

**Ten pathways to elective egg freezing: A binational qualitative study of what leads healthy women to fertility preservation**

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**Study question:**

Why are healthy women freezing their eggs?

**Summary answer:**

We identified 10 different pathways leading to EEF, mostly revolving around women's lack of stable partnerships with men committed to marriage and parenting.

**What is known already:**

The literature on oocyte cryopreservation suggests that EEF is being used primarily to defer or delay childbearing among women pursuing education and careers. However, emerging empirical data from both anonymous surveys and interview-based studies suggest that the lack of a stable partner might be the primary motivation for EEF.

**Study design, size, duration:**

From June 2014 to August 2016, 150 women (114 in the United States, 36 in Israel) who had completed at least one cycle of EEF were interviewed by two senior medical anthropologists, one in each country.

**Participants/materials, setting, methods:**

Study participants were recruited through 4 American IVF clinics (2 academic, 2 private) and 3 in Israel (1 academic, 2 private). In-depth, semi-structured, but open-ended interviews were audio-recorded, transcribed, and entered into a qualitative data analysis program (Dedoose) for thematic analysis, along with detailed interview summaries.

**Main results and the role of chance:**

The majority (85%) of women in the study were without partners, reflecting 6 different life circumstances that led them to EEF (i.e., being single, divorced or divorcing, broken up, deployed overseas, single mother by choice or circumstance, career planner). EEF undertaken for career planning was the least common of these pathways. Those with partners (15%) faced 4 different life

circumstances leading to EEF (i.e., not ready to have children, relationship too new or uncertain, partner refuses to have children, partner has multiple partners). As seen in these pathways, most women had already pursued and completed their educational and career goals, but had been unable to establish lasting reproductive partnerships. With only one exception (i.e., overseas deployment), these pathways varied relatively little among American and Israeli women in the study.

**Limitations, reasons for caution:**

As a binational study, women were recruited somewhat differently between the two countries, and interviewed by two anthropologists in two languages. The number of participants was unequal, reflecting national differences in population size. These were the main limitations of this interview-based study, which is the largest to date.

**Wider implications of the findings:**

Pathways to EEF may or may not be similar for women in other national settings. Further in-depth, interview-based research is essential. Furthermore, clinicians must be aware of the role that partnership "troubles" play in the lives of EEF patients and make patient-centered care for single women a high priority.

**Trial registration number:**

Yes

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