

Infertility and family-building: bridging the gap in workplace mental health support

A report for employers, from Ferring Pharmaceuticals



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Forewords



Christelle
Beneteau

Chief People Officer,
Ferring Pharmaceuticals

At Ferring, we are proud of our longstanding leadership in reproductive medicine and are deeply committed to advancing understanding and support for individuals at every stage of their fertility journey. I am delighted we have had the opportunity to bring together some of the world's leading experts to help shape practical, actionable steps that employers – including ourselves – can take to better support their people.

Our 1,000 Dreams study – which surveyed nearly 2,000 patients and partners across nine countries – revealed that 60% experienced mental health challenges during their fertility journey, yet less than half sought professional support. Additionally, emotional strain was found to intensify with each treatment cycle, affecting relationships and daily life.¹

Building on these insights, our EUREKA report explored fertility experiences in Asia and revealed that psychological factors were among the leading causes for treatment drop-out, particularly in the early stages. Couples described the process as an “emotional rollercoaster,” with some continuing to experience negative emotions even after successful conception.²

In recent years we have launched the *Building Families at Ferring* (BFF)³ programme to better support the wellbeing of our own employees in their family-building journeys. Through the programme's family-building benefits, we help cultivate a culture of support, respect and understanding around family-building across the entire organisation.

Despite its critical role in treatment adherence and overall wellbeing, mental health remains underprioritised in infertility care. As a company with extensive focus in this area, we know there is still more to be done. The framework outlined in this report is one we are committed to advancing, and we invite the wider business community to join us in driving meaningful change.





Professor
Jacky Boivin

Roundtable Chair and Professor
of Health Psychology and Director,
Women's Health Research Wales
Centre at Cardiff University

Parenthood remains one of the most desirable goals of adulthood, but people increasingly need fertility care to reach that goal. There are many reasons why fertility care is needed, including reproductive health conditions, disability, history of cancer, those who are LGBTQIA+ and those starting the journey alone – but all make family-building journeys often unpredictable, uncontrollable and highly emotive. Parenthood journeys not involving fertility care can also be effortful through adoption, or decisions to remain childless.

Three decades ago, I published my first definitive study demonstrating that fertility journeys could have immense psychological and mental health impacts, affecting relationships and social lives even amongst the most resilient patients. More than 200 studies later I reaffirm that conclusion and fully support this timely initiative from Ferring and the United Nations Population Fund (UNFPA) urging employers to develop fertility support policies. Fertility care can and does help many people become parents, with between 9.8 million and 13 million children born so far,⁴ but it is an intense process with many hurdles, points of entry and exit, and ups and downs.

My main goal in attending and chairing Ferring's recent roundtable was to ensure that it would lead to concrete recommendations on how employers can support employees. The discussion revealed many ways in which this is possible, including the adoption of inclusive language around family-building journeys and equipping HR and line managers with the training needed to provide meaningful support throughout these experiences. Actionable insights from the roundtable are that workplace fertility and mental health policies need to support the diverse paths to parenthood, are inclusive and co-produced with employees, and are embedded in a positive working culture throughout the organisation. Metrics in this report will help employers gauge how they are progressing toward outcomes that matter to them and their employees, including attracting new talent, employee satisfaction and retention. While many employers are already taking steps to support their workforce, truly excellent fertility policies must be adopted more widely across the globe. This report serves as a call to action for employers to do just that within the scope of the resources available to them.

Introduction

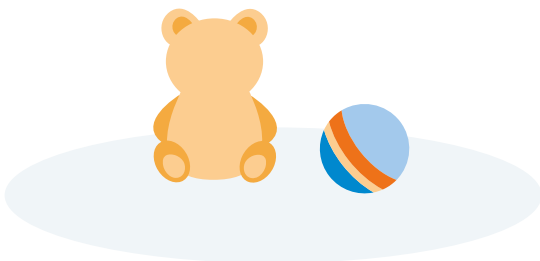


Existential, all-encompassing, heartbreaking^{5,6} – these are some of the words that people use to describe the experience of infertility and family-building journeys. From the physically and emotionally gruelling process of fertility treatment, to the pressure of financial costs, and an ever-present fear of treatment failure or pregnancy loss, family-building journeys can have a profound impact on the psychological wellbeing and mental health of those wanting to achieve parenthood. Some family situations may magnify these pressures, for example for LGBTQIA+ people and those starting the journey alone. In the workplace, concerns about the stigma and impact on professional progression continue to be associated with starting a family and infertility.

The psychological impact of infertility and family-building is therefore an important workplace issue. Factors including work-life balance and company culture can play a significant role in how individuals feel day-to-day. When workplace pressures are combined with the demand of infertility and fertility treatment, the balancing act can simply become too much. Yet, in many workplaces it is a topic that very few staff feel equipped or safe to discuss or address. With infertility now affecting 1 in 6 people globally,⁷ and more babies than ever being born via assisted reproduction, employers must begin to recognise infertility, and its impacts on employee wellbeing, as an occupational health priority.

This report is built on a roundtable discussion of leading US, European and Latin American experts in fertility, clinical psychology and coaching, alongside employer and lived experience representatives, with the aim of providing practical and actionable steps that businesses can take to support the psychological and mental wellbeing of employees on family-building journeys. 1:1 conversations with leading fertility clinicians from Taiwan and Korea were also conducted.

The roundtable was organised as part of Ferring's commitment to the United Nations Population Fund (UNFPA)-led Coalition for Reproductive Justice in Business (CRJB). The CRJB is a multi-stakeholder initiative led by UNFPA and partners advocating for increased investments from the private sector on women's health in the workplace. The coalition seeks to see companies build inclusive workplaces exhibited through strong policies, awareness building initiatives and programmes which enhance access to services and support.⁸

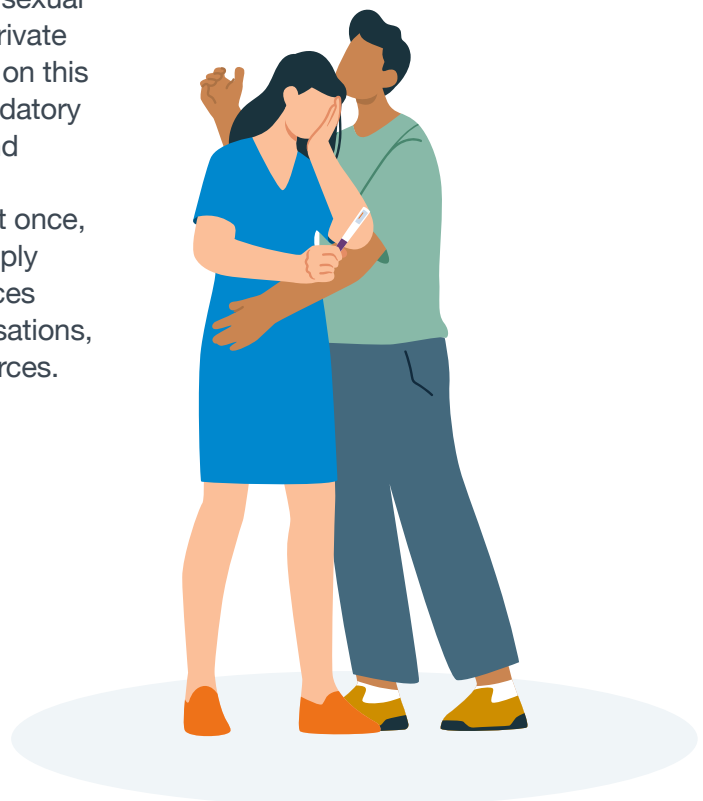


As one of the Coalition's Champions, Ferring has committed to advancing sexual and reproductive health rights at work, through its own internal programmes and policies, in addition to initiating research and advocacy efforts externally to inspire broader private sector action. Specifically, Ferring has committed to Champion UNFPA's sexual and reproductive health and rights metrics that focus on:

- Antenatal, childbirth and postnatal care and family-friendly workplaces
- Counselling and services for the reproductive, menstrual and menopausal health of women and gender-diverse persons assigned female at birth – with a focus on awareness and support for conditions impacting fertility
- Counselling and services for reproductive health and family planning – with a focus on awareness and access to fertility treatment

Aligning with Ferring's championship of the CRJB,⁸ the roundtable took a particular focus on inclusivity and equity, considering the needs of all family structures. We heard how infertility and family-building journeys are experienced in diverse and deeply personal ways, often shaped by the varying routes to parenthood that may be pursued. Therefore, for many individuals there will be unique and specific ways in which the mental health challenges of infertility intersect with workplace pressures; especially those from marginalised communities who are often navigating nuances in their family-building journeys.

Drawing on the roundtable discussion, this report sets out consensus recommendations for how businesses can better support the mental health of employees on family-building journeys. Where possible it includes suggested metrics to help employers set their ambitions and track progress. Metrics align with those of the UNFPA metrics for advancing sexual and reproductive health and rights in the private sector⁹ – offering a route for how progress on this issue can be positively represented in mandatory sustainability reporting for governments and jurisdictions around the world. Importantly, companies do not need to do everything at once, and a meaningful starting point can be simply empowering managers and human resources (HR) to have open, compassionate conversations, supported by external expertise and resources.



Endorsements

We are delighted that the report has been endorsed by:

- Dr Alice D. Domar, Ph.D, Chief Compassion Officer, Inception; Director, Inception Research Institute
- Angela Pericleous-Smith, Chair, British Infertility Counselling Association
- Dr Ariadna Cymet Lanski, PsyD, Clinical Psychologist
- Barbara Collura
- Dr Eva Elmerstig, Ph.D, Associate Professor, Centre for Sexology and Sexuality Studies, Malmö University, Sweden
- Dr Fernando Zegers Hochschild MD, Emeritus Professor, Director of Program of Ethics and Public Policies in Human Reproduction, Faculty of Medicine, University Diego Portales
- Professor Jacky Boivin, Professor of Health Psychology and Director of Women's Health Research Wales, School of Psychology, College of Biomedical and Life Sciences, Cardiff University
- Julianne Boutaleb CPsychol AFBPsS, Consultant Perinatal Psychologist; Clinical Director, Parenthood in Mind
- Professor Jung Ryeol Lee, Professor of Obstetrics & Gynaecology, Seoul National University College of Medicine, Korea
- Kevin Button, Founder, The Man Cave
- Dr Krystal Wilkinson, MCIPD, FHEA, Reader (Associate Professor) of Human Resource Management, Manchester Metropolitan University
- Laura-Rose Thorogood, Founder, LGBT Mummies
- Professor Lone Schmidt, Professor emerita in Infertility and Public Health, University of Copenhagen
- Professor Mei-Jou Chen, Professor of Department of Obstetrics & Gynecology, College of Medicine, National Taiwan University, Taiwan
- Professor Meng-Hsing Wu MD, PhD, Professor of Department of Obstetrics & Gynecology, National Cheng Kung University College of Medicine and Hospital, Tainan, Taiwan
- Natalie Sutherland, fertility lawyer at International Family Law Group and Co-Founder of In/Fertility in the City
- Professor Raina Brands, Ph.D, Professor of Organisational Behaviour, University College London School of Management



Key concepts in this report

A note on inclusive language and terminology

While we appreciate that research or evidence often refer to ‘women’ or ‘men’ in ways that exclude others who access fertility services, we at Ferring inherently believe that all those who access fertility care or reproductive health services should be reflected in this language. This report uses the inclusive language “women and gender-diverse persons assigned female at birth” and “men and gender-diverse persons assigned male at birth”, to reflect both cis-gender women and men (individuals assigned female or male at birth and identifying as women or men) and those who do not identify within the binary. The report also uses the term “singles, couples and other family formations” to highlight the wide range of ways that families can be formed.

What do we mean by the psychological and mental health impact of infertility?

In this report, the psychological and mental health impact of infertility and family-building refers to the wide-ranging emotional and mental health challenges that individuals may face throughout their journeys. These challenges can stem from various sources, including:

- Distress upon discovery of infertility or fertility challenges
- The physical and emotional demands of fertility treatment, including the unpredictable and time-pressured appointment burden and stress related to the financial costs of treatment
- Emotional toll of pregnancy loss, unsuccessful treatment, or barriers to accessing care
- The disruptive impact that infertility or fertility treatment may have on someone’s relationships with their partner, loved ones or wider community
- The fertility impact of chronic reproductive health conditions, such as endometriosis¹⁰
- The long-term reproductive trauma that may exist even after a successful pregnancy resulting in live birth, which will not “reverse” the hardship of infertility¹¹
- The stigma that continues to be associated with infertility and fertility treatment

This report adopts a broad and inclusive lens, recognising that these experiences differ greatly and may occur before, during, or after treatment.¹¹ As this report will outline, these challenges may all affect someone’s engagement and productivity in the workplace – driving further concerns around career progression.



What do we mean by ‘good’ mental health in the context of infertility?

The World Health Organization defines mental health as “a state of well-being that enables individuals to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.”¹² With this definition in mind, discussion at the roundtable sought to consider interventions that strengthen individuals’ resilience and equip them with the tools they need to navigate the ups and downs of family-building journeys, inside and outside of the workplace. In this context, the report’s recommendations aim to highlight practical steps employers can take to create supportive workplace environments and support employees’ mental wellbeing throughout their family-building journeys and beyond – supporting them to live fulfilling lives regardless of whether they are able to achieve their family goals.

What do we mean by psychological support?

Psychological support, in the context of this report, refers to a range of services and resources that help individuals and couples navigate the emotional and social challenges of family-building journeys.¹³ This includes access to mental health professionals – such as psychologists, therapists and infertility counsellors – as well as structured interventions like cognitive behavioural therapy (CBT), mind-body techniques and stress management.^{1,14} Informal support, including peer groups, online forums, buddy systems and guidance from healthcare providers, also play a key role.^{1,13}

European Society of Human Reproduction and Embryology (ESHRE) guidelines emphasise the importance of tailored psychological support and clear signposting to resources such as national charities, educational materials and community networks.¹³ For employers and policymakers, recognising the diverse forms of psychological support is essential to designing inclusive strategies that address the mental health impact of fertility challenges in the workplace.

NB: While the above outlines the range of formal psychological support services that are used, Ferring recognises that psychological support can also encompass broader elements that contribute to emotional wellbeing, such as fostering a safe, inclusive and supportive working environment. This report provides recommendations on how employers can create such environments to better support individuals on their family-building journeys.

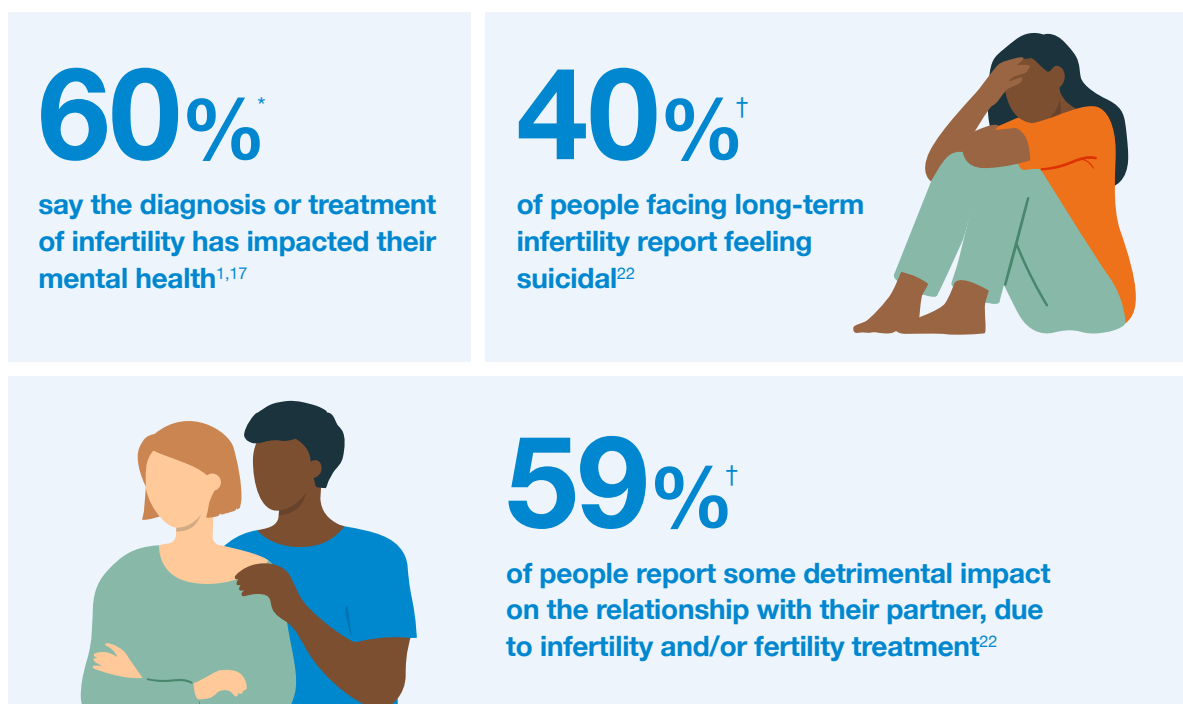


Setting the scene: Infertility, mental health and the workplace



Infertility and family-building journeys can put a huge strain on individuals – physically, emotionally and financially.^{15,16}

Women and gender-diverse persons assigned female at birth who have undergone fertility treatment suffer more mental health problems compared to the general population.¹⁷ For some, the ongoing desire for a child, as well as remaining childless after in vitro fertilisation (IVF), can have lasting effects on mental health and life satisfaction,^{18,19} representing a very real bereavement for the future the individual had envisioned for themselves.



Moreover, while infertility is often framed and perceived as a “women’s issue”, its impact is true for both birthing and non-birthing parents. Men and gender-diverse persons assigned male at birth who receive an infertility diagnosis are more likely to experience mental health problems such as low self-esteem, depression and sexual dysfunction.^{20,21}

This impact does not stop at the office door – it is an all-encompassing experience that permeates every aspect of someone’s life. Both birthing and non-birthing parents having fertility treatment or going through family-building journeys report struggling with workplace demands and the time and emotional demand of treatment.²³ It is therefore not only a global healthcare concern – it is a critical occupational health issue.

* Global survey; n = 1,980; countries included: Australia, Canada, China, France, Germany, Italy, Spain, UK and USA

† UK survey; n = 1,300; countries included: England, Scotland, Wales and Northern Ireland

The impact of infertility and fertility treatment can significantly affect an employee's job satisfaction and ability to perform at their usual capacity. Without understanding, support and flexibility from employers and managers, individuals may feel isolated or overwhelmed, increasing the risk of burnout, extended leave or even employee attrition.

In a recent survey[‡] conducted in the UK by This Can Happen Global and Fertility Matters at Work, sponsored by Ferring:



73%

of respondents stated that their fertility journey has impacted their performance at work²⁴

59%

reported a drop in workplace confidence²⁴

56%

noted strained workplace relationships²⁵



68%

said fertility treatment negatively impacted their career trajectory²⁴

“ Our 2025 employee and organisational research shows the huge impact that fertility challenges can have upon mental wellbeing. Within the workplace, this can be exacerbated further by both a lack of empathy and understanding from managers and a lack of flexible working arrangements, alongside pervasive stigma in having fertility-related conversations.

More employers need to take the time to understand how staff experiencing fertility challenges are thinking and feeling, and recognise what support or accommodations they might be looking for to best build psychological safety and support their mental wellbeing.”

This Can Happen Global²⁴

Stress can be exacerbated if someone is unable to work flexibly or if they have to use their paid time off or annual leave to accommodate fertility treatment. The situation can be even more distressing if employers do not understand or show compassion for their situation, which may stop individuals coming forward for help in the first place.²⁸

[‡] UK survey; n = >1,000

“ I used all my annual leave for fertility treatment, so when I eventually needed a break, I couldn't take one and that was mentally exhausting” – anonymous³⁰

Reported reasons for employees not telling HR or their manager about their experience include concerns about career progression, perceived stigma surrounding infertility and privacy concerns, for example not wanting to be asked prying questions.²⁷ The lack of workplace support during infertility and fertility treatment can intensify emotional strain and identity conflict, particularly when employees feel compelled to choose between their professional responsibilities and their desire to become parents.²⁶ Over time, the strain of balancing both work and treatment may become unsustainable, leading individuals to either step back from their careers or postpone – and in some cases abandon – their family-building ambitions altogether, leaving them feeling even more frustrated and defeated.²⁸ In a previous survey[§] of UK employees with experience of fertility treatment, 38% reported that they have seriously considered leaving, or have in fact quit, their job.²⁹



30%^{††}

of people took time off work without telling their employer the real reason why³⁰

91%^{‡‡}

of HR professionals say they would benefit from education and support to better understand employee fertility issues³¹

“ As a male experiencing infertility, I felt very isolated and alone. The fertility treatment journey wasn't directed towards me in any way, and my wife could see how isolating that was. I work in the construction industry, and when I began treatment, the reaction at work was brutal. I went to my manager for a confidential conversation about starting treatment and needing time off – but within a day or two, everyone knew. I took it on the chin, but it was savage, and not everyone would cope the same way. On top of that, I had to use a chunk of my annual leave to attend appointments. It shouldn't be that way – companies should make a change.

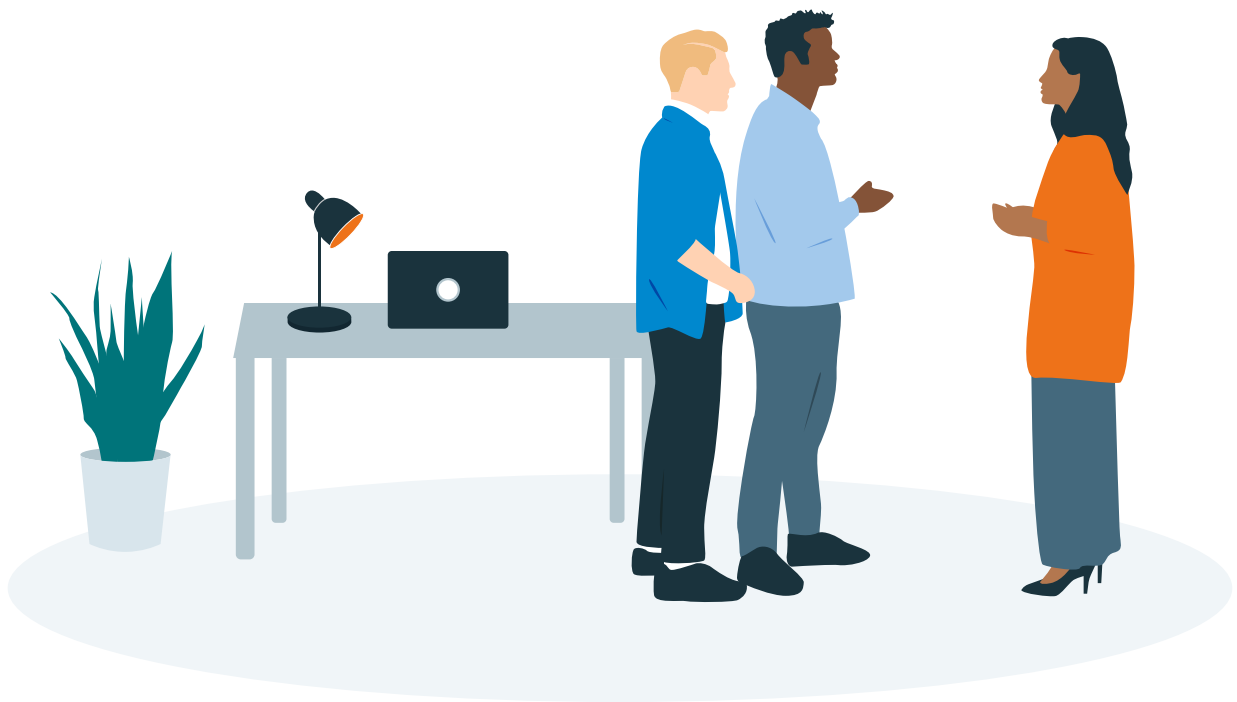
Kevin Button, Founder, The Man Cave – male experiencing infertility³²

[§] UK survey of employees with infertility experience ^{**} Global survey; n = 5,000; countries included: Canada, India, Mexico, UK and USA
^{††} UK survey; n = 3,654 ^{‡‡} UK survey; n = 4,000

Modern families and marginalised identities in today's workplace



Family-building today takes many diverse forms and a wide variety of routes, reflecting a range of personal circumstances, identities and medical or social needs. Diverse family structures include LGBTQIA+ individuals, couples and other family formations – where either both, one or neither may be a birthing parent or non-birthing parent – and people becoming solo parents by choice. Each of these groups may experience unique paths to parenthood, including through adoption and Assisted Reproductive Technology (ART) using donated gametes and surrogacy.



ART accounts for a growing share of births globally, comprising up to around 8% of the children born in Europe and 5% of the children born in the United States.³³ In Asia-Pacific demand is also expected to increase, partly due to a growing awareness of ART.³⁴ For example, in South Korea, the number of fertility treatments increased by nearly 50% between 2018 and 2022, and one in six babies in Seoul was born with the help of fertility treatment in 2024.³⁵ The rise in ART around the world is driven in part by more single individuals and LGBTQIA+ individuals, couples and other family formations accessing fertility treatment.^{33,34} This underscores the growing need for recognition and support of the diverse routes and structures through which families are formed today.

Many diverse family structures belong to marginalised or underrepresented communities and will often be navigating complex medical, legal and societal inequalities throughout their family-building journeys. In many countries, access to ART is more challenging and there may be more formal barriers for these individuals. For example in Taiwan, the ART Act, which has not been updated since its inception 20 years ago – driving ongoing discussions and calls for amendments – only allows married heterosexual couples to access ART, excluding single individuals and the LGBTQIA+ community.³⁶ Anecdotal evidence from those with lived experience tells us how this marginalisation infiltrates into the workplace, where individuals may experience heightened stigma, exclusion or misunderstanding. This is particularly prevalent when workplace policies and cultures reflect narrow, heteronormative definitions of what a family is, and policies and support must consider the intersection of gender, sexual orientation and industry-specific culture. Indeed, research shows that LGBTQIA+ employees often face unique barriers to accessing fertility care, including lack of inclusive benefits and workplace support.³⁷

From unequal parental leave to everyday assumptions that may undermine their identity and role as a prospective parent – such as why non-birthing parents may request time off or flexible hours during fertility treatment – these groups often navigate additional barriers to inclusion, recognition and support for family-building at work. These factors hold potential to adversely impact mental health throughout the family-building journey.^{11,32} As such, workplaces have a duty to adopt inclusive and flexible frameworks, recognising and honouring both diversity in family-building, and the “whole person” behind every family-building journey.

Economic, ethnic and cultural diversity may also influence how individuals experience the psychological impact of family-building. Evidence shows that Black and Asian women often face poorer fertility treatment outcomes (i.e. lowest birth rates),³⁸ which can compound the emotional and mental health challenges associated with the fertility journey. Furthermore, research highlights that African American and Caribbean American women are the least likely to disclose to their employers the reason for their workplace absence during infertility treatment.³⁹

Moreover, as migrant workers increasingly make up a significant portion of today’s workforce,⁴⁰ it’s important to recognise that for many, the workplace may be the safest and most supportive environment they have – particularly if they live in environmentally deprived conditions with limited access to specialised healthcare.

These compounded challenges highlight the unique opportunity for employers to foster inclusive and compassionate workplaces that support the reproductive needs of all employees and acknowledge the diverse experiences of all employees navigating infertility and family-building.

“ My family-building journey at work was horrendous, and the support from HR was diabolical. I had to take unpaid leave for fertility appointments, which were in Manchester, while working in London. The company had no surrogacy policy – which is common in the UK due to the absence of surrogacy employment law – and instead placed it under ‘adoption leave’. But that shouldn’t stop organisations from including surrogacy in their policies so people feel seen.

As a result, colleagues assumed I was adopting, and my employer even said, “When you adopt your baby you can have time off.” I kept explaining I wasn’t adopting – I was a genetic, non-birthing parent. There’s no shame in adoption, but I was proud that surrogacy was helping my husband and me build a family, and I wanted people to know. The company didn’t create a new policy around me and at one point told me I couldn’t start parental leave until I was legally the father, usually 4-5 months after birth. When they warned me to return after six weeks of paternity leave or risk “career suicide,” I quit. This is common in surrogacy – when there’s no policy, talent leaves. But when organisations offer fertility benefits or inclusive policies, the return is tenfold.”

Michael Johnson-Ellis, Co-CEO & Co-Founder, TwoDads UK – genetic, non-birthing parent through surrogacy³²



The case for change – the material opportunity for businesses to take action



Evidence suggests that there is a growing interest among some employers in offering fertility policies and family-building benefits to their employees – which may include reimbursement for fertility services, educational resources and extended leave.⁴¹ For example, a 2025 survey of employers in the US found that 40% were offering fertility benefits to their employees, a 30% increase from 2020. The survey concluded that leading employers are “going beyond financial assistance, providing comprehensive support that combines financial, emotional and clinical care to better serve employees and manage healthcare costs.”⁴²

However, it is still the case globally that a significant majority of employers do not have in place specific fertility policies or benefits,^{43,44} let alone access to support, training, coaching or counselling to navigate the psychological impact of family-building. For many employees on a family-building journey, there remains a stark disconnect between the scale of the wellbeing challenge they are facing, and appropriate recognition and response from employers.

In 2025



of UK employees with infertility experience surveyed by Fertility Matters at Work in partnership with This Can Happen Global said their employer provided no specific support²⁵

What is the return on investment for employers?

With psychological support often missing from fertility pathways and service provision,^{45,46} and mental health challenges common throughout fertility treatment journeys and often continuing beyond conception, there is a clear opportunity for employers to help fill this gap.⁴⁷ This can help employees on family-building journeys to look after their mental health both at work and at home, while delivering clear benefits for businesses:



Recruitment and retention: Supporting employees through their family-building journeys is a compassionate response and a strategic investment to acquiring and retaining talent:

72%^{}**

would stay at their company longer if they had access to fertility benefits¹⁶

65%^{}**

would change jobs to work for a company that offered fertility benefits¹⁶



42%^{}**

consider it to be a “deal breaker” if a new job did not offer fertility benefits¹⁶

85%^{§§}

of working women prioritise fertility- and family-friendly policies when choosing a job⁴⁸



Improved culture and productivity: Companies that value employee well-being can significantly improve productivity and reduce presenteeism (the practice of working while unwell or not feeling fully present):

Over
2 in 3^{}**

of people consider emotional and mental health support a very valuable or somewhat valuable fertility benefit¹⁶

81%^{*}**

of those with access to fertility benefits say they are more engaged and productive at work⁴²





Lower overall health costs: Provision of company fertility benefits can help manage and reduce overall healthcare costs for companies. This can span downstream expenses, for example through reduced high-risk, maternity-related expenses, as well as upstream savings through early intervention and telehealth programmes that guide employees toward better, lower-cost fertility options.⁴⁹



Advancing corporate social responsibility: Integrating fertility-friendly practices into Environment, Social and Governance (ESG) strategies can serve as a strong marker of corporate responsibility and may also enhance eligibility for government incentives or subsidies.²⁸

The evidence is clear that the psychological impact of infertility and family-building has long-term implications for both personal wellbeing and workplace productivity and engagement. It must therefore be front and centre of employers' efforts to develop fertility policies and benefits.



I was incredibly fortunate that where I worked accepted and embraced my identity and sexuality – they knew they were going to make mistakes, so they asked questions and educated themselves to make sure their staff were supportive. I was the first queer person within the organisation, so they worked with me to develop policies that were suited to me and also framed for everyone in our community. You bring your whole self to work, and that is something that I felt I could do because I felt psychologically and physically safe.

Laura-Rose Thorogood, Founder, LGBT Mummies – married, lesbian mother of four donor conceived children by IUI and IVF¹¹

Laying the foundations: What are the key principles that should guide employers' thinking?



In 2025, only

7%

of UK employers surveyed by Fertility Matters at Work in partnership with This can Happen Global currently offer fertility-focused Employee Resource Groups.²⁵



In our roundtable and supplementary 1:1 discussions, five key takeaways have emerged in how employers should approach supporting the mental health of employees navigating infertility and family-building. These have helped to shape the subsequent recommendations set out in this report.

1

Workplace fertility policies must be underpinned by the principles of inclusivity, individuality and co-production: Employers should recognise the diverse experiences, paths and stages of individuals and families navigating infertility when designing fertility policies and benefits packages. Policies and everyday conversations should seek to use inclusive and sensitive language, considering the role and needs of birthing and non-birthing parents. Careful consideration should also be given to where policies are published, to ensure they are sensitively placed – for example, standing alone from maternity leave policies, and not somewhere that may be triggering for someone experiencing infertility.

Fertility policies must pay due regard to the psychological impact of infertility and family-building – for example through facilitating access to psychological support, and where possible, fertility-specialist support services. Equally important is ensuring that the design and development of these policies do not inadvertently undermine mental wellbeing. To that end, employers should actively involve individuals with lived experience during policy development, including those from marginalised communities, whose unique challenges and needs may otherwise go unrecognised. Employee Resource Groups (ERGs) were cited as a key mechanism for formalising this engagement.

2 **Policies must take a holistic, long-term approach:** Policies should support individuals throughout and beyond the infertility and family-building journey, acknowledging the various journeys to parenthood. They should also ensure support regardless of whether family goals are reached, recognising the reality that not everyone undergoing fertility treatment will become a parent. Although not covered in this report, adopting whole-lifespan policies for reproductive health – recognising the continuum between menstrual health, fertility and menopause – may help ensure more holistic approaches.

3 **Policies must be underpinned by a leadership-led cultural shift that embeds organisational change, so that fertility becomes a normal part of workplace dialogue:** This may be an incremental process, and will differ for each organisation, but must be driven both by strong leadership that models flexible working and fertility-friendly behaviours, and bottom-up employee engagement and empowerment. Notably, this is a step that all employers can take at low to no financial cost and would be strongly beneficial to the experience of all people experiencing infertility.

4 **There is a clear need to address stigma surrounding infertility, fertility treatment, and family-building in the full breadth of modern family structures:** Language plays a crucial role in tackling fertility-related stigma, which can exacerbate the psychological challenges inherent to infertility and family-building. For LGBTQIA+ employees and others from marginalised communities, including ethnic minority communities and people living with disability, the lack of representation in fertility care – and the misunderstanding or microaggressions they may face when seeking support at work – can be especially harmful. This is particularly true if employees already feel psychologically unsafe in expressing their identity before even beginning their fertility journey. While the need to address these forms of stigma about infertility is a societal issue, employers can lead the charge on this – building employee confidence to speak only about their experiences.

Employers should therefore adopt an inclusive approach to understanding fertility. Policies and culture that define infertility as a “women’s issue” will limit accessibility of support to everyone, regardless of gender, sexuality or other characteristics. Leaders should actively spearhead efforts to foster a workplace culture where these practices are reflected and embraced at all levels.

5

Awareness, education and training are key, particularly for HR professionals and line managers: Resources and training should equip HR professionals and line managers with the practical skills they need to support staff, including the ability to have compassionate, sensitive, respectful and inclusive conversations. This should take a clear focus on language, providing a safe space to ask questions and the appropriate terminology to use. Sometimes, simply knowing that a policy exists and is easily accessible, and that there are people you can talk to if desired, is all the reassurance someone needs.

HR professionals and managers should also be supported to sensitively signpost individuals to relevant external resources, ensuring that the information is made available in a discreet and respectful manner, without imposing fertility as a topic on those who may struggle to engage with it. External organisations, such as patient advocacy organisations, can also play an important role here, providing workplaces with information and resources on the unique challenges, and mental health implications, of modern family-building.



Setting ambitions, taking action: Recommendations and suggested metrics for employers

The following recommendations for employers have been developed in consultation with fertility experts, patient advocates and corporate representatives.^{11,28,32,50,52}

Recommendations have been organised into three key themes:



A holistic approach to policies and benefits for fertility and mental health



Line manager and HR team training



Creation of a supportive, inclusive environment and working culture

Against each key theme, we have also set out a proposed self-assessment framework to guide employers as they embark upon their journeys to become more fertility-friendly. This is not designed as a prescriptive roadmap to how employers may implement recommendations; rather, it is intended as a benchmark and source of inspiration to help set ambitions, monitor and evaluate progress and uncover shareable learnings of promising practices.

When designing, implementing and evaluating policy and broader measures to support psychological wellbeing, businesses should take into account their starting position, informed by feedback from employees. From there, it is important to define clear objectives, outline a practical implementation plan, and establish a framework for tracking progress against desired outcomes. Regular reviews should be built in to assess effectiveness and make any necessary adjustments over time.

Where possible, we have sought to align with, and draw on, existing sexual and reproductive health right initiatives, indicators and metrics developed by the UNFPA with input from employers, and set out in the UNFPA report *Advancing Sexual and Reproductive Health and Rights (SRHR) in the Private Sector*.⁹ In doing so, we hope to provide practical inspiration and guidance for employers to take these broader SRHR metrics forward in the context of fertility and mental health. We have denoted where this is the case with the * symbol.

“ The private sector plays a pivotal role in advancing women’s reproductive health, which is directly linked with employee performance and wellbeing. UNFPA’s private sector scorecard of sexual and reproductive health and rights is an extremely practical tool that helps companies assess and strengthen workplace policies. By embedding reproductive health into core business practices, businesses not only uphold women’s rights but also create healthier working environments for all.”

Mariarosa Cutillo, Private Sector and Civil Society Branch Chief, United Nations Population Fund (UNFPA)

While there is no one-size-fits all approach to supporting employees going through infertility and family-building journeys, we hope that these recommendations and framework provide a useful framework for employers. At Ferring, they will guide our aspirations for the future evolution of *Building Families at Ferring*. For ease of implementation and to avoid duplicating existing efforts, employers could also consider opportunities for integration within existing corporate mental health programmes, as well as people and culture strategies.



Theme 1: A holistic approach to policies and benefits for fertility and mental health

Recommendations

- Employers should work with a representative range of employees to co-create standalone fertility and mental health policies that are inclusive and equitable in both scope of family-building journeys and language
- To best promote mental wellbeing, policies should take a holistic approach across the family-building life cycle – before, during and after treatment. This includes:
 - Flexible working to accommodate appointments, recovery and short-notice rescheduling
 - Paid, protected leave for fertility care – including partners and non-birthing parents – with assurance that utilisation will not negatively impact performance reviews, compensation or promotion decisions
 - Compassionate leave and post-outcome support for pregnancy loss, treatment failure, or other significant outcomes, including recognition and support for those that do not achieve parenthood, remaining childless after treatment
 - Supportive workplace accommodations, such as private space for injections or monitoring
- Employers should take steps to make policies accessible to all at the organisation, whilst ensuring that policies are sensitively placed and/or labelled to not trigger someone who may have historic grief or reproductive trauma related to infertility. Employers may wish to draw on specialist organisations, such as Fertility Matters at Work (UK based, with a global programme), in the implementation of policy and support programmes⁵¹
- Where employers can provide fertility benefits packages, or broader corporate wellbeing packages or employee assistance programmes (EAPs), they should ensure these facilitate access to psychological and mental health support services; where possible, these should be fertility-specialist support services that address the unique and complex challenges of infertility and family-building
- Where policies are already in place, employers should undertake cross-organisational reviews of policies and benefits to ensure they are inclusive in terms of scope and language. This should take into account diversity in family-building journeys, and the complex ways in which these intersect with mental health, as well as those whose journeys do not lead to parenthood

Proposed self-assessment framework

	<div data-bbox="571 369 719 517" data-label="Image"> </div> <div data-bbox="429 539 655 577" data-label="Section-Header"> <h3>Fertility policies</h3> </div> <div data-bbox="429 624 836 707" data-label="Text"> <p>Does our organisation have a standalone policy in place for employees who may be on family-building journey?*</p> </div> <div data-bbox="220 636 328 667" data-label="Section-Header"> <p>Indicator</p> </div> <div data-bbox="220 801 365 860" data-label="Section-Header"> <p>Quantitative metrics</p> </div> <div data-bbox="429 801 863 1072" data-label="List-Group"> <ul style="list-style-type: none"> • % of employees covered by fertility policy and entitled to fertility-related paid time off and/or flexible working arrangements* • % of entitled employees taking fertility-related paid time off and/or flexible working arrangements (measured on an annual basis)* • % of employees who agree that they feel confident to use fertility or bereavement leave without negative consequences </div> <div data-bbox="220 1149 365 1207" data-label="Section-Header"> <p>Quantitative metrics</p> </div> <div data-bbox="429 1149 863 1951" data-label="List-Group"> <ul style="list-style-type: none"> • Description of what the policies entail, including: <ul style="list-style-type: none"> — Scope of family-building scenarios covered: type of fertility treatment (e.g. IVF, surrogacy); recipient (e.g. patient, partner); fertility event (e.g. pregnancy loss, other fertility challenges)* — Flexible working arrangements (in terms of hours and location (ie office, remote))* — Scope of paid leave, including eligibility and length* • Process for policy development, including extent of co-production with, or review by, a range of employees • Process for communicating policies to employees, and making sure accessible to all those wanting to achieve parenthood, while being sensitively placed⁵² • Process for the collection of employee feedback on policies to ensure they meet fertility-related needs and language is inclusive* • Where fertility-specific policies are not in place, description of how mental health policies acknowledge and support infertility and family-building • Process for undertaking routine reviews of policies to ensure they are and remain inclusive in terms of scope and language </div>	<div data-bbox="1066 369 1214 517" data-label="Image"> </div> <div data-bbox="927 539 1190 577" data-label="Section-Header"> <h3>Access to support</h3> </div> <div data-bbox="927 624 1374 741" data-label="Text"> <p>If our organisation offers fertility benefits and/or corporate wellbeing packages to employees, do these facilitate access to mental and psychological wellbeing services?*</p> </div> <div data-bbox="927 801 1302 965" data-label="List-Group"> <ul style="list-style-type: none"> • % of employees eligible to access benefits packages • % of employees accessing benefits packages who take up offer of psychological and mental wellbeing services for fertility-related reasons </div> <div data-bbox="927 1149 1366 1765" data-label="List-Group"> <ul style="list-style-type: none"> • List and description of the types of psychological and mental wellbeing services offered under our fertility benefits and/or corporate wellbeing packages (e.g. counselling, coaching, digital wellbeing and decision-making support tools, EAP)* • Description of the scope of family-building scenarios covered (e.g. fertility treatment (birthing and non-birthing), surrogacy, fertility challenges or pregnancy loss) • Process for delivering family-building benefits to employees, including how data privacy compliance considerations are met • Where psychological services are delivered internally, process for how employee confidentiality is ensured, including process for requesting fertility-related benefits and flexibilities⁵² • Outcomes achieved, including employee-reported feedback </div>
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* Statement aligned with SRHR metrics in UNFPA report Advancing Sexual and Reproductive Health and Rights (SRHR) in the Private Sector⁹

Theme 2: Line manager and HR team training



Recommendations

- Employers should provide training to line managers and HR teams on infertility and family-building, ensuring awareness of the potential mental health impact, company policies and benefits on fertility and mental health, and how to support all employees compassionately and sensitively. Training should include guidance on how to offer support and accommodations without requiring employees to disclose sensitive details and clear boundaries on what managers should *not* ask (e.g. diagnosis, reproductive history)
- Employers should provide guidance and resources to line managers and HR teams, for example conversation guides on topics such as fertility treatment and pregnancy loss, and guidelines on inclusive and compassionate language. In doing so, workplaces should draw on the expertise and resources of external advocacy groups or specialist organisations focusing on fertility and/or mental health, including in marginalised groups. Carrot Fertility's – a global fertility and family-building platform – *Defining the modern language of fertility care* is one example, amongst a wider range, of a resource that offers a helpful framework for inclusive terminology.⁵³ The International Infertility Counselling Organisation⁵⁴ (IICO) provides a global network of infertility counsellors and organisations and maintains a directory of national counselling bodies and professionals, such as the British Infertility Counselling Association⁵⁵ (BICA) in the UK and the Australian and New Zealand Infertility Counsellors Association⁵⁶ (ANZICA) in Australia and New Zealand

Case study: The Fertility Matters at Work Accreditation Scheme is a UK-based framework, with a global programme that partners with employers, including Ferring Pharmaceuticals, to help them build supportive fertility policies and inclusive cultures. The scheme provides a formal framework for organisations to support staff navigating fertility journeys through dedicated policies, awareness and training programmes, embedding flexible leave and building support networks.⁵⁷



Proposed self-assessment framework

	 <h3>Training</h3>	 <h3>Resources and guidance</h3>
<p>Indicator</p>	<p>Does our organisation provide training to line managers and HR teams on infertility and family-building?</p>	<p>Does our organisation provide tailored guidance and resources to line managers and HR teams on infertility and family-building?</p>
<p>Quantitative metrics</p>	<ul style="list-style-type: none"> • Does our organisation provide training to line managers and HR teams on infertility and family-building? • % of line managers and HR professionals eligible to access training (denominator) • % of line managers and HR professionals accessing training on infertility and family-building (numerator) 	<ul style="list-style-type: none"> • N/A
<p>Quantitative metrics</p>	<ul style="list-style-type: none"> • List and description of the scope of training, including topics and skills covered and focus on inclusivity • Process for co-creation of training programmes with employees with lived experience of infertility and family-building • Process for ensuring that all employees are made aware of the policies* • Process for the collection of employee feedback on training to ensure they are meeting the needs of line managers and HR professionals* 	<ul style="list-style-type: none"> • Description of the nature and scope of guidance and resources made available • Process for ensuring that guidance and resources are cascaded and accessible across the organisation • Process for ensuring that guidance and resources are representative and inclusive of the diverse range of family-building scenarios



* Statement aligned with SRHR metrics in UNFPA report Advancing Sexual and Reproductive Health and Rights (SRHR) in the Private Sector⁹

Theme 3: Creation of a supportive, inclusive environment and working culture

Recommendations

- Employers should launch Employee Resource Groups (ERGs) to support those on family-building journeys, including specific marginalised groups such as the global majority, LGBTQIA+, neurodivergent individuals, people with disabilities, and those from areas of social deprivation. These groups should be designed with an intersectional approach, recognising that individuals may belong to multiple communities and face unique, compounded fertility challenges. ERGs should offer a safe space for affected employees to come together, and be invited to shape company policies and broader awareness and education initiatives
- ERGs or wellbeing committees should establish anonymous channels – such as suggestion boxes or digital mailboxes – to help employees safely express their needs, concerns and suggestions to support cultural shift surrounding infertility and family-building
- Employers should invite internal fertility champions or external fertility experts and/or advocates to deliver presentations to employees, improving fertility literacy across all levels of the organisation
- Employers should provide guidance and a resource list to their employees, signposting them to broader evidence-based awareness and educational materials on infertility and family-building journeys, including resources developed by specialist organisations and patient advocacy groups. They should also signpost employees to local and national support groups such as those focused on LGBTIA+, pregnancy loss support and donor or surrogacy resources. In the US, examples of such resources include Fertility out Loud's guides for LGBTQIA+ individuals, couples and other family formations⁵⁸ and RESOLVE's *Workplace Coverage Checklist* and *Employee Coverage at Work Toolkit*^{59,60}
- Senior leaders should model flexible working and fertility-friendly behaviours through proactive involvement in awareness, education and training, fostering a culture where such behaviours are naturally adopted throughout the organisation

Proposed self-assessment framework

	 <h3>Employee engagement and representation</h3>	 <h3>Fertility awareness and education</h3>
<p>Indicator</p>	<p>Has our organisation created engagement and communication channels for employees affected by infertility?</p>	<p>Has our organisation sought to provide broader education to employees on infertility and family-building?*</p>
<p>Quantitative metrics</p>	<p>Number of internal fertility champions and ERGs (whether fertility-specific or relevant to those with shared characteristics who may experience infertility differently)</p>	<ul style="list-style-type: none"> • % of employees aware of fertility policies • % of employees eligible to access awareness and education initiatives • % of employees choosing to access awareness and education • % of employees reporting that they would feel confident discussing infertility and family-building with colleagues (measured on an annual basis)
<p>Quantitative metrics</p>	<ul style="list-style-type: none"> • List and description of the nature of these channels (e.g. ERGs, peer networks, appointment of fertility champion) and range of shared characteristics or interests covered by these channels • Description of the function and roles of these channels, including extent of input into organisational policies 	<ul style="list-style-type: none"> • List and description of the nature of this education (e.g. internal trainings, external speakers, dissemination of resources) • Process of ensuring inclusivity in awareness and education initiatives • Description, including examples where possible, of how company leadership plays a part in improving awareness of infertility and family-building and nurturing a supportive and inclusive culture

* Statement aligned with SRHR metrics in UNFPA report Advancing Sexual and Reproductive Health and Rights (SRHR) in the Private Sector⁹

Concluding remarks



The evidence is clear that supporting employees to manage their mental wellbeing throughout infertility and family-building journeys is not just the right thing to do for individuals – it delivers benefits across organisations, and is a long-term strategy to boost employee engagement, retention and productivity.

As ART rates continue to rise, and employees become more likely to make career decisions based on the availability of fertility benefits and support, it is incumbent on us all as employers to recognise the close relationship between infertility, family-building and mental health, and take action to support every employee trying to achieve parenthood.

Critically, this cannot be confined to one demographic group, or one industry – over time, our ambition is that fertility-friendly workplaces become the norm across the globe. This normative change includes for industries where these topics may be less familiar, such as male dominated industries and workplaces, and in work environments where shift, manual, site and remote employment are the norm. Companies do not need to do everything at once. In many cases – especially in smaller organisations – empowering managers and HR leaders to have an open and compassionate conversation and signalling to staff the readiness to do so may be the best starting point, as well as drawing on the expertise and resources of external advocacy groups or specialist organisations. In companies where policies are already in place, leaders may initiate a review of these policies and benefits to ensure they are inclusive in scope and language.

For our part, Ferring will be continuing to take these learnings and recommendations forward both internally, as we continue to enhance *Building Families at Ferring*, and externally through the UNFPA Coalition for Reproductive Justice in Business. We are eager to maintain an open dialogue with employers of all shapes and sizes and would be delighted to discuss this report with HR and business leaders in further detail. Please contact RMGlobalFranchise@ferring.com.

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