

IVI Institute

Fertility Barometer

Multi-country

GLOBAL REPORT **OCTOBER 2026**

Published by IVI Institute in partnership with IVI Fertility, Everleap Fertility, ART Fertility, Genera, Create Fertility, LIVIO, and TRIO Clinics



About the study

The IVI Institute Fertility Barometer

Fertility is an urgent social and public health issue, yet it is still discussed with little evidence on what people themselves think, want, and fear. The IVI Institute Fertility Barometer was created to close that gap.

The study examines how people think about fertility, parenthood, and family formation, and the barriers that shape reproductive decisions today. It was conducted by GfK, a NielsenIQ company, in collaboration with the member brands of IVI Institute and spans nine countries. Participating brands: IVI Fertility, Everleap Fertility, ART Fertility, Genera, Create Fertility, LIVIO, and TRIO Clinics.

This report sets out the main findings across the nine countries and what they reveal about the future of family planning and motherhood.

IVI INSTITUTE Global leader in reproductive medicine

200+

locations in 15 countries

5

basic research centers

100+

babies born every day

Methodology

STUDY POPULATION

Women aged 19–49 across nine countries:
Canada, France, Italy, Spain, Sweden, Portugal, UAE,
UK, and US

SAMPLE SIZE

24,074 interviews

SURVEY DATES

10 May – 03 July 2026

SELECTION CRITERIA

Nationally representative samples, with quotas on age,
region and education (except UAE)

METHODOLOGY

Online interviews (Computer Assisted Web Interviews)

MARGIN OF ERROR

±0.63 percentage points at the 95% confidence level
(p=q=50%)

Executive summary — the intention gap

Women still want children, but they start later and have fewer children than they wanted

01 ASPIRATION

Motherhood is still a mainstream goal — 82% of women 19–49 are already mothers or want to be mothers and 73% say it is an important goal

02 THE GAP

Women start later and have fewer children than they wanted — 36% start later than desired, by about six years on average, and mothers end up with 0.8 fewer children than they wanted

03 EVERY MARKET

The delay happens in every country — between 30% and 47% of women in each of the nine countries had their first child later than intended, and those who delayed did so by 5–7 years

04 WHY LATER

The delay is circumstantial, not a change of heart — life circumstances, rather than lack of desire, drive later motherhood

Executive summary — the support gap

Infertility is common and the toll is heavy, but support is not reliably in place

- 05 **INFERTILITY**
Infertility reaches one woman in five — 19% of women 19–49 have experienced it, and 5% face it now
- 06 **SECONDARY INFERTILITY**
It also strikes after a first child — 8% (~10M) could not have another child after a pregnancy
- 07 **EMOTIONAL TOLL**
The toll is heavy and widely felt — 66% of women who experienced infertility rate the impact at 7 or higher out of 10
- 08 **SUPPORT GAP**
Psychological support is not routinely offered — only 65% of women in treatment were offered it, despite the emotional toll

Executive summary — the treatment gap

Not all women who face difficulty conceiving reach fertility care

09 CONSULTATION

Women who suffer infertility do seek help, and early — 76% who experienced it consulted a professional, at 27, after 12 months of trying

10 TREATMENT GAP

Most who do not have a baby never started IVF — 55% of women with primary infertility had a baby; of the rest, 8 in 10 never started IVF and over 4 in 10 had no treatment

11 BARRIERS AND BURDEN

Navigating fertility treatment is as much about trust and information as it is about cost — 95% of women who have experienced infertility cite reasons other than costs, with 70% highlighting lack of trust and information as barriers to treatment

12 OPPORTUNITY

Reproductive medicine can reverse the trend — treatment can help the ~6.9M women facing infertility now across the nine countries build the families they want

In every country most women who face infertility consult a doctor, but no more than 1 in 4 start IVF

Header: % of women ever experiencing infertility · number affected | **Bars:** % of women with past infertility

In care leads to IVF

39–44% of women in care go on to start IVF

Spain

16% · 1.5M affected



Sweden*

19% · 400k affected



UK

20% · 2.8M affected



Wide access, stalls before IVF

61–67% reach care, but only 21–27% of those start IVF

Canada*

19% · 1.7M affected



UAE*

16% · 500k affected



France*

16% · 2.0M affected



Middle access, low IVF

48–56% reach care and 14–17% start IVF overall

US

21% · 14.3M affected



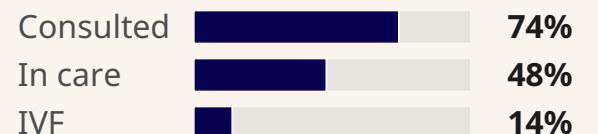
Italy

16% · 1.7M affected



Portugal*

15% · 340k affected



The multi-country fertility picture in eight numbers

IVI Institute Fertility Barometer – 9 countries · 24,074 women aged 19–49

82%

are mothers or want to be mothers and 73% consider motherhood an important life goal

2.9 → 2.1

children wanted versus children had — a shortfall of ~0.8 per mother

36%

have a child later than desired — and these have an average delay of about six years

1 in 5

women — 25.2M — have experienced infertility; 6.9M are affected right now

18%

of women who experienced infertility in the past had any IVF treatment, despite the fact that 76% did consult a healthcare professional

95%

cite barriers other than cost to access treatment, with 70% focusing on lack of trust and information

66%

report a significant negative impact; only 65% were offered psychological support during treatment

2.3–3.5

fertility rate by country if every woman experiencing infertility now had a baby (6.9M), vs 1.1–1.6 today

Family formation: aspirations vs. reality

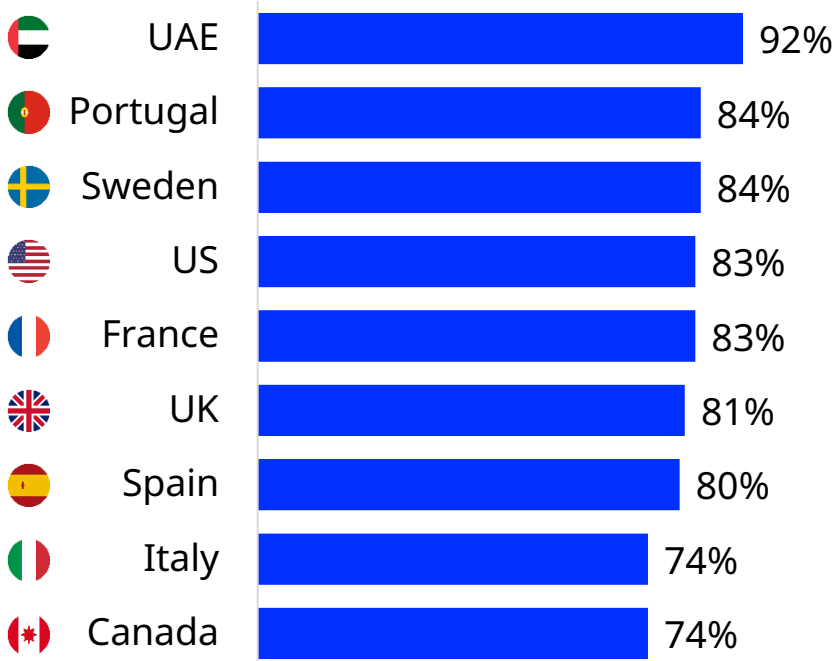
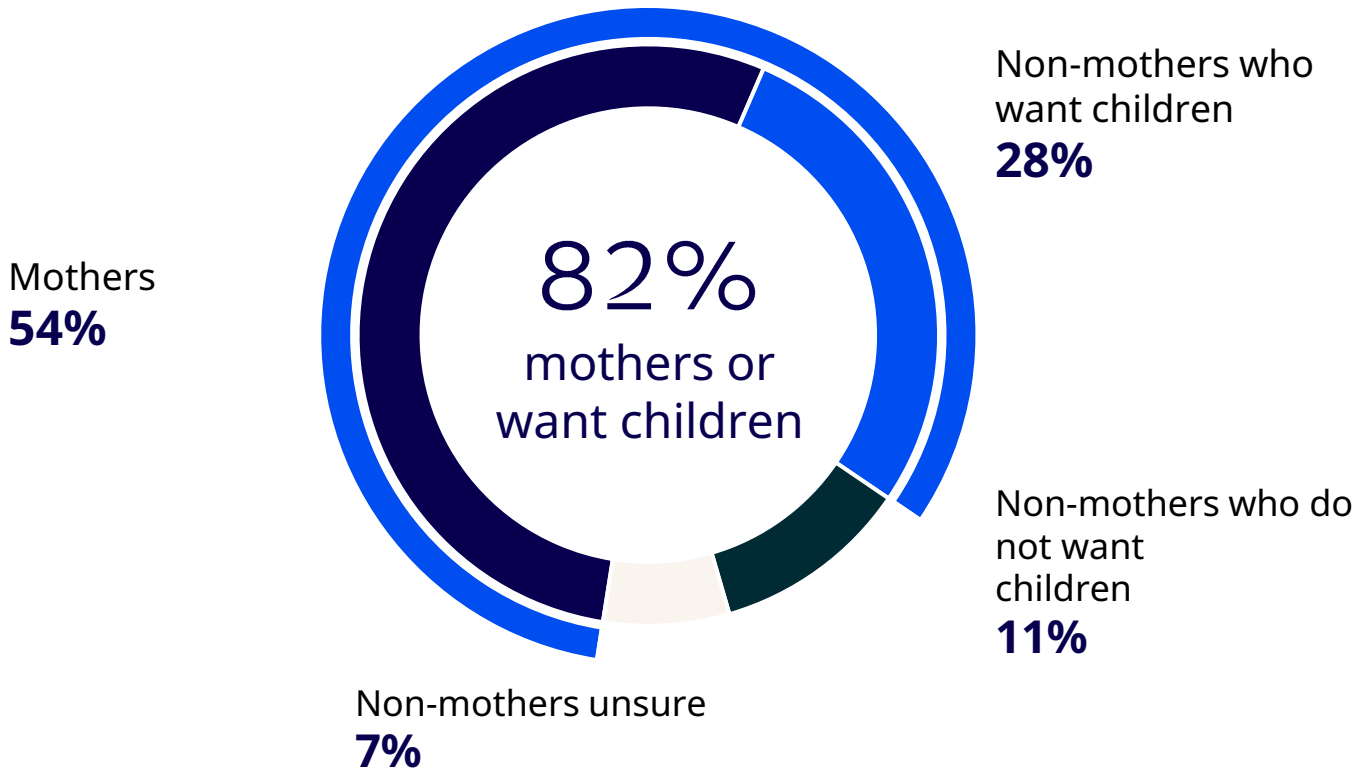
01

Eight in ten women want or already have children

The motherhood pathway remains highly relevant, with 82% of women either having children already or expressing a desire for future motherhood; only 18% are unsure or do not want children

Goal of being a mother

% of women (n= 24,074)

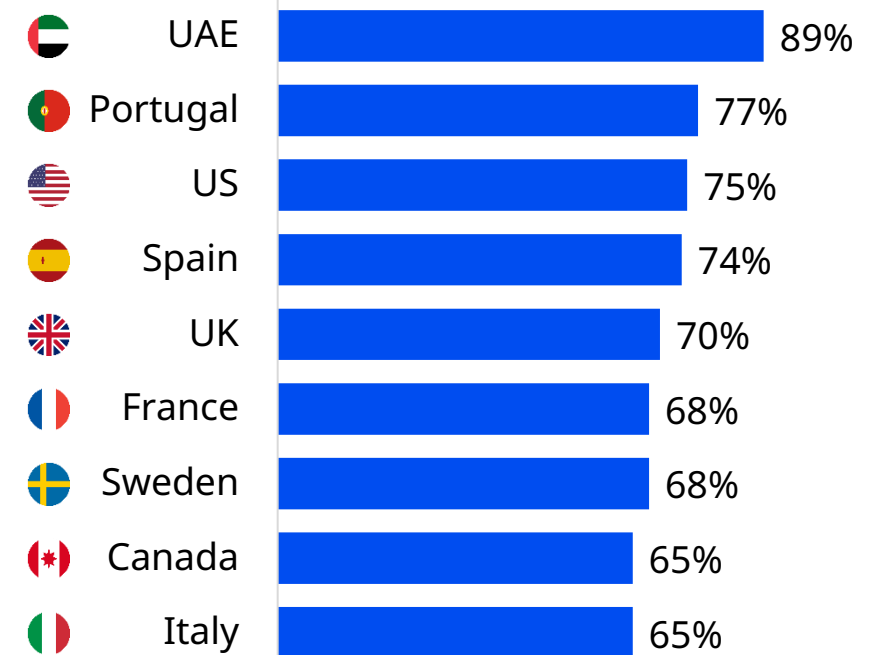
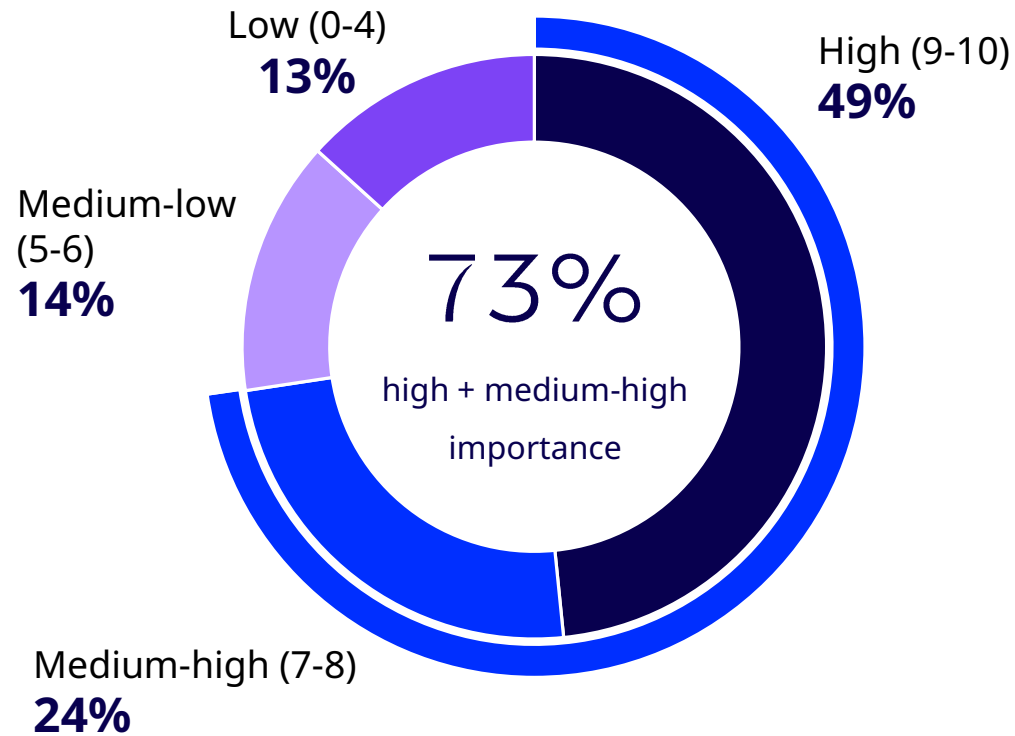


Becoming a mother is a priority for three in four women

Importance of becoming a mother

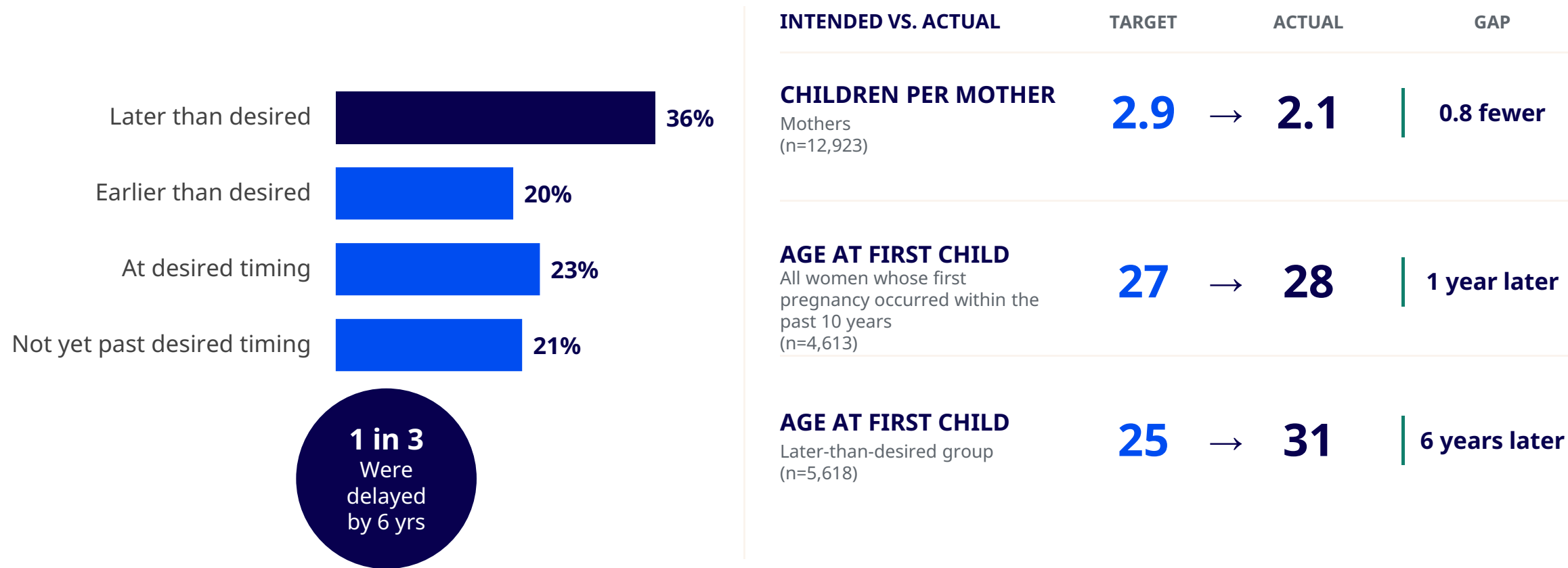
% of women (n=24,074)

High (9-10) + Medium-high (7-8)



Women are having children later and fewer

One in three women start having children later than they intended, and women have fewer children on average than they would ideally like



[Q] At what age would you like to or would you have liked to have gotten pregnant for the first time?
[Q] At what age did you get pregnant?
[Q] How many children would you like to have in total, including those you already have?

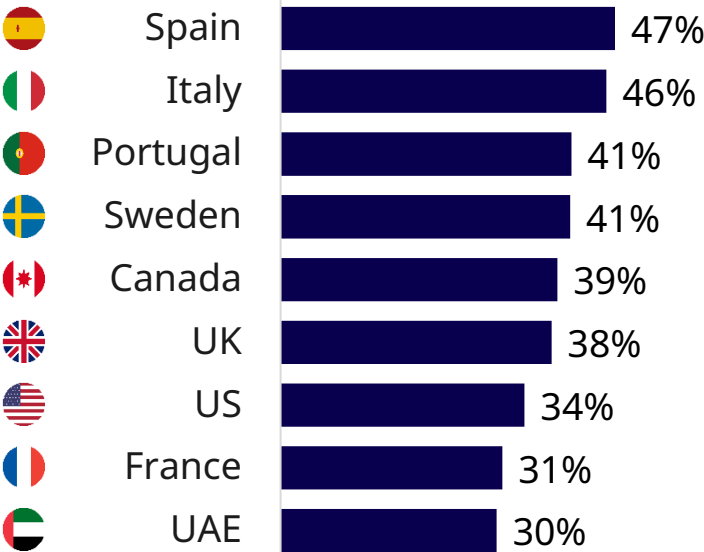
A delay occurs in every geography

Between 30% and 47% of women in each country had their first child later than they intended, of those who have delayed, the gap is 5–7 years

Timing of first child

% of women who have target age (n= 15,579)

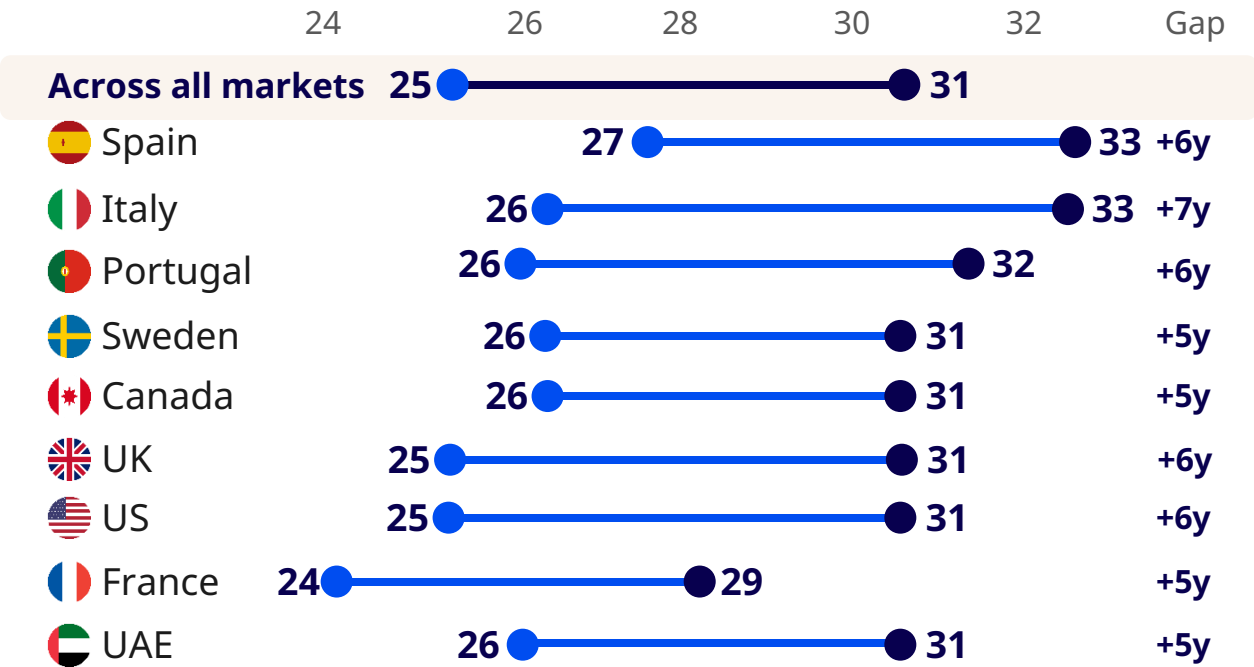
36%
have
children
later than
desired



Age at first child

Later-than-desired group (n= 5,618)

● Intended ● Actual



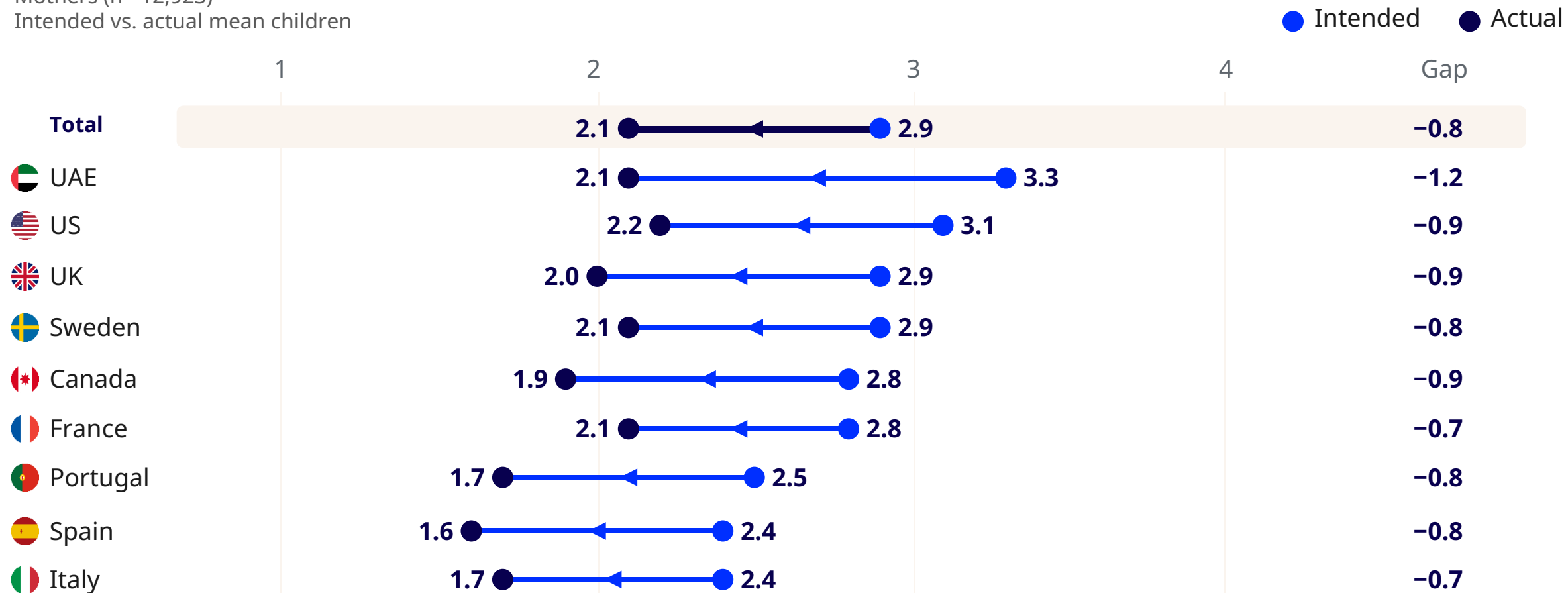
Fewer children than intended across markets

Women end up with 0.7 to 1.2 fewer children than they intended across all 9 countries

Mean number of children

Mothers (n= 12,923)

Intended vs. actual mean children



Delayed by circumstances, not desire

Personal readiness often defines the right moment to start a family

What made it the right time

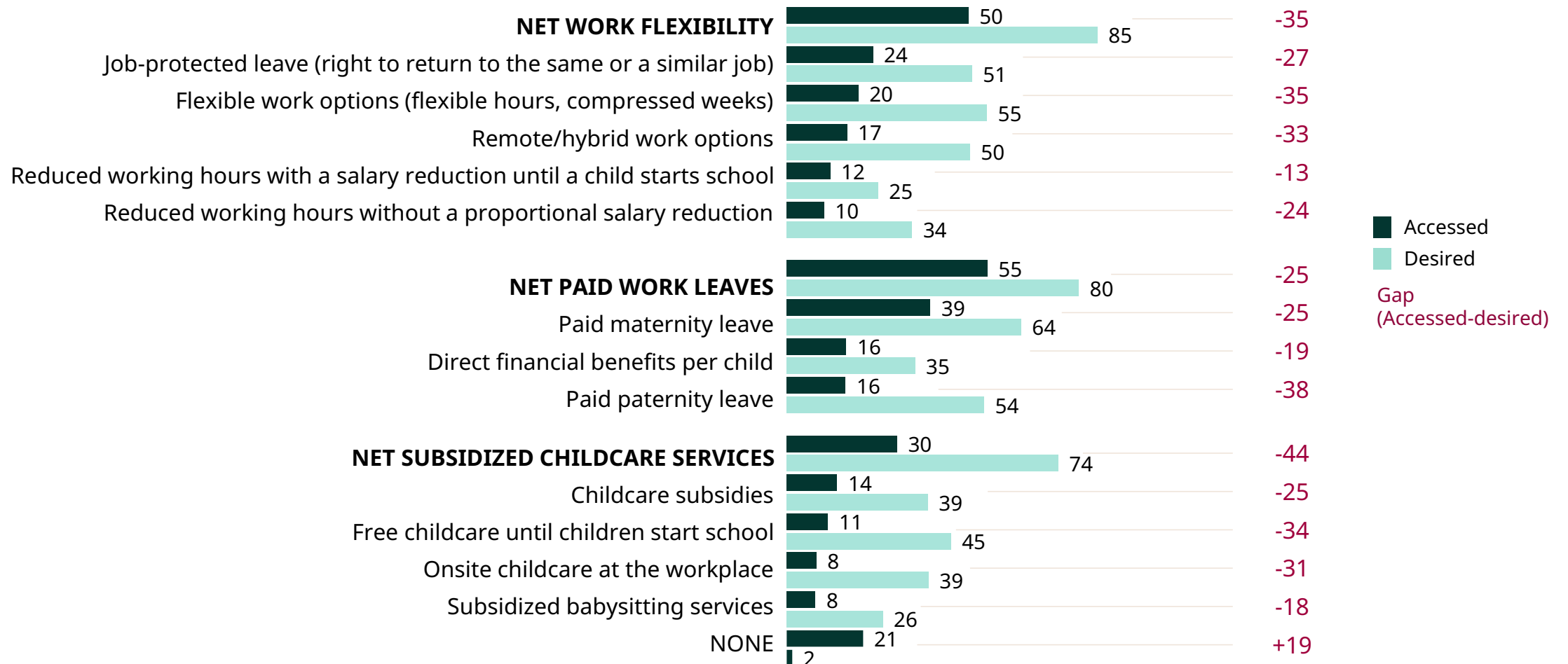
already mothers or pregnant (n=13,268)

Top 4 ■ 5-8 ■ 9-12 ■

	 US	 UK	 FRA	 ITA	 ESP	 CAN	 UAE	 PRT	 SWE
Right partner	33	42	41	41	35	46	37	36	44
Personal maturity	28	36	34	43	33	34	39	34	35
Confident it was right	27	35	43	31	30	33	35	31	38
A suitable home	26	34	26	10	32	29	26	25	31
Time and energy	24	26	23	32	23	29	36	25	29
Enough money	24	27	23	19	27	32	27	23	25
Family support	21	22	9	20	17	21	29	22	11
Partner ready too	18	17	22	15	16	24	24	16	22
Good work conditions	17	19	15	15	16	19	19	18	19
Emotional support	17	14	11	11	17	18	19	16	12
Job stability	14	16	16	15	21	20	15	25	23
Older, avoiding risks	14	15	11	11	9	19	26	13	15

Benefits desired vs accessed

A significant gap exists between the family benefits mothers want and those they have accessed

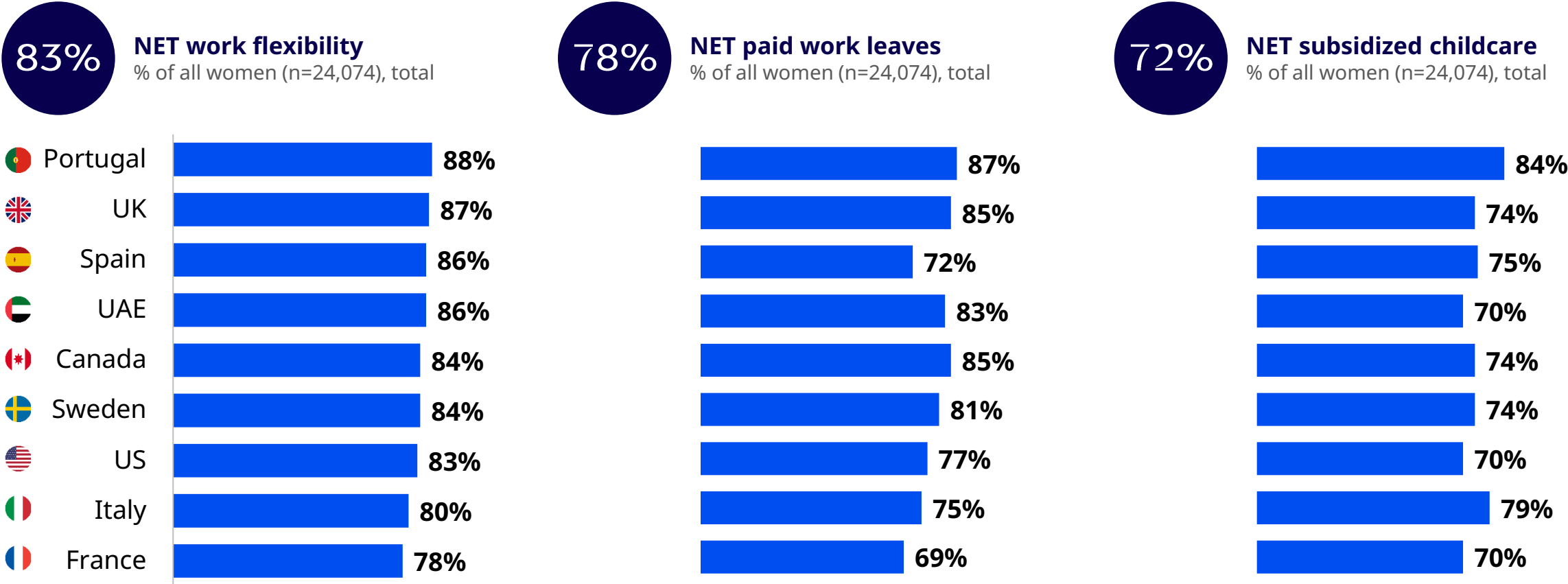


Unit: Percentage | Base: They are mothers (n=12,923)

[Q] Which of the following benefits should be available to parents? [Q] Which of the following benefits did you take advantage of when you had your child?

Benefits parents should have access to

Parental support is widely expected, with strong demand for workplace flexibility, paid leave and subsidized childcare across markets.



Experiences with trying to conceive

02

One in five women have faced infertility

Secondary infertility represents 40% of cases

Lifetime — ever experienced

19%

25.2M women aged 19–49 — the sum of the two groups below

Last 12 months — experiencing now

5%

6.9M women aged 19–49 — the sum of the two groups below

Primary infertility

11%

15.2M — had difficulty achieving a first pregnancy despite trying

Primary infertility

3%

4.5M — never achieved a first pregnancy despite trying

Secondary infertility

8%

10M — unable to have another child after a pregnancy

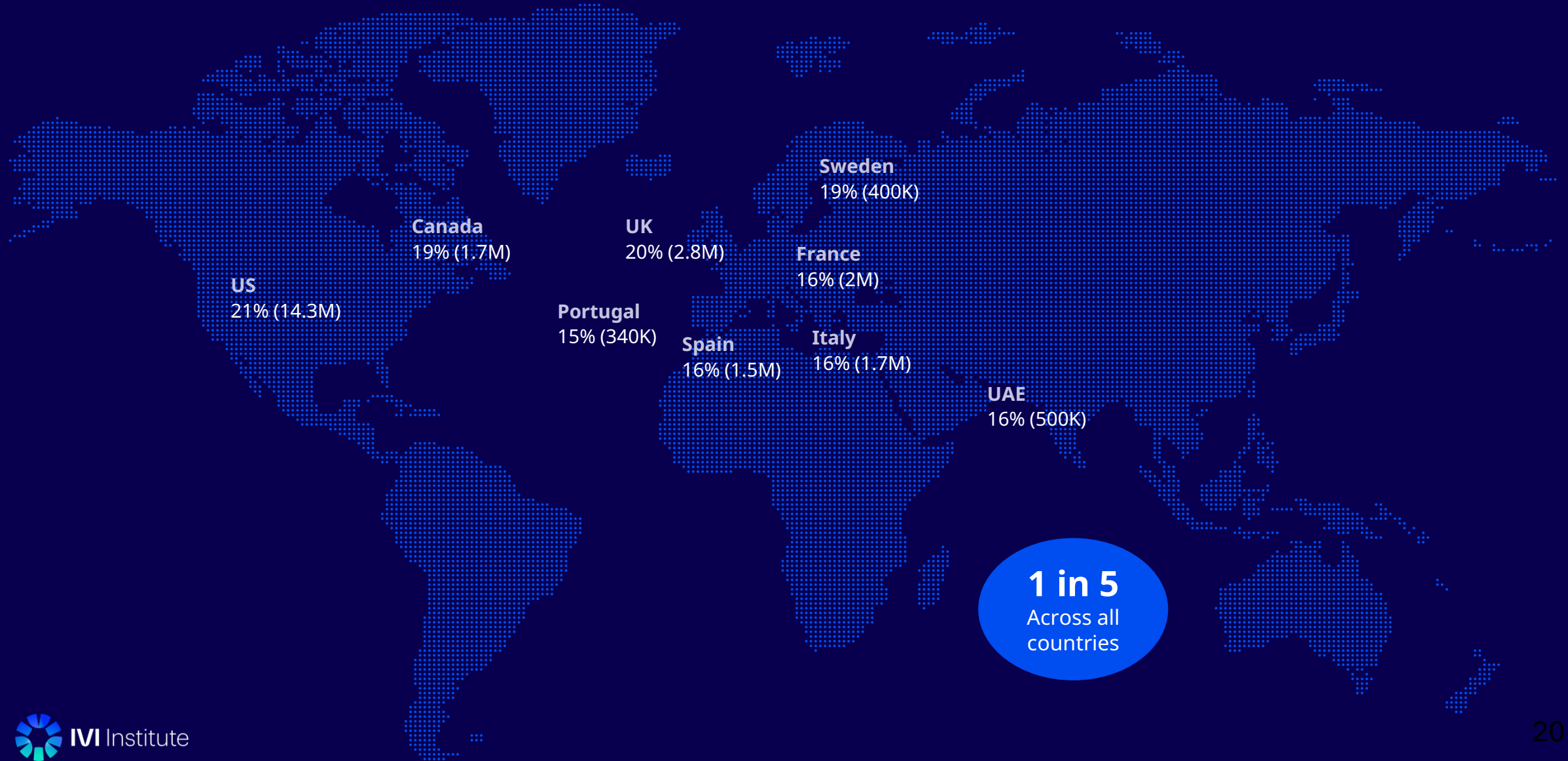
Secondary infertility

2%

2.4M — unable to have another child after a pregnancy

Lifetime infertility prevalence

2026



Last 12 months infertility prevalence

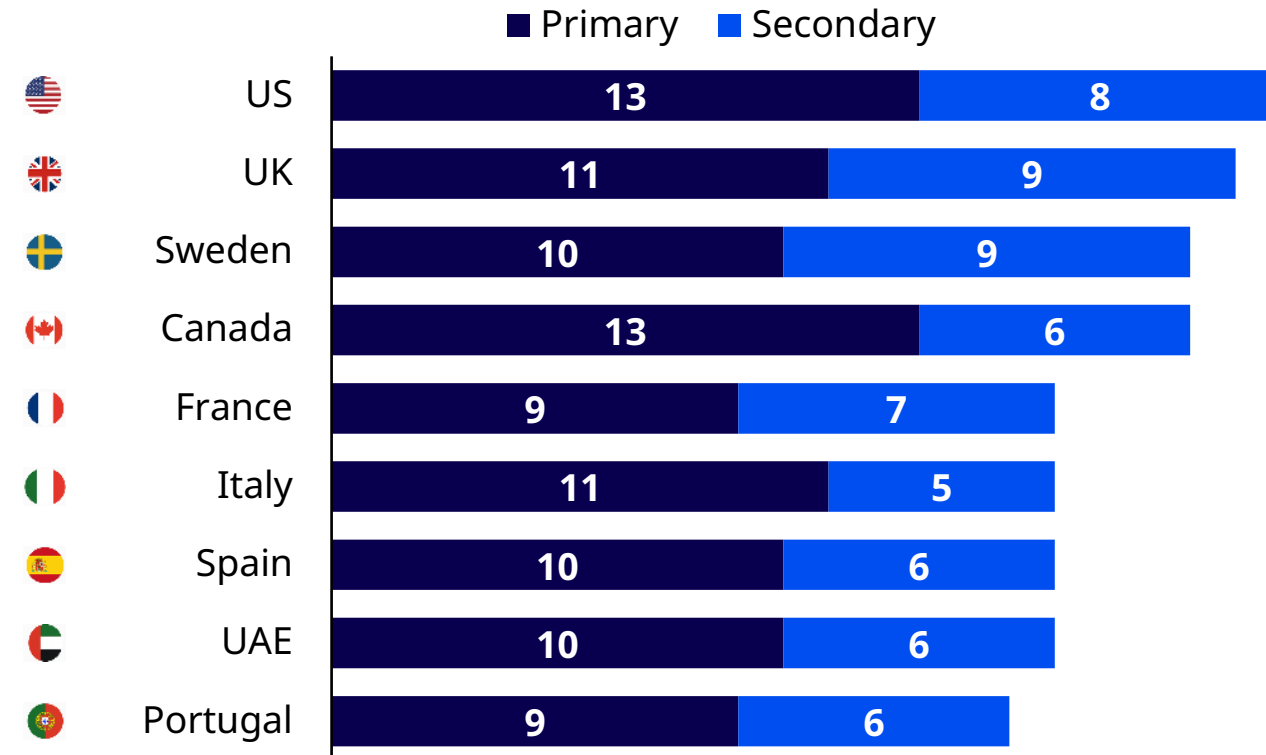
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Secondary infertility is four in ten cases

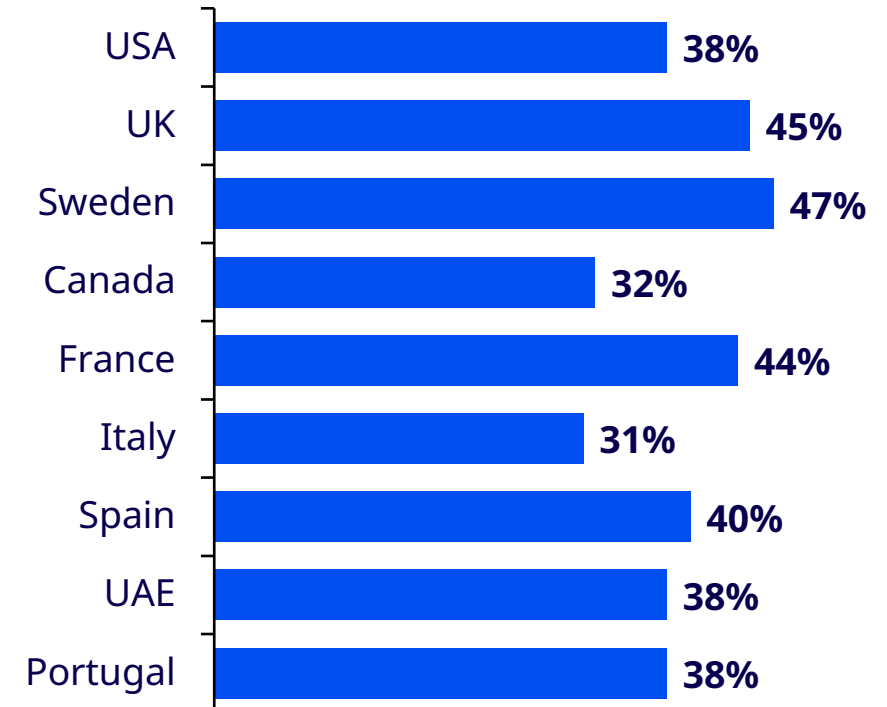
Lifetime prevalence by type

% of all women (n=24,074)



Secondary share of all cases

% of women who have ever experienced infertility



Base: all women (n=24,074). Right panel = secondary ÷ (primary + secondary), rounded to whole % (US: $8 \div 21 = 38\%$). Secondary infertility requires a prior pregnancy.

[Q] Have you been actively trying to get pregnant for the last 12 months without getting pregnant? [Q] In the past, did you actively try to get pregnant for a period of 12 months or longer without getting pregnant?

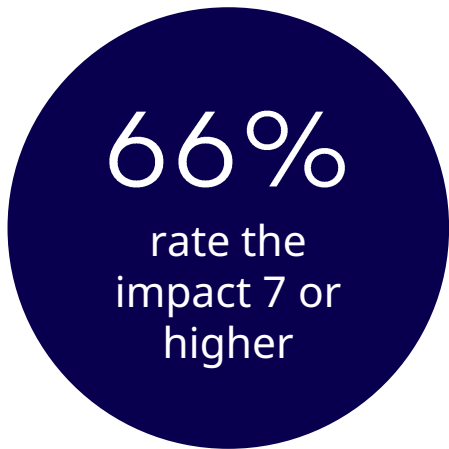
Emotional and financial impact of fertility challenges

03

Women experiencing infertility face a heavy burden

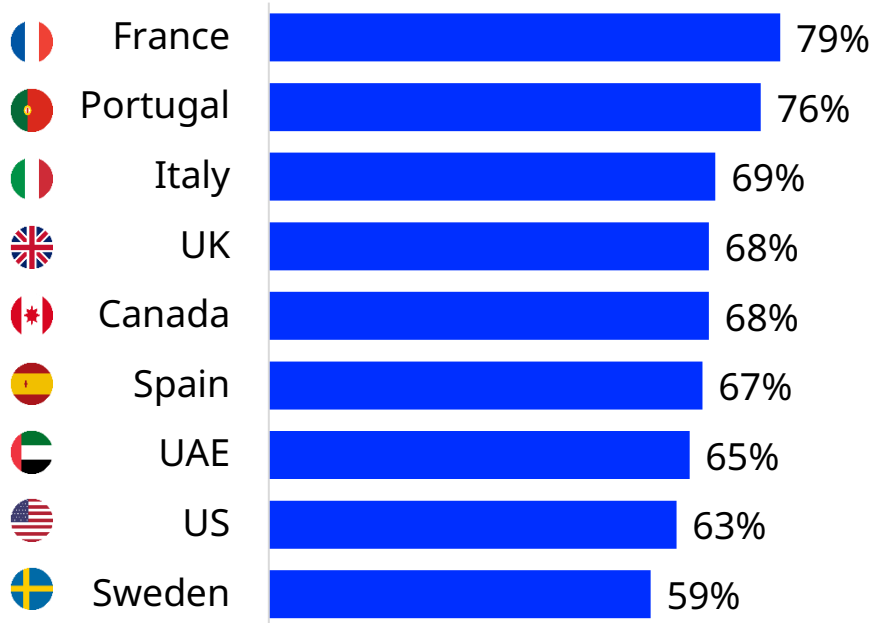
Infertility takes a significant emotional toll on most women who experience it

Impact rated 7 or higher
% who have experienced infertility and tried for 12 months (n= 2,842)



0 = no impact
10 = extremely negative impact

Impact of fertility challenges % who have experienced infertility
0 = has not impacted me at all • 10 = has impacted me extremely negatively

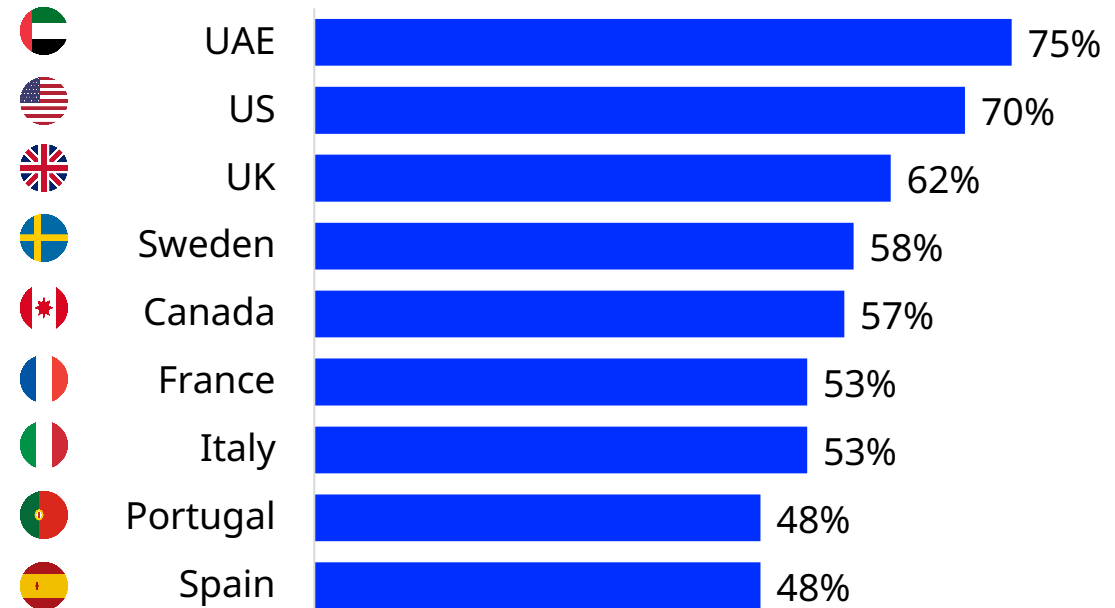


This burden is not routinely met with support

Despite the significant emotional toll of infertility, psychological support is not consistently offered

Psychological support offered

% who received treatment (n=3,847)

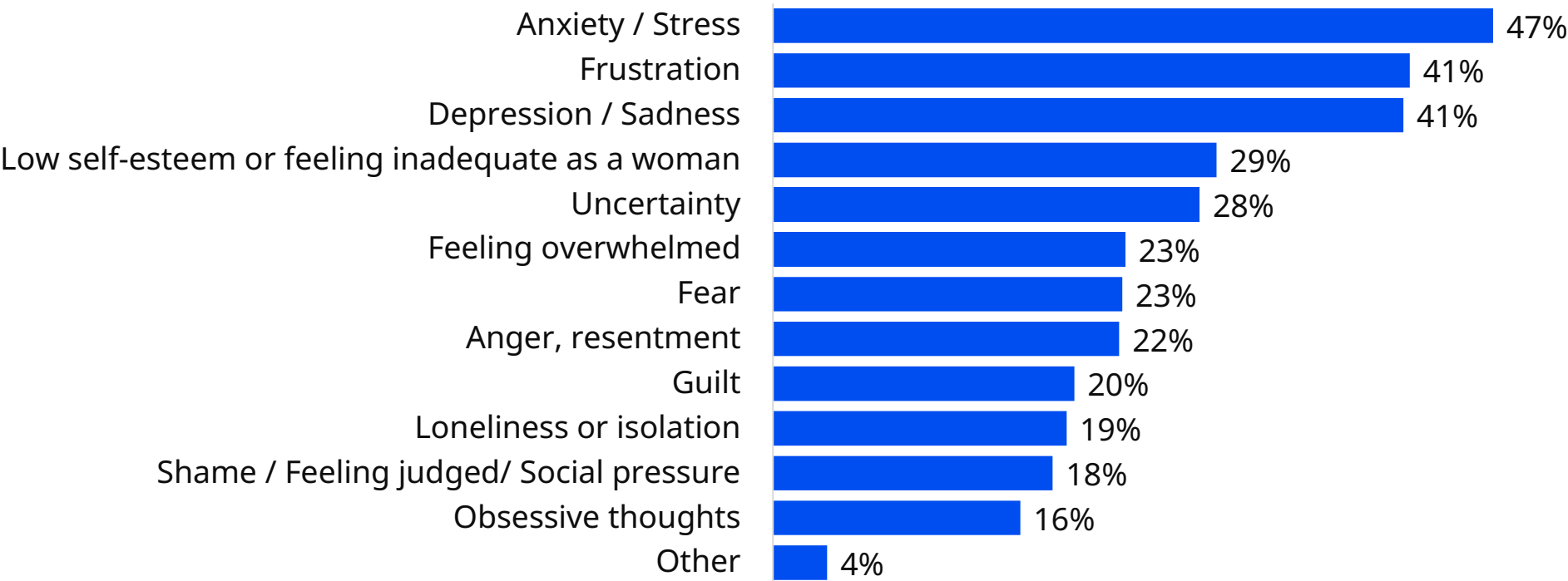


Emotions linked to difficulties getting pregnant

Anxiety, frustration and sadness lead, and nearly 3 in 10 feel inadequate as a woman

Emotions experienced most often

% of women who have experienced infertility (tried to conceive for 12 months without success) or had contact with healthcare professional (n=4,430)



Two added stressors in the fertility journey

Most women report substantial financial pressure, and a majority perceives fertility as an issue in which women bear greater responsibility than men.

Men seen as less engaged

58%

of women believe men take fertility health less seriously than women — reinforcing the feeling of carrying the burden alone.

Financial burden is substantial

70%

report at least moderate financial pressure from procedures, medication, travel, and lost income during fertility treatment.

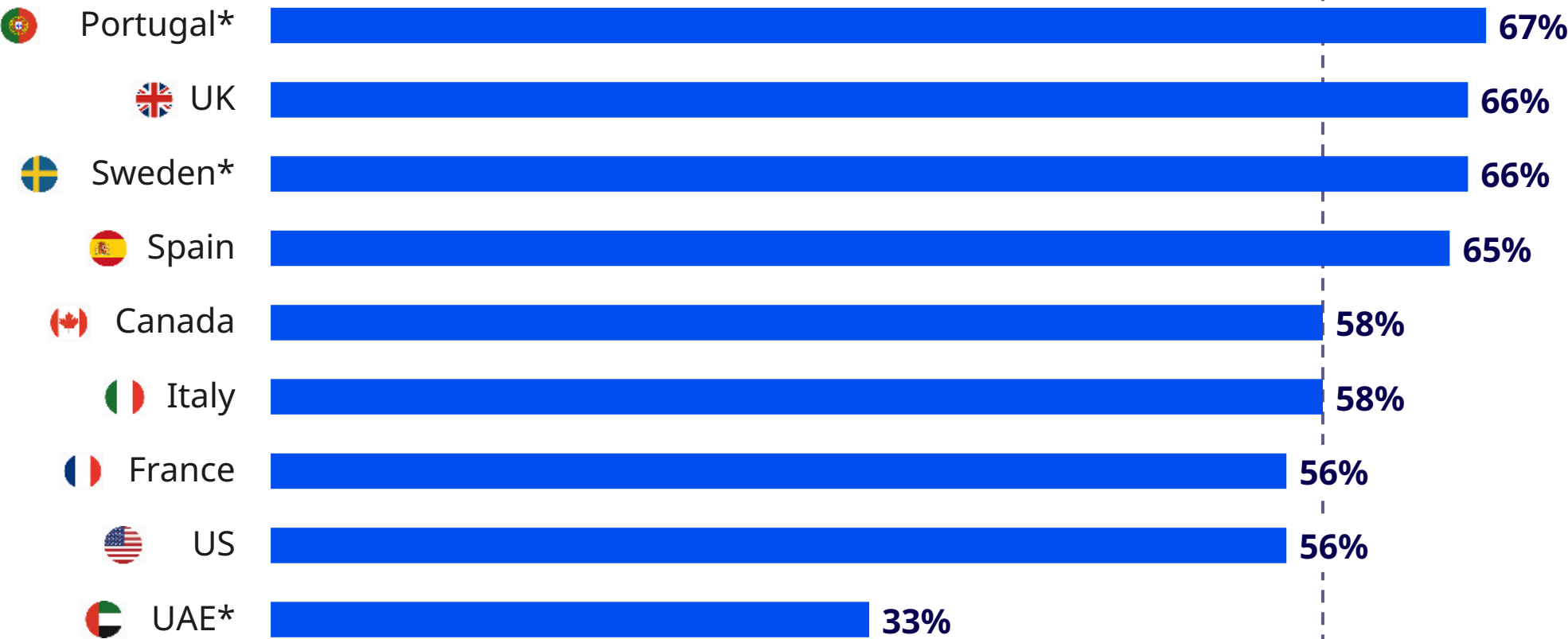
Attitudes of men toward fertility

58% say men take fertility health less seriously, from 67% in Portugal to 33% in the UAE

Men take fertility health less seriously than women

% of all women (n=24,074)

Nine-country average 58%



Financial burden of the fertility journey

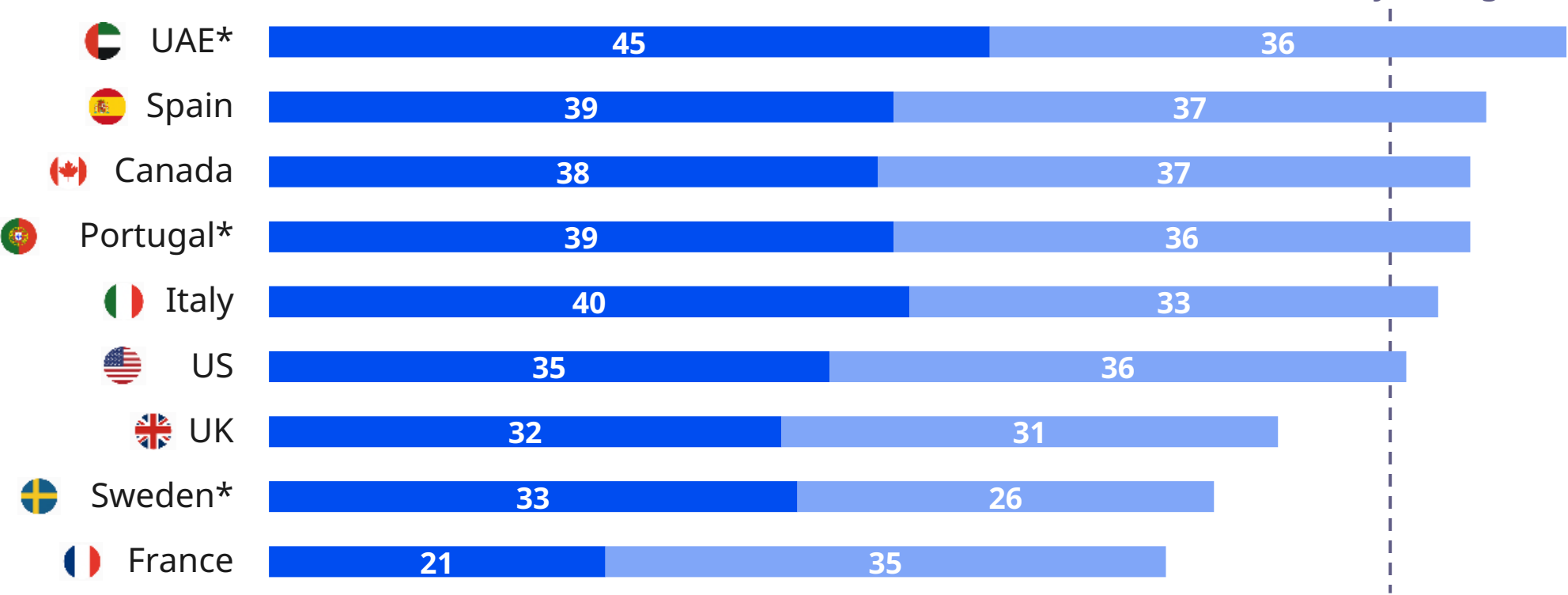
70% report at least a medium-high financial burden, from 56% in France to 81% in the UAE

Financial burden rated 7 or higher

% of fertility-tested women (n=5,006)

■ High (9-10) ■ Medium-high (7-8)

Nine-country average 70%



Fertility care and treatment pathways

04

Women do consult, and they consult early

Consulted a healthcare professional

% of all women (n=24,074)

% of women who have experienced infertility (n=4,590)

Have you ever consulted a doctor or other healthcare professional to discuss ways to help you get pregnant?



Time trying to get pregnant before seeking medical support (avg.)

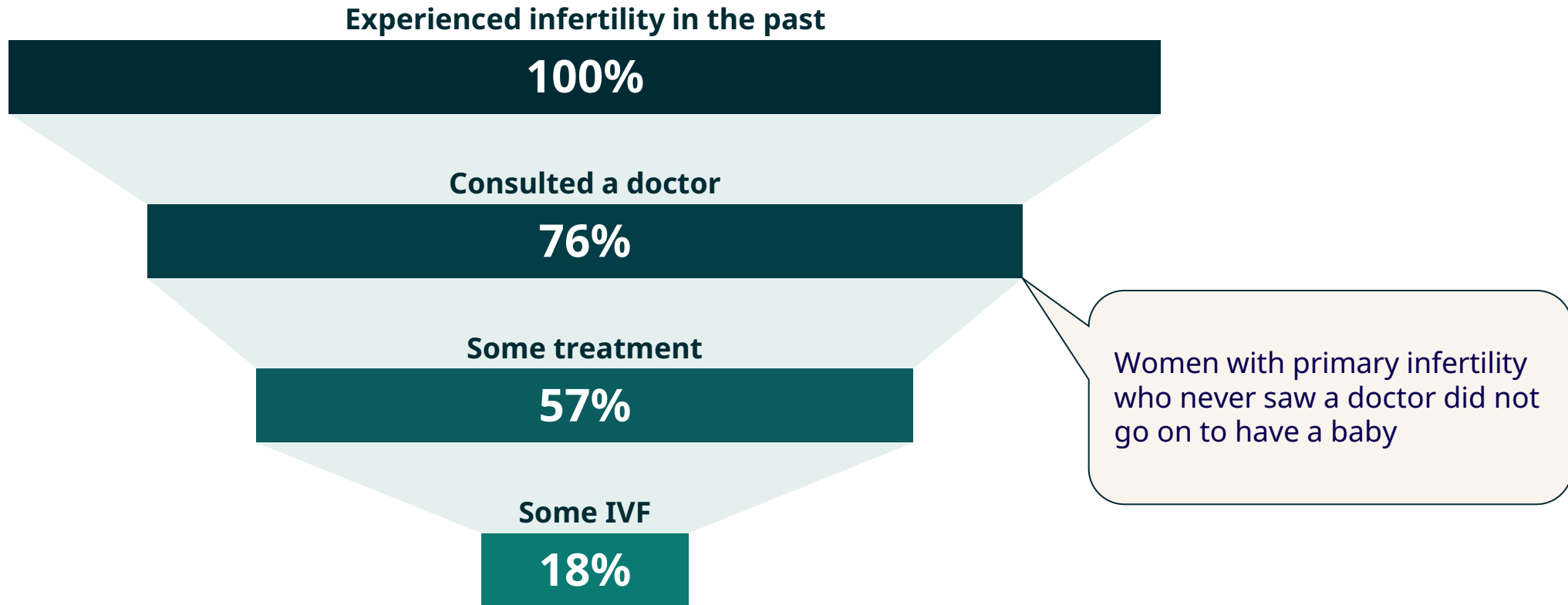
12 months

Age at 1st visit to the doctor (avg.)

27 yrs

76% of women with past infertility consult a doctor, but only 57% start any treatment

Only 18% of women who experienced infertility in the past underwent IVF



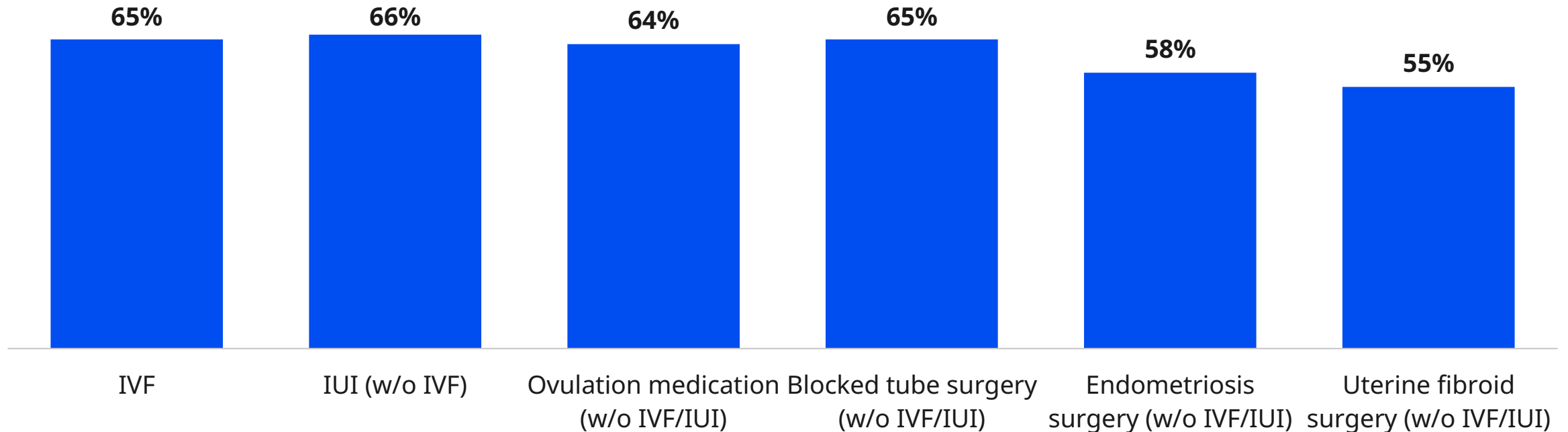
% of women who experienced infertility in the past (~18.4M women)

Base: women who have experienced past infertility (excluding current cases), ~18.4M. Reference population: ~132M women aged 19–49 across ALL COUNTRIES (National statistics offices (ONS, INE, ISTAT, INSEE, SCB, Statistics Canada, MoHAP/FCSC) and UN DESA, World Population Prospects 2024).

55–66% of women who initiate appropriate treatment achieve a successful pregnancy

% women who had a baby after treatment

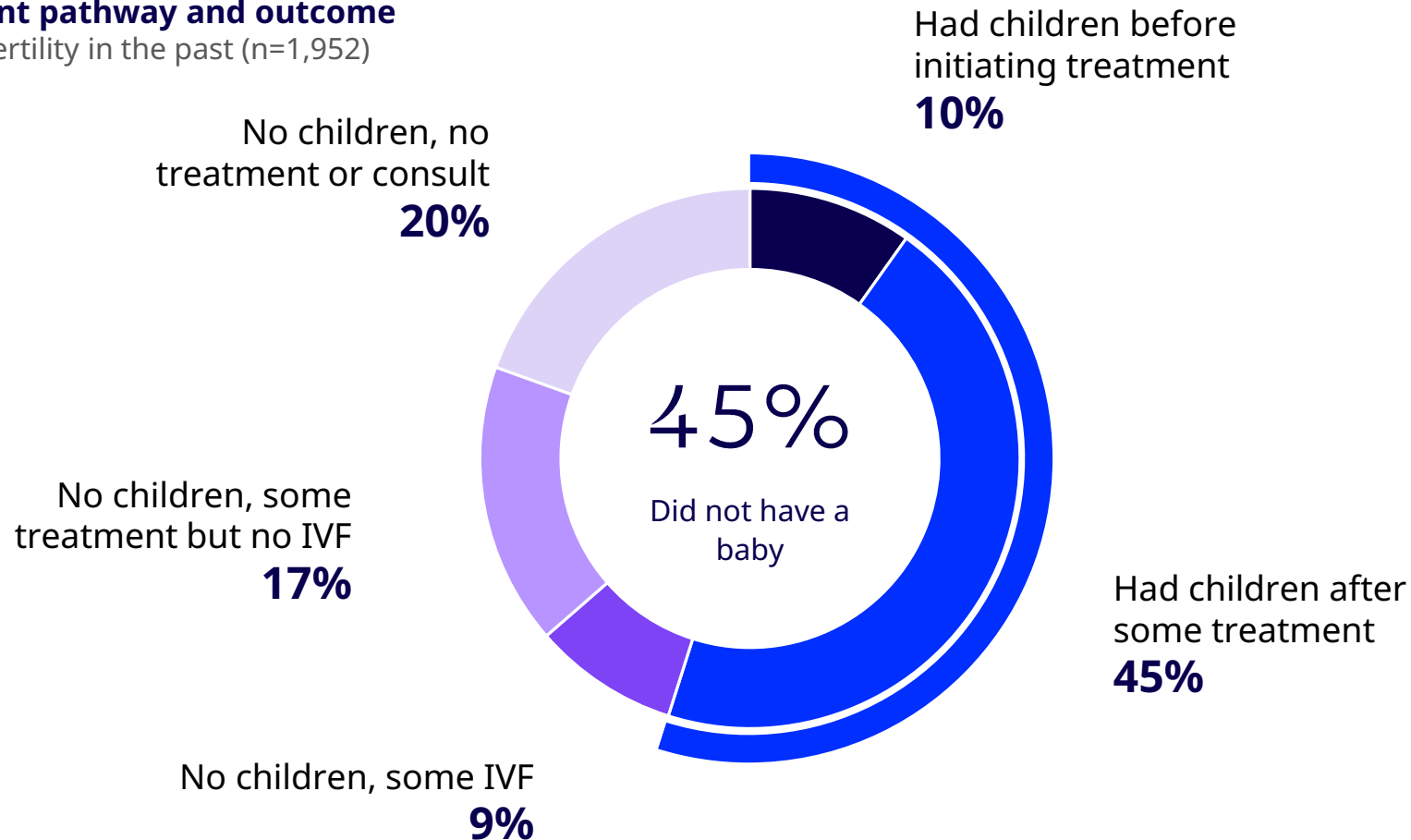
Women with primary infertility in the past who had some treatment (n=1,380)



36% of women with primary infertility never initiated any treatment or accessed IVF

% women by treatment pathway and outcome

Women with primary infertility in the past (n=1,952)



[Q] Have you ever consulted a doctor or other healthcare professional to discuss ways to help you get pregnant?

[Q] How old were you when you had your first doctor's appointment for support to try to get pregnant?

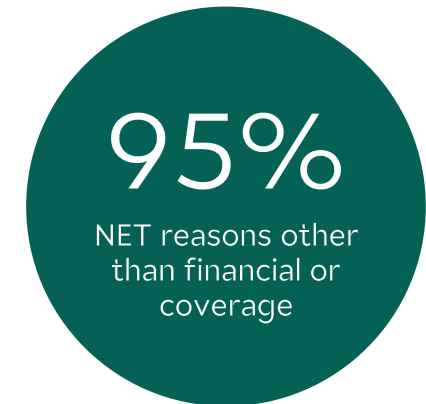
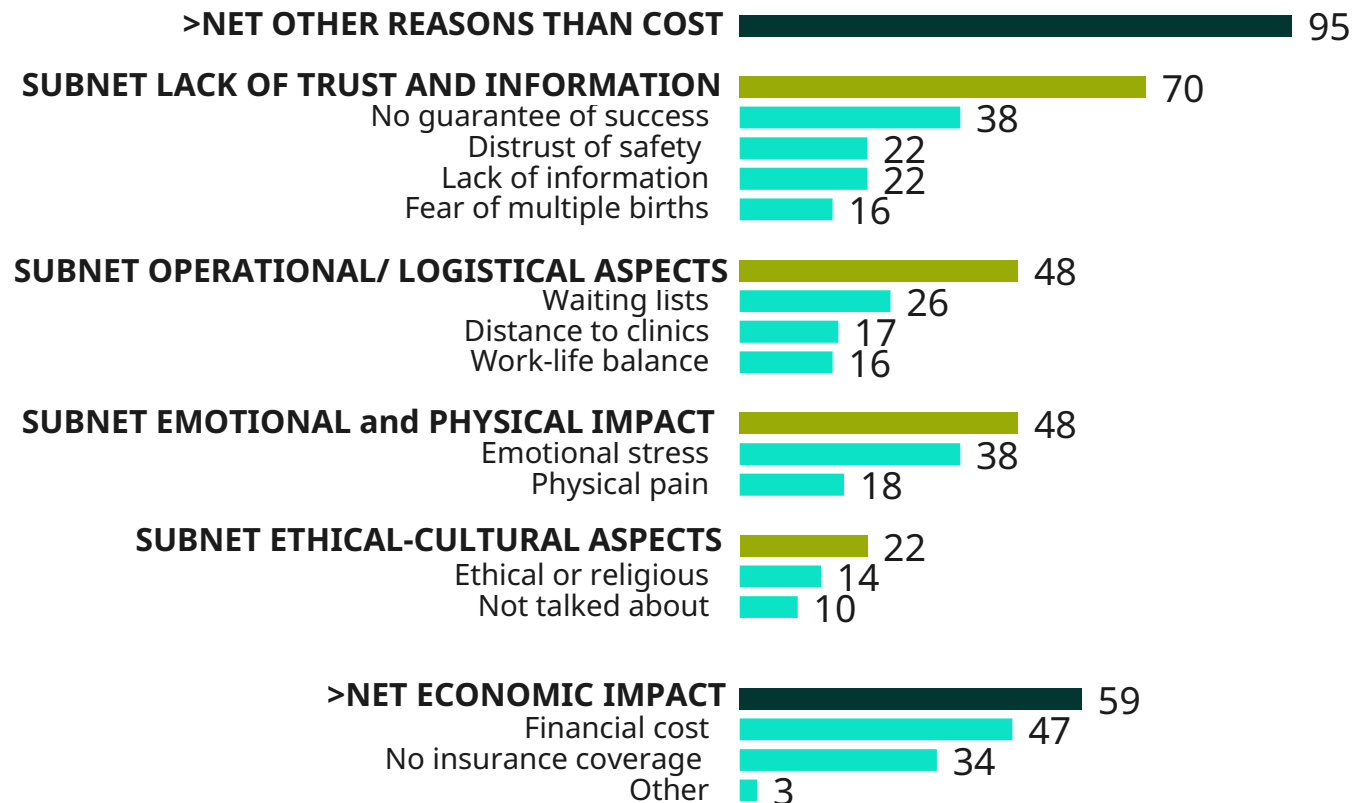
[Q] Think about all the medical care you or your partner(s) have received throughout your lives to help you get pregnant. Which of the following services have you received? Please select all that apply.

[Q] At what age did you get pregnant?

Navigating fertility treatment is as much about trust and information as it is about cost

Have experienced infertility

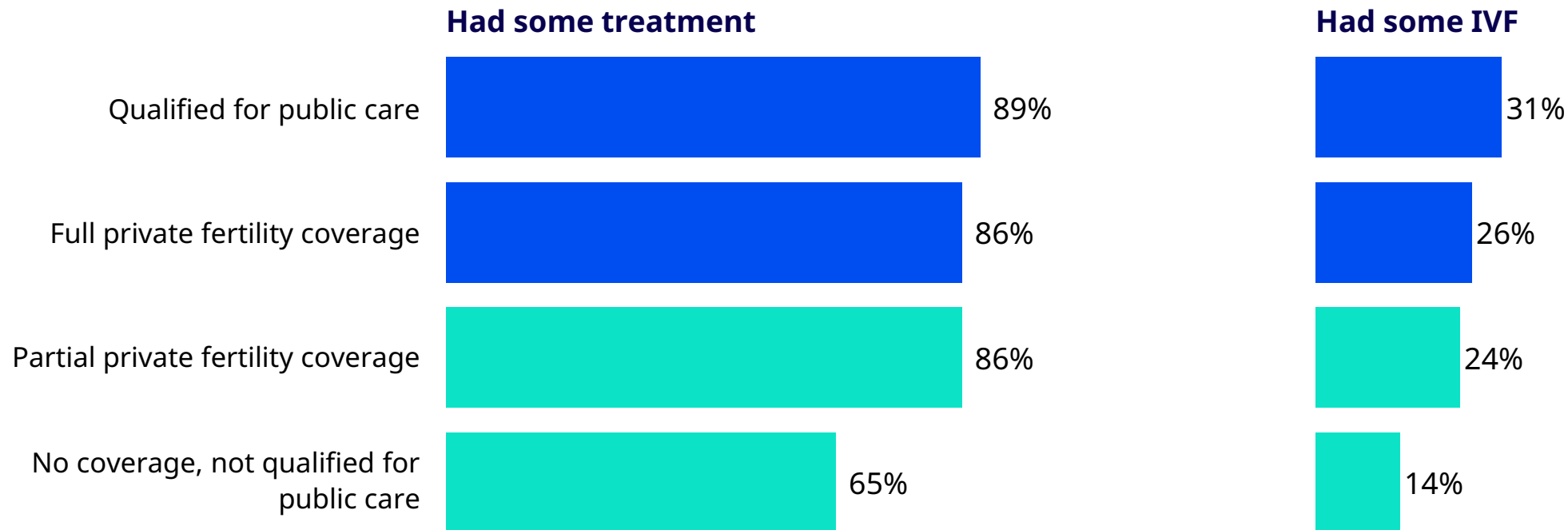
n= 4,590



Even with full coverage or eligibility for public system treatment, ~70-75% of women don't receive any IVF

Differences in access by level of insurance (at the time of consultation)

Base: had contact with healthcare professionals and have experienced infertility (n=3,493)



Note: US excluded from Qualified for public care (not applicable)

[Q] At that time, did you or your partner have any insurance plan that covered fertility treatments?

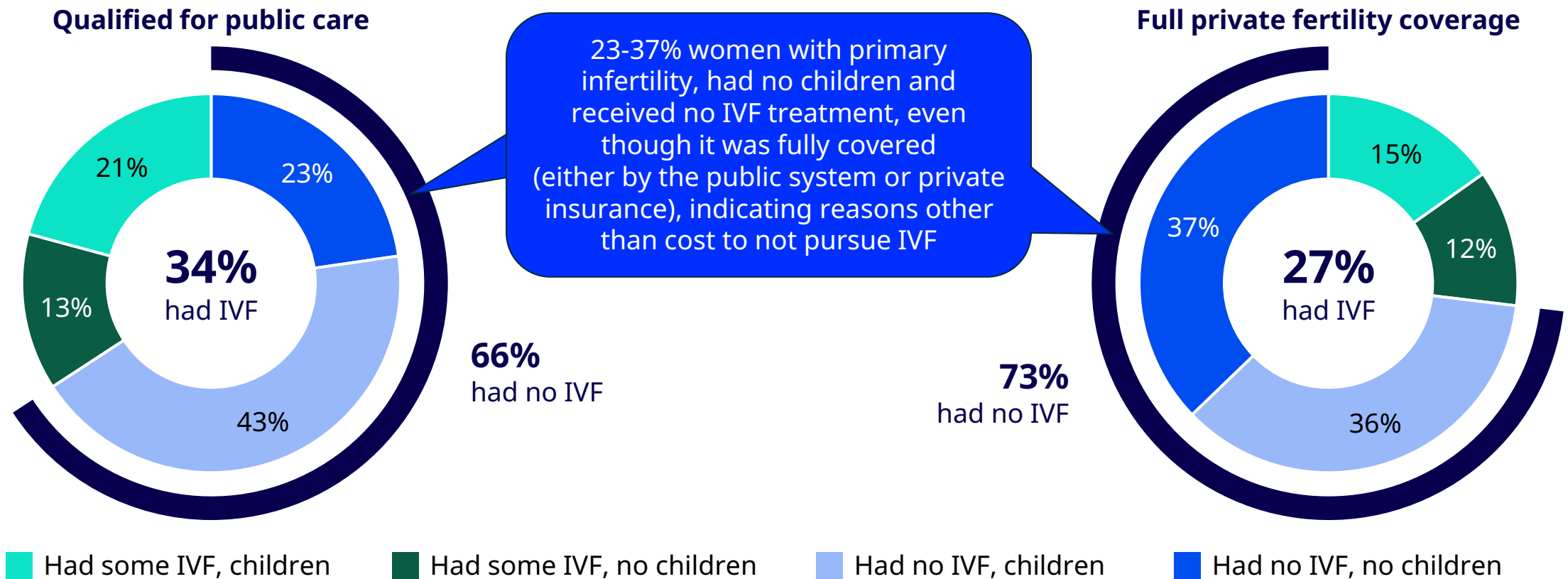
[Q] Where have you looked for medical care to get pregnant at any time in your life?

[Q] Were you able to access assisted reproduction treatments through public health insurance?

Up to 1 in 3 women with primary infertility, don't have children or start IVF, despite it being fully covered

IVF and children status of women with primary infertility in the past, by level of insurance

Women with primary infertility in the past who had some treatment (n=1,380)



Note: US excluded from Qualified for public care (not applicable)

[Q] At that time, did you or your partner have any insurance plan that covered fertility treatments? [Q] Where have you looked for medical care to get pregnant at any time in your life? [Q] Were you able to access assisted reproduction treatments through public health insurance?

Cost and success concerns are key barriers across markets

	 FRA	 PRT	 UAE	 CAN	 SWE	 UK	 US	 ESP	 ITA
Perceived barriers to treatment									
% women who have experienced infertility (n= 4,590)									
NET: OTHER THAN COST	98	96	96	96	96	95	95	93	93
TRUST AND INFORMATION	71	64	78	68	61	72	71	65	57
No guarantee of success	39	39	48	39	42	46	37	39	31
Distrust of safety	17	7	31	19	13	19	24	20	14
Lack of information	28	17	23	19	14	21	22	14	21
Fear of multiple births	17	11	20	20	12	11	16	16	11
OPERATIONAL / LOGISTICAL	57	62	34	55	55	54	44	51	52
Waiting lists	32	42	11	32	34	36	22	31	30
Distance to clinics	21	23	13	19	14	15	16	13	19
Work-life balance	22	11	18	16	15	16	15	16	15
EMOTIONAL AND PHYSICAL	57	61	57	42	51	56	45	52	45
Emotional stress	45	52	43	32	39	47	34	42	37
Physical pain	20	16	27	16	22	19	17	18	12
ETHICAL-CULTURAL	15	11	36	20	13	18	25	9	18
Ethical or religious	11	4	23	13	8	11	16	6	11
Not talked about	6	8	20	8	6	8	11	4	8
NET: ECONOMIC IMPACT	41	69	68	56	56	64	60	69	54
Financial cost	30	61	52	44	48	56	46	60	43
No insurance coverage	18	39	41	32	20	25	39	33	26

Treatment works, but few women get there

Almost four in five women who experience infertility ask for help, but fewer than one in five ever start IVF, and 95% point to reasons beyond cost

76%

They do ask for help

of women who have experienced infertility consulted a professional — on average at 27, after 12 months of trying

43%

Never start any treatment

and only 18% of women who had infertility in the past started any IVF

95%

The barriers are not only cost

cite reasons beyond cost — trust and information, emotional toll, logistics

26%

Coverage is not enough

only 26% of women whose private insurance covers fertility (and 31% of those who qualify for public treatment) went on to start IVF

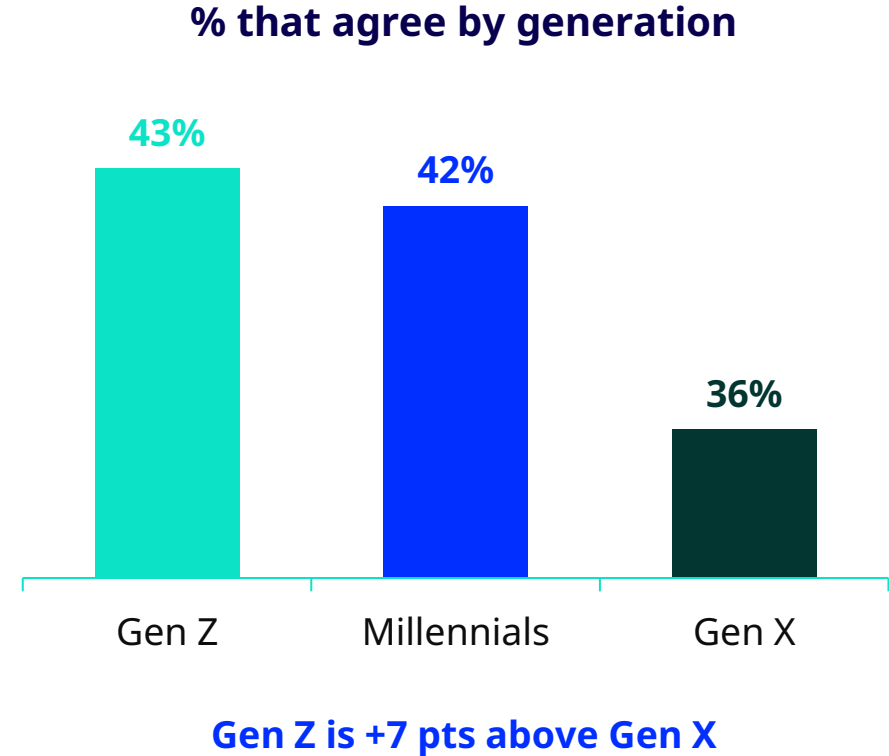
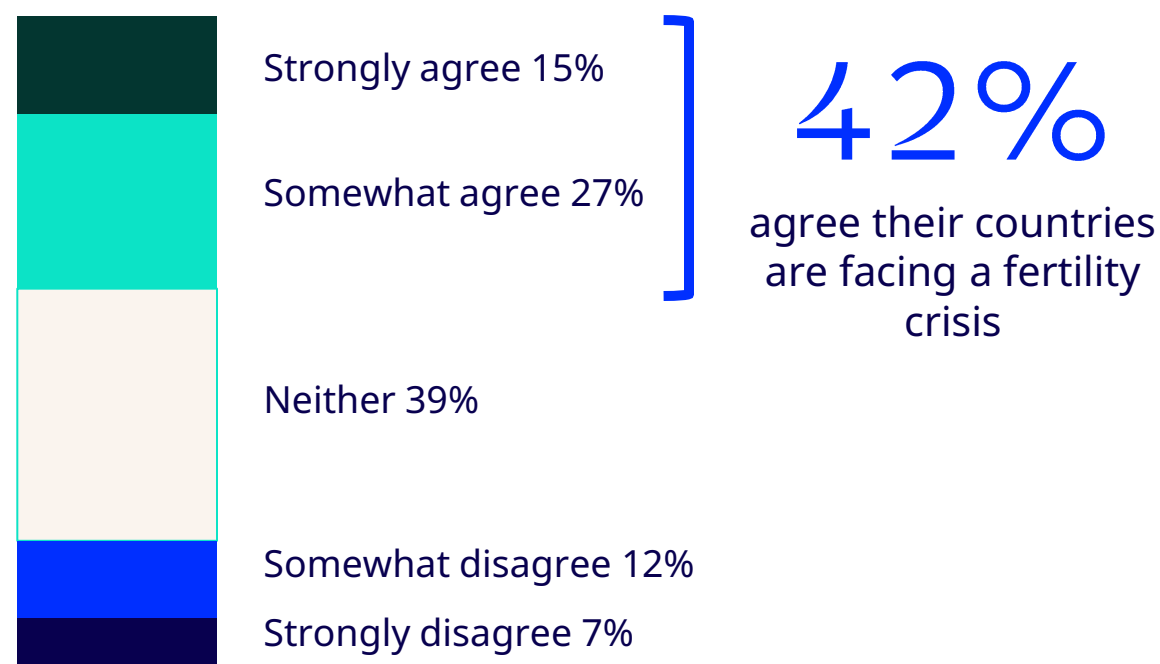
76% ask for help, 18% reach IVF. Alongside cost, women point to trust, Information, and emotional load as barriers to treatment

Societal implications of fertility dynamics

05

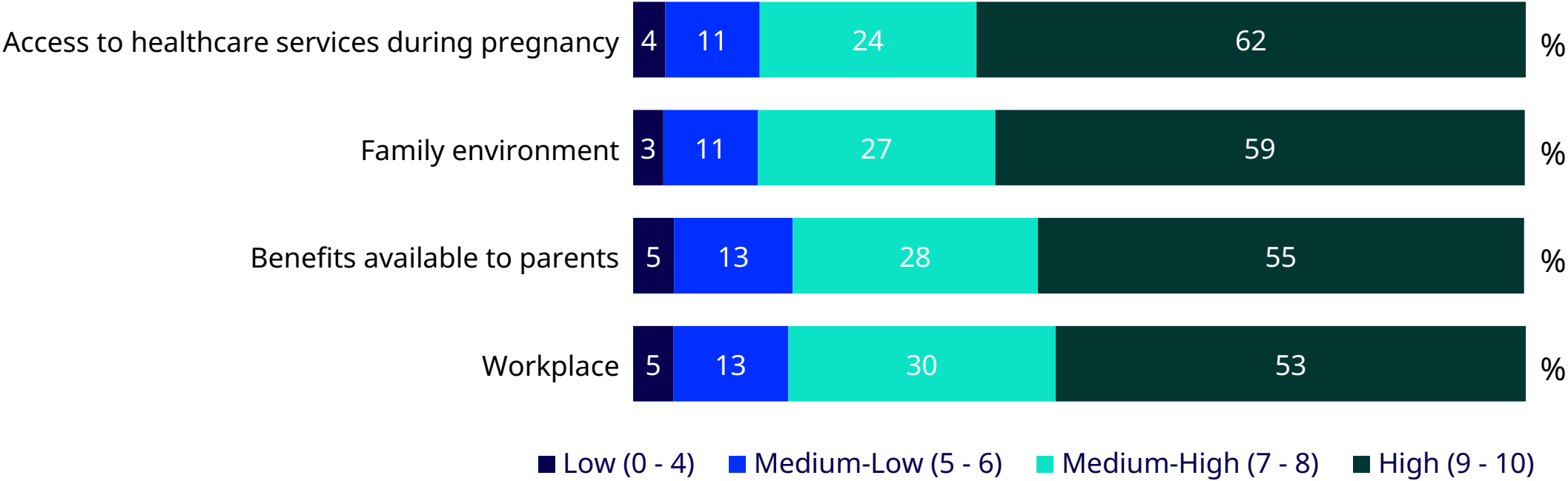
Perceived fertility crisis

More than four in ten respondents believe their country is facing a fertility crisis, with concern strongest among Gen Z and declining with age



Importance of key areas of support

Support for motherhood extends well beyond healthcare. While access to pregnancy care is the top priority, workplace conditions, family support, and parental benefits are nearly as important.



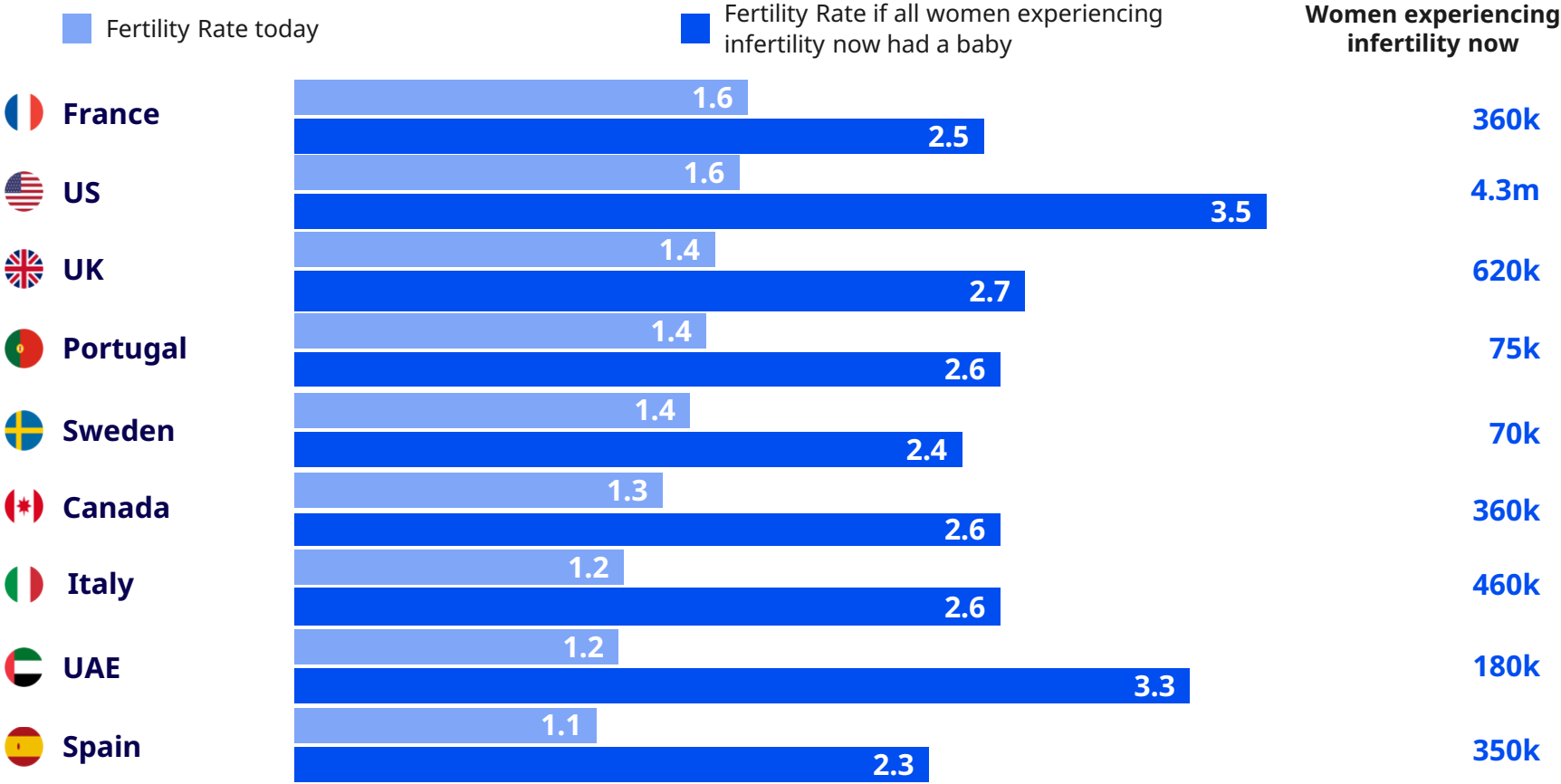
Improving access could boost fertility rates

Current fertility rate vs the fertility rate if every woman experiencing infertility today had one baby

ALL NINE COUNTRIES

6.9M

6.9M women facing infertility now (in the last 12 months) across these 9 countries



Sources: national statistics offices (ONS, INE, ISTAT, INSEE, SCB, Statistics Canada, MoHAP/FCSC) and UN DESA, World Population Prospects 2024 (births, TFR); Calculation: $TFR \times (\text{annual births} + \text{women facing infertility now}) / \text{annual births}$. Assumes one live birth per affected woman in one year; directional scale comparison—not an ART uptake, success or demographic forecast.



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