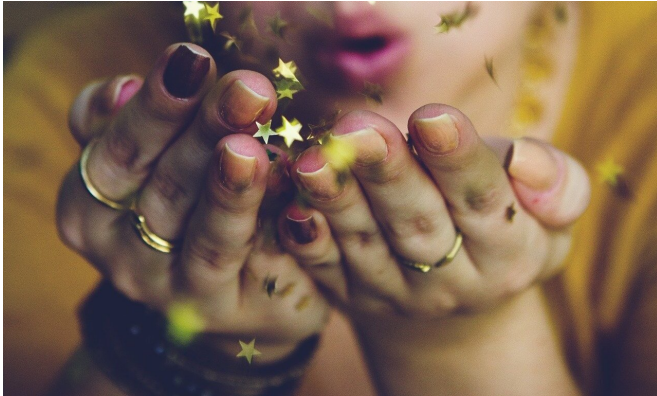


# When insurers cover infertility treatments, fewer women die

3 June 2020, by Morgan Sherburne



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When states require that insurers provide coverage of infertility treatments, 20% fewer mothers die during pregnancy, childbirth or shortly after birth, according to a University of Michigan study.

Nearly 11% of [women ages](#) 15-44 and 21% of currently married, childless women report having difficulty getting pregnant and carrying a baby to term, but fertility treatments such as in vitro fertilization can be expensive and often require multiple attempts to be successful. Infertility treatments are often not covered by [insurance](#), unless a state mandate requires that insurers provide insurance plans that cover the procedures.

Between 1977 and 2001, 15 states mandated insurance coverage for infertility treatments in some form, according to Joelle Abramowitz, lead author of the study that examined [maternal mortality rates](#) in women in states that mandated coverage of infertility treatments compared to states that didn't.

"Previous findings suggest that the mandates were effective at increasing access to infertility treatment, but less work has explored how

mandates affected maternal health outcomes," said Abramowitz, an assistant research scientist at the Survey Research Center at U-M's Institute for Social Research.

Abramowitz found for white women, there were 3.4 fewer deaths per 100,000 births, a 20% decrease from the mean of 16.9 deaths per 100,000 in states that mandated coverage of infertility treatments. Her results are published in the journal *Fertility and Sterility's* commentary website, the Fertility and Sterility Dialog.

The analysis focused on [white women](#) ages 35-49—the majority of women using assisted reproductive technology is age 30 and up—between the years 1981-1988. To examine maternal outcomes in these women, Abramowitz compared states that enacted the mandates to states that didn't enact mandates, before and after their enactments. Then, once the mandates were enacted, she studied what happened to maternal mortality trends.

"I would have expected, prior to this research, that there would be an increase in maternal mortality. But there are reasons why we would expect to see a decreased risk as well," Abramowitz said.

Some of these reasons could be that because [infertility](#) treatments such as IVF are so expensive, women without insurance may try riskier procedures to ensure the IVF is successful. Additionally, women included in the analysis were likely more affluent and to have access to [private health insurance](#) in order to benefit from the mandates.

Abramowitz's results suggest the mandates were associated with statistically significantly different maternal mortality rates for white mothers, but not for black mothers. That may be because baseline maternal [mortality](#) rates differ by race—and minorities may not have the same access to

employer-sponsored [insurance coverage](#).

Abramowitz says having a fuller understanding of the effect of mandates such as this one is important because it can inform future policy decisions—as well as having a more complete picture of women's health.

"We should care about the health of women undergoing these treatments, and the outcomes for them, but instead we're focused on their fertility and the outcomes for their children," Abramowitz said. "Finding these effects suggests the importance of more research on women's health and [maternal mortality](#), but a lack of good data prevents such research. Collecting better data would allow researchers to better investigate determinants of maternal health, thereby saving [women](#)'s lives and improving their well-being."

**More information:** Infertility insurance mandates and maternal mortality.

[www.fertstertdialog.com/users/...mowitz-consider-this](http://www.fertstertdialog.com/users/...mowitz-consider-this)

Provided by University of Michigan

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