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Infertility Service Use in the United States: Data From the National Survey of Family Growth, 1982–2010

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Abstract

Objectives—This report presents nationally representative estimates and trends for infertility service use among women aged 15–44 and 25–44 in the United States in 1982–2010. While greater detail on types of infertility service is shown for women, basic data on types of infertility service use, as reported by men aged 25–44, are also presented.

Methods—Data for this report come primarily from the 2006–2010 National Survey of Family Growth (NSFG), consisting of 22,682 interviews with men and women aged 15–44, conducted from June 2006 through June 2010. The response rate for females in the 2006–2010 NSFG was 78%, and for males was 75%. Selected trends are shown based on prior NSFG cycles.

Results—Twelve percent of women aged 15–44 in 2006–2010 (7.3 million women), or their husbands or partners, had ever used infertility services. Among women aged 25–44, 17% (6.9 million) had ever used any infertility service, a significant decrease from 20% in 1995. Thirty-eight percent of nulliparous women with current fertility problems in 2006–2010 had ever used infertility services, significantly less than 56% of such women in 1982. In all survey years, ever-use of medical help to get pregnant was highest among older and nulliparous women, non-Hispanic white women, women with current fertility problems, and women with higher levels of education and household income. The most commonly used infertility services among women aged 25–44 in 2006–2010 were advice, testing, medical help to prevent miscarriage, and ovulation drugs. Ever-use of infertility services was reported by 9.4% of men aged 25–44 in 2006–2010, similar to levels seen in 2002.

Keywords: assisted reproductive technologies (ART) • medical help to get pregnant • miscarriage services • artificial insemination

Introduction

Infertility is a significant public health problem in the United States that affects women, men, and couples.

Depending on the underlying cause, infertility can be treated by gynecologists, urologists, and reproductive endocrinologists using a range of medical options, including advice on the timing of intercourse, drugs to stimulate ovulation, surgery, intrauterine insemination, and assisted reproductive technology (ART). ART is defined as treatments that involve the handling of both eggs and sperm to establish a pregnancy (1). Based on data from the National Survey of Family Growth (NSFG), the percentage of women aged 15–44 who had ever used infertility services increased from 9% in 1982 to 15% in 1995, then declined to 12% in 2002, and remained at that level in 2006–2010 (2,3). The absolute number of women who reported ever using any infertility services also declined, from 9.3 million women aged 15–44 in 1995 to 7.4 million women in 2006–2010 (2,3). To better understand the patterns in overall use of infertility services over time, this report describes the types of infertility services used and the characteristics of women aged 15–44, focusing specifically on women aged 25–44, who have ever used specific types of infertility services, based on the 1982, 1988, 1995, 2002, and 2006–2010 NSFGs.

Numerous previous analyses have shown that women who make use of medical help for fertility problems are a highly selective group among those who have fertility problems. Data from nationally representative surveys,

primarily NSFG but also clinic-based studies, have shown that fertility-impaired women who use infertility services are significantly more likely to be married, non-Hispanic white, older, more highly educated, and more affluent than nonusers (4–12). Reasons for the disparities in use of infertility services may include access barriers such as the significant cost of medical services for infertility and the lack of adequate health insurance to afford the necessary diagnostic or treatment services (13,14). Currently, 15 states have passed insurance mandates to cover ART and other infertility treatments; however, there is evidence to suggest that these mandates have not ameliorated the differences in rates of infertility treatment by race or ethnicity and socioeconomic status (15). Some studies looking at ''equal-access'' subpopulations, such as women in the military who have the same level and type of health insurance coverage, have found no disparities in use by race and Hispanic origin, particularly between non-Hispanic white and black women, though Hispanic women still appear to use services at lower levels than non-Hispanic white women (16).

Continued efforts to develop new, safe, and effective treatment strategies for infertility are part of the Centers for Disease Control and Prevention's (CDC) focus on developing a National Public Health Action Plan for the Detection, Prevention, and Management of Infertility (17,18). Data from NSFG contribute to these efforts by providing a nationally representative source of information on infertility, impaired fecundity, and use of medical services to have a baby in the United States. Topics in this report focused on the most recent trends through 2006–2010 include:

- Trends in ever-use of any infertility services among women (or their husbands or partners) (Tables 1–3 and Figures 1–2).
- Ever-use of infertility services among women (or their husbands or partners) and specific types of services among population subgroups (Tables 4–5 and Figure 3).
- Percent distribution by overall infertility service experience among women (or their husbands or partners) (Table 6).
- Adjusted odds ratios (AORs) for ever-use of infertility services among women (or their husbands or partners) (Table 7).
- Ever-use of infertility services among men (or their wives or partners) (Table 8 and Figure 4).

Methods

Data source

NSFG has been conducted seven times by CDC's National Center for Health Statistics: in 1973 and 1976 with samples of married and formerly married women aged 15–44; in 1982, 1988, and 1995 with samples of women of all marital status categories; and in 2002 and 2006–2010 with samples of both women and men of all marital status categories aged 15–44. Each time, NSFG has been based on nationally representative, multistage area probability samples, with interviews conducted in person by trained female interviewers in the selected persons' homes. The current report is primarily based on information provided by female respondents in the 2006–2010 NSFG, with interviews conducted from June 2006 through June 2010. Selected trends are shown since 1982, the first NSFG to ask about medical services to help women have babies. Ever-use of infertility services, as reported by men in 2002 and 2006–2010, is also presented. The 2006–2010 NSFG was based on 22,682 face-to-face interviews—12,279 with women and 10,403 with men aged 15–44 in the household population of the United States. The response rate for the 2006–2010 NSFG was 77% overall, 78% for women, and 75% for men. Further details of the NSFG methods and procedures have been published elsewhere (19–21).

Measures of infertility service use

Since 1982, NSFG has asked women separate questions about their use of medical services to help them get pregnant and to help prevent miscarriage. Taken together, these services are referred to as ''infertility services,'' but are not contingent on any reporting of infertility or other fertility problems. The questions are asked regardless of marital, cohabitation, or relationship status, and for adult women aged 18–44, they are also asked regardless of experience with vaginal intercourse. In the surveys since 1995, the infertility services data have been summarized in several constructed variables (or ''recodes'') on the public-use files. ANYPRGHP indicates whether the woman or her husband or partner ever received any medical services to help her get pregnant. ANYMSCHP indicates use of medical help to prevent miscarriage, beyond what would be part of routine prenatal care. INFEVER indicates use of medical help either to get pregnant or to prevent miscarriage.

The detailed infertility service questions have expanded over the survey years to keep pace with currently available diagnostic and treatment options. For all women in the 1995 NSFG or later surveys, those who reported any medical help to get pregnant were asked to indicate what specific types of medical help they ever used, either alone or in any of their relationships. Women could select as many of the following types of medical help to get pregnant as applied to them:

- Advice (such as timing of sexual intercourse)
- Infertility testing (on either female or male partner)
- Drugs to improve ovulation
- Surgery to correct blocked tubes
- Artificial insemination, including intrauterine insemination
- Other medical help to get pregnant

All women who reported "other medical help to get pregnant" were asked a follow-up question with another list of services, and again, they could report as many types of medical help to get pregnant as applied to them:

- Surgery or drug treatment for endometriosis
- In vitro fertilization (IVF) (or other forms of ART)
- Surgery or drug treatment for uterine fibroids
- Some other female pelvic surgery
- Other medical help to get pregnant

Women who reported any medical help to prevent miscarriage also were asked a follow-up question about types of services they received. The response choices included: instructions to take complete bedrest, instructions to limit physical activity, testing to diagnose problems related to miscarriage, drugs to prevent miscarriage (such as progesterone suppositories), and cervical stitches (also known as cervical cerclage or "purse-string" procedure). While the public-use data file includes the detailed information on specific types of medical help to prevent miscarriage, this report focuses only on the use of *any* medical help to prevent miscarriage. With regard to medical help to get pregnant, this report only presents percentages for the most prevalent such services (Tables 1–4) from among those services asked about and listed above.

In addition, using available information on the dates of most recent visits for medical help to get pregnant and numbers of visits in the past 12 months, a measure has been constructed for overall experience with infertility services (Table 5). Because numbers of visits were only asked about for medical help to get pregnant, this measure is comprised of the following categories shown as a percent distribution:

- Never had any infertility visit
- Only had medical help to prevent miscarriage; no medical help to get pregnant
- Had medical help to get pregnant, but not within the last 12 months
- Had one or more visits in the last 12 months for medical help to get pregnant

Women in the latter two categories above may have also had medical help to prevent miscarriage, and as a result, the percentage that "only had medical help to prevent miscarriage" is lower than the percentages seen in Table 4 for "any medical help to prevent miscarriage."

In the 2002 and 2006–2010 NSFGs, both of which included nationally representative samples of men, all men who ever had sexual intercourse with a woman were asked about their or their wife or partner's use of the following medical services to help them have a child together, a list similar, but not identical to the services asked about in the female survey:

- Advice
- Infertility testing (on either female or male partner)
- Drugs to improve ovulation (in their female partners)
- Surgery to correct blocked fallopian tubes (in their female partners)
- Artificial insemination (including intrauterine insemination)
- Treatment for varicocele (enlargement of the veins within the scrotum)
- Other types of medical help (including ART, miscarriage prevention services, etc.)

For services that apply only to women (e.g., ovulation drugs), the percentages reflect men's reports of their wives' or partners' experience.

Demographic and socioeconomic characteristics

The data on infertility service use presented in this report are shown with respect to the following key social or demographic characteristics: age, parity, marital or cohabiting status, educational attainment, percentage of poverty level of household, and Hispanic origin and race. These characteristics have been chosen because prior studies have documented their association either with current fertility problems (see below for further explanation) or the use of medical services to have a baby. All characteristics reflect the respondent's status at the time of interview.

Age and parity: Age is generally shown in 5-year age groups for women aged 25–44 to document the pattern of service use by age. Given the relative rarity of infertility service use among younger women, those aged 15–24 are grouped in selected tabulations and shown for overall trends, but the report focuses on ever-use among women aged 25–44, as they are most likely to have used infertility services. Parity, or the number of live births a woman has had, is dichotomized as "no births" compared with "one or more births." Given the absence of specific dates for services in the NSFG surveys, this approach for parity is taken partly to address the temporal sequencing of infertility service use and childbearing experience; among nulliparous women, it can be certain that all services were received prior to any births. In addition, a combined age and parity measure is used in some tables to highlight the association of service use with age among nulliparous women.

Marital or cohabiting status: The measure of marital or cohabiting status used in this report is based only on relationships with opposite-sex spouses or partners, in keeping with the marital or cohabiting status variables that have been defined across all NSFG surveys to date. As noted earlier, the questions on infertility services are asked regardless of marital or cohabiting status.

Education and poverty level: Educational attainment is categorized in some tables with a top category of "master's degree or higher" to document the generally higher levels of infertility service use at higher levels of education. In the 1982 NSFG, only years of education were obtained, not highest degree earned, so education tabulations are not presented for this survey year. Percentage of poverty level is based on a comparison of each respondent's household income with the poverty threshold for a family of the respondent's household size, as defined by the U.S. Census Bureau; adjustments are not made for variations in cost of living in the place where the respondent resides. For both education and poverty level, collapsed categories are used in

some tables when sample sizes do not permit fuller detail.

Hispanic origin and race: The definitions of Hispanic origin and race used in this report comply with the 1997 guidelines from the U.S. Office of Management and Budget (22), taking into account multiple-race reporting. The groups shown are Hispanic, non-Hispanic white (single race), and non-Hispanic black (single race); non-Hispanic women of other or multiple races are included in the totals, but not shown separately due to small sample sizes, particularly when showing specific types of infertility services.

Current fertility problems: Trends in two population-based measures of fertility problems based on NSFG have been described in a recently published report (23). A summary measure of current fertility problems, defined as having *either* of the two NSFG-based measures, 12-month infertility or impaired fecundity, is included in the current report to show the association of these problems with ever-use of infertility services. To summarize, 12-month infertility is defined for married or cohabiting women aged 15–44, and reflects an absence of pregnancy after at least 12 consecutive months of unprotected intercourse with their husbands or cohabiting partners. Impaired fecundity is defined for all women aged 15–44 and encompasses nonsurgical sterility as well as physical difficulties in getting pregnant or carrying a baby to live birth. Further details on these measures and their correlates over time have been published (4,7,23,24).

Statistical analysis

All estimates in this report are based on sampling weights designed to produce unbiased estimates of men and women aged 15–44 in the United States. All estimates of percentages and numbers in this report were produced using SAS software, version 9.3 (http://www.sas.com). SAS SURVEYFREQ procedures were used to estimate the sampling errors of the statistics because these procedures take into account the use of weighted data

and the complex design of the sample in calculating estimates of standard errors and significance tests. Each table in this report, with the exception of Table 7, which shows logistic regression results for ever-use of infertility services, includes standard errors as measures of the precision of each point estimate (percentage) presented.

Statistical significance of differences among demographic subgroups was determined by standard two-tailed t tests using point estimates and their standard errors. For these selected subgroup comparisons and to test changes in infertility service use over time, Wald chi-square tests of overall association were also performed within SAS PROC SURVEYFREQ, and symbols denoting these test results are included in selected tables. No adjustments were made for multiple comparisons. Terms such as ''greater than'' and ''less than'' indicate that a statistically significant difference was found. Terms such as ''similar'' or ''no difference'' indicate that the statistics (for example, the percentages or proportions) being compared were not significantly different. Lack of comment regarding any difference does not mean that significance was tested and ruled out.

In the description of the results below, when the percentage being cited is below 10% or above 90%, the text will show the percentage to one decimal point. To make reading easier and to remind the reader that the results are based on samples and subject to sampling error, percentages between 10% and 90% will be shown rounded to the nearest whole percentage. In this report, percentages are not shown if the denominator is fewer than 100 cases, or if the numerator is fewer than 5 cases. When a percentage or other statistic is not shown for this reason, the table contains an asterisk to signify that the statistic does not meet standards of reliability or precision. For most statistics presented in this report, the denominators are much larger than 100.

While this report is primarily intended to provide basic descriptive statistics for key population subgroups that may guide future multivariate

analyses, Table 7 shows multiple logistic regression (PROC SURVEYLOGISTIC) results for any use of infertility services among women aged 25–44. AORs for ever-use of any infertility services and any medical help to get pregnant are shown, controlling for age, parity, marital or cohabiting status, education, percentage of poverty level, and Hispanic origin and race. These regression results are intended to show the adjusted effects of these key demographic and socioeconomic correlates of infertility service use, which, in turn, may guide more in-depth multivariate analyses. Given sample size constraints, some of these variables are dichotomized at key cut points based on bivariate results. Table 7 shows 95% confidence intervals for each AOR, along with a p value indicating the statistical significance of the AOR.

Results

Trends in ever-use of infertility services

Table 1 and Figure 1 show the percentages of all women aged 15–44 who had ever used or whose husbands or partners had ever used infertility services, based on all NSFG surveys in which these questions were asked. The full age range is shown in Table 1 and Figure 1 to facilitate comparison to earlier trend analyses; however, most tables and figures in this report focus on women aged 25–44 to better capture ever-use of infertility services among women most likely to use these services. Women could report either medical help to get pregnant, medical help to prevent miscarriage, or both. Table 1 also presents the age pattern in ever-use of these types of services, based only on 1982, 1995, and 2006–2010 data, as these surveys reflect different decades.

- The percentage of women aged 15–44 who had ever used any infertility service increased significantly from 1982 to 1995 (12% to 15%) and then decreased to 12%, or 7.4 million women, in 2006–2010.
- The percentage of women who had ever used medical help to get
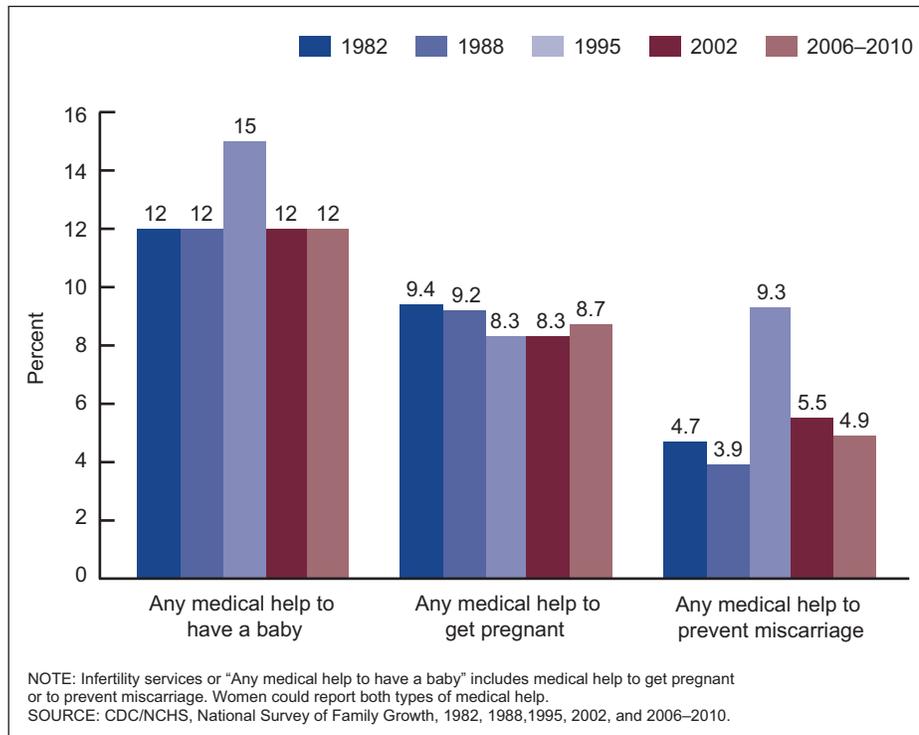
Figure 1. Ever-use of infertility services among women aged 15–44: United States, 1982, 1988, 1995, 2002, and 2006–2010

pregnant was 8.7% in 2006–2010, relatively unchanged from 1982. Ever-use of medical help to prevent miscarriage was 4.7% in 1982, and after a significant rise in 1995 to 9.3%, fell to 4.9% in 2006–2010.

- Ever-use of medical help to get pregnant was higher among older women in all survey years 1982 to 2006–2010. For example 15% of women aged 40–44 in 2006–2010 had ever used such medical help, compared with 1.3% of women aged 15–24. Ever-use of medical help to prevent miscarriage showed a similar, but less steep association with age, particularly in 1982 and 2006–2010.

- In 2006–2010, roughly one in five women aged 35–44 had ever used any infertility services, similar to levels of ever-use seen in this age group in 1982 and 1995.

Given the rarity of infertility service use among women under age 25, the remaining tables in this report focus on ever-use of these services among women aged 25–44. Table 2 shows the percentage of women aged 25–44 who had ever used infertility services by selected socioeconomic and

demographic characteristics for selected NSFG years.

- In 2006–2010, 17% of women aged 25–44 (6.9 million) had ever used any type of infertility service, a significant decrease from 20% among women aged 25–44 in 1995.

- In 1982, similar percentages of nulliparous and parous women (18%) had ever used infertility services, but in 1995 and 2006–2010, parous women were more likely to have ever used infertility services. It is possible that infertility service use preceded births for these parous women, but the NSFG data do not include sufficient detail on the dates of infertility service use to establish the exact temporal sequencing of pregnancies and service use.

- In all 3 NSFG years included in Table 2, higher levels of infertility service use were seen among currently married and formerly married women, in comparison with never married, not cohabiting women, who are on average younger than these other groups, even within the 25–44 age group. Ever-use of infertility service over these years

among currently cohabiting women was less consistent, but in 2006–2010, the level of ever-use among cohabitors (8.9%) was closer to the level seen among never married, not cohabiting women (5.0%).

- In 1982, 1995, and 2006–2010, 41%–46% of women aged 25–44 who had current fertility problems had ever used any type of infertility service, and there was no significant change during this period. Looking just at nulliparous women aged 25–44 with current fertility problems (Figure 2), a smaller percentage (38%) in 2006–2010 had ever used infertility services than in 1982 (56%). This may partly reflect the greater delays in childbearing over this time period (25), such that women in 2006–2010 were more likely to be older than women in 1982 when trying to have their first child, and also more likely to use services beyond age 44. While these women aged 25–44 with current fertility problems in 2006–2010 may show lower percentages of ever-use than their counterparts in 1982, some of them may ultimately use infertility services beyond age 44; however, the NSFG age range cannot assess this.

- A comparable measure for educational attainment was not available in 1982 NSFG; however, in 1995 and particularly in 2006–2010, ever-use of infertility services was significantly associated with educational attainment. In 2006–2010, 21% of women aged 25–44 with a bachelor's degree and 23% of those with a master's degree or higher had ever used infertility services, compared with 10% of women with less than a high school diploma or General Educational Development (GED) high school equivalency diploma.

- A similar pattern was seen for percentage of poverty level, with higher reporting of infertility service use among women aged 25–44 with higher household incomes. For example, in 2006–2010, 21% of women whose household incomes were 400% of the poverty level or higher had ever used infertility
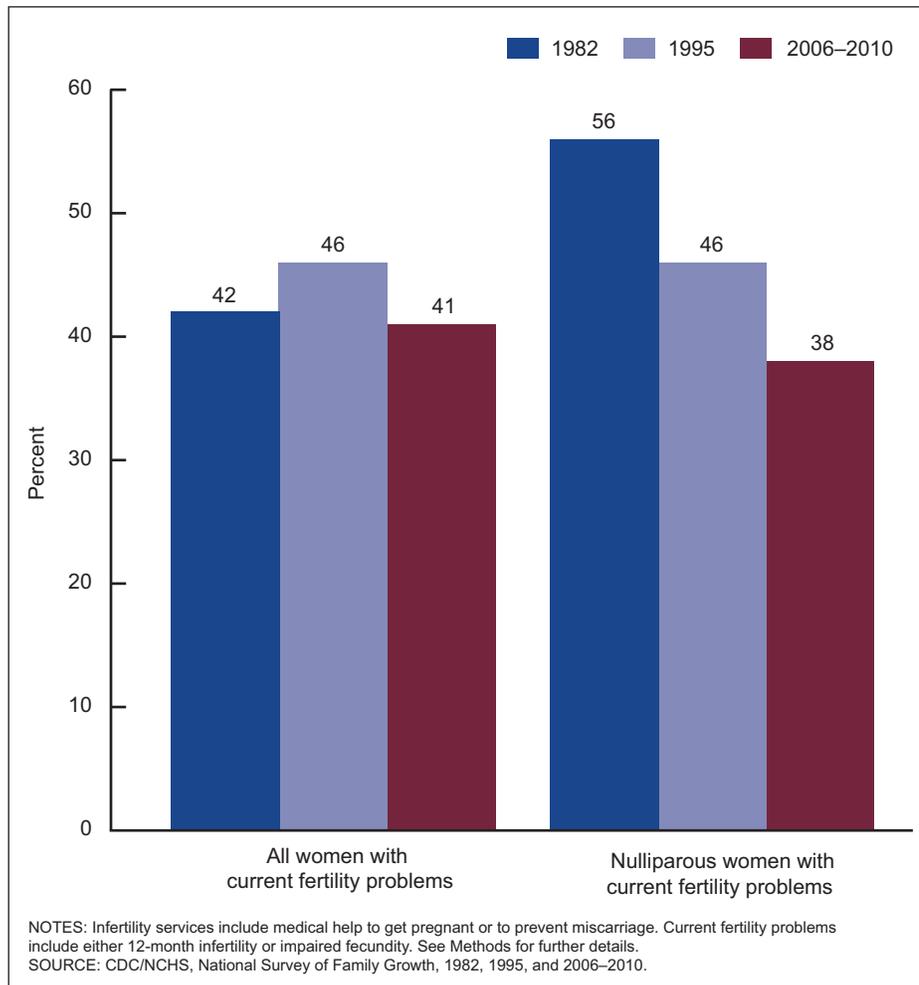
Figure 2. Ever-use of infertility services among women aged 25–44 with current fertility problems: United States, 1982, 1995, and 2006–2010

services, compared with 13% of women whose household incomes were below the poverty level.

- Among the Hispanic origin and race groups, a higher percentage of non-Hispanic white women aged 25–44 had ever used infertility services compared with Hispanic and non-Hispanic black women, a consistent trend across all 3 survey years.

The percentages of women aged 25–44 in 1995 and 2006–2010 who had ever used (or whose husbands or partners had ever used) infertility services are shown by parity and age in Table 3.

- In both 1995 and 2006–2010, ever-use of any infertility services was closely associated with age

among nulliparous women aged 25–44. In 2006–2010, 24% of nulliparous women aged 40–44 had ever used any infertility services, more than twice the level seen among nulliparous women aged 25–29 (8.6%). No clear age pattern was seen among parous women.

- In 2006–2010, 13% or 5.1 million women aged 25–44 had ever used any medical help to get pregnant, similar to the 11% or 4.7 million women in 1995.
- A lower percentage and number of women aged 25–44 in 2006–2010 had ever used medical help to prevent miscarriage (6.8% or 2.8 million) compared with 12% or 4.9 million in 1995.
- The strongest association between age and ever-use of medical help to get

pregnant was seen among nulliparous women: In 2006–2010, 23% of women aged 40–44 had ever used any medical help to get pregnant compared with 8% of women aged 25–29. A similar pattern by age was seen for nulliparous women aged 25–44 in 1995.

- For both 1995 and 2006–2010, the relationship between age and ever-use of medical help to get pregnant was less prominent among parous women aged 25–44.
- No significant variation was seen by age and parity for women aged 25–44 in 1995 or 2006–2010 who had used any medical help to prevent miscarriage.

Ever-use of specific infertility services

Table 4 shows greater detail on the specific types of medical services women aged 25–44 have ever used to help them get pregnant, by selected characteristics. Overall service use is also shown for 1995 and 2002. Similar statistics based on the full NSFG age range of 15–44 are available elsewhere (3). As noted in the Methods section, NSFG includes more detail on medical help to prevent miscarriage, but for this report, only specific types of medical help to get pregnant are shown separately. Women could report as many services as they or their husbands or partners had ever received to help them have a baby together.

- While similar levels of use were seen for types of medical help to get pregnant over the period 1995 through 2006–2010, ever-use of medical help to prevent miscarriage decreased from 12% in 1995 to 6.8% in 2006–2010. This decrease appears to drive the decrease in ever-use of *any infertility services* among women aged 25–44 from 20% in 1995 to 17% in 2006–2010.
- Overall, the four most commonly used services among women aged 25–44 in 2006–2010 were advice (9.4%), infertility tests (male or female) (7.3%), medical help to

prevent miscarriage (6.8%), and ovulation drugs (5.8%).

- Artificial insemination was reported by 1.7% of women aged 25–44 in 2006–2010 (about 714,000) and surgery or treatment for blocked tubes was reported by 1.3% of women aged 25–44 (about 531,000).

- ART, including IVF, was the least common service ever used, reported by 0.7% of women aged 25–44 in 2006–2010 (about 275,000). While this may seem at odds with increasing ART use documented in the annual registries (26–28), it is not necessarily so. One of several key differences between the data systems is that the NSFG data captures ever-use among women in this age range, while the ART registries monitor numbers of cycles in each calendar year without accounting for multiple cycles per woman. While sample sizes of ART users in NSFG are generally too low to corroborate the annual registry data, the NSFG data indicate that ART represents a fairly small portion of the total infertility services women (or their husbands and partners) use.

- Among women aged 25–44 in 2006–2010 with current fertility problems, more than one-third reported using any medical help to get pregnant (36%). The most common services ever used by women with current fertility problems were advice (29%), infertility testing (27%), and ovulation drugs (20%). Artificial insemination was ever used by 7.4% of these women, 3.2% had ever undergone surgery or treatment for blocked tubes, and 3.1% had ever used ART.

- Any medical help to get pregnant was reported more often among women with higher levels of education and household income. For example, 19% of women aged 25–44 with a master's degree or higher ever had medical help to get pregnant, compared with 6.4% of those with less than a high school diploma or GED. Similar patterns, though less prominent, were seen for the specific types of medical help to get pregnant, such as advice, testing, or ovulation

drugs. No significant differentials by education or poverty level income were seen for medical help to prevent miscarriage.

- Ever-use of medical help to get pregnant was nearly twice as common among non-Hispanic white women aged 25–44 (15%) as among Hispanic (7.6%) or non-Hispanic black women (8.0%). As seen by education and poverty level income, no significant disparity was seen in medical help to prevent miscarriage by Hispanic origin and race.

Infertility service use among women with current fertility problems

Table 5 further summarizes ever-use of any infertility services among specific subgroups of women aged 25–44. The three columns shown are for all women aged 25–44, all women aged 25–44 with current fertility problems, and all nulliparous women aged 25–44 with current fertility problems. The top panel tabulates the data by selected variables most closely linked with ever-use of infertility services, and given the higher reporting of services among non-Hispanic white women, the bottom panel shows parallel tabulations for only non-Hispanic white women aged 25–44.

- In all three subpopulations examined, married women were far more likely than cohabiting or other unmarried women to have ever used infertility services.

- Among all women aged 25–44 and among those with current fertility problems, higher percentages of ever-use were seen among women with a bachelor's degree or higher; for example, 58% of women with current fertility problems and a bachelor's degree or higher had ever used infertility services, compared with 38% of those with current fertility problems and less than a bachelor's degree. Not surprisingly, since white women represent the majority group, a similar differential was seen by education for non-Hispanic white women with current fertility problems.

- For nulliparous women aged 25–44 with current fertility problems, there were no significant differences by education or poverty level in the percentage that had ever used infertility services, though this could be due to small sample sizes.

Given the patterns by education evident in prior tabulations in this report, Figure 3 compares ever-use of medical help to get pregnant to ever-use of *any* infertility services. The percentages of all women aged 25–44 who ever used medical help to get pregnant were similar to those who ever used any infertility services, suggesting that much of the education differential in overall service use is due to medical help to get pregnant, rather than medical help to prevent miscarriage. Among women aged 25–44 with current fertility problems, 27% of those with less than a bachelor's degree and 56% of college graduates ever used medical help to get pregnant, with the percentages and differential approximately the same as those seen for ever-use of any infertility services.

Overall experience with infertility services, including visits in the last year

Table 6 describes the overall infertility service experience of women aged 25–44. Among women who ever used infertility services, those who *only* had medical help to prevent miscarriage are shown separately, and the percentage in this group remained about 4% in both 2002 and 2006–2010, down significantly from 8.8% in 1995. Women who ever had medical help to get pregnant are shown based on their number of visits in the last year for this type of medical help.

- Among women aged 25–44 in 2002 and 2006–2010, similar percentages (2.4% and 2.5%) had one or more visits in the last year for medical help to get pregnant, which corresponds to roughly 1.1 million women (or couples).

- Nulliparous women aged 25–44 in 2006–2010 (5.7%) were more likely to report one or more medical visits
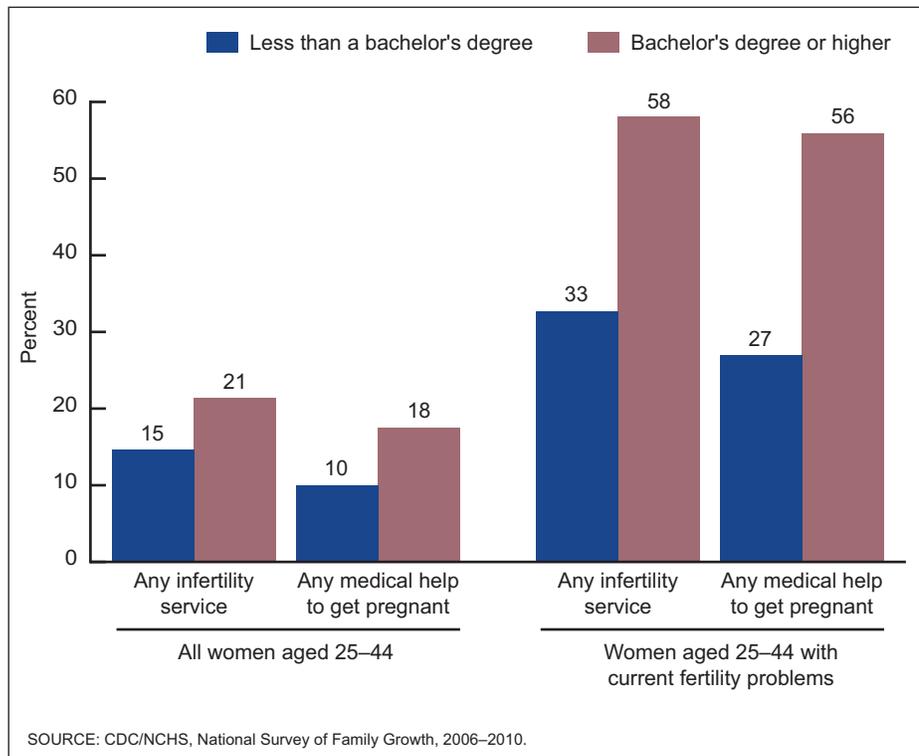
Figure 3. Ever-use of any infertility services and any medical help to get pregnant among women aged 25–44, by education: United States, 2006–2010

in the last year for medical help to get pregnant than parous women (1.4%).

- Among women in 2006–2010 with current fertility problems, 36% ever had medical help to get pregnant, with 11% having one or more medical visits in the last year for this type of help. This compares with 8.5% of those without current fertility problems having ever used medical help to get pregnant, with 1.0% having one or more visits in the last year.

- About 5% of women in 2006–2010 with household incomes 400% of the poverty level or higher had one or more visits in the last year for medical help to get pregnant, compared with 1.9% of those below the poverty level. Similar differentials were seen by educational attainment, with 5.8% of women with a master's degree or higher having one or more visits in the last year, compared with 0.8% of those with less than a high school diploma or GED.

- Non-Hispanic white women (15%) were about twice as likely as

Hispanic (7.5%) and non-Hispanic black women (8.0%) to have ever used medical help to get pregnant. However, there was no differential seen by Hispanic origin and race for visits in the last year.

Multivariate analysis of infertility service use

Table 7 presents multivariate logistic regression models showing the AORs for ever having used infertility services and ever having used medical help to get pregnant among women aged 25–44. Ever-use of medical help to get pregnant is modeled separately because these types of services were more closely associated with demographic and socioeconomic factors in bivariate tabulations. These logistic regression models adjust for all characteristics included in previous tables to assess their net effects on the odds of infertility service use. The first two columns show models based on all women aged 25–44, and the latter two columns are based on women aged 25–44 with current fertility problems, that is, either impaired

fecundity or infertility. A variable for survey year is included in all models to gauge the significance of a temporal trend, net of any compositional changes in the population between 1995 and 2006–2010.

- Among all women aged 25–44, ever-use of any infertility services (column 1 model) was significantly less likely among unmarried women (e.g., AOR for cohabiting women is 0.48); younger, nulliparous women (e.g., AOR for nulliparous women aged 25–29 is 0.38); women with less than a bachelor's degree (AOR = 0.77); Hispanic women (AOR = 0.70); and non-Hispanic black women (AOR = 0.77). The survey year variable in this model was significant and indicated that ever-use of any infertility service in this age group of 25–44 declined since 1995.

- Among women aged 25–44, those with current fertility problems were five times more likely to have ever used any infertility services and six times more likely to have used medical help to get pregnant than those without current fertility problems.

- The second model (column 2) examines the odds of ever having used medical help to get pregnant among women aged 25–44, and some stronger and different associations are seen than when looking at ever-use of *any* infertility services. For age and parity, higher odds of medical help to get pregnant were seen for almost all groups relative to the referent of parous women aged 25–29. Similar, but stronger, associations were seen with marital status, education, percentage of poverty level, and race or Hispanic origin. With regard to survey year, ever-use of medical help to get pregnant *increased* in 2006–2010 relative to 1995. This lends further support to bivariate results, which suggested that medical help to get pregnant is associated quite differently than miscarriage prevention services with the demographic and socioeconomic characteristics examined in this report.

- When limited to women aged 25–44 with current fertility problems (column 3 model), nulliparous women aged 30–44 were generally more likely than parous women aged 25–29 to have ever used infertility services. While non-Hispanic black women were about three-quarters as likely as non-Hispanic white women to have ever used infertility services (AOR = 0.76), no significant difference was seen for Hispanic women. Looking at the survey year variable, there was no evidence of a significant change over time, net of the effects of population composition changes in the other variables examined.

- The final model in column 4 focuses on ever-use of medical help to get pregnant among this subpopulation of women aged 25–44 with current fertility problems. Again, no significant change was seen by survey year, net of the other variables examined. However, both Hispanic and non-Hispanic black women were less likely than white women to have ever used these types of medical services. The AORs associated with marital or cohabiting status indicate that both groups of unmarried, fertility-impaired women were roughly one-quarter as likely as their married counterparts to have ever used medical help to get pregnant.

Infertility service use among men

With the addition of a national sample of men aged 15–44, NSFG was able to ask men directly about their use, or their wives' or partners' use, of medical services to help them have a baby together. Due to the rarity of infertility service use among men aged 15–24, this report focuses on men aged 25–44.

- Similar percentages were seen in 2002 and 2006–2010 in ever-use of any infertility services among men aged 25–44, as well as in specific services such as advice, infertility testing, ovulation drugs, and treatment for varicocele (Figure 4).
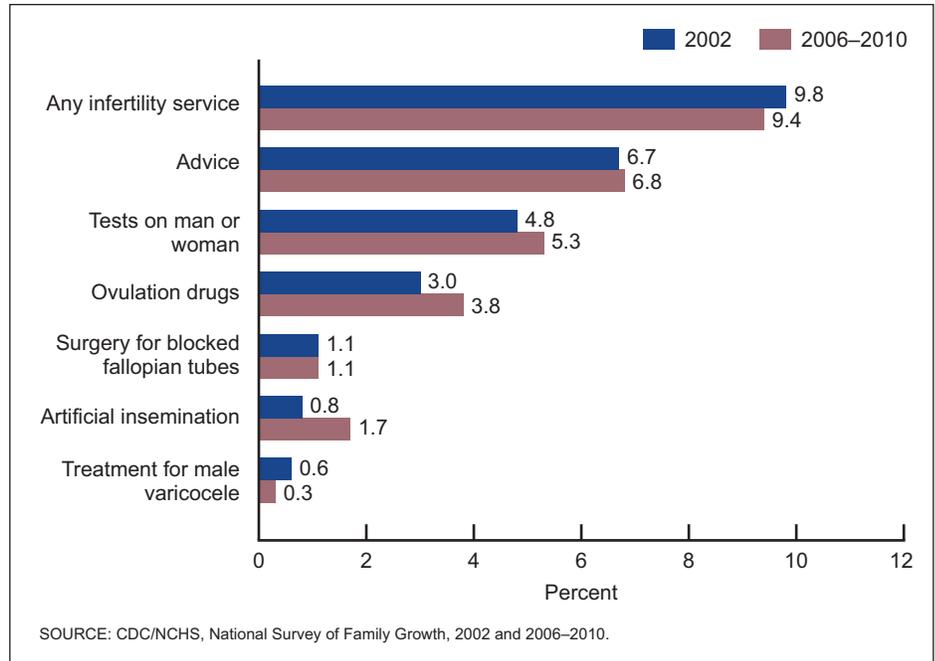
Figure 4. Ever-use of infertility services among men aged 25–44 (or their wives or partners): United States, 2002 and 2006–2010

- Due to small sample sizes reporting some of the specific services, this report cannot tabulate all of the specific services men were asked about in as much demographic detail as shown for women. However, Table 8 shows selected services as reported by men aged 25–44 in 2006–2010. Differentials with respect to marital or cohabiting status were similar to those seen in women: Currently married men (14%) and formerly married men (9%) were more likely to have ever used infertility services than cohabiting men (4.7%) or never married men (2.0%).

- Using a rough measure of male infertility that has been published previously (23), subfertile men (39%) were more likely to have ever used infertility services than men presumed fertile (6.0%). Among subfertile men, 27% received infertility-related advice, 33% had some form of infertility testing, 25% had wives or partners who used ovulation drugs, and 11% underwent artificial insemination with their wives or partners.

- As seen among women, a higher percentage of non-Hispanic white men (11%) ever used any infertility services than did Hispanic (7.6%) and non-Hispanic black men (5.8%). Similarly, education and poverty level income were also closely associated with ever-use of infertility services, as seen among women. For example, 16% of men with a master's degree or higher had ever used infertility services, compared with 6.0% of those with less than a high school diploma or GED.

Conclusion

This report highlights trends and estimates for NSFG-based measures of infertility service use among women and men in the United States using the most recently available, nationally representative data from the 2006–2010 NSFG. Though the NSFG data on infertility service use are not contingent on the diagnosis of infertility or a fertility problem, estimates such as these present a benchmark from which to gauge the prevalence and potential demand for specific infertility services in the United States. In 2006–2010, 12%, or 7.3 million women aged 15–44, had ever used infertility services. This was roughly the same percentage seen

in 1982, but given the larger population size aged 15–44 in 2006–2010, it reflects an increase of about 600,000 women from 1982. Among women aged 25–44, where infertility service use may be more prevalent than at other ages, more than 5 million women, or 13%, had ever used any medical help to get pregnant. Of these, the most commonly used services were those at the lower end of cost and complexity, including advice, infertility testing, medical help to prevent miscarriage, and ovulation drugs. ART was quite rare overall, but more likely to have been used by women with current fertility problems, and the ART patterns mirror the wider trends seen in ART registry data monitored by the National ART Surveillance System (26–28).

When limited to nulliparous women aged 25–44 with current fertility problems, 38% of such women in 2006–2010 had ever used infertility services compared with 56% in 1982. This decrease may stem from overall patterns of delayed childbearing, such that more women are attempting to have their first child at older ages, possibly beyond age 44, and are less likely to recognize a need for infertility services within the 15–44 age range. It may also reflect other responses to childlessness besides the pursuit of medical help to have a child, although trends in adoption and voluntary childlessness do not suggest any significant increases during this period for women in this age range (29–31).

The sociodemographic factors most significantly associated with higher use of any infertility services among women aged 25–44 were older age, non-Hispanic white race, being married, higher levels of education, higher levels of household income, and current fertility problems. Net of these factors, a significant decline in ever-use of any infertility services was seen in 2002 and 2006–2010, relative to 1995, suggesting that compositional changes in the population may not fully account for this trend. However, when controlling for these factors, the odds of ever using medical help to get pregnant increased in 2006–2010 relative to 1995. Meanwhile, when limiting the analysis

to women with current fertility problems, no significant change was seen over the last two decades in the odds of having used any infertility services or having used medical help to get pregnant.

Among men aged 25–44 in 2006–2010, about 1 in 10 (9.4%) had ever used, or their wives or partners had ever used, infertility services. This percentage is lower than the 13% seen among women aged 25–44, and this may be due to the fact that men typically have wives or cohabiting partners a few years younger than themselves, and therefore they would be less likely to have used infertility services at the same levels as women of the same age range. It may also reflect an actual difference in prevalence of service use when reported from the male perspective. Regardless of the lower percentages of infertility service use among men, similar associations were seen with age, marital status, and other demographic characteristics as seen among women.

In summary, there are public health strategies in place in the United States that focus on the primary prevention of infertility. In addition, some have called for a national action plan to address disparities in access to infertility services in the United States, as well as improved surveillance of all types of infertility services, not limited to ART, in order to monitor potential health and health care implications for women, children, and families (17,18). Over the last 30 years, beginning with the 1982 survey, NSFG data have been instrumental in providing population-based estimates of infertility service use to help inform these efforts.

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Table 1. Ever-use of infertility services by women aged 15–44 (or their husbands or partners), by age: United States, 1982, 1995, and 2006–2010

Characteristic	Survey year		
	1982	1995	2006–2010
Number of women in thousands	54,099	60,201	61,755
		Percent (standard error)	
Any infertility service, by woman's current age			
All women aged 15–44	12.3 (0.7)	15.4 (0.5)	11.9 (0.5)
15–24	3.7 (0.5)	4.5 (0.5)	2.3 (0.3)
25–29	14.0 (0.7)	14.2 (0.9)	12.5 (1.2)
30–34	18.6 (0.9)	19.6 (0.9)	14.4 (1.4)
35–39	19.8 (0.9)	22.8 (1.1)	20.7 (1.6)
40–44	18.2 (0.9)	22.9 (1.1)	19.3 (1.5)
Any medical help to get pregnant, by woman's current age			
All women aged 15–44	9.4 (0.7)	8.3 (0.3)	8.7 (0.5)
15–24	2.5 (0.3)	1.3 (0.3)	1.3 (0.2)
25–29	10.7 (0.7)	5.8 (0.6)	7.7 (0.9)
30–34	15.6 (0.9)	10.0 (0.7)	11.1 (1.5)
35–39	14.9 (0.9)	14.3 (0.8)	16.4 (1.5)
40–44	13.4 (0.7)	14.5 (0.9)	14.5 (1.3)
Any medical help to prevent miscarriage, by woman's current age			
All women aged 15–44	4.7 (0.5)	9.3 (0.4)	4.9 (0.3)
15–24	1.5 (0.3)	3.5 (0.4)	1.2 (0.2)
25–29	5.2 (0.5)	9.7 (0.8)	6.1 (0.8)
30–34	5.6 (0.5)	12.6 (0.8)	5.7 (0.8)
35–39	8.7 (0.7)	12.6 (0.8)	8.1 (0.9)
40–44	8.0 (0.7)	11.8 (0.9)	7.3 (1.1)

NOTE: "Any infertility service" includes medical help to become pregnant or to prevent miscarriage. Women could report either or both types of services, so the percentages with "any infertility service" will not be the sum of the other two percentages.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1982, 1995, and 2006–2010.

Table 2. Ever-use of any infertility services by women aged 25–44 (or their husbands or partners), by selected characteristics of the woman: United States, 1982, 1995, and 2006–2010

Characteristic	Survey year		
	1982	1995	2006–2010
Number of women in thousands[1]	32,055	42,186	40,912
	Percent (standard error)		
Women[1] aged 25–44	18.1 (0.9)	20.0 (0.6)	16.8 (0.8)
Parity			
No births	18.4 (0.9)	13.1 (0.9)	14.4 (1.3)
One or more births	18.0 (0.9)	22.5 (0.7)	17.6 (0.9)
Marital or cohabiting status			
Currently married	20.3 (0.9)	24.5 (0.7)	22.6 (1.1)
Currently cohabiting	12.2 (0.7)	15.4 (1.6)	8.9 (1.3)
Never married, not cohabiting	3.9 (0.3)	5.4 (0.6)	5.0 (0.7)
Formerly married, not cohabiting	18.5 (0.9)	18.5 (1.3)	14.1 (1.4)
Current fertility problems[2]			
Yes	42.6 (1.1)	45.9 (1.8)	41.0 (2.3)
No	14.8 (0.9)	16.1 (0.5)	12.8 (0.7)
Education			
No high school diploma or GED	– – –	14.2 (1.3)	9.5 (1.5)
High school diploma or GED	– – –	20.4 (0.9)	14.7 (1.3)
Some college, no bachelor's degree	– – –	22.2 (1.0)	17.3 (1.3)
Bachelor's degree	– – –	19.7 (1.2)	20.8 (1.9)
Master's degree or higher.	– – –	20.2 (2.1)	22.6 (2.5)
Percentage of poverty level			
Less than 100%.	13.5 (0.7)	14.5 (1.3)	12.9 (1.1)
100%–299%.	17.7 (0.9)	19.6 (0.9)	14.4 (1.1)
300%–399%.	21.1 (0.9)	22.6 (1.4)	21.2 (1.8)
400% or more.	18.2 (0.9)	21.2 (0.9)	20.8 (1.7)
Hispanic origin and race			
Hispanic or Latina	14.0 (0.7)	18.1 (1.3)	13.2 (1.1)
Non-Hispanic white.	19.5 (0.9)	21.0 (0.6)	19.1 (1.0)
Non-Hispanic black.	12.2 (0.7)	16.7 (1.0)	11.0 (1.0)

– – – Comparable data not available.

[1]Includes women of other or multiple race and origin groups, not shown separately.

[2]Include either impaired fecundity or 12-month infertility at time of interview. Impaired fecundity is comprised of the following three subgroups: nonsurgically sterile, subfecund, and long interval without conception. Infertility is defined only for married or cohabiting women and indicates that they have been exposed to the risk of pregnancy with the same husband or partner for at least 12 consecutive months, but have not had a pregnancy. See Reference 23 for further details.

NOTE: GED is General Educational Development high school equivalency diploma.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1982, 1995, and 2006–2010.

Table 3. Ever-use of infertility services by women aged 25–44 (or their husbands or partners), by parity and age: United States, 1995 and 2006–2010

Characteristic	Number in thousands	Any infertility service[1]	Any medical help to get pregnant	Any medical help to prevent miscarriage
		Percent (standard error)		
Total for women aged 25–44, 1995	42,186	20.0 (0.6)	11.2 (0.4)	11.7 (0.4)
Parity and age in years				
No births				
25–29	4,264	5.7 (0.9)	4.5 (0.8)	1.5 (0.5)
30–34	2,932	13.5 (1.7)	12.4 (1.7)	2.5 (0.7)
35–39	2,197	21.0 (2.3)	19.1 (2.2)	4.4 (1.2)
40–44	1,763	20.3 (2.4)	19.3 (2.4)	2.7 (0.9)
One or more births				
25–29	5,530	20.8 (1.3)	6.8 (0.9)	16.0 (1.2)
30–34	8,050	21.9 (1.1)	9.1 (0.7)	16.3 (1.0)
35–39	9,100	23.2 (1.2)	13.1 (0.9)	14.5 (1.0)
40–44	8,349	23.4 (1.3)	13.4 (0.9)	13.7 (1.0)
Total for women aged 25–44, 2006–2010	40,912	16.8 (0.8)	12.5 (0.7)	6.8 (0.5)
Parity and age in years				
No births				
25–29	4,751	8.6 (1.4)	7.6 (1.4)	2.0 (0.6)
30–34	2,145	15.3 (2.6)	14.2 (2.6)	3.0 (1.1)
35–39	1,805	20.1 (3.1)	19.6 (3.1)	5.6 (2.0)
40–44	1,639	24.0 (4.2)	23.4 (4.2)	1.5 (0.7)
One or more births				
25–29	5,784	15.8 (1.7)	7.7 (1.2)	9.4 (1.3)
30–34	7,042	14.2 (1.6)	10.2 (1.4)	6.5 (1.0)
35–39	8,733	20.8 (1.7)	15.8 (1.7)	8.6 (1.0)
40–44	9,013	18.4 (1.6)	12.9 (1.3)	8.4 (1.3)

[1]"Any infertility service" includes medical help to become pregnant or to prevent miscarriage. Women could report either or both types of services, so the percentages with "any infertility service" will not be the sum of the other two percentages.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1995 and 2006–2010.

Table 4. Ever-use of infertility services by women aged 25–44 (or their husbands or partners), by selected characteristics: United States, 1995, 2002, and 2006–2010

Characteristic	Number in thousands	Any infertility service	Any medical help to get pregnant	Specific types of medical help to get pregnant						Any medical help to prevent miscarriage
				Advice	Tests on woman or man	Ovulation drugs	Surgery or treatment of blocked tubes	Artificial insemination	Assisted reproductive technology	
				Percent (standard error)						
Total for women aged 25–44, 1995	42,186	20.0 (0.6)	11.2 (0.4)	8.6 (0.4)	5.9 (0.3)	4.2 (0.2)	2.0 (0.2)	1.4 (0.1)	0.1 (0.4)	11.7 (0.4)
Total for women aged 25–44, 2002	41,887	16.2 (0.7)	11.7 (0.6)	8.6 (0.6)	6.8 (0.4)	5.4 (0.4)	1.0 (0.2)	1.6 (0.3)	0.4 (0.1)	7.1 (0.4)
Total[1] for women aged 25–44, 2006–2010	40,912	16.8 (0.8)	12.5 (0.7)	9.4 (0.6)	7.3 (0.5)	5.8 (0.5)	1.3 (0.2)	1.7 (0.2)	0.7 (0.1)	6.8 (0.5)
2006–2010										
Age in years										
25–29	10,535	12.5 (1.2)	7.7 (0.9)	6.2 (0.8)	3.3 (0.5)	2.4 (0.4)	0.3 (0.1)	0.3 (0.1)	*	6.1 (0.8)
30–34	9,188	14.4 (1.4)	11.1 (1.2)	7.8 (0.9)	6.3 (1.0)	5.5 (1.1)	0.5 (0.3)	0.9 (0.3)	0.2 (0.1)	5.7 (0.8)
35–39	10,538	20.7 (1.6)	16.4 (1.5)	13.3 (1.3)	10.4 (1.0)	8.6 (1.1)	2.0 (0.4)	2.9 (0.6)	1.5 (0.5)	8.1 (0.9)
40–44	10,652	19.3 (1.5)	14.5 (1.3)	9.9 (1.1)	9.0 (1.0)	6.5 (0.9)	2.3 (0.6)	2.8 (0.6)	0.9 (0.3)	7.3 (1.1)
Parity										
No births.	10,340	14.4 (1.3)	13.6 (1.3)	11.4 (1.2)	8.5 (1.0)	5.6 (0.9)	1.8 (0.5)	2.3 (0.6)	0.9 (0.4)	2.7 (0.5)
One or more births	30,572	17.6 (0.9)	12.1 (0.7)	8.7 (0.7)	6.9 (0.5)	5.8 (0.5)	1.1 (0.2)	1.5 (0.3)	0.6 (0.2)	8.2 (0.6)
Marital or cohabiting status										
Currently married	23,670	22.6 (1.1)	17.4 (1.0)	13.1 (0.9)	10.5 (0.7)	8.7 (0.8)	1.9 (0.3)	2.7 (0.4)	1.0 (0.2)	8.9 (0.7)
Currently cohabiting	4,476	8.9 (1.3)	5.1 (1.0)	3.8 (0.8)	2.2 (0.5)	1.2 (0.4)	*	*	*	4.9 (1.0)
Never married, not cohabiting.	5,354	5.0 (0.7)	3.0 (0.6)	2.2 (0.6)	0.9 (0.2)	0.7 (0.2)		0.3 (0.2)	*	5.2 (0.9)
Formerly married, not cohabiting	7,412	14.1 (1.4)	10.0 (1.3)	7.3 (1.2)	6.1 (1.1)	3.5 (0.7)	0.9 (0.4)	0.7 (0.3)	0.7 (0.3)	2.5 (0.5)
Current fertility problems[2]										
Yes	5,791	41.0 (2.3)	36.3 (2.3)	28.9 (2.1)	27.4 (2.1)	19.5 (2.0)	3.2 (0.6)	7.4 (1.2)	3.1 (0.8)	12.8 (1.6)
No.	35,121	12.8 (0.7)	8.6 (0.6)	6.1 (0.5)	4.0 (0.4)	3.5 (0.4)	1.0 (0.2)	0.8 (0.2)	0.3 (0.1)	5.8 (0.5)
Education										
No high school diploma or GED	6,054	9.5 (1.5)	6.4 (1.4)	4.3 (0.9)	3.4 (1.2)	2.4 (0.7)	1.1 (0.6)	0.8 (0.5)	*	5.1 (1.0)
High school diploma or GED	9,999	14.7 (1.3)	10.1 (1.1)	7.8 (1.1)	4.9 (0.8)	4.0 (0.7)	1.3 (0.4)	0.7 (0.3)	0.5 (0.2)	6.0 (0.9)
Some college, no bachelor's degree.	11,424	17.3 (1.3)	11.9 (1.0)	8.2 (0.9)	6.3 (0.7)	5.2 (0.7)	1.4 (0.3)	1.4 (0.3)	0.3 (0.2)	7.8 (1.0)
Bachelor's degree	9,455	20.8 (1.9)	16.9 (1.8)	13.1 (1.6)	12.1 (1.6)	9.6 (1.4)	1.2 (0.5)	3.7 (0.7)	1.6 (0.5)	7.8 (1.1)
Master's degree or higher	3,980	22.6 (2.5)	19.1 (2.3)	15.7 (2.0)	10.9 (1.8)	8.0 (1.6)	1.5 (0.5)	2.2 (0.7)	1.1 (0.4)	6.5 (1.3)
Percentage of poverty level										
Less than 100%	7,757	12.9 (1.1)	6.9 (0.8)	4.7 (0.7)	2.7 (0.6)	2.4 (0.6)	0.6 (0.3)	*	*	7.1 (0.9)
100%–299%	16,531	14.4 (1.1)	10.1 (0.9)	7.0 (0.7)	5.7 (0.7)	4.2 (0.6)	1.2 (0.3)	1.3 (0.3)	0.4 (0.2)	6.7 (0.7)
300%–399%	7,798	21.2 (1.8)	17.3 (1.6)	12.8 (1.5)	10.6 (1.1)	8.4 (1.2)	1.4 (0.5)	2.9 (0.7)	1.1 (0.4)	8.0 (1.3)
400% or more	8,825	20.8 (1.7)	17.6 (1.6)	14.9 (1.5)	11.5 (1.3)	9.3 (1.2)	2.0 (0.6)	3.1 (0.7)	1.1 (0.3	5.6 (0.8)

See footnotes at end of table.

Table 4. Ever-use of infertility services by women aged 25–44 (or their husbands or partners), by selected characteristics: United States, 1995, 2002, and 2006–2010—Con.

Characteristic	Number in thousands	Any infertility service	Any medical help to get pregnant	Specific types of medical help to get pregnant						Any medical help to prevent miscarriage
				Advice	Tests on woman or man	Ovulation drugs	Surgery or treatment of blocked tubes	Artificial insemination	Assisted reproductive technology	
				Percent (standard error)						
Hispanic origin and race										
Hispanic or Latina	6,836	13.2 (1.1)	7.6 (0.7)	4.9 (0.8)	3.3 (0.6)	2.2 (0.4)	0.1 (0.1)	0.4 (0.1)	0.2 (0.1)	6.9 (0.9)
Not Hispanic or Latina										
White, single race	25,177	19.1 (1.0)	14.9 (0.9)	11.6 (0.8)	9.3 (0.7)	7.5 (0.7)	1.7 (0.3)	2.4 (0.4)	0.9 (0.2)	7.1 (0.7)
Black or African American, single race.	5,392	11.2 (1.0)	8.0 (0.9)	5.3 (0.9)	4.0 (0.8)	3.4 (0.7)	1.2 (0.4)	0.6 (0.3)	*	4.1 (0.6)

* Figure does not meet standards of reliability or precision. Based on fewer than five cases in numerator.

[1]Includes women of other or multiple race and origin groups, not shown separately.

[2]Current fertility problems include either impaired fecundity or 12-month infertility at time of interview. Impaired fecundity is comprised of the following three subgroups: nonsurgically sterile, subfecund, and long interval without conception. Infertility is defined only for married or cohabiting women and indicates that they have been exposed to the risk of pregnancy with the same husband or partner for at least 12 consecutive months, but have not had a pregnancy. See Reference 23 for further details.

NOTE: GED is General Educational Development high school equivalency diploma.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1995, 2002, and 2006–2010.

Table 5. Ever-use of any infertility services among specified groups of women aged 25–44, by selected characteristics: United States, 2006–2010

Characteristic	All women aged 25–44	All women aged 25–44 with current fertility problems	All nulliparous women aged 25–44 with current fertility problems
	Percent (standard error)		
Total[1] for women aged 25–44	16.8 (0.8)	41.0 (2.3)	38.2 (3.7)
Age in years			
25–29	12.5 (1.2)	29.4 (3.9)	25.0 (5.5)
30–34	14.4 (1.4)	45.5 (4.9)	47.4 (8.0)
35–39	20.7 (1.6)	54.2 (4.1)	49.1 (6.7)
40–44	19.3 (1.5)	35.0 (4.5)	39.4 (7.7)
Parity			
No births	14.4 (1.3)	38.2 (3.7)	. . .
One or more births	17.6 (0.9)	42.7 (2.9)	. . .
Marital or cohabiting status			
Married	22.6 (1.1)	55.2 (2.9)	55.0 (4.8)
Cohabiting	8.9 (1.3)	20.9 (4.5)	16.1 (5.2)
Neither	8.8 (0.8)	22.4 (2.7)	21.9 (4.3)
Education			
Less than bachelor's degree	14.6 (0.8)	32.7 (2.6)	33.3 (4.6)
Bachelor's degree or higher	21.3 (1.6)	58.1 (4.0)	45.2 (5.6)
Percentage of poverty level			
Less than 400% of poverty level	15.7 (0.8)	37.5 (2.5)	35.0 (4.5)
400% of poverty level or higher	20.8 (1.7)	50.6 (4.8)	42.1 (6.0)
Hispanic origin and race			
Hispanic or Latina	13.2 (1.1)	37.7 (5.0)	40.8 (9.7)
Non-Hispanic white, single race	19.1 (1.0)	44.1 (3.2)	36.4 (4.5)
Non-Hispanic black, single race	11.2 (1.0)	27.6 (3.9)	43.2 (9.1)
Total[1] for non-Hispanic white women aged 25–44	19.1 (1.0)	44.1 (3.2)	36.4 (4.5)
Age in years			
25–29	12.2 (1.8)	25.1 (4.5)	23.9 (6.3)
30–34	15.1 (2.0)	48.9 (6.5)	40.7 (10.5)
35–39	25.4 (2.2)	58.4 (5.4)	45.8 (8.3)
40–44	22.6 (2.0)	42.4 (6.0)	41.8 (9.6)
Parity			
No births	14.3 (1.6)	36.4 (4.5)	. . .
One or more births	21.0 (1.2)	49.7 (4.0)	. . .
Marital or cohabiting status			
Married	25.1 (1.3)	57.6 (3.7)	52.7 (5.6)
Cohabiting	7.1 (1.6)	14.8 (6.1)	11.5 (5.8)
Neither	9.4 (1.1)	24.2 (4.0)	18.5 (5.7)
Education			
Less than bachelor's degree	16.6 (1.2)	34.1 (4.1)	30.1 (6.3)
Bachelor's degree or higher	22.9 (1.8)	58.7 (4.8)	43.4 (6.3)
Percentage of poverty level			
Less than 400% of poverty level	18.0 (1.1)	41.2 (3.4)	32.3 (5.7)
400% of poverty level or higher	21.9 (1.9)	49.8 (5.9)	39.9 (6.9)

. . . Category not applicable.

[1]Includes women of other or unknown race and origin, not shown separately.

NOTE: Current fertility problems include either impaired fecundity or 12-month infertility at time of interview. Impaired fecundity is comprised of the following three subgroups: nonsurgically sterile, subfecund, and long interval without conception. Infertility is defined only for married or cohabiting women and indicates that they have been exposed to the risk of pregnancy with the same husband or partner for at least 12 consecutive months, but have not had a pregnancy. See Reference 23 for further details.

SOURCE: CDC/NCHS, National Survey of Family Growth, 2006–2010.

Table 6. Percent distribution by infertility service experience for women aged 25–44, by selected characteristics: United States, 1995, 2002, and 2006–2010

Characteristic	Number in thousands	Total	Never used infertility services[1]	Only had medical help to prevent miscarriage	Ever had any medical help to get pregnant		
					Subtotal	No visits in last year	One or more visits in last year
				Percent distribution (standard error)			
Total for women aged 25–44, 1995.	42,186	100.0	80.0 (0.6)	8.8 (0.4)	11.2 (0.4)	10.1 (0.4)	1.1 (0.2)
Total for women aged 25–44, 2002.	41,887	100.0	83.8 (0.7)	4.5 (0.4)	11.7 (0.6)	9.2 (0.5)	2.5 (0.3)
Total[2] for women aged 25–44, 2006–2010	40,912	100.0	83.2 (0.8)	4.3 (0.4)	12.4 (0.7)	10.0 (0.6)	2.4 (0.2)
2006–2010							
Age in years							
25–29	10,535	100.0	87.5 (1.2)	4.9 (0.7)	7.6 (0.9)	4.4 (0.7)	3.2 (0.6)
30–34	9,188	100.0	85.6 (1.4)	3.3 (0.6)	11.1 (1.2)	7.8 (1.0)	3.2 (0.6)
35–39	10,538	100.0	79.4 (1.6)	4.3 (0.8)	16.4 (1.5)	14.2 (1.5)	2.2 (0.5)
40–44	10,652	100.0	80.7 (1.5)	4.7 (0.9)	14.5 (1.3)	13.2 (1.2)	1.4 (0.4)
Parity and age in years							
No births	10,340	100.0	85.6 (1.3)	0.8 (0.2)	13.6 (1.3)	7.9 (1.0)	5.7 (0.7)
25–29	4,751	100.0	91.4 (1.4)	0.9 (0.4)	7.6 (1.4)	2.9 (0.9)	4.8 (1.0)
30–34	2,145	100.0	84.8 (2.6)	1.1 (0.6)	14.1 (2.6)	5.7 (1.9)	8.4 (1.9)
35–39	1,805	100.0	79.9 (3.1)	0.5 (0.3)	19.6 (3.1)	14.9 (3.0)	4.7 (1.4)
40–44	1,639	100.0	76.0 (4.2)	0.6 (0.4)	23.4 (4.2)	17.4 (3.7)	6.0 (2.3)
One or more births	30,572	100.0	82.4 (0.9)	5.5 (0.5)	12.1 (0.7)	10.7 (0.7)	1.4 (0.2)
25–29	5,784	100.0	84.3 (1.7)	8.1 (1.2)	7.6 (1.2)	5.7 (1.1)	1.9 (0.6)
30–34	7,042	100.0	85.9 (1.6)	4.0 (0.7)	10.1 (1.4)	8.5 (1.1)	1.6 (0.6)
35–39	8,733	100.0	79.2 (1.7)	5.1 (1.0)	15.7 (1.6)	14.1 (1.6)	1.6 (0.5)
40–44	9,013	100.0	81.6 (1.6)	5.5 (1.1)	12.9 (1.3)	12.4 (1.3)	0.5 (0.2)
Marital or cohabiting status							
Currently married	23,670	100.0	77.4 (1.1)	5.2 (0.5)	17.4 (1.0)	13.8 (0.8)	3.6 (0.4)
Currently cohabiting.	4,476	100.0	91.3 (1.3)	3.8 (0.9)	4.9 (0.9)	3.5 (0.8)	1.3 (0.4)
Never married, not cohabiting.	7,412	100.0	95.1 (0.7)	2.0 (0.4)	3.0 (0.6)	2.1 (0.6)	0.9 (0.3)
Formerly married, not cohabiting	5,354	100.0	85.9 (1.4)	4.1 (0.9)	10.0 (1.3)	9.4 (1.3)	0.7 (0.2)
Current fertilty problems[3]							
Yes.	5,791	100.0	59.1 (2.3)	4.7 (0.8)	36.3 (2.3)	25.1 (1.9)	11.2 (1.4)
No	35,121	100.0	87.2 (0.7)	4.3 (0.4)	8.5 (0.6)	7.5 (0.6)	1.0 (0.2)
Education							
No high school diploma or GED	6,054	100.0	90.7 (1.5)	3.1 (0.5)	6.2 (1.4)	5.4 (1.4)	0.8 (0.3)
High school diploma or GED	9,999	100.0	85.3 (1.3)	4.7 (0.8)	10.0 (1.1)	8.4 (1.0)	1.6 (0.5)
Some college, no bachelor's degree	11,424	100.0	82.8 (1.3)	5.3 (0.9)	11.9 (1.0)	9.3 (0.9)	2.6 (0.5)
Bachelor's degree	9,455	100.0	79.2 (1.9)	3.9 (0.8)	16.9 (1.8)	14.1 (1.6)	2.8 (0.5)
Master's degree or higher	3,980	100.0	77.5 (2.5)	3.4 (1.0)	19.1 (2.3)	13.3 (1.9)	5.8 (1.2)
Percentage of poverty level							
Less than 100%	7,757	100.0	87.1 (1.2)	6.0 (0.8)	6.9 (0.8)	5.0 (0.7)	1.9 (0.5)
100%–299%	16,531	100.0	85.6 (1.1)	4.4 (0.6)	10.0 (0.9)	8.7 (0.8)	1.3 (0.3)
300%–399%	7,798	100.0	78.8 (1.8)	3.9 (0.8)	17.3 (1.6)	15.2 (1.6)	2.1 (0.5)
400% or more	8,825	100.0	79.2 (1.7)	3.2 (0.6)	17.6 (1.6)	12.2 (1.3)	5.3 (0.8)
Hispanic origin and race							
Hispanic or Latina	6,836	100.0	86.9 (1.1)	5.6 (0.8)	7.5 (0.7)	5.4 (0.7)	2.1 (0.5)
Not Hispanic or Latina							
White, single race	25,177	100.0	81.0 (1.0)	4.1 (0.5)	14.9 (0.9)	12.3 (0.9)	2.6 (0.3)
Black or African American, single race	5,392	100.0	88.8 (1.0)	3.2 (0.5)	8.0 (0.9)	5.8 (0.8)	2.2 (0.6)

[1]Infertlity services include medical help to become pregnant and medical help to prevent miscarriage. Respondents were only asked about numbers of visits in the past year for medical help to get pregnant; therefore, women who only used medical help to prevent miscarriage are shown separately. Some women who used medical help to get pregnant also used medical help to prevent miscarriage, but they are shown in this table based on their numbers of visits in the past year for medical help to get pregnant.

[2]Includes women of other or multiple race and origin groups, not shown separately.

[3]Includes either impaired fecundity or 12-month infertility at time of interview. Impaired fecundity is comprised of the following three subgroups: nonsurgically sterile, subfecund, and long interval without conception. Infertility is defined only for married or cohabiting women and indicates that they have been exposed to the risk of pregnancy with the same husband or partner for at least 12 consecutive months, but have not had a pregnancy. See Reference 23 for further details.

NOTES: Percentages may not add to 100.0 because of rounding. GED is General Educational Development high school equivalency diploma.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1995, 2002, and 2006–2010.

Table 7. Adjusted odds ratios for ever-use of any infertility services and any medical help to get pregnant among women aged 25–44: United States, 1995, 2002, and 2006–2010

Characteristic	All women aged 25–44		All women aged 25–44 with current fertilty problems[1]	
	Ever-use of any infertility services	Ever-use of any medical help to get pregnant	Ever-use of any infertility services	Ever-use of any medical help to get pregnant
Parity and age in years	Adjusted odds ratio (95% confidence interval)			
No births, 25–29	***0.38 (0.29–0.49)	0.79 (0.58–1.07)	0.84 (0.54–1.30)	1.36 (0.84–2.21)
No births, 30–34	*0.73 (0.57–0.95)	**1.67 (1.23–2.26)	**1.72 (1.16–2.57)	***2.83 (1.79–4.49)
No births, 35–39	0.85 (0.67–1.09)	***2.03 (1.51–2.75)	^1.43 (0.95–2.14)	***2.60 (1.63–4.15)
No births, 40–44	1.17 (0.89–1.56)	***2.48 (1.75–3.52)	^1.47 (0.94–2.30)	**2.11 (1.28–3.47)
One or more births, 25–29 (reference)	1.0	1.0	1.0	1.0
One or more births, 30–34	1.09 (0.90–1.32)	*1.36 (1.05–1.78)	1.26 (0.87–1.83)	^1.48 (0.95–2.30)
One or more births, 35–39	**1.27 (1.07–1.51)	***1.90 (1.50–2.41)	*1.52 (1.04–2.23)	***2.03 (1.34–3.08)
One or more births, 40–44	1.17 (0.96–1.42)	***1.78 (1.39–2.28)	0.93 (0.65–1.33)	1.17 (0.76–1.78)
Marital or cohabiting status				
Currently married (reference)	1.0	1.0	1.0	1.0
Currently cohabiting.	***0.48 (0.38–0.60)	***0.34 (0.25–0.47)	***0.36 (0.24–0.53)	***0.24 (0.16–0.37)
Neither currently married or cohabiting	***0.45 (0.40–0.51)	***0.34 (0.29–0.41)	***0.40 (0.31–0.50)	***0.27 (0.20–0.36)
Current fertility problems				
Yes	***5.05 (4.46–5.72)	***6.46 (5.59–7.47)	. . .	. . .
No (reference)	1.0	1.0	. . .	. . .
Education				
Less than a bachelor's degree	***0.77 (0.68–0.87)	***0.71 (0.62–0.82)	***0.62 (0.47–0.80)	***0.60 (0.46–0.77)
Bachelor's degree or higher (reference)	1.0	1.0	1.0	1.0
Percentage of poverty level				
Less than 400%	0.96 (0.84–1.08)	^0.88 (0.77–1.01)	^0.79 (0.63–1.00)	0.86 (0.67–1.10)
400% or higher (reference)	1.0	1.0	1.0	1.0
Hispanic origin and race				
Hispanic or Latina	***0.70 (0.61–0.80)	***0.64 (0.54–0.76)	0.84 (0.64–1.10)	*0.73 (0.56–0.96)
Non-Hispanic white, single race (reference)	1.0	1.0	1.0	1.0
Non-Hispanic black, single race	***0.77 (0.68–0.88)	***0.70 (0.59–0.83)	*0.76 (0.59–0.99)	*0.72 (0.54–0.97)
Survey year				
1995 (reference)	1.0	1.0	1.0	1.0
2002	***0.72 (0.63–0.82)	1.00 (0.85–1.18)	0.82 (0.64–1.05)	1.01 (0.77–1.32)
2006–2010	**0.82 (0.72–0.93)	**1.23 (1.06–1.43)	0.90 (0.69–1.17)	1.18 (0.90–1.55)

^ $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

. . . Category not applicable.

[1]Current fertility problems include either impaired fecundity or 12-month infertility at time of interview. Impaired fecundity is comprised of the following three subgroups: nonsurgically sterile, subfecund, and long interval without conception. Infertility is defined only for married or cohabiting women and indicates that they have been exposed to the risk of pregnancy with the same husband or partner for at least 12 consecutive months, but have not had a pregnancy. See Reference 23 for further details.

NOTES: Any infertility services include medical help to get pregnant and medical help to prevent miscarriage. Women of other race and origin groups or multiple race groups are not included in the logistic regression models due to small sample size.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1995, 2002, and 2006–2010.

Table 8. Ever-use of specified infertility services by men aged 25–44 (or their wives or partners), by selected characteristics: United States, 2006–2010

Characteristic	Number in thousands	Any infertility service	Advice	Tests on man or woman	Ovulation drugs	Surgery for blocked tubes	Artificial insemination
		Percent (standard error)					
Total[1] for men aged 25–44	40,917	9.4 (0.6)	6.8 (0.5)	5.3 (0.5)	3.8 (0.4)	1.1 (0.2)	1.7 (0.4)
Age in years							
25–29	10,758	5.1 (0.8)	4.3 (0.7)	2.2 (0.6)	1.5 (0.5)	0.7 (0.4)	*
30–34	9,228	8.2 (1.1)	6.3 (0.9)	3.5 (0.6)	2.1 (0.5)	0.6 (0.2)	0.7 (0.2)
35–39	10,405	12.9 (1.5)	9.0 (1.2)	8.0 (1.3)	6.5 (1.2)	1.8 (0.5)	3.9 (1.0)
40–44	10,526	11.3 (1.5)	7.6 (1.2)	7.3 (1.1)	4.8 (0.9)	1.4 (0.5)	2.2 (0.8)
Number of biological children							
No children	14,967	8.1 (1.0)	5.8 (0.8)	4.3 (0.7)	2.7 (0.6)	1.0 (0.3)	1.2 (0.5)
One or more children	25,950	10.1 (0.8)	7.4 (0.7)	5.9 (0.7)	4.4 (0.6)	1.2 (0.3)	2.0 (0.4)
Marital or cohabiting status							
Currently married	22,119	13.6 (1.0)	10.2 (0.9)	8.9 (0.8)	6.5 (0.7)	1.8 (0.4)	3.1 (0.6)
Currently cohabiting	5,746	4.7 (0.9)	3.8 (0.8)	1.5 (0.6)	0.9 (0.3)	*	*
Never married, not cohabiting	3,154	2.0 (0.7)	6.6 (1.7)	3.3 (1.0)	1.3 (0.4)	*	–
Formerly married, not cohabiting	9,898	9.0 (1.9)	1.2 (0.6)	0.2 (0.1)	0.2 (0.2)	1.6 (0.5)	*
Infertility status among men[2]							
Surgically sterile	8,554	8.6 (1.4)	6.1 (1.2)	4.8 (1.1)	3.5 (0.9)	*	1.4 (0.7)
Nonsurgically sterile	4,696	20.4 (3.8)	13.7 (3.3)	15.1 (3.3)	9.9 (2.8)	2.7 (1.3)	5.5 (2.2)
Subfertile	2,549	38.9 (3.4)	27.3 (3.1)	33.0 (3.6)	24.8 (3.5)	7.3 (1.9)	11.1 (2.6)
Presumed fertile	27,642	6.0 (0.6)	4.6 (0.5)	2.1 (0.4)	1.4 (0.3)	0.6 (0.2)	0.7 (0.3)
Education							
No high school diploma or GED	7,847	6.0 (1.0)	4.2 (0.9)	2.7 (0.8)	2.0 (0.7)	*	*
High school diploma or GED	10,617	8.7 (1.3)	6.6 (1.0)	4.1 (0.9)	2.9 (0.8)	1.9 (0.7)	1.4 (0.6)
Some college, no bachelor's degree	10,650	9.1 (1.2)	6.8 (1.0)	6.1 (1.0)	3.8 (0.8)	1.4 (0.5)	1.5 (0.6)
Bachelor's degree	7,983	11.3 (1.8)	8.1 (1.4)	6.8 (1.4)	5.1 (1.2)	0.8 (0.3)	3.1 (0.9)
Master's degree or higher	3,820	15.5 (2.8)	10.1 (2.2)	8.4 (2.0)	6.7 (2.0)	*	3.0 (1.0)
Percentage of poverty level							
Less than 100%	5,337	6.6 (1.2)	5.2 (1.2)	2.1 (0.7)	1.3 (0.5)	0.7 (0.3)	*
100%–299%	15,462	6.5 (0.8)	4.8 (0.6)	3.0 (0.5)	2.1 (0.4)	0.8 (0.2)	0.4 (0.2)
300%–399%	8,552	11.0 (1.4)	7.7 (1.3)	7.1 (1.2)	5.9 (1.2)	1.5 (0.6)	2.8 (1.0)
400% or more	11,566	13.3 (1.4)	9.6 (1.1)	8.5 (1.2)	5.5 (1.0)	1.6 (0.5)	3.4 (0.9)
Hispanic origin and race							
Hispanic or Latino	8,016	7.6 (1.1)	6.0 (1.1)	2.7 (0.7)	2.3 (0.6)	0.8 (0.3)	0.8 (0.4)
Not Hispanic or Latino							
White, single race	24,580	10.9 (0.9)	7.8 (0.8)	7.1 (0.8)	5.0 (0.7)	1.4 (0.4)	2.3 (0.5)
Black or African American, single race	4,418	5.8 (1.0)	3.9 (0.9)	2.6 (0.7)	1.9 (0.7)	1.1 (0.5)	0.9 (0.5)

* Figure does not meet standards of reliability or precision. Based on fewer than five cases in numerator.

– Quantity zero.

[1]Includes men of other or multiple race and origin groups, not shown separately.

[2]For currently married or cohabiting men, categories for infertility may reflect status of wives or cohabiting partners. See Reference 23 for further details.

NOTE: GED is General Educational Development high school equivalency diploma.

SOURCE: CDC/NCHS, National Survey of Family Growth, 2006–2010.

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