recognizing Hispanic Heritage Month





WIN is proud to address these disparities and support members of the Hispanic community through inclusive resources and personalized family-building support designed to empower those on the path to parenthood - no matter what the journey entails.

fertility facts

It's never too early to get informed when it comes to learning about your fertility.

More and more people are choosing to wait to have children for a variety of reasons, such as finding the right partner, establishing a career, and wanting to achieve personal goals before parenthood.

However, waiting can often mean experiencing greater issues with fertility, particularly after age 30 when fertility begins to decline. As a result, many in their 30s turn to fertility treatments to help them build their families, but systemic barriers to accessing care can make it more difficult for Hispanic women to pursue fertility treatments.

Studies show Hispanic patients may be more likely to experience:

Increased risk for complex health conditions

Across the U.S., members of ethnic minority groups may be more prone to certain health conditions. Women of Hispanic heritage are more at risk for PCOS, or polycystic ovary syndrome. PCOS is one of the most common causes of female fertility challenges and is linked to obesity, diabetes, high blood pressure, hormone imbalances, and problems with ovulation—all conditions that can negatively impact female fertility—and are cited to be more prevalent in the Hispanic community.

Fertility-related stigma

Religious beliefs and traditional cultural attitudes can contribute to the stigma toward infertility and fertility treatment in the Hispanic community, putting undue social pressure on those who must pursue a different family-building path. This can make the decision to undergo fertility treatment, an already vulnerable experience, even more isolating and emotionally challenging.

Disparities in access to care

Hispanic women are underrepresented in the population receiving fertility treatment; they are less likely to seek out support, and, even after an evaluation, are less likely to receive fertility care. Beyond the cultural factors above, financial, geographical, and language barriers can make it more difficult to access a provider and pursue treatment. Research carried out in Illinois found that Hispanic women traveled twice as far as white non-Hispanic women or Black women to seek fertility care. They also reported trepidation about using reproductive technology, citing greater ethical concerns and worries about side effects.

fertility 101

class is in session

did you know?

- O Women are born with all of their eggs
- O As we age, the quantity and quality of our eggs naturally decrease
- Each month, your body naturally develops a group of eggs in the ovaries that then get released
- O Age is most important determinant for fertility
- Regardless of your age, it's never too early or too late to get informed about your fertility

consider seeing a fertility specialist if you:

- O Cannot conceive after 12+ months of trying
- O Are 35 or older and cannot conceive after 6 months of trying
- O Experience painful periods, irregular periods, or no periods
- O Have had more than one miscarriage
- Have significant medical conditions that may impact your fertility
- Are single or in an LGBTQIA+ relationship looking to build a family

1 in 3

women struggle with fertility over the age of 35

50%

of known infertility cases attributed to male factor

48%

of BIPOC women struggle with fertility, compared to 31% of White women

(re)defining infertility

Infertility is traditionally defined as not being able to get pregnant after at least one year of trying to conceive, whether through regular unprotected intercourse or inseminations.

The definition of infertility has been recently broadened by the American Society for Reproductive Medicine (ASRM) to be more inclusive of anyone that needs medical intervention to achieve a successful pregnancy - improving equity and access to treatment for single individuals and those in LGBTQIA+ relationships.

Fertility challenges are challenging enough.

For members of the Hispanic community seeking fertility care, remember that you are not alone. WIN is here to provide the support and care you need to build your family, connecting you to informative resources and fertility experts who truly understand you, your concerns, and your needs.

Clinical representation matters

40% of WIN Nurse Care Advocates identify as BIPOC, and 100% are specially trained on inclusive fertility care to create a safe space where members can discuss their appointments and ask follow-up questions relating to their journey.

Hands-on provider matching

WIN matches members to Reproductive Endocrinologists who understand the unique fertility challenges Hispanic members face, and are best suited to provide individualized care.

Donor education and guidance

WIN Nurse Care Advocates help members understand what's covered under their donor egg and sperm benefit, what to expect, and support them in screening for donor criteria, choosing an agency, and procuring material.

Individualized behavioral health support

Evidence-based behavioral health support is tailored to each member to help lower stress and improve overall well-being.

Access to tailored fertility education

WIN provides educational articles, webinars, and more to help support, inform, and empower members about their family-building options.

need on-demand support?

From late night questions and medication assistance to emotional support, our Nurse Care Advocates are available 24/7 through the WINFamily App to help you navigate your fertility journey.



Clinical guidance is a tap away.

Scan to download the WINFamily App and create your account using your company name.

