

5 things to know about the new landscape of fertility benefits

More and more, benefits leaders see the value of reproductive health – and it's changing how they approach offerings.

The dip in pregnancy rates during the early pandemic is lifting.¹ Birth rates climbed 4% in the second half of 2021. And a study in *JAMA Network Open* predicts the birth rate through late 2022 will be 10% to 15% higher than pre-pandemic levels – a "dramatic rebound," in the words of the lead author.^{2,3}

But COVID-19 isn't the only factor in the nation's fertility trends. New approaches, shifts in age for first-time parents, and a focus on racial justice and mental health are also changing this area of health care. As workers demand better benefits, health plans are asking how they can meet those needs.



As workers demand better benefits and new approaches to family planning, pregnancy and fertility support, employers and health plans are asking how to meet those needs.



1. Fertility benefits attract talent

About one in three (38%) companies offer fertility benefits, and one in five cover egg freezing, per a survey of nearly 2,000 U.S. employers by the nonprofit Great Place to Work.⁴ That's a big shift from the 2% that covered egg freezing in 2016, per the International Foundation of Employee Benefit Plans.⁵

This would be big news on its own. But looking only at companies ranked as a "Best Workplace," the trend's growth is even clearer: 75% offer fertility support, 66% offer adoption support and 58% cover egg freezing.

A McKinsey study found that the number of employers who think benefits are "very important" in talent management rose by 11%, compared to before the pandemic.⁶ The rise in fertility benefits may be occuring because they signal a culture of care to the workforce, even if not every employee will use the program. On the flip side, young and diverse employees who don't receive the care they need are two times more likely to change jobs, a separate McKinsey survey found.⁷

2. Digital and at-home tools play a big role

The pandemic sped up the adoption of virtual health, and that's true of fertility as well. From wearables that track ovulation to in-home hormone tests to round-the-clock digital support from pregnancy specialists, the rules of fertility services are changing. With that comes making care available to people who had little access before.

For example, 140 rural hospitals have closed since 2010, per the Sheps Center for Health Services Research.⁸ And roughly half of rural counties now have no obstetric units, causing a startling rise in preterm labor and lack of prenatal care.⁹ The situation is often life-or-death. A 2021 study in the *American Journal of Obstetrics and Gynecology* found that women living in rural areas face pregnancy-related mortality rates 1.5 to 3 times higher than those in cities.¹⁰

3. Maternal mental health is on America's radar

Amid the pandemic, millions of parents felt extreme stress, especially mothers. Nearly half (46%) report their mental health grew worse, says the Kaiser Family Foundation.¹¹

Maternal mental health issues, such as postpartum depression and anxiety, affect one in five women, making them some of the most common problems in pregnancy and childbirth.¹² Yet most women don't receive support or treatment. When researchers at the Commonwealth Fund analyzed pregnancy-related mortality during the postpartum period (up to one year after birth), they found that mental health conditions, including substance abuse and suicide, were leading causes of maternal death.¹³

Mental health has been top of mind lately – a welcome change from the shame and stigma that have plagued these health issues. That's also true of maternal mental health. There's greater interest in (and adoption of) programs and tools that aim to help pregnant and new mothers, such as doulas and telehealth therapy.



At companies ranked as a "Best Workplace," the trend's growth is even clearer:

75% offer fertility support

66%

offer adoption support

58% cover egg freezing

4. Eligibility is expanding

Fertility benefits are no longer only for straight, married couples. Today, they attract many employees, including single people and LGBTQ+ couples. In April, a gay couple sued New York City, saying that the IVF rules for the city's insurance plan excluded gay men. "It's mind-blowing that in 2022 we're still having this conversation," one of them told *The New York Times*.¹⁴

According to a survey by the Family Equality Council, nearly half of LGBTQ millennials plan to have children, and a Lifetime poll of women between 18 and 29 found that more than one-third would consider having a baby without being in a serious relationship.¹⁵

As we change our ideas about who makes a family, the policies, language and campaigns for family-building coverage must evolve to keep pace.

5. Racial gaps persist, but many are coming up with solutions

Black women are three to four times more likely to die in pregnancy, childbirth and the postpartum year than white women – a huge gap that exists across income and education levels.^{16,17} Closing it has become a focus for lawmakers at all levels. From requiring implicit bias training for health providers to ensuring more people of color sit on maternal mortality review boards, many state governments are working toward change.¹⁸

Health plans have also taken up the challenge. There's been a recent growth of fertility support programs designed for Black women, for instance, which aim to provide sensitive care and remove cultural taboos around fertility help.

Family building can be both happy and stressful for employees. Benefits leaders looking to lend support need to know that ad hoc solutions may make the process more confusing. But a holistic approach can support your employees and boost value.

Help patients get the fertility support they need

Optum[®] Fertility Solutions guides employers and health plans through the fertility landscape, helping members get the right treatments at the right time. This also helps patients get the best possible outcomes, which is a big win for employees, employers and health plans alike. With the help of our team of fertility nurses, providers and fertility social workers, patients can access the care they need, when they need it, and always with an eye toward value. Black women are three to four times more likely to die in pregnancy, childbirth and the postpartum year than white women – a huge gap that exists across income and education levels.^{16,17}

Learn more about Optum Women's Health Solutions for Employers and Health Plans.

Sources

- Kearney M, Levine P. The coming COVID-19 baby bust is here. Brookings. brookings.edu/blog/up-front/2021/05/05/the-comingcovid-19-baby-bust-is-here/. May 5, 2021. Accessed August 19, 2022.
- 2. Centers for Disease Control and Prevention. National Vital Statistics System Rapid Release Quarterly Provisional. Report No. 20. Births: Provisional Data for 2021. cdc.gov/nchs/data/vsrr/vsrr020.pdf. May, 2022. Accessed August 19, 2022.
- Stout MJ, Van De Ven CJM, Parekh VI, Pardo JL, Garifullin M, Xu M. Use of electronic medical records to estimate changes in pregnancy and birth rates during the COVID-19 pandemic. JAMA Network Open. jamanetwork.com/journals/jamanetworkopen/ fullarticle/2780572. June 3, 2021.
- Maven Clinic. Working parents, burnout and the great resignation. info.mavenclinic.com/pdf/working-parents-burnout-the-greatresignation. 2021. Accessed August 19, 2022.
- International Foundation of Employee Benefit Plans and WORD on Benefits. Fertility and adoption benefit offerings in the time of COVID. blog.ifebp.org/fertility-adoption-benefits-covid/. April 14, 2021. Accessed August 19, 2022.
- McKinsey & Company. Employers look to expand health benefits while managing medical costs. mckinsey.com/industries/healthcaresystems-and-services/our-insights/employers-look-to-expand-health-benefits-while-managing-medical-costs. May 25, 2022. Accessed August 19, 2022.
- McKinsey & Company. Income alone may be insufficient: How employers can help advance health equity in the workplace. mckinsey. com/industries/healthcare-systems-and-services/our-insights/income-alone-may-be-insufficient-how-employers-can-helpadvance-health-equity-in-the-workplace. December 3, 2021. Accessed August 19, 2022.
- The Cecil G. Sheps Center for Health Services Research. Rural hospital closures. 2005-Present. shepscenter.unc.edu/programsprojects/rural-health/rural-hospital-closures/. Accessed August 19, 2022.
- Kozhimannil KB, Interrante JD, Tuttle MKS, Henning-Smith C. Changes in hospital-based obstetric services in rural US counties, 2014–2018. JAMA Network Open. 2020; 324(2):197–199.
- Merkt PT, Kramer MR, Goodman DA, Barrera CM, Eckhaus L, Petersen EE. Urban-rural differences in pregnancy-related deaths, United States, 2011-2016. Am. J. Obset. and Gynecol. 2021; 225(2):183.E1-E16.
- 11. Kearney A, Hamel L, Brodie M. Mental health impact of the COVID-19 pandemic: an update. Kaiser Family Foundation. kff.org/ coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/. April 14, 2021. Accessed August 19, 2022.
- Maternal Mental Health Leadership Alliance. Fact sheet: Maternal mental health. mmhla.org/wp-content/uploads/2020/07/mmhlamain-fact-sheet.pdf. July 2020. Accessed August 19, 2022.
- Declercq E, Zephyrin L. Maternal mortality in the United States: A primer. The Commonwealth Fund. commonwealthfund.org/ publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer. December 16, 2020. Accessed August 19, 2022.
- 14. Fondren P. Gay couple was denied I.V.F. benefits. *The New York Times*. nytimes.com/2022/04/12/nyregion/nyc-ivf-same-sex-couple. html. April 12, 2022. Accessed August 19, 2022.
- 15. Apton D. More women choosing single motherhood. ABC News. abcnews.go.com/nightline/story?id=1995278. May 4, 2006. Accessed August 19, 2022.
- 16. Centers for Disease Control and Prevention. Pregnancy mortality surveillance system. cdc.gov/reproductivehealth/maternalmortality/pregnancy-mortality-surveillance-system.htm. Page last reviewed June 22, 2022. Accessed August 19, 2022.
- Declercq E, Zephyrin L. Maternal mortality in the United States: A primer. The Commonwealth Fund. commonwealthfund.org/ publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer. December 16, 2020. Accessed August 19, 2022.
- Cossitt-Glesner I. States taking steps to address health disparities. National Conference of State Legislatures. ncsl.org/research/ health/states-taking-steps-to-address-health-care-disparities-magazine2021.aspx. January 15, 2021. Accessed August 19, 2022.



optum.com

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

Stock photo used.

© 2022 Optum, Inc. All rights reserved. WF8143632 08/22