

Fertility in Elite Sport

From an unspoken issue to shared responsibility

Understanding athletes' experiences, identifying gaps in support and shaping a more informed, supportive sporting environment.



**Initial research findings
and recommendations**

October 2026

Introduction

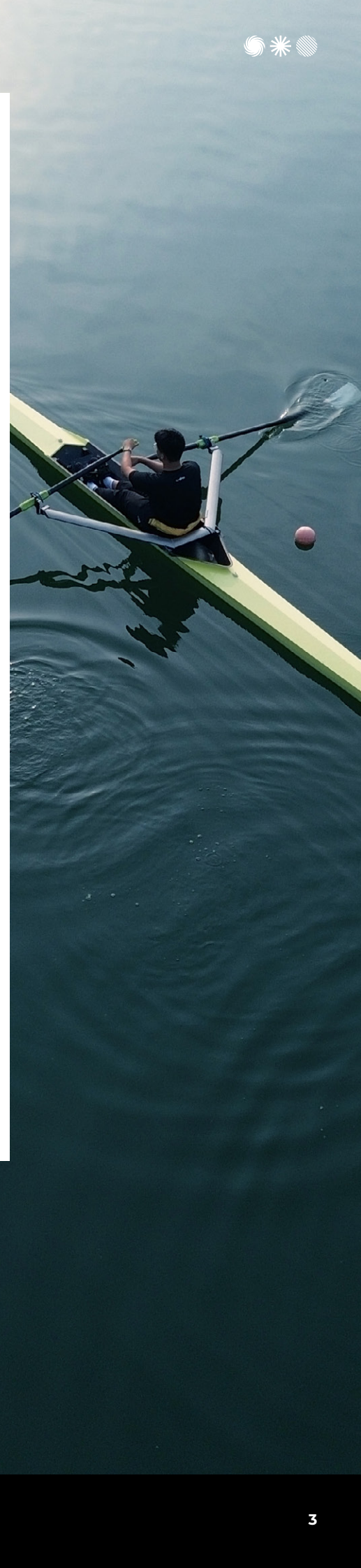
Athletes within elite sport are expected to plan their reproductive lives around performance cycles, whilst leaving them to carry much of the medical, financial and career risk.

This report draws together insights from interviews with 20 elite athletes and leaders in high-performance sport, new national data on fertility knowledge, a review of the wider evidence base and examples of emerging practice. It is designed to inform the discussion with the sports industry at Leaders Week London and shape the final recommendations that follow.



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Executive Summary:

This research was commissioned and produced by the Fertility Futures Project, a charity registered in England and Wales (1213882), founded to improve fertility literacy and make fertility a natural part of life planning.

Elite sport was chosen as a focus because athletes face an unusually compressed conflict between reproductive choices and the scheduling of selection, contracts and major competitions - and because sport has the visibility to influence the wider national conversation.

Fertility has started to surface in the public conversation around elite sport, but meaningful support has not yet become part of the high-performance system. Interviewees repeatedly described a subject that is discussed too late, handled inconsistently and often treated as a private matter until it becomes a crisis.

The central finding is clear: elite sport imposes distinctive constraints on reproductive choice. Athletes make decisions within the confines of competition calendars, selection cycles, short contracts and limited earning windows. Human biology does not conform to those timetables - yet responsibility for managing the conflict still falls largely on the athlete.

Recent UK initiatives show encouraging progress. England Netball's NETBALLHer, working in partnership with Wellbeing of Women, places education and support within a broader approach to female health and wellbeing across the life course. The Professional Footballers' Association and Chelsea FC Women have broadened access to fertility support, assessment and treatment. International examples include collective bargaining, career protection and governing-body schemes. Provision is developing at different speeds: access still depends on an athlete's sport, club, governing body, status or ability to pay.

The interviews highlight ten connected findings:

1. Fertility and family planning have historically been absent from routine conversations in elite sport.
2. Athletes receive too little education, too late, and often have to teach themselves or learn from peers.
3. Competition cycles and the biological clock impose conflicting deadlines.
4. Fear of deselection, loss of funding or being judged as less committed discourages disclosure.
5. Low or unstable incomes make treatment, childcare and time away harder to absorb.
6. Painful or irregular menstrual cycles and other warning signs may go unexplored.
7. Support systems are designed primarily around performance rather than the person.
8. Pregnancy and maternity guidance have helped but rarely covers the full reproductive journey.
9. Athlete mothers and peer networks are reshaping what younger athletes believe is possible.
10. Motherhood can strengthen perspective, focus and performance rather than end a career.

Six priorities follow from the evidence

Priority	What it means
1. Educate before crisis	Annual, evidence-based education from the late teenage years, for athletes and coaches, medical staff, wider support staff, agents and families.
2. Provide independent expertise	A confidential route to reproductive-health specialists who sit outside selection and performance decisions.
3. Improve screening and referral	Routine discussion of reproductive health and prompt investigation of symptoms, with clear specialist pathways.
4. Protect careers and income	Stronger contract, funding and return-to-sport protections across fertility treatment, pregnancy and parenthood.
5. Set a minimum standard	A consistent baseline of education, confidential advice and referral across all sports and levels of funding.
6. Include the whole journey	Support for male and female fertility, loss, treatment, partners, adoption, surrogacy, parental leave and return to sport.

Recent announcements about some national athletes being offered egg freezing indicates that organisations recognise the need for greater support in this space. It is progress, however egg freezing services are not the complete solution. Without balanced advice, career protection and a culture in which athletes can choose parenthood during their careers, preservation risks becoming another mechanism through which the individual adapts to the demands of sport rather than a genuine expansion of choice.



About this research: Who conducted this research and why

The Fertility Futures Project commissioned this research to identify the gaps in fertility support and care across elite sport, and to turn athlete experience into practical change. The charity's broader mission is to make fertility as natural a part of future planning as careers, finances and wellbeing; through better education, more open discussion and earlier access to reliable information.

The focus on sport is deliberate. Elite athletes experience many of the same fertility-knowledge gaps as the wider public but must make decisions within a system of selection cycles, short contracts, funding reviews and fixed competition calendars. Sport also has an exceptional ability to shift culture. Better practice within elite sport environments can protect athletes whilst making informed reproductive planning more visible to the public.

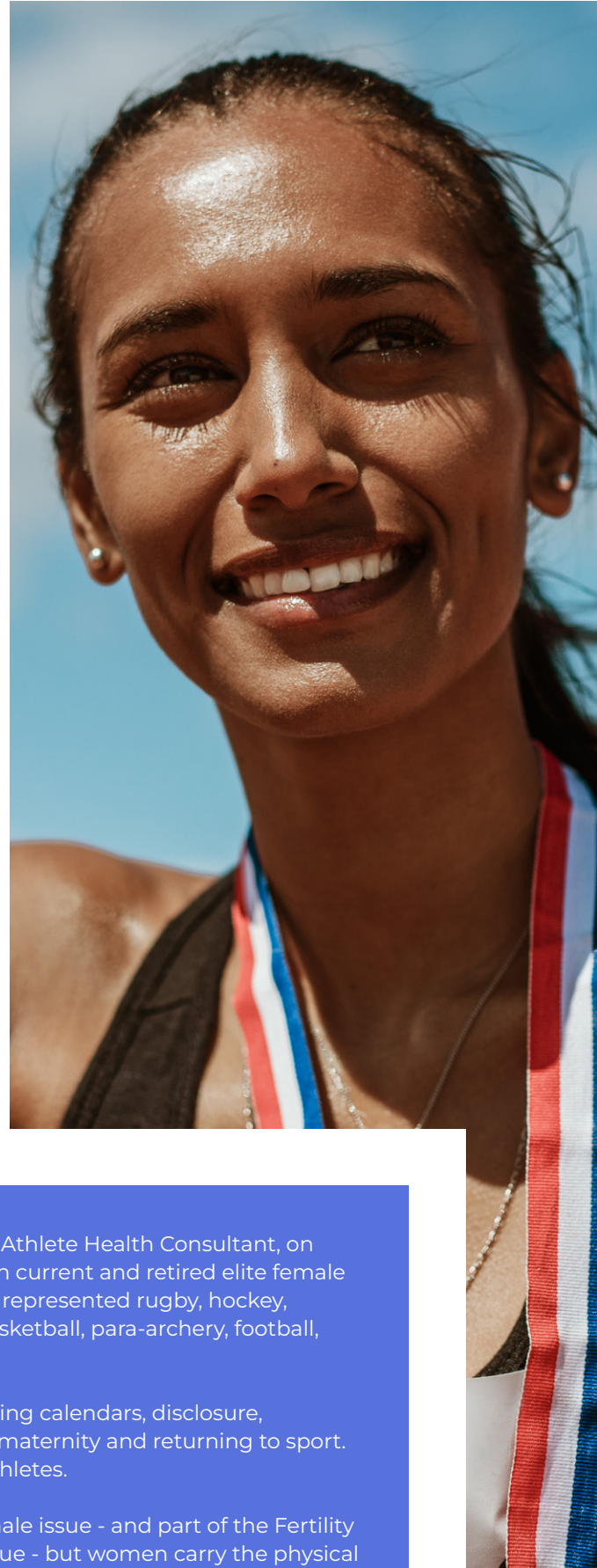
The work is shaped by the experience of the charity's founder, Louise Johnson, who has endometriosis and endured a seven-year infertility journey. She believes earlier education and visible role models could have helped her recognise that severe period pain was not normal and given her confidence to seek specialist support sooner.

The research is not intended to prescribe when athletes should start families. Its purpose is to make sure they have access to credible information, education, independent support and genuine choice.

The research, conducted by Alex Newman, Independent Female Athlete Health Consultant, on behalf of Fertility Futures Project, comprised of 20 interviews with current and retired elite female athletes, alongside leaders from the sports industry. Participants represented rugby, hockey, netball, rowing, gymnastics, swimming, canoeing, wheelchair basketball, para-archery, football, athletics and para-cycling.

Interviews explored fertility education and family planning, sporting calendars, disclosure, contracts and funding, reproductive-health support, pregnancy, maternity and returning to sport. No material differences emerged between current and retired athletes.

This report focuses on female athletes. Fertility is not solely a female issue - and part of the Fertility Futures Project's wider mission is to educate that it's a shared issue - but women carry the physical demands of pregnancy, childbirth and recovery. Those demands directly affect the body, and therefore have a more immediate impact on training, performance and sporting careers.



1. The problem sport has not yet solved

Elite sport has begun to confront pregnancy, maternity and return-to-play. It has paid less attention to what comes before: fertility knowledge, reproductive-health screening, the decision to try for a family, fertility preservation and access to treatment.

That omission matters because an elite sporting career compresses time. An athlete may spend their most fertile years moving from one performance cycle to the next, whilst contracts and funding are renewed over much shorter periods. Decisions with lifelong consequences are made in an environment that rewards immediate performance and offers limited certainty about the future.

“Both have deadlines. My body has a clock and sport has a clock.”

Jodie Grinham | Para-Archery – British Archer

The issue is therefore wider than clinical provision. It concerns who supplies trustworthy information; whether athletes can seek advice without affecting selection; how symptoms are investigated; who pays for specialist care; and what happens to contracts, rankings, funding and progression when an athlete takes time away from their sport.

The public debate has recently focused on egg freezing. The attention is welcome, but it can narrow the question. Egg freezing is not an insurance policy for a future baby. A credible system must preserve genuine choice: to delay parenthood, to try for a family during a sporting career, or to remain undecided without being penalised.



What the media debate is saying

Recent coverage has broadly welcomed the recognition that athletes need fertility support, whilst questioning the assumptions that can sit behind it. The BBC's interview with England rugby captain Meg Jones presented support as a matter of choice: athletes should not have to surrender the opportunity to have a family because they pursue an elite sporting career.

Commentary in The Sunday Times and the i Paper raised a different concern. Both pieces questioned whether highly visible egg-freezing schemes risk presenting delayed motherhood as the preferred professional route. The criticism is not principally of egg freezing itself, but of a model in which preservation is funded while the structural barriers to pregnancy, maternity and return to sport remain.

The distinction matters. Fertility preservation can widen choice when it is accompanied by independent clinical advice, realistic information about outcomes and strong maternity provision. It can narrow choice if athletes perceive that their club or national governing body would rather fund future treatment than support pregnancy during a career. Media coverage should therefore be read as a challenge to build a complete offer, not an argument against fertility benefits.

2. What the interviews revealed

Across sports and across generations, interviewees described strikingly similar tensions. Current and retired athletes had consistent accounts, suggesting that the problem is structural rather than confined to one period or discipline.

2.1 Fertility has been a taboo and an invisible subject

For many interviewees, fertility and family planning were simply absent from the language of high performance. Motherhood was often understood as the point at which a career ended. Miscarriage and infertility were more hidden still. The culture is changing, but openness remains uneven and often depends on individual teams or leaders.

2.2 Education came too late

Athletes frequently described having little, if any, education about fertility, egg freezing or the potential long-term implications of reproductive-health symptoms. Many turned to peers or private research only when a decision became urgent. Interviewees suggested evidence-based education in the late teenage years, repeated annually and offered across the athlete's support network would be most beneficial.

“It needs to become completely normalised.”

Jo Hunter | Hockey — Former GB Hockey Player

“...this taboo of not listening to what women are telling them, that's gotta be broken down”

Paula Radcliffe | Athletics — Former British Long-Distance Runner

“I just always assumed that if I wanted to have children my career would have to end.”

Jude Hamer | Wheelchair Basketball – British Wheelchair Basketball Player

“I didn't tell anyone about the miscarriages because I was so embarrassed.”

Jodie Grinham | Para-Archery – British Archer

“It's easy to be so young and so naive in sport and think that this is my future problem.”

Mathilda Hodgkins-Byrne | Rowing — British Rower

“I feel like I went into it blind.”

Anonymous

“A lot of us are asking each other and stabbing around in the dark.”

Jude Hamer | Wheelchair Basketball – British Wheelchair Basketball Player

“Making sure everyone is educated from players to coaches to club to people higher up.”

Anonymous | Football — International-Level Professional Footballer

2.3 Sport and biology run to different clocks

Pregnancy was commonly planned around major events - Olympics, Paralympics, International Tournaments or seasons. Some athletes delayed parenthood until retirement; others searched for a narrow window between competitions. The planning discipline of sport can create a false sense that conception will follow the calendar too.

“Every single thing was planned around the Games.”

Jodie Grinham | Para-Archery – British Archer

“For the initial ‘now is the time to start’, I was dictated by hockey calendars.”

Jo Hunter | Hockey — Former GB Hockey Player

“As an athlete it shortens your window to think about those topics.” “Time just goes fast because you're so busy focusing on the next thing... next thing you know it's time to potentially look at the future and plan for the future... it's very daunting.”

Anonymous | Football - England Professional Footballer

“I didn't want to feel I was putting something that I wanted on pause for canoeing anymore.”

Mallory Franklin | Paddle — Canoe Slalom Paddler

2.4 Disclosure could feel professionally unsafe

Athletes feared that expressing an intention to start a family could influence selection, funding or the way their commitment was judged. Short contracts deepened the uncertainty. Some concealed their plans or delayed disclosing a pregnancy, not necessarily because a sanction was explicit, but because the consequences felt unknowable.

“I was worried that they would have found another reason to deselect me or cut my funding.”

Anonymous

“If a coach knows you want to have a baby and in nine months' time you have an Olympic Games, why would they select you over another athlete if you may be ruled out pregnant later on?”

Jo Hunter | Hockey — Former GB Hockey Player

“I didn't feel I was able to express to swimming that I wanted to start a family.”

Anonymous | Swimming — Former GB Swimmer

“There could still be a bit of judgement.”

“Your priorities are elsewhere.”

Anonymous | Football — International-Level Professional Footballer



2.5 Financial protection changed what felt possible

Low or unstable athlete incomes made treatment, time away and childcare difficult to absorb. Where maternity funding or organisational support existed, athletes were more able to regard parenthood as a realistic choice. Where it did not, pregnancy could appear to compete directly with an athlete's funding allocation.

"If I didn't have the UK Sport money it would have been really tough."

Jo Hunter | Hockey — Former GB Hockey Player

"The sports are under high pressure to get medals. I think it would really help individual sports if there was a centralised funding pot which UK Sport controlled."

Mathilda Hodgkins-Byrne | Rowing — British Rower

"Saving up enough money on an APA to even afford to have a baby is another whole question." "It's not a cheap thing to do."

Rachel Smith | Gymnastics - Former GB Rhythmic Gymnast

"I know players who have signed a new extension and then got pregnant."

Anonymous | Football — International-Level Professional Footballer

"If you are gonna get pregnant, you can't perform, therefore why should they fund you?" "You feel like you're a machine."

Anonymous | Swimming — Former GB Swimmer

2.6 Reproductive-health warning signs were missed

Several athletes described severely painful, irregular or absent periods, delayed diagnosis of endometriosis, or fertility difficulties discovered only after retirement. High-quality support existed in some settings, but specialist knowledge and referral pathways were inconsistent. The gap was not always a lack of medical contact; it was a lack of the right expertise and the right questions.

"Before I became pregnant with XX, I had massive fertility issues, and I'd had like three periods in five years."

Mathilda Hodgkins-Byrne | Rowing — British Rower

"I was always a bit worried that I might struggle to have a child." "We did go privately to have a fertility test." "We chose to do that to put my mind at ease."

Lora Fachie | Para-Cycling — Former GB Cyclist

"It took me 6-7 years to get diagnosed."

Jude Hamer | Wheelchair Basketball – British Wheelchair Basketball Player



2.7 The system is built around performance

Interviewees distinguished between care designed to return an athlete to training and competition, and support designed around the whole person. They wanted confidential, impartial advice from specialists who understood both reproductive health and elite sport but were not involved in selection.

“In my previous clubs there’s been nothing in terms of women’s health, fertility or planning for the future. It’s all about performing in the present.”

Anonymous | Football - England
Professional Footballer

“It’s not about the human being that might want to have a child and a family.”

Rachel Smith | Gymnastics - Former GB
Rhythmic Gymnast

2.8 Pregnancy guidance helped but left gaps

Pregnancy and maternity guidance have made parenthood more visible and, in some sports, materially safer. Yet implementation remains open to interpretation, while pre-conception, fertility treatment, pregnancy loss, partners, adoption and surrogacy are often outside the policy or not covered at all. A two-sentence clause cannot carry the weight of an athlete’s reproductive life.

“All of a sudden I’d gone from thinking I had to retire and have a baby to having the option to come back.”

Jo Hunter | Hockey — Former GB Hockey Player

“The policy is great, but it’s open to interpretation quite a lot, as we have seen in different sports resulting in different athletes receiving very different levels of support.”

Mathilda Hodgkins-Byrne | Rowing —
British Rowing

“There wasn’t any mention of the fertility side of things.”

Anonymous

“It’s really tough to hear that some people don’t get what some other people get... the difference is so big and it’s almost not fair.”

Anonymous | Football - England Professional
Footballer



2.9 Role models changed expectations

Athlete mothers made the possibility of combining parenthood and performance tangible. Peer networks were often more trusted than formal channels because they offered lived experience of training, disclosure, birth, childcare and return to competition. That informal support is powerful, but it should complement rather than replace professional advice.

“The human stories are always much easier to relate to than a document.” “It becomes more from the success stories of older athletes who have done it.” “The good, the bad and the ugly.... those that it has worked for... those that it hasn’t worked for.”

Susie Wolff | Motorsport — Managing Director, F1 Academy

“Those of us that have had children obviously get asked a lot of questions.”. “We’re just learning from each other and figuring it out as we go.”

Jude Hamer | Wheelchair Basketball – British Wheelchair Basketball Player

“The more established seasoned athletes that are talking about it and showing it helps the younger ones.” “They also set a bar for the rest of us.”

Kate Johnson | Rowing - Former Olympic Rower

“I’ve seen these role models and thought well that’s great I’d love to be able to...”

“Within the team they’ll talk and we talk. I talked with fellow runners, and I think that’s the strongest network.”

Paula Radcliffe | Athletics — Former British Long-Distance Runner

“It’s so impressive... you can take so much time out and still come back at the same level.”

Anonymous | Football - England Professional Footballer

“Not that it was easy, but it was doable.”
“You could be a mum and play elite level.”

Anonymous



2.10 Motherhood did not diminish performance

Several athletes said that parenthood improved their perspective, wellbeing or focus. Time became more deliberate; sporting setbacks became less consuming. These accounts challenge the assumption that motherhood necessarily undermines performance and strengthen the case for treating support as an investment in athletes rather than a concession.

“I’m actually a better athlete for having the children.”

Mathilda Hodgkins-Byrne | Rowing — British Rower

“Everything I do has to be worth it.” “It’s massively shifted my perspective on life.”

Jude Hamer | Wheelchair Basketball – British Wheelchair Basketball Player

“The priorities do shift because you start to realise that you’ve changed.”

Susie Wolff | Motorsport — Managing Director, F1 Academy

“I’m generally just more content in life.”

Mallory Franklin | Paddle — Canoe Slalom Paddler



What industry interviewees added

Interviewees working in and around the high-performance system reinforced the athletes' central argument: the response must extend beyond one benefit or one medical appointment. Their evidence emphasised shared responsibility, confidence in the system and support that can be applied consistently across organisations.

Normalising fertility and family planning

"I do think it's spoken about a lot more now... but it's still more seen as a rarity than a norm."

Sarah Mockford | Women's Sport Editor, The Telegraph



Education across the sporting ecosystem

"There's a lot of self-education happening." "They're not really sure what to do. They don't have the trusted, evidence-based, accessible resources." "What a lot of people are looking for is trusted, easy to understand and evidence-based guidance and support."

Anonymous

"There needs to be education across the whole ecosystem."

Zarah Al-Kudcy | Chief Revenue Officer, WSL Football

"I think there has to be an information flow when working with their coaches... or whoever is overseeing the performance aspect... that knowledge is passed on."

Susie Wolff | Motorsport — Managing Director, F1 Academy

Reconciling sporting calendars and reproductive choices

“You can say: I’ve won an Olympic medal, let’s have a baby now. But your body doesn’t necessarily work in the same way.”

Sarah Mockford | Women’s Sport Editor, The Telegraph

“Athletes are more commonly planning their time out to align with Major Games, with a view to returning to their sport. Unfortunately, nature doesn’t always adhere to the master plan of conceiving in the weeks post Major Games, to maximise the time to return in advance of the qualification window during the year before the next Games. If there was a way to identify fertility issues in advance, this could help athlete family planning hugely.”

Shirley Addison | Performance Lifestyle Lead, sportscotland

Trust and a supportive culture

“Transparency ... and then a tailored package of support.”

Mark Huckerby | Head of Sponsorship, VodafoneThree

“We’re not just supporting after the birth... we’re supporting this really important life decision.”

Zarah Al-Kudcy | Chief Revenue Officer, WSL Football

Support that keeps pace with women’s sport

“Women’s sport naturally is accelerating, but the support that’s there to support those athletes hasn’t been keeping pace.”

Anonymous

These perspectives highlight a practical implementation challenge. Education must reach coaches, support staff, clinicians, agents and decision makers; policies need to be trusted and workable in day-to-day applied practice; and lower-resourced sports require shared infrastructure rather than an expectation that every sport or club will build specialist provision alone.



3. The wider fertility knowledge gap

Athletes arrive in elite sport from a society in which fertility knowledge is already weak. Recent research by the Fertility Futures Project involving over 5,300 UK adults found a marked gap between confidence and their actual understanding.

Measure	Finding
Average Fertility Knowledge Index score	2.76 out of 10
Believe they understand how pregnancy happens	91%
Correctly understand the contribution of male factors	20%
Feel comfortable discussing fertility	44%

Only around one in four respondents correctly understood the monthly chance of conception or accurately estimated IVF success rates. Only one in ten correctly identified when male fertility begins to decline noticeably. Knowledge of egg freezing was also limited, with nearly half of respondents underestimating the number of eggs typically needed to provide a reasonable chance of having one baby.

The confidence gap matters, people who believe they are already informed are less likely to seek advice. In sport, that creates a weak basis for decisions already constrained by performance schedules and career risk. Education should therefore be proactive rather than triggered only when an athlete asks for help.

The national evidence also argues against treating fertility as a women’s issue. Male factors contribute to an estimated 40–50 per cent of fertility difficulties, yet male fertility remains poorly understood. Any credible athlete programme should include men as individuals, partners and members of the wider culture.





4. Emerging approaches to support

The UK's sports industry is beginning to respond.

England Netball's NETBALLHer, working in partnership with Wellbeing of Women, combines trusted health information, resources and education for players, coaches, officials and volunteers across the female life course. Its coverage includes menstrual health, puberty, pregnancy and postnatal wellbeing, pelvic health and menopause. For this report, its value is the broader model: building understanding across the sporting environment so fertility and family planning can sit within ongoing support for female health and wellbeing.

In May 2026, the Professional Footballers' Association announced a partnership with Care Fertility covering confidential clinical guidance and benefits towards selected treatments for current and former professional footballers. Chelsea FC Women subsequently announced a programme with Fertility Plus, including assessments, treatment, counselling, and a dedicated fund for first-team players.

These developments offer useful approaches to build on, while highlighting differences in access. Athletes competing at a similar level may receive different support depending on their sport, club or national governing body. A shared baseline of education, confidential advice and referral could help lower-resourced organisations make progress alongside those able to fund more extensive services.

International examples include Racing Louisville FC which offers treatment and cryopreservation benefits; the WNBA embeds family-building reimbursement within collective bargaining; and the WTA protects rankings for eligible fertility procedures. Swimming Australia has included fertility preservation and egg-freezing education within reproductive-health support, while the Spanish Football Federation has introduced a programme including IVF and funded egg freezing for eligible internationals. Together, these approaches show different ways to support athletes and taken together, the examples suggest a spectrum of support: advise; provide clinical access; help fund care; and protect the athlete's career. However, the athlete feedback suggests that no single intervention is sufficient on its own.



5. A Framework for action

The objective should not be identical provision in every sport. It should be a dependable minimum standard, with additional support where resources permit. The following framework converts the interview findings into practical responsibilities.

5.1 Athletes have the knowledge to make informed choices

- Introduce annual, evidence-based fertility and reproductive-health education from the late teenage years.
- Cover age, conception, male fertility, IVF, preservation, pregnancy loss and the interaction between reproductive health and elite training/performance.
- Train coaches, medical teams, support staff, agents, managers and families so responsibility does not sit with the athlete alone.

Lead organisations: National governing bodies, player associations, academies and clubs, using nationally shared content to maximise efficiencies, reduce costs and inconsistency.

5.2 Athletes can seek confidential independent advice

- Create a confidential point of access to appropriately qualified reproductive-health specialists.
- Keep advice separate from selection, contracts and performance-related decisions.
- Publish and signpost simple referral routes so athletes know where to go before a concern becomes urgent.

Lead organisations: National governing bodies, supported by accredited clinical partners and clear conflict-of-interest safeguards.

5.3 Health concerns are recognised and referred promptly

- Include reproductive-health questions in routine athlete health reviews.
- Investigate severe pain, irregular or absent periods and other symptoms.
- Ensure rapid referral for specialist assessment and continuity during treatment and return-to-training and competition.

Lead organisations: Sports medicine teams, national institutes and clubs, within defined clinical governance.

5.4 Athletes can plan families with greater career and financial security

- Set transparent minimum protections for fertility treatment, pregnancy, parental leave and return-to-training and competition.
- Protect funding, rankings and selection eligibility where appropriate and avoid penalising disclosure.
- Address childcare, travel and partner support as practical conditions of return.

Lead organisations: Funding bodies, national governing bodies, leagues, clubs and player associations through policy, regulation and collective bargaining.

6. Next Steps

The Fertility Futures Project invites clubs, rights holders, national governing bodies, player associations, athletes and clinical advisers to a follow-up workshop. The aim is to examine the findings in more detail, share approaches that are already working and agree practical steps across education, confidential advice, supportive culture and access to care.

The workshop would help establish a focused working group to define what good support looks like and explore a voluntary minimum standard that organisations could work towards. This should recognise differences in resources across sport, build on existing provision and identify achievable improvements for smaller clubs and national governing bodies.

Success should be judged by what athletes experience: clearer information before decisions become urgent, confidence to seek advice without fear of career consequences, earlier recognition of health concerns and support that makes reproductive choices more realistic.

Organisations interested in contributing are invited to register their interest with the Fertility Futures Project through fertilityfuturesproject.com. Insights from the panel and roundtable discussion group being held by the charity at Leaders Week London (Leaders in Sport) on the 7th October and subsequent discussions will inform the final report and the next phase of work.

Methodology

This interim report draws on four sources of insight.

Qualitative interviews

The core research comprised of 20 interviews from June to August 2026 with current and retired elite female athletes and male and female leaders from across high-performance sport. Sports represented by athletes included rugby, athletics, hockey, netball, rowing, gymnastics, swimming, canoeing, wheelchair basketball, para-archery, football and para-cycling. Interviews explored education, fertility and family planning, sporting calendars, disclosure, contracts and funding, reproductive-health support, pregnancy and maternity guidance, role models and return to sport.

The analysis was thematic. Recurring experiences were grouped into ten themes and compared across current and retired athletes. No material difference in the broad pattern of reflections was identified between those groups.

National survey

The report also draws on Fertility Futures Project's recent research a nationally representative survey of 5,336 UK adults aged 16 and over. The survey measured fertility knowledge, confidence and comfort discussing fertility. The Fertility Knowledge Index has been created as a result that summarises performance across ten questions.

Literature and policy review

Published research and guidance were used to place the interviews within the wider evidence on fertility literacy, male and female experiences of infertility and life-course education. UK and international sports initiatives were reviewed as examples of emerging practice.

Media and public statements

Recent coverage was used to reflect the changing public debate, including questions about egg freezing, reproductive choice and the relationship between fertility benefits and maternity support. Media reports were treated as context rather than primary evidence of programme effectiveness.

Limitations

- The qualitative sample was purposive and is not statistically representative of all athletes or sports.
- The interview evidence is weighted towards female athletes; further research is needed on male athletes, partners and different family-building routes.
- Experiences of support may vary by sport, level, employment status, funding model and country.
- The existence of a programme does not establish its uptake, quality or outcomes.
- This is an interim report. Leaders Week discussion and further industry insight will inform the final recommendations from the session.

References

- Arya, S. T. and Dibb, B. (2016), “The experience of infertility treatment: the male perspective”, *Human Fertility*, 19(4), pp. 242–248.
- Assaysh-Öberg, S., Borneskog, C. and Ternström, E. (2023), “Women’s experience of infertility and treatment: a silent grief and failed care and support”, *Sexual and Reproductive Healthcare*, 37.
- BBC Sport, Sara Orchard (10 September 2026), “England captain Jones calls for fertility support”.
- Fertility Futures Project (2026), Wave 2 UK research, nationally representative survey of 5,336 UK adults aged 16 and over.
- Fertility Futures Project (2026), Research Initiative: Identifying Current Gaps in Fertility Support and Care in Elite Sport, interview analysis.
- Grace, B., Shawe, J. and Stephenson, J. (2023), “Exploring fertility knowledge amongst healthcare professional and lay population groups in the UK: a mixed methods study”, *Human Fertility*, 26(2), pp. 302–311.
- The i Paper, Sarah Carson (6 September 2026; updated 9 September 2026), “Footballers freezing their eggs isn’t the girlboss move it appears”.
- The Sunday Times, Alyson Rudd (12 September 2026), “Chelsea egg-freezing offer just robs us of role-model mothers”.
- England Netball (2023), NETBALLHer: Four weeks on from the launch. <https://www.englandnetball.co.uk/news/netballher-four-weeks-on-from-the-launch/>
- England Netball, embracing motherhood: The NETBALLHer website’s new section for women navigating pregnancy and wellbeing. <https://www.englandnetball.co.uk/news/embracing-motherhood-the-netballher-websites-new-section-for-women-navigating-pregnancy-and-wellbeing/>
- World Health Organization (2025), Guideline for the Prevention, Diagnosis and Treatment of Infertility.