



# Use of Fertility Services in Women Ages 20–49 in the United States: 2022–2023

Colleen N. Nugent, Ph.D., and Anjani Chandra, Ph.D.

## Key findings

Data from the National Survey of Family Growth

- Among women ages 20–49 in 2022–2023, 13.7% had ever used any fertility services, defined as any medical help to get pregnant or to prevent pregnancy loss, at some time in their lives.
- A higher percentage of Asian non-Hispanic (13.6%) and White non-Hispanic (12.4%) women had ever used medical help to get pregnant compared with Black non-Hispanic (7.1%) and Hispanic (7.0%) women.
- The percentage of women who had ever used any fertility services and the percentage who used any medical help to get pregnant increased with higher family income.
- The percentage of ever use of any fertility services and the percentage of any medical help to get pregnant was higher for women with private health insurance compared with those who had public insurance or were uninsured.

## Introduction

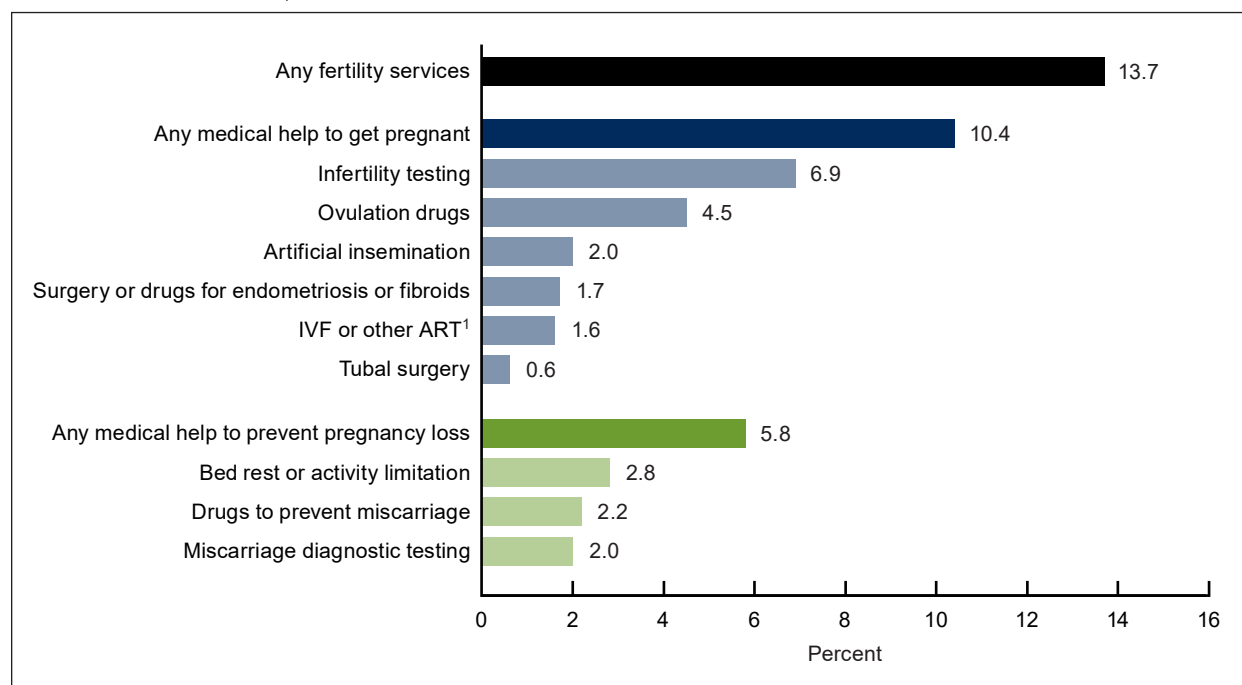
The percentage of women ages 25–44 in the United States who had ever used any fertility services, defined as any medical help to get pregnant or to prevent pregnancy loss, decreased between 2006–2010 and 2015–2019 (1). However, estimates of fertility problems remained stable or increased in that time span (2,3). Using the 2022–2023 National Survey of Family Growth (NSFG), this report estimates ever use of specific fertility services among women ages 20–49 in the United States, as well as ever use of any medical help to get pregnant, any medical help to prevent pregnancy loss, and any fertility services overall, by selected socioeconomic characteristics.



## Type and specific services

- Among women ages 20–49 in 2022–2023, 13.7% had ever used any fertility services (Figure 1, Table 1).
- Any medical help to get pregnant was used by 10.4% of women ages 20–49, nearly twice the percentage who used any medical help to prevent pregnancy loss (5.8%).
- Among types of medical help to get pregnant, 6.9% of women ages 20–49 had infertility testing on themselves or their partner, 4.5% used ovulation drugs, 2.0% had artificial insemination, 1.7% used surgery or drugs for endometriosis or fibroids, 1.6% used in vitro fertilization (IVF) or other assisted reproductive technology procedures, and 0.6% had tubal surgery.
- Among types of medical help to prevent pregnancy loss, 2.8% of women ages 20–49 used bed rest or activity limitation, 2.2% used drugs to prevent miscarriage, and 2.0% had miscarriage diagnostic testing.

**Figure 1. Percentage of women ages 20–49 who ever used fertility services, by type and specific service: United States, 2022–2023**



¹IVF is in vitro fertilization; ART is assisted reproductive technology.

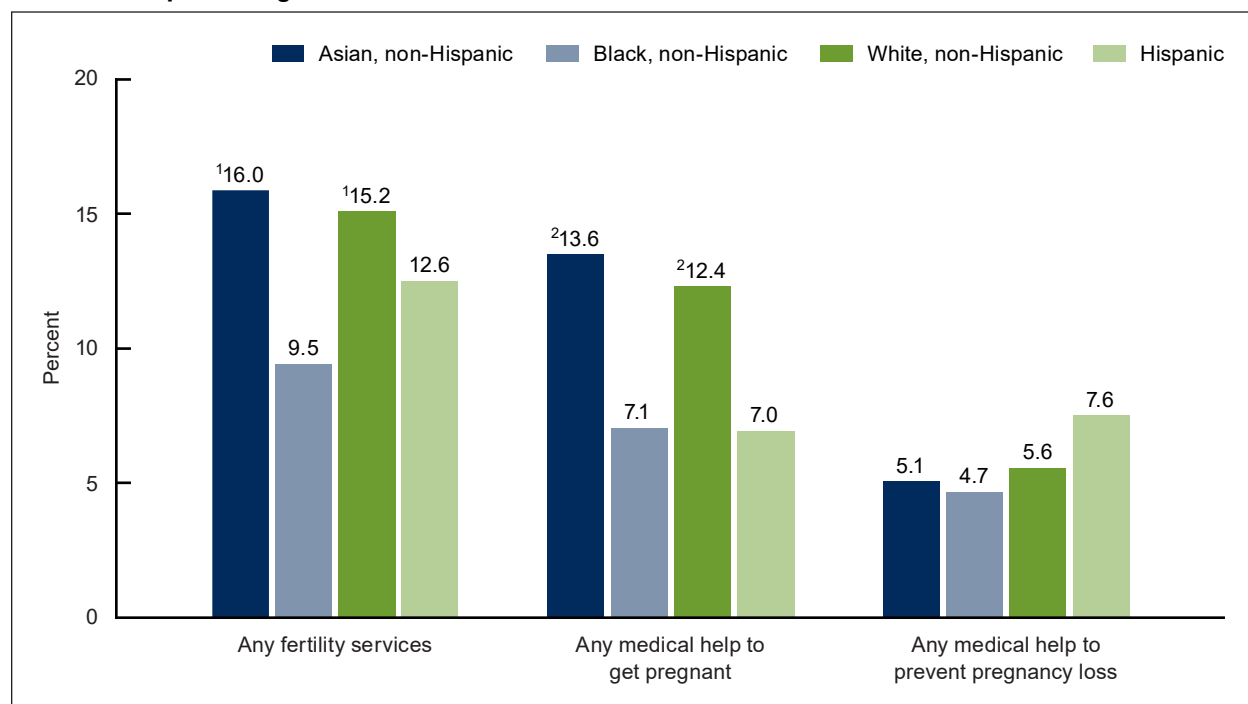
NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. A woman may have received more than one service within each type, or received both types of services. "Any fertility services," "Any medical help to get pregnant," and "Any medical help to prevent pregnancy loss" include other services that are not shown separately. "Any medical help to get pregnant" may include services received by the husband or male cohabiting partner, but with the goal of the survey respondent herself getting pregnant.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

## Race and Hispanic origin

- The percentage of women ages 20–49 in 2022–2023 who had ever used any fertility services was higher in Asian non-Hispanic (subsequently, Asian) (16.0%) and White non-Hispanic (subsequently, White) (15.2%) women compared with Black non-Hispanic (subsequently, Black) women (9.5%) (Figure 2, Table 2).
- The observed difference in the use of any fertility services between Hispanic women and women of other non-Hispanic racial groups was not significant.
- Higher percentages of Asian (13.6%) and White (12.4%) women had ever used any medical help to get pregnant compared with Black (7.1%) and Hispanic (7.0%) women.
- The observed difference between Hispanic women and women of other non-Hispanic racial groups for the use of any medical help to prevent pregnancy loss was not significant.

**Figure 2. Percentage of women ages 20–49 who ever used fertility services, by type of service and race and Hispanic origin: United States, 2022–2023**



<sup>1</sup>Significantly different from Black non-Hispanic women ( $p < 0.05$ ).

<sup>2</sup>Significantly different from Black non-Hispanic and Hispanic women ( $p < 0.05$ ).

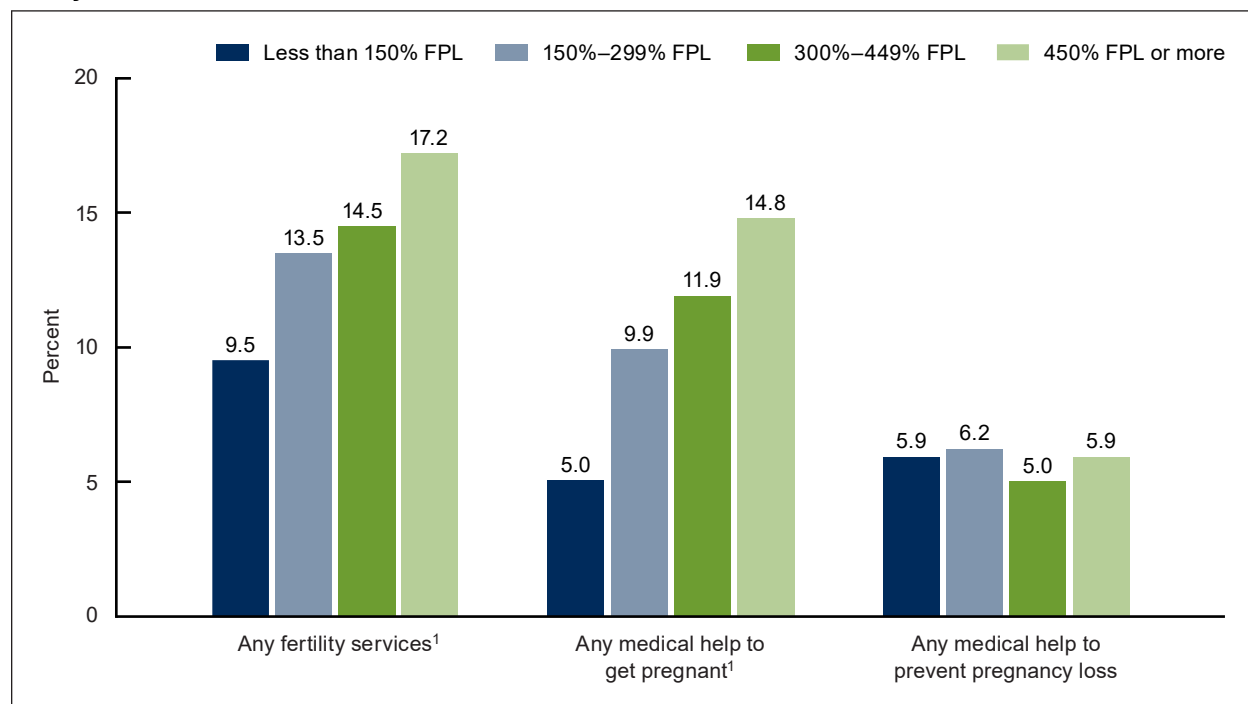
NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. Women of Hispanic origin may be of any race.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

## Family income

- Among women ages 20–49 in 2022–2023, the percentage who had ever used any fertility services increased with higher levels of family income, from 9.5% for women with family incomes less than 150% of the federal poverty level (FPL) to 17.2% for women with family incomes 450% or more of the FPL (Figure 3, Table 3).
- The percentage of women who had ever used any medical help to get pregnant increased with higher levels of family income, with the percentage for those with family incomes 450% or more of the FPL (14.8%) being nearly three times higher than those whose family incomes were less than 150% FPL (5.0%).
- Use of any medical help to prevent pregnancy loss did not vary by family income.

**Figure 3. Percentage of women ages 20–49 who ever used fertility services, by type of service and family income: United States, 2022–2023**



<sup>1</sup>Statistically significant linear trend by family income as a percentage of federal poverty level ( $p < 0.05$ ).

NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. FPL is federal poverty level, which is based on the ratio of a family's income in the previous calendar year to the poverty threshold for a family of that size as defined by the U.S. Census Bureau.

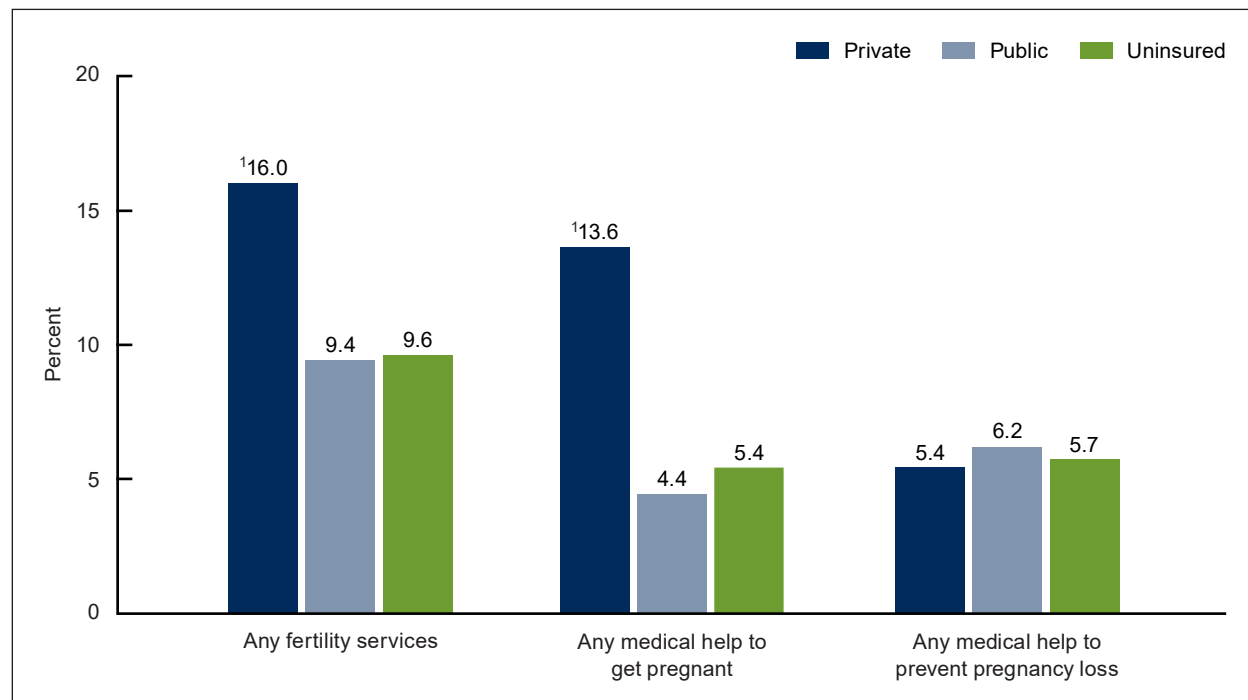
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

## Current health insurance coverage

- Among women ages 20–49 in 2022–2023 with private health insurance, 16.0% had ever used any fertility services, which was higher than the percentage of women who had public insurance (9.4%) or were uninsured (9.6%) (Figure 4, Table 4).

- A higher percentage of women with private health insurance had ever used any medical help to get pregnant (13.6%) compared with women who had public insurance (4.4%) or who were uninsured (5.4%).
- Use of any medical help to prevent pregnancy loss did not vary by current health insurance coverage.

**Figure 4. Percentage of women ages 20–49 who ever used fertility services, by type of service and current health insurance coverage: United States, 2022–2023**



<sup>1</sup>Significantly different from public and uninsured ( $p < 0.05$ ).

NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. Public coverage includes Medicaid, Children's Health Insurance Program, and state-sponsored health plans. Uninsured includes Indian Health Service and single service plans. Other types of insurance such as Medicare, military insurance, and other government health care are not shown.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

## Summary

Among women ages 20–49 in 2022–2023, 13.7% had ever used any fertility services, and the percentage who had used any medical help to get pregnant was nearly twice the percentage who had used any medical help to prevent pregnancy loss. Previous research has shown that those who use fertility services may not be representative of all people who have fertility problems (4–8). This report shows that the use of any medical help to get pregnant varied by race and Hispanic origin, family income, and current health insurance coverage, but ever use of any medical help to prevent pregnancy loss did not vary by those socioeconomic characteristics. Understanding these patterns in the ever use of fertility services is important for gauging the potential demand for fertility services in the United States among various sociodemographic groups.

## Definitions

**Hispanic origin and race:** The 1997 Office of Management and Budget guidelines for the presentation of race and ethnicity data in federal statistics were used for these classifications (9). Recode variable HISPSPACE2 and additional nonpublic variables were used to categorize non-Hispanic respondents' race for those who selected only one racial group. Respondents had the option to select more than one racial group, and respondents categorized as Hispanic may be of any race or combination of races (9). Given the heterogeneity of women categorized as non-Hispanic other or multiple races, this category is not presented separately in this report.

**Family income as a percentage of the federal poverty level:** The POVERTY recode is based on a comparison of each respondent's family income with the federal poverty level (FPL) for a family of that size, as defined by the U.S. Census Bureau (10).

**Current health insurance coverage:** The recode CURR\_INS is a measure of health insurance coverage at the time of survey based on a hierarchical categorization of coverage types into mutually exclusive categories when respondents reported more than one type.

## Data source and methods

Details about the survey content, administration, response rates, planning, and funding for the 2022–2023 NSFG can be found in the documentation on the NSFG webpage (11,12). While the 2022–2023 survey included information from 5,586 females ages 15–49, this report is based on data from 4,856 women ages 20–49 (11). All estimates are representative of the U.S. household population of women ages 20–49 in 2022 (11). Statistics for this report were produced using SAS-callable SUDAAN software version 11.0.3 (13) to account for the complex sample design of NSFG. Differences between percentages were evaluated using two-tailed *t* tests at the 5% level. A weighted least squares regression was used to test the statistical significance of the observed linear trends across family income. Statistical power to detect differences between groups was limited for some comparisons. The data presented in this report are bivariate associations that may be explained by other factors not controlled for in the figures or included in the report. Due to the change in survey design to multimode and lower response rates due to a number of factors (11), comparisons of these results with previous NSFG data releases should be made with caution. All estimates presented meet NCHS data presentation standards for proportions (14).

## About the authors

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Figure tables

Data table for Figure 1. Percentage of women ages 20–49 who ever used fertility services, by type and specific services: United States, 2022–2023

Fertility service	Percent	Standard error
Any fertility services	13.7	0.77
Any medical help to get pregnant	10.4	0.71
Infertility testing	6.9	0.53
Ovulation drugs	4.5	0.40
Artificial insemination	2.0	0.26
Surgery or drugs for endometriosis or fibroids	1.7	0.24
IVF or other ART <sup>1</sup>	1.6	0.23
Tubal surgery	0.6	0.13
Any medical help to prevent pregnancy loss	5.8	0.48
Bed rest or activity limitation	2.8	0.35
Drugs to prevent miscarriage	2.2	0.35
Miscarriage diagnostic testing	2.0	0.25

<sup>1</sup>IVF is in vitro fertilization; ART is assisted reproductive technology.

NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. A woman may have received more than one service within each type, or received both types of services. "Any fertility services," "Any medical help to get pregnant," and "Any medical help to prevent pregnancy loss" include other services that are not shown separately. "Any medical help to get pregnant" may include services received by the husband or male cohabiting partner, but with the goal of the survey respondent herself getting pregnant.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.



**Data table for Figure 2. Percentage of women ages 20–49 who ever used fertility services, by type of services and race and Hispanic origin: United States, 2022–2023**

Race and Hispanic origin	Any fertility services		Any medical help to get pregnant		Any medical help to prevent pregnancy loss	
	Percent	Standard error	Percent	Standard error	Percent	Standard error
Asian, non-Hispanic	<sup>1</sup> 16.0	2.63	<sup>2</sup> 13.6	2.63	5.1	1.12
Black, non-Hispanic	9.5	1.65	7.1	1.32	4.7	1.16
White, non-Hispanic	<sup>1</sup> 15.2	1.10	<sup>2</sup> 12.4	1.09	5.6	0.63
Hispanic	12.6	1.34	7.0	0.94	7.6	1.29

<sup>1</sup>Significantly different from Black non-Hispanic ( $p < 0.05$ ).  
<sup>2</sup>Significantly different from Black non-Hispanic and Hispanic ( $p < 0.05$ ).  
NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. Women of Hispanic origin may be of any race.  
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

**Data table for Figure 3. Percentage of women ages 20–49 who ever used fertility services, by type of services and family income: United States, 2022–2023**

Family income	Any fertility services <sup>1</sup>		Any medical help to get pregnant <sup>1</sup>		Any medical help to prevent pregnancy loss	
	Percent	Standard error	Percent	Standard error	Percent	Standard error
Less than 150% FPL	9.5	1.01	5.0	0.88	5.9	0.88
150%–299% FPL	13.5	1.50	9.9	1.38	6.2	0.96
300%–449% FPL	14.5	1.89	11.9	1.63	5.0	0.91
450% FPL or more	17.2	1.44	14.8	1.24	5.9	0.86

<sup>1</sup>Statistically significant linear trend by family income as a percentage of the federal poverty level ( $p < 0.05$ ).  
NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. FPL is federal poverty level, which is based on the ratio of a family's income in the previous calendar year to the appropriate poverty threshold (for a family of that size) defined by the U.S. Census Bureau.  
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

**Data table for Figure 4. Percentage of women ages 20–49 who ever used fertility services, by type of services and current health insurance coverage: United States, 2022–2023**

Current health insurance coverage	Any fertility services		Any medical help to get pregnant		Any medical help to prevent pregnancy loss	
	Percent	Standard error	Percent	Standard error	Percent	Standard error
Private	<sup>1</sup> 16.0	1.10	<sup>1</sup> 13.6	1.00	5.4	0.52
Public	9.4	1.12	4.4	0.73	6.2	1.03
Uninsured	9.6	1.42	5.4	1.14	5.7	1.09

<sup>1</sup>Significantly different from public and uninsured ( $p < 0.05$ ).  
NOTES: Fertility services include either medical help to get pregnant or medical help to prevent pregnancy loss. Public coverage includes Medicaid, CHIP, and state-sponsored health plans. Uninsured includes Indian Health Service and single service plans. Other types of insurance such as Medicare, military insurance, and other government health care are not shown.  
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

## Suggested citation

Nugent CN, Chandra A. Use of fertility services in women ages 20–49 in the United States: 2022–2023. NCHS Data Brief. 2025 Dec;(542):1–10. DOI: <https://dx.doi.org/10.15620/cdc/174628>.

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**ISSN 1941–4927 Print ed. | ISSN 1941–4935 Online ed.**

CS362438