

# Ethnic disparities in fertility treatment – a call to action

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## The issue

Recent HFEA reports have shown disparities between ethnic groups in success rates, age at starting fertility treatment, and access to funding. Black and Asian patients had lower birth rates from fertility treatment than other ethnic groups. Black patients started treatment later than other ethnic groups and were least likely to have NHS funded treatment.

The reasons for these disparities are complex and not fully understood. They may relate to factors ranging from underlying gynaecological or other health conditions, to cultural, social, economic and structural factors, including stigma experienced by ethnic minority patients.

The HFEA, the Royal College of Obstetricians and Gynaecologists, the British Fertility Society and Fertility Network UK recognise these health inequalities and urge for action to be taken to reduce disparities.

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## Our statement

“We call for action to ensure that Black, Asian and ethnic minority patients and their partners are not left behind in access to and experience of fertility treatment. Fertility treatment can be extremely stressful and expensive, and the changes we are calling for aim to reduce disparities in access to and outcomes for Black, Asian and ethnic minority patients.

Our call is for improvements to be made in development of clinical policy, information and awareness, NHS commissioning, and research to tackle the ethnic disparities in fertility treatment.”

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## Call to action

### Development of clinical policies

- Commissioners of clinical services and those tasked with developing clinical policies should recognise that certain ethnic groups have a poorer outcome with fertility treatment. Whilst this is likely related to a number of different factors, ethnic variation in outcome should be a factor when deciding referral criteria and policies for investigating and treating subfertility.

### Improve information and awareness among healthcare professionals

- There should be improved access to information for healthcare professionals to increase their awareness of the importance of early referral and investigations when patients from an ethnic minority group present with high risk factors or pre-existing conditions that may reduce chances of fertility.
- Our organisations will continue to raise public awareness about factors that may affect fertility so that people can make informed choices during their lives and seek medical help if needed.

### NHS Commissioning

- When commissioning services, there should be consideration of how regional or local funding and eligibility criteria may have disproportional impacts on ethnic groups, limiting access to fertility treatment. Commissioners should ensure they undertake equality assessments of their existing policies.

## Research

- There should be publicly funded research to explore barriers Black, Asian and ethnic minority patients experience when accessing and going through fertility treatment.
- Research should also explore the relationship between gynaecological and other health conditions that can affect fertility, their prevalence in Black, Asian and ethnic minority patients, and whether this is a contributing factor to disparities in access to and outcomes in fertility treatment. In particular, whether late diagnosis of these conditions (such as endometriosis or fibroids), or a lack of awareness of the impact some conditions have on fertility, is creating a barrier to successful fertility treatment.
- Further improvement should be made in the collection of high-quality ethnicity data in fertility treatment in clinics to enable data analysis and research to take place. Higher rates of data entry on ethnicity should be sought, as well as increased consistency in reporting ethnicity and improvements in consent to research rates among ethnic minority groups.

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## Agreed by



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Royal College of  
Obstetricians &  
Gynaecologists



Royal College of  
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