Double Duty

Career Impact, Workplace Policies and the Support People Need

fertility europe

Findings from the Fertility Europe Infertility in the Workplace 2026 Survey

2,717 respondents |

33 countries and territories represented

November 2026

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Introduction

The World Health Organization (WHO) estimates that **1 in 6 people of reproductive age globally experience infertility[1].** Based on the WHO's estimate, applying this prevalence to the EU population of reproductive age suggests that around 32 million people in the EU alone may experience infertility[2]. It's worth noting that these figures refer specifically to infertility as a medical condition, while involuntary childlessness can also result from other circumstances, including social, legal or access-related factors. For the vast majority, these experiences occur precisely during a period of peak professional activity and career development, meaning that the demands and uncertainty involved coincide with a critical stage of their working lives.

Behind these numbers are people who are working, earning a living, saving for the future, building careers, supporting colleagues, managing teams and making decisions about their professional futures.

For those navigating infertility diagnosis and fertility treatment, work does not stop.

The demanding and unpredictable process of appointments, procedures, treatment schedules, medication, recovery, and the uncertainty of treatment have to be managed alongside meetings, deadlines, working hours, and career expectations.

This creates a **Double Duty**: managing a significant life and health experience while continuing to participate in working life.

Executive Summary

Fertility does not stop at the workplace door. For people navigating infertility and fertility treatment, managing employment alongside diagnosis, appointments and treatment can create a demanding **Double Duty**. The Fertility Europe "Infertility in the Workplace" survey shows how demanding that Double Duty can be, exploring its impact on wellbeing, working lives and career prospects, as well as experiences of workplace flexibility, support, disclosure and access to relevant policies and provisions.

People should not have to choose between their fertility journey and their career. Yet the findings show that the EU and national frameworks that govern working life are not built to accommodate fertility treatment – leaving employees to absorb the cost.

The key findings demonstrate that infertility and fertility treatment can have a substantial impact on people's working lives and future career decisions:

[1] World Health Organization (2023) 1 in 6 people globally affected by infertility: WHO, 4 April. Available at: https://www.who.int/en/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility

[2] Eurostat (2026) Population on 1 January by age group and sex [Data set], demo_pjangroup. Available at: https://doi.org/10.2908/demo_pjangroup.

Out of all 2,717 respondents:

99.1%

said **infertility was a significant** (2,488 respondents) or **somewhat significant** (205 respondents) life experience

Out of 2,607 respondents who were in some form of employment:

70.7%

said infertility or fertility treatment **influenced their long-term career planning**

17.5% **31.4%**

17.5% considered **leaving work entirely**, and 31.4% considered **not pursuing career opportunities**

90.0%

experienced stress and/or anxiety balancing infertility diagnosis or treatment with work

61.7%

feared negative consequences at work

5.6% **84.3%** **10.1%**

Only 5.6% said their **employer had a dedicated fertility policy, guidance or support scheme**; 84.3% said they did not, while a further 10.1% were not sure

93.3%

would definitely or possibly **prefer a job with fertility-support policies** over an otherwise similar job without them

77.8%

did not feel comfortable (1,185 respondents) or **felt only somewhat comfortable** (842 respondents) disclosing their fertility diagnosis or treatment at work

Out of 2,196 respondents (84,2%) who needed to take time off for diagnosis or treatment:

96.3%

had to piece together various types of leave

57.7% **11.6%**

57.7% of those who needed time off **used sick leave for treatment**, often at reduced pay; only 11.6% **had access to fertility-related leave**

Taken together, these findings point to a significant gap between the realities of infertility and fertility treatment and the support currently available in the workplace. The issue extends beyond the practical need to attend appointments or take time away from work. Respondents describe concerns about disclosure, negative consequences, flexibility and the potential impact on their careers, while formal workplace policies and provisions remain uncommon.

Infertility at work is also an equality issue. The burden of fertility treatment is not distributed equally. **Women made up 98.2% of respondents to this survey (2,669** out of **2,717),** reflecting the reality that women disproportionately carry the physical and practical burden of fertility treatment. Regardless of the underlying cause of infertility or the role of each partner in the journey, women are often the ones undergoing hormonal stimulation, medical procedures, frequent monitoring and, in many cases, daily medication and injections. This can place additional demands on women's time, bodies and ability to remain fully available at work. The result is an equality issue that extends beyond healthcare: when workplaces are not equipped to accommodate fertility treatment, the consequences can also be felt in women's careers, income and opportunities for progression.

Double Duty is also a financial paradox. People need to stay in employment to pay for treatment or bear costs associated with treatment even if public funding is available, yet treatment makes it harder to work normally. With fertility-related leave rarely available, many fall back on sick leave at reduced pay, or on annual and unpaid leave – paying for treatment twice: in fees, and in lost income or rest.

Workplace support for people navigating infertility remains rare, while its absence has tangible consequences for their careers, wellbeing and ability to remain in work.

These findings are reinforced by what respondents said they wanted from employers: **93.3% said they would definitely or possibly prefer a job with fertility support policies over a similar job without them.** Together, the findings show that the challenge is not limited to individual experiences of treatment. It has implications for career progression, retention, workplace inclusion, employee wellbeing and the ability of people to remain in work while receiving care. Further research and dialogue are therefore needed to understand which workplace measures are most effective, how they can be implemented in different employment contexts, and what changes are needed at organisational and policy level.

Yet dedicated workplace support remains rare.

Only **5.6%** of respondents said their employer had a dedicated fertility policy, guidance or support scheme. **84.3%** said they did not, while a further **10.1%** were not sure.

Where workplace support is available, it is associated with better reported experiences. Among respondents who answered the question about workplace policies, **145** reported that their employer had a dedicated fertility policy, while **2,197** reported that their employer did not. **265** were unsure and were excluded from this comparison.

Respondents who had access to a dedicated fertility policy were less likely to report stress and anxiety (**83.4%**, compared with **91.2%** among those without a policy), discomfort around disclosure (**58.6%** vs **80.2%**) and fear of negative consequences at work (**43.4%** vs **64.1%**).

These findings should be interpreted with caution, as dedicated fertility policies remain rare and the groups compared differed substantially in size, limiting the strength of the comparisons. While the survey cannot establish causation, the findings reinforce the importance of practical workplace measures. Further research, accounting for differences between employees, employers and national policy contexts, would help identify which measures are most effective and how they can best be implemented. Employees should also be actively consulted in developing workplace policies, with their feedback meaningfully incorporated to ensure that support reflects their actual needs and experiences.

Fertility-aware workplaces can make Double Duty manageable through appropriate flexibility, privacy, informed managers and clear workplace policies and provisions.

From Findings to Action

The survey findings point to a clear gap between the significance of infertility in people's lives and the structures available to help them manage it at work. Closing this gap requires fertility to be recognised as a legitimate workplace and equality issue, with practical, predictable and confidential support embedded in workplace policies and practices. The experiences shared by respondents demonstrate both the need for change and the value of building on good practice that already exists. Clearer guidance for employers, better-informed managers and appropriate workplace provisions can support employees through fertility diagnosis and treatment while also helping organisations plan effectively, retain experienced staff and create more supportive working environments.

At the European level, stronger recognition of fertility in employment and equality policy, supported by clear EU-level guidance, Council of Europe standards and the sharing of good practice, can help ensure that where a person lives or works does not determine whether they can combine fertility care with working life with dignity, security and fairness.

In short, action is needed from:

- **Employers:** recognise fertility as a workplace and equality issue and adopt a clear, confidential fertility policy, developed with employees, covering leave, flexibility, practical provisions and routes to support.
- **Managers and HR:** handle requests consistently, sensitively and confidentially, without requiring employees to disclose more than they wish.
- **Social partners:** include fertility-related leave and flexibility in collective agreements and social dialogue.
- **Governments of all Council of Europe member states, within and outside the EU:** ensure employees can attend fertility appointments and treatment without relying on sick, annual or unpaid leave, with protection from dismissal and discrimination covering the full treatment pathway. Provisions should be designed with employees and patient organisations, actively communicated to employees and employers, and evaluated in practice.

- **European Commission:** issue EU-level guidance on fertility-aware workplaces, support the exchange of good practice, and address fertility treatment in its report on the application of the Work-Life Balance Directive.
- **EU agencies (Eurofound, EU-OSHA):** include fertility treatment in European data collection on working conditions, so that the gap identified in this report can be measured and tracked.
- **European Commission (enlargement):** make fertility-related workplace protections part of candidate countries' alignment with EU employment and equality standards.
- **Council of Europe:** address fertility treatment in its equality and social-rights work, including monitoring under the European Social Charter and its gender equality strategy, so that standards apply across all 46 member states.

About the Survey and Methodology

The Fertility Europe survey was conducted online **between May and August 2026** to examine the experiences of people navigating infertility and fertility treatment alongside employment, with a particular focus on workplace experiences, career impact and access to workplace support. The anonymous questionnaire was available in 20 European languages and was disseminated through a range of channels, primarily national patient associations, as well as other relevant stakeholders and groups with an interest in fertility and workplace issues. **A total of 2,717 responses were received.**

The survey included both quantitative and open-ended questions, enabling respondents to report their experiences and perceptions and, where appropriate, describe these in their own words. Percentages are calculated among respondents answering each individual question. Some questions allowed multiple responses; consequently, percentages for these questions may add up to more than 100%.

The survey captures the experiences and perceptions of people who responded to the questionnaire and should not be interpreted as a prevalence study of all employees experiencing infertility in Europe. The findings provide patient-reported evidence of workplace realities experienced by people navigating infertility and fertility treatment and highlight areas where workplace policies, practices and provisions may need to develop.

Limitations. Respondents were self-selected, mainly through patient associations, and 98.2% were women, so the survey offers limited insight into the workplace experience of male partners. Responses were unevenly distributed across countries and were not weighted, so Europe-wide percentages are most influenced by the countries with the largest number of responses. Several measures, such as fear of negative consequences, capture anticipated rather than experienced outcomes.

In addition, 831 respondents (30.6%) voluntarily left contact details for follow-up – a strong response to an optional request in a survey designed to be anonymous. This provides a basis for the next phase of research, including on the workplace consequences respondents actually experienced.

Findings in Focus

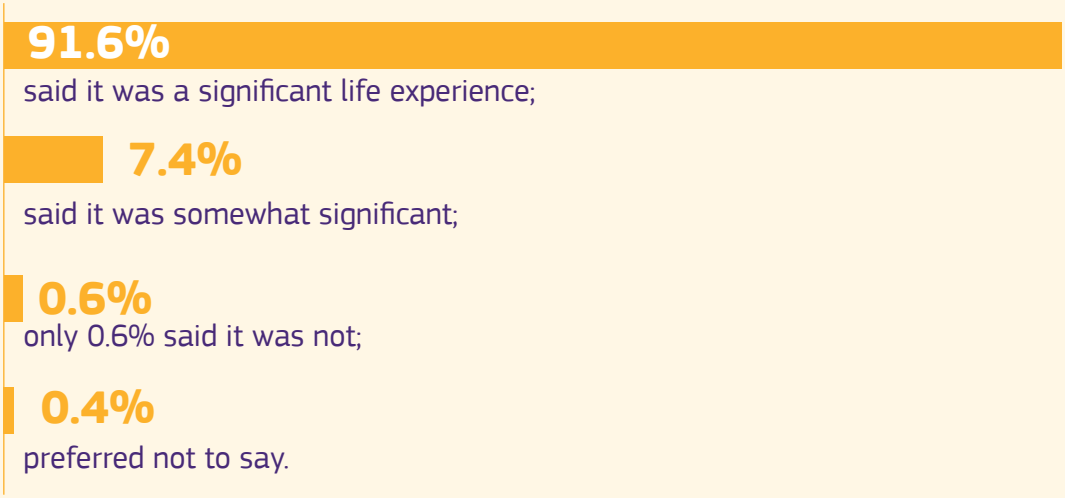
1. Infertility is a significant life experience and a workplace issue

Infertility is often discussed as a personal healthcare issue. For people of working age, however, it is also a workplace, financial and social issue.

For most people, diagnosis and treatment take place alongside employment, meaning that medical appointments, procedures, medication, uncertainty and recovery have to be managed alongside everyday working responsibilities.

99.1% of respondents said infertility was a significant or somewhat significant life experience

Among the 2,717 respondents:



In other words, virtually everyone responding to the survey experienced infertility as a significant part of their lives.

> *"The combination of treatment and work was very difficult. Due to the hormones and life temporarily standing still, it sometimes felt like living in a parallel universe."*
>
> *— Survey respondent*

People continue to work while navigating diagnosis and treatment. They are expected to meet the same deadlines, attend the same meetings and maintain the same level of performance while managing a process that can involve repeated medical appointments, procedures, medication, uncertainty, disappointment or loss.

The survey shows that the challenge therefore extends beyond individual ability to manage often overlapping or conflicting schedules, and it requires creating working environments that enable people to remain engaged in working life while navigating a major life experience. Clear policies, predictable processes and established mechanisms can also benefit employers, making it easier to anticipate and plan for periods of absence, manage workloads, reallocate resources and maintain continuity, rather than responding to each situation ad hoc.

2. The impact can extend from the working day to an entire career

The experience of infertility and treatment can influence much more than day-to-day work arrangements.

70.7% of respondents said their experience had influenced their long-term career planning.

During treatment, respondents considered:

- **31.4%** reducing their working hours;
- **31.4%** not pursuing career opportunities;
- **26.9%** taking a career break;
- **23.9%** changing jobs;
- **17.5%** quitting work entirely.

For some, treatment affected not only their ability to manage their current job, but also whether they felt able to pursue the next opportunity.

> *"At this stage of my life, I have chosen not to pursue career advancement opportunities because I am trying to keep my stress levels as low as possible while undergoing fertility treatment. For the same reason, I have not applied for positions at other companies. Starting a new job would involve uncertainty, and I am concerned that a new employer might be less understanding..."*
>
> *— Survey respondent*

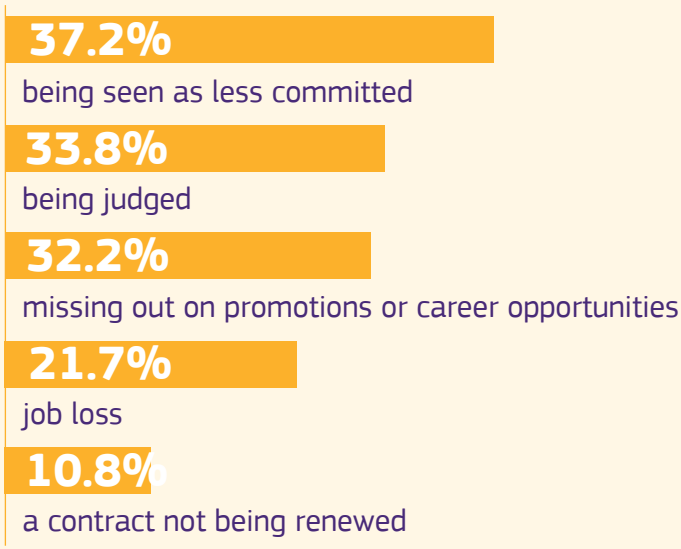
This illustrates an important dimension of Double Duty: people may be trying to maintain their current level of performance while also considering whether treatment could affect their future opportunities, income or job security.

These are not only individual decisions. Across the workforce, they add up to reduced hours, stalled progression and early exits from work – undermining EU objectives to raise women's employment and close gender gaps in pay and pensions.

3. Support can be difficult to ask for when disclosure feels risky

The need for support does not necessarily mean that employees feel comfortable talking about what they are experiencing. The survey shows that many employees are navigating fertility treatment while being uncertain about how their situation will be perceived at work.

61.7% feared negative consequences at work, including:



These concerns help explain why disclosure can be so difficult.

77.8% did not feel comfortable or felt only somewhat comfortable disclosing their fertility diagnosis or treatment. Only **19.0%** felt comfortable disclosing.

> *"I was pursuing a promotion and wanted to renegotiate my salary. If I shared that I was actively trying to have a baby... I don't think I would have still been considered for the promotion or salary raise."*
>
> *— Survey respondent*

This creates a difficult balance. Employees need support precisely because they are undergoing treatment, but accessing that support may require them to disclose something deeply personal which raises various concerns as declared by respondents.

A fertility-aware workplace should therefore protect privacy and confidentiality, while ensuring that employees can access appropriate support without having to disclose more than they wish.

4. When there is no clear policy, support can depend on individual circumstances

Despite the scale of the experience, dedicated workplace fertility policies remain uncommon.

Only 5.6% of respondents said their employer had a dedicated fertility policy, guidance or support scheme. 84.3% said they did not, while a further 10.1% did not know whether such policies existed.

In the absence of a policy, support – according to respondents - can depend on:

- whether an individual **manager is understanding**;
- whether an **employee feels comfortable disclosing**;
- how much **flexibility** the organisation already offers;
- whether existing **leave arrangements are sufficient**;
- and how willing an employee is to **negotiate individual arrangements**.

That creates inconsistency precisely when employees need clarity.

> *"I felt no one understood what I was going through so even if they knew I was facing a very hard time they made me work like crazy."*
>
> *— Survey respondent*

At the same time, **good workplace practice already demonstrates that practical support is possible** and can benefit both employees and employers. Organisations that have introduced fertility-aware measures have developed approaches such as dedicated fertility leave, flexible working and time-off arrangements, confidential points of contact, clear guidance for managers, and practical provisions that make treatment easier to manage during the working day. These measures can reduce the need for repeated individual negotiations, give employees greater confidence about how to seek support, and help managers plan workloads and absences more effectively.

Clear policies therefore provide value on both sides. They can give employees a transparent route to support while giving employers a consistent framework for managing requests, maintaining confidentiality, planning work and supporting staff retention. They also help ensure that access to support does not depend solely on having an understanding manager or feeling able to disclose personal circumstances.

A policy provides a clear and predictable starting point, while allowing appropriate flexibility for individual circumstances and diverse situations. Establishing such frameworks more widely across Europe would help turn existing good practice into more consistent workplace standards.

This is an area where **EU-level policymakers can play a valuable role by supporting clear guidelines and sharing evidence-based good practice for fertility-aware workplaces.** EU guidance could help employers understand the practical measures that can be introduced, support consistency across different workplace contexts, and encourage approaches that benefit both employees and organisations. The aim would not be to impose uniform rules, but to provide a common reference point from which effective, proportionate and inclusive workplace support can develop.

5. Time off, flexibility and finances are closely connected

The gender dimension of fertility is particularly relevant. Women are disproportionately represented among people undergoing fertility diagnosis and treatment, regardless of the underlying cause of infertility or the treatment pathway involved. This means that workplace arrangements around fertility care have a significant gender-equality dimension: policies that make it possible to attend appointments and treatment without disproportionate career or financial consequences can help address an inequality that is embedded in how fertility care is experienced in working life.

Among the **2,196 respondents (84.2% of those in employment) who needed time away** from work for diagnosis, appointments or treatment:



The figures overlap because respondents could select more than one option, reflecting how many people have to combine different types of leave to accommodate treatment. This often requires considerable additional effort, flexibility and resourcefulness to fit treatment around working life. Moreover, only 80 respondents – 3.6% of the 2,196 who needed time off, and fewer than a third of those with access to fertility-related leave – were able to rely on it exclusively, highlighting the extent to which people continue to depend on other forms of leave to manage their treatment alongside employment. Where dedicated fertility leave exists, it is clearly not sufficient on its own to cover what treatment requires.

Only **28.9%** **said it was easy to take the time off** they needed.

This is not only a question of time. It is also a question of income.

Using annual leave means using time intended for rest. Unpaid leave can mean losing income, while reduced pay during sickness absence can add to the financial pressure of treatment.

> *"Too much difference on the pay, I get 400–500€ less on a week of sick leave."*
>
> *— Survey respondent*

At the same time, fertility treatment itself can be expensive.

> *"Fertility costs are very expensive so you need to work and save lots of money in order to afford [treatment]."*
>
> *— Survey respondent*

This is the financial component at the heart of Double Duty: people need to remain in work to afford treatment, while treatment can make it harder to work normally.

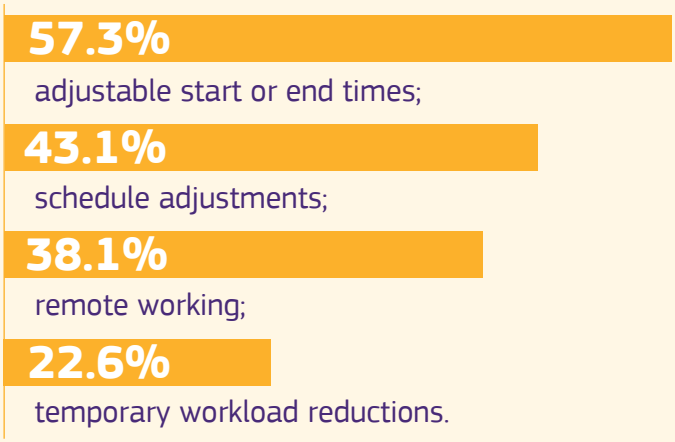
Appropriate fertility leave and flexible working arrangements can help reduce this conflict. They can also benefit employers by making absences more proportionate and predictable, supporting workforce planning and reducing the need to use broader leave categories unnecessarily.

6. Small changes to the way work is organised can make a big difference

Time off is not always the only solution. In many situations, relatively simple changes to working arrangements can allow people to continue working while managing treatment.

Yet **70.3% reported no or only partial flexibility in their workload or working time.**

Where flexibility was available, it included:



Such measures can allow someone to attend an appointment without losing a full day of work, adjust their schedule around treatment or temporarily reduce their workload during particularly demanding periods.

> *"Later in the journey I got a full-time office job with the flexibility to work from home. This manager was very understanding and I got all the space for the process. A world of difference."*
>
> *— Survey respondent*

Flexibility therefore is a practical way of reducing the clash between treatment and employment, while helping people remain connected to work and maintain continuity for employers.

7. A fertility-aware workplace also needs to work in practice

Policies and flexibility are important, but the everyday details matter too.

Fertility treatment often involves medication that needs to be stored or administered at specific times, sensitive medical conversations and periods of recovery.

Yet **55.2% of respondents said none of the listed practical workplace facilities were available.**

Among those who had access to facilities:

27.7%
had a refrigerator for medication;

18.4%
had a private space for sensitive calls or conversations;

12.7%
had a private space for medication administration;

6.5%
had a place to rest or recover.

> *"The medication that needs to be done, the injections that need to be at very specific hours sometimes during meetings and having no private space for that, except the bathroom."*
>
> *— Survey respondent*

These needs do not necessarily require major investment. A private room, appropriate medication storage or somewhere to rest may already be possible within existing workplace facilities.

The wider support picture is similar. **76.5% reported that their workplace provided none of the listed forms of additional support**, such as counselling, peer support or financial assistance.

A fertility-aware workplace therefore needs to consider both formal policy and practical implementation: people need to know where to turn, what support exists and how to access it confidentially.

8. Why Double Duty matters to both employees and employers

The survey suggests that fertility support is increasingly relevant to the wider employment relationship.

93.3% of respondents said they would definitely or possibly prefer a job at an organisation offering fertility-supportive policies over an otherwise similar job without them.

For employees, this reflects the importance of being able to manage a significant life experience without feeling that their career is at risk.

For employers, supportive arrangements can contribute to retention, continuity and a workplace culture in which employees can remain engaged during periods of temporary difficulty. Employee replacement costs are estimated at 50–200% of annual salary, depending on the role, seniority and organisational context according to Gallup. For the UK, the Cendex 2023 Labour Turnover Report found that replacing an employee can take up to 28 weeks and cost over £25,000 in lost productivity alone, excluding additional costs such as recruitment, onboarding and training. As comparable Europe-wide data is lacking, these figures should be treated as an indicative benchmark and may serve as a useful reference point for illustrating the potential cost of employee turnover in European workplaces.

9. From individual adjustments to structural change

The survey findings show that the workplace impact of infertility goes far beyond finding time to attend medical appointments or procedures. It is about being able to **keep working, maintain an income, protect your privacy and continue building your career while going through treatment.**

This is what **Double Duty** means: trying to manage the demands of work while, at the same time, navigating infertility diagnosis and treatment - with appointments, procedures, medication, uncertainty and recovery becoming part of everyday life.

A fertility-aware workplace cannot make treatment easy. But it can remove some of the additional difficulties that come from trying to fit treatment around work.

People should not have to choose between treatment and their careers. Clear policies, appropriate flexibility, respect for privacy, practical support and informed managers can make it possible to manage both. They can help people stay in work and continue progressing, while giving employers greater clarity, predictability and the opportunity to retain experienced employees.

The survey findings therefore point to a practical approach that can benefit **both people and the workplaces they are part of.**

- **Clear, inclusive and accessible policies**

  Employees want and should be able to understand what support is available without having to negotiate everything from scratch. Policies can cover:

  - fertility-related leave;
  - flexibility and working arrangements;
  - confidentiality;
  - practical workplace provisions;
  - routes for requesting support;
  - the roles of managers and HR.

[3] McFeely, S. and Wigert, B. (2019) 'This fixable problem costs U.S. businesses $1 trillion', Gallup, 13 March. Available at: https://www.gallup.com/workplace/247391/employee-turnover-costs-200-percent-salary.aspx

[4] Howells, K. (2024) 'Is HR viewing the concept of employee turnover all wrong?', HR Grapevine, 20 March. Available at: https://www.hrgrapevine.com/content/article/2024-03-20-is-hr-viewing-the-concept-of-employee-turnover-all-wrong

- **Appropriate flexibility and time off**

  Workplaces should consider how working hours, location, workload and deadlines can be adjusted during treatment, alongside appropriate time off. As indicated in the survey, where possible, arrangements should reflect the actual time needed rather than requiring a full day of leave for a short appointment.

- **Practical provisions**

  Where relevant, employees should have access to appropriate medication storage, a private space for medication administration or sensitive calls, and somewhere to rest or recover - simple, practical provisions that respondents themselves identified as useful and needed during treatment.

- **Privacy and confidentiality**

  The survey shows that many respondents felt uncomfortable disclosing personal information about their infertility or treatment and feared the possible consequences of doing so. People therefore should be able to decide freely what they disclose, to whom and when. Managers and HR teams should be equipped to handle fertility-related conversations sensitively and confidentially.

- **Informed and supportive managers**

  Managers are often the first people employees approach, as the survey shows. They therefore need clear guidance on available policies, confidentiality, workload planning and how to respond sensitively to requests for support.

- **Peer and grassroots support**

  Voluntary peer networks and employee groups can provide connection and practical support. They should complement, rather than replace, formal workplace policies.

Together, these measures can help employees navigate treatment without unnecessarily sacrificing income, career opportunities or participation in working life.

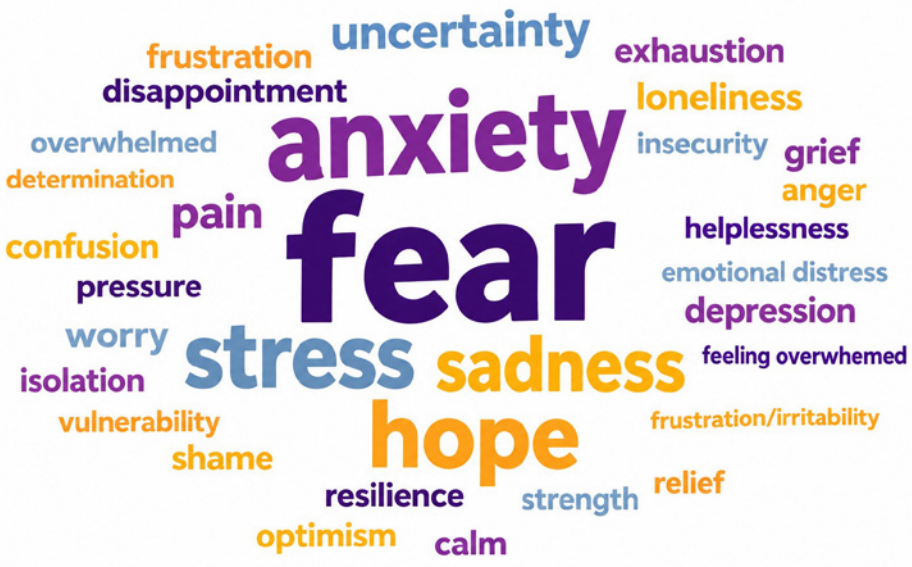
Beyond the Numbers: Shared Experiences and Further Research

Respondents' experiences of workplace support varied considerably across the countries and territories represented in the survey. The availability of dedicated fertility policies, working-time flexibility and practical workplace facilities was not evenly distributed. These differences suggest that the workplace experience of fertility treatment is shaped not only by individual employers, but also by the wider employment and policy context in which people work. Therefore, a country-level analysis – examining how national employment frameworks, access to fertility care and existing provisions shape employees' experiences – is a priority next step.

At the same time, the survey reveals a striking commonality across different countries and workplace contexts: **the experience of Double Duty and the need for appropriate support are universal.** Regardless of where respondents lived, people described the challenge of combining fertility treatment with work, managing appointments and treatment demands, protecting their privacy, coping with financial pressures and concerns about their careers. The forms of support available may differ, but the underlying need for workplaces that provide understanding, flexibility and practical support is universally shared across Europe.

Despite the survey's anonymous design, 30.6% of respondents volunteered their contact details for possible follow-up, signalling a strong willingness to share more. This creates a valuable opportunity for further research into how infertility and treatment affect working lives and which workplace measures can make a meaningful difference. Exploring these experiences in greater depth could help identify where existing approaches work, where gaps remain and what practical changes could make a difference for both employees and employers.

In the survey, respondents were also invited to describe their feelings during infertility diagnosis or treatment in up to five words. The responses came in many different languages, but the same themes appeared repeatedly across them. After grouping equivalent words and expressions across languages, **fear emerged as one of the most recurrent themes, alongside sadness, stress and anxiety.** At the same time, words expressing **hope** were also strikingly common.



This combination is particularly telling. The experience of Double Duty is not defined by one emotion: people described uncertainty, fear, stress, exhaustion and loneliness, but also hope, determination and the expectation that things could improve. The repetition of these themes across different languages and countries reinforces the universality of the experience. The words may differ, but the emotional weight of trying to navigate fertility treatment alongside working life is remarkably recognisable across Europe.

These findings highlight that fertility at work encompasses far more than time away for medical appointments. It concerns people's ability to remain fully engaged in working life while navigating fertility-related challenges, including the potential impact on **career progression, income, privacy and professional opportunities.**

Building on Existing Policy and Good Practice

EU law already protects workers in related situations, but none of its instruments covers fertility treatment itself:

- The **Pregnant Workers Directive (92/85/EEC)** applies only once a worker is pregnant, not during treatment.
- The **Work-Life Balance Directive ((EU) 2019/1158)** gives a right to request flexible working to parents and carers, not to people trying to become parents.
- The **equal treatment framework (Directive 76/207/EEC, now recast as 2006/54/EC)** can protect against dismissal linked to IVF, as the Court of Justice held in Mayr (C-506/06, 2008) – but only at an advanced stage of IVF, between follicular puncture and embryo transfer. It gives no positive right to time off, flexibility or confidentiality.

Existing provisions on medical appointments, sickness and health-related absences, reasonable adjustments, and protection from discrimination can provide important building blocks for fertility-specific workplace support. The key opportunity is to adapt and extend approaches that already work, so that fertility care is explicitly recognised within workplace policy rather than being left to individual negotiation.

Some states have begun to introduce provisions specific to fertility treatment, such as dedicated time off for appointments or protection from dismissal during parts of treatment. Yet the experiences reported by respondents in countries with such provisions **point to a gap between provisions on paper and support in practice.** Existing regulations may not have been properly communicated to employees, managers and HR, may not have been designed with the employees they are meant to serve, and may not reflect what treatment actually requires. **The fact that people still had to use sick, annual or unpaid leave, rather than dedicated fertility leave alone, shows that current measures are not sufficient.**

National provisions therefore require audit and further investigation before they can be presented as models. Mapping and evaluating them, with the involvement of employees and patient organisations, should be part of the next phase of this work.

One design lesson is already clear from EU case law: protection that applies only to a narrow window of treatment, as in Mayr, leaves out the earlier stages, when appointments and treatment demands already disrupt working life. Any framework needs to reflect the full treatment pathway.

The underlying principle is straightforward: necessary fertility-related appointments and treatment should be accommodated through clear and predictable arrangements, rather than relying on annual leave, sickness absence or ad hoc negotiation. Policymakers and employers can build on existing leave, health and employment-protection systems rather than starting from scratch. Once national provisions have been mapped and evaluated, EU-level and national guidance could bring together common principles and good practice, while leaving states and employers to determine implementation within their own employment systems.

Double Duty does not stop at the EU's borders: respondents came from Council of Europe member states both within and outside the EU. Outside the EU, the levers differ. Most EU employment and equality legislation also applies in Norway, Iceland and Liechtenstein through the EEA Agreement; candidate countries are aligning their labour law with EU standards; and all Council of Europe member states have committed to equality and social-rights standards, including, where ratified, the European Social Charter. The recommendations in this report are therefore addressed to governments across Europe, not only to EU Member States.

The aim should be **a clear and predictable framework that works for both employees and employers:** one that recognises the time-sensitive nature of fertility treatment, protects confidentiality, provides appropriate flexibility and enables organisations to plan effectively. Much of the infrastructure for achieving this already exists; the next step is to make sure fertility is properly included within it.

A Closer Look at the Numbers

99.1%
said infertility was a significant life experience, either directly or somewhat.

70.7%
said their experience influenced their long-term career planning.

31.4%
considered reducing their working hours.

31.4%
considered not pursuing career opportunities.

26.9%
considered taking a career break.

23.9%
considered changing jobs.

17.5%
considered quitting work entirely.

84.3%
said their employer had no dedicated fertility policy, guidance or support scheme.

70.3%
reported no or only partial workload or working-time flexibility.

28.9%
said it was easy to take time off for fertility diagnosis, appointments or treatment.

57.7%
of those who needed time off used sick leave for treatment.

11.6%
had access to fertility-related leave.

55.2%
reported that none of the listed practical workplace facilities were available.

93.3%
would definitely or possibly prefer an employer offering fertility-support policies.

Recommendations for supportive workplaces

Fertility diagnosis and treatment can have an impact on health, working life, privacy and finances. A supportive workplace can make a real difference by offering clear, respectful and practical ways for employees to get the support and flexibility they need while respecting their right to keep personal matters private.

1. Recognise fertility treatment as a workplace issue

Include fertility diagnosis and treatment in relevant workplace policies and support arrangements. Everyone should be able to access consistent, supportive workplace practices, with clear policies and guidance that make it easier for both managers and employees to navigate fertility-related needs.

2. Protect privacy while providing practical support

Employees should be able to ask for support without having to disclose unnecessary personal or medical details. This should go hand in hand with practical flexibility, such as adjusted hours, remote working, late starts, early finishes or temporary changes to workload.

3. Provide time off for fertility-related care

Provide dedicated or protected time off for fertility-related appointments, procedures, treatment and recovery. Where relevant, this should also include partners who need to attend appointments or provide support.

4. Make support inclusive and accessible

Support should be available to anyone going through fertility diagnosis, treatment or recovery. This includes women and men, partners, LGBTQ+ people, single people, and those using donor conception or other routes to parenthood. Workplaces should also encourage peer networks, support groups and grassroots initiatives that connect people going through similar experiences.

5. Equip managers and HR to respond well

Give managers and HR teams practical guidance on fertility-related conversations, confidentiality, available support and applying policies consistently. Good support should not depend on whether an employee happens to have a particularly understanding manager.

6. Develop clear national guidance

Governments, labour authorities, professional bodies and social partners should develop clear guidance on fertility treatment at work, covering minimum expectations for leave, flexibility, confidentiality and non-discrimination. Patient associations and people with lived experience should be involved in developing this guidance.

Make the invisible manageable. Build fertility-aware workplaces.

About Fertility Europe

Fertility Europe is a European umbrella organisation representing **36 patient associations from 30 countries and territories in Europe,** working in the field of infertility and reproductive health. Fertility Europe is also a **founding member of the Coalition for Fertility**, a European collaboration bringing together 12 organisations representing patient, medical, reproductive health, women's health, mental health and other perspectives.

Through its members and European-level advocacy, Fertility Europe works to ensure that people experiencing fertility challenges have access to appropriate information, support, care and their rights. As a member of the Coalition for Fertility, Fertility Europe advocates for comprehensive and inclusive fertility policies across Europe, with reproductive autonomy and equitable access to fertility care at its centre. It promotes a "Fertility in all Policies" approach, recognising that fertility and involuntary childlessness are shaped not only by healthcare but also by social, economic, employment and wider policy environments.

The **Double Duty – Fertility@Work** campaign highlights the need for workplaces where people can manage fertility diagnosis and treatment without unnecessary barriers to employment, career development or participation in working life.

Fertility does not stop at the workplace door. Make the invisible manageable. Build fertility-aware workplaces.

AI tools were used to assist with proofreading, spelling, grammar and punctuation, and to refine the wording of parts of this report.

All survey findings and statistical interpretations were done and reviewed by Fertility Europe. Fertility Europe takes responsibility for the final content, interpretation and conclusions presented in this report.