



New Progyny Study Examines Persistent Racial and Ethnic Differences in Fertility Treatment Initiation Despite Access to Benefits

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Research presented at ASRM 2026 Scientific Congress & Expo highlights the importance of early engagement and personalized support in helping patients navigate fertility care

NEW YORK, Oct. 28, 2026 (GLOBE NEWSWIRE) -- [Progyny, Inc.](#) (Nasdaq: PGNY), a global leader in women's health and family building solutions, today announced findings from new research presented at the [American Society for Reproductive Medicine \(ASRM\) 2026 Scientific Congress & Expo](#), revealing that racial and ethnic disparities in fertility treatment initiation persist even among patients with access to fertility benefits. However, the time from initial consultation to the start of a treatment cycle resulting in pregnancy was largely comparable across racial and ethnic groups, highlighting the importance of better understanding the clinical, personal, and other factors that influence treatment decisions.

The study, "Racial and Ethnic Disparities in Initiation of Treatment Within a Fertility Benefit Program," examined 12,516 patients who accessed fertility benefits between 2024 and 2025 to better understand how race and ethnicity may influence treatment initiation, time to care, treatment selection, and time to pregnancy.

Key findings from the research include:

- **Disparities persist despite access to benefits.** African American/Black, Asian/Pacific Islander, and Other/Mixed race and ethnicity patients had treatment initiation rates approximately 10%, 19%, and 11% lower, respectively, than White patients, despite access to fertility benefits.
- **Some patients experienced longer delays in starting treatment.** African American/Black patients waited an average of 136 days between their initial fertility consultation and treatment initiation, while patients identifying as Other/Mixed race and ethnicity waited 144 days, compared to 127 days for White patients. This represents an additional 9 and 17 days, respectively.
- **Timing of treatment cycles resulting in pregnancy was largely comparable.** The time from initial consultation to the start of a treatment cycle resulting in pregnancy ranged from 180 to 190 days across racial and ethnic groups, with relatively modest differences observed between groups.
- **Treatment pathways also varied.** Asian/Pacific Islander patients had 23% higher adjusted odds of initiating intrauterine insemination (IUI) and 15% lower adjusted odds of initiating in vitro fertilization (IVF) compared to White patients. While IVF generally offers higher success rates per treatment cycle than IUI, the most appropriate treatment depends on each patient's unique clinical circumstances. These findings highlight the importance of understanding differences in treatment selection and ensuring patients have the guidance needed to make informed decisions about their care.

"Expanding access to fertility benefits is an important step toward making care more equitable, but this research reminds us that coverage alone does not eliminate every barrier patients may face," said Janet Choi, MD, Chief Medical Officer, Progyny. "What stands out is that once patients engage in treatment, time to pregnancy is largely similar across groups. That reinforces the need to look more closely at the barriers that may inhibit certain patient populations from pursuing appropriate clinical evaluations as well as what obstacles may delay certain patient populations from proceeding to timely, indicated treatments even when they have access to comprehensive fertility benefits."

As Progyny marks its 10th anniversary, the findings reinforce the company's longstanding commitment to advancing fertility care through research, innovation, and personalized support. The study underscores the importance of looking beyond coverage to better understand the factors that influence whether and when patients begin fertility treatment. While the research did not evaluate the underlying reasons for differences in treatment initiation, clinical indications, patient preferences, decisions to defer treatment, and potential barriers to care may all play a role. Further research is needed to better understand these differences and identify opportunities to support informed, individualized treatment decisions.

"Improving fertility care requires us to understand not only what happens during treatment, but also who is getting to treatment in the first place," said Kyle Le, MD, a Reproductive Endocrinology and Infertility (REI) fellow at Shady Grove Fertility who presented the research at ASRM. "These findings highlight the importance of looking more closely at differences in treatment decisions across patient populations and identifying opportunities to ensure every individual receives appropriate, personalized care."

The research was conducted by investigators affiliated with [Shady Grove Fertility – Jones Institute at EVMS/ODU](#), [Icahn School of Medicine at Mount Sinai](#), [Progyny](#), and [Reproductive Medicine Associates \(RMA\) of New York](#).

To learn more about Progyny's fertility research and clinical outcomes, visit progyny.com/superior-outcomes.

About Progyny

Progyny is a global leader in women's health and family building solutions, trusted by leading employers, health plans, and benefit purchasers worldwide. Through its comprehensive and personalized approach, Progyny supports members across fertility and family building, pregnancy and postpartum, menopause and midlife, and parent and child well-being journeys. Progyny combines differentiated clinical care, integrated pharmacy support through Progyny Rx[®], and personalized guidance from Progyny Care Advocates[®] to deliver improved member experiences and better health outcomes. For more information, visit www.progyny.com.

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