

The fertility industry: profiting from vulnerability

Despite major advances in securing sexual and reproductive rights globally, one aspect is continually neglected: infertility. Evolving gender norms and financial precariousness have led to delayed childbearing, which increases infertility in both males and females. An estimated one in six people are affected. However, there is insufficient awareness about fertility decline, the risk factors, and viable treatments for infertility. Assisted reproductive technologies (ARTs), particularly in-vitro fertilisation (IVF), help many. Almost 50 years after the birth of the first baby conceived by IVF was reported in *The Lancet*, this method is used in 9% of births in some high-income countries. Such advances have enabled millions to have children. However, the fertility sector has now spawned an entire industry that risks exacerbating rather than alleviating the psychological toll of infertility and does little to help reduce inequities in access to quality care.

Medical advances have helped increase the effectiveness of IVF. In women aged 35–37 years in the UK, the livebirth rate per embryo transferred increased from 6% in 1991 to 25% in 2019. Some procedures generate continued debate. A trial in this issue showed no difference in the effectiveness of different endometrial preparation protocols for the transfer of frozen embryos, although it was not powered to assess safety. Many patients are also offered non-essential procedures related to IVF, so-called add-ons, including time-lapse imaging for embryo selection, pre-implantation genetic testing for aneuploidy screening (PGT-A), and endometrial scratching. These procedures are widely advertised and promoted by private fertility clinics. Yet strong evidence for their effectiveness is often lacking. A trial in this issue shows that time-lapse imaging for embryo selection in IVF does not improve birth outcomes compared with routine care. Another trial published earlier this year showed that intracytoplasmic sperm injection—an invasive procedure—does not improve the livebirth rate, while increasing costs and potentially risking offspring health. Scientific reviews and the Human Fertilisation and Embryology Authority have assessed the evidence around several add-ons and do not support their use in routine practice. Why then are they offered to patients?

In countries such as the Netherlands, where infertility treatment is largely publicly funded, add-ons are

relatively uncommon. But in most countries, infertility is served by a profit-driven private sector. In the UK, more than 60% of IVF is privately funded and one cycle can cost £5000 or more. Insufficient public funding and regulation alongside the high demand for fertility treatments have driven the commercialisation and financialisation of ARTs. In the USA, about a third of IVF cycles are done through clinics affiliated with private-equity firms and PGT is more likely to be part of IVF treatment in a private equity-affiliated clinic than elsewhere. The money to be made is staggering. The global fertility market was valued at US\$34.7 billion in 2023 and is projected to grow to 62.8 billion in just 10 years.

For individuals and families undergoing these treatments, the physical and mental toll can be gruelling. The desire to have a child can be extremely strong and infertility can greatly affect mental health, leading to anxiety, depression, and relationship dysfunction. Many women undergo repeated and unsuccessful cycles of IVF. There is loss and grief. The stigma around infertility and IVF can also bring shame and isolation. Women can feel failed by the health-care system and society, due to insufficient compassion, information, and psychological and financial support. The evolution of the fertility industry carries the risk of shifting the focus from evidence-based and patient-centred practice to shareholder revenue and business growth.

The high costs of ART treatments to patients have also created staggering global inequities in access, despite similar levels of infertility across the world. In more than half of low-income and middle-income countries assessed in a systematic review, the direct cost for one ART cycle was higher than the average annual gross domestic product per capita. Inequities are also observed within countries according to geography, socioeconomic status, and ethnicity. These inequities intersect with a higher burden of risk factors for infertility.

This situation cannot continue. People must be empowered with knowledge about risk factors for infertility and treatments. Better access is needed to effective and safe patient-centred and evidence-based treatments. A profit-driven fertility industry cannot continue to prey on the vulnerabilities of people who desperately hope to have children. ■ *The Lancet*



This online publication has been corrected. The corrected version first appeared at [thelancet.com](https://www.thelancet.com) on October 31, 2024

For more on **infertility prevalence** see <https://iris.who.int/bitstream/handle/10665/366700/9789240068315-eng.pdf?sequence=1>

For more on **use of IVF in Europe** see *Hum Reprod* 2023; **38**: 2321–38

For more on **trends in IVF effectiveness in the UK** see <https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2019-trends-and-figures/>

For the **trial on endometrial preparation** see *Articles Lancet* 2024; published online June 26. [https://doi.org/10.1016/S0140-6736\(24\)00756-6](https://doi.org/10.1016/S0140-6736(24)00756-6)

For the **trial on time-lapse imaging for embryo selection** see *Articles Lancet* 2024; **404**: 256–65

For the **trial on intracytoplasmic sperm injections versus IVF** see *Articles Lancet* 2024; **403**: 924–34

For the **Human Fertilisation and Embryology Authority assessment of add-on treatments** see *BJOG* 2017; **124**: 1849

For more on the **fertility sector** see <https://www.economist.com/technology-quarterly/2023/07/17/the-fertility-sector-is-booming>

For more on **private equity-affiliated fertility practices in the USA** see [https://www.fertstert.org/article/S0015-0282\(21\)01976-2/fulltext](https://www.fertstert.org/article/S0015-0282(21)01976-2/fulltext)