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Fertility Without Borders

How Global Employer Benefits Are Reshaping Reproductive Care



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Executive summary



Infertility is not a niche issue. The World Health Organization (WHO) estimates that around **17.5% of adults globally (roughly 1 in 6) experience infertility** in their lifetime¹ and related issues are no longer a private medical issue managed quietly at the margins of the workplace. It has become a strategic workforce issue shaped by global mobility, demographic pressure, evolving social norms, and advances in reproductive medicine.

The global fertility market was valued at approximately US\$34.7 billion in 2023 and is projected to reach over US\$84 billion by 2028, growing at over 15% annually. The industry is seeing massive investment, with estimates expecting it to reach \$84 billion by 2028. Another source suggests a market valuation of \$27 billion by 2026. This, often out-of-pocket, spending is driven by increasing infertility, delayed childbearing, and high costs, with single in vitro fertilization (IVF) cycles often exceeding \$20,000–\$30,000 in the U.S. In many countries, IVF is largely privately funded, leading to significant financial barriers and high out-of-pocket expenses.

As workforces become more global in nature, Kindbody continues to see an increase in Global Fertility Benefit Management requests and partnerships from client organizations. **Nearly 40% of large employers are considering adding Global Fertility Benefit access** for their talent, regardless of where they are located. The global workforce is currently in, or soon to enter, the prime family-building years. Approximately 30% of workers are ages 25-44, which equates to roughly 140 million people entering this cohort annually—coupled with the continued decline in global fertility rates.

Fertility Benefits: A Global Talent Priority

40% of large employers are considering global fertility benefits



30% of the global workforce is aged 25–44, in their prime family-building years



¹ <https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility/>



Fertility and family building is influenced by five primary converging global trends:

- 1** Delayed parenthood, increasingly delayed into peak career development years.
- 2** Rapid growth in fertility preservation, moving from niche medical intervention to mainstream life planning.
- 3** AI-enabled and more personalized reproductive medicine, driven by advancements in technology.
- 4** Broader definitions of family, expanding well beyond traditional models.
- 5** Increasing cross-border reproductive care due to regulatory, financial, and other differences in access to treatment.

Together, **these trends are changing *who* seeks care, *when* they seek it, and *where* they can access it** often across multiple geographies and dependent on regulatory framework, leading to converging into a new reality, where fertility is global, mobile, and increasingly central to talent strategy.

Fertility is a global health issue, but access is not globally equal.



The challenge for multinational employers is not whether employees need fertility care, but how to support consistent, high-quality access to quality fertility treatments across borders. For global employers, fertility benefits have moved from a “nice-to-have” to a strategic lever in talent attraction, retention, diversity equity and inclusion (DEI), and workforce wellbeing particularly when becoming more international and demographic headwinds intensify such as declining birth rates.

In global benefits research, multinational employers consistently cite increasing complexity and employee expectations as drivers of benefit redesign, including family-forming support, where forward-thinking employers are recognizing that fertility benefits are no longer transactional reimbursements. They are infrastructure shaping employee loyalty and retention, experience, equity and long-term workforce resilience.

This paper outlines the trends, unmet needs, and explains what they mean for employers. It closes with a practical, future-facing view: the next era of fertility benefits will be shaped by globally consistent access to inclusive reproductive care, best and holistic clinical quality standards, while ensuring effective navigation support, which is difficult to achieve without coordinated care delivery across borders often best enabled through a high-quality clinic network partnership.

1. An overview of major global fertility trends

Delayed
Parenthood

Fertility
Preservation

AI and
Personalized
Medicine

Broader
Definition of
Family

Increasing
Cross-Border
Reproductive
Care (CBRC)

1.1 Delayed parenthood

Across both developed and emerging economies, individuals are postponing family formation driven by extended education, career timing, housing affordability, shifting relationship dynamics, and evolving social norms. This delay is occurring alongside declining fertility rates and an aging global population. An OECD analysis² identifies demographic change as a defining labor market megatrend, with old-age dependency ratios projected across many countries.

Biology, however, has not shifted in parallel. The impact of delayed parenthood is reflected in the steady rise in age at first birth. Across OECD countries, the average age of women at first childbirth increased from 26.4 years in 2000 to 29.5 years in 2022, with births increasingly concentrated among women aged 30 and older (OECD, 2024).

The results are an increase in age-related infertility and demand for fertility assessment and treatment, greater complexity among mature age fertility treatment cycles, rising emotional and financial pressure during peak career years.

For employers, this means fertility needs increasingly intersect with leadership pipelines and high-value talent retention as more employees will need reproductive support while working, often in their 30s and early 40s i.e. during prime career-building years.

²

https://www.oecd.org/en/publications/oecd-employment-outlook-2025_194a947b-en/full-report/setting-the-scene-demographic-change-economic-growth-and-intergenerational-inequalities_9d481169.html?



1.2 Rapid growth in fertility preservation



Fertility preservation by means of egg and embryo freezing are no longer rare procedures. In several countries, cycle volumes have grown significantly year over year. This means that fertility preservation has evolved from a medical contingency to a life-stage planning tool particularly among highly skilled, mobile professionals, i.e. fertility preservation is expanding beyond oncology and medical indications into “planned” preservation (commonly referred to as social egg freezing). Navigation of the specific country requirements and access to fertility treatment is key.

Examples of measurable growth further reinforce this trend. In the UK’s regulator reporting³ egg freezing cycles increased from 2,567 in 2019 to 6,932 in 2023, representing a 170% increase in just four years. Over the same period, frozen embryo transfer cycles rose by 24%, and embryo storage cycles also increased, now accounting for a substantial share of all treatments.

UK Fertility Preservation Growth



This trajectory is reflected more broadly in the literature, with academic reviews noting a rapid increase in social egg freezing cycles in recent years, and large-scale studies reporting tens of thousands of cycles globally, including 17,418 cycles in pooled analyses⁴. While national data quality varies, the overall direction is consistent, with demand rising across multiple markets.

This growth reflects a rising desire for proactive reproductive planning, greater focus on career and life alignment, and improved awareness of and access to treatment. For employers, the implication is clear. There is increasing demand for insurance coverage that includes consultations, diagnostic testing, stimulation medications, cryostorage, and future use such as IVF, ICSI, and embryo transfer, alongside clearly defined policy parameters.

³ <https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2023-trends-and-figures/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/38964588/>

1.3 AI and personalized medicine

Artificial intelligence is increasingly being embedded in fertility treatment workflows, particularly in embryo assessment and clinical decision support. In parallel, “personalized medicine” approaches are expanding with more tailored stimulation protocols, better stratification by clinical characteristics, and increasing use of digital data-driven optimisation improving precision.

However, innovation introduces variation in differing lab standards, add-on treatments with mixed evidence, and inconsistent reporting of outcomes. Reviews describe how machine learning and deep learning can enhance embryo evaluation and other IVF stages, while also noting the need for careful validation and governance. Employers funding treatment therefore faces a new question, how to ensure innovation aligns with evidence and quality?

This table illustrates the need for benefit designs to be flexible enough to support evidence-based innovation without paying for hype, i.e. employers should increasingly ask vendors and networks for outcome transparency, lab standards, and clinical governance.

Coverage Model	Description	Examples
National and Public Health Funding	Government funds fertility treatments through universal or social insurance systems	France, Denmark, Israel, some Canadian provinces
Private Health Insurance	Employer or individual plans may offer coverage	U.S. employer plans, some private insurers in Europe
Out-of-Pocket	Patients pay for the full cost	Many countries with limited public/private support
Mixed Models	Mix of public reimbursement and private top-ups	Australia, Germany, Canada
Specialized Travel or International Insurance	For complications or travel costs, not standard assisted reproductive technology (ART) procedures	Specialized products offered for medical tourism

Common Limitations That May Influence Treatment Coverage

✓ **Cycle limits**

Many programs cap the number of IVF cycles that are covered.

✓ **Age restrictions**

Coverage is often tied to age thresholds.

✓ **Eligibility criteria**

Some systems require proven infertility, marriage, or no prior children. Depending on the country of care, often carriers place barriers on mandatory treatments before procedural approval.

✓ **Service exclusions**

Genetic testing, donor gametes, cryopreservation, and add-on procedures are often excluded.



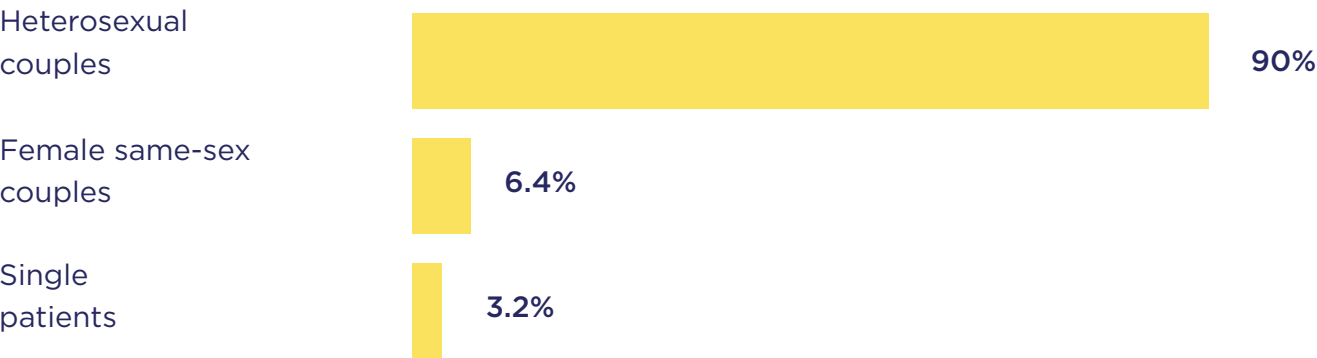
1.4 Broader definitions of family



A modern fertility benefit must be inclusive by design, not retrofitted for diversity. This shift reframes fertility from a “women’s health benefit” to a broader family-building platform. It reflects a broader societal change and a workforce reality for global companies competing for diverse talent, where “fertility benefits” are increasingly evolving into “family-building benefits” that require expanded eligibility frameworks, culturally competent support, and clear regulatory compliance, particularly in areas such as donor treatment and surrogacy-related care. Modern family-building benefits now often include coverage for the procurement of reproductive tissue (sperm and eggs) and may extend further to services such as gestational carriers, surrogacy, and adoption, broadening access across diverse pathways to parenthood.

This expansion is especially important given evolving patient demographics. Assisted reproductive technology (ART) remains predominantly used by heterosexual couples, who account for roughly 85–95% of patients across most regions. However, utilization among LGBTQ+ individuals and single parents is steadily increasing. In the United Kingdom, one of the few markets reporting detailed breakdowns, heterosexual couples represent approximately 90% of ART patients, compared with 6.4% from female same-sex relationships and 3.2% single patients. Similar patterns are observed across the United States and Europe, where LGBTQ+ and single-parent users remain a minority but represent a growing share of treatment cycles.

UK ART Patient Demographics



1.5 Increasing cross-border reproductive care

CBRC has over the past decade, or more, been a growing phenomenon creating ethical, legal, and continuity-of-care challenges⁵. **Access remains unequal and differs greatly among countries** and even within the same country depending on regional differences due to fertility services being limited, highly out-of-pocket, and difficult to navigate. Employees increasingly travel for fertility treatment due to differences in legal restrictions such as eligibility rules, civil status requirements, donor and surrogacy rules or due to cost differences and reimbursement, access to specialist expertise or technology, availability and wait times. For example, ART cycles involving non-residents in the United States more than doubled from 1.2% to 2.8% between 2006 and 2013. This trend raises significant ethical, legal, and continuity-of-care challenges, as patients navigate differing regulations and fragmented follow-up care across borders (Salama et al., 2018; ASRM, 2016).

Global mobility compounds complexity as employees may begin treatment in one country and continue in another. Coverage may not align with legal eligibility and clinical continuity may break down. So, while the geography of fertility care has expanded, benefit models have not always kept pace. There are additional factors that need to be considered such as the legal fees associated with reproductive attorneys to ensure the intended parents will have parenthood rights in their country of residency and other elements of citizenship and the legal processes per country.

2. What trends mean for global employers

Falling fertility rates and population ageing are reshaping labor markets globally⁶. For employers, this means increased competition for skilled talent, rising dependency ratios, and greater pressure on retention of mid-career professionals⁷. Historically, fertility benefits were offered as small, optional insurance add-ons that reimbursed employees for a limited portion of their treatment costs rather than providing comprehensive coverage. The most progressive employers today recognize fertility benefits as a signal of long-term commitment to employees' life journeys and view fertility benefits as influencing their employer brand perception, gender equity in promotion pathways, LGBTQ+ inclusion credibility, retention during life-stage transitions, mental health and productivity.



Increased
Competition
for Skilled
Talent

Rising
Dependency
Ratios

Retaining
Mid-career
Professionals

Influence on
Brand
Perception

⁵ <https://pubmed.ncbi.nlm.nih.gov/29808382/>

⁶ <https://www.worldbank.org/en/publication/wdr2023>

⁷ https://www.oecd.org/en/publications/working-better-with-age_c4d4f66a-en/full-report.html

2.1 Fertility benefits are now a talent strategy issue not only a health benefit



Supporting family building is no longer only an employee benefit, it has become a workforce sustainability strategy. **Well-designed fertility benefits can support attraction of in-demand talent in competitive markets**, retention during prolonged, stressful treatment journeys, DEI commitments (LGBTQ+ inclusion, single parents by choice, gender equity), and reduced presenteeism and burnout from unmanaged care burdens.

Three forces are converging:

- 1 Prevalence and visibility:** infertility affects a large share of the workforce.

- 2 Timing:** delayed parenthood means more employees seek care during peak career years.

- 3 Employee expectations:** global benefits research⁸ shows rising pressure to offer benefits that are relevant, equitable, and easy to use across geographies.

2.2 Globalization makes “local-only” approaches break down

For multinationals, typical friction points include employees relocating mid-journey (or commuting internationally), inconsistent coverage rules across countries, limited local provider availability and variable clinical quality, fragmented data and lack of outcome visibility, and risk of employee dissatisfaction when support is hard to access.

CBRC adds additional risk in continuity of care, documentation transfer, medication access, and liability considerations. Historically, benefits focused on reimbursement. Hence the incentive for modern fertility care to support fast access to diagnostics and specialist consults, clear triage (who needs what, when), evidence-based treatment and realistic expectations, financial predictability for both employee and employer, as well as emotional support, privacy, and workplace enablement. The next generation of employer fertility benefits looks less like static insurance and more like coordinated care along the entire patient journey.

⁸ E.g. <https://www.aon.com/en/insights/reports/2024-global-benefits-trends-study>

2.3 Barriers remain substantial



Affordability, as in many countries, fertility treatment is largely paid out-of-pocket, creating financial strain or preventing access entirely.



Navigation complexity, as patients must coordinate diagnostics, medications, procedures, and follow-up often without structured support.



Availability, as clinic capacity, specialist availability, and lab quality vary widely.



Emotional and workplace burden, as treatment requires time, resilience, and privacy.

Without employer support, employees often manage cycles in silence. The strategic shift means a move away from an old model of “Do we cover IVF?” to an emerging model of “How do we ensure our global workforce can access safe, high-quality, equitable reproductive care wherever they are?”.

2.4 Global clinic network and benefits administration model

The above mentioned shift in employer benefit strategy can be supported by clinic network providers rather than disconnected reimbursement arrangements, as networks can offer:

1

High quality standardization with shared lab standards, safety practices, and governance.

2

Faster access and navigation via structured referral pathways and case coordination.

3

CBRC continuity with medical record sharing and aligned protocols.

4

Equity by design, i.e. inclusive patient care for diverse family-building patient journeys.

5

Cost predictability with reduced unnecessary variation and improved financial clarity.

In essence, a network model shifts fertility benefits from passive funding to active oversight and management of high-quality fertility treatment and care.

Kindbody's network strategy in the U.S. and globally is grounded in the quality of its provider and IVF laboratory network, patient experience, and cost stewardship. A key differentiator is that Kindbody is both a global fertility benefits management company and a provider of clinical care. Our clinical leadership team includes physicians with decades of global experience in delivering world-class reproductive care. This team convenes monthly to review complex cases, clinical protocols, and performance metrics.



We apply consistent quality standards across all partner clinics, using data-driven metrics to evaluate performance and outcomes.

For example, we assess a partner clinic's adherence to evidence-based practices such as elective single embryo transfer (eSET) to reduce multiple birth rates, along with broader quality and safety benchmarks. Clinics that do not meet our rigorous standards are not included in our network, ensuring consistent clinical excellence and optimal outcomes for members and employer clients.

Kindbody's expert global care navigation team⁹ supports client employees in navigating the cultural, regulatory, financial, and medical complexities of fertility care across dozens of countries. The team helps members understand and comply with fertility-related regulations in each jurisdiction, while respecting local laws and requirements. Kindbody also enables benefits administration that can vary within and across countries—for example, differentiated coverage for domestic adoption versus international surrogacy support.

Our benefits administration capabilities are among the most flexible in the market. Plans can be tailored to local requirements, including country-specific plan maximums and covered services, reimbursement processes in local currency, and administration of benefits on both pre- and post-tax bases where applicable. In addition, Kindbody can integrate with existing benefits administrators and support country-specific claims processing workflows to accommodate localized needs.

Kindbody also offers a unique capability to provide second and expert opinions through comprehensive chart and case reviews for patients receiving care across the globe. For example, we have supported members from Blackstone who received conflicting recommendations from fertility clinics in the UK and Spain. In these cases, Kindbody's board-certified REIs are able to conduct a detailed review of the medical records and provide a consensus opinion and recommended course of care for the couple.

⁹ <https://www.fertilityconsultancy.com/about/>

Finally, Kindbody's implementation team supports clients in establishing eligibility frameworks aligned with local regulations. Our team continuously monitors the evolving regulatory landscape and provides ongoing guidance to clients on changes that may impact eligibility, coverage design, or administration requirements.

3. Shaping the future of reproductive care



The next decade of fertility benefits will not be defined by coverage limits alone. It will be defined by global accessibility, clinical transparency, technological integration, inclusive support and data-driven governance. Those who invest in structured, high-quality partnerships particularly through coordinated clinic networks will be positioned not only to support employees more effectively, but to help shape standards for global reproductive care itself.

Fertility without borders is not a slogan. It is a structural shift in how, where, and when families are formed. As demographic pressure intensifies and talent competition accelerates, reproductive care will increasingly sit at the intersection of healthcare strategy, mobility policy, DEI, and workforce planning.

Global fertility care is entering its network era where the question for global employers is no longer whether fertility benefits matter. It is whether their current approach is built for a world without borders, where reproductive treatments become more advanced and more global. Employers must decide whether to continue funding fragmented care models or be the architect of a cohesive reproductive health strategy through integrated network partnerships.

Those who choose the latter will not only support employees more effectively but help define the next standard to support reshaping reproductive care as we know it today.

Kindbody is a leading global fertility, family-building, and women's health company offering comprehensive clinical care and benefit solutions for employers, health plans, and individuals. Through its national network of signature clinics, partner practices, and virtual care, Kindbody provides end-to-end support spanning fertility treatment, third-party reproduction, adoption, pregnancy, men's health, menopause, and holistic well-being. By combining outcomes-driven medicine, technology, and compassionate care, Kindbody is on a mission to make high-quality reproductive and family-building care more accessible, affordable, and equitable for people everywhere.