Fertility Within Reach is a national non-profit dedicated to helping individuals increase access to fertility treatment and preservation. Cost or access to fertility healthcare should not be a barrier in someone's ability to start a family when they choose.

Fertility Within Reach
ADVOCATING FOR FERTILITY HEALTH CARE

www.fertilitywithinreach.org

Fertility Healthcare & The Black Community

Helping Create Informed Patients

Fertility Within Reach
ADVOCATING FOR FERTILITY HEALTH CARE

“While infertility doesn’t inherently see color, its race-related impacts should not be ignored. As people of color are disproportionately affected by so many reproductive health issues, we must continue to foster open and hopeful dialog that dismantles stigma and empowers patients.”

Regina Townsend
Founder, The Broken Brown Egg

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Race Can Have An Impact On Fertility Care

In the United States, more than 1 in 5 women between the ages of 15 and 49 have trouble conceiving a child after a year of actively trying. However, this does not count for male fertility issues or other underlying health concerns. Infertility* is the inability to conceive after at least one year of unprotected sex.[1] According to the *American Society for Reproductive Medicine*, women over 35 should seek an infertility evaluation after six months of trying to conceive. When looking closely at the rate of fertility challenges, it becomes easy to see that there are racial disparities. Black women are twice as likely as White women to experience fertility issues.[2] Understanding how your race can impact your quality of care is important. Moving forward as an informed patient helps you access the best standard of care. This pamphlet was created to help patients learn more about the fertility challenges within the Black community, what treatments are available, and how to communicate about infertility.

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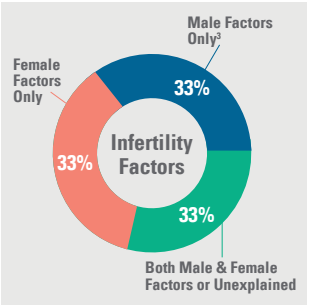
Common Misconceptions About Fertility

MISCONCEPTION
Infertility only affects women.

- **TRUTH** *Approximately one-third of infertility is related to male factors.*[3]



MISCONCEPTION
Black women do not have to worry about infertility because they are "super fertile".

- **TRUTH** *There is no evidence to suggest Black women are naturally more fertile than women of other races. In fact,* ***Black women are twice as likely to experience infertility.***[4]

MISCONCEPTION
Fertility treatment is easily accessible.

- **TRUTH** *Multiple factors can limit someone's ability to seek fertility services, including but not limited to; cost, bias in medicine, and hesitation to seek treatment due to negative perceptions of infertility.*
- **TRUTH** *The large gap in the number of Black people accessing fertility treatment compared to White people suggests there is a barrier to care.*

*See Glossary on page 20 for definition.

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Addressing Fertility Healthcare in the Black Community

HISTORICAL MISTRUST

When discussing how infertility affects Black individuals, it's important to understand the limitations of seeking care. A common reason Black people don't seek fertility services is due to historical medical distrust. Prior cases such as the Tuskegee experiment and the forced sterilizations of Black women in the 1970s caused a great amount of distrust of the medical field for Black people.

Furthermore, false assumptions about the biology of Black people being different have led to mistreatment in health services. Previous medical textbooks have created harmful stereotypes such as Black people having thicker skin or having a higher pain tolerance.[6] In recent years, the medical field has tried to address unconscious prejudice and create more inclusive care. In 2020, a medical student created a book on diagnosing conditions in darker skin tones.[7] While this does not erase decades of discrimination, we hope that individuals feel seen and heard in their concerns about fair treatment and continue to advocate or speak up for themselves.

CULTURALLY TABOO TOPIC

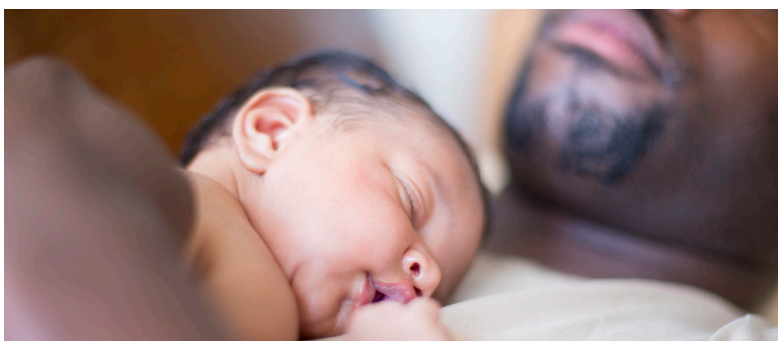
Another limitation to seeking services is discussing fertility challenges. Conversations about infertility are typically seen as taboo for Black individuals. For example, the idea that Black women are meant to be mothers has left some people feeling "incomplete" during their struggles with fertility.[5] Likewise, focus groups with Black men have shown perceptions of manhood being tied to the ability to reproduce.[3] Studies have also shown that Black men tend to not discuss reproductive health unless it's about conceiving a child.[3]

UNDERSTANDING HEALTH LITERATURE

It is very important that patients like yourself can obtain, read, and understand healthcare resources so you can make informed treatment decisions.[21, 22]

When a situation arises where you are uncomfortable or unsure of any of the information that was just given to you, please do not hesitate to ask questions.

This educational pamphlet provides fertility facts for the Black community. We hope to empower individuals to talk about their healthcare needs through this written material.



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Fertility Medical Challenges within the Black Community

ENDOMETRIOSIS

Black people with uteruses experience high cases of endometriosis.[8] It is a chronic inflammatory condition typically caused by a reduced production of the hormone progesterone.[7] Those with endometriosis symptoms can include frequent cramping, exhaustion, and heavy bleeding during menstruation.[7] The number of people with endometriosis is not known; however, estimates are up to 18%.[7]

Receiving a diagnosis of endometriosis can often be challenging because symptoms can be confused for other conditions. A study showed that 40% of Black people were initially diagnosed with pelvic inflammatory disease (PID) rather than endometriosis.[8] Awareness of the common symptoms of Endometriosis can help limit the misdiagnosis of conditions.

POLYCYSTIC OVARY SYNDROME

Polycystic Ovary Syndrome (PCOS) is an endocrine disorder caused by an imbalance of sex hormones.[10] The imbalance of hormones results in the development of cysts on an individual's ovaries. The size of the cysts can get in the way of fertilization, thus making it very difficult for people with PCOS to get pregnant.[10]

PCOS is often associated with increased metabolic syndrome including obesity, hypertension*, risk of insulin resistance, and type 2 diabetes. Symptoms of PCOS include excess hair growth (hirsutism), difficulty losing weight, and irregular periods.

Research shows that Black people are more likely to suffer from a cluster of conditions that increase the risk of heart disease, stroke, and diabetes after they have been diagnosed with PCOS.[11]

UTERINE FIBROIDS

Among all races and ethnicities, Black people have the highest uterine fibroids (leiomyomas*) rate.[10] Leiomyomas are the most common type of non-cancerous pelvic tumor and typically first develop during reproductive age (15–49).[9] Black people develop fibroids earlier in life and tend to have larger tumors in general.[9] While the exact causes of uterine fibroids are not known, there are multiple known risk factors.

Below is a list of reccomendations on how to decrease risks associated with fertility challenges:

Lifestyle/Diet
Lifestyle choices such as smoking, alcohol and drug use, lack of exercise, and poor diet have been linked to an increased risk of developing uterine fiborids, endometriosis, and male factor infertility. It is recommended to limit smoking, alcohol and drug intake, exercise regularly and eat a well-balanced diet.

Blood Pressure
High blood pressure or hypertension has been linked to an increased fibroids risk. It is important to manage your blood pressure through diet, exercise, stress management, and medication if necessary.

Environmental[18]
Proximity to air pollution can increase your risk of developing uterine fiborids and polycystic ovary syndrome as well as playing a role in male factor infertility. Previous studies have shown that Black people are exposed to toxic air pollution more than White people. Ozone exposure has been associated with a 35% increased risk of developing fibroids. By being aware of the air quality around you, avoiding long hours outside when the quality is low, wearing a face mask when outside, and having indoor air purifiers are ways to cut back on poor air quality exposure.

*See Glossary on page 20 for definition.

MALE FACTOR INFERTILITY

Male factor infertility refers to fertility challenges faced by people with male sex organs. This includes issues regarding the movement and number of sperm,* which are both important for conception.

Males can experience low sperm count (Oligozoospermia) or low sperm movement (Asthenospermia). The rate of low sperm count is higher in Black men than in White men.[12] A semen analysis is done to diagnose male factor infertility. 30% of male infertility is due to unknown factors.[12] However, medical professionals suggest being aware of issues such as low sex drive (libido*) and erectile dysfunction* because they could be signs of infertility.

One known cause of male factor infertility is varicocele,* where large veins found near the testicles do not circulate blood correctly and lead to too much heat that damages sperm.[12] Varicocele affects approximately 1 in 5 individuals and is typically treated with outpatient surgery.[19]

Other risks to male fertility would include excess heat (some examples include hot tubs or having a fever), environmental toxins, injury to the area, certain medications, and overuse of drugs and alcohol.

*See Glossary on page 20 for definition.

Fertility Treatments

FERTILITY MEDICATIONS

According to the Mayo Clinic, medications are often the first and main course of action for reproductive related issues.[25] For individuals with endometriosis, hormonal suppression medication can help alleviate pain symptoms as well as help with infertility when used in conjunction with In-Vitro Fertilization (IVF). Medication can also help with symptoms associated with uterine fibroids and PCOS.

INTRAUTERINE INSEMINATION

Intrauterine Insemination (IUI) involves inserting sperm directly into the uterus. The semen is washed and prepared so that only high-quality sperm is used. IUI is a less invasive procedure compared to corrective surgery. Likewise, IUI is effective in helping sperm reach an egg.* For those who undergo IUI, research has shown no significant difference in pregnancy rates between races.

IN-VITRO FERTILIZATION

In-vitro fertilization (IVF) is the most common type of assisted reproductive technology (ART). During IVF, mature eggs are retrieved from the ovary and fertilized with sperm outside the body. Once fertilized, a developing embryo is then placed back into the uterus. One IVF cycle takes approximately three weeks.

Embryos can also be frozen to fit the needs of the patient. Freezing embryos is a form of fertility preservation and can be helpful if a person wishes to delay an embryo transfer.[20] It is more common for patients without insurance coverage for IVF to transfer more than one embryo into the uterus to increase their chances of becoming pregnant. Black women tend to experience lower pregnancy rates when using IVF. Even with repeated IVF cycles, Black women had lower embryo implantation rates and higher cancelation rates than White women.[13] It is unclear the exact causes for the difference in outcomes; however, it is recommended that individuals seek IVF early to address issues with access to treatment.

SURGICAL PROCEDURES

Numerous surgical procedures can be used to help treat infertility. For instance, laparoscopies, a surgical procedure in the abdomen, can remove endometriosis from internal organs and ovarian cysts that form due to chronic inflammation.[14] Black women are 2.4 times more likely to get a hysterectomy to treat uterine fibroids due to early onset and symptoms associated with fibroids.[9] Another treatment for uterine fibroids is interventional radiology. With interventional radiology, patients can still treat their symptoms while preserving their ability to conceive a child. Some procedures use catheters to block blood flow to fibroids to reduce their size, such as Uterine Artery Embolization (UAE).[15]

For male factor infertility, specifically individuals with a varicocele, varicocelectomy procedures can be performed. This surgery helps manage the blood flow to the testicular veins and can lead to a 70% increase rate of pregnancy.[17] Speaking with your healthcare provider about what procedure will best serve your healthcare needs is important.

FERTILITY TREATMENT METHODS

MEDICATION FOR	ART OPTIONS	SURGERY FOR
Endometriosis Uterine Fibroids Polycystic Ovary Syndrome	Intrauterine Insemination In-Vitro Fertilization	Endometriosis Ovarian Cysts Uterine Fibroids Male Factor Infertility

*See Glossary on page 20 for definition.

ALTERNATIVE APPROACHES

Acupuncture

An alternative approach to Western medicine involves placing very thin needles into certain areas of the body. Acupuncture is recommended for polycystic ovary syndrome, uterine fibroids, endometriosis, and certain issues affecting sperm quality. Acupuncture can also help with side effects of fertility treatment, such as bloating and nausea.[23] Acupuncture also promotes relaxation, which is important for all aspects of life.

Vitamin D

Recent studies have shown that those with higher levels of vitamin D in their blood are more likely to successfully conceive during IVF treatment. Adding a vitamin D supplement to your daily diet can increase your chances of conceiving, being beneficial while pregnant, and increasing lactation.[24]

FERTILITY PRESERVATION

This rapidly advancing field is a safe and dependable method of extracting and storing a person's reproductive material.This can increase your chances of becoming pregnant when you are ready to build your family.

The Importance of Preventative Healthcare

Access to healthcare plays a significant role in health outcomes. Preventative services include:

- *Going to a **yearly check-up** with a primary care provider.*
- *Getting a **well-woman exam**.**
- *Undergoing **screenings** for conditions such as cancer and diabetes.*

Black men and women are less likely to use preventative services than White men and women.[17] However, primary care visits can lead to managing reproductive health early on. Many conditions that can be treated have been linked to fertility challenges. For example, women with endometriosis have also been found to have hypertension, diabetes, and sometimes cancer.[16] Therefore, visiting a primary care physician could help identify these other conditions and, as a result, may increase your chances of conceiving a child.

Similarly, thyroid and cardiovascular diseases have been linked with infertility. One study found that when infertile women were treated for hypothyroidism, 76% could conceive a child between six months to one-year post-treatment.[16] Patients must seek preventative healthcare to help tackle fertility challenges from all angles.

*See Glossary on page 20 for definition.

Support Guide

Conversations about health challenges can be difficult, especially for individuals who think discussing infertility is taboo. This can lead the Black community to seek fertility services less than White people, even though they experience infertility at a higher rate. This educational pamphlet provides helpful resources and suggestions for discussing fertility health care.

DISCUSSING FERTILITY ISSUES WITH FAMILY

When talking about infertility, it is important not to blame anyone. Placing blame on one party can increase feelings of guilt and shame. Below are some suggestions for having helpful conversations with friends and family.

- *Clarify that infertility is recognized as a disease of the reproductive system that can affect all genders. It is not due to someone not "trying hard enough" or "doing something wrong," many health factors that can get in the way of one's ability to conceive a child.*
- *Approach conversations with the understanding that infertility challenges do not make you less of a person.*
- *Remember that most people are unaware of infertility, and even though they have good intentions, they do not always know the right thing to say. Therefore, let them know what is most helpful for you to hear.*
- *Seek support groups for Black individuals who struggle with infertility.*
- *Medical terminology can often be confusing. Included in this pamphlet is a glossary of words that are commonly used when talking about infertility/fertility.*
- *If you hear people share their mistrust of medical professionals, it is okay to acknowledge their concerns. Reassure friends and family members that you will advocate for yourself in these settings.*

Resources & Acknowledgements

RESOURCES FOR ADVOCACY AND EDUCATION

Fertility Within Reach
fertilitywithinreach.org

Fertility for Colored Girls
fertilityforcoloredgirls.org

The Cade Foundation
cadefoundation.org

The Broken Brown Egg
thebrokenbrownegg.org

Oshun Fertility
diversityfertilityservices

RESOURCES FOR MEDICAL CONDITIONS

Sister Girl Foundation
sister-girl.org

Black Mamas Matter Alliance
Blackmamasmatter.org

Sister Song
sistersong.net

Resilient Sisterhood Project
rsphealth.org

The Fibroid Foundation
fibroid foundation.org

Endoqueer
endoqueer.com

Fertility in Colour
fertilityincolour.com

RESOURCES FOR FERTILITY SERVICES

The Black OGBYN project
theBlackobgynproject.carrd.co

Unfertilized Eggs
unfertilizedeggs.com

Family Inceptions
familyinceptions.com

Our Miracle Child Foundation
ourmiraclechild.com

GLOSSARY

Egg: The female reproductive cell.

Erectile Dysfunction: The inability to maintain an erection.

Hypertension: Abnormally high blood pressure. Abnormally high blood pressure.

Infertility: The inability to conceive after at least one year of unprotected sex.

Leiomyomas (also known as Fibroids): Growths that appear on the uterus.

Libido: Energy in sexual drive.

Sperm: The male reproductive fluid.

Varicocele: An enlargement of the veins in the testicle.

Well-Woman Exam: An exam offered to women to assess their reproductive health. Typically the exam includes a pap smear, breast, and pelvic examination.

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This pamphlet provides credible information using knowledge and guidance from medical professionals and leaders in advocacy for fertility health care. We are grateful for the contributions of these individuals. The content discussed in this guide was evidence-based.

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"This resource guide provides valuable information to help families better understand the causes of infertility and supports family building."

Dr. Camille Hammond
CEO, Tinina Q Cade Foundation