INFERTILITY AWARENESS M

Observed during the month of June, Infertility Awareness Month is dedicated to increasing public understanding of infertility and its challenges faced by individuals or couples looking to have children. These challenges can take mental, physical, and financial tolls. This monthly observance seeks to promote open and kind-hearted conversations while breaking stigmas regarding reproductive health. Topics of conversation like Access to care, scientific advancements, and knowing the signs are focused upon by those who advocate or are looking to learn. Ultimately, the goal of Infertility awareness month is to highlight an often-silent battle so those experiencing it do not feel alone. The colors pink, blue, and orange are often associated with the observance and symbolize femininity, masculinity, and hope.

UNSEEN BATTLES & EVERYDAY KINDNESS

When employees struggle with infertility, the effects often extend far beyond their personal lives and can impact their professional world, work performance, emotional stability, and overall morale. Kindness and compassion in the workplace are highly encouraged, especially when someone may be facing invisible challenges like infertility and related concerns. Since reproductive health is typically not discussed openly, practicing daily empathy and kindness towards everyone can offer a sense of comfort to those facing struggles they are not comfortable sharing.

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SOCIETY'S SCRIPT FOR

An estimated 1 in 8 couples experience infertility. Society typically treats parenthood as the ultimate or final stamp of adulthood, quietly implying that true maturity cannot be reached unless through the act of raising children. For those going through infertility, this expectation can feel like a silent cast of judgement, deepening the grief or isolation they can or already are facing -also known as disenfranchised grief. Common questions like "when are you having kids?" or assumptions about future parenthood plans can accidentally open emotional wounds. The societal pressures to meet this unspoken milestone not only heightens the complications of infertility but also overlooks the many valid paths to a full and meaningful life. Instead of defining the success of adulthood by achieving the goal of parenthood, we must honor the courage it takes to

face infertility- and recognize that love and purpose come in various

forms.

Click here for the NJDMAVA DEIB Disclaimer*

A SCIENTIFIC HISTORY-MAKER OFTEN OVERLOOKED

When it comes to infertility, discussions and expectations often center almost exclusively on women, despite statistics stating that men's infertility accounts for nearly 50% of all cases. Not only does this disadvantage overlook the critical role of men's reproductive health but also applies an unfair emotional and social burden on women. Women are often subjected to most pressures, blame, or intense medical treatmentseven when male fertility may be the main contributing factor. Cultural or societal standards around masculinity often discourage men from seeking health evaluations or speaking freely about fertility complications, framing it as going against their identity or strengths. As a result, men's reproductive health goes under-discussed, under-researched, and frequently left out of conversations regarding public health. Confronting infertility must include educating and encouraging men to see their reproductive health as a vital component and to seek care without shame. Normalizing these conversations can also relieve some pressures often placed solely on women. True advancement in reproductive health means acknowledging that infertility is not solely a women's issue-it's a human issue.

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While working in a Harvard laboratory as a technician in 1944, Miriam Friedman Menkin became the first person to successfully fertilize a human egg outside of a female body, giving the world its first glimpse of reproductive technology. Miriam worked under the mentorship of Doctor John Rock, a man who sought to help women who faced challenges with conceiving, resulting from damaged or blocked fallopian tubes. Despite her achievement, her hard work and constant testing took over 6 years to achieve successfully. This phenomenon laid the foundation for modern-day In Vitro Fertilization (IVF). Decades later due to Miriam's immense research, in 1978 a baby by the name of Louise Brown was the first to be born of Assisted Reproductive Technology.

SUPPORT & STATE RESOURCES

-An NJ fertility clinic that specializes in comprehensive infertility diagnostics and personalized treatment plans: (Reproductive Science Center of NJ)

-NJ- based support groups for coping strategies regarding infertility and related topics (in person and online): [IRMS NJ Infertility Support Groups]

A State-wide network of locations that provide affordable services regarding reproductive health and assistance: (NJ State Family Planning Program)

-Legislation signed by Governor Phil Murphy that mandates most private insurers and benefits programs cover A5235/S3627 NJ Insurance infertility services while prohibiting Legislation for Infertility Care discrimination: