

IVI Institute

Fertility Barometer

Sweden

COUNTRY REPORT OCTOBER 2026

Research conducted by GfK, a NielsenIQ company
Published by IVI Institute in partnership with LIVIO

LIVIO



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 Sweden 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
Sweden (~2.0M)

SAMPLE SIZE

1,005 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

±3.09 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 — 84% of women 19–49 are already mothers or want to be mothers and 68% say it is an important goal

02 THE GAP

Women start later and have fewer children than they wanted — 41% start later than desired, by about five years on average, and want 2.9 children against the 2.1 they have

03 ACCELERATION

The age of first child has significantly increased over the last 3 decades — From 22 years old to 28 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 finding the right partner, feeling ready and education 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 five — 400k have experienced it, ~70,000 face it now

06 SECONDARY INFERTILITY

It also strikes after a first child — 9% (~190k) struggled to conceive again after having had a baby

07 STIGMA

The silence has lifted — 92% 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 — 59% of women who experienced infertility rate the impact at 7 or higher out of 10, and during treatment 93% report negative emotions against 57% positive

09 SUPPORT GAP

Psychological support is wanted far more than it is offered — 78% rate it 7 or higher in importance, yet only 58% 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 — 73% who experienced it consulted a professional, at 28, after 14 months of trying

11 TREATMENT GAP

IVF works, but few women reach it — only 48% receive any treatment and 21% start any IVF

12 BARRIERS AND BURDEN

Navigating fertility treatment is as much about trust and information as it is about cost — 96% of women who have experienced infertility cite reasons other than costs, with 61% highlighting lack of trust and information as barriers to treatment

13 OPPORTUNITY

Reproductive medicine can reverse the trend — 38% say Sweden faces a fertility crisis, and treatment can help the ~70,000 women facing infertility now build the families they want

The Swedish fertility picture in eight numbers

IVI Institute Fertility Barometer – Sweden · 1,005 women aged 19–49

84%

Are mothers or want to be mothers and 68% consider motherhood an important life goal

41%

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

2.9 → 2.1

children wanted versus children had — a shortfall of 0.8 per woman

400k
women

one in five have experienced infertility; ~70,000 are affected right now

21%

of women who experienced infertility in the past had any IVF treatment, despite the fact that 73% did consult a healthcare professional

96%

cite barriers other than cost to access treatment, with 61% focusing on lack of trust and information

59%

report a significant negative impact; 58% were offered psychological support during treatment, which 78% rate as important

2.4

fertility rate if every woman experiencing infertility now had a baby (70k)

Family formation: aspirations vs. reality

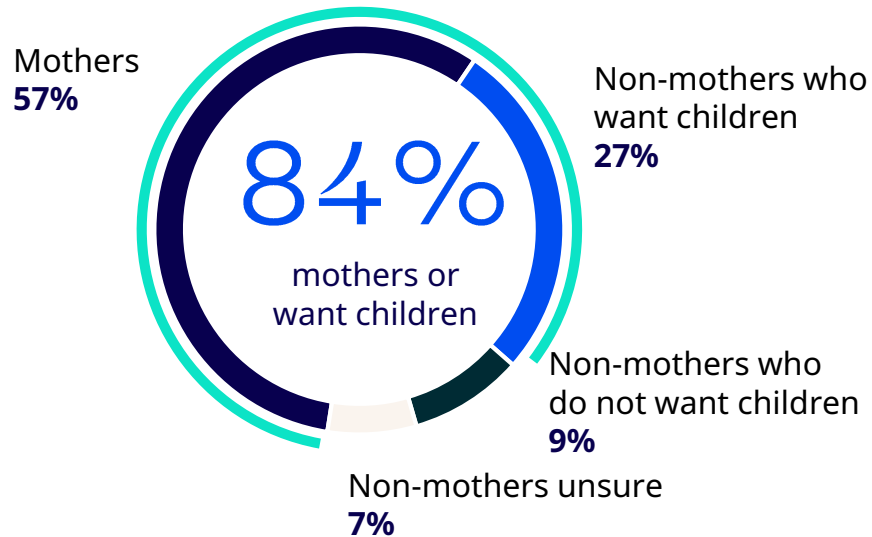
01

Motherhood remains a strong aspiration

8 in 10 Swedish women are already mothers or want children, and 68% say motherhood is an important goal

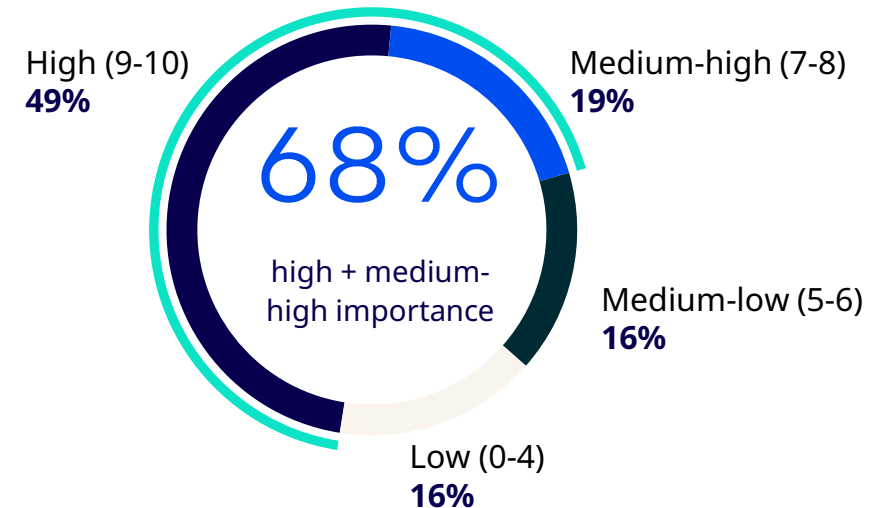
Current motherhood status

% of women (n=1,005)



Importance of becoming a mother

% of women (n=1,005)

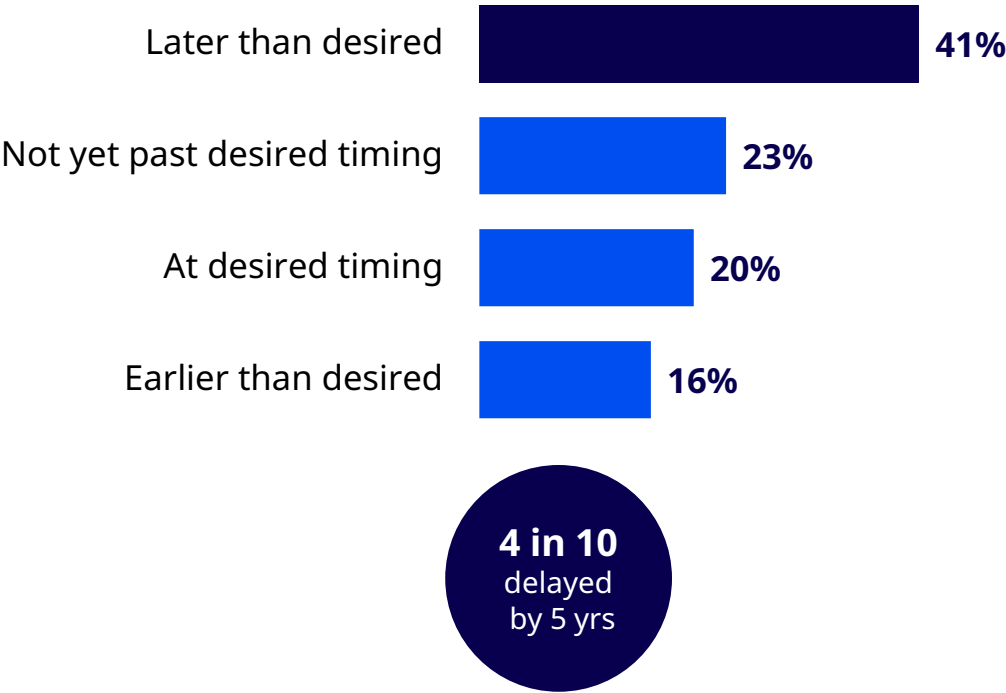


Later and fewer children than intended

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=717)



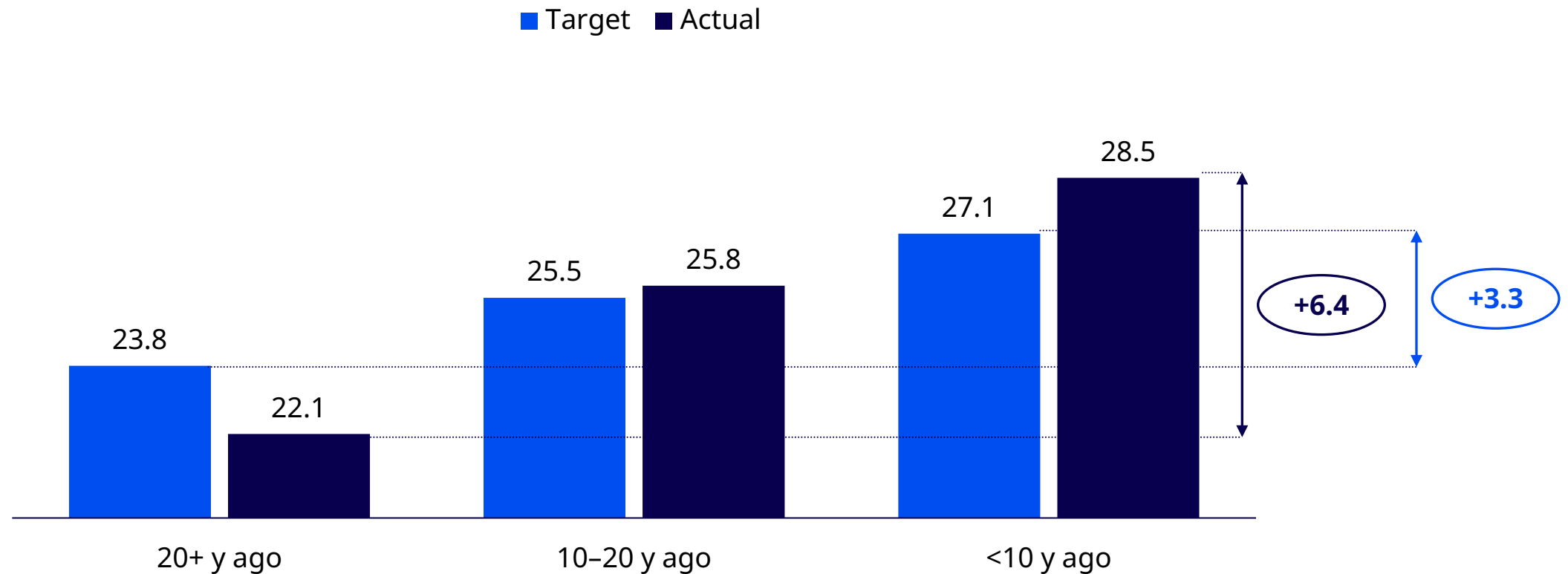
INTENDED VS. ACTUAL	TARGET	ACTUAL	GAP
CHILDREN PER MOTHER Mothers (n=570)	2.9	→ 2.1	0.8 fewer
AGE AT FIRST CHILD Age at first child — pregnancy in the past 10 years and reported an ideal age (n=247)	27	→ 28	1 yr later
AGE AT FIRST CHILD Later-than-desired group (n=279)	26	→ 31	5 yrs later

[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?

The increase of age at first child is accelerating

From 22 years old to 28 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=471, by age group)

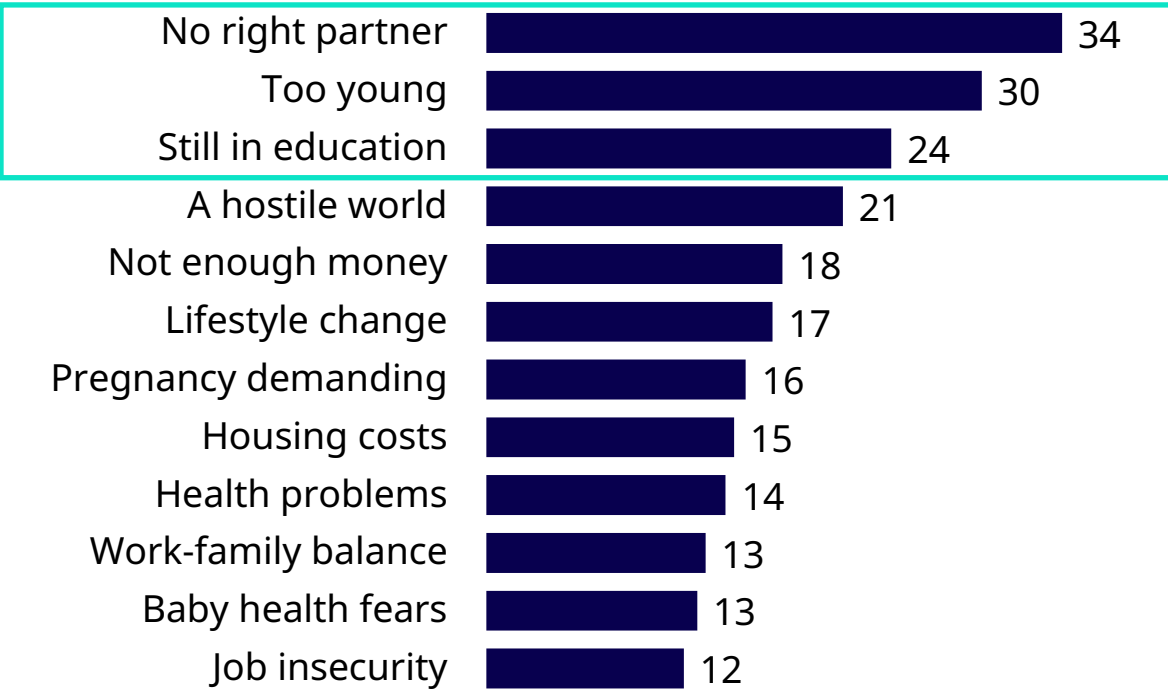


The delay is circumstantial, not intentional

The gate is a partner, readiness and education, not desire

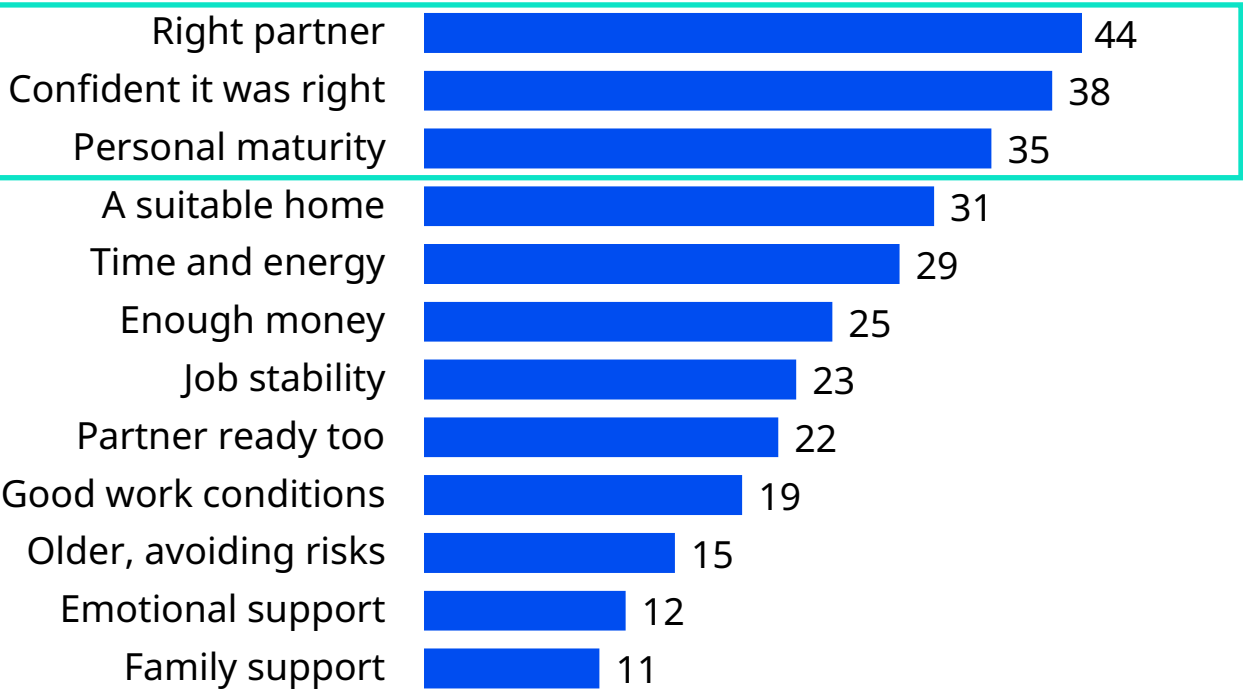
Reasons they have not had children

Still waiting to become mothers, % | n=347



What made it the right time

Already mothers or pregnant, % | n=590



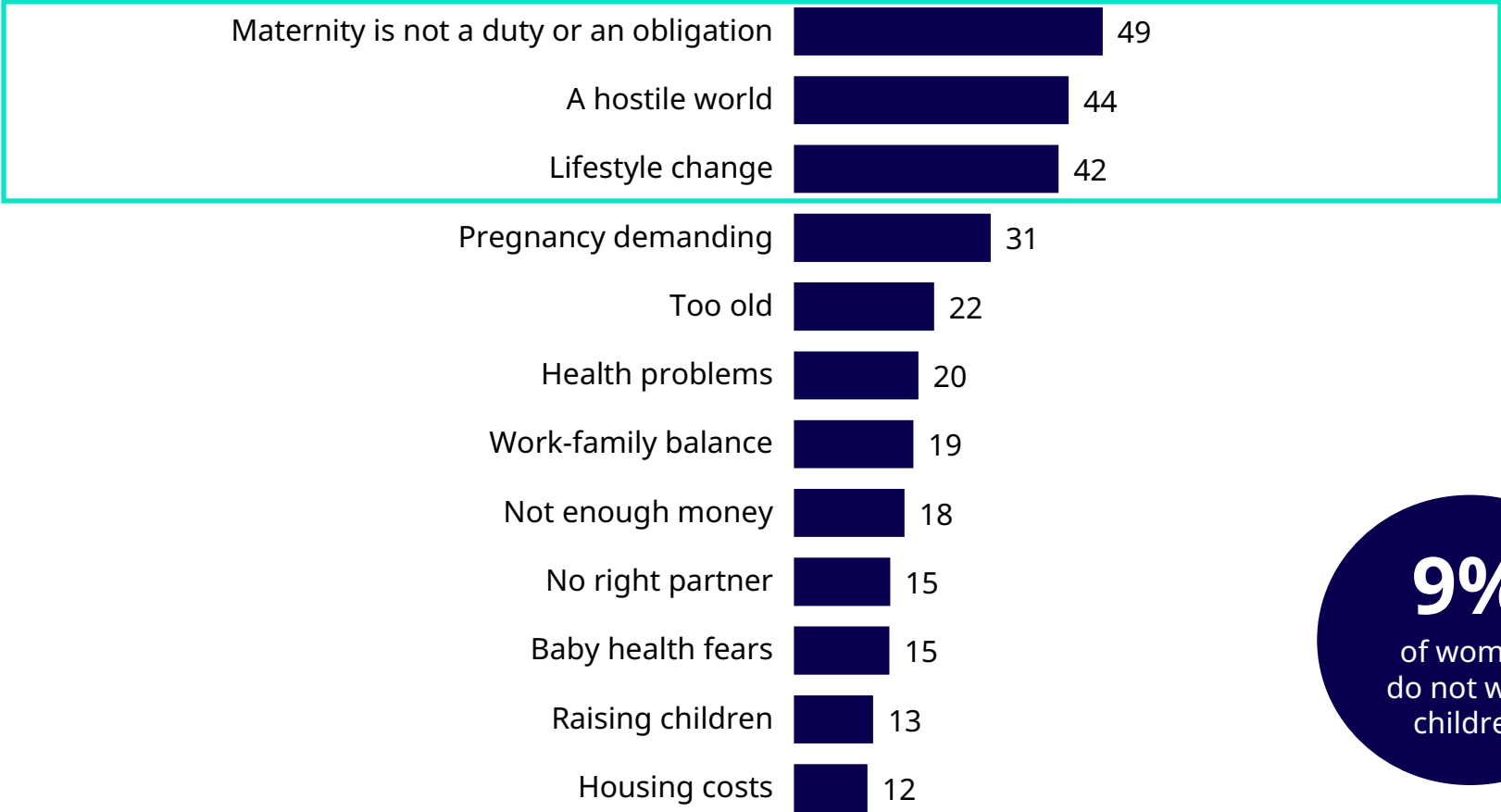
Top 12 responses shown per question
[Q] What are the reasons why you have not had children?
[Q] Did any of the following have an impact on deciding when the right time to become a mother was?

It is about identity, not obstacles

Among women who do not want children, opting out reflects lifestyle and personal identity rather than practical barriers

Reasons not to become mothers

% of women (n=88*)



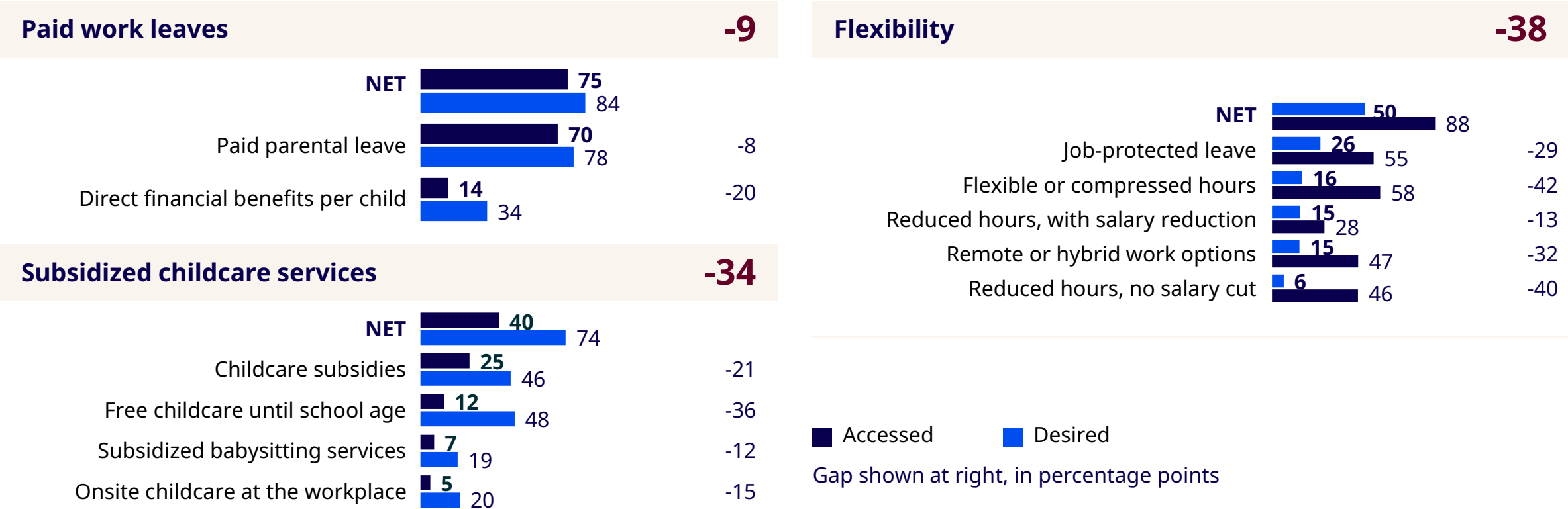
9%
of women
do not want
children

Leave is solved, flexibility and childcare are not

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

Access vs. desire for family benefits

% of mothers (n=570)



Experiences with trying to conceive

02

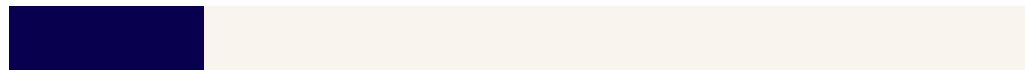
One in five women have faced infertility

One in five Swedish women have experienced infertility; 3% are experiencing it right now

19% Lifetime infertility prevalence

400k women

have experienced infertility at some point



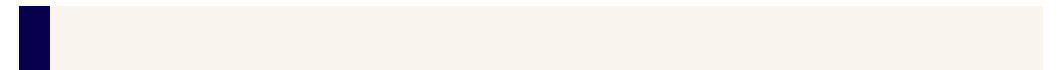
19% Yes

81% No

3% Last 12 months infertility prevalence

70k women

are experiencing infertility right now



3% Yes

97% No

Secondary infertility accounts for 48% of cases

~190,000 Swedish women have faced infertility after a previous pregnancy; ~30,000 are affected now

Lifetime — ever experienced

400k

19% of Swedish women aged 19–49

Last 12 months — experiencing now

70k

3% of Swedish women aged 19–49

Primary infertility

~210k

10% — unable to achieve a first pregnancy

Primary infertility — experiencing now

~40k

~2% — trying now without success, no previous pregnancy

Secondary infertility

~190k

9% — unable to achieve another pregnancy

Secondary infertility — experiencing now

~30k

~ 1% — trying now without success after a previous pregnancy

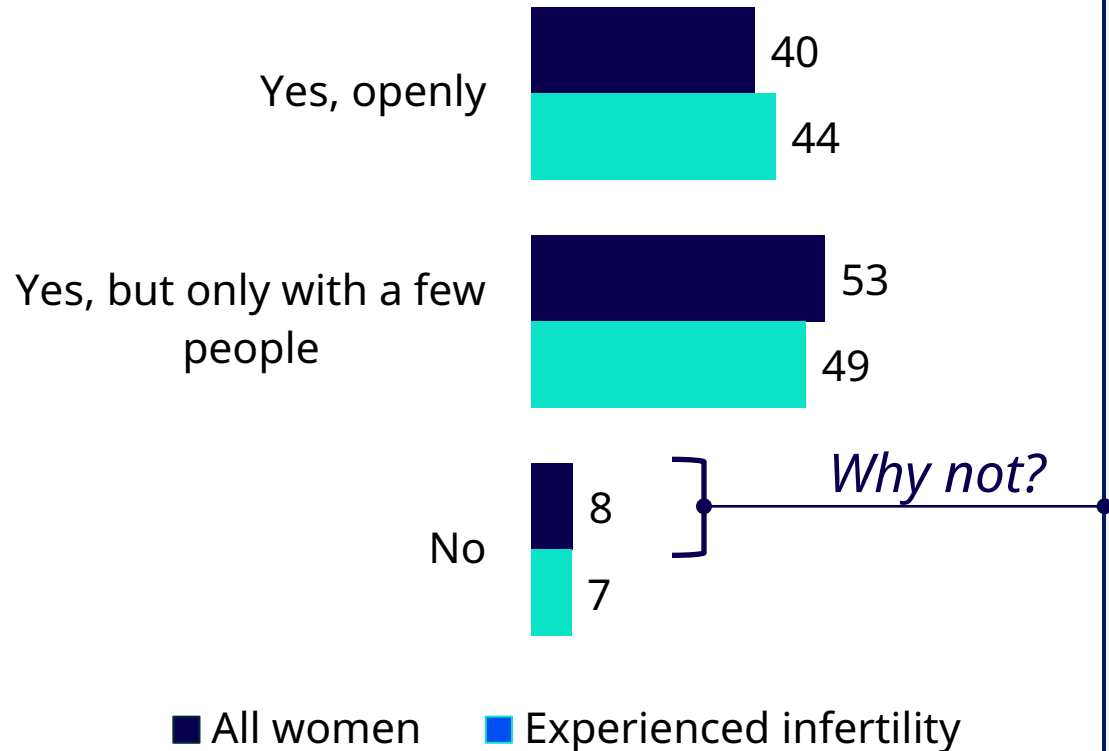
The silence has largely lifted

Social acceptance of fertility conversations appears high, with 92–93% of women willing to discuss it

Willingness to discuss fertility problems

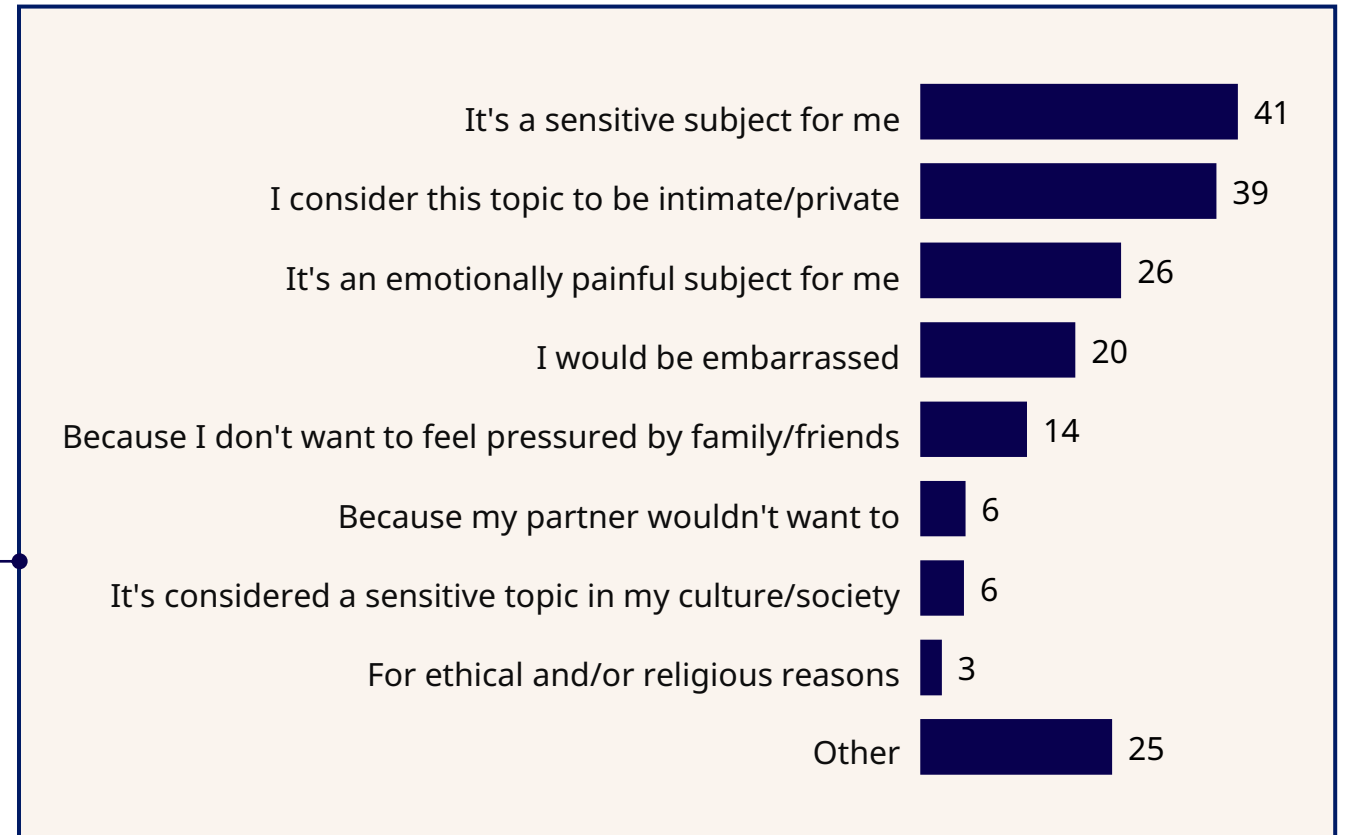
% of all women (n=1,005)

% of women who have experienced infertility (n=196)



Reasons for not talking about it

% who would not talk (n=76*)



*Small base

[Q] If you had fertility problems, would you talk about it openly with your family or friends?

[Q] Why do you think you would not talk about it?

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=133)

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



59%

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

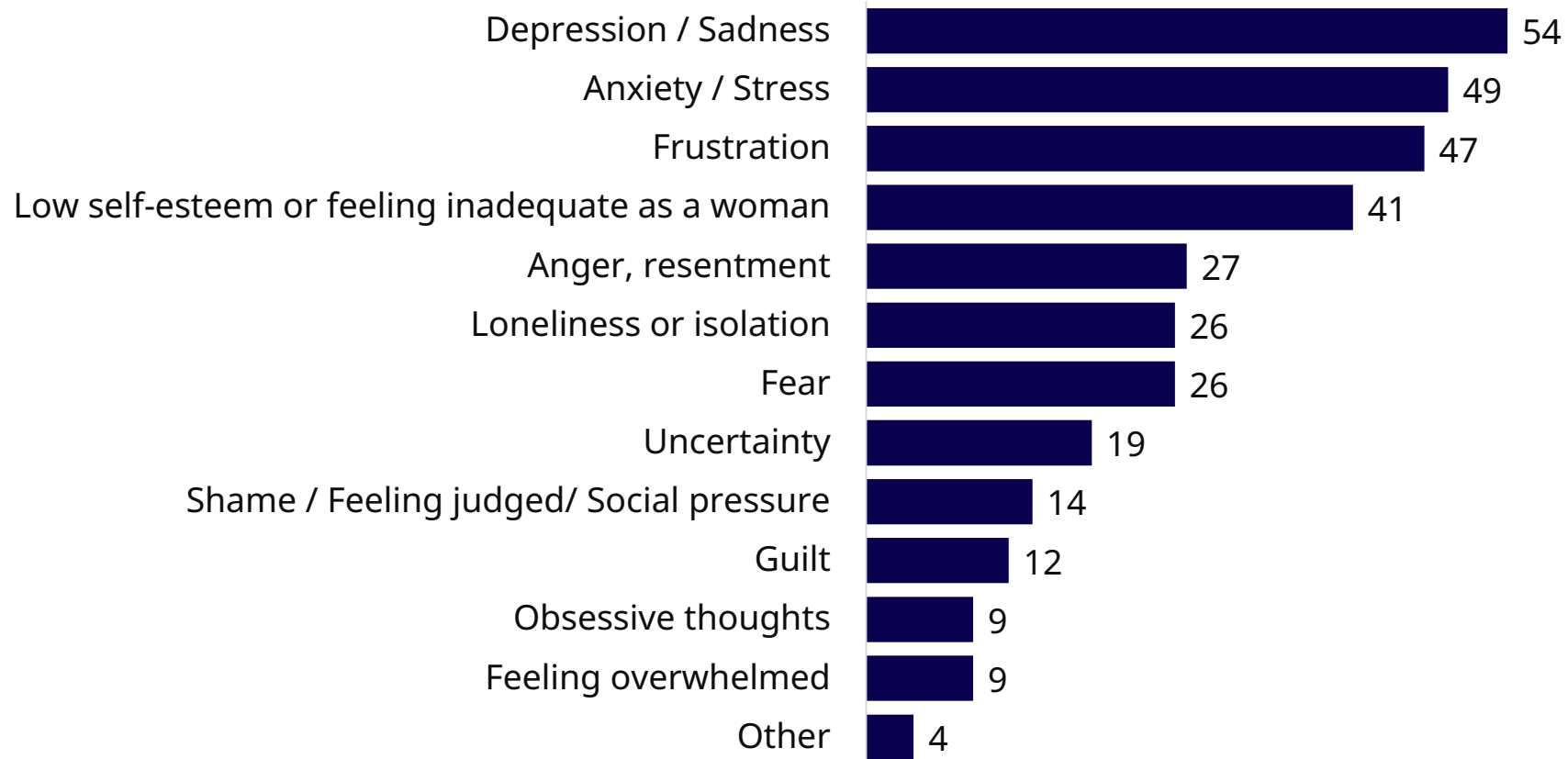
■ Low (0-4) 15% ■ Med-low (5-6) 26%
■ Med-high (7-8) 23% ■ High (9-10) 36%

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=190)

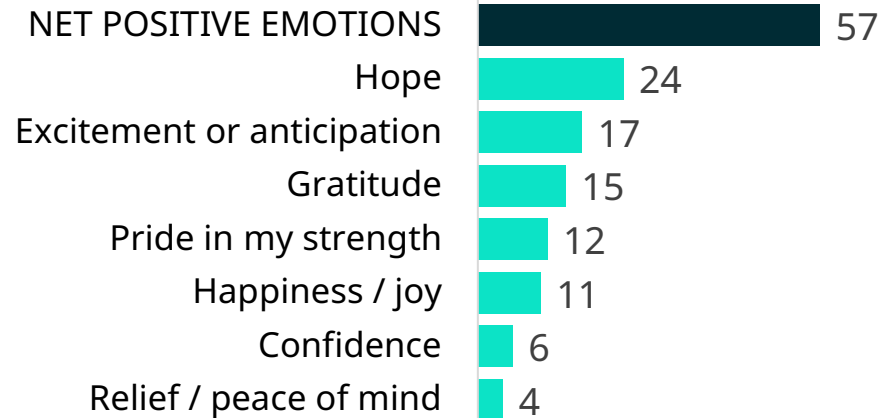


Emotions during care: fertility treatment

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

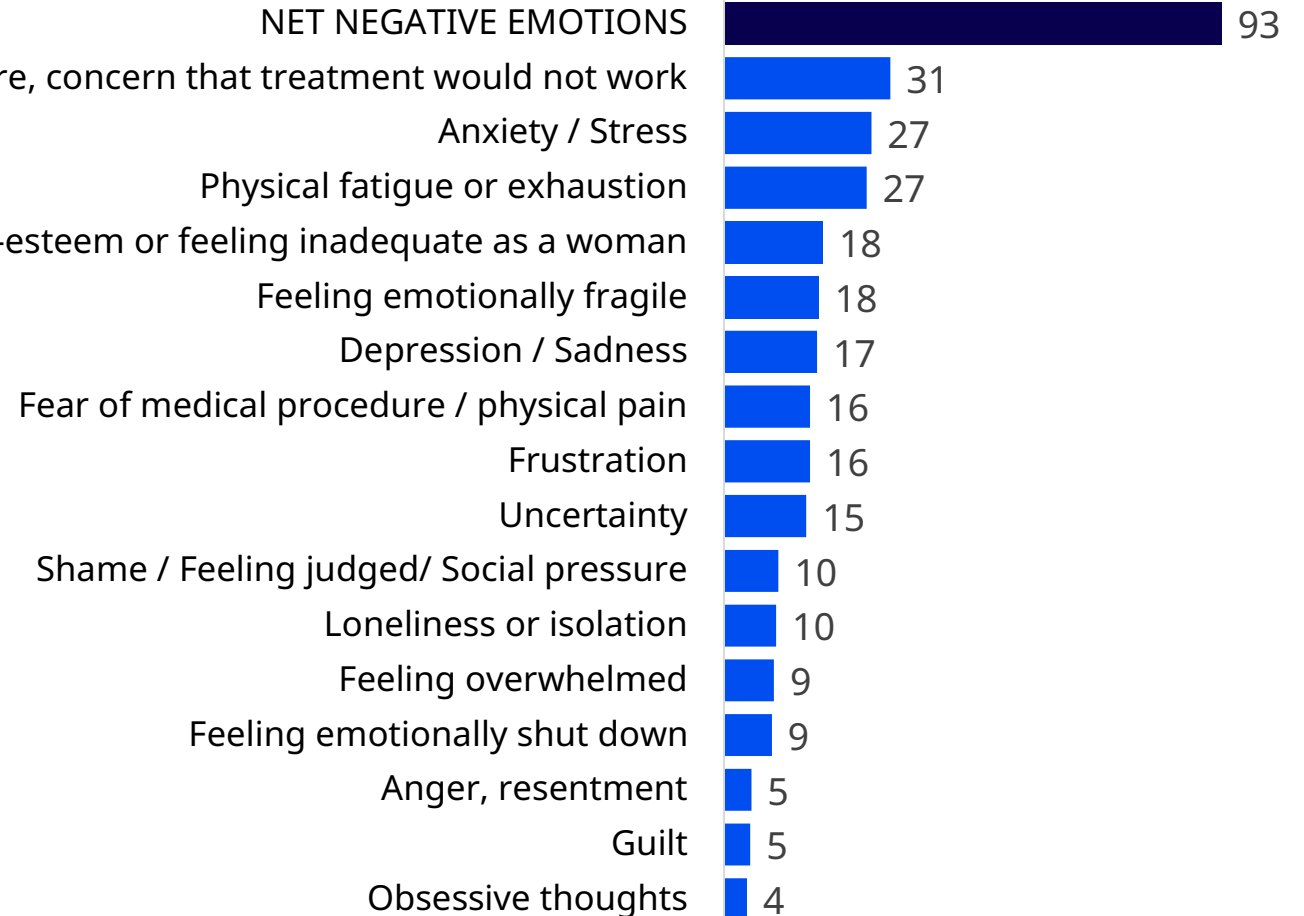
Positive emotions

% who received care (n=181)



Negative emotions

% who received care (n=181)

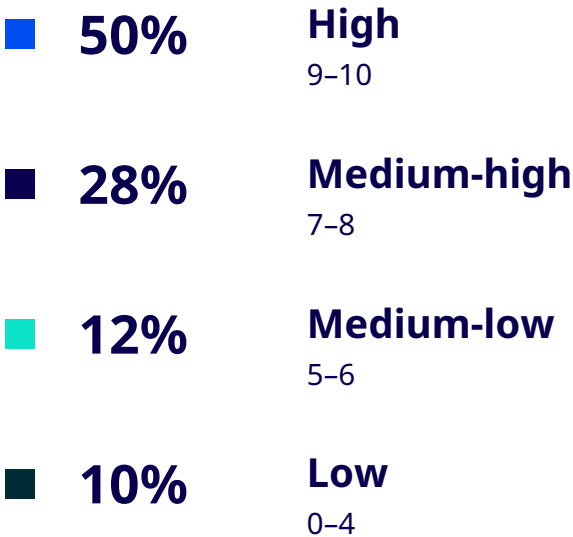
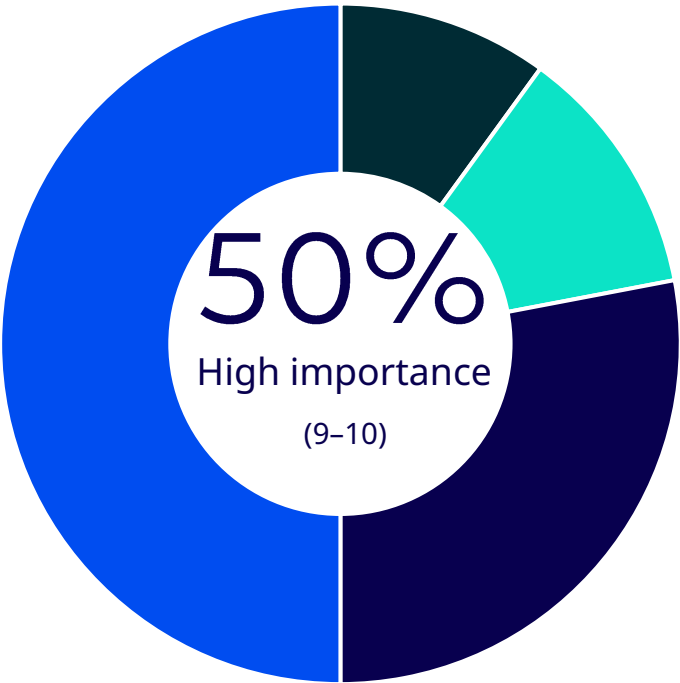


Importance of psychological support

Women view psychological support as a core component of fertility treatment

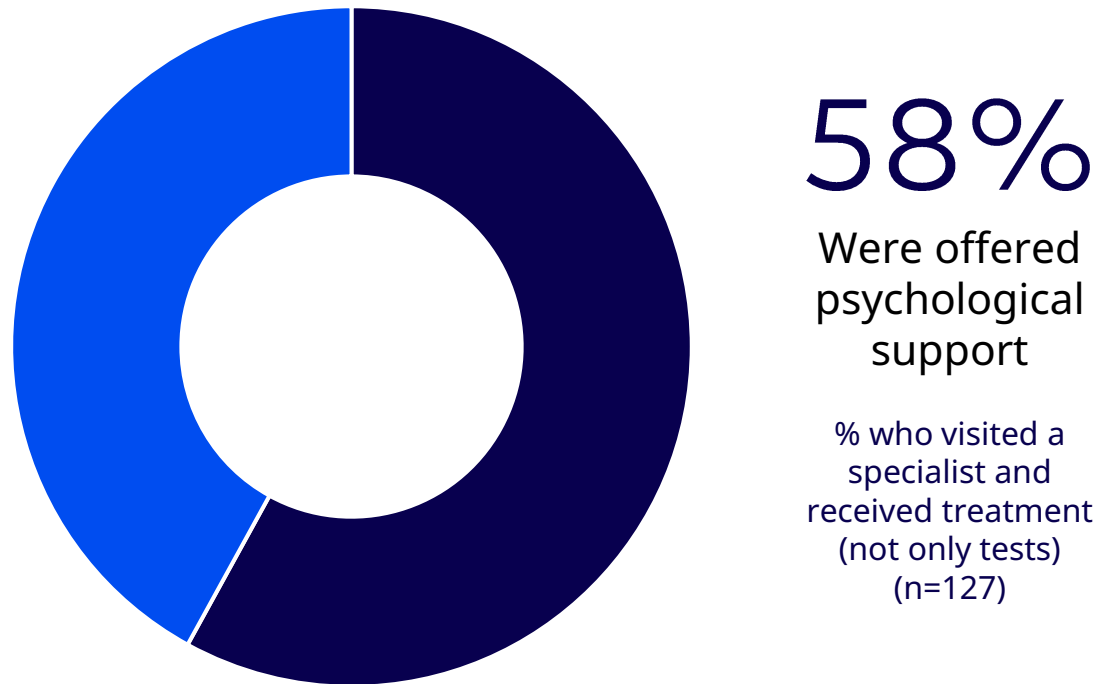
Importance of psychological support offered by the clinic

% who visited a specialist and received treatment (not only tests) (n=127)



Availability of psychological support in the clinic

Almost 6 in 10 women report being offered psychological support



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

66%

of Swedish 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

33%

of women who received care — one in three — 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 Swedish women

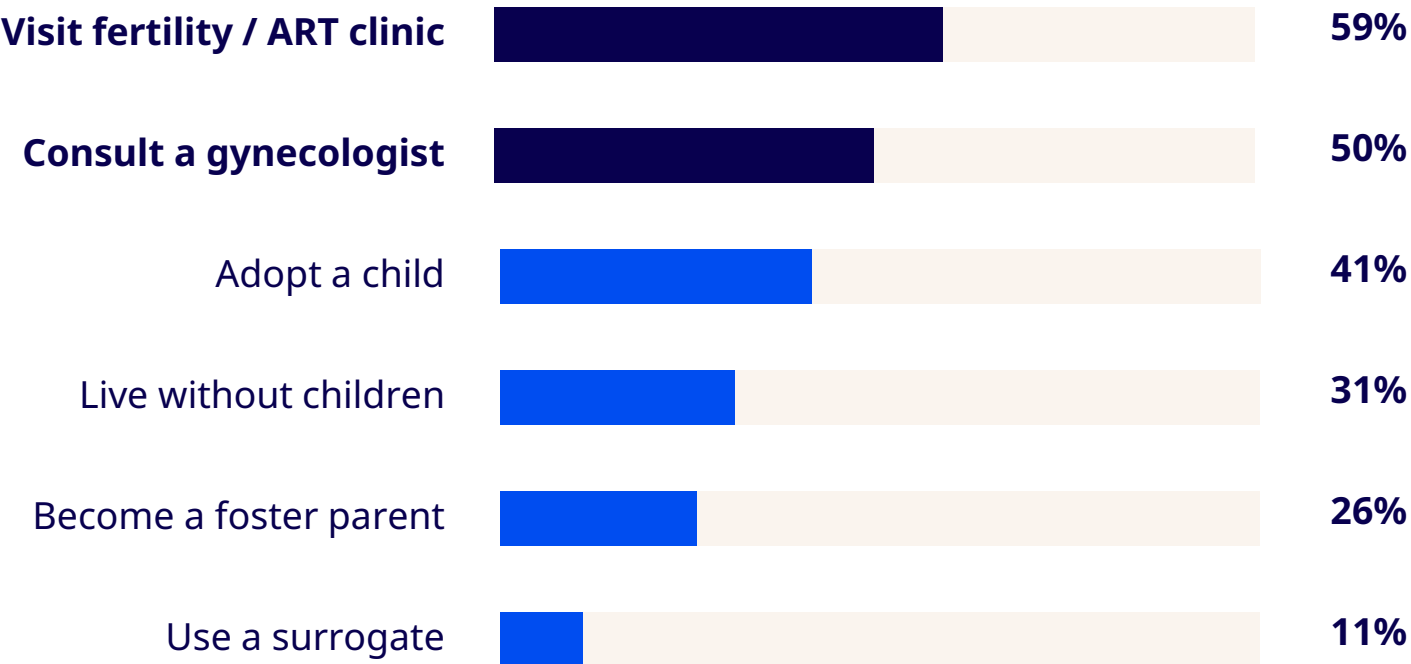
Preferred medical pathway
% of all women (n=1,005)

73%

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=1,005)



Women do consult, and they consult early

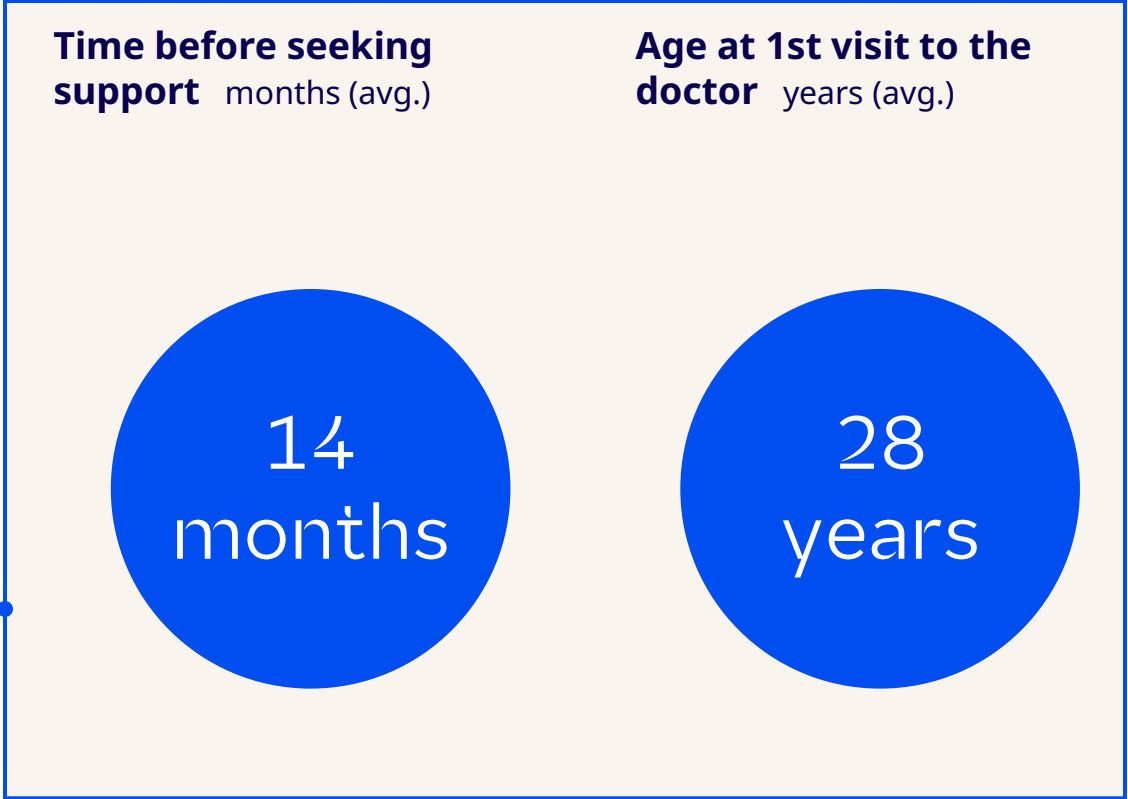
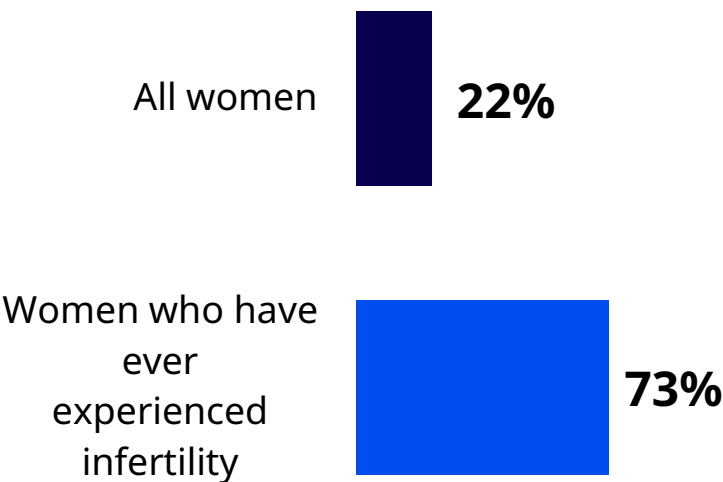
3 out of 4 women who have experienced infertility (73%) contacted a healthcare professional

Consulted a healthcare professional

% of all women (n=1,005)

% of women who have experienced infertility (n=196)

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

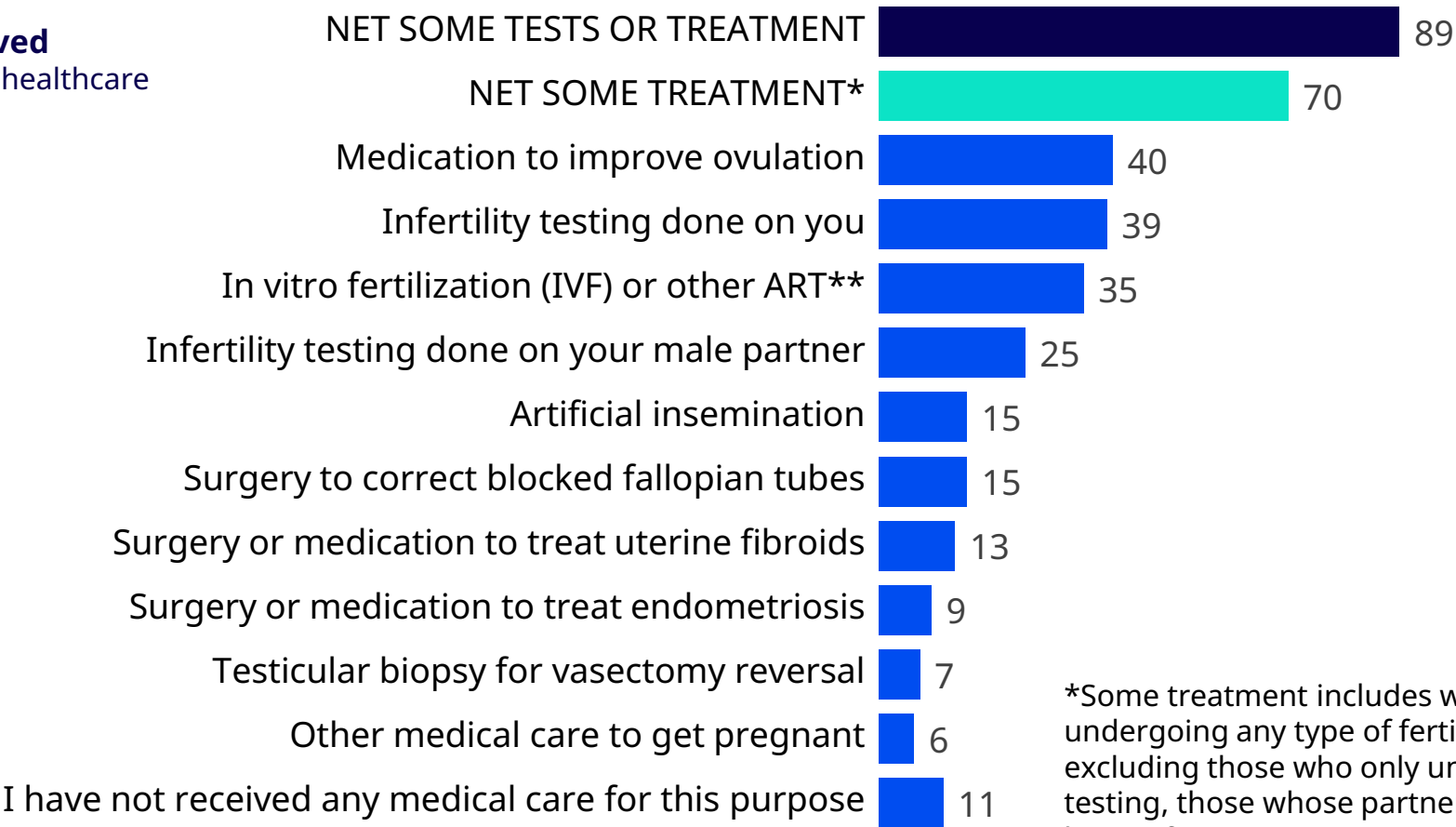


Services and treatments received

70% 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=142)

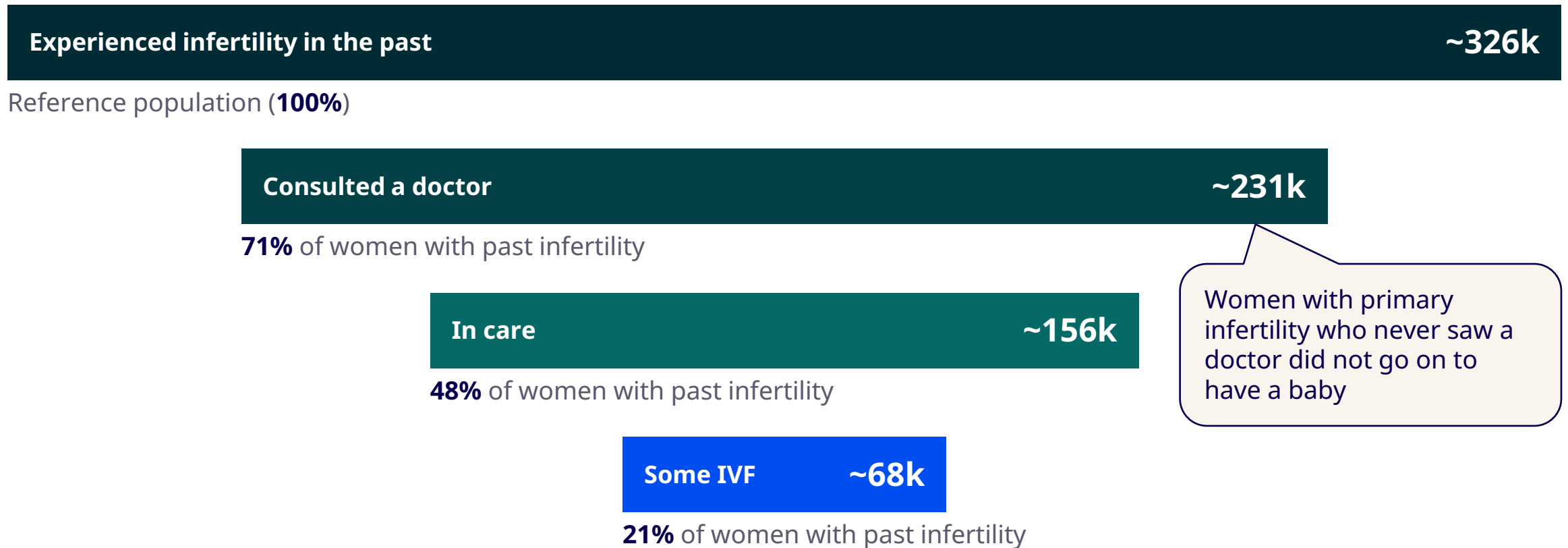


*Some treatment includes women who reported undergoing any type of fertility treatment, excluding those who only underwent fertility testing, those whose partner only had a testicular biopsy for vasectomy reversal, or those who reported only "Other" treatments.

**ART: Assisted Reproductive Technology
Base: [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?

71% of women with past infertility consult a doctor, but only 48% start any treatment

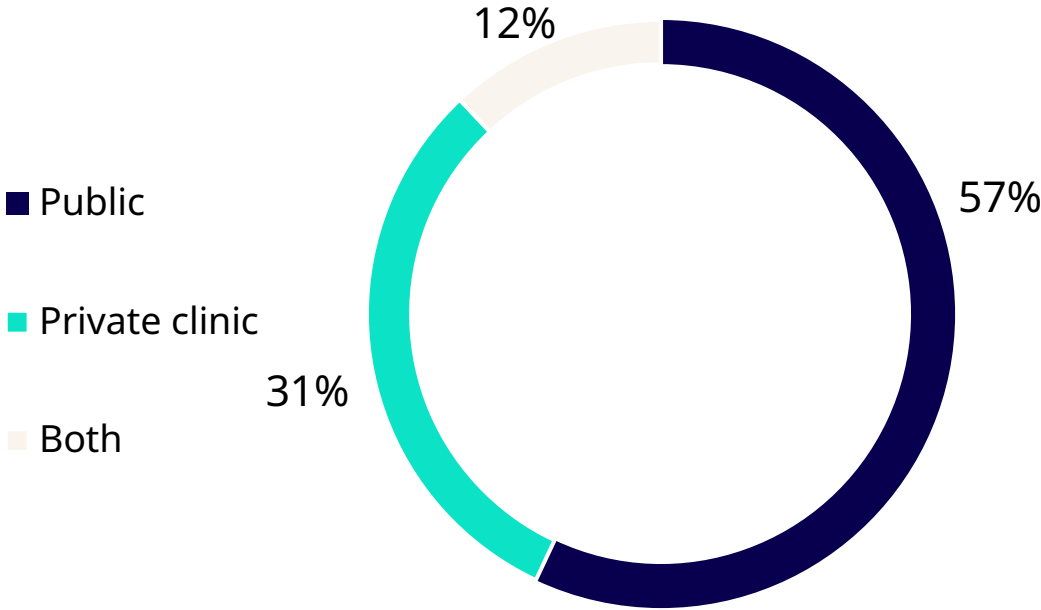
Only 21% of women who experienced infertility in the past underwent IVF



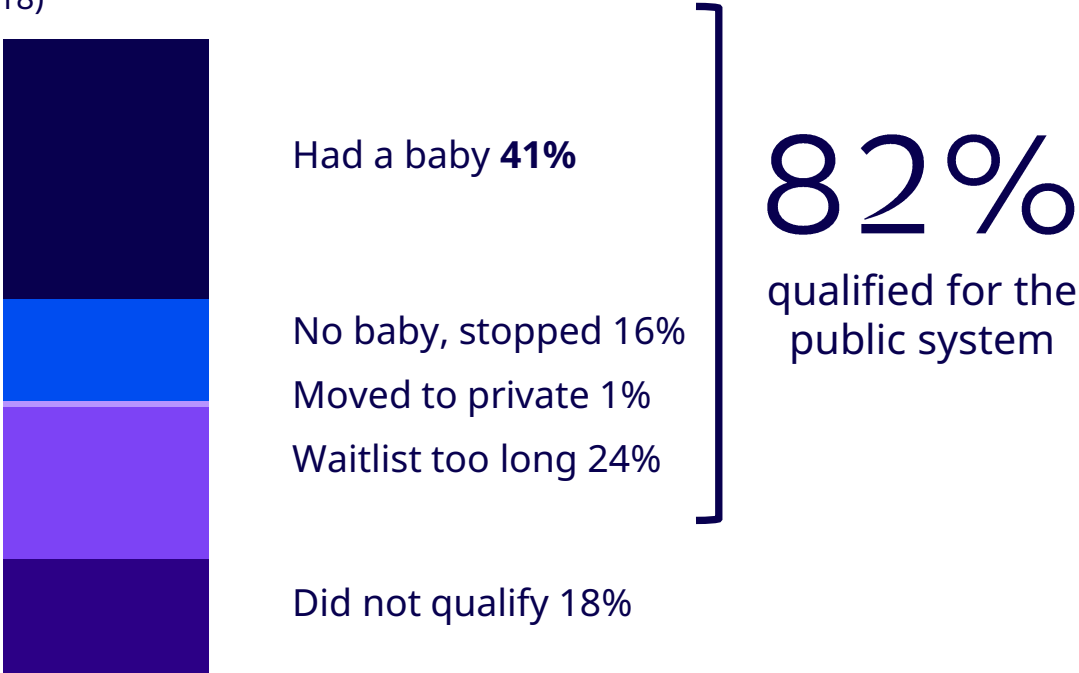
Public vs private medical care

The public system is the main entry point: 69% start there and 31% go private only. Eligibility rules and waiting times interrupt many public journeys — almost one in five women were told they did not qualify

Where have you looked for medical care to get pregnant?
Contact with healthcare professionals (n=224)



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=118)

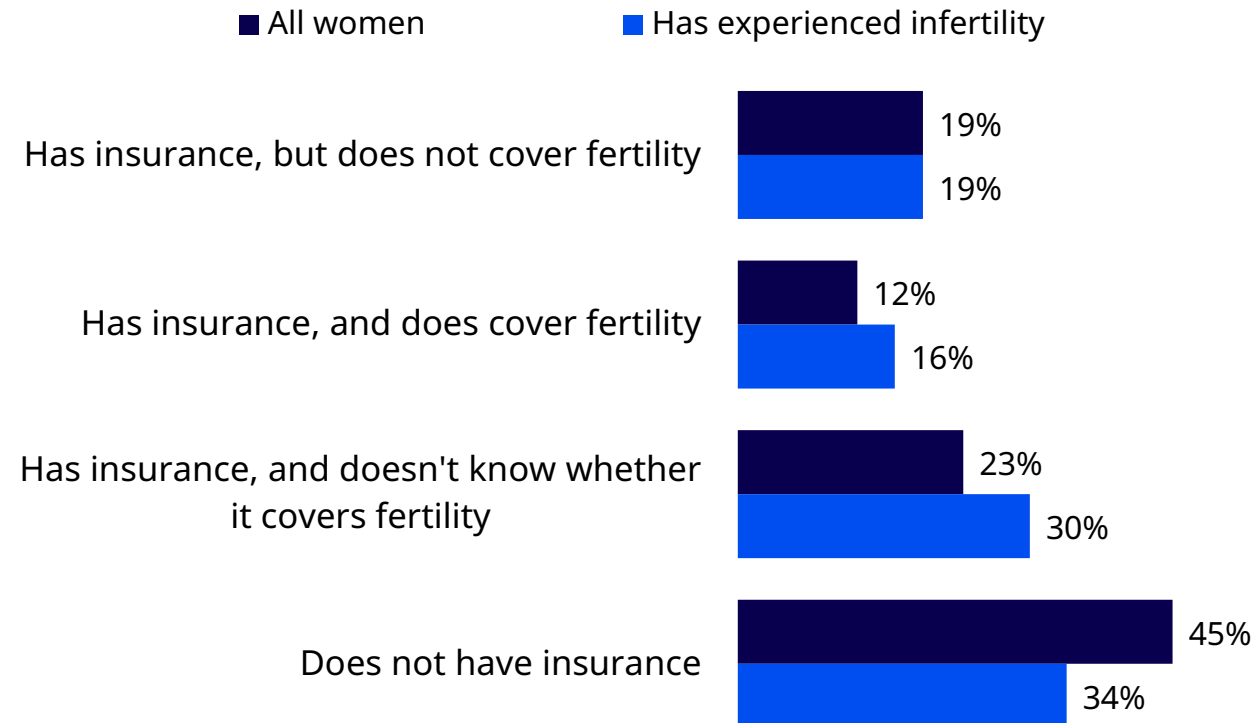


Only 16% of women who have experienced infertility report having insurance that covers fertility today

Insurance coverage today

% of all women (n=1,005)

% of women who have experienced infertility (n=196)



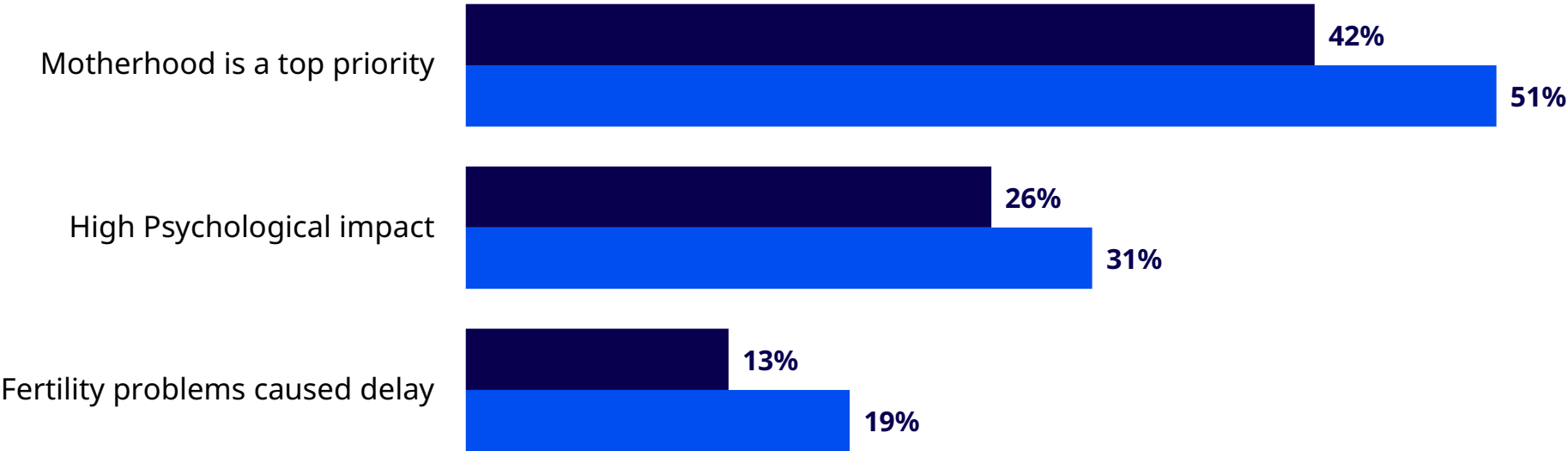
Education reveals two distinct fertility journeys

Women with a university education place greater priority on motherhood, report a more intense emotional impact, and more frequently cite fertility problems as a cause for delaying it

Differences by education level

% of women

■ Lower secondary education or below ■ University educated

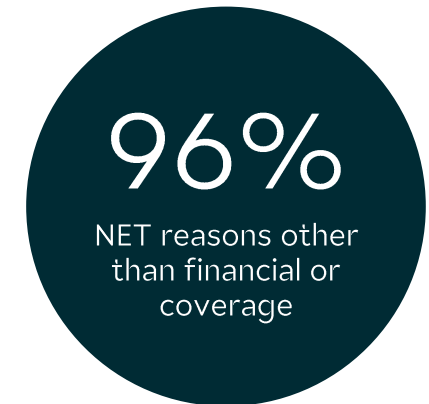
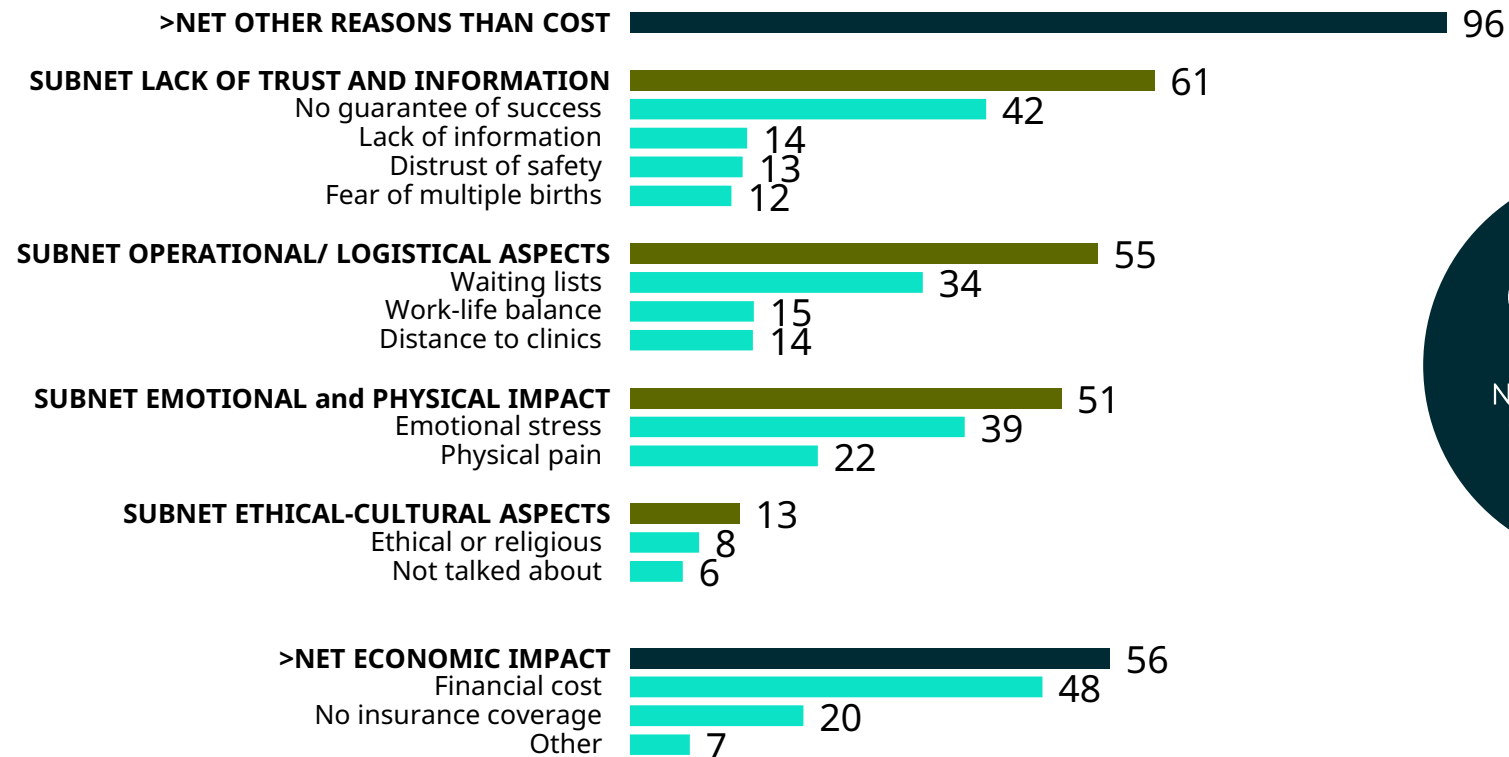


Navigating fertility treatment is as much about trust and information as it is about cost

96% of women who have experienced infertility cite reasons other than costs, with 61% highlighting lack of trust and information as barriers to treatment

Woman who have experienced infertility

(n=196)



Treatment works, but few women get there

Three in four women who experience infertility ask for help, but only one in five ever start IVF, and 96% point to reasons beyond cost

73%

They do ask for help

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

21%

Few start treatment

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

96%

The barriers are not only cost

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

73% ask for help, 21% reach IVF. Alongside cost, women point to trust, information, and emotional load as barriers to treatment

Societal implications of fertility dynamics

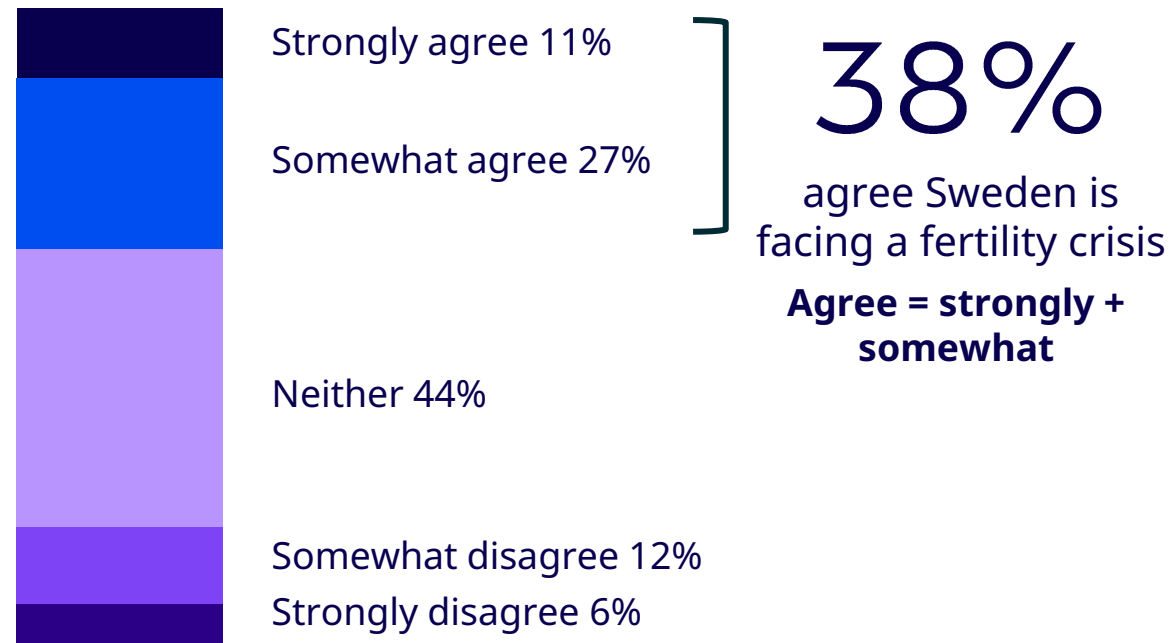
05

Perceived fertility crisis

Nearly 4 in 10 Swedish women see a fertility crisis

Level of agreement

% of all women (n=1,005)



Assisted reproduction: 5.6% of Swedish births

Latest comparable national data: 5,508 children were born through IVF or donor insemination in Sweden; among women planning a future pregnancy, 10% expect to need fertility treatment

Sweden • latest national data

Share of live births conceived through IVF (2023)

≈ 5.6%

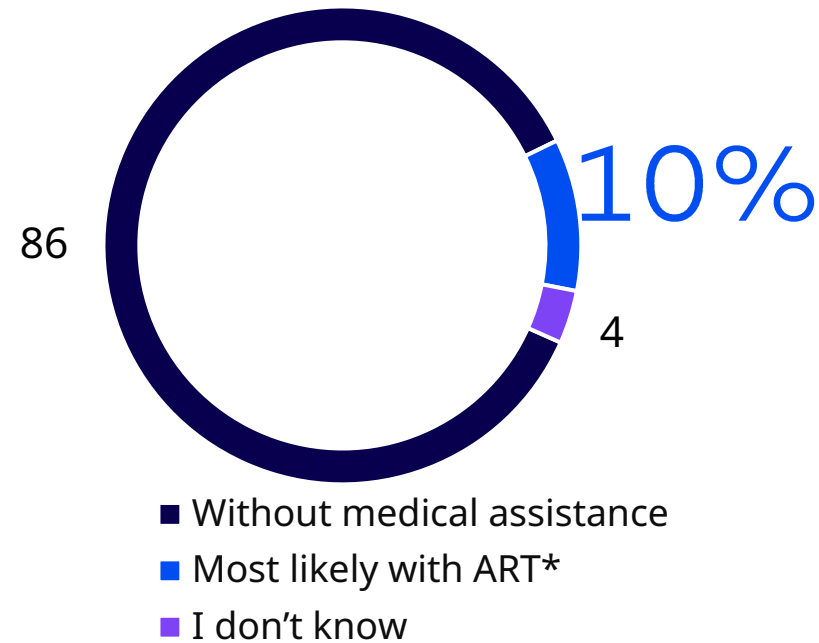
5,508 babies

were born through IVF in Sweden in 2023

Latest published national outcome data

Expectations for a future pregnancy

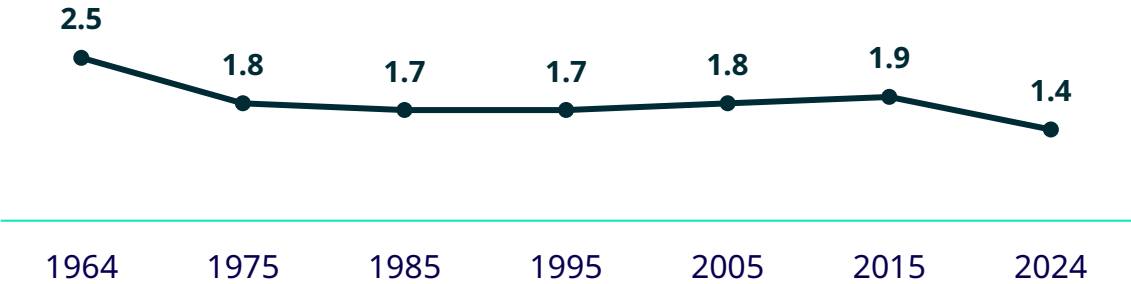
How expect to conceive in the future (n=398)



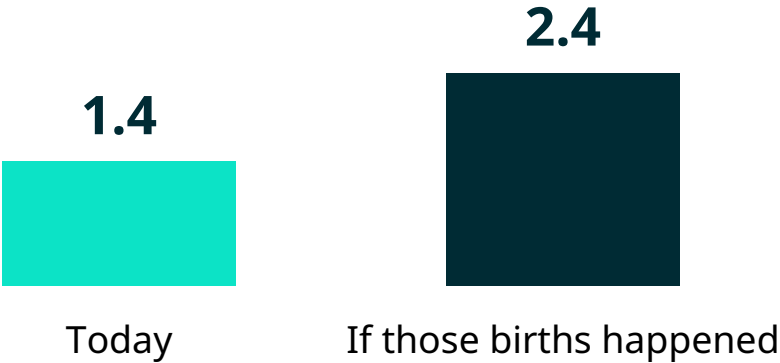
Reproductive medicine can help women achieve the families they want

Fertility rates have been dropping, but reproductive medicine could mitigate this trend by helping the 70k women who are experiencing fertility problems right now build the families they want.

Children per woman in Sweden, 1964–2024



Children per woman — today vs if all women experiencing infertility now had a baby



70,000

women in Sweden are experiencing infertility right now — 3% of women aged 19–49

LIVIO

