Elective Fertility Preservation Intentions for Non-Covered Resident Physicians

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OBJECTIVE

To assess knowledge and attitudes regarding elective fertility preservation (EFP) among resident physicians at an institution without EFP insurance coverage.

DESIGN

An anonymous, cross-sectional survey of resident physicians assigned female at birth at a single academic medical center, conducted August–September 2025.

MATERIALS & METHODS

Residents completed a structured survey capturing demographic information, childbearing intentions, EFP interest and barriers, and knowledge of age-related fertility decline and ART success rates.

RESULTS

Seventy-five resident physicians across post-graduate years 1–5 participated (mean age 29.5 ± 2.4 years). Most identified as non-Hispanic (75.9%), heterosexual (87.3%), and married (48.1%); were in non-surgical specialties (64%); and were nulliparous (87.8%) with childbearing not yet complete (84.9%). While 73% had considered elective egg or embryo freezing, only one had previously undergone EFP. Primary barriers included cost (90.7%), scheduling (81.3%), success rate concerns (33.3%), religion (6.7%), pain (2.7%), and the political climate (1.3%). Most residents (86.3%) would be more likely to pursue EFP with insurance coverage, and 90.4% would view a program more favorably if EFP were offered as a trainee benefit. Only 38.4% correctly identified that their institution has an REI department offering EFP. Residents overestimated spontaneous conception rates and underestimated IVF success rates.

Most residents have considered elective fertility preservation and would pursue it with institutional support.

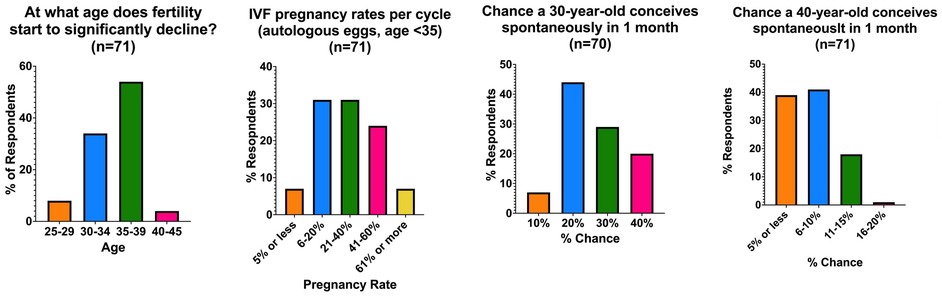

Figure 1. Fertility Knowledge: Self-Reported Responses

RESULTS

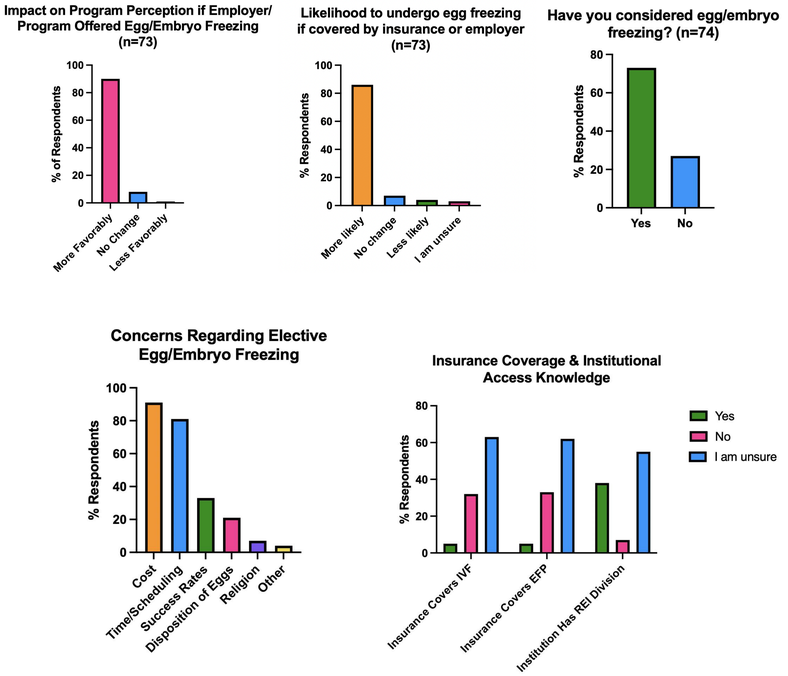

Figure 2. Resident responses regarding intention to undergo oocyte or embryo cryopreservation, associated concerns, and knowledge of insurance coverage and institutional access.

CONCLUSIONS

Most residents have considered EFP and would pursue it with institutional support. Cost and scheduling are the dominant barriers. Significant knowledge gaps regarding fertility decline and ART success rates highlight the need for targeted education and policy reform to support reproductive autonomy among physician trainees.