Coalition for Fertility

October 2025

For inclusive fertility care for all

Background

Access to fertility care is an essential and elementary human right as asserted by the European Parliament in its 2021 Matić Report, framing access to fertility treatment as an integral part of sexual and reproductive health and rights.[1] Additionally, it is a fundamental aspect of reproductive health and human dignity.[2] Yet many marginalised groups - including people living with disabilities, chronic diseases and infections, racialised communities, migrants, members of the LGBTI community or with different family structures - continue to face legal, societal and financial barriers in access to fertility services. Within the discriminations these groups face in many areas of life, they also face barriers in fertility care, where entrenched societal beliefs about who is deemed 'fit' or 'unfit' to become a parent, or the value of their children for society, continue to influence policy, medical practices, and public perceptions. In addition, the socioeconomic status of an individual is significantly correlated with their family background and their social position and may affect their ability to request fertility treatment, especially when not covered by public funding. Achieving true equality in access and outcomes requires equitable measures that account for differing needs and circumstances.[3]

There is no room for discrimination in fertility care

Several European countries maintain policies and allow practices that restrict the reproductive autonomy of individuals on discriminatory grounds. An extreme example is the mandatory sterilisation of trans and intersex people[4] [5], people with disabilities[6], and indigenous and Romani people[7] - a practice that represents a clear violation of human rights and must be abolished. Likewise, eligibility for fertility treatments is often limited by criteria such as sexual orientation, gender identity, or partnership status. Policies must be guided by medical necessity rather than discriminatory assumptions, and exclusionary policies must be revised to ensure everyone has access to fertility care. In addition, fertility care should be covered by healthcare insurance.

Even in countries where access to fertility care is equal by law, in practice, marginalised groups face barriers due to structural and systemic inequalities and exclusionary narratives. For instance, racialised and migrant individuals face systemic direct and indirect discrimination within healthcare settings, including reproductive and fertility care, which create obstacles on their path to parenthood.[8] LGBTI people and single people may also

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[1] REPORT on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health (2020/2215(INI))
[2] Article 23 - Respect for home and the family | Division for Inclusive Social Development (DISD)
[3] UN Convention on the Rights of Persons with Disability
[4] Discrimination against transgender people in Europe, Council of Europe, resolution 2048(2015)
[5] Intersex Genital Mutilation
[6] Forced sterilisation of persons with disabilities in the EU
[7] Patel, P. (2017). Forced sterilization of women as discrimination. *Public health reviews*, *38*(1), 15.
[8] Navigating Unequal Paths, Racial Disparities in the Infertility Journey

face homophobic and transphobic attitudes, or negative attitudes towards diverse family structures, in their access to fertility treatment. People with disabilities often face preconceptions about their ability to be a parent and take care of a child.[9] Such preconceptions may discourage people from marginalised groups from expressing their desire for having children and seeking fertility treatment. Even when pursuing fertility treatment, some minoritised groups have lower live birth rates.[10] Systemic discrimination may be a contributing factor to this, possibly affecting outcomes both directly through unequal care, and indirectly through limited research and attention to conditions that disproportionately affect these groups. Therefore, policymakers must address structural and institutional bias and make sure that healthcare providers undergo comprehensive and inclusive sensitivity training, inclusive of racialised people, people with disabilities, and LGBTI people, specifically in the area of fertility, to avoid unintended discriminatory approaches and stigmatisation, as well as better understand the rights, needs, and lived experience of diverse patients.[11]

Inclusivity requires representation, reporting, and visibility

It is crucial that policymakers ensure active involvement and representation of the groups that are pushed behind in shaping policies and services, including through meaningful collaboration with Civil Society Organisations that reflect their specific needs and lived experiences. Collecting high-quality, disaggregated data on access to fertility services and treatment outcomes, by adapting existing registries, is essential for identifying disparities and tracking progress toward equity for marginalised groups. A positive example here is the registry of the UK's Human Fertilisation and Embryology Authority (HFEA), which collects disaggregated data by ethnicity and family type.[12] Creating inclusive fertility care also means visibility for these groups - both in the imagery and language used in educational materials, such as posters, websites, and leaflets.

All patients should be supported according to their needs

An inclusive fertility care system has to systemically adapt to the specific needs of different people. For instance, fertility clinics should be equipped with accessible facilities to accommodate individuals with reduced mobility or other special needs. Also, information about treatments should be provided in formats that are accessible to individuals with sensory impairments.

For many, the local language of the country where they seek treatment is not their first language. Therefore, information must be presented in clear, easy-to-understand language and made available in multiple languages. Digital tools and telemedicine can be utilised for accessible information and where necessary, people should have access to an interpreter who can accompany them to consultations.

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[9] Sexual and reproductive health and rights of women and g.irls with disabilities, EDF, 2019
[10] Investigating the effect of ethnicity on IVF outcome
[11] Women from diverse minority ethnic or religious backgrounds desire more infertility education and more culturally and personally sensitive fertility care
[12] HFEA register

It is essential to recognise that individuals may experience multiple, overlapping barriers simultaneously. Measures aimed at providing targeted support for specific groups must always account for the diversity within these groups and the intersections with other groups.

Governments and healthcare providers must work hand in hand with civil society organisations and marginalised people to build a fertility care system that truly leaves no one behind!