

Intimacy Under Pressure: Fertility Treatment and Sexual Well-Being

Understanding the impact that fertility treatment brings to sexual well being



Sexual Well-Being Among Individuals Undergoing Fertility Treatment: A Review of Recent Literature

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*Scroll to see
what we found!*



Fertility treatment, or medically assisted reproduction (MAR), involves procedures like IVF, IUI, and hormone therapy to help individuals or couples conceive after a year of unsuccessful, unprotected intercourse.

BUT

The impact it has on sexual well-being is less understood and often overlooked.



We wanted to know:

1

- How common are sexual difficulties among individuals undergoing fertility treatment?

2

- What psychological, relational, or medical factors are linked to those difficulties?

3

- Are there interventions that help support sexual well-being during or after treatment?

n=
31,872

We reviewed 83 studies including men, women, or both undergoing fertility treatment



The studies looked at various dimensions of sexual well-being—like sexual desire, satisfaction, function, and emotional distress.



We found that...

Sexual problems are common: 7-77% of women and 7-54% of men report issues like low desire, pain, orgasm difficulty, or erectile dysfunction

Treatment can impact intimacy:

Sex often becomes mechanical, stressful, and tied to ovulation, reducing spontaneity and pleasure.

Issues may persist post-pregnancy:

Many who conceived through MAR report lower sexual satisfaction than those who conceived naturally.



Multiple factors contribute: Emotional distress, body image issues, mental health, partner conflict, and infertility type/duration affect sexual well-being.

Additionally...

Key populations are overlooked:

No studies focused on LGBTQ+ or gender-diverse individuals.



Interventions may help:

Some psychological or couple-based therapies improve sexual well-being—especially for women—but more research is needed

So, what does all of this mean?



Fertility struggles and treatment can turn sex into a task rather than a connection, with lasting emotional effects even after pregnancy.

These findings emphasize that sexual well-being is a **central**, not separate, part of the infertility experience. To offer truly holistic care, fertility clinics and healthcare providers should:

- **Routinely** assess sexual well-being during and after treatment.
- Offer referrals to **psychological** or **couple-based support** when needed.
- Include **LGBTQ+** and **gender-diverse** perspectives in both research and care practices.



This is a summary of our published article:

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Blog post and infographic by Maddy Torres