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### INTRODUCTION

Infertility affects one in five women in the United States.<sup>1</sup> With the exception of advancing age and increasing BMI, it was found that infertility rates were comparable across various races/ethnicities, educational backgrounds, and household income brackets.<sup>2-4</sup> However, the rates at which women seek treatment for infertility correlate with socioeconomic status, higher education, and whether or not they were insured.<sup>4</sup>

Healthcare inequities are defined as systematic differences in access to healthcare between populations due to specific characteristics pertaining to each group.<sup>7</sup> Studies show that historically marginalized patients are less likely to seek treatment for infertility, emphasizing the economic burden of these treatments on patients.<sup>5-6</sup> In general, research indicates that certain social inequities majorly influence the health, well-being, and quality of life of affected patients with infertility.<sup>8</sup>

### IMPORTANCE & OBJECTIVES

Infertility has a high prevalence in the United States and health inequities play a large role in access to medically assisted reproduction (MAR). The aim of this study was to identify gaps in research pertaining to inequities in MAR, and propose suggestions for future research directions.

### METHODS

Searches were performed using MEDLINE and Ovid Embase. Articles that reported on MAR inequities, published between 2016–2021 in the United States, and written in English were included. The inequities investigated were adapted from the NIH-designated health disparities populations. Each article's inequity findings were extracted and reported, along with frequencies of inequities.

Figure 1. PRISMA Flow Diagram

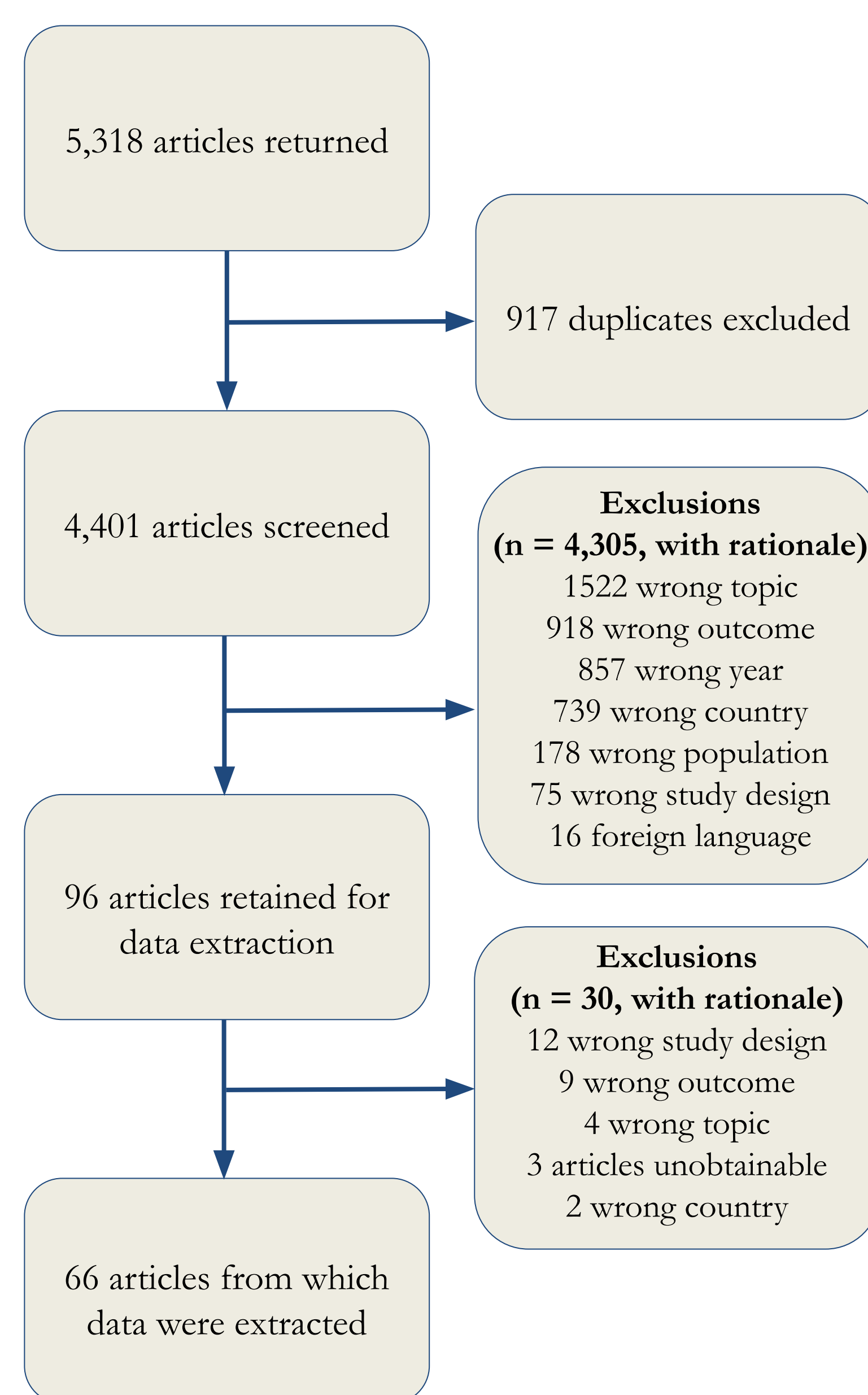


Table 1. Inequities Examined in Included Studies

	<b>Race/Ethnicity</b> (n=45) 68.2%
	<b>Sex or Gender</b> (n=4) 6.1%
	<b>LGBTQ+</b> (n=15) 22.7%
	<b>Income</b> (n=30) 45.5%
	<b>Education</b> (n=22) 33.3%
	<b>Rural/Underserved</b> (n=5) 7.6%
	<b>Occupational Status</b> (n=5) 7.6%

Figure 2. Study Designs of Included Studies With Respect to Inequities Examined

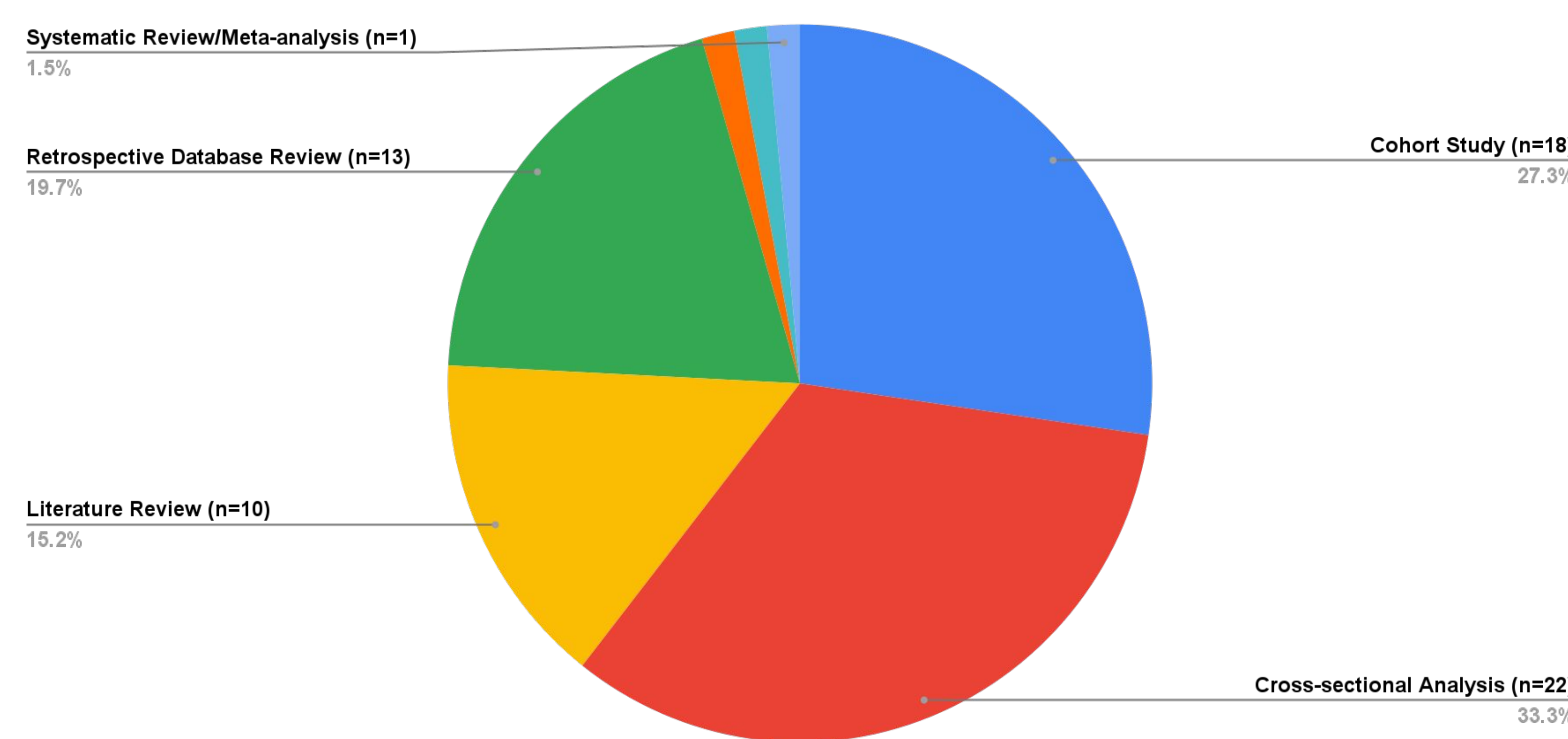


Figure 3. Frequency of Inequities Examined Over Time

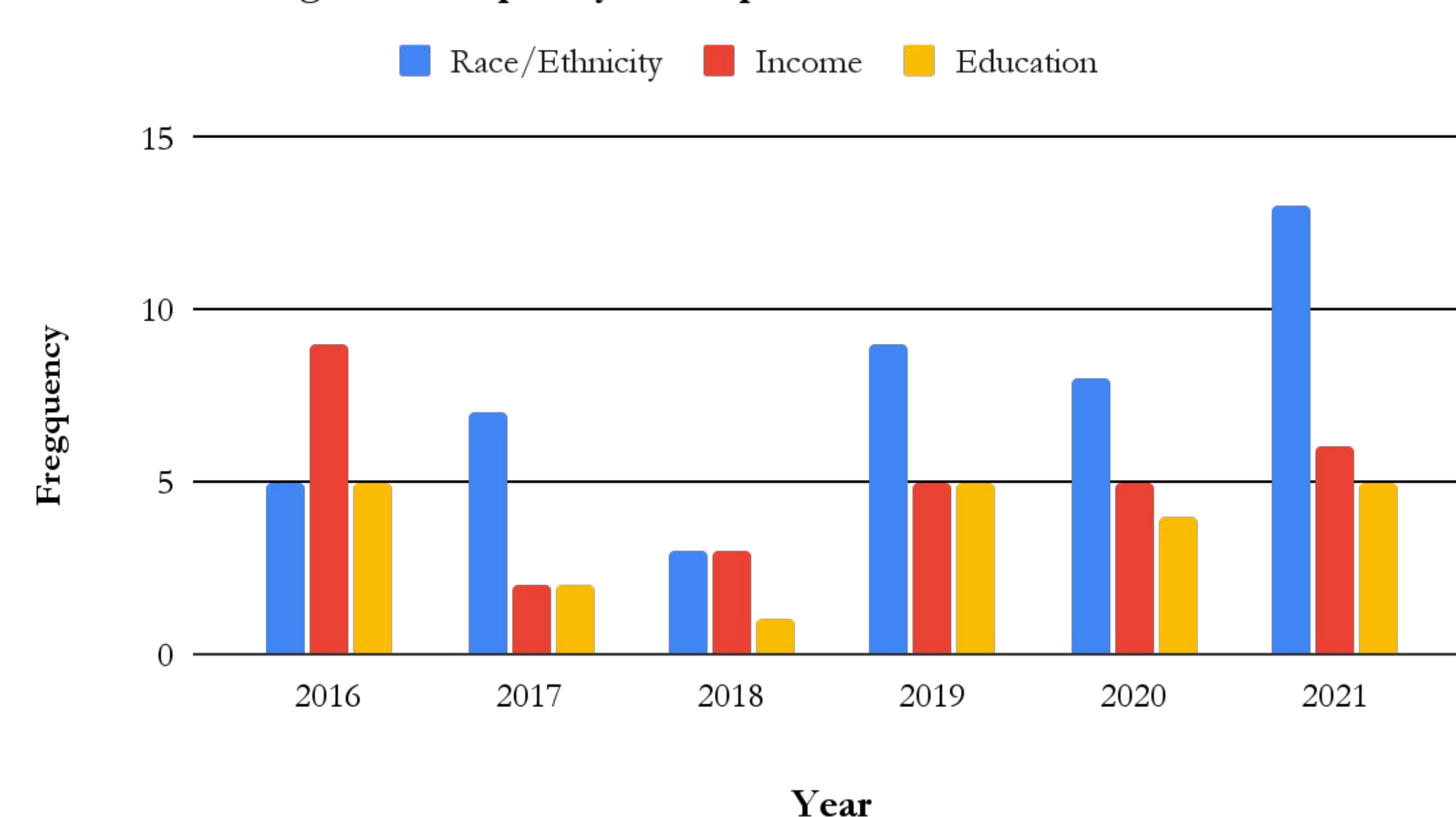
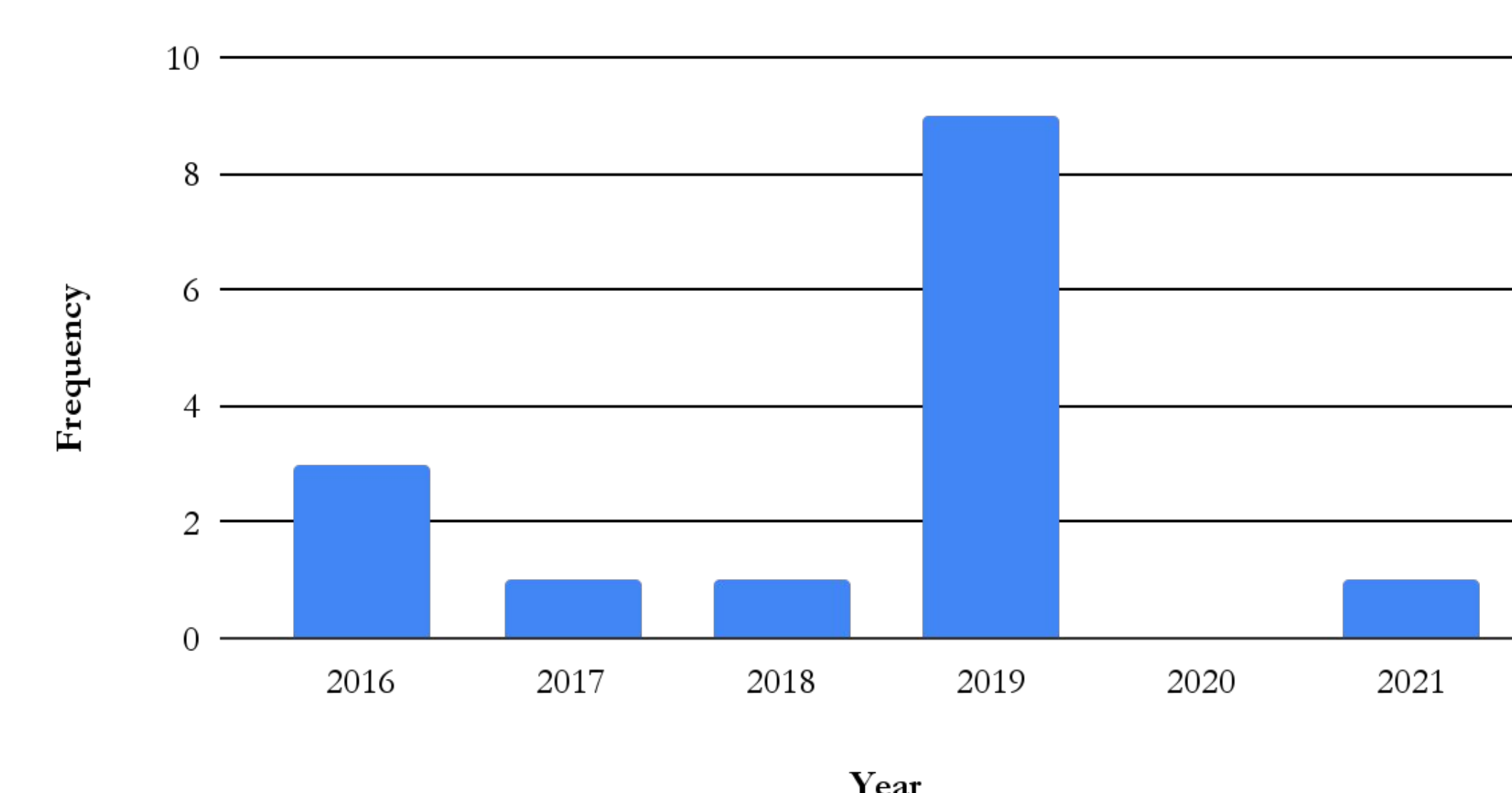


Figure 4. Frequency of Studies Investigating Sexual and Gender Minorities Inequities since 2016



### FINDINGS

Our sample included 66 studies. The majority of the studies investigated MAR outcomes by race/ethnicity, and found that historically marginalized populations had poorer outcomes. LGBTQ+ populations were less likely to use MAR or seek infertility care. Most studies found positive correlations with MAR use with income and education. The least commonly studied inequities in our sample were sex and/or gender and rural/under-resourced populations; findings showed that men and people from rural/under-resourced populations were less likely to access MAR. Studies that examined occupational status had varying findings.

### CONCLUSION

We suggest that future research be targeted toward: (1) standardizing and diversifying race/ethnicity reporting regarding MAR, (2) the use of community-based participatory research to increase data for LGBTQ+ patients, and (3) increasing access to infertility care for men.

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