HEALTH STATUS – REPRODUCTIVE AND MATERNAL HEALTH

IMPAIRED FECUNDITY AND FERTILITY SERVICES

Infertility generally refers to difficulties in becoming pregnant after trying for 1 year, whereas impaired fecundity includes problems either in becoming pregnant or carrying a pregnancy to term. Factors that can increase a woman’s risk for infertility or impaired fecundity include older age, smoking, excessive alcohol use, stress, poor diet, being severely over- or underweight, a history of sexually transmitted infections, and certain health conditions such as polycystic ovarian syndrome (PCOS) which can interfere with ovulation.

In 2006–2010, 10.9 percent of women aged 15–44 had impaired fecundity (data not shown). Impaired fecundity varied by maternal age and parity (the number of children a woman has had). Among nulliparous women—or those without a previous birth—prevalence of impaired fecundity increased with age from only 8.0 percent of women aged 15–29 to more than one in four women aged 35–44. In contrast, impaired fecundity did not vary greatly with age among women with a previous birth, ranging from 9 to 11 percent across age groups. Among women with a previous birth, the proportion who are surgically sterile (i.e., tubal ligation or hysterectomy) increases to over 50 percent of women by age 40–44, and thus a smaller proportion are at risk of impaired fecundity (data not shown).

Difficulties having a baby can be addressed with medications, surgery, artificial insemination and assisted reproductive technology (ART). In 2006–2010, 11.9 percent of women aged 15–44 years reported that they or their spouses or partners had ever received some form of infertility service and 4.9 percent had received medical help to prevent a miscarriage (data not shown). The most common type of infertility service received was advice (6.5 percent), followed by infertility testing (5.0 percent) and medications to improve ovulation (4.0 percent). Between one-fifth and one-quarter of nulliparous women aged 35–39 and 40–44, respectively, had ever received infertility services. Levels of infertility service use were also higher among non-Hispanic White women (13.4 percent) than non-Hispanic Black and Hispanic women (8.6 and 9.6 percent, respectively; data not shown).

### Impaired Fecundity* Among Women Aged 15–44, by Age and Parity, 2006–2010

Source: II.4: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No Births</th>
<th>One or More Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11.2</td>
<td>9.3</td>
</tr>
<tr>
<td>15–29</td>
<td>10.9</td>
<td>8.0</td>
</tr>
<tr>
<td>30–34</td>
<td>10.8</td>
<td>10.9</td>
</tr>
<tr>
<td>35–39</td>
<td>11.3</td>
<td>10.6</td>
</tr>
<tr>
<td>40–44</td>
<td>30.2</td>
<td>16.9</td>
</tr>
</tbody>
</table>

*Impaired fecundity is defined as being not surgically sterile and having problems getting pregnant or carrying a baby to term.

### Types of Infertility Services Received by Women Aged 15–44, 2006–2010

Source: II.4: Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth

- **Any service**: 11.9%
- **Advice**: 6.5%
- **Infertility Testing (of female or male partner)**: 5.0%
- **Ovulation medication**: 4.0%
- **Surgery or treatment of blocked tubes**: 0.9%
- **Artificial insemination**: 1.2%
- **Assisted reproductive technology**: 0.4%
- **Any Medical Help to Prevent Miscarriage**: 4.9%

*Assisted reproductive technology (ART) works by removing eggs from a woman’s body. The eggs are then mixed with sperm to make embryos. The embryos are then put back in the woman’s body.