

**Examining the Barriers to Care Associated with Infertility
for Black Women in the United States: A Literature Review**

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Research Question: What are the barriers to care associated with infertility for Black women in the United States?

Abstract

This literature review investigates the barriers to care associated with infertility among Black women in the United States, highlighting the significant disparities faced in accessing and obtaining reproductive healthcare for this population. The review synthesizes findings from ten peer-reviewed studies, identifying three predominant themes: lack of healthcare access and education, the influence of socioeconomic and cultural factors, and the impact of systemic racism within the healthcare system. Black women face substantial barriers to accessing reproductive health services due to economic constraints, and cultural stigmas that discourage open discussions about infertility. Additionally, systemic racism exacerbates these issues through discrimination and historical mistrust, leading to inadequate treatment and outcomes. This review demonstrates the urgent need for interventions and reforms to improve access to infertility treatments for Black women in order to enhance the equity of reproductive health care and outcomes. Conducting more research to better understand these barriers to care is crucial for addressing this issue and its implications.

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Introduction

Infertility refers to the inability to conceive a child after one year of regular, unprotected intercourse or the inability to sustain a pregnancy to full term (American College of Obstetricians and Gynecologists, 2023). This condition affects millions of individuals and couples globally, with around 13% of women aged 15 to 49 in the United States facing difficulties in conception or carrying a pregnancy to term (American Psychological Association, 2024). The factors contributing to infertility are multifaceted, including age, genetics, physical environment, and lifestyle choices. The toll of infertility is profound, often leading to mental health struggles, social stigma, relationship strains, costly treatments and evaluations, and susceptibility to developing other health issues (Mayo Clinic, 2023). Many women in the United States with fertility issues remain either undertreated or untreated, worsening these effects (American Psychological Association, 2024).

Black women in the United States experience infertility at higher rates than their white counterparts (CITE). Despite the prevalence of infertility in this population, numerous barriers prevent Black women from accessing appropriate care for the issue (CITE). This disparity is influenced by multifaceted risk factors, including age, genetics, and lifestyle, but is compounded by cultural, socioeconomic, and systemic issues unique to Black women (Centers for Disease Control and Prevention, 2022). Chronic health conditions prevalent among Black women, such as obesity, diabetes, and hypertension, significantly impact reproductive health and contribute to infertility (Harris et al., 2023). Furthermore, historical mistrust in healthcare systems, rooted in past injustices, exacerbates these challenges, leading to undertreatment and disparities in care.

Despite the significant prevalence of infertility among Black women, there is a notable lack of targeted research and interventions addressing their unique experiences (Centers for Disease Control and Prevention, 2022). National reproductive health policies often failing to integrate fertility into broader health strategies or provide adequate funding for treatment (World Health Organization, 2024). It is crucial that reproductive healthcare providers act and advocate to make infertility care

more accessible for all women and families, regardless of race (American Society for Reproductive Medicine, 2021).

There are significant gaps in research and interventions designed to address infertility in Black women (Centers for Disease Control and Prevention, 2022). National policies do not often include the diagnosis and treatment of infertility in reproductive health strategies and financing for public health falls short of covering the issue (World Health Organization, 2024). More research is necessary to understand racial and ethnic inequalities in access to and success of reproductive health treatments (American Society for Reproductive Medicine, 2021).

This literature review aims to explore the various barriers to care associated with infertility among Black women in the United States, examining how these factors affect this population. By understanding and assessing these barriers, this review seeks to contribute to improving fertility outcomes and overall reproductive health for Black women, thus improving healthcare equitability and efficiency in the country. Discovering who is at higher risks for infertility and the reasons why can help shape public health guidelines and policies as well as make women, families, and communities experiencing infertility have greater knowledge and access to resources to manage their condition and mitigate their struggles (Hopkins Medicine, 2022).

Methods

In this literature review, the databases utilized included ScienceDirect and PubMed. Both databases had a plethora of peer-reviewed, reliable, and scientific research that were appropriate for the research exploration. ScienceDirect contains over 21 million pieces of literature focusing on health and technical sciences. As it has content from a broad range of medicine and health topics, this database provided a great number of articles relevant to the research question. There were several articles regarding the impacts of infertility on Black women and the causes and effects of this issue. PubMed includes a variety of literature covering biomedical and life sciences. The database has more than 37 million sources and is specific to health and medical research making it a suitable site for

retrieving articles for the research question. The advanced search features helped specify which articles were the best fit for the research question. While there were fewer results on ScienceDirect than on PubMed, a total of ten peer-reviewed journal articles were gathered from both databases. The process for selecting the literature presented in this paper can be seen in *Figure 1*.

For ScienceDirect, the first search terms included “infertility, Black women, and United States” which yielded 6,441 articles. This search provided a large number of results, offering a general and broad overview of the topic without much specificity. To narrow down the search, the second term included “infertility, Black women, United States, and barriers” yielding 5,261 articles. This number was still too large, and the information provided too basic. The third search term included “infertility, Black women, United States, barriers, and disparities” which yielded 300 articles. With the addition of the term “barriers” the proceeding results were much more specific to the research question. The final search term included “infertility, Black women, United States, US, barriers, and disparities” which yielded 120 results. After restricting results to peer reviewed articles published between 2014-2024, 23 peer-reviewed articles were acquired. Of these articles, six were chosen based on their relevance and adequacy for answering the literature review question.

For PubMed, the first search terms included “infertility AND Black women” which yielded 393 articles. The second search terms included “(infertility OR reproductive health issues) AND Black women AND United States” which yielded 345 articles. The third search terms included “(infertility OR reproductive health issues OR infertile) AND Black women AND United States AND barriers” which yielded 102 articles. The final search terms included “(infertility OR infertile) AND (Black women) AND United States AND (disparities OR barriers)” which yielded 67 results. After the same in and exclusion criteria were applied, the peer-reviewed articles were narrowed down to 26. Of these final articles, four were chosen from this database search.

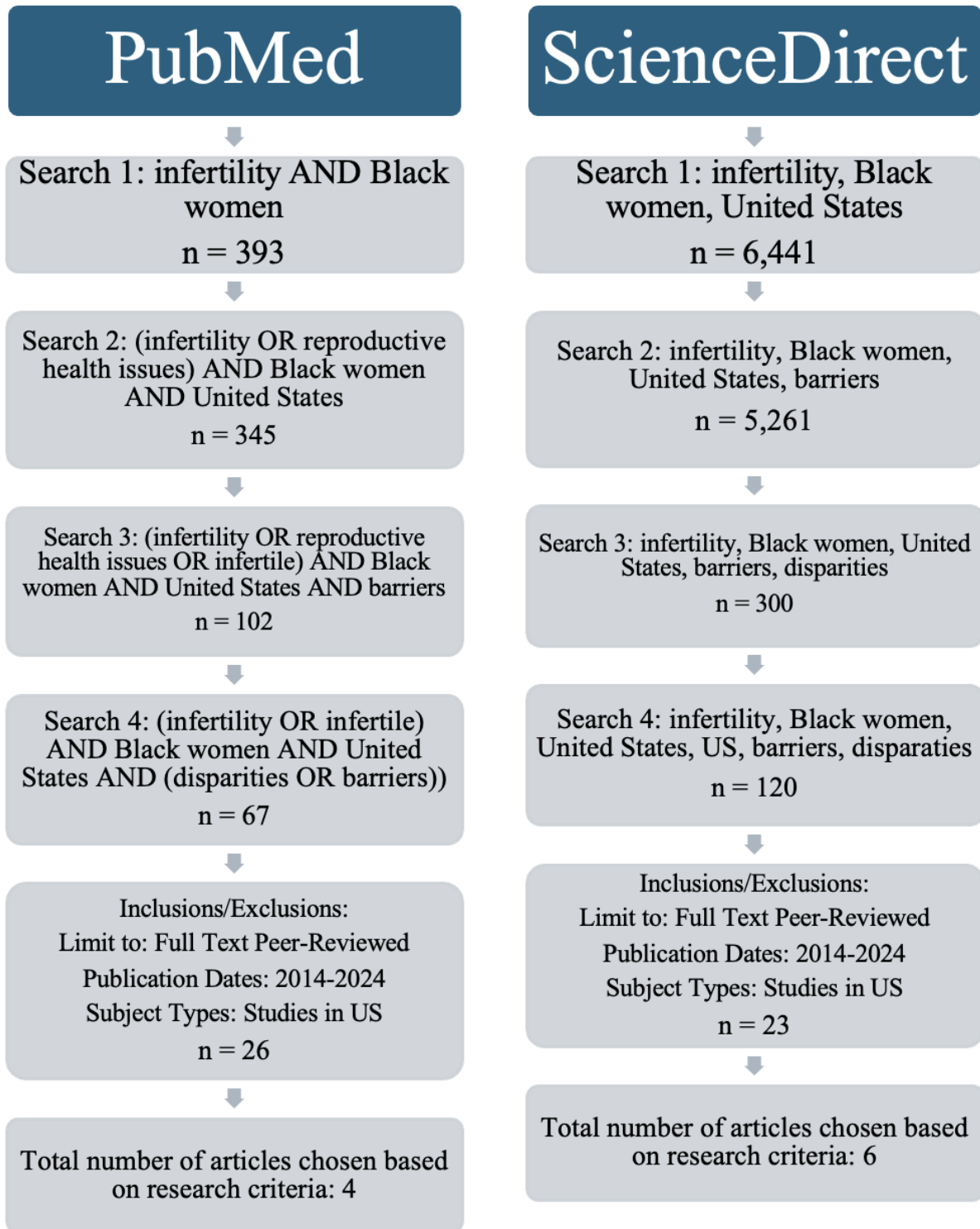
Most of the articles were gathered using the search terms “infertility AND Black women AND United States AND barriers”. Even though this search is relatively simple, it provided many

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articles that focused on the specific issue of the barriers to infertility treatment in Black women including how disparities within the healthcare system are part of the issue. The articles provided from the search focused mostly on Black women or the difference in infertility experience and access to treatments between racial groups in the United States.

In both databases, similar inclusion and exclusion criteria were applied. To be included, articles had to be peer-reviewed, published from 2014-2024, performed in the US, and focused on infertility, and barriers associated with infertility in Black women. Articles were excluded if they focused on a different population group, were not based on studies done in the US, and did not answer the research question. This included articles that focused on the relationship between age, sex, geographic area, etc. and infertility. There were many results pertaining to disparities in maternal health, pregnancy, and abortion services based on race which were eliminated as the research question surrounds the topic of infertility in Black women. *Figure 1* provides a detailed visual of the process for selecting the ten final peer-reviewed articles used in this literature review.

Figure 1. Literature Review Article Selection Process



Results

Infertility is a reproductive health issue that affects millions of women and is impacted by several determinants. The literature review on this issue identifies three overarching findings that impact the barriers to care associated with infertility in Black women in the United States. The first finding was that disparities in healthcare access and education disproportionately affect Black women and are associated with the development of infertility in this population. The second was that the influence of socioeconomic and cultural factors are correlated with a lack of infertility treatment access and acquisition. The third was that systemic racism in the healthcare system greatly affect Black women in obtaining care for reproductive health issues. A more detailed summary of the articles reviewed is displayed in *Table 1. Detailed Summary of Articles Reviewed*.

Lack of Healthcare Access and Education

Disparities in access to quality healthcare contribute to putting Black women at risk for infertility. Having access to reproductive and sexual health services plays a large role in an individual's experience with infertility (Snow et al., 2022). Many Black women face barriers to obtaining timely and appropriate care, including experiencing longer wait times, lack of insurance, and inadequate healthcare facilities in their communities (Handal-Orefice et al., 2022; Seifer et al., 2018). Black women also travel twice as far for infertility treatments than other races (Galic et al., 2021). Black women are overall 60% less likely to receive fertility evaluations and treatments compared to white women, resulting in poorer reproductive health outcomes (Snow et al., 2022).

Additionally, many Black women lack comprehensive information about fertility treatments, leading to misconceptions about their effectiveness or accessibility (Galic et al., 2021). A low perceived risk of infertility can contribute to a sense of complacency which can further delay their willingness to explore medical interventions, even when faced with signs of reproductive challenges (Wellons et al., 2018). This lack of access to information and care can delay diagnosis and treatment of infertility, potentially exacerbating future health outcomes for Black women. Furthermore, Black

women experience lower rates of educational attainment, which can be associated with lower rates of obtainment of fertility treatments (Snow et al., 2022). This disparity is primarily due to limited access to these services, as they can require referrals, and are difficult to obtain for many Black women (Seifer et al., 2018).

Influence of Socioeconomic and Cultural Factors

Socioeconomic factors are another barrier to reproductive care for Black women. Economic constraints often limit access to healthcare services, including fertility treatments, which can be extremely expensive and deter patients from obtaining them (Galic et al., 2021). Many Black women are more likely to have lower incomes, which can hinder their access to comprehensive reproductive healthcare (Tierney et al., 2024). This economic disadvantage can lead to delayed family planning and inadequate support when experiencing infertility. Moreover, differences in the management of reproductive health issues and preconception care for medical conditions also lead to delays in both care and conception, especially in underserved communities (Gibbs et al., 2024).

. Societal expectations can create a stigma around infertility, making it difficult for women to seek help or openly discuss their struggles (Snow et al., 2022). Among Black women, there is a strong emphasis on motherhood as a defining aspect of womanhood, creating a belief that fertility is an expected and natural outcome. The pressure to conform to cultural ideals of motherhood may discourage many from pursuing necessary treatments, as they may fear judgment or feel inadequate if they are unable to conceive. As a result, they may suffer from feelings of isolation and hopelessness. This delay in seeking treatment can also be linked with poor understanding of treatment options, low perceived risk of infertility, and limited social support (Cebert-Gaitors et al., 2022).

Influence of Systemic Racism in the Healthcare System

Systemic racism within the healthcare system also creates a significant barrier for Black women seeking fertility treatments. Black women make up the minority of fertility patients

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demonstrating that structural racism contributes to health inequities across racial groups (Galic et al., 2021). Discrimination and bias, both implicit and explicit, can affect the quality of care received. Black women are often treated with less urgency and care compared to white women, which can lead to misdiagnoses or under-treatment of infertility and reproductive health-related issues (Ghidei et al., 2022). Racism within the practice of medicine can create false beliefs and stereotypes such as Black women have low infertility rates, are hyperfecund, or only need contraception which can cause delays in care and limit referrals (Ghidei et al., 2022). These disparities are well-documented in literature as a product of institutional and systemic racism that lead Black people to experience worse health outcomes than their white counterparts (Galic et al., 2021).

Many Black women may feel skeptical about seeking care due to fears of discrimination, inadequate treatment, or being dismissed by providers, which further impacts their reproductive health outcomes (Tierney et al., 2024). This mistrust can hinder open communication, making it difficult for patients to advocate for their needs and affecting their reproductive health and fertility outcomes. Moreover, a lack of racial and ethnic representation among healthcare providers can further perpetuate this barrier as many Black women believe their providers may not comprehend their experiences or give them the care they need (Gibbs et al., 2024).

Table 1. Detailed Summary of Articles Reviewed

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	Author(s)	Publication Date	Article Title and Journal	Purpose	Sample Description	Type of Research	Research Findings	Limitations of the Article
1	Wellons, M Lewis, C Schwartz, S Gunderson, E Schreiner, P Sternfeld, B Richman, J Sites, C Siscovick, D	2018	Racial differences in self-reported infertility and risk factors for infertility in a cohort of black and white women: The CARDIA Women's Study <i>Fertility and Sterility</i>	To determine racial differences in self-reported infertility and in risk factors for infertility in a cohort in Black and white women.	764 women between the ages of 33-44 years who met the criteria and had complete data	Cross-sectional study	Findings revealed that nonsurgically sterile women in the United States, Black women were two times more likely to experience infertility than white women even after adjustment for socioeconomic status, pregnancy intent, and risk factors for infertility.	The epidemiology of infertility is difficult to study, especially because there is not a specific standard definition of the condition. The study also did not include women that were unmarries, over 44 years, surgically sterile, or using contraception limiting the generalizability of the results and estimates concluded.
2	Seifer, D Frazier, L Grainger, D	2018	Disparity in assisted reproductive technologies outcomes in Black women compared with white women <i>Fertility and Sterility</i>	To compare success rates in Black and white women undergoing in vitro fertilization (IVF).	Women receiving 80,309 IVF cycles	Retrospective study	Black, white, and other race/ethnicity women underwent 3,666 (4.6%), 68,607 (83.5%), and 8,036 (11.9%) IVF cycles, respectively. Spontaneous abortions were more common among Black women. Black women were largely underrepresented among IVF recipients.	The study was retrospective and the data from the registry used did not include confounders known to decrease live-birth rates like recurrent miscarriages, measures of embryo quality, and BMI. No information was obtained on severity of different diagnoses, socioeconomic statuses, or insurance coverage.
3	Snow, M Vranich, T Perin, J Trent, M	2014	Estimates of infertility in the United States: 1995-2019 <i>Fertility and Sterility</i>	To examine the infertility rates and changes from 1995-2019 in the United States and determine the association of different characteristics with	Surveyed married and cohabiting women between the ages of 15-44 years	Cross-sectional study	The multivariable model demonstrated that women who had fewer years of education, made less annual income, were non-Hispanic Black, or were not receiving	Since this study is cross-sectional, causation cannot be determined. This study also does not analyze the factors driving infertility for males or both partners together.

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				fertility and infertility.			reproductive and sexual health services were more likely to be infertile.	
4	Galic, I Negriz, O Warren, C Brown, D Bozen, A Jain, T	2020	Disparities in access to fertility care: who's in and who's out <i>F & S Reports</i>	To study the racial and socioeconomic characteristics of women seeking fertility care in a state with mandated insurance coverage for fertility testing and treatment.	1,460 fertility care patients who completed a survey	Cross-sectional study	Black and Hispanic women traveled twice as far as White and Asian women for infertility treatment. Black women were more likely to report that their race was a barrier to getting fertility treatment compared with White, Hispanic, and Asian women. Black and Hispanic women were approximately twice as likely to report income level and weight as barriers compared with White and Asian respondents.	The entire population had already successfully accessed fertility care and thus had overcome other unidentified existing barriers to accessing care.
5	Kelley, A Qin, Y Marsh, E Dupree, J	2019	Factors associated with disparate outcomes among Black women undergoing in vitro fertilization <i>F & S Reports</i>	To examine the in vitro fertilization (IVF) outcomes of Black women and women of other races and ethnicities and explore the factors associated with these outcomes for Black women.	All patients undergoing IVF in the United States that are registered in the national eIVF database	Retrospective cohort study	After IVF, Black women had significantly more miscarriages than White but not Hispanic or Asian patients, and clinical pregnancy rates after IVF were significantly lower for Black women compared with all other races. Black women had worse IVF outcomes overall than women of all other racial backgrounds.	There has been a lack of thorough documentation consistently in IVF databases, there was a great number of cycles excluded due to unknown race/ethnicity, and race/ethnicity data was merged within the IVF database creating an inability to account for the intersection between these two determinants.

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6	Tierney, K Greil, A Bell, A	2024	Socioeconomic and Racial/Ethnic Inequalities in Infertility Prevalence, Help-Seeking, and Help Received Since 1995 <i>Women's Health Issues – Official Publication of the Jacobs Institute of Women's Health</i>	To study the racial and ethnic inequalities in infertility prevalence, help-seeking behaviors, and access to treatment over the past 30 years in the United States.	Women aged 15-44 who responded of the National Survey of Family Growth (NSFG) - the medical infertility subsample was 15,339, the ever-sought help subsample was 48,986, and the specific types of help received subsample was 3,430	Longitudinal observational study	The results demonstrated that inequalities in infertility prevalence and overall treatment seeking are persistent. Inequalities in ovulation medication use, blocked tubes surgery, and testing are persistent racially and ethnically as well.	The limitations of the study include that the approach used assumed linear trends, small sample sizes led to the inability to test for changing inequalities in IVF< racial/ethnic groups besides Black, Hispanic, white, and other were unable to be analyzed due to the use of a public dataset, and some of the findings cannot be tested using the NSFG data.
7	Gibbs, L Shoai, B Becks, A Yan, F Mitchell-Leef, D	2024	Infertility care in an underserved population: A retrospective chart review of a resident-run clinic at an urban, public hospital <i>Journal of National Medical Association</i>	To examine the barriers and disparities to infertility care by examining duration and etiology of infertility in the patients visiting issues in an urban, public hospital.	306 female patients between the ages of 18 and 45 that were diagnosed with primary or secondary infertility.	Retrospective chart review	The results showed that only 22.2% of patients were referred to outside clinics for further treatment and 37.5% of those referred declined to proceed mostly due to financial reasons.	Potential misclassification of data based on incomplete or incorrect documentation of medical histories and the COVID pandemic occurred during the study period and reduced the number of in-person visits and follow ups.
8	Cebert-Gaitors, M Shannon-Baker, P Silva, S Hart, R Jahandideh, S Gonzalez-Guarda, R Stevenson, E	2022	Psychobiological, clinical, and sociocultural factors that influence Black women seeking treatment for infertility: a mixed-methods study <i>F & S Reports</i>	The purpose of this study is to explore different factors that impact Black women's decisions to seek treatment for infertility and to analyze their experiences with this health issue.	Black women aged 18-44 years who came to a infertility clinic in the metropolitan Washington D.C. area between 2015 and 2019 for an initial infertility evaluation with a male partner	Convergent mixed-methods design	The delay in seeking treatment was possibly due to low perceived risk of the issue, lack of understanding of treatment options, limited social support, or inadequate referrals from primary care providers. Some Black women also used self-interventions first to change their	Since the study was cross-sectional, causation could not be determined. Findings representing a sample of Black women from 1 fertility clinic in 1 state makes them ungeneralizable. Recall bias may have occurred since treatment may have occurred 5 years prior to data collection for some patients.

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							lifestyle or behaviors before seeking medical attention.	
9	Handal-Orefice, R McHale, M Friedman, A Politch, J Kuohung, W	2022	Impact of race versus ethnicity on infertility diagnosis be Black American, Haitian, African, and White American women seeking infertility care: a retrospective review <i>F & S Reports</i>	To research whether diagnoses of infertility differ between ethnic subgroups of Black women.	358 women seeking infertility care between the years of 2005 and 2015	Retrospective review	There were no significant differences in the infertility diagnoses between individual Black and white women. Between Black ethnic subgroups, multivariate analysis showed higher odds of infertility in Black American women compared with Black African women.	The study is retrospective which could have led to selection bias and each ethnic subgroup has a relatively small sample size. The duration of residency in the United States for some of the women could not be controlled or quantified in regard to cultural and environmental influences that may have contributed to their diagnoses.
10	Shapiro, A Sarmon, S Barad, D Albertini, D Gleicher, N Kushnir, V	2017	Effect of race and ethnicity on utilization and outcomes of assisted reproductive technology in the USA <i>Reproductive Biology and Endocrinology</i>	To determine the utilization of assisted reproductive technologies (ARTs) among different racial and ethnic groups in recent years.	Data from a total of 1,132,844 autologous assisted reproductive technology (ART) cycles and 217,030 third-party ART (3ART) cycles performed in the U.S. between 2004 and 2013.	Retrospective cohort study	Utilization of ART is inversely related to fertility rates. Autologous ART produces lower live birth rates among Asian and Black women. 3ART results in relatively low live birth rates among Black women.	There is a lack of reporting required by ART clinics which could skew racial and ethnic data. Additionally, race and ethnicity is often self-determined by patients which may be influenced by multiple factors and may not represent true genetic differences.

Discussion

This literature review examined the barriers to care associated with infertility among Black women in the United States. Infertility is a reproductive health issue that disproportionately affects Black women in the United States (Seifer et al., 2018). The barriers identified in this literature review are disparities in healthcare access and education, socioeconomic challenges, cultural influences, and systemic racism within the healthcare system. The findings reveal that Black women face significantly more challenges in accessing and attaining reproductive healthcare due to lack of access and education, socioeconomic challenges and cultural stigmas surrounding fertility and motherhood, and racism within the healthcare system (Snow et al., 2022). These factors not only hinder Black women from seeking and receiving necessary evaluations and treatments but exacerbates adverse reproductive health outcomes. To effectively address these disparities, it is crucial to identify and understand the specific barriers to care that affect Black women experiencing infertility.

Disparities in healthcare access and education are a significant barrier for Black women facing infertility in the US. There is a significant gap in the quality and availability of reproductive healthcare services, which leads to delayed diagnoses and treatment options (Seifer et al., 2018). Many Black women face barriers such as longer wait times, inadequate facilities, and a lack of insurance, leading to delayed diagnosis and treatment (Galic et al., 2021). This lack of access exacerbates existing health challenges, resulting in poorer reproductive health outcomes. Health education empowers women to seek timely assistance and make informed decisions regarding their reproductive health, which many Black women in the United States lack (Snow et al., 2022).

The intersection of socioeconomic status and cultural factors further complicates accessing infertility care for Black women in the United States. Economic constraints faced by many Black women can deter them from seeking necessary treatments due to high costs and lack of insurance coverage (Shapiro et al., 2017). Additionally, cultural attitudes surrounding motherhood and

infertility significantly impact how these women perceive their reproductive health challenges and infertility (Tierney et al., 2024). Societal expectations often create stigma, making it difficult for women to seek help (Cebert-Gaitors et al., 2022). Stigma associated with infertility and reproductive health issues may prevent many from seeking help, thereby delaying treatment, and worsening overall reproductive health outcomes (Snow et al., 2022).

Finally, systemic racism manifests in various ways within the healthcare system, creating another barrier to care associated with infertility for Black women in the United States. Discriminatory practices lead to lower quality care for Black patients, who are often treated with less urgency compared to their white counterparts (Galic et al., 2021). Implicit biases can lead to misdiagnoses or under-treatment, exacerbating existing health disparities and overall reproductive health outcomes (Wellons et al., 2018).

Limitations

Despite the insights gained from this review, several limitations must be acknowledged. First, the literature primarily focuses on studies conducted in the US, which may not fully capture the experiences of Black women in different cultural or healthcare contexts. Additionally, while this review examined ten peer-reviewed articles, the findings may not be representative of all Black or women's experiences with infertility. The selection criteria may have excluded relevant studies that would have provided valuable perspectives on the issue. Furthermore, many studies rely on self-reported data, which can be influenced by various biases, including recall and social biases. This reliance on self-reported measures may limit the accuracy of the data collected. Lastly, the review examines barriers to reproductive care for Black women in the US and does not address protective factors and successful interventions that could mitigate infertility among Black women.

Further Research

Further research is essential to fill in the gaps identified in this literature review. Future studies should aim to explore the experiences of Black women in diverse healthcare settings, including rural and urban areas, to gain a more comprehensive understanding of how contextual factors influence infertility. Investigating the intersectionality of race, socioeconomic status, and other demographic variables will also enhance the research on infertility in the United States.

Moreover, qualitative research that captures the lived experiences of Black women facing infertility could provide deeper insights into the cultural and emotional dimensions of the issue. This research could inform the development of culturally tailored interventions that address both healthcare access and the psychological aspects of infertility.

Finally, there is a need for longitudinal studies that assess the long-term outcomes of interventions aimed at improving access to fertility treatments for Black women. Evaluating the effectiveness of policy changes and community-based programs will be vital for creating sustainable solutions to infertility disparities in this population. By addressing these areas, future research can contribute significantly to enhancing reproductive health equity for Black women in the United States.

Further Practices

Addressing the complex issue of infertility and the risk factors associated with infertility among Black women in the United States entails a comprehensive approach that includes healthcare system improvement, community engagement, and policy advocacy. One vital step is the implementation of culturally competent care, where healthcare providers undergo training to better understand the unique challenges faced by Black women, particularly considering historical injustices within the healthcare system. By fostering a more empathetic environment, providers can

encourage open discussions about fertility concerns, ultimately leading to improved care-seeking behavior.

Enhancing access to fertility services is also crucial. Insurance companies must cover fertility evaluations and treatments, which would address the economic barriers that disproportionately affect Black women (Galic et al., 2021). Greater emphasis on research and advocacy to address disparities is also crucial (Galic et al., 2021). Public health campaigns specifically targeting Black communities can raise awareness about infertility, providing essential information about reproductive health, treatment options, and the importance of seeking care (Cebert-Gaitors et al., 2022). These initiatives can help demystify fertility challenges and encourage women to pursue necessary interventions.

Establishing support networks is another essential practice. Support groups for Black women experiencing infertility can create a sense of community, alleviating feelings of isolation and providing emotional backing (Cebert-Gaitors et al., 2022). Integrating mental health support into fertility care is vital, addressing the emotional toll of infertility and offering coping strategies (American Psychological Association, 2024). Furthermore, advocacy for policy changes aimed at dismantling systemic racism in healthcare is imperative. This includes promoting diversity among healthcare providers and ensuring equitable treatment protocols that mitigate biases affecting care quality (World Health Organization, 2024; Centers for Disease Control and Prevention, 2022).

Finally, increasing funding for research focused on infertility among Black women is essential for developing tailored interventions. Further studies should seek to reduce barriers to treatments for infertility at both the clinical and policy levels (Cebert-Gaitors et al., 2022). Collaborative efforts between academic institutions, community organizations, and healthcare providers can facilitate research that explores the unique risk factors and barriers this population faces (American Society for Reproductive Medicine, 2021). By prioritizing research and innovative solutions, the healthcare landscape can be transformed to better support Black women experiencing

infertility, ultimately improving reproductive health outcomes (Hopkins Medicine, 2022; ScienceDirect, 2024). Through these practices, stakeholders can work together to create a more equitable environment for fertility care, empowering Black women to access the support they need when it comes to their reproductive health.

Conclusion

This literature review highlights the barriers to care associated with infertility among Black women in the United States, emphasizing the impact of inequities in healthcare access and education, socioeconomic and cultural influences, and systemic racism. The findings reveal that Black women experience infertility at disproportionately higher rates compared to their white counterparts, compounded by barriers to accessing quality reproductive health services. Disparities in healthcare access, combined with socioeconomic challenges and cultural stigma, create barriers to infertility treatment for Black women across the country. Even after adjusting for other risk factors, race continues to be a significant contributor to infertility (Handal-Orefice et al., 2022).

Addressing these issues requires a multifaceted approach that involves culturally competent care, community awareness initiatives, and policy advocacy and implementation. By improving healthcare access and creating more supportive environments, stakeholders can help mitigate the negative impacts of infertility on Black women. Moreover, increasing research efforts dedicated to this population is essential for developing effective interventions that can address unique population needs.

Ultimately, achieving equity in reproductive health care is not only a matter of justice but also a critical step toward enhancing the overall well-being of Black women and their families. As healthcare providers, policymakers, and community organizations collaborate to dismantle barriers,

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there is potential for significant improvements in fertility outcomes and reproductive health equity for Black women in the United States.

References

- American College of Obstetricians and Gynecologists. (2023). Infertility. Retrieved from <https://www.acog.org/womens-health/faqs/infertility>
- American Society for Reproductive Medicine. (2022). Infertility: Definitions and prevalence. Retrieved from <https://www.asrm.org/topics/topics-index/infertility/>
- Cebert-Gaitors, M., Shannon-Baker, P. A., Silva, S. G., Hart, R. E., Jahandideh, S., Gonzalez-Guarda, R., & Stevenson, E. L. (2022). Psychobiological, clinical, and sociocultural factors that influence Black women seeking treatment for infertility: a mixed-methods study. *F S Rep*, 3(2 Suppl), 29-39. <https://doi.org/10.1016/j.xfre.2022.02.004>
- Galic, I., Negris, O., Warren, C., Brown, D., Bozen, A., & Jain, T. (2021). Disparities in access to fertility care: who's in and who's out. *F S Rep*, 2(1), 109-117. <https://doi.org/10.1016/j.xfre.2020.11.001>
- Ghidei, L., Wiltshire, A., Raker, C., Ayyar, A., & Brayboy, L. M. (2022). Factors associated with disparate outcomes among Black women undergoing in vitro fertilization. *F S Rep*, 3(2 Suppl), 14-21. <https://doi.org/10.1016/j.xfre.2021.12.002>
- Gibbs, L., Shoai, B., Becks, A., Yan, F., & Mitchell-Leef, D. (2024). Infertility care in an underserved population: A retrospective chart review of a resident-run clinic at an urban, public hospital. *J Natl Med Assoc*, 116(4), 403-409. <https://doi.org/10.1016/j.jnma.2024.07.006>
- Handal-Orefice, R. C., McHale, M., Friedman, A. M., Politch, J. A., & Kuohung, W. (2022). Impact of race versus ethnicity on infertility diagnosis between Black American, Haitian, African, and White American women seeking infertility care: a retrospective review. *F&S Reports*, 3(2), 22-28. <https://doi.org/10.1016/j.xfre.2021.11.003>
- Seifer, D. B., Frazier, L. M., & Grainger, D. A. (2018). Disparity in assisted reproductive technologies outcomes in black women compared with white women. *Fertil Steril*, 90(5), 1701-1710. <https://doi.org/10.1016/j.fertnstert.2007.08.024>
- Shapiro, A. J., Darmon, S. K., Barad, D. H., Albertini, D. F., Gleicher, N., & Kushnir, V. A. (2017). Effect of race and ethnicity on utilization and outcomes of assisted reproductive technology in the USA. *Reprod Biol Endocrinol*, 15(1), 44. <https://doi.org/10.1186/s12958-017-0262-5>
- Snow, M., Vranich, T. M., Perin, J., & Trent, M. (2022). Estimates of infertility in the United States: 1995-2019. *Fertil Steril*, 118(3), 560-567. <https://doi.org/10.1016/j.fertnstert.2022.05.018>
- Tierney, K. I., Greil, A. L., & Bell, A. V. (2024). Socioeconomic and Racial/Ethnic Inequalities in Infertility Prevalence, Help-Seeking, and Help Received Since 1995. *Womens Health Issues*, 34(4), 401-408. <https://doi.org/10.1016/j.whi.2024.03.005>
- Wellons, M. F., Lewis, C. E., Schwartz, S. M., Gunderson, E. P., Schreiner, P. J., Sternfeld, B., Richman, J., Sites, C. K., & Siscovick, D. S. (2018). Racial differences in self-reported infertility and risk factors for infertility in a cohort of black and white women: the CARDIA Women's Study. *Fertil Steril*, 90(5), 1640-1648. <https://doi.org/10.1016/j.fertnstert.2007.09.056>

