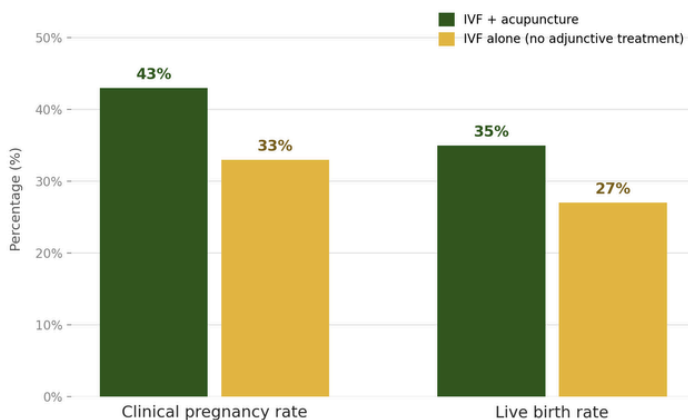


Equity-deserving populations: low-income, rural, racialized communities, single parents, LGBTQ2S+ patients

The Issue

Ontario's publicly funded IVF program provides one cycle per eligible patient. In practice, that first cycle often serves as a diagnostic trial rather than an optimized treatment attempt.

Patients who can self-fund subsequent cycles and access adjunctive therapies often have meaningfully better outcomes. Those who cannot - often do not.



What We Are Proposing

Clinicians

Refer patients undergoing publicly funded IVF to Registered Acupuncturists as regulated, evidence-informed providers.

Clinics & Programs

Formalize referral partnerships or onsite integration with defined timing and documentation standards.

Policy Makers

Establish sustainable provincial funding for acupuncture as a standard adjunctive service within publicly funded IVF pathways.

The Opportunity

Integrating acupuncture as a publicly accessible adjunctive service can improve first-cycle outcomes, effectively converting a diagnostic attempt into a more therapeutic one.

Evidence supports acupuncture's effects on:

- Ovarian blood flow and follicular development
- Endometrial receptivity
- Stress hormone (cortisol) regulation
- Implantation success rates

Meta-analyses and RCTs show **improved clinical pregnancy and live birth rates** when acupuncture is timed around embryo transfer and ovarian stimulation.

A Practical Model

Registered Acupuncturists are regulated healthcare providers who can be integrated through:

- Referral pathways within existing fertility clinics
- Community-based delivery aligned with publicly funded care
- Defined treatment protocols focused on cycle regulation, nervous system support, and uterine-ovarian perfusion prior to stimulation
- Even modest improvements in first-cycle success reduce the need for self-funded repeat cycles - and meaningfully narrow the equity gap.

Figure 1. Illustrative IVF outcome rates with and without adjunctive acupuncture. Percentages derived from pooled relative risk data reported in Qian et al. (2017) and a Cochrane-methodology meta-analysis (20 trials, n = 5,130). Base rates estimated from ESHRE European IVF registry averages.