY EXPERTS](#)

## IN VITRO FERTILIZATION (IVF)



**SART FERTILITY EXPERTS:  
COMPLIMENTARY AND INTEGRATIVE  
MEDICINE IN REPRODUCTIVE CARE  
AND INFERTILITY TREATMENT**  
Explore how acupuncture and naturopathic care support IVF, endometriosis, and fertility in this ASRM expert talk on integrative reproductive medicine. [LISTEN TO THE EPISODE](#)



**SART FERTILITY EXPERTS: CAN IVF  
MAKE PEOPLE HAPPY?**  
SART Fertility Experts podcast: Dr. Mark Trolice, Dr. Sousa-Leite, and Dr. Lawson discuss IVF's psychological effects and meaning beyond conception. [LISTEN TO THE EPISODE](#)



**A SOCIAL MEDIA CAMPAIGN FIGHTING  
IVF DISINFORMATION AND SHARING  
GRATITUDE**  
ASRM's Office of Public Affairs is running an Instagram campaign highlighting positive IVF stories featuring patients and providers.  
[VIEW THE PRESS RELEASE](#)



**ASRM PRIMED SCHOLAR DR. CAIYUN  
LIAO PUBLISHES ARTICLE ON RRM IN  
JAMA**  
A new Viewpoint warns about the growing politicization and promotion of "restorative reproductive medicine."  
[VIEW THE PRESS RELEASE](#)



**AMERICAN SOCIETY FOR  
REPRODUCTIVE MEDICINE RESPONDS  
TO TRUMPRX ANNOUNCEMENT, SAYS  
IVF ACCESS REQUIRES MORE THAN  
LOWER DRUG PRICES**  
ASRM has responded to the latest announcement about TrumpRx and its impact on IVF treatments.  
[VIEW THE PRESS RELEASE](#)



**ASRM REACTS TO FIRST-EVER,  
BIPARTISAN, STANDALONE TRICARE  
MANDATE INTRODUCED IN HOUSE**  
ASRM applauds the Bipartisan IVF for Military Families Act advancing TRICARE fertility coverage, backing military families' access to IVF and related care.  
[VIEW THE PRESS RELEASE](#)



## PATIENT JOURNEYS

...endocrinologist ...  
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PATIENT JOURNEY

PATIENT JOURNEY

PATIENT JOURNEY



[VIEW ALL THE PATIENT JOURNEYS](#)

## RESOURCES FOR YOU

The American Society for Reproductive Medicine (ASRM) is committed to providing patients with the highest quality information about reproductive care.

[Resources teaser](#)

[Teaser](#)

[They're having their baby](#)

### Advocacy Resources

ASRM has prepared resources to help you explain and advocate for reproductive rights and the continuation of in vitro fertilization and other fertility treatments.

[VIEW THE RESOURCES](#)

### Frequently Asked Questions

ASRM's Frequently Asked Questions (FAQ) provides answers to common questions about reproductive health.

[KNOW THE FAQS](#)

### Patient Journeys

ASRM has resources and help you through each stage of your journey.

[BROWSE THE JOURNEYS](#)



[BROWSE ALL TOPICS](#)

## FIND A HEALTH PROFESSIONAL

Connect with reproductive medicine experts who will guide you through your unique journey. Our search tool allows personalized matches based on location, specialization, and expertise. Take control of your reproductive health with compassionate providers, innovative treatments, and unwavering support.

### SEARCH FOR AN EXPERT

 Healthcare professional eager to help a patient

### AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

J. Benjamin Younger Office of Public Affairs  
726 7th St. SE  
Washington, DC 20003  
Telephone: (202) 863-4985

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