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Fertility and the Workplace: The Role of the Firm, Society and Government in Supporting Reproductive Healthcare

Fertility Governance Through Cascaded Accountability: Building Inclusive Safety Nets for Vulnerable Workers

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ABSTRACT

This article examines how workplace fertility governance operates as a system of control, consent, and inequality shaped by organizational, cultural, and institutional forces. Drawing on feminist theory, we develop a multilevel framework of cascading accountability that integrates symbolic violence, biopolitics, chrononormativity, and postfeminist agency to analyze how corporate fertility benefits simultaneously expand and constrain reproductive autonomy. Using feminist thematic analysis of media coverage, corporate materials, digital lived experiences, and independent reports, we show how fertility support schemes reinforce normative timelines, managerial control, and affective expectations, particularly for structurally marginalized groups such as migrants, LGBTQ+ workers, and racialized minorities. Throughout this paper, fertility governance is treated not as a women's issue per se but as a system regulating reproductive capacity across differently gendered bodies, including cisgender, transgender, and nonbinary workers. Theoretically, we synthesize Bourdieu's and Foucault's insights with feminist critiques to demonstrate how reproductive governance unfolds across macro, meso, and micro levels. Practically, we argue for a shift from discretionary benefits to rights-based policies grounded in reproductive justice, centering the lived experiences of those whose reproductive needs fall outside normative models.

1 | Introduction

Fertility has moved beyond the private or clinical sphere to become a strategic site of governance and institutional intervention. As fertility rates decline and demographic anxieties intensify, corporations increasingly position themselves as stakeholders in reproductive futures (Zoll et al. 2015; De Zordo et al. 2022). Across technology, finance, and professional service sectors, benefits such as egg freezing subsidies, in vitro fertilization (IVF) coverage, and family-forming support are promoted as symbols of corporate progressiveness, extending reproductive autonomy and gender equity (Espinosa-Herrera and Pietrini-Sanchez 2025; Flynn and Leslie 2023).

Yet a growing body of feminist scholarship challenges these empowerment narratives by exposing their normative

assumptions about timing, productivity, and bodily responsibility (Johnston and De Proost 2024; MacKenzie and Minnis 2025). Reproductive support, particularly employer-sponsored egg freezing, is rarely neutral. It is embedded in cultures that valorize uninterrupted productivity, responsibility, and idealized life-course trajectories. As Mackenzie et al. (2024) argue, company-sponsored fertility benefits remain underexamined in management scholarship and risk functioning less as emancipatory supports and more as instruments of control and commodification. This concern becomes visible not only at the organizational level but also in the lived experiences of workers, where fertility support is entangled with career expectations and identity formation. Hughes (2021) demonstrates how early-career professionals, especially women, are encouraged to “wait” for institutional security before attempting to conceive. Freeman's (2010) notion

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of chrononormativity shows how time becomes a disciplinary force, aligning reproductive decisions with organizational performance goals. In practice, HR policies and corporate communications often reward delay and frame nonlinear reproductive paths as unprofessional (Riach et al. 2014). Fertility benefits thus function as both incentives and constraints: They symbolize care while reinforcing neoliberal expectations of self-management and optimization. Building on this, Mumford et al. (2023) introduce the concept of *potential parenthood* to show how identity threats emerge not only from embodied maternity but also from its absence or delay. Their findings highlight how workers navigating infertility, miscarriage, or fertility treatment experience pressures that destabilize both work identities and desired identities of parenthood, further revealing how chrononormative expectations discipline reproductive possibilities.

These dynamics are intensified by what van de Wiel (2025) calls the biopolitical corporatization of fertility. Reproductive technologies are often repackaged as career-enhancing tools. Framed as rational, future-oriented choices, egg freezing schemes tend to obscure the emotional, medical, and ethical complexities of assisted reproduction (van de Wiel 2022). They also raise critical concerns about informed consent, risk communication, and implicit coercion, especially in workplaces where such benefits are normalized or strategically incentivized (Attinger et al. 2024; Cohen 2023). Moreover, recent UK data reveal that one in five people undergoing fertility treatment experience unfair treatment at work, and nearly a quarter receive no support (Machell 2023), underscoring the gap between corporate rhetoric and lived realities. Claims that reproductive technologies are repackaged as career-enhancing tools are grounded in feminist political economy and critical scholarship on the marketization of reproduction. This literature shows how reproductive interventions are increasingly framed through logics of investment, optimization, and future productivity, aligning bodily capacities with organizational and economic imperatives (Murphy 2017; Gaggiotti and Gasparri 2025). Studies of postfeminist organizational cultures further demonstrate how empowerment narratives recast structural constraints as individual choice (Lewis et al. 2017; Wilkinson et al. 2023), positioning reproductive technologies as instruments through which people can responsibly manage risk and maintain employability. Critical analyses of reproductive technologies similarly highlight how fertility preservation is embedded in financialized and managerial regimes that privilege career continuity and idealized worker norms. By drawing these strands together, our argument situates reproductive technologies within broader systems of economic valuation, gendered labor expectations, and organizational governance rather than treating them as neutral or purely enabling interventions.

We draw here on the framework of reproductive justice, a concept developed by Black feminist scholars and activists to foreground the structural conditions under which reproductive decisions are made. Coined by members of the SisterSong Women of Color Reproductive Justice Collective and subsequently theorized by Ross and Solinger (2017), reproductive justice extends beyond individual choice to encompass the right to have children, not have children, and to parent in safe,

sustainable, and dignified conditions. This framework shifts analytical attention from access to reproductive technologies alone toward the political, economic, and institutional arrangements that shape reproductive autonomy. Although this article does not empirically examine abortion, miscarriage, or pregnancy loss, reproductive justice provides a critical lens for understanding how workplace fertility governance selectively recognizes some reproductive trajectories while marginalizing others. These exclusions point to important directions for future research.

Despite this emerging literature, three key gaps remain. First, current scholarship tends to treat corporate fertility schemes as isolated organizational initiatives. This limits understanding of how such benefits are embedded in wider legal, cultural, and psychosocial structures. Second, most research centers cisgender, heterosexual women. It often overlooks how reproductive governance is experienced by LGBTQ+ employees, racialized minorities, migrants, and disabled workers. These groups are structurally more likely to face exclusion from normative fertility timelines and benefit designs. We recognize that fertility experiences are not confined to cisgender women. Trans men, trans women, and nonbinary individuals engage with fertility preservation, gestation, and assisted reproduction in ways that remain systematically under-recognized in organizational and policy design. Third, existing analyses rarely explore how responsibility for reproductive support is distributed across multiple institutional levels. This fragmented view obscures how macro-level policy, meso-level organizational norms, and micro-level embodied experiences interact.

To address these limitations, we develop a multilevel analytical framework of cascading accountability to examine how fertility is governed in the workplace. Our framework integrates Bourdieu's (1991, 2001, 2003) concept of symbolic violence and masculine domination, Foucault's (1978) theory of biopolitics, and feminist critiques of chrononormativity (Freeman 2010; Riach et al. 2014) and postfeminist agency (Gill 2007; McRobbie 2008). Although these perspectives have often been used separately to explore gendered work and reproductive politics, they have rarely been synthesized to theorize the paradox of workplace fertility benefits as both instruments of empowerment and mechanisms of discipline. By bringing these insights together, we advance an intersectional understanding of how reproductive governance unfolds across macro, meso, and micro levels.

Our analysis offers a multilayered account of how fertility governance is structured, justified, and contested across different institutional and experiential sites. We focus on the UK context, with particular emphasis on employer-sponsored egg freezing as a flagship case, due to its symbolic prominence and policy visibility. We also examine adjacent practices, including IVF coverage, psychosocial support, and fertility-related leave, to trace broader dynamics of reproductive control, discipline, and conditional empowerment. Our central question is *how can cascading accountability be built to ensure that fertility governance provides meaningful support for structurally vulnerable workers?* To answer this, we analyze evidence from policy documents, organizational discourse, and digital lived experience, examining how reproductive agency is shaped and constrained

at the macro (legal and policy), meso (organizational and cultural), and micro (psychosocial and embodied) levels.

Although this article is conceptual in orientation, we draw selectively on policy documents, consultancy reports, and publicly available organizational materials to illustrate how fertility governance is framed and legitimized in contemporary organizational discourse. These sources are not treated as empirical evidence in their own right but as contextual artifacts that signal the growing normalization and institutional visibility of workplace fertility interventions. The theoretical argument developed in this article is grounded primarily in intersectional feminist, critical, and political economy scholarship, with contextual materials serving to situate and motivate the conceptual analysis rather than to determine its claims.

Although workplace fertility benefits encompass a wide range of organizational policies and practices, including IVF coverage, parental leave, flexible working arrangements, and psychosocial support, this article centers analytically on employer-sponsored egg freezing. Egg freezing is not treated as interchangeable with fertility benefits more broadly but as a particularly salient and symbolically dense intervention through which contemporary logics of reproductive governance are rendered visible. As a benefit that explicitly encourages the deferral of reproduction while promising future reproductive security, egg freezing crystallizes organizational assumptions about productivity, timing, risk, and responsibility. Focusing on egg freezing, therefore, allows us to examine more sharply how fertility governance operates through narratives of choice and empowerment while remaining embedded within broader benefit architectures and organizational regimes of work.

Our contribution is twofold. First, we center egg freezing to unpack its symbolic and material implications across governance levels. Second, we foreground how these interventions often remain misaligned with the lived realities of vulnerable employees. These workers face compounded barriers in accessing, interpreting, or benefiting from corporate reproductive support. Through our multilevel framework of cascading accountability, we aim to reimagine workplace fertility governance in ways that promote equity, inclusion, and reproductive justice.

2 | Governing Fertility Through Care, Risk, and Discipline

To understand how reproductive policies function as both enablers and regulators of fertility in the workplace, we turn first to Bourdieu's (1991, 2003) concept of symbolic violence, which shows how power operates not through coercion but through norms that appear natural and benevolent. Fertility benefits such as egg freezing or IVF coverage are often framed as empowering perks rather than rights, yet they subtly align reproductive decisions with dominant professional timelines, normalizing delayed motherhood as a "responsible" career-conscious choice (Thapar-Björkert et al. 2016; Gaggiotti and Gasparri 2025; Milman et al. 2017).

Bourdieu's (2001) theory of masculine domination sharpens this analysis by situating reproductive governance within a broader

gender order. Organizational cultures that valorize uninterrupted productivity reflect masculinist career models privileging delay and minimizing care interruptions. Fertility benefits, when embedded in such cultures, appear to enhance autonomy while reinforcing cis male-normed ideals of the "ideal worker." This naturalizes conformity to professional priorities and presents it as self-chosen. Empirical evidence supports this paradox. Miner et al. (2021) show that individuals in firms offering egg freezing did not feel direct pressure to use the benefit but nonetheless faced conflict between career progression and family formation. Rather than dismantling structural barriers, benefits defer them, shifting responsibility for reproductive timing onto individuals. Mertes (2015) argues that meaningful autonomy requires three conditions: informed awareness of risks, absence of pressure, and broader family-supportive policies. In practice, these conditions are rarely met. Instead, symbolic violence makes conformity appear voluntary, with recipients expected to remain grateful and composed while navigating complex treatments (Anderson 2023).

Although contemporaries, Bourdieu and Foucault rarely engaged directly with each other's work. This absence of cross-fertilization leaves considerable theoretical space for integrative scholarship. Bringing their perspectives together allows us to illuminate how workplace fertility governance is sustained through both the internalization of symbolic domination and the biopolitical regulation of reproductive bodies. Where Bourdieu highlights the internalization of domination, Foucault (1978) directs attention to the biopolitical regulation of bodies and populations. Employer-sponsored fertility schemes operate not simply as welfare provisions but as technologies of population management, aligning reproductive timing with productivity imperatives (van de Wiel 2025; De Proost et al. 2025). Deeply personal decisions are reframed as rational, future-oriented career strategies, embedding reproductive futures in the calculative rationalities of corporate governance.

Yet, as Harding et al. (2022) remind us, embodied experiences, such as fatigue, pain, and emotional strain, resist such managerial framings, exposing the limits of responsabilized autonomy. Fertility cannot be fully instrumentalized without consequence. Feminist critiques of postfeminist agency (Gill 2007; McRobbie 2008) further show how empowerment discourses conceal constraint. Framed in the language of choice and resilience, benefits individualize responsibility and depoliticize inequality. Egg freezing, promoted as liberating, can obscure the institutional pressures shaping reproductive timing, aligning with neoliberal ideals of entrepreneurial femininity and compliance (Baldwin et al. 2019; Schmid et al. 2025).

Together, these dynamics help to explain how workplace fertility governance is sustained through the interplay of symbolic violence, masculine domination, biopolitical regulation, and postfeminist agency. This synthesis sets the stage for our relational framework of cascading accountability, which maps how fertility governance unfolds across macro, meso, and micro levels and how its effects vary by structural position and organizational context. This framework allows us to analyze how fertility policies are interpreted and experienced differently depending on one's structural position and organizational context.

A substantial body of scholarship frames employer-sponsored fertility benefits, including egg freezing, as mechanisms that expand choice, agency, and flexibility within demanding career structures. From this perspective, such benefits are understood as enabling workers to better align reproductive aspirations with professional trajectories, potentially mitigating career penalties associated with motherhood and caregiving. These accounts often emphasize autonomy, individualized decision-making, and temporal flexibility as markers of organizational progressiveness. We engage with this literature explicitly, not to dismiss its insights, but to interrogate the conditions under which such autonomy is produced and exercised. Drawing on feminist critiques of productivity norms and idealized life-course trajectories, we argue that reproductive choice in organizational contexts is never neutral but is structured by chrononormative expectations, ideal worker norms, and responsibilized models of agency. Our intervention therefore examines how empowerment narratives surrounding fertility benefits may coexist with, and at times obscure, enduring organizational demands for uninterrupted productivity and linear career progression.

Although this article does not adopt a conventional organizational behavior lens, the conceptual framework is centrally concerned with work and organizational dynamics. Fertility governance is examined here as a mechanism through which organizations regulate time, productivity, and embodied availability, aligning reproductive possibilities with idealized career trajectories. The concepts mobilized in the framework—symbolic violence, biopolitics, chrononormativity, and postfeminist agency—each speak directly to organizational processes, including the normalization of uninterrupted productivity, responsibilized autonomy, and linear life-course expectations. By situating fertility governance within these dynamics, the framework illuminates how organizational cultures and practices shape reproductive agency, even when fertility interventions are framed as voluntary or supportive.

3 | Method

We adopt a feminist thematic analysis to examine discourse-oriented material, including organizational documents, media texts, and digital narratives. Although thematic analysis and discourse analysis are often presented as distinct qualitative traditions, feminist scholars have long used thematic analysis to interrogate how discursive constructions, power relations, and subject positions are produced and normalized across texts (Burman 1990; Braun and Clarke 2006). Our intention is not to conduct Foucauldian discourse analysis but to analyze how meanings surrounding fertility, time, choice, and responsibility are patterned across heterogeneous textual sources. In this study, discourse constitutes the object of analysis rather than the method itself. Thematic analysis is particularly suited to this type of data because it allows for systematic identification of recurring interpretive patterns across organizational, media, and digital contexts while remaining attentive to relations of power, inequality, and embodiment.

In this study, discourse is understood not simply as a collection of organizational, media, and personal texts but as the broader field of meaning through which power relations, subjectivities,

and regimes of truth surrounding fertility are produced and sustained. Organizational policies, media narratives, and personal accounts are analyzed as discursive sites in which assumptions about productivity, responsibility, temporality, and reproductive normality are articulated and legitimized. By examining these texts thematically, we attend to how discourses of fertility governance shape what is rendered thinkable, legitimate, or desirable within organizational contexts while remaining attentive to the power relations that structure these meanings.

3.1 | Data Sources

The dataset comprised four interconnected types of material. It included 23 UK-based media articles published between 2020 and 2025 in outlets such as BBC News, The Guardian, Glamour UK, People Management, and Euronews. These articles were examined for how they framed fertility as a workplace issue and for the representations of reproductive support policies they conveyed. In addition, 12 corporate documents were collected from major employers, including HR policy guides, diversity and inclusion statements, and employee handbooks from organizations such as M&S, Goldman Sachs, Cooley, Netflix, Space NK, and Spotify UK. These texts provided a window into how companies articulate, promote, or restrict access to fertility benefits. The dataset also incorporated digital lived experiences drawn from YouTube, Reddit, TikTok, and Instagram. Searches were conducted in March 2025 using keywords and hashtags such as *egg freezing*, *IVF journey*, *workplace fertility*, *fertility benefits*, and *company IVF support*. Duplicate posts and content without a clear UK reference were excluded. The final dataset consisted of 174 posts authored by individuals engaging with employer-sponsored fertility programs, along with 662 associated comments, which together offered valuable insight into the emotional labor, temporal anxieties, and embodied tensions that arise when navigating reproduction and employment. Finally, 41 reports and policy documents were analyzed from independent organizations such as Fertility Network UK, Fertility Matters at Work, CIPD, and the Nuffield Council on Bioethics, together with selected peer-reviewed academic publications on fertility, gender, and work. These sources contextualized corporate practices within broader ethical, biomedical, and policy frameworks.

3.2 | Analytic Strategy

Texts were purposively sampled for visibility and relevance. All materials were manually read and reread in several cycles to ensure familiarity and immersion. Coding combined inductive strategies, which allowed themes to emerge from the data, with deductive anchors from feminist theory. Following Braun and Clarke's (2006) six-phase process, we began with line-by-line coding to capture significant features of the texts, grouped codes into candidate themes, and then iteratively refined and named themes to ensure they cohered internally and told a broader, meaningful story across the dataset. Throughout this process, we paid particular attention to discursive patterns reflecting power asymmetries and managerial control, the

temporal disciplining of reproduction, and gendered constructions of choice, productivity, and care, as well as affective registers of gratitude, guilt, and stigma.

To enhance rigor, coding decisions were revisited multiple times, reflexive notes were kept to document interpretive choices, and themes were continually checked against the dataset to avoid decontextualization. Although primarily thematic, the approach incorporated netnographic sensitivity (Kozinets 2019) by recognizing the platform-specific dynamics of digital narratives and how they shape the cultural circulation of reproductive storytelling.

3.3 | Reflexivity and Positionality

This research is grounded in a reflexive feminist stance. As researchers, we recognize that qualitative inquiry is shaped by the social locations, theoretical orientations, and institutional affiliations of those who undertake it. Our reading of the material is informed by our commitments to reproductive justice and workplace equity and by our situatedness within academic, and often neoliberal, environments that are themselves implicated in the governance of care and time. Rather than striving for neutrality, we acknowledge that our interpretation is value-laden. Following Pillow (2003) and Rose (1997), we view reflexivity not as a performative gesture of self-disclosure but as a methodological commitment to examining how our knowledge practices are entangled with broader power structures. In particular, we are attentive to the ways in which feminist research can either amplify or overlook marginalized voices, depending on how intersectional concerns are addressed.

Our positionality also shapes how we understand and analyze reproductive governance. We are acutely aware that the framing of fertility support as a “benefit” risks depoliticizing the structural conditions that constrain reproductive agency. This study aims to interrogate such framings while remaining accountable to the lived experiences and contradictions voiced by those navigating fertility while working. This analytical orientation not only guided our data selection and coding strategy but also shaped how we interpreted meanings surrounding fertility governance. Our selected theoretical frameworks allowed us to attend not only to what is said in workplace fertility narratives but also to what is normalized, silenced, or made intelligible through power-laden discourses.

4 | Thematic Analysis of Workplace Fertility Governance Discourses

Our thematic analysis, which draws from UK-based media coverage, corporate policy documents, digital testimonies, and reports by independent organizations and academic literature, identifies five interconnected themes that structure how fertility is governed in contemporary workplaces. Themes were generated through an iterative process of manual coding and refinement: Initial line-by-line codes were grouped into broader categories and then reviewed against the entire dataset to ensure both internal coherence and theoretical resonance. This process,

guided by feminist epistemologies and critical frameworks on biopolitics, symbolic violence, and intersectionality, enabled us to move from descriptive codes to interpretive themes that capture how corporate and cultural narratives shape reproductive governance.

Rather than approaching fertility benefits as neutral or benevolent offerings, our analysis reveals how narratives of care, productivity, temporality, and choice are strategically deployed to manage, legitimize, and, at times, obscure the structural power dynamics embedded in reproductive support schemes. The five themes do not operate in isolation but form a mutually reinforcing framework that governs workplace reproduction through both symbolic and material means. As visualized in Figure 1, they intersect across discursive, institutional, and affective dimensions, shaping how reproductive agency is simultaneously expanded and constrained in contemporary employment settings.

The analytical framework brings together symbolic violence, biopolitics, chrononormativity, and postfeminist agency because sponsored egg freezing operates at the intersection of these distinct but interrelated modes of power. Symbolic violence captures how fertility benefits are normalized as benevolent and progressive while subtly aligning reproductive decisions with dominant organizational values. Biopolitics foregrounds how reproductive capacities are regulated, managed, and optimized within institutional and economic systems. Chrononormativity illuminates how reproductive timing is synchronized with idealized career trajectories and organizational rhythms of productivity. Postfeminist agency explains how these dynamics are reframed through narratives of choice, empowerment, and individual responsibility. Considered relationally, these concepts allow us to analyze sponsored egg freezing not simply as a benefit or technology but as a governance mechanism through which reproductive autonomy is both enabled and constrained. This integrated framework is especially suited to analyzing sponsored egg freezing because it captures the coexistence of care and control, empowerment and discipline that other single-lens approaches risk obscuring.

To illustrate, the theme of *Symbolic Gestures* emerged from codes such as “progressive branding,” “life journey support,” and “surface-level inclusion,” which clustered around corporate and media representations of fertility schemes as benevolent offerings. In the United Kingdom, this symbolic framing is reinforced by employer branding in professional services and finance, where firms highlight fertility benefits as evidence of progressive inclusion, even though access is limited by tenure, contract type, or role seniority (Cohen 2023). In our thematic map, *Symbolic Gestures* denotes these representations of corporate care, such as egg freezing subsidies or flexible leave policies, which are often promoted as signs of progressive culture or inclusive HR practice. Yet policy documents rarely clarify eligibility or discretion, and closer scrutiny reveals their lack of structural depth. As Espinosa-Herrera and Pietrini-Sanchez (2025) note, these offerings can mask organizational cultures that remain inhospitable to reproduction. Comparable dynamics have been observed in other institutional contexts. O’Shea et al. (2024) show how Australian universities construct outward-facing identities as “gender equality champions,”

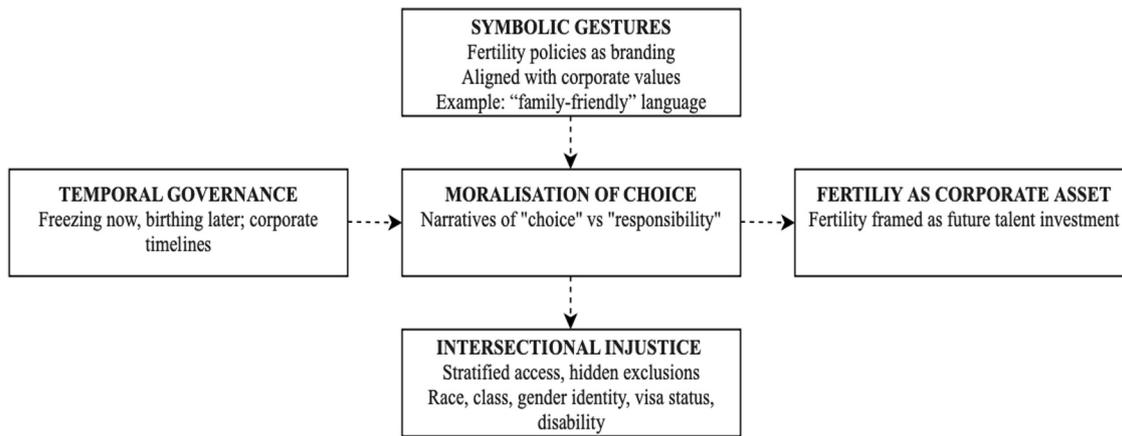


FIGURE 1 | Multisource thematic map of fertility governance in the workplace.

whereas mothers' everyday experiences remain disciplined by inequities and informal practices. For example, a promotional blog in our data promised "supporting your life journey," but internal policy tied access to length of service and employment type, limiting actual availability. Such gestures thus serve an important legitimating function, particularly in employer branding and diversity narratives.

However, when examined alongside *Fertility as a Corporate Asset*, informed by codes such as "human capital investment," "career deferral," and "workforce optimization," these schemes are revealed to function less as care provisions and more as strategic tools of workforce planning. O'Rourke et al. (2023) critique this instrumental logic, arguing that it transforms intimate life into a site of productivity management. Corporate narratives frequently link egg freezing to leadership development or performance goals. As Petersen and Hansen (2022) observe, reproduction is reframed not only as something to be deferred for work but also as something justified by work itself. As one UK-based content creator explained in an Instagram video about company-sponsored egg freezing, "They say it's about choice, but it feels more like a trade-off: freeze now, lead later." This dynamic is sharpened in the UK context, where elective egg freezing is not covered by the National Health Service (NHS) and can only be accessed privately at a cost of £5000 to £8000 per cycle or through employer schemes. Fertility is thus commodified, abstracted from its embodied and relational contexts, and embedded in performance-driven organizational cultures where the ideal worker is assumed to be temporally and biologically unencumbered.

This commodification is reinforced by *Temporal Governance*, whereby fertility interventions are structured around normative timelines of productivity, career progression, and ideal motherhood. Codes such as "running out of time," "responsible motherhood," and "promotion cycles" illustrate how workplace cultures discipline reproductive timing. In the United Kingdom, this logic is intensified by NHS guidelines (NICE 2017), which recommend up to three IVF cycles for individuals under 40 but are applied unevenly by local integrated care boards with varying criteria on age, BMI, and relationship status. This "postcode lottery" reinforces the sense that reproduction must be scheduled within narrow biological and organizational

timelines (Fertility Network UK n.d.a; BPAS 2020). Online testimonies capture this pressure vividly: One Reddit user described feeling compelled to align conception with promotion cycles, noting, "It's like, here's a benefit to delay your dreams until we say it's safe." Employer materials amplify this urgency by promoting egg freezing as a proactive, even empowering, career move. As Baldwin et al. (2019) observe, individuals often turn to freezing out of a fear of "running out of time." Yet this empowerment is contingent upon aligning one's body with corporate rhythms of deferral, masking the structural pressures that render postponement both necessary and normative.

Although deferral is represented as a matter of choice, our analysis reveals that such choices are moralized, leading to the theme of *Moralization of Choice*, which highlights how reproductive decisions are recast as individual responsibility. Organizational and media discourses often present fertility support as expanding autonomy, yet these choices are stratified and moralized (Zou et al. 2025). Gratitude is expected, critique is discouraged, and workers are compelled to present their use of benefits as empowered and voluntary, even when driven by fear of career penalty, job insecurity, or financial constraint. Johnston, Fuscaldo, Gwini, et al. (2022) note that employees often perceive employer-funded egg freezing less as freedom than as pressure to conform to ideal worker norms. A UK media feature captured this tension when an HR leader declared, "We're giving women power over their bodies," implicitly excluding trans and nonbinary workers, whereas anonymous testimonies revealed discomfort with implicit expectations to delay family life (Anderson 2023). As Flynn and Leslie (2023) argue, such policies may signal progressiveness while ultimately reinforcing the ideal of the unencumbered worker. This dynamic is sharpened in the United Kingdom, where the *Human Fertilisation and Embryology Authority (2019) Act 1990* (as amended in 2008 and 2019) regulates assisted reproduction but leaves NHS access to local discretion, compelling many employees to accept employer benefits with gratitude rather than critique.

Finally, *Intersectional Injustice* was grounded in codes such as "access barriers," "LGBTQ+ exclusion," and "racialized inequities," underscoring how benefits were unevenly distributed across social locations. This dynamic is vividly illustrated by the 2019 UK High Court case *R (TT) v Registrar General for England*

and Wales, in which a transgender man who gave birth was legally required to be registered as the child's "mother." The judgment affirmed that, under current legislation, the act of giving birth defines legal motherhood, regardless of gender identity, thereby exposing how law and policy remain entangled with binary and exclusionary understandings of reproduction. Digital testimonies echo these concerns. One TikTok user remarked, "It's great if you're on a six-figure salary... but what about the cleaners or the part-time staff?", whereas other comments underscored frustration that "support" appeared visible only to those who already conformed to ideal employee profiles. Reports from Fertility Network UK (n.d.b.) and CIPD (2023) similarly highlight disparities in uptake and emotional burden, particularly for migrant, hourly, or disabled workers who are excluded from both state and employer provision. As McGrew and Rodgers (2025) demonstrate, corporate fertility schemes frequently reproduce classed and racialized inequities, showing that access is deeply stratified by race, class, gender identity, and immigration status.

These five themes reveal a complex discursive field in which fertility is governed not simply through policy documents but through cultural imaginaries, emotional labor, and structural inequalities. They offer a foundation for interrogating how symbolic, temporal, moral, and managerial dimensions converge in shaping reproductive possibilities in the workplace and provide the basis for our multilevel feminist framework for fertility governance.

5 | A Multilevel Feminist Framework for Fertility Governance

Building on the five themes identified in the findings, we propose a multilevel feminist framework of cascading accountability that integrates feminist and critical theories to explain how fertility benefits function as mechanisms of workplace governance. Rather than being neutral supports, such benefits are complex instruments through which power, productivity, and normativity are enacted and legitimized. This produces the paradox of the fertility benefit: policies designed to expand autonomy that simultaneously embed regimes of obligation, optimization, and silence.

Our framework conceptualizes workplace fertility benefits not only as supports but also as layered sites of governance where discursive, institutional, and psychosocial forces interact. As illustrated in Table 1, each level contrasts unsupportive and supportive conditions while also highlighting how vulnerable groups are disproportionately affected. Together, these dynamics unfold across macro (institutional), meso (organizational), and micro (individual/embodied) levels, creating uneven landscapes of reproductive possibility.

5.1 | Macro Level: Institutional Structures and Policy Regimes

Macro-level conditions are shaped by national policy regimes, legal frameworks, medical criteria, and welfare systems. Guided

by Bourdieu's notion of the field and institutional power, these structures determine whether fertility support is accessible as a right or restricted as a privilege. In supportive contexts, universal health care schemes covering fertility preservation promote reproductive autonomy (Zisch and Flatscher-Thöni 2025). France, for example, after the 2021 bioethics law reform, allows fertility preservation regardless of marital status or sexual orientation, extending access to single and LGBTQ+ individuals. Similarly, Spain's 2006 law on assisted reproduction explicitly guarantees access to all, irrespective of marital status or sexual orientation, whereas Sweden amended its legislation in 2016 to extend ART to single individuals (Council of Europe 2021). Antidiscrimination legislation in these contexts further protects reproductive autonomy and inclusive family forms.

Medical eligibility requirements also vary considerably across jurisdictions. In Portugal and the Netherlands, assisted reproduction is available not only in cases of medical infertility but also for individuals and couples who wish to preserve fertility for social reasons, reflecting a broad interpretation of reproductive rights. By contrast, countries such as Poland and Slovakia restrict access to married heterosexual couples, framing infertility strictly as a medical problem and reinforcing pronatalist and heteronormative discourses (Council of Europe 2021; ESHRE 2020). These contrasting medical frameworks illustrate how the boundary between "treatment" and "choice" is politically negotiated and culturally coded.

Financial aspects create further disparities. In countries such as Spain and Sweden, fertility preservation and IVF are included in public health coverage, reducing inequalities of access (Griessler et al. 2022). In France, oocyte cryopreservation is now available under the national health system until the age of 37, though storage costs beyond a certain period may fall on the individual (Massin 2022). By contrast, in Ireland and several Eastern European states, ART procedures remain largely self-funded, with significant out-of-pocket costs that disproportionately burden lower-income groups (Council of Europe 2021). Even in supportive policy regimes, migrant workers may be excluded from public subsidies due to residency requirements, whereas undocumented individuals are effectively barred from access altogether.

By contrast, unsupportive macro contexts feature restrictive eligibility rules tied to marital status or age, as seen in some US states where insurance coverage is not mandatory and single individuals or same-sex couples may be excluded (Peipert et al. 2022). Migrant workers often face systemic exclusion from subsidized fertility care due to lack of residency status or recognition in public health schemes. Racialized narratives compound these barriers, framing certain groups as hyperfertile or undeserving (Hicken et al. 2018). In the United States, Black women pursuing social egg freezing describe the process as isolating and dehumanizing, encountering medical paternalism, exclusionary insurance structures, and cultural stigma (Morgan et al. 2025). These exclusions reflect the intersecting effects of racism, capitalism, and sexism. Moreover, the corporatization of assisted reproductive technologies in the United Kingdom and Australia has produced new entanglements between clinical care and commercial imperatives (Attinger et al. 2024).

TABLE 1 | A relational, intersectional framework for analyzing fertility governance across levels.

	Unsupportive	Supportive	Impacts on vulnerable groups
Macro level (institutional structures, policy regimes)	Absence of public subsidies for fertility services	Universal health care systems covering fertility preservation (e.g., oocyte cryopreservation)	Migrant workers excluded from national health systems or unable to access subsidized fertility care
	Restrictive eligibility criteria (e.g., marital status and age)	Legal recognition of diverse family forms (e.g., single and LGBTQ+ parenting)	Racialized subjects are seen as either hyperfertile or undeserving of support.
	State policies privileging pronatalist, heteronormative, or nationalist discourses	Antidiscrimination laws protecting reproductive autonomy and employment	LGBTQ+ people excluded from legal access to surrogacy or ART
Meso level (organizational time, cultural expectations)	Workplace cultures reinforcing delay as “responsible motherhood”	Fertility benefits decoupled from performance expectations	Trans employees marginalized due to binary, cisnormative policies
	Fertility assistance is accessible only to white-collar/high-income roles.	Normalization of reproductive scheduling support (flexible leave, psychosocial care)	Low-wage employees denied eligibility or access to leave
	Lack of clarity around HR processes and confidentiality	Coverage inclusive of same-sex couples, nonbinary individuals	Racial minorities are discouraged from disclosing fertility needs due to stigma.
Micro level (internalized norms, personal decision-making)	Internalized neoliberal norms valorizing delay and resilience	Informed consent processes foregrounding bodily autonomy	Immigrant or racialized employees facing linguistic/cultural barriers to support
	Guilt or stigma for prioritizing fertility over work	Access to inclusive counseling and peer support networks	LGBTQ+ individuals navigating erasure in employee communications
	“Gratitude narratives” silencing critique or discomfort	Discursive space for diverse reproductive timelines	Disabled individuals excluded from “ideal reproductive subject” norms

Although framed as expanding choice, these models often obscure tensions between shareholder interests, professional duties, and patient well-being. Existing regulatory frameworks rooted in corporate or clinical ethics have proven inadequate, highlighting the need for more explicit accountability in governing fertility as both a social good and a commercial enterprise.

5.2 | Meso Level: Organizational Logics and Cultural Expectations

At the meso level, workplace cultures and HR practices shape how fertility is governed. Chrononormativity is central here, structuring reproduction in line with expectations of uninterrupted productivity. Supportive meso contexts include organizations that decouple fertility benefits from performance requirements, provide flexible leave for treatment, and ensure confidentiality and psychological support. Tech companies such as Salesforce and Spotify, for example, have introduced inclusive packages extending to LGBTQ+ employees without penalizing leave-taking (Castillo Martinez 2021; Pope et al. 2023).

In unsupportive organizational contexts, fertility benefits are reserved for high-income or white-collar employees, whereas workplace culture valorizes delayed motherhood as a mark of

responsibility. Lack of clarity in HR processes and stigma around disclosure further marginalize employees (Johnston, Fuscaldo, Richings, et al. 2022; Keyes et al. 2025). Trans workers often face exclusion due to cisnormative assumptions in benefit design, whereas racial or ethnic minority employees may feel unable to disclose fertility needs due to fear of bias (Miner et al. 2021). As Riach et al. (2014) argue, chrononormativity disciplines reproductive timing into a linear trajectory that renders alternative life courses invisible or deviant. Their notion of “un/doing chrononormativity” illustrates how individuals may attempt to resist or reconfigure timelines but often face marginalization and diminished recognition within organizational contexts. Therefore, meso-level logics reinforce the symbolic violence of aligning reproductive possibility with managerial expectations of productivity and control.

5.3 | Micro Level: Internalized Norms and Embodied Experience

Finally, the micro level concerns how institutional and organizational logics are internalized at the level of personal decision-making and embodied experience. Here, symbolic violence manifests through the normalization of neoliberal norms of resilience, delay, and gratitude. In unsupportive environments, employees may experience guilt or stigma for prioritizing

fertility over work or feel compelled to express gratitude for benefits while silencing critique (Gill 2007; Mertes 2015; Johnston, Fuscaldo, Gwini, et al. 2022; Johnston, Fuscaldo, Richings, et al. 2022; Flynn and Leslie 2023). Emotional registers of guilt, obligation, and self-blame therefore shape how reproductive choices are framed.

Supportive micro contexts, by contrast, include inclusive counseling, educational resources, and peer support networks that create discursive space for diverse reproductive timelines. Organizations that provide optional information sessions or peer groups empower employees to make informed, autonomous decisions. Yet marginalized employees often encounter barriers: Immigrants may struggle with linguistic and cultural obstacles in navigating fertility options; LGBTQ+ individuals frequently experience erasure in communications; and disabled workers remain excluded from the category of the “ideal reproductive subject.” These micro-level experiences highlight how governance is not only institutional or organizational but also deeply embodied and affective, shaping how individuals negotiate fertility within unequal structures of work and care.

6 | Managerial and Policy Implications

Most research on inequities of fertility explores fertility at a single level of analysis, locating responsibility either in institutional or individual actors. We argue that addressing fertility inequities in the workplace requires cascaded responsibility across policy, organizational, and individual levels. Reproductive governance should not be viewed as a matter of individual responsibility or resolved through isolated corporate initiatives. Instead, we must approach it as a systemic issue shaped by the interaction of state policies, institutional norms, and individual lived experiences. A justice-oriented model calls for coordinated interventions at the macro (governmental), meso (organizational), and micro (individual) levels to ensure that fertility benefits are not only available but also equitable and meaningful for diverse employee populations.

At the macro level, we call on governments to provide equitable, inclusive access to fertility preservation services through expanded public funding, universal health care schemes, and legal frameworks that recognize diverse family structures. This includes removing restrictive eligibility criteria based on marital status, age, or nationality. For example, France and Spain offer more inclusive models in which single individuals and LGBTQ+ people can access subsidized fertility services (Bravo-Moreno 2021; Leibetseder 2018; Dalla Costa et al. 2025). In contrast, jurisdictions with pronatalist or heteronormative frameworks often marginalize reproductive autonomy, especially for migrants, LGBTQ+ individuals, or those with precarious immigration status. Ensuring that reproductive care is not conditional on normative citizenship or family models is critical to safeguarding rights and dignity (Riggirozzi 2021).

At the meso level, we urge employers to develop inclusive workplace fertility policies that are accessible regardless of contract type, income level, or gender identity. Fertility benefits should be clearly communicated, detached from performance expectations, and designed with psychological safety in mind.

We recommend that HR processes be transparent and respectful of privacy and that benefit schemes account for reproductive journeys that may involve surrogacy, adoption, or other nonbiological pathways to parenthood. Inclusion also requires critically reviewing how such benefits are framed: Are they accessible to hourly workers? Do they center only cisgender, heterosexual family forms? Do they reinforce assumptions about normative life timelines?

At the micro level, we advocate for workplace cultures that enable diverse reproductive experiences and emotional realities to be acknowledged without stigma. Inclusive counseling, peer support, and educational resources are vital, but so too is recognizing the affective labor employees invest in navigating fertility. No worker should feel pressured to display gratitude, resilience, or silence critique in exchange for support. Vulnerable groups, such as Black women, trans individuals, or immigrant employees, may face additional burdens navigating bureaucratic, expensive, or culturally alienating fertility systems (Morgan et al. 2025). Recognizing the emotional and cultural labor involved is essential to building compassionate, inclusive environments.

We also emphasize that IVF or egg freezing alone may not reflect the full spectrum of reproductive needs. Employers should consider offering broader benefit options, such as support for surrogacy, adoption, or donor pathways. Fertility policies must be decoupled from assumptions of biological reproduction and instead grounded in principles of reproductive justice, which includes the right to have children, not have children, and to parent with dignity in safe and supportive environments. Practically, our analysis calls for fertility support schemes to shift from discretionary “perks” to rights-based frameworks grounded in reproductive justice. Policies must be attentive not only to biological reproduction but also to diverse family formations and embodied experiences of care. By embracing cascaded responsibility, we move closer to a future in which reproductive health is not a privilege but a protected right and where all employees, regardless of identity or background, can navigate their reproductive journeys with autonomy, care, and institutional support.

7 | Conclusions

This article has examined workplace fertility governance through a relational and intersectional lens, showing how corporate fertility benefits operate as sites of both care and control. Drawing together the five themes identified in the analysis, we demonstrate how symbolic gestures of support, the commodification of fertility, temporal governance, the moralization of choice, and intersectional injustice operate in a cascading manner across institutional, organizational, and individual levels. Together, these dynamics reveal how fertility governance is structured through overlapping regimes of power that simultaneously enable and constrain reproductive agency.

The conceptual contribution of this paper lies in the development of a multilevel framework that brings symbolic violence, biopolitics, chrononormativity, and postfeminist agency into dialog. This framework allows us to theorize sponsored egg

freezing as a paradigmatic case of contemporary fertility governance, illuminating how narratives of empowerment coexist with organizational demands for productivity, linear career progression, and responsabilized autonomy. By foregrounding these relational dynamics, this paper advances feminist debates on work, reproduction, and organizational governance.

The analysis is subject to several limitations. It focuses on discourse-oriented material within a specific national context and does not draw on interview-based or ethnographic data. As such, the findings do not claim to capture the full range of lived experiences of fertility governance across organizational settings. Nonetheless, the framework developed here is intended to be analytically portable and offers a foundation for future empirical research across different sectors, national contexts, and reproductive pathways.

By situating fertility governance within broader systems of organizational power and institutional accountability, this paper contributes to ongoing debates about how work, time, and reproduction are governed in contemporary organizations. It highlights the need for approaches to fertility support that move beyond individualized choice and toward collective responsibility, equity, and reproductive justice at work.

8 | Future Directions

Future research on workplace fertility must move beyond cis-normative and heteronormative framings that design policies primarily around cisgender, heterosexual women. Current schemes rarely account for the reproductive experiences of LGBTQ+ employees, particularly trans men, trans women, and nonbinary workers, whose reproductive capacities are routinely misclassified within organizational benefit systems. Examining how trans men, trans women, and nonbinary individuals either navigate or are excluded from these benefits challenges binary understandings of gender and fertility and points toward more inclusive models of reproductive support.

Feminist scholarship should continue to interrogate how organizations govern reproduction, with particular attention to workers whose timelines, bodies, and desires do not conform to normative models. By centering these voices, workplaces can begin to recognize fertility not as a site of managerial optimization but as a domain of equity, dignity, and justice.

Future studies should also investigate whether fertility benefits implicitly privilege traditional family models while excluding alternative reproductive paths such as surrogacy, coparenting, or queer parenting arrangements. This requires a sharper intersectional lens on how migration status, race, class, and disability shape access. Migrant and disabled employees, for instance, may face systemic barriers to care or be rendered invisible within benefit frameworks.

Methodologically, scholarship should move beyond uptake statistics to draw on in-depth interviews, narrative methods, and digital ethnographies that capture the affective, bureaucratic, and embodied dimensions of navigating fertility benefits. Such

approaches can uncover hidden tensions that remain absent in policy documents or HR narratives.

Ultimately, advancing a justice-oriented agenda requires identifying and designing supportive frameworks that account for vulnerability and dismantle the chrononormative and symbolic barriers that structure reproductive possibility. In particular, qualitative work with transgender workers, racialized minorities, migrants, and disabled employees is essential for reimagining fertility governance in ways that move beyond inclusion rhetoric to substantive reproductive justice at work.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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