

IVI Institute

Fertility Barometer

Italy

COUNTRY REPORT **OCTOBER 2026**

Research conducted by GfK, a NielsenIQ company

Published by IVI Institute in partnership with IVI Fertility and Genera



IVI Fertility



Genera



IVI Institute

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 findings for Italy 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 years old
Italy (~10.3M)

SAMPLE SIZE

4,000 interviews

SURVEY DATES

June 11 – July 2, 2026

SELECTION CRITERIA

Nationally representative sample, with quotas on age, region and education

METHODOLOGY

Online interviews (Computer Assisted Web Interviews)

MARGIN OF ERROR

±1.55 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 — 74% of women 19–49 are already mothers or want to be mothers and 65% say it is an important goal

02 THE GAP

Women start later and have fewer children than they wanted — 46% start later than desired, by about seven years on average, and want 2.4 children against the 1.7 they have

03 ACCELERATION

The age of first child has significantly increased over the last 3 decades — From 23 years old to 30 years old at the time of first child, this increase is the result of a mix of the age of intent increasing, as well as a further delay experienced beyond what women intended

04 WHY LATER

The delay is circumstantial, not a change of heart — women point to feeling ready, finding the right partner and lacking economic resources as reasons to wait to start having children

Executive summary – the support gap

The toll is heavy and support is valued, but workplace and emotional support are not reliably offered

05 INFERTILITY

Infertility reaches one woman in six — 1.7M have experienced it, ~460,000 face it now

06 SECONDARY INFERTILITY

It also strikes after a first child — 5% (~600k) struggled to conceive again after having had a baby

07 STIGMA

The silence has lifted — 89% say they would discuss the issue with family and friends if they had fertility issues

08 EMOTIONAL TOLL

The toll is heavy and widely felt — 69% of women who experienced infertility rate the impact at 7 or higher out of 10, and during treatment 85% report negative emotions against 49% positive

09 SUPPORT GAP

Psychological support is wanted far more than it is offered — 84% rate it 7 or higher in importance, yet only 53% were offered it during treatment

Executive summary – the treatment gap

Few women who face difficulty conceiving ever reach fertility care

10 CONSULTATION

Women who suffer infertility do seek help, and early — 78% who experienced it consulted a professional, at 28, after 14 months of trying

11 TREATMENT GAP

IVF works, but few women reach it — only 53% receive any treatment and 14% start any IVF

12 BARRIERS AND BURDEN

Navigating fertility treatment is as much about trust and information as it is about cost — 93% of women who have experienced infertility cite reasons other than costs, with 57% highlighting lack of trust and information as barriers to treatment

13 OPPORTUNITY

Reproductive medicine can reverse the trend — 57% say Italy faces a fertility crisis, and treatment can help the ~460,000 women facing infertility now build the families they want

The Italian fertility picture in eight numbers

IVI Institute Fertility Barometer – Italy · 4,000 women aged 19–49

74%

Are mothers or want to be mothers and 65% consider motherhood an important life goal

46%

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

2.4 → 1.7

children wanted versus children had — a shortfall of 0.7 per woman

1.7M
women

one in six have experienced infertility; ~460,000 are affected right now

14%

of women who experienced infertility in the past had any IVF treatment, despite the fact that 78% did consult a healthcare professional

93%

cite barriers other than cost to access treatment, with 57% focusing on lack of trust and information

69%

report a significant negative impact; 53% were offered psychological support during treatment, which 84% rate as important

2.6

fertility rate if every woman experiencing infertility now had a baby (460k)

Family formation: aspirations vs. reality

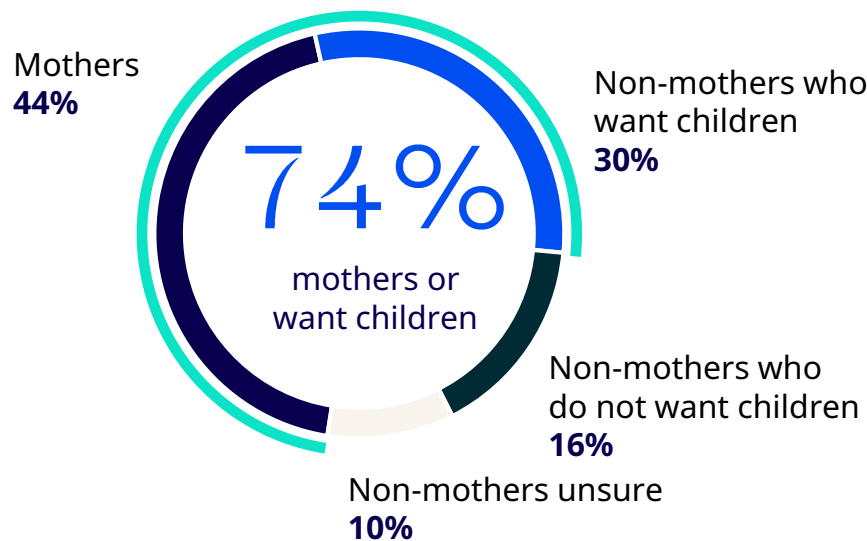
01

Motherhood remains a strong aspiration

3 in 4 Italian women are already mothers or want children, and 65% say motherhood is an important goal

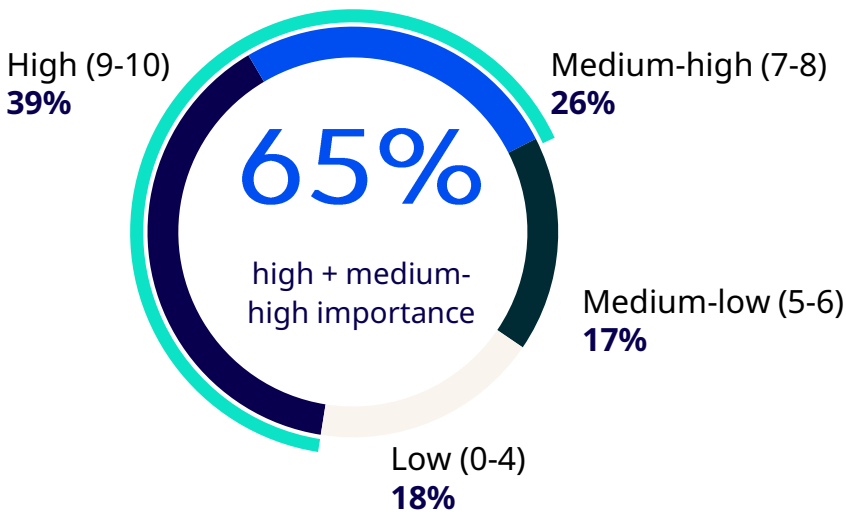
Current motherhood status

% of women (n=4,000)



Importance of becoming a mother

% of women (n=4,000)

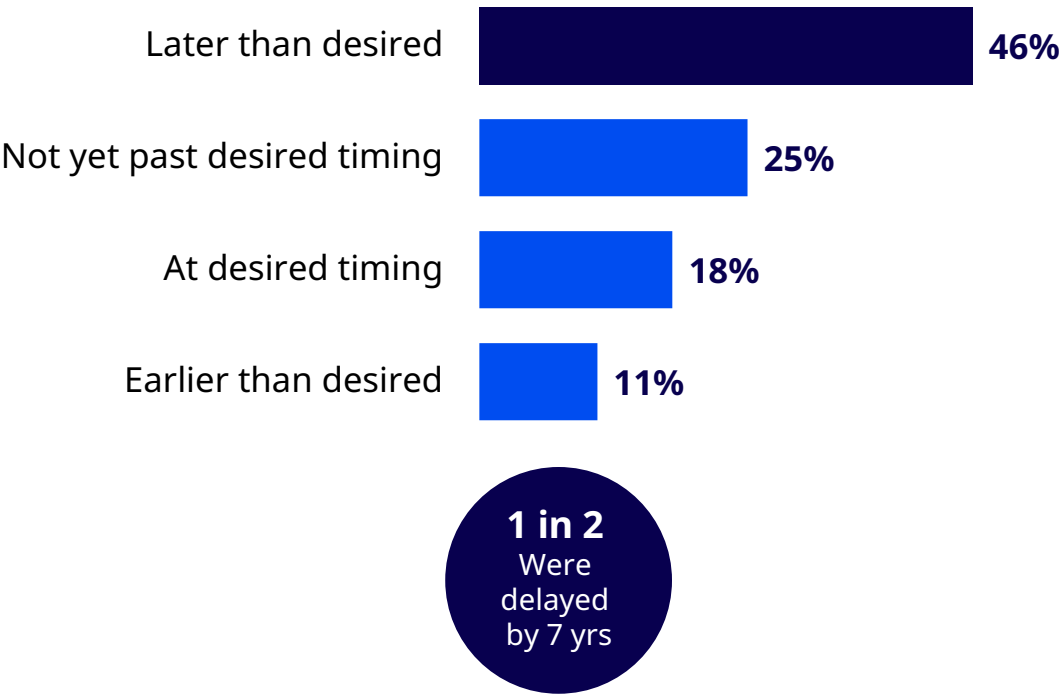


Later and fewer children than intended

Despite their strong desire for motherhood, their plans don't always turn out as intended

Timing of first child

% of women who have target age (n=2,265)

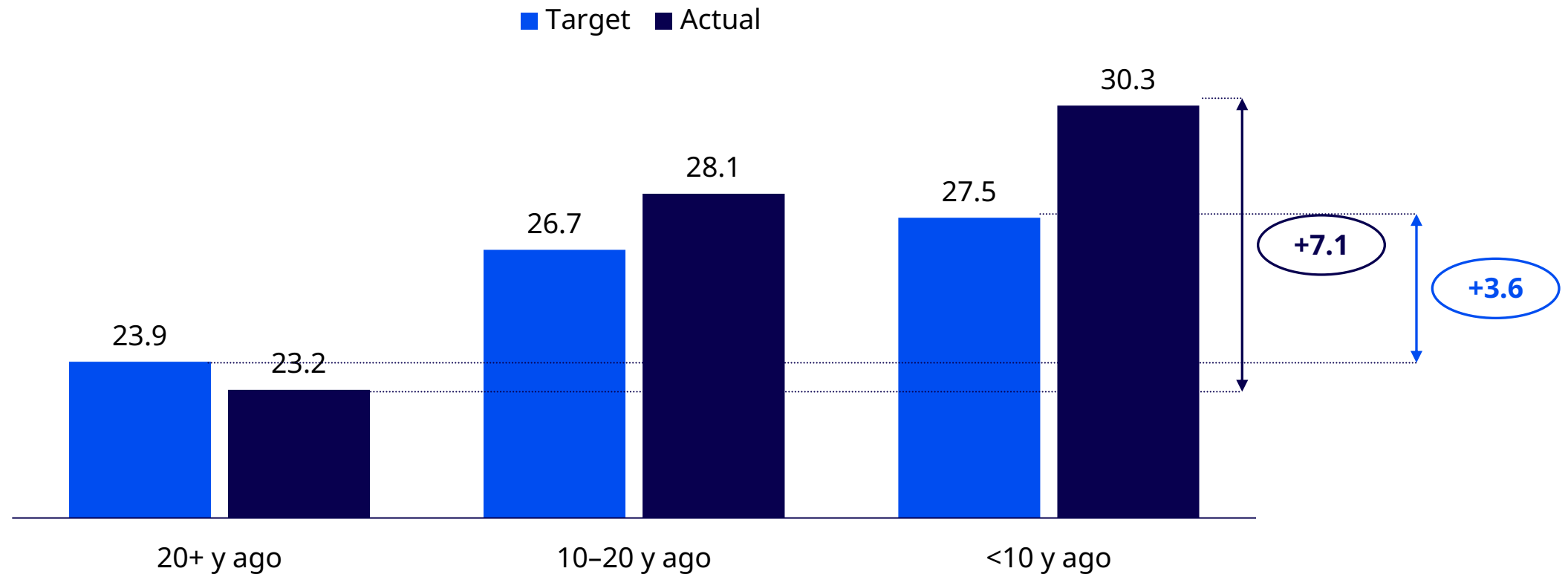


INTENDED VS. ACTUAL	TARGET	ACTUAL	GAP
CHILDREN PER MOTHER Mothers (n=1,777)	2.4	→ 1.7	0.7 fewer
AGE AT FIRST CHILD Age at first child — pregnancy in the past 10 years and reported an ideal age (n=624)	27	→ 30	3 yrs later
AGE AT FIRST CHILD Later-than-desired group (n=1,014)	26	→ 33	7 yrs later

The increase of age at first child is accelerating

From 23 years old to 30 years old at the time of first child, this increase is the result of a mix of the age of intent increasing as well as this intent being realized even later than women wanted it to

Age at first child Target vs actual age, by time since having a baby (mothers n=1,304, by age group)

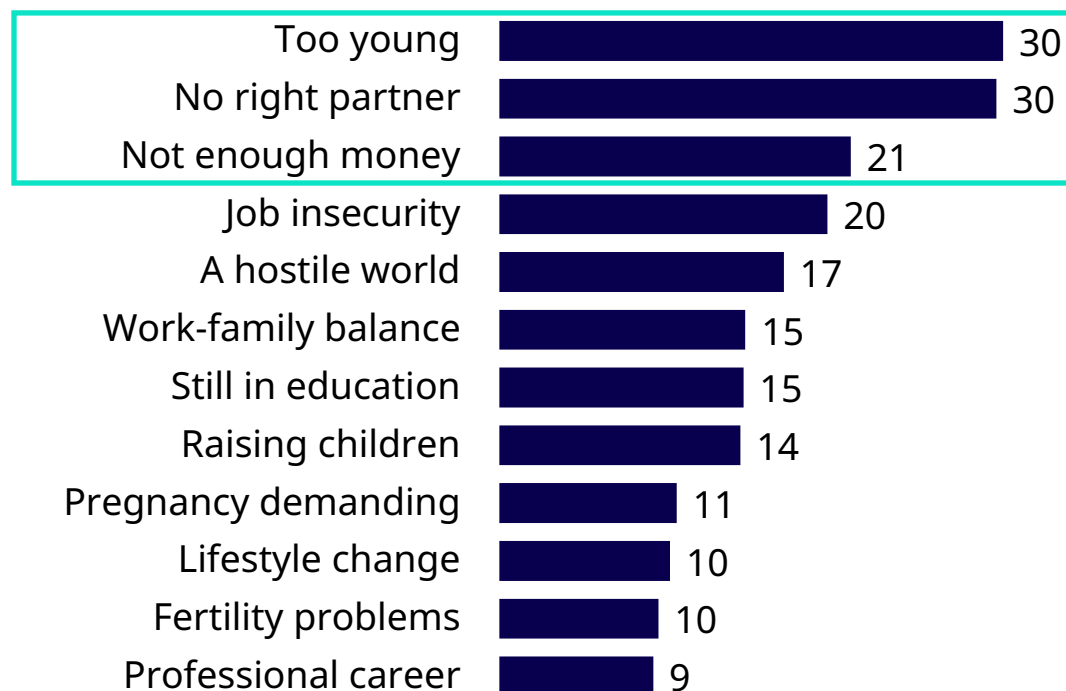


The delay is circumstantial, not intentional

The gate is readiness — a partner and secure income, not desire

Reasons they have not had children

Still waiting to become mothers, % | n=1,599



What made it the right time

Already mothers or pregnant, % | n=1,833



Top 12 responses shown per question

[Q] What are the reasons why you have not had children?

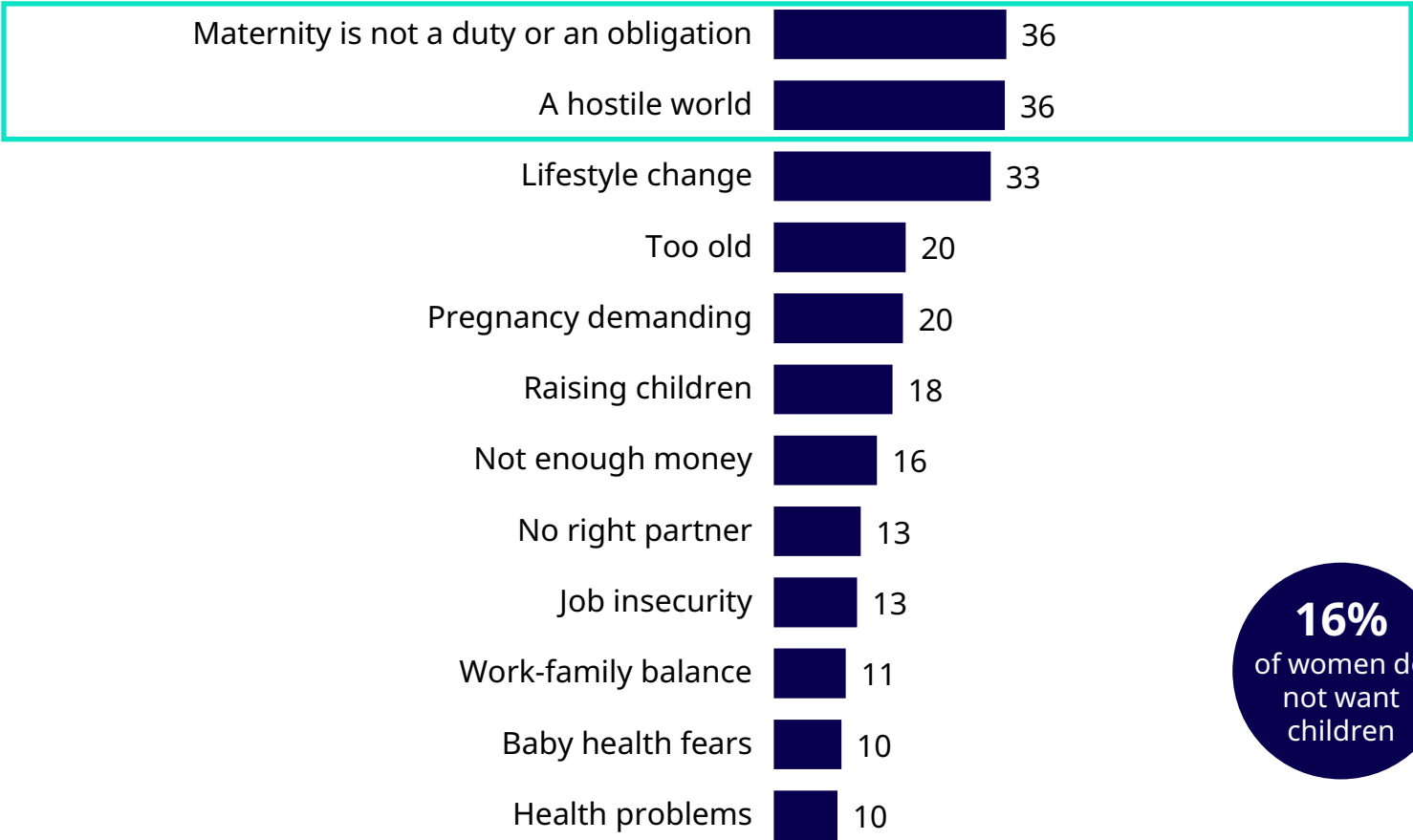
[Q] Did any of the following have an impact on deciding when the right time to become a mother was?

It is about identity, not obstacles

Among women who don't want children, personal identity and lifestyle outweigh practical barriers

Reasons not to become mothers

% of women (n=624)



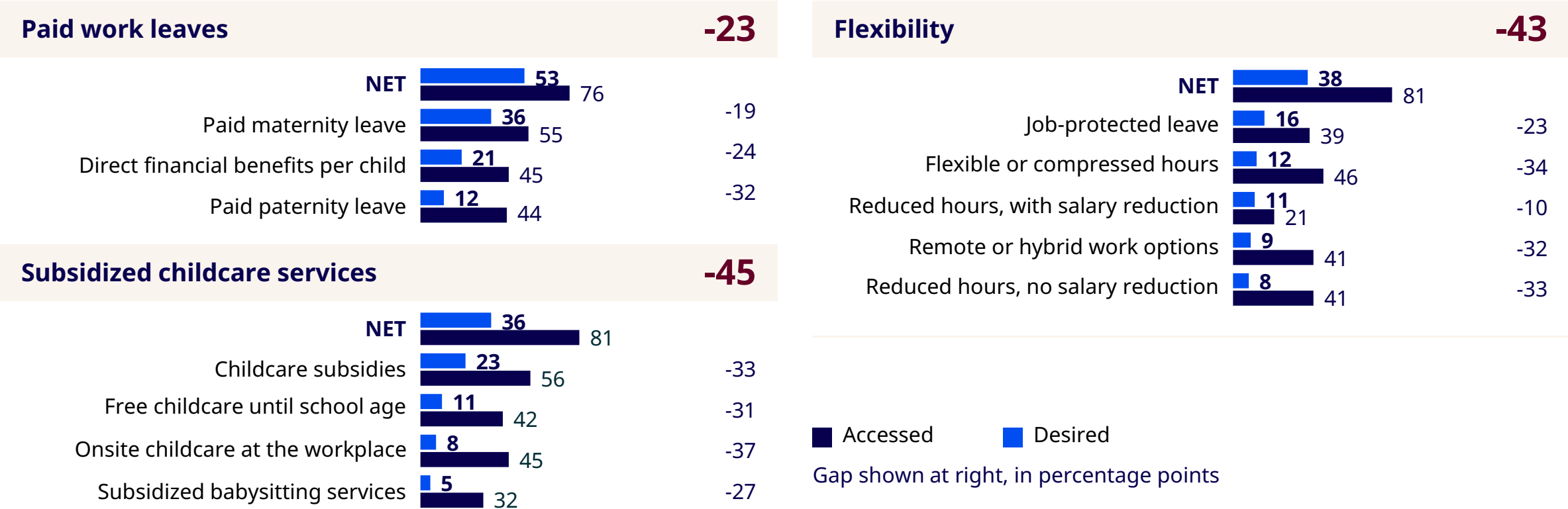
16%
of women do
not want
children

Leave is solved, flexibility and childcare are not

Mothers report significant shortfalls in access to childcare support and flexible work arrangements

Access vs. desire for family benefits

% of mothers (n=1,777)



Experiences with trying to conceive

02

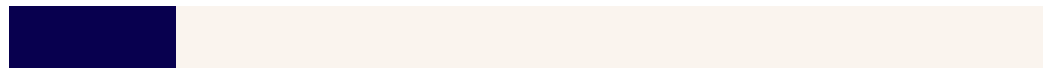
One in six women have faced infertility

One in six Italian women have experienced infertility; 4.5% are experiencing it right now

16% Lifetime infertility prevalence

1.7M women

have experienced infertility at some point



16% Yes

84% No

4.5% Last 12 months infertility prevalence

~460k women

are experiencing infertility right now



4.5% Yes

95.5% No

Secondary infertility accounts for 35% of cases

~600,000 Italian women have faced infertility after a previous pregnancy; ~120,000 are affected now

Lifetime — ever experienced

1.7M

16% of Italian women aged 19–49

Last 12 months — experiencing now

460k

4.5% of Italian women aged 19–49

Primary infertility

~1.1M

11% — unable to achieve a first pregnancy

Primary infertility — experiencing now

~340k

~3.3% — trying now without success, no previous pregnancy

Secondary infertility

~600k

5% — unable to achieve another pregnancy

Secondary infertility — experiencing now

~120k

~ 1.2% — trying now without success after a previous pregnancy

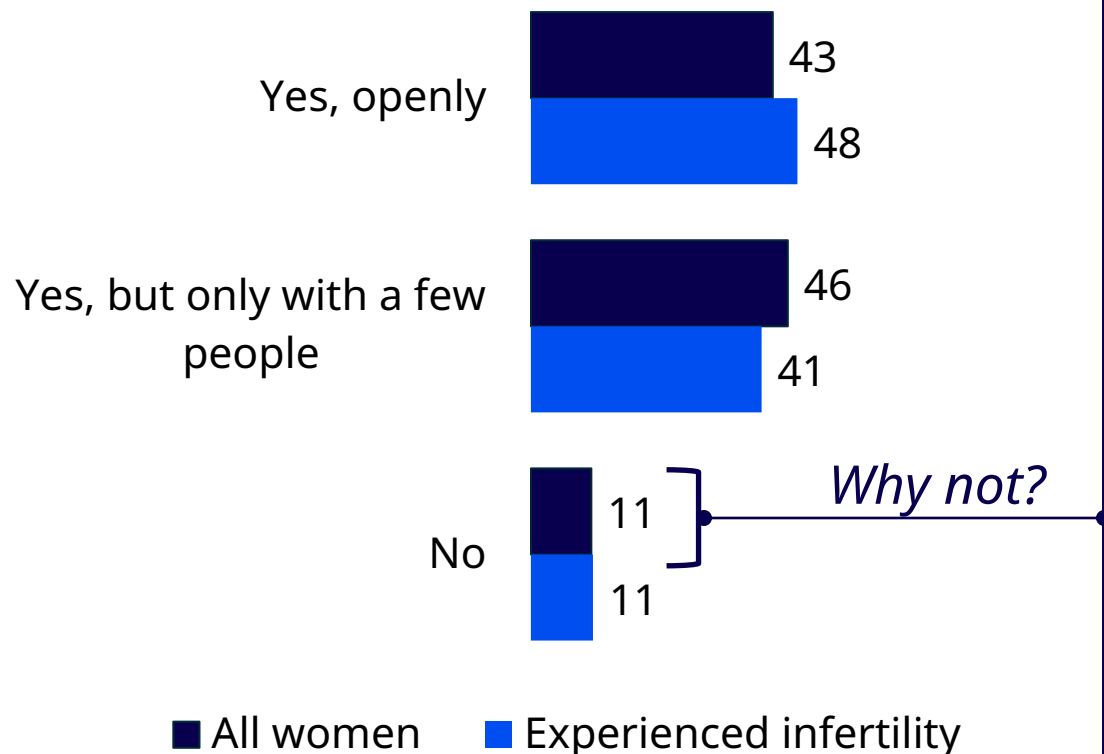
The silence has largely lifted

Social acceptance of fertility conversations appears high, with 89% of women willing to discuss it

Willingness to discuss fertility problems

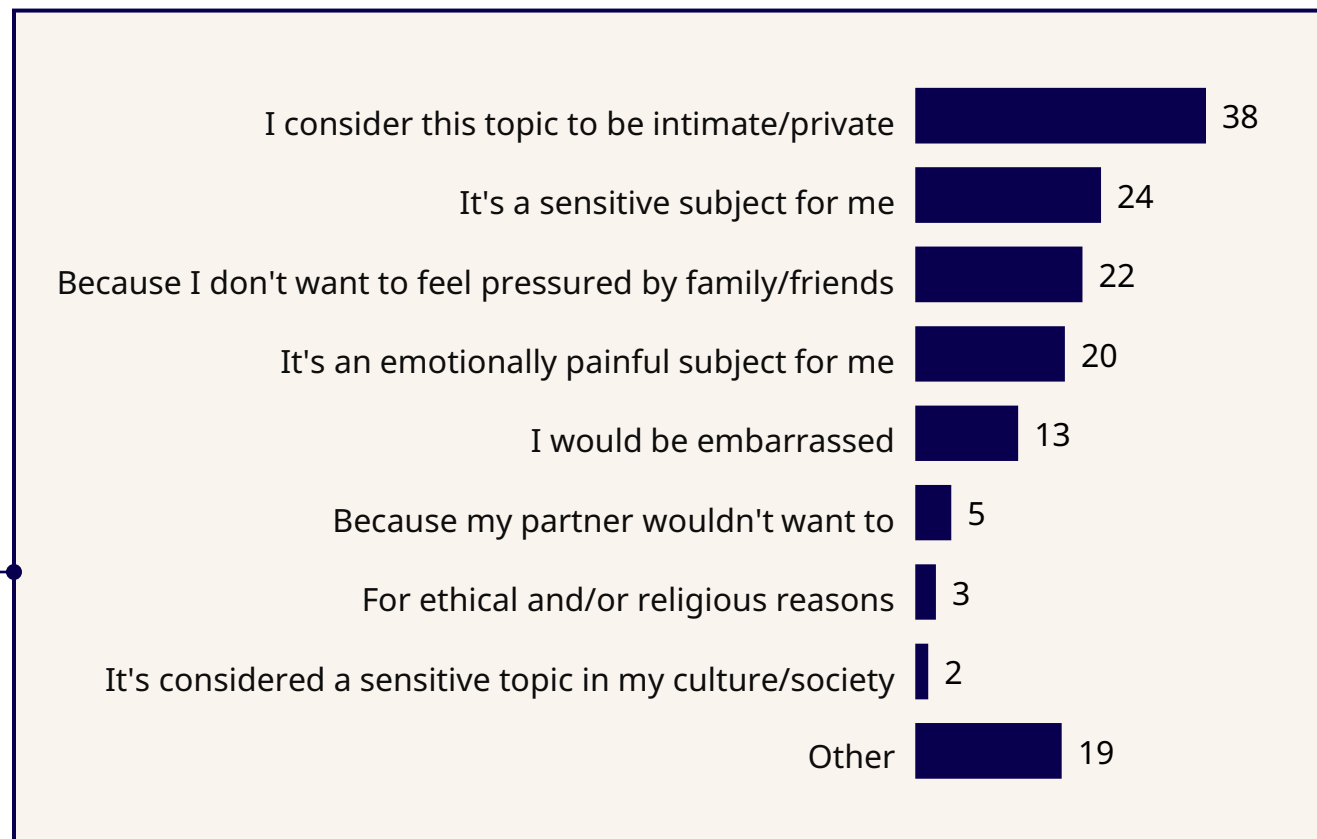
% of all women (n=4,000)

% of women who have experienced infertility (n=657)



Reasons for not talking about it

% who would not talk (n=433)



Emotional and financial impact of fertility challenges

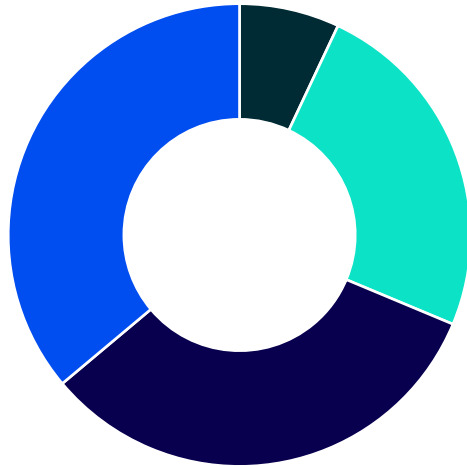
03

Women who have experienced infertility report a significant negative impact on their lives

Impact of fertility challenges

% who tried to conceive for 12 months without success (n=457)

0 = has not impacted me at all • 10 = has impacted me extremely negatively



69%

rate the impact of fertility challenges
at 7 or higher out of 10

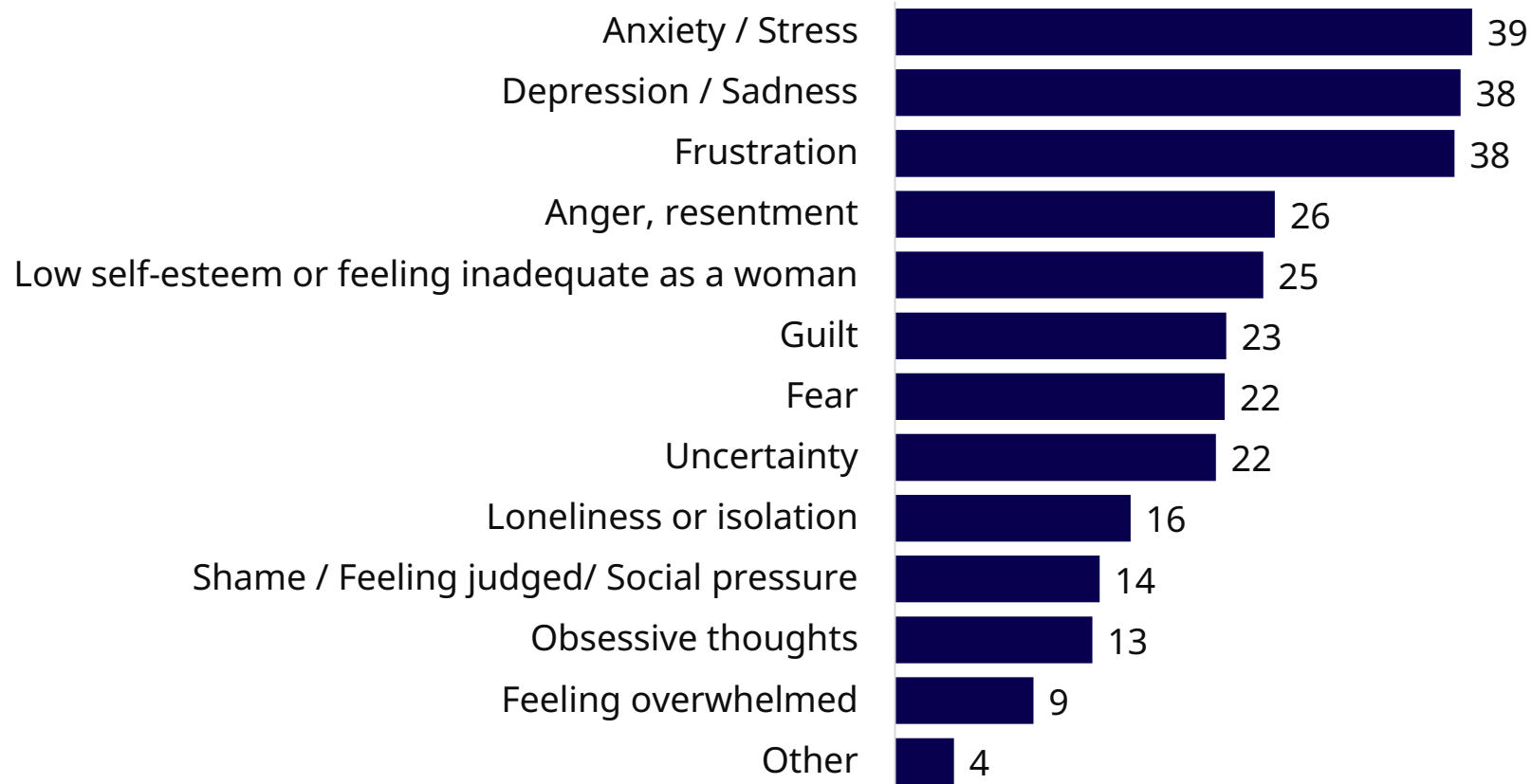
■ Low (0-4) 7% ■ Med-low (5-6) 24%
■ Med-high (7-8) 33% ■ High (9-10) 36%

Emotions before care: getting pregnant

Fertility challenges generate a broad spectrum of emotional responses

Emotions experienced

% of women who have experienced infertility (tried to conceive for 12 months without success)
or had contact with healthcare professional (n=650)

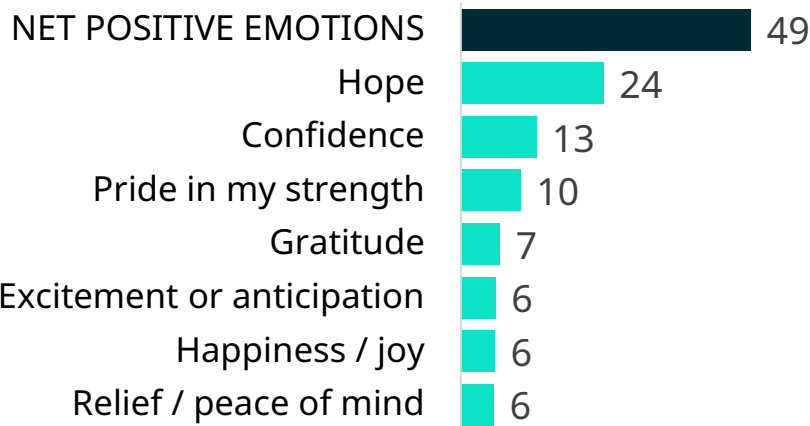


Emotions during care: fertility treatment

The fertility treatment journey is emotionally demanding, although hope remains a central part of it

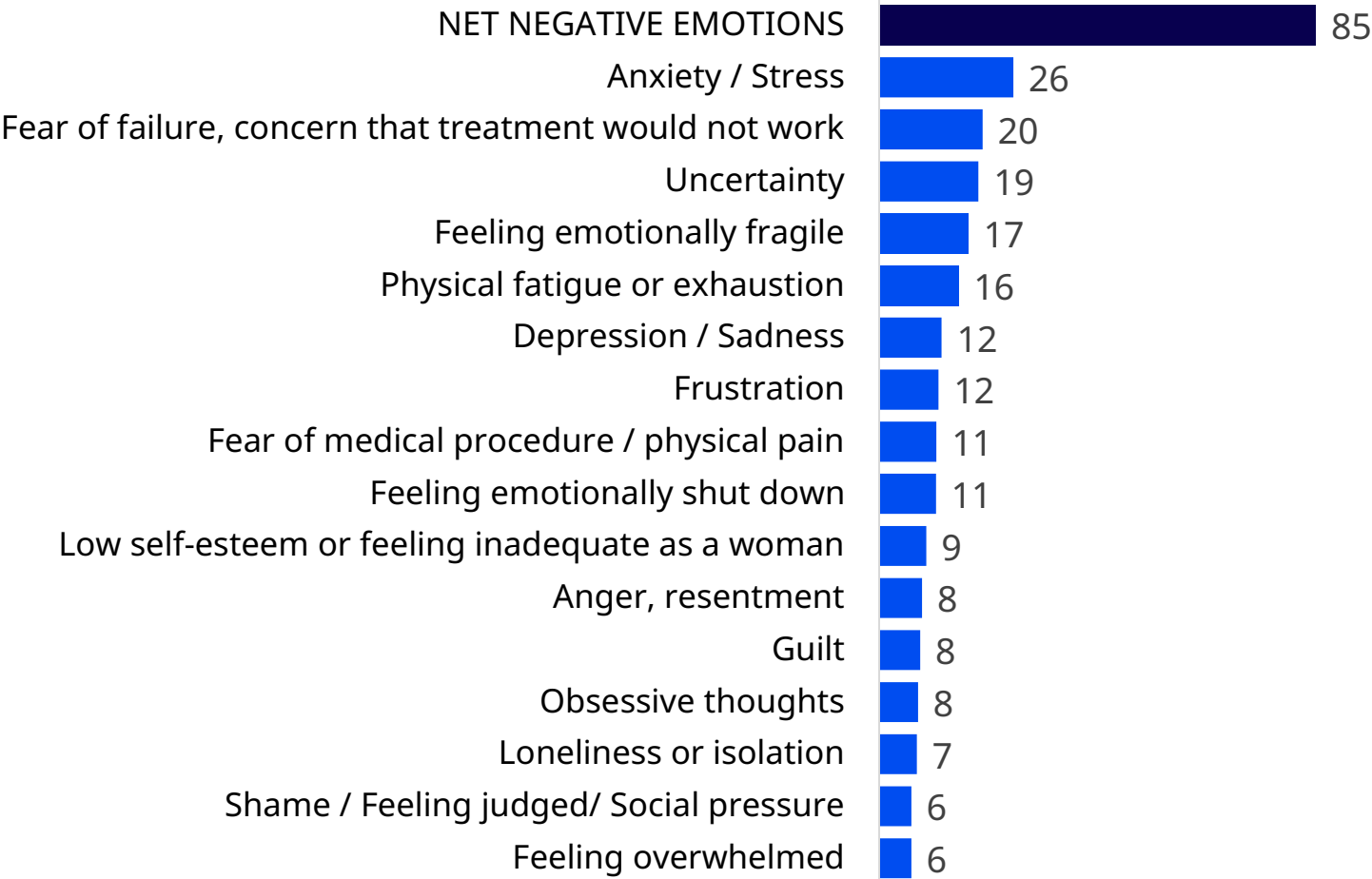
Positive emotions

% who received care (n=717)



Negative emotions

% who received care (n=717)

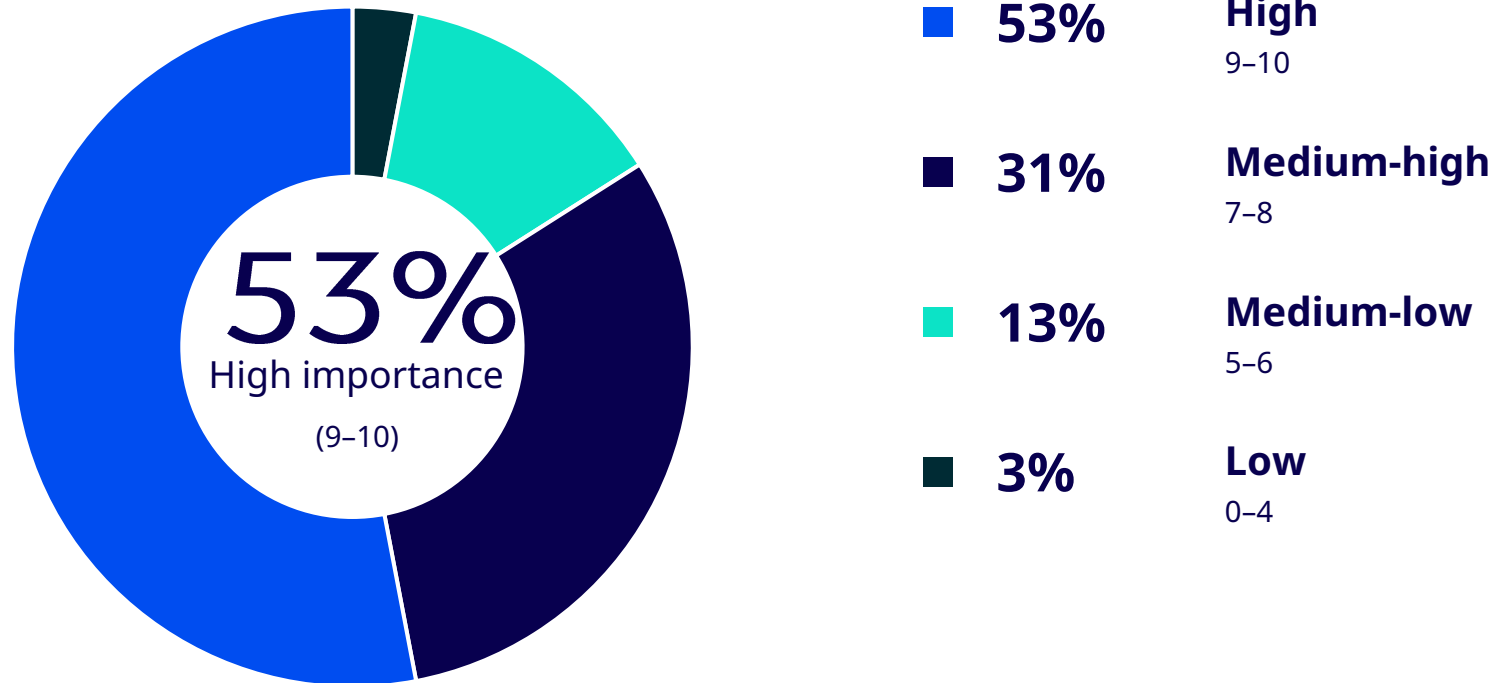


Importance of psychological support

Women view psychological support as a core component of fertility treatment

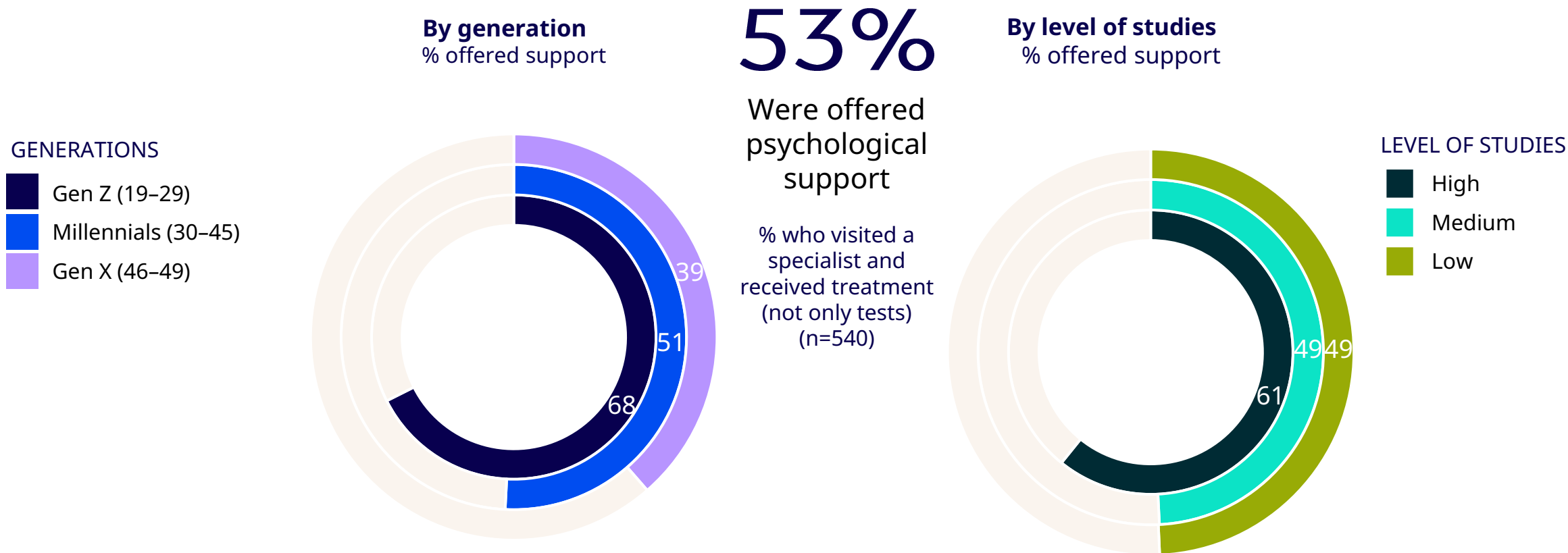
Importance of psychological support offered by the clinic

% who visited a specialist and received treatment (not only tests) (n=540)



Availability of psychological support in the clinic

Despite the high value placed on psychological support, only half of women report being offered it. Access is notably higher among Gen Z women and those with higher educational attainment



Two added stressors in the fertility journey

Most women feel men take fertility less seriously; financial burden, while real, affects a smaller share

Men seen as less engaged

58%

of Italian women believe men take fertility health less seriously than women; only 11% think men take it more seriously — reinforcing the feeling of carrying the burden alone

Financial burden

40%

of women who received care — four in ten — report a high financial burden from procedures, medication, travel and lost income during fertility treatment

Fertility care and treatment pathways

04

Medicine leads, but not all roads are medical

Medical pathways lead the consideration set, but alternative family-building options also matter for a meaningful share of Italian women

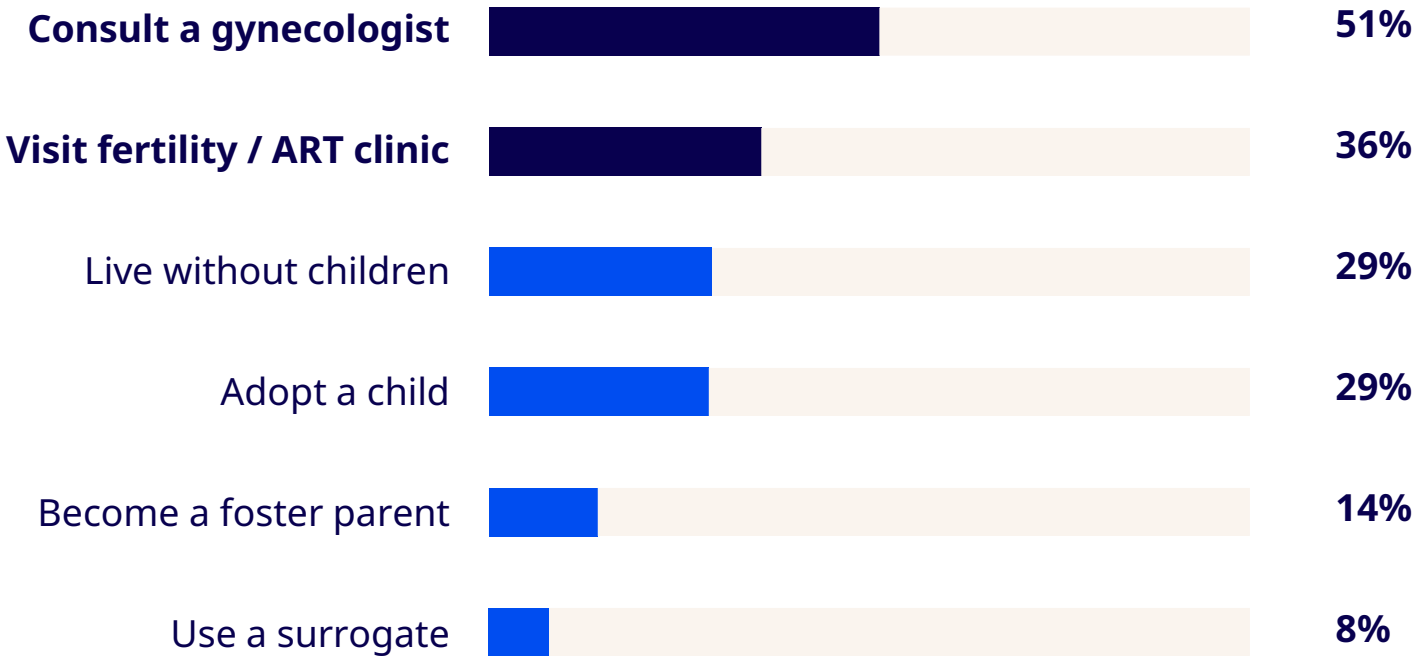
Preferred medical pathway
% of all women (n=4,000)

66%

would consider a
gynecologist or
fertility clinic

NET of the two medical
options

Specific options they would consider if faced with infertility issues
% of all women (n=4,000)



Women do consult, and they consult early

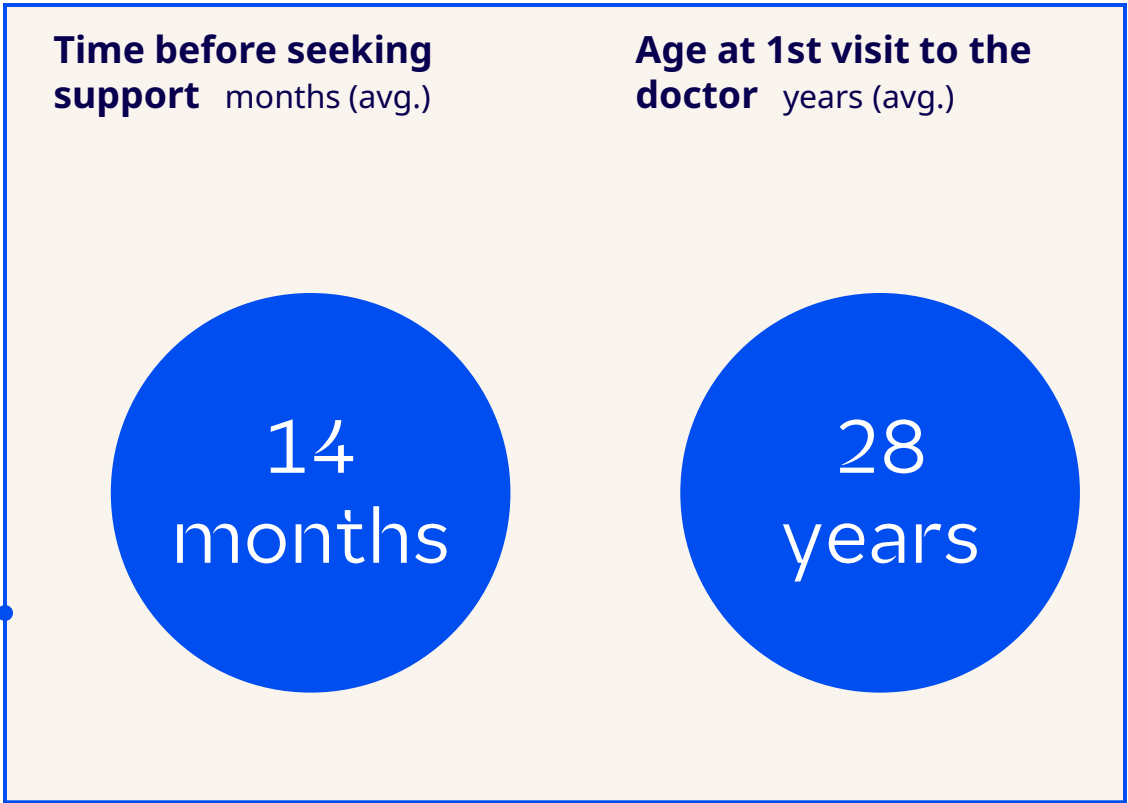
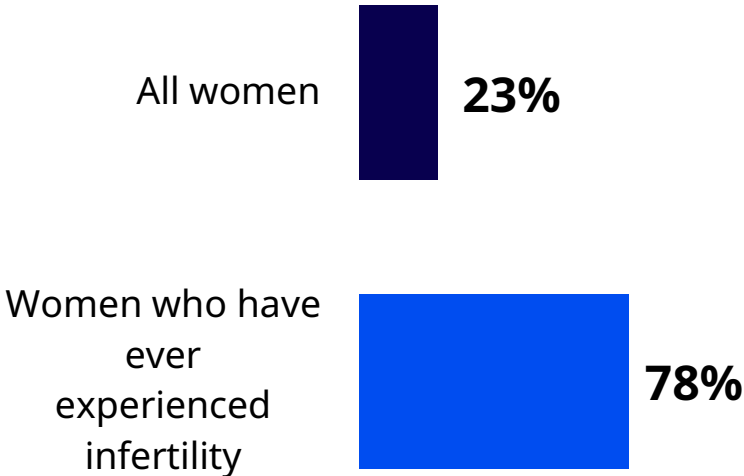
The vast majority of women who have experienced infertility (78%) contacted a healthcare professional

Consulted a healthcare professional

% of all women (n=4,000)

% of women who have experienced infertility (n=657)

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

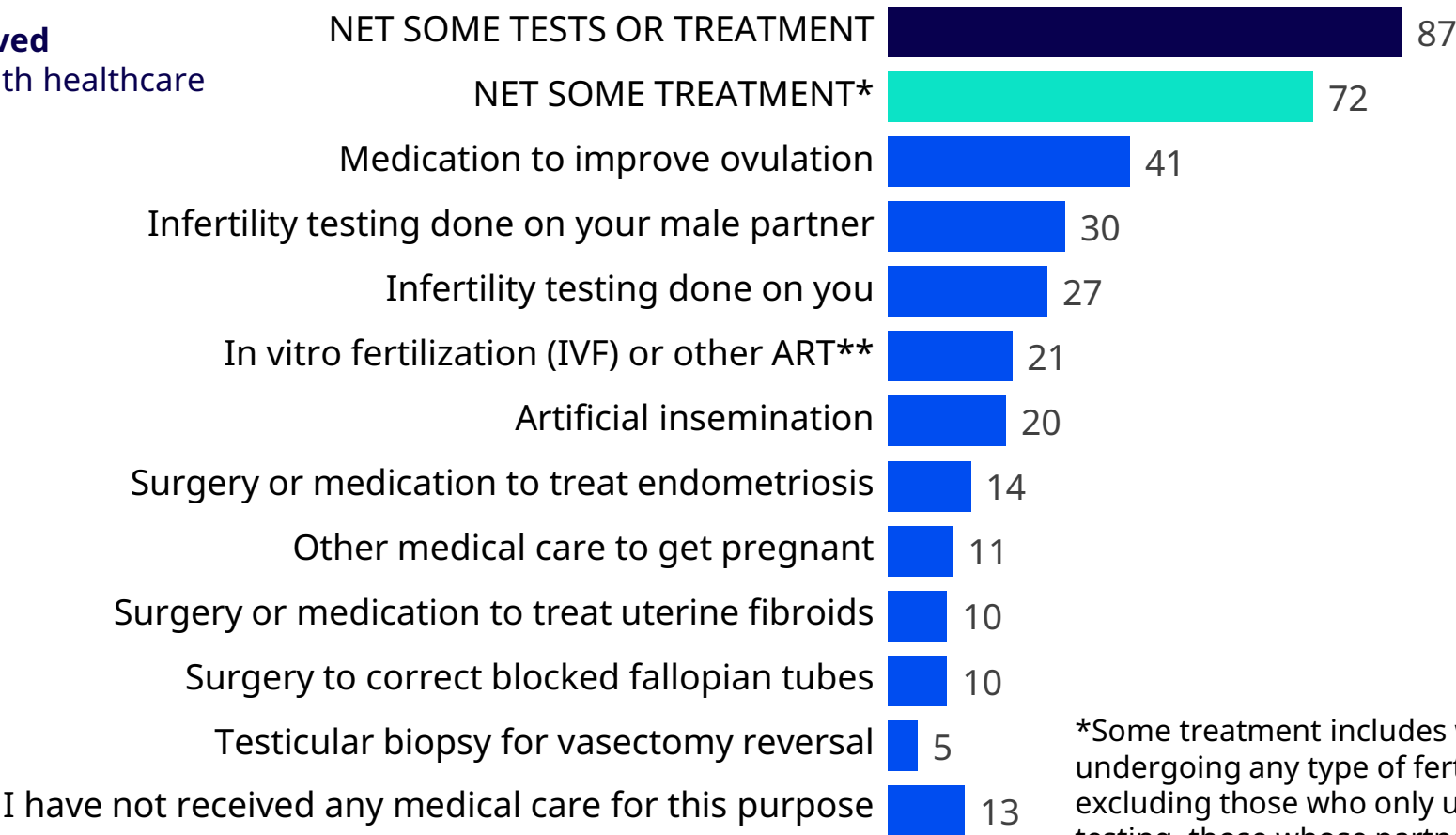


Services and treatments received

72% of women who ever experienced infertility and consulted a healthcare professional received some treatment

Services and treatments received

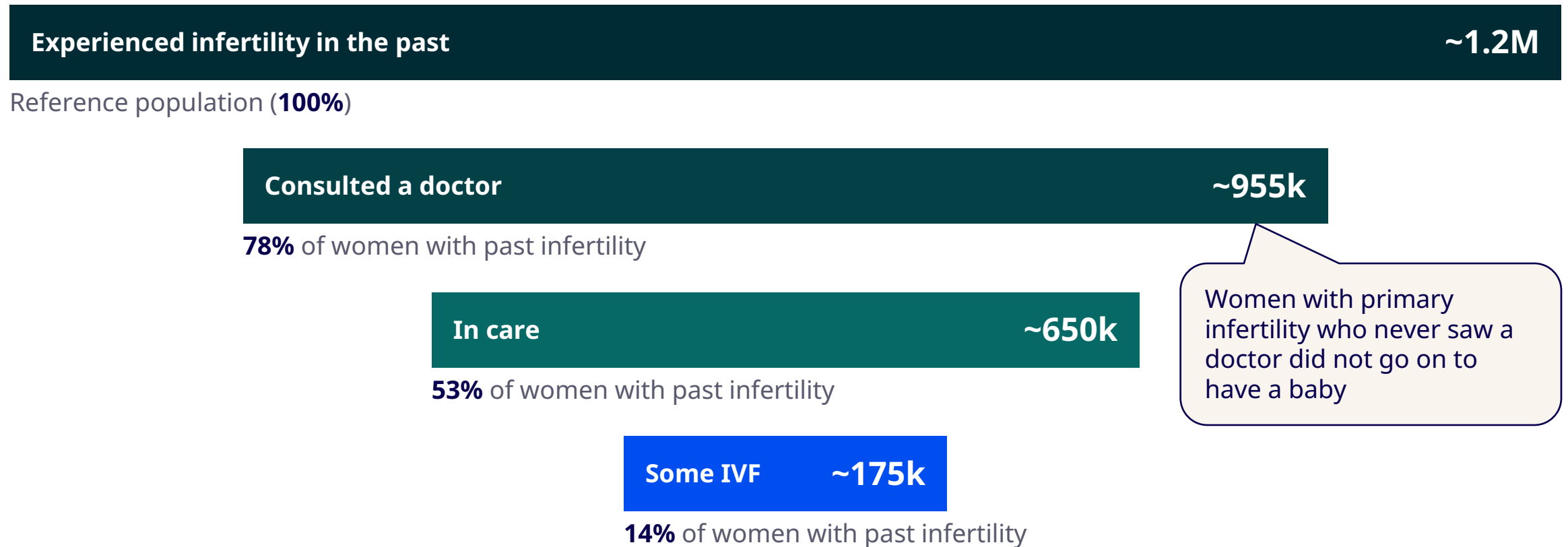
% of women who had contact with healthcare professionals and have ever experienced infertility (n=514)



*Some treatment includes women who reported undergoing any type of fertility treatment, excluding those who only underwent fertility testing, those whose partner only had a testicular biopsy for vasectomy reversal, or those who reported only "Other" treatments.

78% of women with past infertility consult a doctor, but only 53% start any treatment

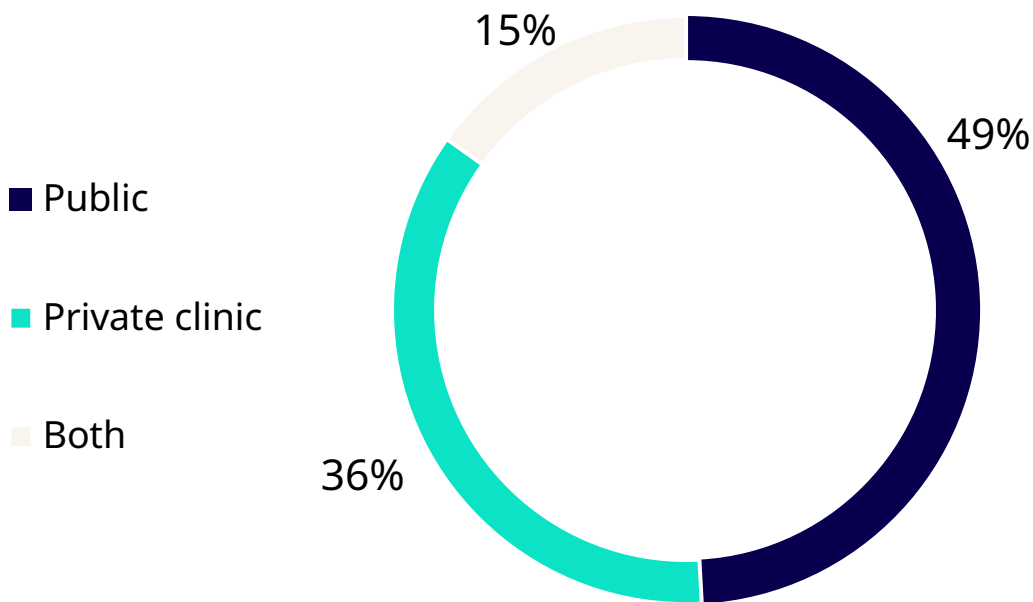
Only 14% of women who experienced infertility in the past underwent IVF



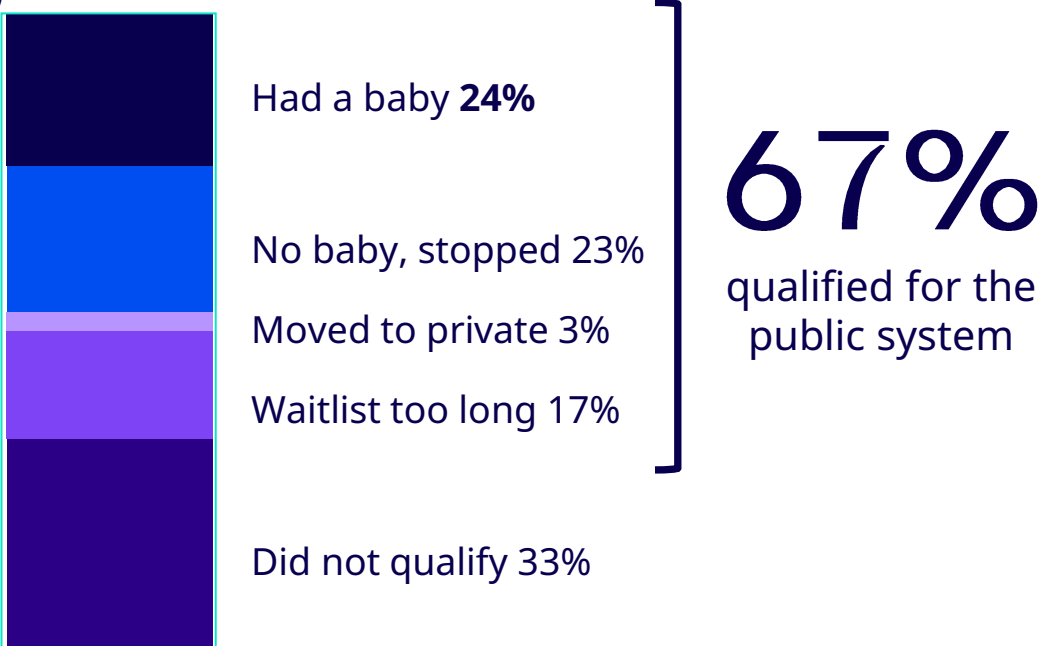
Public vs private medical care

The public system is the main entry point: 64% start there, 36% go private only. Among those who used it, 24% had a baby; 33% did not qualify and 17% found the waitlist too long

Where have you looked for medical care to get pregnant?
Contact with healthcare professionals (n=908)



Were you able to access assisted reproduction treatments through public health insurance?
Contact with the public system (public or both) and has received medical care (n=450)

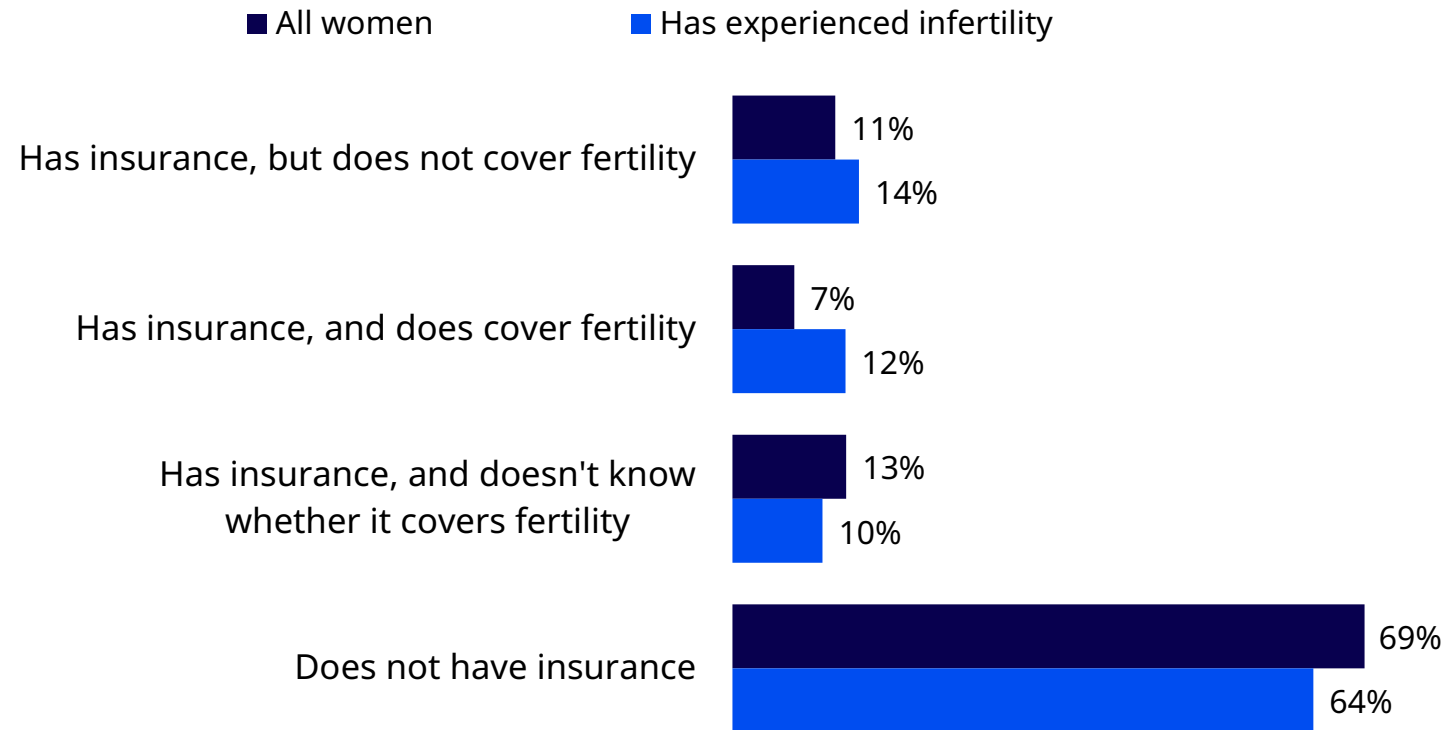


Only 12% of those who have experienced it report having insurance with fertility coverage

Insurance coverage today

% of all women (n=4,000)

% of women who have experienced infertility (n=657)

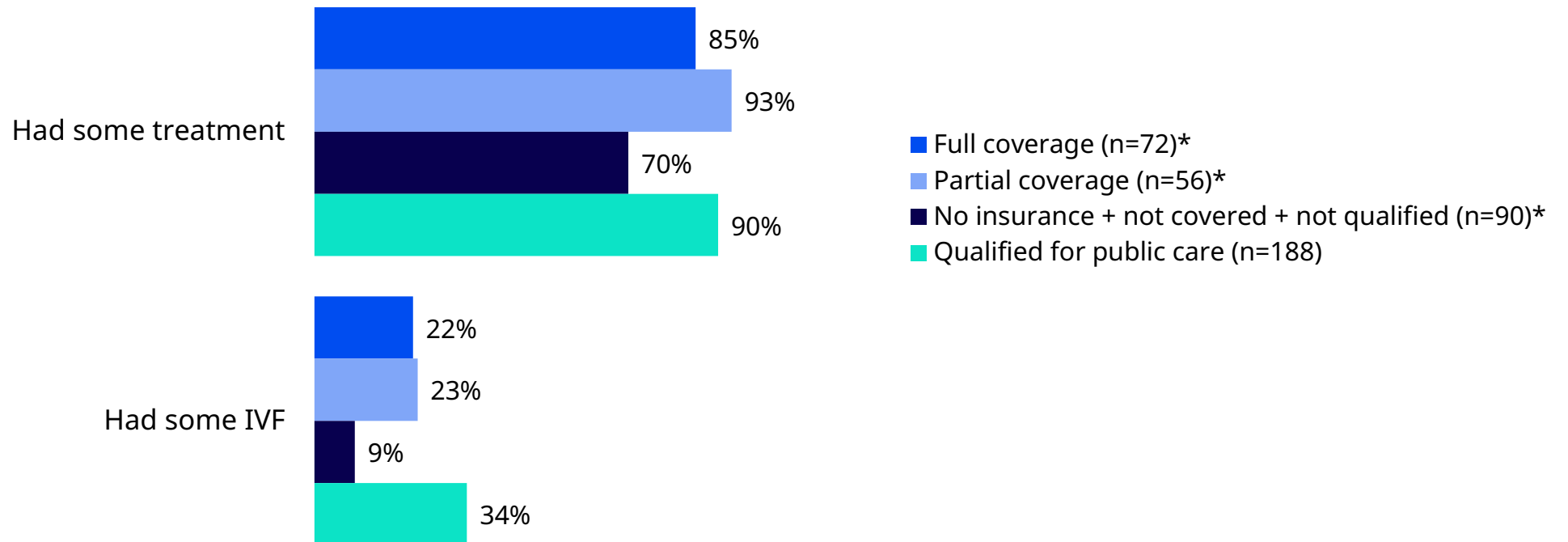


Funding widens access, but is not the full story

Even among women eligible for public care, two in three never start any IVF

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

% of women had contact with healthcare professionals and have experienced infertility by coverage group



Had some treatment and some IVF: [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?

Level of insurance: [Q] At that time, did you or your partner have any insurance plan that covered fertility treatments? [Q] Were you able to access assisted reproduction treatments through public health insurance?

* Low base (n<100): interpret with caution

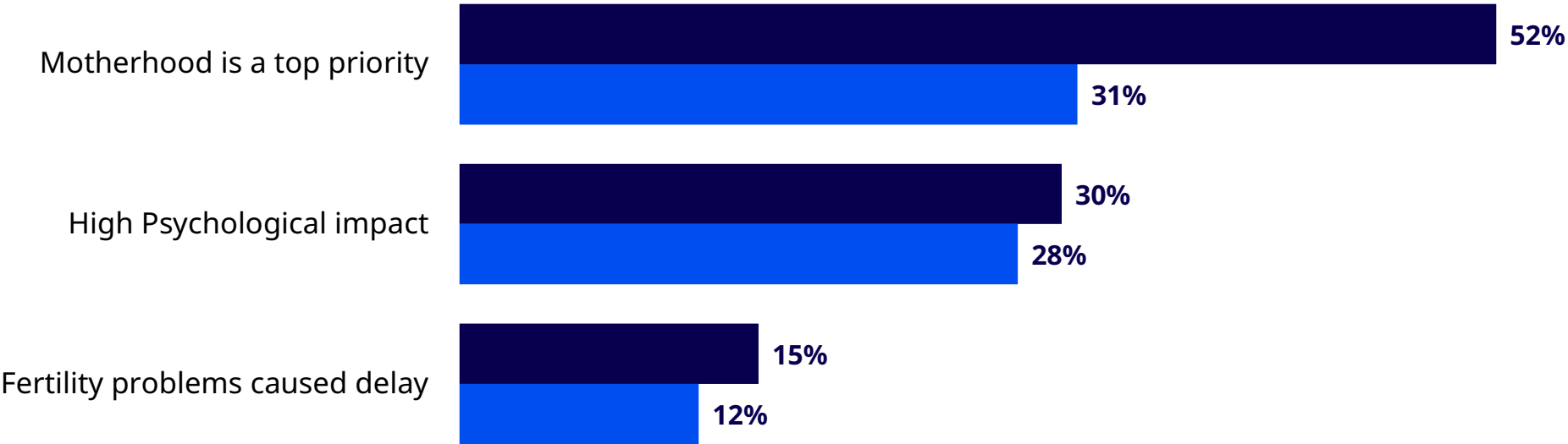
Education reveals two distinct fertility journeys

Women with lower secondary education or below report greater motherhood priority and emotional impact and more often cite fertility problems as a cause of delay

Differences by education level

% of women

■ Lower secondary or less ■ University educated



WHAT THIS
MEANS

Earlier, accessible support for women with lower secondary or below

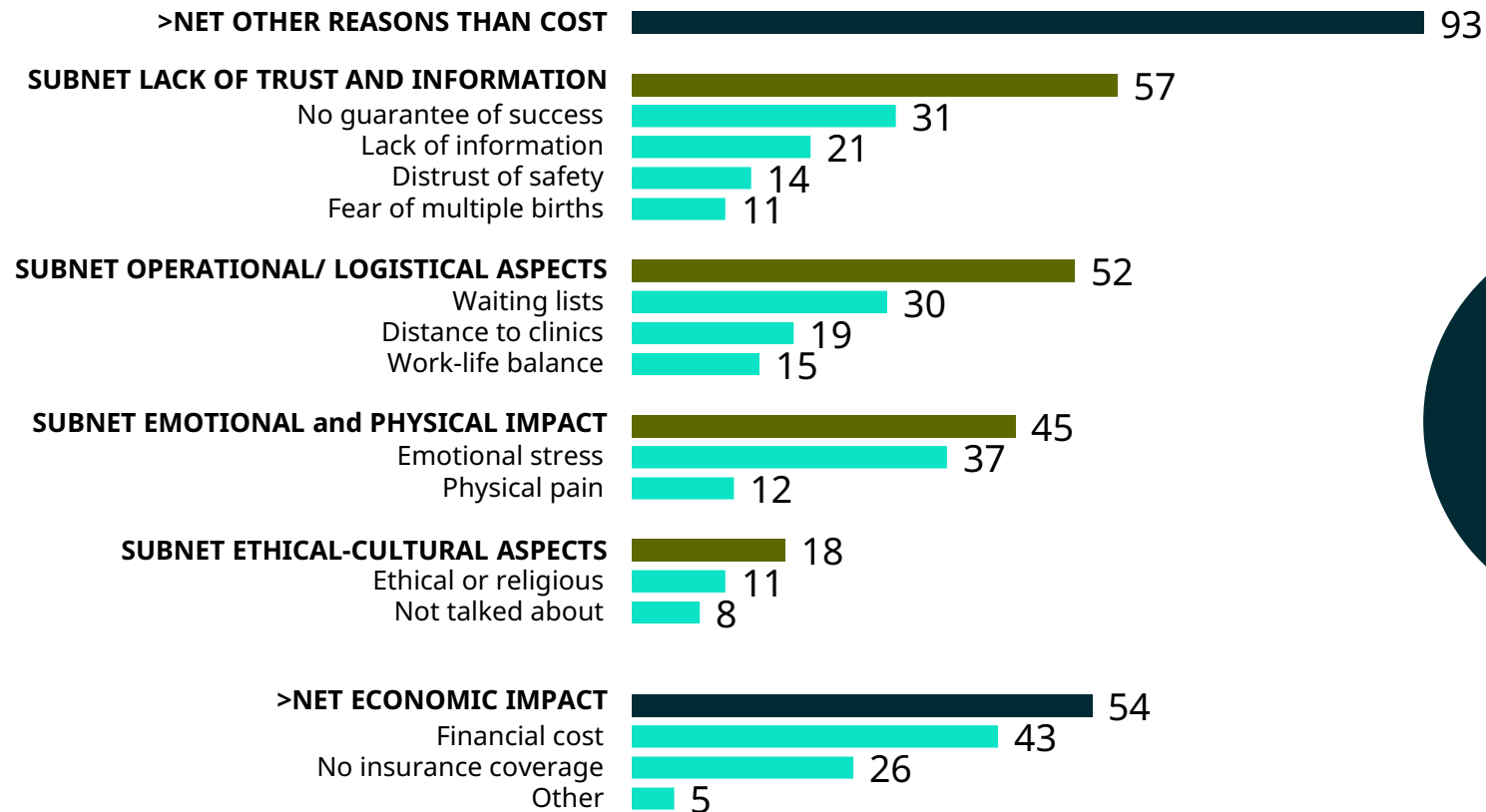
Planning information and fertility guidance for university-educated women

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

93% of women who have experienced infertility cite reasons other than costs, with 57% highlighting lack of trust and information as barriers to treatment

Women who have experienced infertility

(n=657)



93%
NET reasons other
than financial or
coverage

Treatment works, but few women get there

Almost four in five women who experience infertility ask for help, but only one in seven ever start IVF, and 93% point to reasons beyond cost

78%

They do ask for help

of women who have experienced infertility consulted a professional — on average at 28, after 14 months of trying

14%

Few start treatment

of women who experienced infertility in the past went on to start any IVF treatment

23%

Coverage is not enough

only 23% of women whose insurance covers fertility went on to start IVF

93%

The barriers are not only cost

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

78% ask for help, 14% reach IVF. Alongside cost, women point to trust, information, and emotional load as barriers to treatment

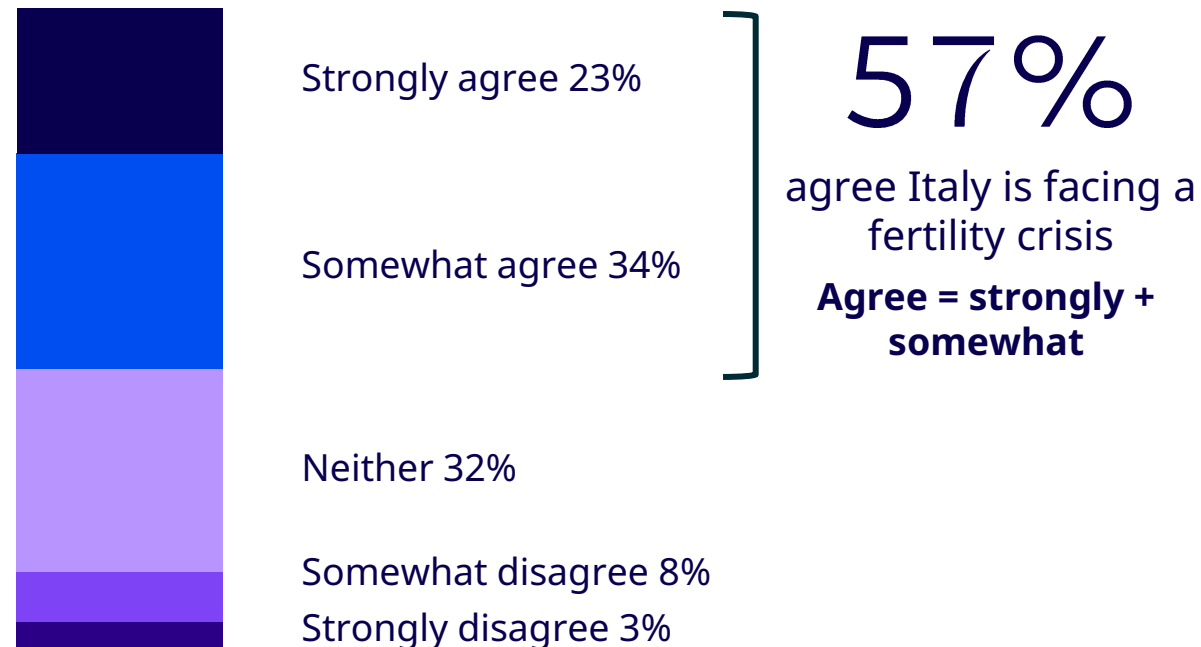
Societal implications of fertility dynamics

05

Perceived fertility crisis

Nearly 6 in 10 Italian women see a fertility crisis

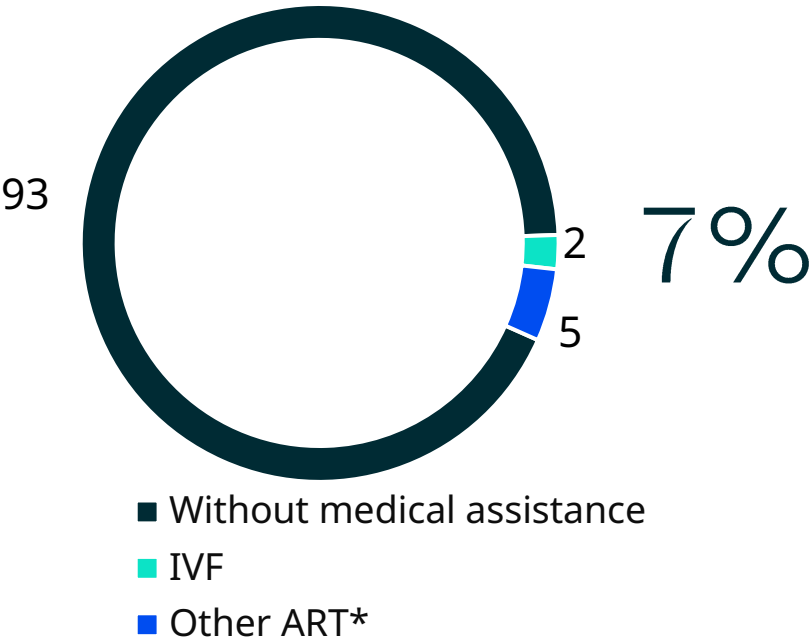
Level of agreement
% of all women (n=4,000)



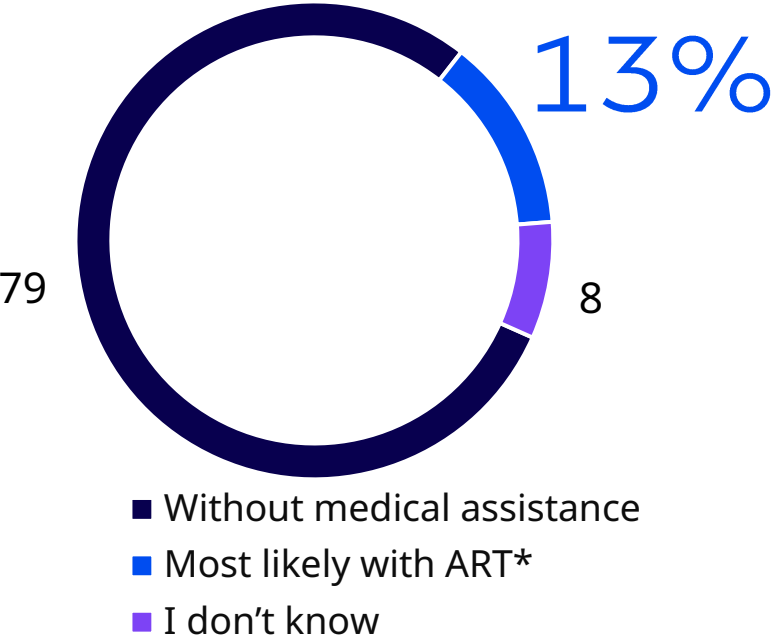
More expect to need ART than have used it

While 7% of current pregnancies were achieved through assisted reproductive technologies, 13% of women planning a future pregnancy expect they will need fertility treatment

Is currently pregnant
How conceived (n=120)



Expectations for a future pregnancy
How expect to conceive in the future (n=1,568)

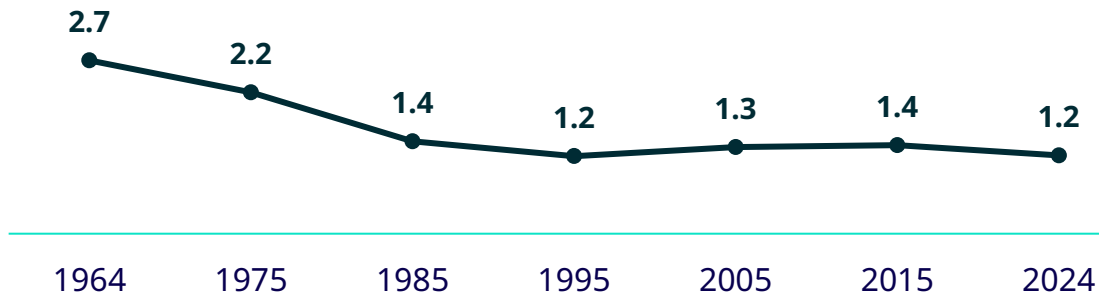


*ART: Assisted Reproductive Technology
[Q] How did you conceive your ___ pregnancy?
[Q] Did you experience a live birth the ___ time you were pregnant?
[Q] How do you expect to conceive your next child?

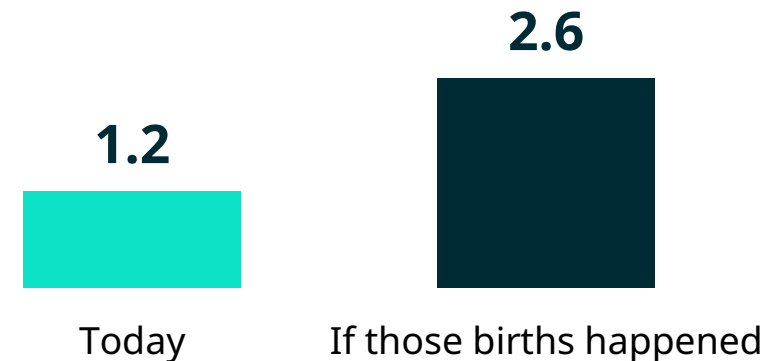
Reproductive medicine can help women achieve the families they want

Fertility rates have been falling across Italy, but that is a social trend. What reproductive medicine can do is help the 460,000 women facing fertility problems right now build the families they want.

Children per woman in Italy, 1964–2024



Children per woman — today vs if all of those women had a baby



460,000

women in Italy are experiencing infertility right now — 4.5% of women aged 19–49

